what has been called the "alternation of generations"; but the word generation does not mean the same thing in the two cases, the transition from the Hydra tuba to the Cyanea being a mere process of growth, while the transition from Cyanea to the Hydra tuba is a true sexual process.

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Ship Hotel, Faversham, on Thursday, September 10th, at 3 P.M.

ROBERT L. BOWLES, *Hon. Secretary.*

REPORTS OF SOCIETIES.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

SECTION II.—BIOLOGY: DEPARTMENT OF ANATOMY AND PHYSIOLOGY.

President:—W. H. FLOWER, Esq., F.R.S.

THE following are extracts of some of the papers read in this Section.

On Some Effects of Extreme Cold on Nervous Action. By B. W. RICHARDSON, M.D., F.R.S.—The author passed in brief review his experiments reported at Dundee in relation to the effects of freezing the centres of the nervous system; demonstrating that in some lower animals, such a frogs, the nervous centres can be frozen for long periods, with recovery after entire unconsciousness and apparent death. The points added on this occasion were in continuation of this line of research. Frozen animals—such as frogs—did not respire during insensibility. Animals in this state could be placed without harm in gases which would not support life. He had placed animals in this way in hydrogen, nitrogen, and carbonic acid. In other experiments, when the animal was frozen, it was immersed in ether, and allowed to lie under the fluid until indications of returning respiration were given, by the rising of bubbles of air from the animal's mouth; perfect recovery followed on removing the frog from the ether. These facts helped to explain many accounts as to restoration after freezing. The second point considered had relation to the effects of freezing the brain on the circulation. In warm-blooded animals the effect of reducing the temperature of the brain was to produce a gradual slowness of the circulation; and, when the freezing was carried to the base of the brain, intermittency of the heart and pulse followed, if the operation were continued, by the entire cessation of the heart's movement. This was a point of great practical moment. Whenever the brain was reduced in physical power, as from mental fatigue, or shock, or anxiety, irregular action of the heart was almost the necessary result. Most people were conscious of this, and often thought with great alarm that they were suffering from disease of the heart, when in fact they merely labouring under temporary exhaustion of the brain. Under the influence of extreme cold on the nervous centres, the extreme effect of such active poisons as strychnine could for a time be entirely suspended. This raised a hope that in such diseases as tetanus, a new and successful mode of treatment might be gradually evolved. Extreme cold prevented and even removed the rigidity of death. Because the body after death cooled, the inference had been drawn that the rigidity of death was due to cooling. This was the exact reverse of the fact. The rigidity was quickened by heat, and prevented by cold, probably for an illimitable period of time, the cold being sustained. Further, by taking an animal already rigid, freezing it, and thawing, the first rigidity could be removed and the body became flaccid. The last point touched upon related to the effect of freezing and rapidly thawing the skin of certain regions of the body. It was shown that birds treated in this manner presented the most extreme irregularity of movement. On freezing the side of the neck of a pigeon, the bird for a time walked sideways and in a backward direction.

Dean TORRY asked Dr. Richardson if he could explain how it was that a toad would live in stone, not for days but for years.

Professor ROLLESTON said that the idea of life was associated with the maintenance of change. In a frozen animal there was a minimum of change, if not a zero. In the New York fish-market pike were sometimes to be seen in a frozen condition, stiff and motionless, and yet they were often known, by the application of proper means, to recover their vitality. Such a fact threw some light on the transportation of species from one place to another, which might take place, for instance, through the instrumentality of icebergs, without the destruction of life. It was a remarkable fact that no hybernating animal possessed a large brain.

Dr. J. T. DICKSON spoke of the potentiality of vitality, and the confirmation this view had in Dr. Richardson's experiment, and detailed an experiment made on a pigeon in which the brain was frozen while the bird was in the act of eating oats. The impression of feeding was evidently frozen on the brain-cells; for the moment the brain was thawed the bird again began to peck as though feeding, although the floor was bare.

Some remarks having been made by Dr. Taylor, Dr. Cleland, and Dr. Anstie,

Dr. RICHARDSON said he had known fish to recover after freezing. The mode of thawing, however, had a great deal to do with the probability of recovery. The highest warm-blooded animal on which he had experimented was a kitten, which recovered after severe freezing, and even after immersion in ether.

Three papers were read upon the Seat of the Faculty of Articulate Language; viz.:

The Physiology of Language. By J. HUGHLINGS JACKSON, M.D.
The Seat of the Faculty of Articulate Language. By M. PAUL BROCA.
The Power of Utterance in Respect of its Cerebral Bearings and Causes. By R. DUNN, Esq.

1. Dr. HUGHLINGS JACKSON argued for two forms of healthy language—intellectual and emotional—inseparable in health, yet made evident by disease; in which emotional language, as variations of voice, smiles, and gesticulations, was usually conserved; while intellectual language, as manifested in words, writing, and sign-making, was lost. The author maintained that the left side of the brain was the leading side, the right the automatic. He did not think with Dr. Moxon that only the left side of the brain was educated; neither did he think that disease of the left side only would prevent a patient from getting out words when a forcible circumstance outside himself was in very special relation with the process for these words; for although, in cases of involuntary ejaculation, there was no prompting by the will, the occasional utterances were developed with more or less appropriateness. Dr. Jackson referred to the fact that aphasics often retained the power of utterance of one word or one sentence, and suggested that the stock phrase or word was probably the leading sensori-motor process when the brain was suddenly damaged. He detailed two cases in support of this view. Dr. Jackson did not attempt to localise language in any limited spot. Destruction of parts of the hemisphere at a distance from the motor tract need produce no obvious mental symptoms; while destruction near the left corpus striatum would cause defects of intellectual expression. The quantity of the defect depended generally on the quantity of destruction of tissue, and on the nearness of that destruction to the corpus striatum.

2. M. PAUL BROCA demonstrated, by means of a diagram and plaster of Paris casts, his view of localisation of articulate language in the third frontal convolution of the left side, and argued for the corpus striatum as merely the medium of connexion. Professor Broca supported his view on many observations of which these traumatic or accidental cases were particularly confirmatory. One of these he cited, in which a pistol-ball lodged in the third convolution alone, without further damage; and in this case articulate speech alone was lost, while no other mental faculty was affected. The author held that, as education was almost confined to the right side, which took the initiative and directed the left, so articulate language, with the other results of education, assumed its seat in the left side of the brain. He argued for an original organic force which determined the left side of the brain rather than the right. Professor Broca further proposed the adoption of more precise terminology for expressing the various forms of defective speech. The words he suggested were: *alogia*, loss of speech from defective intelligence; *amnesia*, from defective memory of words; *aphemia*, from a defect in the special faculty of language; and *alalia*, from defective articulation.

3. Mr. DUNN argued for the dependence of utterance upon the corpus striatum, "the point of emission of the orders of the 'will' to the muscles."

In the discussion which followed the reading of the papers,

Dr. BATEMAN stated that he had examined twenty-seven cases of aphemia, and in five only was the cerebral lesion limited to the third frontal convolution or its immediate neighbourhood, and in five there was no lesion at all.

Dr. HUMPHRY was inclined to regard the brain as a whole, and its functions as spread over the whole, rather than that any one should be confined within exact and definite limits. He related a curious case, in

MEDICAL NEWS.

RESULTS OF METEOROLOGICAL OBSERVATIONS

for the week from August 26th to Sept. 1st (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	30.183
Highest reading of do. (corrected & reduced), on Sep. 1st, 10 P.M.	30.297
Lowest ditto Ditto on Aug. 27th, at 10 A.M...	30.009
Range of pressure during the week	00.288
Mean temperature of air in shade	62.8
Mean temperature of evaporation	58.7
Mean temperature of dew-point	55.2
Mean degree of humidity (saturation=100)	77.
Mean maximum temperature of the week	67.0
Mean minimum temperature of the week	50.5
Calculated mean temperature of the week	58.7
Maximum temperature in shade, on Sept. 1st	76.1
Minimum temperature (protected), on August 26th	45.7
Minimum temperature (exposed on grass), on August 26th	39.5
Range of temperature during week	36.6
Highest reading of black bulb, solar radiation, thermometer *in vacuo*, on Sept. 1st	130.1
Lowest ditto ditto on August 29th	110.0
Mean amount of clouds (0—10)	4.7
Total rainfall (which fell on 27th August)	0.03 inch
Mean amount of ozone (0—10)	3.5

	WIND.									Mean Force
	N	NE	E	SE	S	SW	W	NW	Calm.	(0—12)
10 A.M.	0	0	0	0	0	1	3	3	0	4.1
2 P.M.	0	0	0	0	0	1	4	2	0	4.0
10 P.M.	0	0	0	0	0	1	2	1	3	2.1

Mean force of wind (0—12) 3.4

The weather of the past week has been fine. Atmospheric pressure has increased, and has been more uniform; while temperature has also increased, though its range has been somewhat greater than during the previous week. Moisture has been considerably less. Winds have been chiefly westerly, and of moderate force. The general health continues good.

INDIAN MEDICAL OFFICERS IN ABYSSINIA.

The *Army and Navy Gazette*, we are happy to see, favourably notices a correspondent's letter directing attention to the anomaly of leaving altogether out in the cold the Indian medical officers who formed the great part of the medical staff in the Abyssinian expedition; whereas, every surgeon of an European infantry or cavalry regiment of the line has received a very high substantive promotion, carrying with it rank, pay, and allowances. We cannot for one moment believe that it is the intention of Government to allow the services of the Indian medical officers to pass by unrewarded in this way, but that they will either be decorated with C.B. or C.S.I., receive brevet rank, or be allowed to count one or more years as service for pension.

STRYCHNIA IN BEER.—It is said that several large brewers are experimenting on the properties of strychnia, with a view of testing how far it may be used safely in bitter ales.

BABY-FARMING IN FRANCE.—Every year 20,000 children born in Paris are sent into the *banlieue* and the departments to be nursed. It is shown by statistics that of these only 5,000 returned. Out of 100 children reared by the parents, 17 die in the first year, whilst the mortality amongst children handed over to the care of nurses is from 34 to 90, according to the department.

EXPLOSION OF COAL-GAS.—One of those serious explosions which occasionally happen by the mixture of coal-gas and air, took place at Weymouth on Saturday night, on the premises of Mr. Hann, a confectioner of that town. No escape of gas had been noticed, and yet at about ten o'clock so severe an explosion took place that the whole contents of the shop were blown into the street, and the building completely wrecked. The shopwoman was seriously injured, one of her legs being broken, and the flesh torn off the other and her arms. Some children in bed upstairs were unhurt, but the opposite houses were damaged and some of their inmates hurt.

UNIVERSITY OF LONDON.—Preliminary Scientific M.B. Examination. Entire. Examination for Honours.

Chemistry and Natural Philosophy.

First Class.

Whitmell, C. T. (Exhibition), private study

Second Class.

Ottley, W., University College
Warner, F., King's College
Muirhead, A., University Coll. } equal
Nankivell, C. A., ditto }

Third Class.

Rayne, C. A., Owens and Royal Manchester School of Medicine
Abraham, P. S., University College and Royal College of Science, Dublin

Zoology.

First Class.

Carey, F. J. (Exhibition), Guy's Hospital
Abraham, P. S., University College and Royal College of Science, Dublin

Second Class.

Maybury, W. A., St. Thomas's Hospital
Nicol, P., Aberdeen University } equal
Nankivell, C. A., University College

Botany.

First Class.

Carey, F. J. (Exhibition), Guy's Hospital
Goodlee, R. J. (worthy of Exhibition), University College

Second Class.

Nicol, P., Aberdeen University
Swanwick, E. M., University College

Third Class.

Addy, B., St. Thomas's Hospital
Wardale, J. A. W., University College } equal
Watson, W. G., University College
Westcott, W. W., University College
Burn, G. W., private study
Rose, W., King's College } equal
Muirhead, A., University College
Deakin, C. W. S., General Hospital, Birmingham

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August 27th, 1868.

Bridges, William Percy, Cirencester
Clarke, John Chaundy, Gildersome, near Leeds
Lightburne, Joseph, Geashill, King's County, Ireland
Martin, William Young, Little Hulton, near Manchester
Raine, George Rolph, Billericay, Essex
Robertson, Frederick, Peckham
Wade, Charles Cross, Weston-super-Mare

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

Allen, Thomas, King's College Hospital
Box, William Henry, Westminster Hospital
Eager, Wilson, Guy's Hospital
Matthews, James Forrester, Middlesex Hospital
Parkinson, Charles Henry Watts, Guy's Hospital
Slaughter, William Budd, St. Thomas's Hospital
Stone, Vincent, St. Bartholomew's Hospital

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and begs to enclose a list of the candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Chelsea in February 1868, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley.

Order of merit and names.	Studied at	No. of marks.
1. Cunningham, D. D.	Edinburgh	6945*
2. Whitwell, H.	Edinburgh	5550
3. Cameron, A.	Glasgow	4790
4. Evers, B.	Edinburgh	4245
5. Carmichael, J. C. G.	Aberdeen	4240
6. Harvey, W.	London	3975
7. Grant, A. G.	Aberdeen	3925
8. Hay, G. W. R.	Edinburgh	3925
9. Jackson, W.	Edinburgh	3915
10. MacLaren, G. G.	Edinburgh	3890
11. Monteath, J. J.	Edinburgh and Ireland	3698
12. Roche, A.	Ireland	3676
13. Stevens, R. H.	Edinburgh and London	3667
14. Martin, P. R.	Ireland	3430
15. MacDermott, P. J.	Ireland	3425
16. Dalgairns, A. E.	Edinburgh	3367
17. Mookerjee, P. N.	Edinburgh	3355
18. McArthur, A.	Aberdeen	3230
19. Fitzpatrick, J. F.	Ireland	3174
20. Archdall, H., M.D.	Edinburgh and Ireland	3125

* Obtained the Herbert Prize.

MEDICAL APPOINTMENTS.

ADAMS, J. E., Esq., appointed Assistant-Surgeon to the London Hospital.
*BINNS, W. H., Esq., appointed Resident Surgeon to Trinity College, Glenalmond.
FENWICK, Samuel, M.D., appointed Assistant-Physician to the London Hospital.
MOORE, J. Daniel, M.D., F.L.S., appointed Deputy Coroner for the County Palatine of Lancaster.

MEDICAL VACANCIES.

THE following vacancies are declared:—

ABBEY POOR-HOUSE AND LUNATIC ASYLUM, Paisley—Surgeon.
ASYLUM FOR IDIOTS, Earlswood—Assistant Medical Officer.
AXBRIDGE UNION, Somersetshire—Medical Officer for District No. 2.
BIRMINGHAM GENERAL HOSPITAL—Resident Medical Officer and Tutor.
BLACKBURN UNION, Lancashire—Medical Officer for the Workhouse.
BRIXWORTH UNION, Northamptonshire—Medical Officer for District No. 3.
CARNARVONSHIRE AND ANGLESEY INFIRMARY AND DISPENSARY, Bangor—House-Surgeon.
DAILLY, Ayrshire—Parochial Medical Officer.
DENTAL HOSPITAL OF LONDON—Assistant Dental Surgeon.
HARTLEPOOL UNION, Durham—Medical Officer for the Greatham District.
HUDSON'S CHARITY, Selby—Surgeon-Accoucheur.
LOCHBROOM, co. Ross and Cromarty—Parochial Medical Officer.
LURGAN UNION, co. Armagh—Medical Officer for the Moira Dispensary District.
MACCLESFIELD DISPENSARY—House-Surgeon.
OPHTHALMIC HOSPITAL, Southwark—Surgeon.
ORSETT UNION, Essex—Medical Officer for the Orsett District and the Workhouse.
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.
RIPON DISPENSARY AND HOUSE OF RECOVERY—Resident Dispenser.
ROTHES, Morayshire—Parochial Medical Officer.
ROYAL KENT DISPENSARY, Greenwich—Resident Medical Officer.
ROYAL PIMLICO DISPENSARY—Surgeon-Dentist.
ST. GEORGE DISPENSARY, Mount Street, Grosvenor Square—Physician; Physician-Accoucheur; Surgeon.
ST. LEONARD'S HOSPITAL, Sudbury, Suffolk—Medical Officer.
ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street—Surgeon.
ST. PANCRAS WORKHOUSE—Medical Officer for the Female Side.
SALFORD AND PENDLETON ROYAL HOSPITAL AND DISPENSARY, Manchester—District Surgeon.
SELBY, Yorkshire—Certifying Factory Surgeon.
STRATHMIGLO, Fifeshire—Parochial Medical Officer.
WAKEFIELD HOUSE OF CORRECTION—Surgeon.
WESTERN GENERAL DISPENSARY, Marylebone—Physician-in-Ordinary.
WOODSTOCK UNION, Oxfordshire—Medical Officer for the Deddington No. 2 District.

DISINFECTION OF STREETS AND CONFINED PLACES.—Dr. Whitmore has ordered periodical watering of streets, courts, alleys, and confined places in Marylebone, with disinfecting liquid during the last six weeks. In Paddington, both carbolic acid and Condy's liquid have been lately used for deodorising the sewers and gullies.

THE ORNAMENTAL WATERS IN REGENT'S PARK.—The Regent's Park is again beautified by its elegant lake. The whole has been cleaned out, made of equable depth, 4 feet to 5 feet, and the bottom and sides laid with concrete. It was found that the sewage of several houses in the vicinity emptied itself into the lake. This has, of course, been remedied.

QUEKETT MICROSCOPICAL CLUB.—At the last meeting, at University College, Mr. Durham, F.L.S., President, in the chair. A paper was read by Mr. Martinelli on "The Tubules of Crabshell." Among the numerous objects exhibited in the room were two species of young hippocampi, the electric spark from induction coil with magnesium terminals, living and mounted specimens of mosquitoes and British gnats, showing arrangement of lancets, wings, etc.

MORTALITY BY CHOLERA AND DIARRHŒA.—No less than 417,499 lives have been destroyed by these two diseases in England and Wales in the twenty years 1847-66—viz., 106,299 by cholera and 311,200 by diarrhœa. The deaths to 1,000,000 of population in each year from cholera and diarrhœa respectively were—in 1847, 46 and 676; 1848, 110 and 638; 1849, 3,034 and 1,075; 1850, 50 and 645; 1851, 64 and 833; 1852, 77 and 984; 1853, 244 and 784; 1854, 1,094 and 1,091; 1855, 45 and 689; 1856, 40 and 734; 1857, 60 and 1,111; 1858, 35 and 719; 1859, 45 and 940; 1860, 17 and 494; 1861, 42 and 944; 1862, 25 and 552; 1863, 40 and 735; 1864, 45 and 798; 1865, 62 and 1,133; 1866, 685 and 818. The returns for London show that in twenty-one years 1847-67 cholera and diarrhœa caused 88,247 deaths—viz., 34,541 by the former, and 53,706 by the latter, the deaths to 1,000,000 of population in each year from cholera and diarrhœa, respectively, being in 1847, 53 and 898; 1848, 291 and 853; 1849, 6,182 and 1,705; 1850, 55 and 813; 1851, 90 and 1,085; 1852, 67 and 983; 1853, 359 and 1,011; 1854, 4,288 and 1,257; 1855, 58 and 804; 1856, 59 and 866; 1860, 18 and 496; 1861, 60 928; 1862, 37 and 607; 1863, 55 and 821; 1864, 53 and 981; 1865, 65 and 1,206; 1866, 1,842 and 1,036; 1867, 78 and 954. The high mortality from diarrhœa among children still continues. Of the 300 deaths registered in London during the week ending last Saturday, July 11, 278, or 93 per cent., were those of children under two years of age. Of the 19 deaths registered from cholera 15 were those of children. Although such a high rate of infant mortality from diarrhœa is lamentable, still it is assuring to learn that up to the present time, cholera and diarrhœa have not become epidemic in London.

APOTHECARIES' HALL.—At the recent competitive examination for the prizes in botany, annually given by the Society of Apothecaries, the successful candidates were:—1. Francis James Carey, Guy's Hospital, a Gold Medal; 2. Thomas Calcott Fox, University College, a Silver Medal and a Book.

ROYAL SEA-BATHING INFIRMARY, MARGATE.—The annual meeting of the governors of the above institution was held lately at the Hospital. The total number of patients under treatment had, during the year, been 894, the greater part being from London and its neighbourhood. More than half were discharged cured, and the great majority of the remainder left materially benefited. There are 250 beds now in the hospital, all of which are fully occupied during the greater part of the year, and more than half the number during the winter months. The institution is now kept open for the whole year instead of the summer months only, this desirable alteration having been accomplished through the success attending the "fund in aid" derived from the 5s. annual subscriptions inaugurated thirteen years since by the Rev. Mr. Hodgson the honorary secretary; the number of subscribers to this fund last year amounting to about 7,000. The amount produced last year had been £1,653. During the last year an addition had been made to the north wing, by which accommodation had been obtained for twelve more beds, and another addition was contemplated on the west side, which would provide accommodation for eighteen more beds. The total income for the year, including £2,000 received from patients, £1,653 from 5s. subscriptions, £1254 donations, and £450 legacies, had been £13,962 19s. 11d., and after investing £5,500 and paying all expenses of the hospital, there was a balance in favour of £1,208 9s. 3d. The chairman, in moving the adoption of the report, said it was essentially a London hospital, nearly all its patients coming from the metropolis. The report was adopted, and a vote of thanks passed to the Rev. Mr. Hodgson for his valuable services. According to annual custom the hospital was then thrown open for a public visitation, and a large number of visitors to Margate and Ramsgate availed themselves of the opportunity of inspecting it. At three o'clock in the afternoon, a public meeting was held in the dining-hall, for the purpose of explaining the objects and usefulness of the institution.

EPIDEMICS IN ENGLAND.—The following reports showing the prevailing epidemic diseases throughout the country during the three months ending the 30th of June, 1868, have been selected from the returns furnished to the Registrar-General by the local registrars:—At Croydon there were 42 fatal cases of measles, constituting nearly 12 per cent. of the total deaths. At Stanford, in Faringdon, an outbreak of fever occurred in localities where there was a scarcity of water and bad drainage. At Trowbridge, in Melksham, fever, principally typhoid, caused 8 deaths out of 61; it had been very fatal here last quarter. In the village of Cholderton, Amesbury, scarlatina and secondary fever prevailed and destroyed the lives of 7 children out of a total of 18 deaths. At Torquay small-pox was very prevalent, and caused 6 deaths. At Totnes small-pox was also prevalent; 6 deaths were referred to this disease. At Plympton a great many cases of this loathsome disease occurred, but only one terminated fatally. At Ilchester there was an outbreak of typhus fever. Measles prevailed at Bristol and Clifton. Of 66 deaths in the town of Oswestry, 22 were referred to scarlatina. At Stourbridge no less than 34 deaths were caused by the same disease out of total of 126. Scarlatina was also very prevalent in Birmingham, and measles in Coventry. At Leicester there were 86 deaths from measles out of a total of 598. Measles was prevalent at Retford, Carlton, Nottingham, Stockport, and Derby. At Latchtord, Warrington, out of a total of 24 deaths, 7 were caused by diphtheria. At Spotland-nearer-Side, Rochdale, the deaths (82) exceeded the births (80); the excess was caused by scarlatina. At Preston, out of 684 deaths, 91 occurred from measles. At Yeadon, Wharfedale, there were 11 cases of small-pox among children aged from 14 weeks to 9 years. At Bradford 22 deaths from small-pox were registered. At North and South Sheffield, out of 554 deaths, there were 90 from measles and 29 from small-pox; the deaths from this latter disease occurred chiefly among the unvaccinated. At Brightside, Sheffield, measles and small-pox prevailed; vaccination had been much neglected. At Boston Spa, Bramham, there was an outbreak of typhoid fever, attributed to bad drainage. At Aldborough, Skirlaugh, there were 36 cases of typhus; only one, however, terminated fatally. At Sedgefield, Stockton, out of 110 deaths, 21 were caused by scarlatina, and at St. Oswald, Durham, it was the cause of 35 deaths out of 183. At Easington 74 fatal cases of scarlatina were registered out of a total of 252 deaths. At Sunderland and Tynemouth scarlatina prevailed; at Wallsend it was the cause of 34 deaths out of 78. At Whitehaven the 97 deaths registered during the quarter include 23 from measles. At Holywell scarlatina was fatally prevalent, and at Bangor measles was the cause of 21 deaths out of a total of 90.

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.

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.

MEDICAL DEGREES AND MEDICAL PROTECTION.

SIR,—For some time past letters have appeared in your JOURNAL, some advocating an easy mode of obtaining professional titles, while others condemn the ready way of acquiring them. All this appears to me very frivolous and vexatious. If your correspondents would write, agitate, and insist upon being better protected from beings who have no right to practise physic at all, either by qualification or knowledge of medicine, some good might be done to the profession. As the law now stands, any one may practise physic, attend midwifery or surgery, write death-certificates, and, in fact, do what any qualified medical practitioner is allowed to do, provided he do not style himself Doctor, Surgeon, or Apothecary, or have either of those titles on his door. He may, however, stick it in the window of his shop. Such is the case in every town in the kingdom. In the town where I live, druggists visit and send out medicine, and a few attend midwifery; and one man, a homœopathic druggist, does the best practice in the town. The best class of patients are visited by him; and, from what I know of his annual receipts, he is receiving considerably more than any practitioner in the town. This state of things is allowed to go on without any protection to the qualified practitioner. It is a shame that the profession is not better looked after and protected by the Examining Bodies who grant qualification to practise.

I am, etc., M.D.

THE FRENCH SENATE.—Cabanis was the only medical man (says *L'Union Médicale*) who was appointed a Senator during the first Empire.

STATE MEDICINE.

SIR,—I cannot concur in Dr. Gairdner's opinion, announced in your JOURNAL of June 20th, on the disadvantage which he thinks would attend a separation of the class of medical practitioners from that of public medical officers in affairs of state. For the duties likely to devolve upon the latter, we should desire to see a representative organ of our profession calculated to raise the dignity of our art in public estimation, possessing a mind well trained in judicial investigations, expert in statistical calculations, skilful in minute chemical analysis, proficient with the use of microscope; a mind which has made sanitary and preventive medicine its speciality.

I dispute Dr. Gairdner's supposition, that the official and the practical class would habitually be pitted against each other; for experience proves that a public appointment detached from practice generally elevates men above personal jealousies and rivalry.

Taking for granted that the private practitioner may possess consummate prudence, wisdom, discretion, and philosophical impartiality, a medical officer of state would require to dedicate all his time and thoughts to the efficient discharge of his public duties. He would be the consulting authority among his brethren wherever he might reside, upon whom they might confidently lean for assistance in any question of delicacy and difficulty of a public bearing, and for a certain prestige of authority, to which the public would be willing to defer in local questions of a medical character.

Dr. Rumsey has so well discussed the whole case in his recent paper read before the Association, that I ought to apologise for intruding on your space with these trite remarks; but the challenge of so great a practical physician as Dr. Gairdner ought not to remain unanswered. He feels a natural partiality for the position which he most worthily fills, and does not wish to change his career. In this public cause, however, he is obstructive to professional progress, and opposing the weight of his authority against, I am glad to say, growing popular ideas.

June 1868. I am, etc., T. F. F.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

THE MAURITIUS FEVER IN ENGLAND.

SIR,—We have been able to hear so little of the nature of this fever, that I think it may interest the profession to know the appearances presented by it in this country.

The family under my observation arrived in Leicester about a month ago. They were living at Port Louis in January 1867, when the fever attacked them all. The first victim was the father of Mrs. B., aged 52. He had resided forty years in the island, was seized with rigors, became afterwards very feverish and raving, and died in forty-four hours from the first inroad. The next was the infant of Mrs. B., who had been just then confined. To complete the family history, I must mention that Mr. B. himself, aged 31, who had been living on the island fifteen years, had only one slight attack at the first outbreak, continued free the whole succeeding year, but had a severe attack on the voyage home, when off St. Helena; but has not suffered since, either by return of fever, or enlargement of glands. The whole family went, by medical advice, thirty miles from Port Louis, last year; but the periodical attacks recurred as badly as ever, and so they finally determined on coming to England for a year or more, to recover their health; and, sailing on January 26th of this year, arrived in the London Docks on April 24th.

Mr. A., brother of Mrs. B., aged 23, a native of Mauritius, of English parents, was first attacked eighteen months ago, at Port Louis. He had severe rigors; then strong fever; often sweating; delirium; supervention of fresh rigors irregularly every two or three days, with subsequent aggravation of fever; slight diarrhœa; no dysentery; no sickness, nor vomiting. He was in great danger, and kept his bed two months. When he began to get about, both liver and spleen began to swell. (I may mention that the whole family are very conversant with the situation of those two organs, and with the name of "ague-cake", so common in old medical writings, as applied to the enlarged spleen.) In the sixteen months since elapsed, he has had so many attacks, that he has lost count of them. They have come about once a fortnight, but with no regularity; and every now and then, five or six times altogether, has come a severe and dangerous attack, lasting two or three weeks. The ordinary mild attack comes with one day shivering, three or four of fever, and remission on the fifth or sixth day; and he can begin to crawl about on the seventh. He suffered from these all the voyage home; and since landing, on April 24th, has had three in as many weeks. The fourth, for which my assistance was requested, began on May 24th, on which day he had severe rigors, lasting twenty-four hours. He took fifteen grains of quinine in one dose that day with no effect; was very hot and ill on the 25th and 26th, with headache and fever; and on the morning of the 27th I first saw him. I found him a fine strong young fellow, dark complexioned, and appearing just as a severe fever-case does about the eighth or tenth day: face and head flushed and hot; eyes red and injected; severe headache; aching of limbs; and restlessness, almost amounting to slight delirium; skin dry, hot, and pungent; no spots of any kind anywhere; pulse 124, full and strong; tongue foul, dry, coated, yellow; great thirst and complete anorexia; bowels rather confined; urine scanty, high-coloured, and dark; the abdomen tense, considerably enlarged; the liver large, extending full three inches below the false ribs, even-edged, and not painful under pressure. In the left flank, the spleen was much enlarged, moveable, extending very low down. I prescribed for him hydrargyrum cum cretâ and magnesia, in such a dose as to act as an aperient; and three grains of quinine every four hours. His state appeared to me a very critical one, and especially because the family, so familiar with the appearances, regarded this attack as so dangerous. On the 28th, there was great relief from copious, bilious, thready stools. 29th. The bowel-discharge continued, and I encouraged it; abdomen still hard and tense; the liver still to be felt; the spleen going down, and hardly distinguishable; much thirst and fever, but slight inclination to perspire. May 30th. Much relieved, though still feverish, and head congested, and pulse quick. May 31st (eighth day from rigor). The fever was, so to speak, gone; and on June 1st I allowed him up. The spleen was quite gone down; the liver only just to be felt; the complexion assuming the sallow hue natural to it (as I am informed).

Mrs. B., aged 25, a native of Mauritius, was last confined eighteen months ago, immediately after which she was seized with the fever. She had along with it severe dysentery. The attacks continued coming about fortnightly; and every now and then she would have a severe attack—the last severe one when off St. Helena. She has had several slight ones at home; rigors, flushing and sweating stages all over in about three days. She is exceedingly pale and sallow—in good condition. She has a very marked splenic aspect. All the functions are well performed now; her only complaint is debility and slight menorrhagia. The abdomen is full, but no organ sensibly enlarged except the spleen; that can be tilted on the finger in the left flank. I prescribed sulphate of iron and quinine, under which she is rapidly improving so far.

Master B. No. 1, aged 7. The first attack kept him in bed three months and a half; he had first fever, and then dropsy. He had three or four mild attacks on the voyage; none at home. He is a pale and sallow-faced boy. His hair is hanging down into his abdomen. The spleen nearly rests on the crest of the ilium. No albumen in the urine.

Master B. No. 2, aged 5½, a jolly little pot-bellied fellow, of a dirty white and green colour. His attacks have not been so severe. There is general glandular enlargement in the abdomen; but neither liver nor spleen can be handled.

Master B. No. 3, aged 3½. This child is exceedingly pale, though not so severely touched by the fever as the others. He has, however, had three or four attacks at home. The abdomen is very large and tense, and there is much dulness on percussion all over the hepatic region; but the edge of the liver is not to be felt, on account of the tympanitis.

All three children were put on "rations" of quinine, under which they are rapidly improving, and daily regaining their appearance, as well as the feeling and bearing of health.

The fever is evidently the tropical bilious remittent—the "perniciosa" of the Mediterranean—the yellow fever of the West Indies, etc. Indeed, the family speak of this as yellow fever. They describe the amount of illness and death as something appalling. They say there was no idea of any contagion, but that it was considered to be in the air, and especially fatal to those who had resided long in the island. This is an observation probably to be accounted for by the more remark that the death of an old resident occasions. As in all malarious fevers, the internal congestions are great and severe, and constitute the danger. I have seen spleens vary in size very quickly; but I never saw such rapid changes as in the case of Mr. A. In none of the cases have I found it at all necessary to use the monstrous modern doses of quinine.

I am, etc.. JOHN BARCLAY.

Leicester. July 1868.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

ERRATA.—In Dr. Johnson's paper "On the Elimination of Morbid Poisons", in last week's JOURNAL, in the last line of the first paragraph erase "corollaries"; and in the fifth line of the second paragraph, *for* "assimilated", *read* "*dis*assimilated".

PROFESSIONAL ARBITRATION.

SIR,—I beg leave to forward for your perusal the enclosed letter, which has been circulated amongst the members of the profession in this city. (It relates to the disagreement of Mr. Michael and Mr. Stowell.)

My object is to attract, through the medium of the JOURNAL, the attention of the members of the British Medical Association to the want which exists of some professional court of appeal, wherein such differences should be adjusted, and whereby would be prevented the great scandal which arises to the profession, when professional disputes become the subject of public comment. If, as no doubt it is, our universal desire to elevate the status of our profession to what it ought to be, we must not afford the public opportunities of sneering at our breaches of "professional etiquette," or of comparing our quarrels, as they frequently and irreverently do, to those of "dogs fighting over a bone." It appears to me, that the widely-extended existence of our Association may afford means to prevent or adjust professional differences in a more private and proper manner, as becomes gentlemen and members of a learned profession. The following is a rough sketch of the plan which has occurred to my mind; and which, with great deference, I now place before your readers as somewhat applicable.

1. A high court of appeal or reference, to be composed of seven professional gentlemen, members or not of the British Medical Association. These members, composing the court, to be elected by ballot annually at the general meeting of the Association. The proceedings of this court to be carried on in London.

2. District courts of appeal or reference, to consist of seven members, elected by ballot at each annual meeting of the district branches of the Association.

3. All cases of dispute or difference on matters of medical ethics or points of professional etiquette, to be referred, *first* to the district court of appeal for decision, which must be that of a majority of not less than *three*.

4. The appellants to be in honour bound to abide by the decision thus arrived at, and to adopt whatever course the court may think right to recommend.

5. Should the district court of appeal fail in arriving at a decision on the case before them, or should the decision be obtained by a majority numerically less than that above mentioned, the case to be then laid before the high court of appeal in London; the decision of which, arrived at by the majority, shall be *final;* and the appellant shall be bound in honour to abide by that decision, and to adopt the course recommended by the court.

6. A section of the British Medical Association be formed, to be called the "Medico-Ethical Section," for the purpose of discussing subjects connected with medical ethics.

7. All members of the British Medical Association to consider themselves bound to observe the mode above mentioned of adjusting professional differences.

8. Any member of the profession, whether he be a member of the British Medical Association or not, who shall refuse to adopt this mode of arranging professional disputes, when called upon to do so, or who shall be found guilty of dishonourable or unprofessional conduct, or who shall refuse to adopt the course recommended by the court of appeal to which his case has been submitted, to be considered unworthy of the confidence of his professional brethren; unfitted to become or remain a member of the British Medical Association; no longer to be regarded as a worthy member of our profession, and to be treated accordingly.

The foregoing is but a very imperfect sketch of what might be adopted as a kind of framework, on which to place some more tangible construction; and I recognise attendant difficulties, none of which are insurmountable. Those friends with whom I have conversed on the subject, have been unanimous in the opinion, that some such method of adjusting our differences should exist. Surely there is not a district in England in which there are not to be found men of honour and integrity, "facti componere lites," to distrust whom would be an insult to the profession. In my humble opinion some such course of proceeding, as that above mentioned, will prove to the public that we have sufficient professional unanimity to settle our professional differences amongst ourselves, and also to show to them that there is a line of honour which no member of our profession can overstep, without drawing down upon him the disapprobation of his brethren. Should this communication produce some discussion in your columns which may possibly lead to practical results at our next annual meeting I shall be much gratified, and I trust that you will accept such a result as an apology for my prolixity. I am, etc.,

Bath, 1868. PACIFICATOR.

P.S.—I enclose my card, and shall be happy to join other members of the Association in some movement towards carrying out the above-mentioned project.

THE ARMY MEDICAL SERVICE.—By an error, the maximum age for admission into the Medical Service of the Army was last week stated to be 23 years. It should have been 28 years.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

SIR,—Your correspondent, "A Licentiate", whose letter appears in the JOURNAL of August 8th, is, in my opinion, mistaken in supposing that "a large majority of the Licentiates are opposed" to the change recently made in the by-laws of the College. The reverse is, I believe, the fact. He is mistaken, too, as to the scope and intention of that change. Formerly, no person holding an Apothecaries' Licence could become a Licentiate of the College; but the College felt that it was absurd to endeavour to enforce that rule while the Colleges of Physicians of London and Edinburgh admit apothecaries to their Fellowship, and the Universities, without exception, to their highest degrees. The new rule removes this restriction; and, while permitting Licentiates of any Apothecaries' Company to hold its Licence, binds them "not to keep open shop for the sale of medicines"—a declaration not required from its Licentiates by any other Licensing Body; and as the College has at the same time increased the stringency of its examination, by subjecting all candidates (except physicians or surgeons of above five years' standing) to a written, in addition to a *viva voce* examination, it can hardly be charged with "competing in a spirit of traffic" with any other College.

I agree, however, with "A Licentiate", that, as an act of justice, all Licentiates who are in no way engaged in the practice of pharmacy, should be entitled to become "members". Such a grade does not at present exist in the College; but the College is, I believe, engaged in considering the propriety of instituting it; and will, I trust, soon carry the intention into effect. I am, etc.,

August 1868. ANOTHER LICENTIATE.

THE WESTMINSTER HOSPITAL.—Our remarks on the management of this institut were not at all intended to be applied to the medical school connected with it. T school has of late shown an amount of energy from which a very satisfactory resu with regard to its position as an educational institution, may be expected.

LARA.—A L.R.C.S.E. and L.R.C.P.E. is qualified, according to the Poor-law Board, to hold an union appointment.

THE PUBLIC MEDICAL SERVICE.

SIR,—I trust the letter of "a Junior Assistant-Surgeon", which appeared in your JOURNAL of the 18th instant, will induce you to modify your opinion of the public services as a fair field for young surgeons. The statistics quoted by him are gloomy enough; but a return of the number of promotions from the rank of assistant-surgeon to that of surgeon from the 1st day of January, 1857, to the 1st day of January, 1867, ordered, by the House of Commons, to be printed 5th April, 1867, gave an average promotion per annum of twenty-two only. To occupy an anomalous and inferior military position for life and departmentally a most subordinate one for more than two-thirds of one's service is enough to gall and humiliate the least sensitive. Nothing, however, seems too bad for an assistant-surgeon. Clause 85, Army Circulars, 1867, is worth perusal, and I can hardly think the worthy head of our department is aware that such a stigma has been cast upon any class of the medical department. I did not know before that promotion and morality had anything to do with each other, and, I think it should be shown why an assistant-surgeon, under all circumstances, is not as competent to furnish such a certificate as any other grade of military medical officers. For the benefit of those of your readers who may not have access to the Army Circulars, I will quote a part of the order alluded to:—

"Officers applying for permission to sell their commissions, will, if serving with their regiment, be required to produce a certificate from the medical officer in charge of the regiment, or if not so serving, from a military medical officer on full or half-pay, not under the rank of surgeon, etc."

Concessions have been made to the medical officers of the army every one must admit; but they have been conceded in the most illiberal manner, and many of the most pressing grievances are yet unredressed. A medical officer has quite as high a sense of discipline as any other man. Why, then, is it denied him in his proper sphere? Why is a governor, a superintendent-general of nurses, and a purveyor, required in our military hospitals? And all, mark you, superior to, and independent of, the principal medical officer. Inconsistently, however, the Regulations provide that, in the absence of the governor, his functions are to be performed by the principal medical officer. Why should not a medical officer always be supreme in a hospital? Why should his authority be divided at one time by a purveyor, at another by a woman, as at Netley and Woolwich, and the most obnoxious functionary in the British army? Make him as responsible as you please; but give him authority, and, above all, power to exercise it. Combatant officers are extremely jealous of their rank, and nothing would raise the "Doctor" so much in their estimation as the fact that he had power without a military title. As it is, relative rank carries with it neither position nor power, and corresponds with sham. Our army, constituted as it is, is productive of deep discontent among its medical officers, and our military authorities have themselves to blame for it. I concur with "One who has served thirty years", in thinking that the chief cause of discontent was the illegal and unjustifiable tampering with the Royal Warrant of 1858, compiled by the late Lord Herbert. Such an order as the one quoted does not conciliate even those with much less service than

A DECENNIAL ASSISTANT SURGEON.

ERRATUM.—In the Report on the Westminster Hospital (page 229 of last week's JOURNAL), the expenditure at King's College Hospital should have been stated at £1,835, and not £2,684.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Chester Chronicle, August 22nd; The Brighton Examiner, August 25th; The Sheffield and Rotherham Independent, August 27th; The Wiltshire County Mirror, September 2nd.

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

Dr. George Johnson, London; Dr. Tenison, London; Dr. R. Pringle, Porto Bello, N.B.; Mr. Trotter, London; Dr. Lankester, London; Mr. McClinton, London; Mr. A. Hall, Brighton; Dr. Macadam, Edinburgh; Mr. R. Biggs, Bath; Mr. E. Yardley, Ruabon; Dr. J. B. Pitt, Norwich; Dr. P. H. Watson, Edinburgh; Mr. R. L. Bowles, Folkestone; Mr. F. T. Coates, London; Oculis, London; Dr. Lilley, London; Mr. J. Sladden, Sandwich; Mr. D. McGregor; Dr. Broadbent, London; Dr. W. Thornhill, Dublin; Messrs. Calvert, Bradford; Sir William Linton, Annan; Mr. Druce, Oxford.

LETTERS, ETC. (with enclosures) from:—

Dr. Paget, Cambridge; Mr. J. Haines, Oxford; Mr. C. J. Bracey, Birmingham; The Military Secretary of the Indian Medical Service; Dr. Parkes, Netley; Mr. W. Rivington, London; Dr. T. Shapter, Exeter; Dr. Cheadle, London; Dr. A. W. Edis, London; Dr. Bristowe, London; Mr. T. Watkin Williams, Birmingham; Mr. Thomas Flower, Chester; Mr. F. Le Gros Clark, London; Dr. J. Sawyer, Birmingham; Mr. Coombs, Castle Carey; Dr. Fincham, London; Mr. James S. Blyth, London; Dr. F. O'Conor, London; Dr. Moore, London; Mr. W. H. Binns, Glenalmond; Mr. C. Parsons, Dover; Mr. Birkett, London; Mr. Leacroft, Feckenham; Mr. E. Lloyd, London; Mr. R. M. Jones, Rhyl; Dr. Treutler, Kew; 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; Mr. E. Franey, Banbury; Mr. J. K. Spender, Bath; Mr. C. Kelly, Leeds.

BOOKS, ETC., RECEIVED.

On the Treatment of Aneurism. By George W. Balfour, M.D. London: 1868.

Bathing; its Uses and Advantages. By G. Worthington. London and Worthing: 1868.

Report on the Sanitary Condition of the Whitechapel District. By John Liddle, Medical Officer of Health. London: 1868.

An Improved Method of Extraction of Cataract. By J. R. Wolfe, M.D.

American Journal of the Medical Sciences. July.