

The wound and joint were syringed with a weak solution of carbolic acid (1 in 60), and then dressed with carbolic plaster. The leg was placed in a swing-cage. The progress of the case was very like that of the preceding. The dressing was renewed at first daily, and then at longer intervals, till the tenth day, when, the wound being healed, except at a small superficial sore, red wash was applied. There was no suppuration at all, and no rise of temperature after the third day. At the end of three weeks, he was allowed to get up with a plaster of Paris bandage on; in another three weeks, this was removed; and on September 26th, he was discharged, walking about with a moveable joint.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

TWO CASES OF WOUNDS OF THE KNEE-JOINT.

(Under the care of Mr. EAGER and Mr. TAYLOR.)

We are indebted for the report of these cases to Mr. Thomas Flower, House-Surgeon.

CASE I.—C. T. H., aged 12, a labouring boy, was admitted under Mr. Eager on November 18th, 1869. Fourteen days previously, he was cutting wood with a billhook, and made a wound on the inside of the right knee, which was sewn up and strapped. It bled and ran a little; but he did not keep his bed, and went to work four days afterwards. After working for four days, he fell down and hit the same knee; and, although he noticed water to run out of the wound, he felt no pain, and continued working for the remainder of the day. By the following morning the knee had become inflamed, and the boy was obliged to keep his bed; he continued there for five days, when he was admitted here.

On admission, there was found to be a wound about one inch in length (suppurating, and discharging synovial fluid) on the inner and anterior aspect of the right knee. The joint was swollen, inflamed and painful, and had lost its symmetry. The patella likewise was raised, and there was considerable effusion into the knee-joint. The face was flushed and hectic. Pulse 100. His bowels had not been open for four days. He was put on milk and beef-tea, and an active purge was given. A splint was applied to the back of the leg, and an evaporating lotion over the whole knee. For a few days he improved, but ten days afterwards the knee had become more swollen and painful; and his appetite was failing. He was ordered three grains of citrate of iron and quinine three times a day, and three ounces of port wine daily. The knee still continued to become more swollen and painful, and a large poultice was applied over it. The knee remained in about the same state, becoming worse one day and better the next, until January 2nd (forty-five days after admission), when a collection of pus was found on the outside of the joint. A free incision being made, a poultice was applied, and the leg put up on a long outside splint, interrupted at the knee in order to apply dressings. From this time the boy's health, which had suffered considerably, improved much; and on February 9th, both wounds having healed, a gum and chalk splint was put on, and he was ordered to get up. He continued rapidly to improve, and went out on March 3rd, when he had some movement of the joint, required no support, and walked fairly well without crutch or stick.

CASE II.—C. L., aged 45, a stout countrywoman, was admitted under Mr. Taylor on July 20th, 1870. Twenty hours before admission, she fell and hit the right knee against a stone, which made a deep wound on the outer side; and there was considerable haemorrhage. She was seen by a surgeon, who said he put his finger into the joint, and immediately the wound was sewn up, and a pad of lint soaked in carbolised oil placed over it. The leg was put on a back splint, and a dose of opium was given.

On admission, she was in very little pain. The right knee was hot and swollen, but not tender. On its outer side, between the patella and the condyle of the femur, was a wound about an inch and a half long, sewn up, with the edges in good position. She was put on beef-tea and milk. A purge was given, and ice applied to the knee. The heat and swelling gradually subsided; and, six days afterwards, the sutures were removed, when the wound was found to be quite healed. In a few days, the splint was taken off; and on August 5th (seventeen days after the accident) she got up and walked about, and went out quite well on August 11th.

REMARKS.—The above cases are chiefly noticeable for the good ultimate results; for rarely, after a wound in the knee-joint with such severe symptoms as were exhibited by Case I, do we find a moveable joint, and one so useful that neither stick nor crutch is required, so soon after the injury. Moreover, the cases are well worthy of a place side by side, as it is most probable that, had the same care been taken with No. 1 as No. 2 at the time of the accident, the former would have

been spared many days of suffering. Or, from the fact of his doing four days' work almost immediately after the accident, are we to infer that the wound did not originally pierce the synovial membrane, but that, on the boy falling and hitting his knee, the membrane, already slightly inflamed, became lacerated, and so the wound became connected with the joint?

SELECTIONS FROM JOURNALS.

LOCAL APPLICATIONS TO BURNS.—Dr. A. D. Binkerd, writing in the *Philadelphia Medical and Surgical Reporter* (July 9th, 1870), prefers, as an application to burns when first seen, carbolic acid and glycerine, in the proportion of from five to ten drops of the former thoroughly incorporated with two ounces of the latter, spread on with a camel's hair, or other light brush; then a layer of raw cotton, over which a roller-bandage is neatly adjusted. The administration of from a fourth to half a grain of the sulphate of morphia, as early as practicable, has been productive of decidedly beneficial results. For the suppuration following burns, he recommends the following dressing: yellow wax melted and strained, 3*i*; raw linseed-oil, 3*ij*; tannin, 3*i*; subnitrate of bismuth, gr. xx. The wax must be first melted; the oil must then be added, and the whole stirred until incorporated; next, the tannin is added, and lastly the bismuth. The ointment is applied on pieces of lint.

OBSTRUCTION OF THE OS UTERI BY CICATRIX IN A PARTURIENT FEMALE.—A strong and healthy primipara, aged 20, came under the care of Dr. Hayn of Kempen in August 1869. She was in labour; but, in spite of the pains, there was no sign of dilatation of the os uteri. On examination with the finger, the presenting part of the child could be felt, covered by the attenuated uterus, which seemed normal in structure, except at one point below, where it was harder and more rigid. The parts were so moist as to give the impression that the liquor amnii must have oozed through in some way. On examining with the speculum, the uterus was seen to be stretched over the child's head, but no os nor any opening could be found. At the lowest part, between two small folds, was a very small depression. A probe, introduced into this, entered the uterus through an opening scarcely as large as a pin, and reached the child's head. Dr. Hayn cut through the part. The operation was rather difficult, but the haemorrhage was inconsiderable. In a minute, dilatation commenced; and a healthy child was born an hour afterwards.—The point of interest in this case is the cause of the obstruction. There was an absence of all history of previous disease, such as ulceration, or of the application of caustics on any occasion. The anomalous condition must either have been congenital or the result of inflammation during pregnancy, unattended by pain or other subjective symptoms. Of these two alternatives, Dr. Hayn adopts the latter. The liquor amnii must have escaped through the minute orifice in the site of the os uteri.—*Berlin, Klin. Wochenschr., and Wiener Medizin. Wochenschr.*, July 2, 1870.

NEURALGIA OF THE JAW-BONES.—Dr. Gross of Philadelphia describes, in the *American Journal of the Medical Sciences* for July 1870, a form of neuralgia of the jaw-bones, which, he believes, has not been hitherto described. Its seat is in the remnant of the alveolar process of edentulous persons, or in the alveolar structure, and in the overlying gum; and it is met with chiefly in old subjects. It is more common in the upper than in the lower jaw, and is generally limited to the bone. The gum is nearly always very hard and dense, grating more or less under the knife, and adhering very firmly to the alveolar process. The pain is generally paroxysmal; sometimes it is momentary; occasionally it lasts for hours; and in rare cases it continues indefinitely with but little mitigation. It may be sharp and darting, dull, heavy, aching, boring, or gnawing. Pressure generally relieves rather than aggravates it. In rare cases, when it is very severe, there may be some spasm of the facial muscles. Dr. Gross believes that the affection depends on compression of the minute nerves in the alveolar process by the encroachment of osseous matter on their canals. The disease comes on gradually, and proceeds from bad to worse. The general health is eventually impaired. The pain is aggravated and the paroxysms are prolonged by whatever tends to lower the vital powers. Sometimes the disease appears to be malarious, the paroxysms coming on periodically. Dr. Gross relates five cases of the disorder, in all of which entire relief was obtained by removing the affected portion of the alveolar process by means of cutting pliers. This he regards as the only effectual treatment. A mild course of chalybeate tonics may be required afterwards, when the patient is anaemic or affected with indigestion.

A PIN RETAINED NEARLY FOUR MONTHS IN THE INTESTINES OF AN INFANT.—M. Tillaux, of the St. Antoine Hospital, relates in the *Bulletin Général de Thérapeutique* (July 15th, 1870) the case of an infant aged fifteen months who, while in his nurse's arms, swallowed a large pin with a jet head. The pin was more than two inches and a half long, and the head was about half an inch in diameter. The accident occurred on February 20th; but the child did not appear to feel any ill effects—not even at the time of the accident—till June 12th. It then began to have severe pain in the abdomen, and the abdominal wall was slightly swollen. Two days afterwards, M. Tillaux, who was called to the case, found near the right iliac fossa a swelling of the size of a hen's egg; the skin over it was becoming red and hot, and fluctuation was perceptible. Next day, he made an incision, through which a quantity of fetid pus escaped. The point of the pin, which was readily felt, was seized by forceps; but it was soon found that the head remained in the bowel. M. Tillaux broke the pin, and removed about two-thirds, pushing the remainder back into the intestine. Two days afterwards, the head of the pin with the attached portion was voided *per anum*; and the child recovered perfectly.

INJURY OF THE HEAD BY A FALL: DEAFNESS: LOSS OF EQUILIBRIUM.—A glazier's man, aged 24, came last November under the care of Dr. Fischer of Breslau on account of an injury which he had received two and a half months previously. He was at work at Oppeln on a high ladder, when it began to slip; he sprang quickly back, and the hinder part of his head came into contact with another ladder. He was taken to the hospital of the place, and remained insensible for a time which he could not state; but he said that, immediately on recovering consciousness, he found that he was deaf. He knew nothing as to the occurrence of haemorrhage from the ears. At the end of four weeks he left his bed, but still remained deaf. When seen by Dr. Fischer, he spoke without difficulty, but very loud; on being interrogated in writing, he gave definite and intelligent answers; his intellect was so good that he could give the minutest details of his previous history. He was quite free from pain, and very cheerful. No abnormal condition could be found in the external ear; the Eustachian tube was quite permeable. The patient was utterly unable to hear any sound. He stood with his legs wide apart, and supported himself with a stout stick; he tottered to and fro, and tried to support himself with the hand, like a drunken man. This unsteadiness was specially marked when he walked. He did this with his legs spread, tottered sideways as well as backwards and forwards, and endeavoured to keep his balance by stretching out his arms. There was no trace of paralysis; the movements of the limbs were of full strength and well directed. Sensation was normal everywhere. He saw distinctly with both eyes, and made no complaint of double vision. The evacuation of faeces and urine was normal. The man was treated for a month with iodide of potassium, and was sent home uncured.—Dr. Maas, assistant in Dr. Fischer's clinic, who relates this case, refers to observations made by Flourens, Goltz, Menière, Holtsch, and Politzer, on the results of injury of the semicircular canals of the ear. He has no doubt that Dr. Fischer's patient had an injury of these structures. The occurrence of deafness on both sides leads to the supposition that a fissure extended from the occipital to the petrous bone on each side, opening and injuring the semicircular canals. The limits of the fracture were further shewn by the absence of haemorrhage from the ear, and also of facial or other paralysis.—*Wiener Med. Wochenschr.*, July 23rd, 1870.

RUPTURE OF THE UTERUS.—Dr. T. F. Moses of Glendale, Ohio, relates the following remarkable case in the *Philadelphia Medical and Surgical Reporter* of August 13th. On February 27th, he was called to attend in labour Mary P. V., a German woman of small stature. An examination disclosed a breech-presentation; and, as the labour was proceeding normally, and was likely to be tedious, he went away for a few hours. On his arrival in the evening, the pains were very frequent and violent. The os was fully dilated, the breech firmly impacted in the pelvis, and the presenting part continued to advance slowly. All at once, during a pain, the woman uttered a sharp cry, and complained of intense pain over the lower part of the abdomen. The presenting part immediately receded, and it was evident that rupture of the uterus had occurred. A state approaching syncope supervened, and the friends of the patient sent for a priest. After receiving the last offices, she revived a little. Dr. Moses passed his hand through the rent in the anterior wall of the womb; and, finding the feet in the abdominal cavity, brought them down separately, and soon completed the delivery. Only the lower part of the body of the child had passed into the abdominal cavity. The rent extended from the fundus quite through the os, and communicated with the bladder. After accomplishing the delivery, he introduced the hand again into the womb and removed a

large clot. The child, which was a finely formed boy of more than twelve pounds weight, was dead. Dr. Moses, in order to make the woman as comfortable as possible during the remaining hours of her life, administered at once thirty grains hydrate of chloral in solution, leaving a weaker solution to be given at intervals. Next day, the abdomen was enormously distended and tympanitic; pulse 130; and the face pinched and expressive of great exhaustion. The chloral was continued, and turpentine stupes were applied over the abdomen. The following morning the abdomen was less distended, and the pulse had fallen to 80. Seventy-two hours after delivery, there was such a marked improvement that Dr. Moses considered the patient out of danger. In three weeks she was about her usual avocations, suffering only from debility and the dribbling of urine from the fistulous opening in the bladder. The patient was advised to go to the Cincinnati Hospital and submit to an operation; but she applied to another practitioner, and was treated for a long time for incontinence of urine. Ultimately, however, she entered the hospital. Two things are worthy of note in this case: recovery after such extensive laceration of the uterus, and the seemingly beneficial effect of the chloral hydrate in subduing extensive peritonitis.

INVENTIONS, &c., IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

SCHWEITZER'S COCOATINA.

A VERY peaceful and useful revolution is in progress in this country, which is likely, we think, to spread widely. The use of cocoa is being popularised by careful attention to the preparation in convenient, wholesome, and cheap forms. No medical man can doubt that the large substitution of really good cocoa for tea and coffee would be a boon to the population of this and other countries. To the identical alkaloid whose mysteriously invigorating powers have made tea and coffee an object of instinctive choice, it adds absolutely nutritious qualities. It is a food as well as a nervine tonic, and is free from the empyreumatic and irritant character which often make coffee more especially objectionable. As an ordinary household drink, cocoa is daily gaining ground, and its popularity will be increased by the excellent preparation which Mr. Schweitzer names cocoatina. Soluble cocoa is always a work of art; and sometimes cocoa-powder is so much diluted that the amount of alkaloid is relatively very small. We have already referred to this subject; and it will suffice to say that this cocoatina is a preparation of remarkable strength and purity, and of excellent flavour. We have already named one or two really good preparations of cocoa on previous occasions: this deserves a place in the front rank.

WARREN'S SWEET ESSENCE OF RENNET.

THIS is a novel preparation, in which the properties of glycerine have been utilised in preserving active principle of rennet. The "sweet essence" is a nearly colourless liquid, rather sweet, and of agreeable smell. By adding a dessert-spoonful of it to a pint of fresh milk, heating till lukewarm, and then leaving the mixture to cool in a basin, the milk is coagulated in a few minutes, forming excellent curds and whey. One of the recommendations of this essence of rennet is the entire absence of salt or dilute mineral acids. Dr. Cameron of Dublin has examined the preparation, and reports very favourably of the probability that it will be highly appreciated by those who have occasion to make use of such an article. It is prepared by Messrs. McMaster, Hodgson, and Co., of Dublin, and is warranted to remain unimpaired in any climate. We have much pleasure in expressing our opinion that this will be found the case, and in welcoming the introduction of this article as a very appropriate application of glycerine for preserving animal products. This material has already been used for similar purposes in America, and with success, as in the preparation of syrups in place of sugar, etc.; but we are not aware of the use of glycerine having been much adopted in this country for pharmaceutical or other purposes of a like nature.

those which it was possible to move. The majority of injuries, though by no means the whole, consist of wounds of the extremities.

The surgery is strictly conservative. There have been two amputations of the thigh; one in a case of extensive destruction of the limb, fragments of cloth, etc., having been found mixed with large pieces of already dead bone. Both are doing well. There has also been a recent resection of the elbow-joint for very extensive injury to the bones of the forearm. In one of the tents there was a man with a bullet-wound on the left side, about an inch above the centre of Poupart's ligament. He states that he ran some distance after being wounded; that he suddenly felt something in the leg of his loose knickerbocker trousers, and, on investigation, found the bullet, which had probably pushed in his shirt, and been pulled out by the rapid movements of running. Out of five deaths at this hospital, three have been from tetanus, each following a secondary operation for the extraction of a bullet. Chloral was used in each case with relief, but with no permanent benefit.

All through the tents, the healthiness of the men and of their wounds was remarkable. The various forms of carbolic acid were the only dressings. Nearly all the patients were smoking; and friend and foe, where lying together, seemed quite to have got over their enmity, if, indeed, any had ever existed. The *morale* among the men is exceedingly good, many badly wounded ones anxiously counting the days till they shall again be able to go on duty.

The Crown Princess of Prussia visited the camp on September 28th. Her Royal Highness, attended by Mr. John Simon and Dr. Thudichum, visited most of the tents, and conversed with many of the patients. She seemed in excellent health, and much pleased with all around. As the royal party drove off, three cheers for the English Princess were called for, and heartily responded to.

I crossed over to Rudesheimer; and there, by the kindness of Herr Evault, a gentleman who has been most active in getting up temporary hospitals in this neighbourhood, I was shown a large hospital on a hill in an old convent, as wholesome and commendable as any hospital in an old building could be. There were several cases of great interest in the wards, particularly several severe wounds of the lung, all in a fair way of recovery. An ample supply of air is allowed to each patient; and at present there is a spare bed beside each, so that in the daytime a change can generally be effected. The nursing here, which is admirable, is entirely in the hands of a neighbouring sisterhood. The various fractures, by their cleanliness and nice adaptation, showed excessive care; they all appeared very much covered up, but this was in great part the fault of the men, who were never content if their wounds were not thickly clad. Carbolic acid is everywhere freely used. There was one case where diphtheritic membrane had formed on the surface of the wound, with much fever. I saw the case, but not the membrane.

I should like to put on record an instance of what non-combatant officers can do in battle. Dr. Brömser, the junior surgeon at the Rudesheimer hospital, was with his regiment at Wörth. During the engagement, a ball crushed and carried away a portion of his right eye. He ceased from his work sufficiently long to place a piece of lint and a bandage round his own head, and then quietly continued his labours among his fellow-wounded till seen by his superior officer and ordered to the rear. I have seen and had the honour of conversing with this gentleman. He has already been rewarded with the Iron Cross.

This admirable voluntary hospital is but a specimen of what may be found just now in half the villages of Germany.

THE WOUNDED IN BERLIN.

OUR Berlin correspondent writes as follows on the 10th instant.

The number of sick and wounded treated in the Berlin hospitals diminishes continually, because a good many of them are dismissed and few new transports arrive. In the barracks on the field of Tempelhof, more than half of the beds are vacant; and, as the cold weather approaches, it is probable that the whole number of beds will never be used. It is intended to fit out some of the barracks for use in winter, with double walls and fireplaces. The distribution of the wounded arriving here is arranged in this way: the train first goes to the barracks-station, where one of the surgeons has the duty of selecting the most severe cases; the remaining cases are sent back to the other hospitals of the place. The consulting-surgeons to the barracks-hospital are Professors Esmarch of Kiel, König of Rostock, and Rose of Zurich—the last named residing in the hospital itself. In the beginning of last week a special hospital-train started for Metz to fetch wounded men to Berlin. The arrangement of the train was that which it is intended to use generally in future for transports. Hitherto, the sick and wounded have been brought in second or third-class carriages; or,

if not able to sit, lying on straw or mattresses in luggage-waggons. Of course, in these waggons with strong springs, intended for heavy loads, the motion is rather unpleasant. As long ago as 1867, Professor Esmarch proposed an improved plan of transport, similar to that used in the American war. For this purpose are used the fourth-class carriages, destined in peace time for passengers, but without sitting accommodation. The new fourth-class carriages on the royal railways are built with doors and a balcony at each end, so that one may walk from one end of the train to the other. Inside are wooden posts at a distance from the sides and from each other, corresponding to the size of military litters. For the transport of wounded, it is necessary only to screw on a certain number of hooks, and to hang up the litters with the patients by means of strong India-rubber rings. Previous experiments have showed the simplicity of the arrangement and its convenience to the patients. To complete the usefulness of such a train, and to avoid frequent stopping, it is necessary to have two or three carriages for the surgeons, nurses, dispensary, kitchen, closet, etc. For one train, the Berlin Aid Society has given this furniture; and this is the train abovementioned which started for Metz. Each of the waggons can receive eight or twelve patients, according to its size.

Last week a Würtemburg hospital-train arrived at Berlin with patients, who were very pleased with their journey. The litters were hanging in girths; but we think that the arrangement with the India-rubber rings will be superior. Certainly it will spare the patients a good deal of hurt and pain, if they can go from a hospital near Metz to any hospital in the middle of Germany without changing their couch. I may add, that the expense of transforming the fourth-class carriages for the purpose is not more than thirty dollars for each.

Sanitary Regulations for Soldiers is the title of a little pamphlet edited by the Berlin Aid Society, and distributed in large numbers to the German armies. In eighteen short paragraphs, it gives rules on hygiene in a popular style. Regarding, especially, water and drinking in general, very judicious explanations are given. Food, bathing, the care of the feet, behaviour in cold and heat, are the other topics treated in the paper.

It seems that rumour increases a little the number of cases of typhoid fever and dysentery among the German troops near Metz. In order to have the judgment of an authority on the point, and to take such measures as may be necessary, Professor Frerichs has been sent by the Government to inspect the hospitals in the locality.

ASSOCIATION INTELLIGENCE.

CUMBERLAND AND WESTMORLAND BRANCH.

THE autumnal meeting of the above Branch will be held at the Keswick Hotel, Keswick, on Wednesday, October 19th, 1870, at 1 P.M. THOMAS F. L'ANSON, M.D., of Whitehaven, President of the Branch, will take the Chair.

Gentlemen intending to read papers, or be present at the meeting, will greatly facilitate arrangements by communicating with the Secretary without delay.

HENRY BARNES, M.D., *Honorary Secretary.*
Carlisle, September 28th, 1870.

SHROPSHIRE SCIENTIFIC BRANCH.

THE autumnal meeting of the above Branch will be held in the Museum of the Natural History and Antiquarian Society, Shrewsbury, on Thursday, October 20th, at 2 P.M. President for 1869-70, Dr. OAKLEY; President-elect for 1870-71, J. D. HARRIES, Esq.

Gentlemen intending to read papers or report cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at the Lion Hotel, at 4.30 for 5 exact time: J. D. Harries, Esq., in the Chair.

SAMUEL WOOD, F.R.C.S., *Honorary Secretary.*
Shrewsbury, September 26th, 1870.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

THE next meeting of the above Branch will be held at the White Hart Inn, Reigate, on Thursday, October 20th. Dr. HOLMAN will take the Chair at 4 P.M.

Papers, etc., are promised by Dr. Murray, Dr. Holman, Dr. Carpenter, and the Honorary Secretary.

HENRY T. LANCHESTER, M.D., *Hon. Secretary.*
Croydon, October 3rd, 1870.

SOUTH MIDLAND BRANCH.

THE fourteenth autumnal meeting of the above Branch will be held at Stony Stratford, Bucks, on Tuesday, October 18th.

Gentlemen who intend reading papers or cases, are requested to furnish the names or titles, as early as possible, to

J. M. BRYAN, M.D., Honorary Secretary.

Northampton, September 20th, 1870.

BATH AND BRISTOL BRANCH.

THE first meeting of the above Branch for the session, will be held on October 27th, at the Royal Hotel, College Green, Bristol.

The following papers are expected. 1. The Position of Medical Men receiving Resident Nervous Patients. By Horace Swete, M.D.—2. Case of Recovery from General Dropsey. By Charles Steele, Esq.—3. Case of Pyelitis from Injury. By R. W. Tibbits, M.B.—4. The Treatment of Ulcers by Transplantation of Skin. By Nelson C. Dobson, Esq.

EDMUND C. BOARD, Honorary Secretary

CORRESPONDENCE.

THE REGISTRATION OF DISEASE.

SIR.—As you have done me the honour to refer on several occasions to certain suggestions which a few months ago I ventured to make public, relative to the registration of disease, may I ask you to give me space for a few words touching an article upon that subject which appeared in your issue of the 3rd ultimo?

I hope it will not for one moment be imputed to me that I am weakening the efforts of those who are actively promoting the movement for sickness returns, if I take the liberty of expressing a doubt upon the expediency of regarding the provision of those returns as, *at the outset*, inseparable from the radical change in our present system of death-registration, implied in the following clause of the Report on the Registration of Disease adopted at the late meeting of the British Medical Association at Newcastle :

“The appointment, in each Superintendent Registrar’s district, or group of districts, of a ‘registration medical officer’, who, in addition to the collection of the above returns, and the supervision of the death-records, would, in doubtful cases, certify the fact of death, investigate and record its cause, and register still-births. He would also be available as a medical witness, or assessor, and might act as a medical officer of health in certain districts.”

Eventually some such an arrangement as is here proposed may possibly be carried out. But I am less sanguine than you appear to be of so thorough a reform being initiated all at once; my own impression, based on past experience, being that the legislature will rather incline to proceed tentatively than *per salutem*. Of course this is merely an opinion, which will be taken *quantum valeat*.

It is good, however, to be prepared for difficulties, whether imaginary or real; and, therefore, suffer me to remark, in the first place, that there appears to be an important difference between the “registration medical officer”, as developed by Dr. Farr in the Registrar-General’s Twenty-seventh Annual Report, and the same functionary as foreshadowed in the above quoted paragraph from the Registration of Disease Committee’s Report. I do not find, for example, that Dr. Farr proposed to interfere with the duties or position of the existing registration officers: he seems to have contemplated simply the provision of a means for insuring a more accurate and complete registration of the *causes* of death, but not (at least in his official report) for dealing in any new way with statistics of registration. And in the approval to which you refer as having been given by him to the proposals of the Registration of Disease Committee in 1866, I think I see the same consistent idea of non-interference with the present officers of registration: for in “collecting and publishing periodical returns of disease”, the registration medical officer would, I presume, draw his materials not from registration, but from Poor-law and other medical sources. But if the registration medical officer is to have “the supervision of the death-records”, is (in any case) to “certify the fact of death”, and to “register still-births”, a reference to the Registration Act will show that a very radical change indeed will have to be made in that Act. And in estimating the probabilities of such a change, it needs to be borne in mind that the Act originated in certain requirements of a purely civil character, such as that of individual identification for the purposes of property and otherwise; and that as regards those requirements, the experience of over thirty

years’ working is, on the whole, favourable to its efficacy. Hygienic considerations were evidently not prominent in the minds of the framers of the Act; hence it is not strange that for hygienic purposes it has not sufficed nor ever can do so. Clauses 18, 32, and 36, of the Act assign the custody of the register-books for a certain time to the registrars, and afterwards permanently to the superintendent registrars, who are almost all solicitors and clerks to the several Boards of Guardians; Clause 7 of the Act expressly giving to the union clerks the right to the office of superintendent registrar. This being so, it does appear to me that, supposing the present superintendents were retained, and there were associated with them medical superintendents to relieve them of certain functions and to perform other new ones, it would be a task of remarkable delicacy and some difficulty to devise a satisfactory adjustment of the rights and privileges of each of them; while the entire substitution of medical for lay superintendents would, for obvious reasons, be a formidable business if it were brought about at once, and would imply a long transitional period if the substitution were only to take place on the death of each one of over six hundred persons.

Further, the Act, as you know, places the certification of the *fact* of death exclusively in the hands of the lay registrar, and gives no legal value to the medical certificate of the *cause* of death. This regard for the purely legal side of things pervades the whole of the Registration Act, and is, in fact, its essential principle.

Considerations of this sort lead me to think that it would be prudent, in the first instance at least, to confine the functions of the registration medical officer within the limits suggested by Dr. Farr. Let us see how such an officer answers as an auxiliary before we depend on him for everything.

One word now in reference to the collection and publication of sickness returns, as to which you say “that a skilled local officer would be far more reliable than a central department in the prompt utilisation of facts of disease and mortality.” Would not this very much depend on the nature of those facts, the sources whence they were derived, and the object to be gained by their publication? If the returns of sickness were to be supplied as the returns of death are now supplied, by lay registrars, I should fully admit the force of your reference to Dr. Wilson’s “Notes on the Quarterly Return” as exhibiting the need for local revision of the facts before they were utilised centrally. Where the recorders of medical facts are all medical men, erroneous returns, such as Dr. Wilson discovered to have been made by lay registrars, are surely not to be anticipated.

As regards the utilisation of sickness returns, both locally and centrally, I ventured to express an opinion on this point in the paper which I had the privilege of reading before the Social Science Association in March last. I have not the vanity to suppose that the utterances of so humble an individual as myself upon an important public question would be likely to have attracted the attention of your readers, and this must be my excuse for asking you to print the following excerpt from my paper. “Local requirements would, I think, be adequately met, and in a way consistent with the prompt despatch of the returns to the central office, as follows.—It seems probable that the Sanitary Commission will recommend that the local sanitary authority of the future shall be the Board of Guardians, and in that case the Poor-law Union will be the sanitary unit of area. I apprehend that in each union we may some day expect to find a medical officer of health established—whether he acts for one or more unions is unimportant;—and what I propose is that, directly the workhouse or district medical officer has ascertained from his relief-book the number of new cases of certain specified forms of disease occurring within the prescribed interval, and has recorded that information for transmission to the central office, the sheets of his book containing the details of each case for the week, or other interval, should be then at the disposal of the medical officer of health of his district. That official would make arrangements for collecting the sheets at stated periods, and he would thus possess in the utmost completeness all the details which he could need for local use. And, as the health-officer would be an officer of the union, the records would be always available for union purposes. Pending the appointment universally of medical officers of health, the detailed sheets might be collected by health-officers where they already exist, and might be deposited with the union clerks in all other cases. The principle I advocate is the retention of the *details* for local use, and the transmission of *summaries* only for use at the central office. But then I would call upon the district medical officers of health to publish an annual report, in which all the topographical, geological, meteorological, and other particulars that any scientific investigator of the *aetiology* of disease might wish for, should be given. I think such annual reports should be made upon a uniform plan, properly laid down by competent authority, that the defects which at present characterise the annual reports of medical officers of health generally might be avoided. A

OBITUARY.

AUGUSTUS MATTHIESSEN, F.R.S.

THE melancholy death is announced of Dr. Matthiessen, formerly Professor of Chemistry at St. Mary's Hospital Medical School, London, and lately appointed to the same post at St. Bartholomew's Hospital: it comes immediately after the loss of Professor Miller. Dr. Matthiessen had already, at the age of thirty-nine, established a reputation as an original investigator, which had extended throughout Europe, and placed him in the very foremost rank. Only last week, we had occasion to refer to his admirable researches on the alkaloids of opium, of which we have many times had to give an account. These investigations were unique of their kind, and constitute the main basis of our knowledge on this subject, to which they have largely added. His researches on the properties of pure metals, and upon the electrical properties of metals, pure and alloyed, were even more immediately applied to important purposes. Dr. Matthiessen has received the Royal Medal of the Royal Society in honourable recognition of his varied, trustworthy, and distinguished labours. His career as a teacher at the medical schools was marked by the same laborious industry and ability as distinguished his researches. At St. Bartholomew's Hospital he had received the fullest support from the authorities in organising a most extensive and complete chemical working and teaching laboratory on a large scale, one of the very finest in the country. He had more than one lucrative appointment: his income was daily increasing from many sources, and his reputation, long firmly established, was still extending. He was a very excitable man: and under the influence, it is stated, of a threatened charge of indecent assault on a lad, he fell suddenly into a state of great excitement, and leaving a memorandum announcing the charge, and declaring that, though he was innocent, yet it blighted all his future prospects, he committed suicide. He was unmarried, a man of studious and reserved habits, and of high moral character. A more melancholy incident has rarely occurred. A career of unusual brilliancy and fruitfulness, and of large promise to science, has been suddenly and most sadly cut short.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received their certificates to practise, on Thursday, October 6th, 1870.

Richards, Edwin, University College Hospital
White, Barrington Sayer, King's College, London

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

Bracey, Herbert Richard, Birmingham
Ransford, Thomas Davis, Guy's Hospital

As an Assistant in compounding and dispensing medicines.
Clark, Walter Beales, Leicester

MEDICAL VACANCIES.

THE following vacancies are announced:—

ADDENBROOKES' HOSPITAL, Cambridge—Surgeon.

BIRKENHEAD BOROUGH HOSPITAL—Assistant House-Surgeon: applications, 18th.

BIRMINGHAM GENERAL HOSPITAL—Resident Medical Officer: applications, 27th; election, Nov. 4th.

BRIGHTON AND HOVE DISPENSARY—Resident House-Surgeon: applications, 31st; election, Dec. 6th; duties, Jan. 3rd.

BRISTOL ROYAL INFIRMARY—Assistant House-Surgeon: applications, Nov. 2nd.

CHARING CROSS HOSPITAL—Surgeon-Dentist: applications, 26th.

DERBYSHIRE GENERAL INFIRMARY, Derby—House-Surgeon: applications, Nov. 5th.

DELTING, Shetland—Parochial Medical Officer.

DORSET COUNTY HOSPITAL, Dorchester—House-Surgeon: applications, 10th; election, Nov. 5th.

DURSLEY UNION, Gloucestershire—Medical Officer for District No. 3: applications, 26th; election, 27th.

EAST DISPENSARY, Liverpool—Resident House-Surgeon.

HOSPITAL FOR WOMEN, Soho Square—House-Physician: applications, 21st.

KILKENNY UNION—Resident Apothecary for the Kilkenny Dispensary District: 18th.

KING'S COLLEGE, London—Professor of Chemistry.

LEICESTER PROVIDENT DISPENSARY—Medical Officer: applications, 17th; election, 20th.

LISMORE UNION, co. Waterford—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Ballyduff Dispensary District: 24th.

LOUGHBOROUGH INFIRMARY AND DISPENSARY—House-Surgeon: applications, 18th; duties, Nov. 7th.

MIDDLESEX HOSPITAL—Assistant-Physician.

MORPETH DISPENSARY—House-Surgeon: applications, Nov. 25th; election, Dec. 9th.

NATIONAL DENTAL HOSPITAL, Great Portland Street—Dental Surgeon: applications, 10th.

QUEEN ADELAIDE DISPENSARY, Bethnal Green Road—House-Surgeon: applications, Nov. 1st; election, 4th.

QUEEN'S HOSPITAL, Birmingham—Resident Surgeon: applications, 20th.

Honorary Obstetric Officer, applications, 28th.

ROYAL FREE HOSPITAL, Gray's Inn Road—Junior House-Surgeon: applications, 26th.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE—Professor of Chemistry.

ST. SAVIOUR'S UNION, Surrey—Two District Medical Officers for Districts Nos. 3 and 6: applications, 20th.

SOUTHENHOLD, Argyllshire—Parochial Medical Officer.

STRABANE UNION, co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Dunamanagh Dispensary District: 24th.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.
COOPER, C. W., M.D., appointed Physician to the Leicester Infirmary and Fever House, *vice* G. Shaw, M.D., resigned.

BIRTHS.

DEBENHAM.—On October 5th, at Presteigne, Radnorshire, the wife of Horace K. Debenham, Esq., Surgeon, of a daughter.

GORNALL.—On October 8th, at Warrington, the wife of *John H. Gornall, Esq., Surgeon, of a daughter.

GREAVES.—On October 6th, at Derby, the wife of *Charles A. Greaves, M.B., LL.B., of a daughter.

TEMPLE.—On September 25th, at the Royal Arsenal, Woolwich, the wife of *Staff Assistant-Surgeon W. Temple, M.B., V.C., of a daughter.

WOKEY.—On October 7th, at Potter's Bar, the wife of *James Wokey, Esq., Surgeon, of a daughter.

MARRIAGES.

FOWKE, Frederick W., M.D., of Byfield, Northamptonshire, to Emma, only daughter of the late Thomas Fabling, Esq., of Wormleighton, Leamington, on September 29th.

PEARMAN, George William, Esq., of Sunderland, to Eliza Anne, only daughter of John Grigg Appleton, Esq., Surgeon, of Luton, at Staindrop, near Darlington, on September 29th.

TURNBULL, P. S., M.D., H.M. Indian Army, to Mary, second daughter of George Oliver, Esq., at Borthwaite, Roxburghshire, on October 5th.

DEATHS.

BUCKLE.—On October 7th, at Leinster Square, aged 7, Alice Gertrude, third daughter of R. T. Buckle, M.D., Dépôt Battalion, Chatham.

CLENDON, John Chitty, Esq., Dental Surgeon, at Cambridge Gardens, Kensington Park, aged 66, on October 1st.

HOWELLS, Thomas, M.B., at Kennington Cross, aged 28, on October 5th.

KING, William, M.D., at Kettlewood House, near Woking, aged 84, on Sept. 29th.

SHARMAN.—On October 6th, at Gipsy Hill, Lower Norwood, aged 5, Florence Mary, daughter of John Sharman, Esq., Surgeon.

TESTIMONIALS.—On Wednesday, the boys of Christ's Hospital presented the late resident surgeon, Mr. T. Stone, with a handsome testimonial consisting of a drawing-room clock and candelabre, in the style of Louis XVI.—Dr. Humby has been presented with a handsome oak writing-case by the poor of Bournemouth, in recognition of his labours and kindness to them while Resident Medical Officer of the Dispensary.

BOOKS, ETC., RECEIVED.

The Characters of the Akazga Plant. By T. R. Fraser, M.D. Edinburgh: 1868.

The Kombi Arrow-Poison of the Manganja District of Africa. By Thomas R. Fraser, M.D. Edinburgh: 1870.

A Manual of Instruction for Attendants on Sick and Wounded in War. By Staff Assistant-Surgeon A. Moffitt. London: 1870.

Report of the City of Glasgow Fever Hospital from May 1st, 1869, to April 30th, 1870. Glasgow: 1870.

A Pathological Classification of Mental Disease. By J. B. Tuke, M.D. Lewes: 1870.

The Satires of Horace translated into English Metre. By Andrew Wood, M.D., F.R.S.E. Edinburgh: 1870.

A Digest of Facts relating to the Treatment and Utilisation of Sewage. By W. H. Corfield, M.A., M.B.Oxon. London: 1870.

Physiological Action of Nitrous Oxide, as shown by Experiments on Man and Lower Animals. By R. Amory, M.D. Boston and New York: 1870.

On Vertigo or Dizziness. By J. B. Bradbury, M.D. London: 1870.

The Popular Science Review. Report of the Metropolitan Board of Works, 1870.

Prostitution in Paris: Dr. Chapman's replies to the Remarks of M. Le Fort and Mr. Berkeley Bill on Certain Passages in the Articles on Prostitution published in the *Westminster Review*. London: 1870.

The Third Annual Report of the Croydon General Hospital. Croydon: 1870.

The Value of Quinine. By Surgeon W. J. Moore, L.R.C.P. London: 1867.

On the Climate of Sidmouth. By Dr. J. Ingleby Mackenzie. London: 1867.

Introductory Address delivered to the Pharmaceutical Society of Great Britain. By George Frederick Schacht.

The Forces of the Universe. By George Berwick, M.D. London: 1870.

Report on Measures adopted for Sanitary Improvements in India, from June 1869 to June 1870.

Association of Medical Officers of Health: Secretaries' Report for 1869-70.

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.—Royal Free, 2 P.M.

WEDNESDAY.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1 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.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 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, 1 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Pathological Society of London, 8 P.M.—Mr. Spencer Watson, "Glioma of the Retina"; Mr. Christopher Heath, "Aneurism of Aorta"; Dr. Crisp, "Hair from a Case of General Alopecia"; Mr. Morris, "Renal Cyst"; etc.

THURSDAY—Harveian Society of London, 8 P.M.

FRIDAY—Western Medical and Surgical Society of London, 8 P.M.

EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Wednesday, October 19th, 2.30 P.M. Transplantation of Skin in a Case of Severe Burn, by Mr. Spencer Watson.

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.

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

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

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.

AN article on the Indian Sanitary Report for 1869-70 is postponed, from pressure on space.

THE QUEEN'S HOSPITAL WORKING MEN'S COMMITTEE.
Sir.—"Great cry and little work." Our Birmingham Queen's Hospital Working Men's Committee, which was to regenerate our hospital system, introduce a provident principle, generally to be the means of elevating the working classes into a spirit of independence, has now revealed its true character as declared in our local press. It is as follows. Working men are to be initiated into the vices of the rich—at least, so far as their moral delinquencies are allowed when public institutions are concerned. Building is to be commenced at the rate of £5000, when they have not above half that sum in hand. The provident principle is nowhere. And private practitioners are further to have their resources curtailed by a proposal for the Queen's Hospital to attend confinements for nothing.

Birmingham, October 1870. I am, etc., PERCY LESLIE.

REPORTS OF SOCIETIES.—The report of the Manchester Medical Society's first meeting shall appear next week. Condensed reports of meetings of Medical Societies in London and throughout the provinces should, if possible, reach the office on the Monday of the week in which they are intended to appear.

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.

DR. F. COOK (Cheltenham), Mr. Fleischmann (Cheltenham), will observe that the omission to stitch the JOURNAL is not a new regulation of the Association, but an order from the Post Office, founded on an Act of Parliament, which applies to all other journals as well as to that of the Association. We agree with them in thinking it very inconvenient. Perhaps the numerous protests against it, to which we shall add our own on behalf of our readers, may induce some modification of the rule.

MR. LAING will, on reflection, we believe, consider that it is undesirable to resent the somewhat inconsiderate observations which he quotes from an introductory lecture. They were not reported in this JOURNAL; and to print our correspondent's letter "in the large print", as he suggests, would magnify an incident which it is not worth while dwelling upon. St. George's needs no testimonial; its theatre has been the scene of many of the highest triumphs of surgical skill, and ranks among the most valuable workshops of humanity.

POSTAGE OF THE JOURNAL.—In consequence of the alterations in the rates of postage and conditions of transmission of newspapers, the postage of the BRITISH MEDICAL JOURNAL will be one halfpenny; which must be paid each time the JOURNAL is retransmitted by post. In order to retain the privileges of a newspaper, the JOURNAL must not be stitched.

DR. B. FOSTER (Birmingham).—Many thanks; but the account referred to has not come to hand.

DR. BOTT (Bury).—The manuscript is in the hands of the printer.

BIOGENESIS.

SIR.—The statements of Dr. Bastian concerning the effects of the *ascaris megalophala* appear to me to have little or no reference to, or connexion with, the question of biogenesis. Subtile volatile, animal and vegetable, emanations—neither cytid nor colloid—may be fairly concluded to be at times active in the causation of disease and toxic symptoms; but whether such matters be vitalised, or the contrary, can have no influence in the determination of the spontaneous or non-spontaneous origin of life. A very important fact, which is entirely overlooked by the upholders of either doctrine is, that the *development of the lowest living forms is invariably restricted to organic infusions*. Hence it must be held that prior organised molecules are indispensable to their evolution. If so, the inevitable corollary (highly favourable to the biogenists) ensues, that their production would be impossible, were the universe merely a boundless theatre of inorganic forces, to the exclusion of all pre-existent organic particles.

October 1870.

I am, etc., THEMUS.

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.

THE NEW POSTAL REGULATIONS.

THE following is one of the new conditions of registration of a newspaper for inland transmission.

"It must be printed and published in the United Kingdom; must be published in numbers at intervals of not more than seven days; and must be printed on a sheet or sheets unstitched."

And again: "No newspaper can be sent through the post a second time for the original postage: for each transmission a fresh postage must be prepaid, except that in the case of re-direction the amount chargeable may be collected on delivery."

THE COLLEGE OF SURGEONS OF ENGLAND.—S. S.—The gentlemen on the Council at the time of creating the honorary fellows were, of course, the first elected: hence Mr. Swan appears senior to the late Mr. Bacot.

A METROPOLITAN STUDENT may consult the advertising columns of the JOURNAL, where he will find the next examination fixed for Saturday, November 5th.

NOTICE.—It is requested that all Letters, etc., intended for the Editor or the Publisher of the BRITISH MEDICAL JOURNAL be addressed solely to the Office, 37, Great Queen Street, London, W.C.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Sept. 12th; The New York Medical Gazette, Sept. 24th; The New York Medical Record, Sept. 29th; The Boston Medical and Surgical Journal, Sept. 29th; The Madras Mail, August 1st; The Shield, Oct. 8th; The Birmingham Daily Post, Oct. 10th; The Lincoln Mercury; The Melbourne Age; The Surrey Comet, Oct. 8th; The Lincoln Journal, Oct. 11th; The Sheffield Daily Telegraph; etc.

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

Dr. Francis Cook, Cheltenham; Themus; Mr. A. Fleischmann, Cheltenham; Dr. Tessier, Tynemouth; Messrs. Lee and Nightingale, Liverpool; Mr. J. Chapman, London; Mr. Wight, Reading; M.D.; Dr. Berwick, London; Dr. Aveling, Rochester; Messrs. W. Best and Sons, London; An Old St. George's Student; Messrs. F. C. Calvert and Co., Manchester; Dr. Philpots, Poole; Dr. Balthazar Foster, Birmingham; Mr. Thomas Davies, Leeds; Mr. F. Laking, Kensington; Staff-Assistant-Surgeon Temple, Woolwich; Mr. Baker, York; The Secretary of the Pathological Society; Dr. Fussell, Brighton; Dr. Joseph Rogers, London; Dr. J. Marion Sims, Sedan; Dr. Rutherford, London; Dr. Funke, Berlin; Dr. Fleming, Birmingham; Dr. Tilbury Fox, London; Mr. Whitfield, London; Mr. J. D. MacLaine, Saarbrück; Mr. Bushman, Arlon; Mr. W. Rutherford, Bingen; Dr. W. Hume, Beverley; etc.

LETTERS, ETC. (with enclosures) from:—

Dr. Ferrier, London; Mr. James Lewis, London; Dr. T. Laycock, Edinburgh; Dr. Graily Hewitt, London; Dr. George Johnson, London; Mr. E. Walker, Vienna; Dr. Protheroe Smith, London; Mr. Hulke, London; Dr. Bott, Bury; Dr. Tilt, London; M.R.C.S.E.; Mr. Haviland, London; Mr. Schacht, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. J. Henry Bennet, London; Dr. J. Hughlings Jackson, London; Dr. Martin G. B. Oxley, Liverpool; The Secretary of State for India in Council; Mr. Gornall, Warrington; Dr. Percy Leslie, Birmingham; Mr. J. N. Viven, London; Dr. Basham, London; Mr. Campbell De Morgan, London; Dr. Gee, Liverpool; Dr. McBride, Cirencester; Dr. E. D. Mapother, Dublin; Dr. J. Ingleby Mackenzie, Sidmouth; Dr. Thomas Steven, London; Dr. Hardie, Manchester; Dr. Joseph Bell, Edinburgh; Dr. Grainger Stewart, Newcastle-upon-Tyne; Mr. Moffitt, Netley; Messrs. W. J. Coleman and Co., London; etc.