

## THE ADMINISTRATION OF CHLOROFORM.

## PRELIMINARIES.

1. UNLESS very feeble, the patient should fast for three hours before the inhalation.

2. Ten minutes before the inhalation, a dose of brandy should be given in water—a teaspoonful to a child, one or two tablespoonfuls to an adult.

3. The patient should, whenever convenient, be wholly undressed, and invariably everything tight about the chest or neck should be removed.

4. If possible, let the patient be in the recumbent posture, and on his back. Let the chest and neck be well exposed. Whatever form of apparatus be used (a piece of lint, a handkerchief, or Skinner's inhaler, are perhaps among the best), you may begin boldly. There is no risk with the first inhalations; and the patient may be instructed "to draw full breaths." So soon as any effect is manifest, you must be more cautious. Watch carefully the respiratory movements, and the colour of the cheeks, lips, and eyes. If the patient struggle much, proceed with increased caution.

## SIGNS OF DANGER.

*Lividit of Face.*—Remove the chloroform, and let the patient have air. Open the mouth and draw out the tongue.

*Stertorous Respiration.*—Stop the chloroform, open the mouth, draw forward the tongue, and watch carefully.

*Irregular Gasping Respiration.*—Stop the chloroform, dash cold water on the face, and flip with the towel.

*Death-like Pallor.*—This, the most dangerous sign of all, must be met without a moment's loss of time. Flip with the wet towel on the cheeks, chest, abdomen, etc. Open the mouth, and if, as is usual, breathing has ceased, begin artificial respiration at once. With outspread palms, press the front of the chest forcibly down, whilst an assistant, at the same time, presses the abdomen. Make these movements not oftener than fifteen times in the minute. Air should be heard to enter the trachea. Whilst this is being done, let assistants continue most vigorously to flip the skin in all accessible positions—it cannot be done too much. If the collapse continue, let an ounce of brandy be injected into the rectum. Do not remit the artificial respiration until the patient is quite rallied. If the collapse persist, the efforts at rallying should be persevered with for an hour at least. If a large catheter be at hand, it may be well to introduce it into the trachea, and inflate the lungs by the mouth. Remember that irregular inspiratory efforts may occur long after death in all other respects has apparently taken place. Do not be deceived by them, but continue your efforts.

## REMARKS.

The plan of artificial respiration recommended is, we believe, all things considered, the most convenient. The catheter in the trachea is, when practicable, the most effectual plan. Its introduction is not difficult. If the artificial inspirations be made too rapidly, they defeat their own object; nor should they be too forcibly made. If it be needful to continue them more than a few minutes, the operator will find it convenient to kneel astride the patient's trunk.

The administrator ought always to have with him brandy, an enema-syringe, and a large flexible catheter. He ought always, when convenient, to require his patient to be undressed, since it may be very desirable to have the surface accessible.

PROSECUTION UNDER THE VACCINATION ACT.—At Leeds lately, John Hicksgill, tanner, Willow Grove, Burley, was summoned on a charge of having neglected to vaccinate his child. The defendant read from a paper seven reasons why he objected to have the operation performed. Whereupon the magistrate sentenced him to pay a fine of twenty shillings and costs or seven days. The defendant elected to go to prison.

PROPOSED AQUARIUM FOR BRIGHTON.—With the object of drawing more attention to the study of ichthyology it is proposed to follow at Brighton the example already set at Paris, Berlin, Hamburg, and other places, and provide a large aquarium in connection with a library, lectures, and other facilities for studying the habits of fish. The site chosen is near the foot of the Chain Pier, commencing at the Tollhouse, where a space of ground extending for 700 feet by 100 feet in width is to be enclosed by means of a sea wall and a roadway, and towards the carrying out of this part of the work the corporation of Brighton contribute the sum of £7,000. Here a spacious aquarium, reading-room, museum, etc., will be constructed. The aquarium will be of the most comprehensive character.

## ASSOCIATION INTELLIGENCE.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

THE second general meeting was held at the Midland Institute, Birmingham, November 11th, 1869: Present—J. VOSE SOLOMON, Esq., President, in the Chair, and forty-three members and visitors.

*The Council.*—It was carried: "That no member be elected a representative member of Council for this Branch, unless he have attended two general or Council meetings during the year".

*New Members.*—Dr. Crispe, Mr. Hodges, and Mr. Morris, members of the Association, were elected members of the Branch.

*Communication.*—I. Mr. PULVERMACHEK exhibited several of his Belts and Portable Batteries.

2. Dr. SALLY showed a large Multilocular Ovarian Cyst, filled with fatty matter, successfully removed from a married woman, aged 35, by Mr. Furneaux Jordan in the Queen's Hospital. Its nature had been recognised two years previously by the existence of a small movable tumour in the left iliac region. It increased very slowly during the first eighteen months, but, during the last six months, it made rapid progress, and the patient's general health began to give way. The cyst, with its contents, weighed seven pounds. There were no unfavourable symptoms after the operation, except chloroform sickness, which was much relieved by the subcutaneous injection of morphia, and the use of counter-irritation. The pulse ranged between 90 and 104 until the sixth day, when it fell to its normal standard. The treatment consisted in the use of beef-tea, brandy, and opium injection by the rectum, combined with the constant use of hot poultices to the abdomen.

3. Dr. SAWYER exhibited a well marked example of Lardaceous Degeneration of the Liver, taken from a man who died at the Queen's Hospital, under the care of Dr. Fleming.

4. Dr. SAWYER also showed an interesting specimen of Plugging of the Pulmonary Artery, from a patient who had been under Dr. Heslop. A firm white clot sprang from the columns of the right ventricle, passed along the pulmonary artery, followed mainly its right division, and extended for a considerable distance along numerous branches into the right lung. Death had occurred from syncope.

5. Dr. HESLOP showed a Foreign Body which had been passed *per anum*, and made some remarks on the advantage of not giving aperients in cases in which foreign bodies had been swallowed.

6. Mr. GARNER read a paper entitled "A few practical remarks on Vaccination". He stated his conviction that, by taking simple and necessary precautions, it is impossible to produce from the inoculation of vaccine lymph anything but a vaccine pock. Lymph, instead of deteriorating by its passage through the systems of healthy babies, would increase in efficiency and infective power by careful and selected transmission. Vaccination direct from the calf was quite unnecessary. He insisted on the necessity of careful selection of lymph, and the use of perfectly clean and sharp instruments kept specially for the purpose. He recommended puncture for arm to arm vaccination, and scarification or abrasion for vaccination with preserved lymph. The pocks should be made well on the deltoid, never on the inner aspect of the arm. The local effects should not be less than four or five pocks. Of 7,500 inspected successful primary vaccinations, in 13 he found it necessary to repeat the operation, and in 2 only of the 13 the vaccination was repeated a third time before success was attained. He had never seen a case of insusceptibility to vaccination. He strongly urged the great advantages of arm-to-arm vaccination. In only two out of ten thousand vaccinations and revaccinations had sequelæ followed which at all endangered life. One was a case of erysipelas (which recovered) following a primary vaccination with tube-lymph; the other was a re-vaccination followed by an eruption at the seat of puncture, and on other parts of the body, of successive crops of large ill-conditioned pocks, which rapidly filled and sloughed out leaving large cavities. The process continued several months, and was attended by grave constitutional disturbance. He had seen several cases of axillary abscess, due, he believed, to the punctures being made too deep or too near the inner side of the arm, or both. He had never seen syphilis following vaccination. He had seen three cases where the operation was followed by an eruption of vesicles very like those of vaccinia, which in two instances assumed a chronic character; but had never tested by inoculation their true vaccine nature. He had seen many cases where eczema, impetigo, and other skin affections had been attributed to vaccination; but did not consider them caused—though probably hastened—by the operation.—Mr. GREENE, although he agreed with Mr. Garner had said, contended that much feeble and deteriorated lymph was in use.

and urged the necessity of the maintenance, at the public cost, of a constantly available supply of heifer-lymph.—Dr. FLETCHER (Bromsgrove) denied the deterioration of lymph by human transmission. He believed that cow-pox had its origin in human small-pox, stating that the disease was unknown in bulls and cattle kept in the fields.—Dr. HESLOP stated, that at the Children's Hospital he had never seen a case of vaccino-syphilis; and expressed his approval of the present arrangements for public vaccination in Birmingham.—Mr. F. Jordan, Mr. Oakes, Mr. Yates, and Dr. Mackey, also took part in the discussion.

#### GLOUCESTERSHIRE BRANCH: ANNUAL MEETING.

THE second annual meeting of this Branch took place at the Gloucester Infirmary, on November 16th; T. EVANS, M.D., President, in the Chair. There were present eighteen members and two visitors (Mr. Wilton and Mr. Cole).

The *Annual Report* of the Council to the members of the Branch was read. From this, it appeared that the Branch, though only established a year, consisted of forty-seven members. The total number of the profession in the county is about two hundred, of whom nearly one-fourth are members of the Branch—a proportion equal to the total strength of the Association with reference to the medical population of the country. The Council were happy to record the fact, that, during the first year of the existence of the Gloucestershire Branch, the following papers by its members had been received with thanks:—1. On Pemphigus, by E. Cripps, Esq. 2. On Subcutaneous Injections, by E. T. Wilson, M.B. 3. On Rheumatism, by A. Fleischmann, Esq. 4. On Belladonna in Abdominal Affections, by D. Devereux, Esq. 5. On Gravel, by E. T. Wilson, M.B. 6. On Spontaneous Fracture of Stone in the Bladder, and Subsequent Removal by Lithotomy, by John Bubb, Esq.—It was also a matter for satisfactory notice, that the whole of the subscriptions (with briefly an exception) had been received by the General Secretary.

*Papers.*—1. Dr. WILSON was compelled by a prior engagement to postpone the reading of a paper promised by him.

2. Mr. DEVEREUX read a paper on Belladonna in Abdominal Affections.

3. Mr. JOHN BUBB read a short paper on a case of Spontaneous Fracture of a Stone in the Bladder, which he had removed by lithotomy a month previously; and exhibited the stone, which weighed 5 drachms 15 grains. It was ovoid in shape, with a projection portion from its side, which lifted up like the lid of a box, and was separated from the rest of the stone. One edge of this separated portion was brown in colour; and the fracture was very evidently not recent. He thought that, in all probability, it was caused by the generation of some gaseous agent from chemical changes in its constituents, and ended by asking the members present for their experience of such cases.

Both authors received the unanimous thanks of the meeting. Mr. Devereux's paper gave rise to a general discussion, in which the idiosyncratic effects of belladonna and of henbane were canvassed. The President mentioned a case in which a small dose of the latter was uniformly succeeded by blindness; and Dr. Sankey mentioned a case in which extraordinarily large doses were tolerated. Dr. Batten, Mr. Cripps, Mr. Fleischmann, and others, took part in the discussion.

*Officers.*—The following officers of the Branch for 1870 were elected:—President: W. H. O. Sankey, M.D. Secretary: A. Fleischmann, Esq. Council: W. Allard, Esq.; R. W. Batten, M.D.; T. R. Colledge, M.D.; E. Cripps, Esq. Representatives in the General Council: H. W. Rumsey, M.D.; W. H. O. Sankey, M.D.

Dr. Cook and Mr. Bubb were unanimously chosen as scrutineers.

*New Member.*—Dr. Campbell was elected a member of the Association and Branch.

*Dinner.*—The members and visitors, to the number of eighteen, sat down to an excellent dinner at the Spread Eagle Hotel; and a successful meeting was brought to a pleasant termination.

**FRENCH HOSPITAL AND DISPENSARY.**—The third annual banquet in aid of the funds of this excellent institution, the benefits of which are extended to all members, will take place at Willis's Rooms on the 15th inst., under the presidency of Lord Napier of Magdala.

**FATAL SUICIDE IN THE STREET.**—A tradesman of Rochdale is said to have cut his throat quite through the windpipe and jugular vein, in the street, with a number of people looking on; to have then walked about forty yards, and wiped the knife deliberately on his coat-sleeve. He then fell down, and expired in about ten minutes. He was suffering from delirium tremens. The knife used was a common pocket one, which he had just bought in an ironmonger's shop.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 23RD, 1869.

GEORGE BURROWS, M.D., F.R.S., President, in the Chair.

ON ADENOID VEGETATIONS IN THE NASO-PHARYNGEAL CAVITY; THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT.

BY DR. WILHELM MEYER, COPENHAGEN.

(Communicated by JOHN MARSHALL, M.D., F.R.S.)

THE author states that there exists a peculiar form of defective speech, often accompanied with imperfect hearing, dependent on the presence of exuberant growths in certain parts of the naso-pharyngeal cavity. These vegetations, when examined microscopically, are found to be composed of the so-called "adenoid" tissue, and are accordingly to be regarded as overgrowths or morbid growths of the closed glandular structures allied to the lymphatic glands found naturally in or beneath the mucous membranes of the pharynx, the fauces, and the base of the tongue. The presence of these vegetations in sufficient quantity impairs the power of pronouncing the nasal consonants, and gives a "dead" character to the speech. They also impede respiration through the nose, and compel the patient to keep open the mouth, thus giving a vacant aspect to the face. If accompanied by deafness, the vacant look is still more remarkable. The nostrils are usually compressed. Other signs and symptoms are present, and the affection is sufficiently serious to merit attention. The author briefly described the naso-pharyngeal cavity, in order to define with accuracy the usual seats of these overgrowths. The character of the vegetations themselves was next described. These vary in form and consistence in different situations, being sometimes cristate, and at others cylindrical or flat; sometimes they are solid and firm, and at others soft and highly vascular. The latter easily bleed when examined with the finger. Their microscopical structure also varies slightly, the firmer kinds containing the most characteristic adenoid tissue. Their relation to the normal structures in the naso-pharyngeal mucous membrane is very apparent. Certain changes in the surrounding mucous membrane, in the tonsils, in the soft palate, and in the nasal fossæ, had been noticed. The *symptoms* depend on the seat and size of the vegetations. Besides the peculiar effect on the speech, and the open state of the mouth, the nostrils are flattened. The patient often has a deficient secretion from the nostrils, and sometimes blood accumulates in the mouth. Deafness is occasionally present. In using an ear-catheter in such a case, the stream of air entering the tympanum is arrested temporarily, without any apparent reason; and sometimes a bubbling sound is heard during insufflation. The *diagnosis* is partly dependent on the presence of the above-mentioned signs and symptoms in a persistent or chronic form. These, however, may also indicate other affections of the nasal organs, such as chronic inflammation of the mucous membrane and polypi, or chronic inflammation of the soft palate, or enlargement of the tonsils. Hence, the physical examination of the parts concerned is indispensable as a means of diagnosis; and of these, touch is more easy and more sure than sight as method of research. Digital examination of the cavity may always precede, and nearly always supersede, the use of the rhinoscope. Very full and practical instructions were offered for conducting this examination. The *frequency* of the occurrence of these adenoid vegetations of the naso-pharyngeal cavity had been tested, in Denmark at least, by careful inquiries prolonged over about eighteen months. The statistics of this affection were shown in a tabular form, and were otherwise explained. It occurs especially in youth. The *causes* of these vegetations were then briefly discussed, and especially their relation to deafness. As to *prognosis*, it seemed possible that they may diminish or become of less moment as age advances; but this was uncertain.

Their *treatment* was fully discussed. They may be most easily and rapidly removed by a ring-shaped knife, mounted on a long slender handle, which if passed through one or other nostril, and manoeuvred so as to sweep over the mucous surface affected with these vegetations. This proceeding is aided by the forefinger of the left hand passed over the tongue. Two or more operations are sometimes necessary. The bleeding is free, but not excessive. Sickness sometimes supervenes. A complete cure is usually accomplished,—the voice becoming improved, the speech perfect, the nostrils expanded, the mouth closed, the aspect of the face is changed, and any accompanying deafness is relieved. As an auxiliary means, the use of the nasal douche is of great importance. Nitrate of silver, or the galvanic cautery, may also be employed, with or without the previous application of the knife, according to special circumstances, which were fully indicated. Many little practical details

have no hesitation in continuing it; but, as I before remarked, the greater cost of the bichloride is not a matter of moment in private practice, hence the substitution is unnecessary.

I am, etc.,  
Nov. 1869. RICHARD RENDLE,  
*Surgical Registrar Guy's Hospital.*

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF CAMBRIDGE.

**NATURAL SCIENCE SCHOLARSHIP.**—Clare College offers a scholarship, of the value of £50 a year, tenable for three years and a half, for Natural Science. The examination (in Chemistry with Physics, Comparative Anatomy and Physiology, and Geology) will be on March 30th, and will be open to all students who are willing to commence residence in October 1870. Further information may be obtained from the tutor of the College.

## MEDICAL NEWS.

**UNIVERSITY OF LONDON.**—The following are lists of the candidates who have passed the recent examinations in Medicine and Surgery.—

**M.D. Examination. Entire.**

Casey, Edward, King's College  
Cavafy, John, Westminster Hospital  
Clothier, Henry, University College  
Eager, Reginald, Guy's Hospital  
Hilliard, Henry Charles (Gold Medal), Guy's Hospital  
Loy, Thomas Richardson, University College Hospital  
Ridge, John James, B.A., B.Sc., St. Thomas's Hospital  
Tibbits, Edward Thomas, University College

**Logic and Moral Philosophy only.**

Coombs, Carey Pearce, St. Mary's Hospital  
Parsons, Henry Franklin, St. Mary's Hospital  
Richards, William Alsept, King's College  
Thomas, Edward Wynne, University College

**B.S. Examination. Pass Examination.**

*First Division.*

Dukes, Clement, St. Thomas's Hospital

**M.S. Examination.**

Michell, Thomas, M.D., London Hospital

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 25th, 1869.

Gray, Robert, Armagh, Ireland  
Oakes, Charles, Dudley Grove, Bayswater  
Pinder, John William, Horsforth, Leeds  
Waterworth, Edward Allan, Newport, Isle of Wight

The following gentlemen also on the same day passed their first professional examination.

Noott, William Mathias, Middlesex Hospital  
Tothill, Thomas Henry Frederick, St. Bartholomew's Hospital  
As an Assistant in compounding and dispensing medicines.  
Sutcliffe, William Henry, Jersey

### MEDICAL VACANCIES.

THE following vacancies are declared:—

**ABERGAVENNY UNION**—Medical Officer for the Abergavenny District and the Workhouse: applications, 8th; election, 23rd.

**ANDERSON'S UNIVERSITY**, Glasgow—Professor of Chemistry.

**BALLINASLOE DISTRICT LUNATIC ASYLUM**—Apothecary: applications, 11th Dec.; election, 13th Dec.

**BOURN UNION**, Lincolnshire—Medical Officer for the Billingborough District.

**CATRINE**, Ayrshire—Certifying Factory Surgeon.

**CENTRAL LONDON OPHTHALMIC HOSPITAL**—Two Assistant-Surgeons, and Registrar of Births, etc., for the Articulate Dispensary District: election, December 7th.

**GERMAN HOSPITAL**, Dalston—Physician; Surgeon: applications, 3rd Jan.; election, 24th Jan.

**GRANARD UNION**, co. Longford—Medical Officer for the Workhouse: 11th.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton—Assistant-Physician: applications, 15th Dec. Resident Clinical Assistant: applications, 6th Dec.

**ISLE OF THANET UNION**—Medical Officer for Ramsgate.

**ISLINGTON DISPENSARY**—Physician.

**KINGSBIDGE UNION**, Devon—Medical Officer for District No. 13.

**LINCOLN UNION**—Medical Officer for District No. 3.

**LIVERPOOL BOROUGH PRISON**, Walton—Surgeon: applications, 10th Dec. Officers: applications, 8th; appointments, 9th.

**LIVERPOOL ROYAL INFIRMARY LUNATIC ASYLUM**—Medical Superintendent: Dec. 6th.

**MALE LOCK HOSPITAL**—Dispenser: Dec. 6th.

**MODBURY**, Devon—Admiralty Surgeon and Agent for.

**NAAS UNION**, co. Kildare—Medical Officer for the Kildare Dispensary District: 7th Dec.

**NEATH UNION**, Glamorganshire—Medical Officer for the Glyncorrwg District.

**PETERBOROUGH INFIRMARY AND DISPENSARY AND FEVER HOSPITAL**—House-Surgeon.

**RADCLIFFE INFIRMARY**, Oxford—House-Surgeon: Dec. 15th.

**ROYAL FREE HOSPITAL**—Junior House-Surgeon.

**ROYAL KENT DISPENSARY**—Medical Officer for Greenwich.

**ST. MARYLEBONE GENERAL DISPENSARY**, Welbeck Street—Physician-Accoucheur.

**ST. MATTHEW**, Bethnal Green—Medical Officer for the Workhouse.

**ST. PANCRAS AND NORTHERN DISPENSARY**—Resident Medical Officer: vacancy, 25th December.

**SELBY UNION**, Yorkshire—Medical Officer for the Cawood District.

**SORN**, Ayrshire—Parochial Medical Officer for the North District.

**STOURBRIDGE DISPENSARY**—House-Surgeon and Secretary: Dec. 14th.

**WEYMOUTH UNION**—Medical Officer for the Weymouth District.

**WORCESTER INFIRMARY**—House-Surgeon: applications, 10th Dec.; vacancy, 11th January. Resident Dispenser: applications, 10th Dec.

### MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

**HOPKINS**, William, M.B., appointed Physician-Accoucheur to the St. George's Hanover Square Dispensary, *vice* Dr. Lee, resigned.

\***ITCHIE**, C. Currie, M.D., appointed Honorary Physician to the Hulme Dispensary, Hulme.

**TILEY**, W. G., Esq., appointed, by the Postmaster General, Medical Officer of the Northern District Post Office, *vice* J. G. Winstone, Esq. (appointed in September last), who retires on account of ill health.

### BIRTHS.

**HERBERT**.—On November 25th, at Bradford, Yorkshire, the wife of Henry C. Herbert, M.D., H.M.'s 40th Regiment, of a daughter.

**MOORE**.—On November 18th, at Wolverhampton, the wife of \*R. Bond Moore, L.R.C.P.L., of a son.

**PICARD**.—On November 25th, at Abbey Road, W., the wife of P. Kirkpatrick Picard, M.D., of a son.

**RHODES**.—On November 20th, at Weymouth, the wife of Charles Rhodes, M.D., of a son.

**WILSON**.—On November 22nd, at Cheltenham, the wife of \*Edward Wilson, M.B., of a daughter.

**WOLFE**.—On November 28th, at Glasgow, the wife of \*J. R. Wolfe, M.D., of a daughter.

**WORLEY**.—On November 19th, at 1, New North Road, Hoxton, the wife of \*W. C. Worley, L.R.C.P.Lond., of a daughter.

### MARRIAGES.

**LEESON**, Henry B., M.D., F.R.S., of Bonchurch, Isle of Wight, to Maria Jane Squarey, of Upper Wimpole Street, London, at Trinity Church, Marylebone, on November 9th.

**MALONE**, Captain Anthony, R.M.L.I., to Eliza Carter, second daughter of \*W. C. Hoffmeister, M.D., of Cowes, Isle of Wight, on November 23rd.

### DEATHS.

**COTTON**.—On November 27th, aged 49, Elizabeth, wife of \*Richard Payne Cotton, M.D., of Clarges Street, Piccadilly.

**FOLLIOTT**, James, Esq., Surgeon, aged 34, at Staapeley Cottage, near Nantwich, on November 25th. Friends will please accept this intimation.

**LOCKING**, John, M.D., formerly of Market Rasen, at Connaught Square, on November 20th.

**McARTHUR**.—At Kirn, Dunoon, N.B., on November 20th, Charles Baird, son of C. B. McArthur, Esq., Surgeon, Glasgow.

THE SYME TESTIMONIAL FUND has reached a sum of more than £1000.

THE BURTON-UPON-TRENT INFIRMARY has been opened for the reception of patients.

**MANCHESTER ROYAL INFIRMARY**.—The surgical and medical clinical prizes for the best reports and commentaries on six surgical and six medical cases have been awarded to Mr. William A. Patchett.

**TRANSFORMATIONS OF HYDRATE OF CHLORAL**.—M. Personne, in a recent memoir, has shown that hydrate of chloral, when in contact with blood in a living animal, is split up into chloroform and formic acid (as Liebrich believes), which are ultimately converted into chloride of sodium and formicate of soda.—*Chemical News*.

**ROYAL MEDICAL SOCIETY OF EDINBURGH**.—At a general meeting of this Society, held on November 20th, 1869, the following gentlemen were elected Presidents for the ensuing year: Alexander Bennett, M.B. and C.M., Edinburgh; John N. Fleming, Esq.; David Page, Esq.; Charles E. Underhill, B.A. Cantab.

**DONATIONS**.—Mr. W. Dalton of Bournemouth, lately of Cheltenham, has presented nearly three hundred volumes of medical and other books to the Cheltenham Permanent Library, and a valuable collection of surgical instruments to Charing Cross Hospital.—An anonymous benefactor last week deposited at the Bank of Messrs. Glyn, Wells, and Co., the sum of £1,000, for the Infirmary for Epilepsy and Paralysis in Charles Street, Portman Square.

## 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.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY .....	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.
THURSDAY .....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 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.—Central London Ophthalmic, 2 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.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—	Medical Society of London, 8 P.M. Mr. Haynes Walton, "On Sympathetic Ophthalmitis"; Mr. J. Sampson Gamage (Birmingham), "On Compound Fracture";—Epidemiological Society, 8 P.M. Dr. Blaxall, R.N., "On the later History of the Outbreak of Fever in Mauritius."—Entomological Society.
TUESDAY.—	Ethnological Society of London, 8 P.M. Lieut. S. P. Oliver, R.A., "Report on the Prehistoric Remains in the Channel Islands"; The Rev. W. C. Lukis, "On the Megalithic Monuments of Brittany."—Pathological Society of London, 8 P.M. Dr. Murchison, "Gall-stone impacted in Common Duct"; Mr. Hulke, "Effects of Impacted Calculi"; Mr. Hulke, "Encysted Hydrocele"; Mr. Davy, "Injury to Tendon"; Mr. Davy, "Ruptured Spleen"; Dr. Sutton, "Cyst of Stomach"; Dr. Crisp, "Calculi from Bladder of Dog"; Dr. Crisp, "Diseased Ovaries in Fowl"; Dr. Kelly, "Malformations of Heart"; Dr. Leared, "Cancer of Lung"; Mr. Mauder, "Nerves of Arm divided to Arrest Tetanus"; etc.
WEDNESDAY.—	Royal Microscopical Society, 8 P.M. Professor Rymer Jones, F.R.S., "On Deep-sea Dredgings from the Vicinity of China and Japan."—Hunterian Society, 7.30 P.M. Council Meeting. 8 P.M. Dr. Dalby, "On Serious Spinal and Cerebral Symptoms, associated with Imperfect Development of the Cranium."
THURSDAY.—	Royal Society.
FRIDAY.—	Clinical Society of London, 8 P.M. Mr. Croft, "Case of Tumour removed from the Orbit"; Mr. Cooper Forster, "Cases in which Torsion has been employed"; and other papers.—Royal Astronomical Society.

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

**THE HOSPITAL FOR WOMEN, SOHO.**—"A Member of the Association" has addressed to the JOURNAL a long letter in reply to Dr. Protheroe Smith and Dr. Meadows, and in attempted substantiation of his charges against this Institution. Another member has also written on the same side. Both have enclosed their cards; but neither of them is willing to attach his name to his letter. Under these circumstances, we must decline to publish their communications.

**ROYAL COLLEGE OF PHYSICIANS.**—In our account of the proceedings of the College of Physicians in last week's JOURNAL, we inadvertently printed the third resolution relating to Professional Examinations, as it stood in the Report laid before the College by the Council. In place of the words "as nearly uniform as possible", it was agreed to substitute "the same", so that the resolution as adopted by the College runs thus: "3. That the course of study required, and the number and nature of the examinations to be undergone, be the same in the three divisions of the kingdom".

**ERRATA.**—In the description of the operation in Mr. Erichsen's case of removal of the tongue (JOURNAL, November 27th, p. 584), for "running obliquely upwards and outwards... on each side and along the base of the lower jaw", read "running obliquely downwards and outwards... on each side, along the base of the lower jaw."—In the report of the Manchester Medical Society, page 587, for "stereopic slit", read "stenoporic slit".

## PEDICULI AND SKIN-ERUPTIONS.

**SIR.**—Your reply to my letter displays ability and fairness that I fully appreciate. You have lodged me cleverly on the horns of a dilemma from which I have no escape. I must, as you justly put it to me, take up one of two positions. I must either mean to say that lice are a "frequent cause" of prurigo—in which assertion, as you truly point out, others have preceded me, and so my claim to novelty falls; or I must "claim to have discovered not that lice are a common cause of prurigo, but that they are the one sole and invariable cause of all forms of that malady" in which case, you allow that my claim to originality is just"; and you significantly add "that it will not be contested by any dermatologist." I must, in short, claim to have advanced either what is true but not new, or else what is new but scarcely likely to be true. I confess that this is my only alternative, and I have no desire to avoid it. You could not have more accurately defined my pretensions than by

saying "that I claim to have discovered that lice are the one sole and invariable cause of all forms of prurigo."

In my former letter I confined myself strictly to the point then in question, viz., whether, in the matter of prurigo, I had or had not been an advocate of Professor Hebra's views. But, in my anxiety to be as brief as possible, I have failed, as it seems, to explain clearly what my own views are. I can do this in a few words on the basis of the plates in Hebra's Atlas, to which you have referred me; but it will be convenient that I should first amplify your very brief definition of my doctrine, in the form you put it, everything depends on what is meant by the word prurigo.

Hebra, you say, when he speaks of what is "popularly known as prurigo senilis", uses some "less conventional name", and the disease which he does call prurigo "is believed by him to be totally distinct from the so-called prurigo senilis." I cannot quite agree with you here. But, however that may be, I beg to say on my own behalf that, when I speak of prurigo, I mean what is commonly known as prurigo, and by the words prurigo senilis I mean nothing more than ordinary prurigo, occurring in old people. The only matter in which I depart from established custom in defining prurigo is, that I do not include the so-called local forms of prurigo (for example P. podicus, etc.) which I think are quite distinct in almost every possible way from general prurigo, and which would be more correctly named pruritus podicus, etc.

The only difference that exists between prurigo senilis and any other form of general prurigo, is that which is well expressed by one of the authorities (Rayer), to whom you have referred me. I will quote his words:—"Dans la vieillesse (prurigo senilis, Willan) l'éruption papuleuse du prurigo est ordinairement plus considérable qu'à tout autre âge. Aussi la peau offre-t-elle un grand nombre d'égratignures et une desquamation furfuracée abondante. La demangaison est insupportable et plus permanente que dans le prurigo formicans, dont les symptômes extérieurs sont cependant les mêmes."

You may ask me perhaps, "Where precisely do I draw my line around what I style prurigo?" What proportion exactly of skin-disease cases am I to be understood as attributing to the presence of body-lice? I may say that I mean by the term prurigo what others mean; but then do I include a good deal less, or, possibly considerably more, than is ordinarily included by the name? To this I should reply (if I may borrow dermatological terms) by saying that the disease has so abrupt a margin, so definitely circumscribed an area, that its limits are obvious. The leading symptom of prurigo, namely the terrible itching, so far exceeds in intensity the itching of any other disease, that it can scarcely ever be a matter of discussion as to what is and what is not to be considered as prurigo. This test, however, may be easily cavilled at. It may be said: "While some patients are so querulous and others so phlegmatic, how then can the disease be diagnosed by the intensity of the sensations complained of?" The answer to this is, that the disease invariably writes down on the patient's skin, with the precision of a clinical thermometer, the exact degree of itching that he suffers from. We can judge, by the extent of injury that the patient is willing to inflict upon himself for the sake of gaining a momentary respite from his torments, very accurately of the degree in which he is tormented. Now, as the leading subjective symptom of prurigo is terrible itching, so its leading objective symptom is the deep marks of the furious scratching, which that itching provokes. In no other disease do we find any approach to the intensity of the itching, or to the reckless style of the scratch-marks of prurigo. Neither of these symptoms, as they present themselves in a case of prurigo, even of prurigo mitis, is ever fairly rivalled even by the severest case of lichen, scabies, eczema, or pruritus.

You have referred me to the "chapters of Daniel Turner on phthiriasis", which you say "prove that the older surgeons knew well enough that lice are the frequent cause of intolerable itching of the skin (prurigo)." I accordingly open Turner's book, as chance will have it, at the page where he confides to his readers the valuable secret of Sir Theodore Mayern's "Prescription to take away the Wrinkles of the Queen's Belly after Childbirth"; the insertion of this instructive formula shews very forcibly that Turner in his *Treatise on Diseases of the Skin* aimed at being exhaustive, and yet I find in his book no mention of anything at all corresponding to prurigo, either under that name or any other. In his chapter on the "Lousy-evil," he refers indeed to body-lice, which, he says "are those found upon the foul Clothes, either Linen or Woolen, of common Beggars, Jail-Birds, and others, suffering themselves to be eaten up, as we say, with nastiness." Further on, he proceeds: "This Lousy evil, by the Greeks termed *Φθειράς* etc.," but he is evidently quite unconscious that the "lousy evil" consisted of anything more than the mere presence of lice on the clothes, unless we are to take into account his statement that "It is recorded by Authors, both ancient and modern, that diverse Persons have come to their ends being devoured of Lice." If the older surgeons knew very well that lice are the frequent cause of prurigo, Turner appears to keep their secret remarkably well.

I turn next, as you direct me, to Rayer's Atlas. I find, indeed, as you say, that "Rayer has actually delineated a louse by the side of his portrait of prurigo." But now let me quote from his text accompanying these portraits: "Quelques pathologistes pensent que l'état de la peau dans le prurigo senilis est favorable à la production et à la propagation des pediculii corporis. Enfin Willan prétend avoir observé dans un cas de prurigo un insecte particulier, mais la description qu'il en donne est inexacte et incomplète"; further on he says "le prurigo n'est pas contagieux." From this it is clear that he only introduced the louse in deference to the prejudices of Willan, whose opinion he respected. He says "Willan a publié une bonne description du prurigo", as indeed, he most undoubtedly has.

Willan's mistake in supposing that prurigo senilis was the cause, instead of the effect of the presence of body-lice, finds a hesitating support in the written opinion of one of the most able and advanced of the cultivators of cutaneous pathology in the present day, M. Hardy, says (Deuxième partie, p. 86) "Chez les vieillards, où la fréquence du prurigo a fait admettre une variété sous le nom de prurigo senilis, absence de poux est fort rare dans une éruption pruriginose, et de même, la présence de poux entraîne toujours chez eux du prurigo, de sorte qu'on ne sait réellement alors si ce sont les poux qui engendrent le prurigo, ou si c'est le prurigo qui attire les poux."

Here M. Hardy, in his mere statement of the facts, comes nearer to the truth than any other author that I have ever studied; but his explanation of them, if I may call it so, is a mere mystification. Indeed, he expressly declines to give any opinion about the matter, and professes that he feels quite unable to afford one. Nevertheless, he is far ahead of Professor Hebra in his progress towards the truth.

If I am to be styled a disciple of any one in respect of my views of prurigo, let me be called a disciple of Hardy, rather than of Hebra. But I am far from agreeing with Hardy, for I most strenuously assert, not only that body-lice are the invariable and sole cause of general prurigo in all its described varieties, but

that each of the various symptoms, subjective and objective, of this disease, can be directly traced to, and satisfactorily accounted for by, the presence of the lice on the skin; for example, the sensation of formication to their crawling over the skin; that of needles being thrust into the skin, to their bite; the broad flat white papules, I maintain, are the analogues of gnat-bites, and so on.

You say that you have been assured that the connection between prurigo and leprosy was long ago a common doctrine at University College. Permit me, as an old student of that school, to assure you that, except in so far as that doctrine was expounded by Willan, as referred to in the passage from Rayer that I have quoted, it was first taught there by myself. The late Dr. Hillier, who at the time had charge of the cases of skin-disease there, kindly permitted me, several years since, to make use of his cases in conducting my investigations, and it was solely in consequence of the demonstrations that I made to him, that he became a teacher of the doctrine to which you refer.

On referring to the plates of Hebra, to which you have directed my attention, I find that he has several excellent plates of prurigo, which he has labelled prurigo, he has other equally excellent plates of body-louse disease, which he has labelled body-louse disease. My only wonder is that so shrewd an observer should have failed to learn even from his own plates that prurigo and body-louse disease are convertible terms, in place of being, as he thinks, distinctive names for two widely different diseases.

In speaking of prurigo as being invariably caused by lice, I must not be understood as denying the existence of idiopathic general pruritus, which is perfectly distinct from prurigo, and by no means associated, as prurigo generally is, with "poverty, hunger and dirt." I have now under observation a case of this, the patient's condition is altogether the reverse of the condition most favourable to the production of prurigo. He is young, his physique is perfect, (he has rowed stroke in one of the Oxford and Cambridge boat-races) he has lived in luxury all his days. The skin of a person affected with idiopathic general pruritus, presents a very different appearance from that of the skin of a sufferer from prurigo. The difference is almost as great as that produced in the appearance of the skin by the operation of wet cupping.

Now that I have, as I trust, clearly explained my views, I hope for a criticism of them from the able pen of Mr. Hutchinson. I am, etc.

9, Weymouth Street, W., November 16th, 1869. **BALMANNO SQUIRE.**

\*\* Mr. Squire's letter supplies, for the most part, its own comment. If we admit that the term "prurigo senilis" is to be defined to mean "the intolerable itching caused by lice," then we may also admit that lice are the invariable cause of prurigo senilis. The apparent difference of opinion is, to a large extent, merely one as to the use of words. Mr. Squire admits that Daniel Turner wrote a chapter on the "Lousy-evil," but because he did not employ the term *prurigo senilis* discredits his knowledge as to the irritation attending the presence of lice. Surely the name *prurigo senilis* is not essential. "A rose by any other name, etc." It is the same with Professor Hebra who, although perfectly familiar, as his portraits abundantly prove, with the facts, prefers, and we think very judiciously, not to use the term "prurigo senilis" in connection with these cases. We believe that no one who has visited Hebra's clinique any time during the last twenty years can doubt that a doctrine closely similar to that advocated by Mr. Squire has been there taught. We do not hint that Mr. Squire borrowed his opinions from Hebra, but it is our duty as honest critics to assign priority where we believe it really belongs.

G. H.—The result of the examinations for the Fellowship of the College of Surgeons, which terminated on Friday last, cannot be published until confirmed at the next meeting of the Council; but we have heard that all the candidates were successful.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Nov. 24th; The New York Medical Gazette, Nov. 13th; The Parochial Critic, Nov. 24th; The New York Medical Record, Nov. 15th; The Boston Medical and Surgical Journal, Nov. 11th; The Madras Mail, Sept. 22nd; The Indian Medical Gazette, Oct. 25th; The Northern Daily Express, Nov. 15th; The Northampton Mercury, Nov. 20th; The Islington Gazette, Nov. 23rd; The Yarmouth Independent, Nov. 20th; The Sunday Times, Nov. 21st; Saunders's News-Letter, Nov. 22nd; Nature, Nov. 25th; The Preston Guardian Supplement, Dec. 4th.

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

Mr. E. Newbold, Macclesfield; Mr. Alfred Cooper, London; Mr. Harry Leach, London; An M.D.; Mr. G. Ridgen, Canterbury; Dr. Wm. Newman, Stamford; The Assistant Secretary of the Royal Microscopical Society of London; Mr. H. N. Edwards, Shrewsbury; Mr. J. H. Hiron, Birmingham; J. T. B.; Mr. F. W. Wright, Derby; Mr. Rodgers, London; Medicus; F.R.C.S.; Viator; Dr. Leet, Dublin; Mr. C. T. Thomas, Macclesfield; Mr. R. T. Smith, University College Hospital; S. L. H.; Mr. F. Gull, Ipswich; Dr. J. Hardie, Manchester; Dr. J. Williams, Swansea; Dr. Mapley, Manchester; Dr. A. Wiltsshire, London; An Irish Surgeon; Dr. Bent, Bridgwater; Dr. Felce, London; Dr. Wolfe, Glasgow; The Secretary of the Medical Club; Dr. A. B. Steele, Liverpool; Dr. Wickham Legg, London; etc.

LETTERS, ETC. (with enclosures) from:-

LETTERS, ETC. (with enclosures) from:—  
Dr. C. J. B. Williams, London; Mr. Joseph Lister, Edinburgh; Dr. Jas. Russell, Birmingham; Dr. Protheroe Smith, London; Dr. Leslie, Birmingham; Mr. J. D. Lawrie, Bradford; Dr. H. C. Andrews, London; Mr. Green, London; Dr. J. Brunton, London; Dr. C. Drysdale, London; Dr. F. J. Brown, Rochester; A Practitioner of Twenty-five Years' Standing; Mr. J. A. McBride, Cirencester; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; The Registrar of the Medical Society of London; Mr. Eytom Jones, Wrexham; The General Manager of the British Imperial Insurance Corporation (Limited), Manchester; Dr. Mac Cormac, Dublin; Dr. Swete, Weston-super-Mare; Mr. A. Fleischmann, Cheltenham; Dr. Mapother, Dublin; Mr. W. Howitt, Lancaster; Mr. T. Prudgın Teale, Leeds; Dr. Heywood Smith, London; Messrs. Letts, Son, and Co., London; Mr. J. Harday, West Haddon; Dr. P. Best, Eastgate; The Hon. Sec. of the Royal Medical and Chirurgical Society; Mr. T. Watkin Williams, Birmingham; Mr. J. Williams, Brecknock; Dr. F. H. Parsons, Barking; The Hon. Sec. of the Ethnological Society of London; Mr. J. A. McBride, Cirencester; Mr. S. Jones, London; Dr. Reed, Manchester; etc.

*Results of Meteorological Observations, for the week ending Saturday, November 27th, 1869.*

NAME OF STATION AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERA- TURE.		SELF-REGISTERING THERMOMETERS.				WIND.						RAIN.												
	Mean.	Range.	Of Air in Shade.		Mean degree of Humidity (sat. 100)	Mean of all Maxima.		Mean of all Minima.		Black bulb Maxim. in Sun.	Mean amount of Clouds (c-10).	Mean amount of Ozone (c-10).	Number of days it blew in certain directions.			Mean Force of 12.	Number of days it fell.	Amount in inches.									
			Of Evaporation.	Of Dew-point.		Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.				N.	N.E.	E.	S.E.											
BATH.....	29.679	1.053	40.2	40.0	39.8	98	55.0	27.0	28.0	47.3	33.6	80.0	..	6.6	..	..	3.5*	4	1.70								
Dr. Barter, F.M.S.													0.3	0.3	..	0.3											
BOURNEMOUTH.....	29.705	1.100	41.1	40.3	39.3	93	55.2	29.2	26.0	48.2	34.1	66.0	25.3	5.0	1.5	I	3.7	I	1.3	5	0.93						
Dr. Compton, F.M.S.													6.7	..	0.3	0.3	I	2.8	1.6	0.7	4	0.37					
DOVER.....	29.705	1.016	43.2	41.8	40.1	89	51.6	22.6	29.0	46.0	29.4	..	..	0.3	..	..	2	1.7	1.7	..	3.6	4	0.37				
Dr. Parsons.													23.9	5.9	..	0.3	I	2.3	1.7	1.7	..						
DUBLIN.....	29.651	0.922	42.0	40.7	39.1	90	51.8	28.7	23.1	45.5	36.6	..	..	0.3	..	..	I	2.8	1.6	0.7	2.6	4	0.37				
Dr. J. W. Moore.													29.7	22.0	6.6	1.1	0.7	2	1.7	1.7	0.7	1.7	2	1.19			
KEW.....	29.722	0.981	41.4	40.6	39.6	94	50.2	28.1	22.1	45.1	35.7	79.7	22.0	..	..	2	0.3	..	0.3	..	..	1.8					
Dr. Treutler, F.L.S., etc.													7.1	..	..	2	0.3	..	0.3	4.3	..	..	6	0.56			
LLANDUDNO.....	29.600	0.974	43.7	41.6	39.1	84	51.9	35.0	16.9	47.4	39.9	..	..	..	..	..	0.7	2.3	2.3	1.7	3.2*	3	1.11				
Dr. Nicol and Dalton.													86.5	20.2	6.3	4.3	..	..	..	0.7	2.3	2.3	1.7				
MALVERN.....	29.664	1.020	40.7	39.2	37.3	88	50.0	29.3	20.7	46.4	36.8	..	..	28.8	..	8	..	..	2	2	0.3	2.7	4	0.70			
Messrs. W. and J. Burrow.													20.2	..	..	..	2	..	2	2	0.3	2.7	..	6.5*			
NORWICH (BETHEL STREET).....	29.663	0.958	40.1	39.3	38.3	93	48.0	30.0	18.0	44.3	35.1	..	..	28.8	..	8	..	..	2	2	0.3	2.7	..	6.5*			
C. M. Gibson, Esq.													35.1	..	..	..	2	..	2	2	0.3	2.7	..	6.5*			
SCARBOROUGH.....	29.599	0.889	39.0	37.0	34.4	84	47.5	29.7	17.8	44.2	34.5	81.9	25.0	6.4	3.5	..	0.3	I	0.3	..	I.3	2.3	0.7	4	0.78		
Dr. Fox, M.R.C.P.													25.0	..	..	..	I.3	2.3	0.7	I	4	3	0.78				
SIDMOUTH.....	29.722	1.098	43.6	42.1	40.3	88	59.0	28.8	30.2	49.9	33.7	..	..	4.6	5	3	..	..	..	2	2	..	0.3	4	0.78		
Dr. Mackenzie, F.M.S.													33.7	..	..	..	2	..	2	2	..	..	..				
VENTNOR, I. OF WIGHT.....	29.707	1.004	44.3	42.4	40.1	85	54.2	33.2	21.0	48.0	37.9	..	..	5.3	6	2	0.7	..	..	0.3	2.3	1.7	..	3.9	5	1.11	
J. B. Martin, Esq., M.R.C.S.E.													21.0	..	..	..	2	..	2	2	0.3	2.3	1.7	..			
WORTHING.....	29.668	1.110	43.1	41.7	40.0	89	54.7	29.7	25.0	47.9	36.3	71.0	22.1	7.4	?	I.3	..	..	..	I	I.3	0.3	3	I.3	4	1.52	
W. J. Harris, Esq., M.R.C.S.E.													22.1	..	..	..	I.3	..	..	..	I	I.3	0.3	3	I.3	4	1.52

\* Mean hourly velocity in miles.

**REMARKS.**—Atmospheric pressure underwent a very considerable and rapid diminution on the first two days of the week, which amounted at almost all stations to one inch, and which represented the entire range of the barometer during the week; from this depression the barometer never quite recovered, so that its mean height for the week is on an average half an inch or more above that of the week before. Mean temperature has decreased again, and the range has been about the same as the week before. The degree of humidity still continues high. Winds have been somewhat variable, the prevalent direction has been *W.*, but *S.W.* and *N.* winds have not been wanting. Their force has on the whole been moderate; and it is noteworthy that the great and rapid fall of the barometer which occurred in the beginning of the week was unaccompanied by any gale of any strength throughout the country. The amount of clouds has been greater, and rain has fallen at all stations. The amount of ozone is variable—greater at some stations and less at others. The weather of the week has been generally damp and foggy, with short glimpses of bright sunshine. On the 27th rain appears to have fallen all day without intermission at nearly all stations. The general health is excellent. *Scarlatina* has almost disappeared at Worthing.

Kew, December 1st, 1860.

W. J. TREUTLER.

disappeared at Worth  
W. J. TREUTLE