

is useless for the purpose of record or of real scientific work; and the regulations of the Poor-law Board direct specific written reports, and not verbal statements. A number of the Board of Guardians were apparently forgetful of this fact and of the inferiority of their knowledge to that of their "servant"; and were struck with horror when he refused to "make an apology" after their own pattern. We hope, however, that there are still more than enough of sensible and public-minded gentlemen in the Portsea Island Board of Guardians to control and disarm the proceedings of such ill-judging persons. Every well-informed person knows that it is an advantage to the patients of a workhouse infirmary, as of every other infirmary, that the surgeon should have pupils to assist him. The Portsea Guardians—or rather those to whom we have referred—wish to prohibit the medical officer from taking pupils.

## ASSOCIATION INTELLIGENCE.

### GLOUCESTERSHIRE BRANCH.

THE third annual meeting of this Branch will take place on Thursday, November 17th, at 3 o'clock; and, by the courtesy of the Governors of the Gloucester General Infirmary, it will be held therein.

The following may be taken as the probable business of the meeting, which, however, may be added to by members wishing to bring before the Branch any matter of professional interest, communicating with the Secretary prior to the meeting.

1. Report of the Council for 1870.—2. Election of Officers and Council.—3. Election of Representatives of the Branch in the General Council.—4. Mr. Fleischmann will propose the following resolution: "That the Gloucestershire Branch of the British Medical Association is of opinion that the direct representation by the profession in the Medical Council is necessary for the well-being of the profession, and should be an essential clause in any Medical Reform Bill."—5. The President will read a short Address.—6. John Bubb, Esq., will read a paper on a few interesting Surgical Cases.—7. Dr. Wilson will show Professor Beale's new Ophthalmoscope.—The Council have undertaken to furnish microscopes; and it is hoped members will bring with them illustrative specimens.

A dinner will be provided at the Spread Eagle Hotel, at the cost of 4s. per head, to be ready at six.

ALFRED FLEISCHMANN, *Honorary Secretary*.

Cheltenham, November 8th, 1870.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF OXFORD.

THE NATURAL SCIENCE DEMYSHIP of £75 per annum for five years, at Magdalen College, Oxford, which was not awarded at the last examination, is announced for open competition in March next. Further particulars will be sent on application to the College.

THE PHYSICAL LABORATORY, lately built at Oxford, is opened this term for practical instruction in physics, under the superintendence of Professor R. B. Clifton, F.R.S., assisted by two demonstrators.

### UNIVERSITY OF CAMBRIDGE.

PROFESSORSHIP OF PHYSICAL SCIENCE.—The difficulty of providing funds for the establishment of a Professorship of Physical Science in the University has been overcome by the Colleges, at a meeting of their heads, taking upon themselves a quota of the rates for improvements and other purposes in the town of Cambridge, which was formerly charged upon the University funds. This sum amounts roughly to more than £1200 per annum; so that the University will speedily be able to avail itself of the munificent offer of the Duke of Devonshire, and will doubtless proceed at once to establish a Professorship of Physical Science, and obtain the other aids in the way of laboratory, apparatus, and assistants that the Professor may require.

PHYSICAL AND BIOLOGICAL SCIENCE.—The following notices of lectures this term show that there is great increase of activity in teaching the various branches of Natural Science in the University. Professor Liveing gives a course of lectures on the "Experimental Laws of Heat," and also gives instruction in practical chemistry in the University Laboratory three days in the week. Professor Humphry gives a course on "Practical Anatomy," also a course on "Anatomy and Physiology," and connects with these a "Microscopical Demonstration" once a fortnight, and instruction in "Practical Histology" once

a week. Professor Newton gives a course on "Zoology and Comparative Anatomy." Professor Sedgwick gives a course on "Geology." In Downing College, Dr. Bradbury lectures on "Comparative Anatomy," and Mr. Danby on "Geology." In Trinity, Mr. Trotter lectures on "Electricity," Dr. Michael Foster on "Physiology," and Mr. Trotter on "Elementary Botany." In St. John's, Mr. Main lectures on "Chemistry," and gives practical instruction in the College Laboratory. Most of these College Lectures are open to the students of the University.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on Nov. 8th; and, when eligible, will be admitted to the pass examination.

Messrs. William Rendall, William Williams, William Dryland, and T. D. Ransford (Students of Guy's Hospital); E. L. Archer, A. T. Corrie, and R. W. Stewart (St. Bartholomew's); A. J. M. Bentley, J. H. Webster, and Robert Jolly (Edinburgh); R. J. Carey and F. G. R. Tooze (University College); W. J. Foster and J. J. Hues (Birmingham); C. De M. Palmer (Dublin); James Perrigo (McGill, Montreal); J. A. Hendry (Liverpool); A. J. Johnson (Toronto and St. Thomas's); W. McN. Whistler (Pennsylvania); Daniel Murdoch (Cork and Guy's); G. H. Heald (Leeds); C. Oldman, B.A. Cantab. (Cambridge and Guy's); Charles Raines (Hull); W. T. Hawthorn (London); Edward Fretwell (Sheffield); and E. K. Corbin (Paris and St. Thomas's).

Thirteen other candidates were examined, but failed to acquit themselves to the satisfaction of the Court, and were consequently referred to their anatomical and physiological studies for three months.

At this meeting of the Court, the recently elected examiners, Messrs. Henry Hancock, Vice-president of the College, Surgeon to the Charing Cross Hospital; Frederick Le Gros Clark, Surgeon to St. Thomas's Hospital; and William Scovell Savory, F.R.S., Surgeon to St. Bartholomew's Hospital; late Professors in the College, took their seats as members of the Court of Examiners.

The next pass examination for the diploma of membership of the College, will commence this day (Friday).

*New Fellows*.—At the last meeting of the Council, the following gentlemen of the College were elected Fellows.

Marshall, Peter, Bedford Square: diploma of membership dated March 28, 1828  
Mayer, John Emilius, H.M. Indian Army: January 18, 1833  
King, M. Kelburne, M.D., F.R.C.S. Edin., Hull

The latter was elected an *ad eundem* fellow of the College, being the first occasion on which this honour has been conferred since the charter empowering the College to do so was granted.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the October sittings of the examiners.

William Handsel Griffiths, Dublin; John Wilson, Essex; Thomas Kearney, Dumanway; Finlay M'Nab, Perthshire; Samuel Lane Wallace, Londonderry; Robert M. G. Anderson, Perthshire; Alfred Hill, Yorkshire.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh.

Robert Rose Brown, Parramatta, Australia; Wm. Alexander Wannan, Arbroath; Thomas Carruthers, Lancashire; Francis Edward Image, Bury St. Edmunds; Charles Henry Gibson, Dublin; Thomas Archer, Nassau, W.I.; Thomas Valentine Kay, Chesterfield; John Mackenzie, Morayshire; Isaac Stephenson Jones, County Cork; John Settle, Ulverston; Samuel Ange Rostange Monty, Mauritius; Samuel Mitchell, County Dublin; Wm. Brown, Dublin; Martin Henry Gomes Pereira, Demerara.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations, and were admitted Licentiates of the College during the October sittings of the Examiners.

Thomas William M'Dowall, Edinburgh; William Lewis, Paisley; Herbert Sidney Leigh, Ashton-under-Lyne; Henry James Madden, County Mayo; Joseph Patrick Pye, County Galway; Henry Harvey, Gravesend; William Hanson, Felstead, Essex; Alexander Faithfull Mancor, Dublin.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received their certificates to practise, on Thursday, November 3rd, 1870.

Clarke, Joseph Hirst, Sheffield  
Hale, Edmund Thomas, Abertillery, Monmouthshire  
Marshall, John, Old Kent Road  
Willan, George Thomas, Melton Mowbray

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

Maybury, Horace Mansell, St. Thomas's Hospital  
Morgan, Edward Rice, King's College

## MEDICAL VACANCIES.

The following vacancies are announced:—

ARDWICK AND ANCOATS DISPENSARY, Manchester—Senior House-Surgeon.  
BRISTOL ROYAL INFIRMARY—Assistant House-Surgeon: applications, 12th.  
CLINICAL HOSPITAL AND DISPENSARY FOR CHILDREN, Manchester—House-Surgeon: applications, 12th.  
COVENTRY AND WARWICKSHIRE HOSPITAL—House-Surgeon: applications, 10th; vacancy, Dec. 31st.  
DENTAL HOSPITAL OF LONDON—Dental Surgeon: applications, 8th.  
Dental House-Surgeon: applications, 12th. Secretary: applications, 12th.  
DONCASTER GENERAL INFIRMARY—House-Surgeon: applications, Dec. 1st.  
DONEGAL UNION—Medical Officer for the Workhouse and Fever Hospital, and Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Donegal Dispensary District: 10th.  
DUNDEE ROYAL INFIRMARY—Medical Officer for the West Dispensary District.  
DURSLEY UNION, Gloucestershire—Medical Officer and Public Vaccinator for the Uley or No. 3 District: applications, 23rd; election, 24th.  
GENERAL HOSPITAL, Birmingham—Physician: applications, 17th; appointment, 25th. Surgeon: applications, 17th; appointment, 25th. Resident Medical Registrar and Pathologist: applications, 24th; election, Dec. 2nd.  
GENERAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, Bridge Street, Manchester—Assistant Medical Officer: applications, 20th.  
HOMERTON FEVER HOSPITAL—Resident Medical Officer: applications, 16th.  
HOMERTON SMALL-POX HOSPITAL—Resident Medical Officer: applications, 16th.  
KILLALA UNION, co. Mayo—Medical Officer for the Workhouse, and Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Killala Dispensary District: 10th.  
LIVERPOOL SOUTHERN HOSPITAL—Honorary Physician: applications, Nov. 15th.  
MANCHESTER, Township of—Assistant Medical Officer at new Workhouse at Crumpsall: 17th.  
MIDDLESEX HOSPITAL—Assistant-Physician: applications, 15th; election, 24th.  
MORPETH DISPENSARY—House-Surgeon: applications, 25th; election, Dec. 9th.  
NORTH WITCHFORD UNION, Cambridgeshire—Medical Officer and Public Vaccinator for District No. 4: applications, 15th; election, 16th.  
POOLE UNION, Dorset—Medical Officer for St. James's Parish: 17th.  
REETH UNION, Yorkshire—Medical Officer for Muker District: applications before Dec. 2nd.  
STAFFORDSHIRE GENERAL INFIRMARY, Stafford—Surgeon.  
STOCKWELL FEVER AND SMALL-POX HOSPITALS—Resident Medical Officer: applications, Nov. 17th.  
UNIVERSITY OF LONDON—Examiner in Chemistry: applications, 15th.  
WEST SUSSEX AND CHICHESTER INFIRMARY AND DISPENSARY—Surgeon: 17th.  
YORK COUNTY HOSPITAL—Surgeon.

## MEDICAL APPOINTMENTS.

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

EASTES, George, M.B., appointed Surgeon-Accoucheur to the Western General Dispensary, *vice* \*A. Wynn Williams, M.D. (Physician-Accoucheur), resigned.  
HOLLIS, Alfred, M.B., elected House-Surgeon to the Dorset County Hospital, *vice* F. W. Young, Esq., resigned.  
\*SAMPSON, G. G., Esq., Surgeon to the East Suffolk Hospital, elected Mayor of Ipswich for the ensuing year.

## BIRTHS.

HARDESTY.—On November 8th, at Lochce, Dundee, the wife of J. Jeffery Hardesty, L.R.C.P. Ed., of a son.  
HUMPHRY.—On October 30th, at Brighton, the wife of \*Frederick A. Humphry, Esq., Surgeon, of a son.  
JEFFERY.—On November 2nd, at Eastbourne, Sussex, the wife of G. A. Jeffery, M.D., of a daughter.

## MARRIAGE.

\*BURTON, Thomas Beard, Esq., Surgeon, of Richmond Road, West Brompton, to Rosa Anne, third daughter of \*R. Gardiner Hill, L.R.C.P. Ed., of Earl's Court House, Old Brompton, at St. Philip's, Kensington, on November 3rd.

## DEATHS.

CROWFOOT.—On October 31st, at Beccles, aged 64, Ellen, wife of \*William E. Crowfoot, Esq., Surgeon.  
\*GABRIEL, William, Esq., Surgeon, at Cullompton, Devon, aged 82, on Oct. 23rd.  
HARRISON.—On October 29th, aged 18, Edith Gertrude, youngest daughter of \*John Harrison, Esq., Surgeon, of Nicholas Street, Chester.

## BOOKS, ETC., RECEIVED.

The Mortality of Childbed and Maternity Hospitals. By J. Matthews Duncan, A.M., M.D. Edinburgh: 1870.  
The Manchester Medical and Surgical Reports, October 1870  
Statistics of Cholera. By E. Balfour. Madras: 1870.  
A Guide to the Physical Diagnosis of the Diseases of the Lungs and Heart: together with an Introduction to the Examination of the Urine. By J. Sawyer, M.B. London: 1870.  
A Sketch of the Life and Writings of Robert Knox, the Anatomist. By Henry Lonsdale. London: 1870.  
The Roman Climate: its Influence on Health and Disease. By G. Taussig, M.D.  
On a New Method of effectually remedying the Defect of Hare-Lip. By W. Stokes, jun., M.D. Dublin: 1870.

## 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.

MONDAY.—Medical Society of London, 8 P.M. Dr. Althaus will show "a case of Paralysis, and some new forms of Galvanic Apparatus"; Mr. Teevan, "a case of Calculus in the Ischio-rectal Fossa"; Mr. John Daniel Hill, "an Analysis of one hundred and forty cases of Organic Urethral Stricture, of which one hundred and twenty cases were submitted to Holt's operation, and twenty to Syme's operation"; Mr. Gay, "on Hæbanc in Orchitis".  
TUESDAY.—Pathological Society of London, 8 P.M. Mr. Maunders, "a Tumour"; Mr. J. E. Adams, "Dislocation of Wrist"; Dr. Quain (for Dr. Silver), "Diseased Suprarenal Capsules"; Dr. Douglas Powell, "Cases of Hæmoptysis"; Mr. Richard Davy, "Hip-joints showing Destructive and Conservative Processes"; Dr. Whipman, "Diseases of Tricuspid Valve"; Dr. Kelly, "Heart in a case of Cyanosis"; "Malformed Heart"; "Necrosis of Patella."—Anthropological Society.  
THURSDAY.—Harveian Society of London, 8 P.M.—Linnæan Society.—Chemical Society.—Royal Society.  
FRIDAY.—Medical Teachers' Association.  
SATURDAY.—Association of Medical Officers of Health, 7.30 P.M.

## NOTICES TO CORRESPONDENTS.

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

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.

Dr. M. W. TAYLOR, Penrith.—The paper has not yet been received. We have made inquiries regarding it.

Dr. LAYCOCK, Edinburgh.—The last number of Hammond's *Quarterly Psychological Journal*.

WE observe that Dr. Lankester, who has been lecturing on the laws of health at Liverpool, has paid a visit to the works of Walker and Campbell, and expresses a high opinion of the new lead-encased block-tin pipes to which we have recently favourably referred.

THE LIST OF MEMBERS.—In our annual list of members, after the name of Dr. George H. Porter, Dublin, read "Surgeon in Ordinary to the Queen in Ireland; and after that of Mr. Lister, Edinburgh, "Surgeon to the Queen in Scotland."

H. M. S. (Pembroke) is reminded that the privilege on which he lays stress is shared by four thousand others, who are members equally with himself, and whose communications have an equal claim upon our space. The first question to be considered in all scientific communications is their intrinsic value and the interest with which they will be read: their source is a secondary question. The decision to which he refers seems to us well founded. We shall be happy to hear from him on other occasions, and, if possible, in a much more condensed form than the essay which he forwards.

OUR Berlin correspondent's letters continue, as usual, to give the latest news as to the disposal of the sick and wounded at the seat of war. Our Edinburgh correspondent's letters are of more than usual interest of late, in consequence of the exciting topics under discussion at the University and in the Infirmary. We fear that the balloon-letters of our correspondent in Paris must have been among those recently captured, as we have not heard from him for the last ten days. The pressure on our space has prevented our inserting an interesting communication from a young Scotch surgeon with the ambulances at Sedan, and the continuation of Mr. Hart's notes of a surgical visit to the seat of war. Dr. W. MacCormac of Belfast has had the largest surgical experience of any surgeon at the seat of war, and we have reserved for him the place of honour.

**THE COST OF EPIDEMICS.**—If ever any town had reason to be earnest in desiring powers to deal promptly and effectively with epidemic disease, it is Liverpool. In the reports which have appeared in our pages during the last two months have been noted the full details of an epidemic of relapsing fever which has imposed on the town the necessity of fitting and maintaining at the public expense 1,400 extra beds for the sick. To this cost may be added the relief necessary for the families of those among the families who were bread-winners for others besides themselves, and the loss of their productive labour. The epidemic is one which spreads by contagion, and its extension is a proof of the inefficiency of sanitary legislation and defective isolation. To this is now added a threatened epidemic of scarlatina; and here, again, unless the policy of isolation be carried out, an enormous loss of life and of money may be looked for. The paid authorities, however, have hastened to provide special hospital accommodation, and will, it is thought, enforce removal under the provisions of the Sanitary Act, 1866. But there are not in Liverpool, any more than elsewhere, proper refuges, means of disinfection, or system of inspection by which the first beginnings of disease are made known. Hence it will not be possible, we fear, to save the town from scarlet fever any more than it has been from relapsing fever.

#### PREVENTION OF SCARLET FEVER.

The following bill is being circulated through the parish of St. Marylebone by Dr. Whitmore. It may, we think, with advantage be used in other parishes.

In the Autumn of last year, hand-bills were distributed throughout the poorer districts of the parish, giving plain direction for preventing the spread of Scarlet Fever. These directions, it is to be regretted, have not been generally attended to, and, as a probable consequence of such neglect, the disease has not abated; on the contrary, it shows at the present time a marked tendency to increase. The number of persons in the parish (chiefly children) attacked with Scarlet Fever, during the last twelve months, may be approximately estimated at 1770, of whom 309 died. But of those cases in which there is not a fatal termination, many do not entirely recover. Long protracted illness follows, and very often permanent injury to health; hence it will be seen that, from the number of deaths alone, no adequate idea can be formed of the wide-spread sorrow and misery produced by this terrible epidemic. Scarlet Fever, although one of the most contagious of all diseases, can nevertheless be controlled and the spread of it arrested by easy and inexpensive means; it is therefore earnestly hoped that the painful experience of past neglect will operate as a present warning, and that, in every family where the disease should unfortunately occur, the subjoined precautions will, as far as possible, be adopted.

**Directions.** 1.—On the first appearance of the disease the patient should be placed in a separate apartment, as near the top of the house as possible, from which all curtains, carpets, bed-hangings, and other needless articles of furniture should be removed, and no person except the medical attendant and the nurse or mother permitted to enter the room. 2.—A basin containing a solution of chloride of lime or carbolic acid should be placed near the bed for the patient to spit in. 3.—A large vessel containing water, into which has been poured either Condyl's Fluid or the solution of chloride of soda or lime, should be kept in the room, and into this all the bed and body-linen, as soon as it is removed from the patient, and all soiled towels, etc., should be placed; having been kept there some time, the things may be removed and sent to the laundress. 4.—Pocket-handkerchiefs should not be used, but pieces of rag employed instead, for wiping the mouth and nose of the patient; each piece, after being once used, should be immediately burned. 5.—A plentiful supply of water and towels should be kept for the use of the nurse, whose hands of necessity will become soiled by the secretions of the patient; in one hand-basin the water should be impregnated with Condyl's Fluid or Chlorides, by which the taint on the hands may be at once removed. 6.—All glasses, cups, plates, or other vessels used in the sick room, should be scrupulously cleansed in boiling water, before being used by other persons. 7.—Outside the door of the sick chamber a sheet should be suspended so as to cover the entire doorway; this should be kept constantly wet with a solution of carbolic acid or chloride of lime. The effect of this will be to keep every other part of the house free from infection. 8.—The discharges from the bowels and kidneys of the patient should be received into vessels charged with disinfectants, such as the solution of carbolic acid or chloride of lime, and immediately removed. By these means, the poison thrown off from internal surfaces may be rendered inert and deprived of the power of propagating the disease. 9.—The thin skin or cuticle which peels off from the hands, face, and other parts of the body in convalescent patients is highly contagious. The plan recommended for preventing the poison from the skin being disseminated through the air is, to rub oil or lard all over the skin. This practice is to commence on the fourth day after the appearance of the eruption, and to be continued every day until the patient is well enough to take a warm bath. These baths should be administered every other day for four times, when the disinfection of the skin may be regarded as complete. This, however, should not be done without first consulting the medical attendant.—The foregoing directions will apply to all kinds of fever, small pox, and other contagious diseases.

It is to be deplored that there are in the parish a very large number of poor families who, for want of means to rent more than one room each, cannot possibly carry out all the above rules; but a strict attention to those which can be observed, will help materially to lessen the risk and danger to the other members of the family; and, whenever it is possible, the patient should be removed to a hospital.—Whenever fever of any kind or other contagious disease terminates in death in a house occupied by more than one family, it is absolutely necessary to the safety of all other inmates of the house that the body should, as soon as possible, be removed to the Mortuary House in the Paddington Street Burial Ground, where it will be properly taken care of until the time for interment, and where all fitting respect to the dead is observed. The friends and relatives of the deceased may visit the building at all reasonable hours.

**Mode of Disinfecting a Sick Room.**—The patient having been removed, all linen articles, such as sheets, towels, pillow-cases, and body-linen, are to be disinfected as by direction No. 3. This done, the blankets, counterpanes, and woollen articles of clothing are to be suspended on lines, and the mattresses and beds placed over the backs of chairs; the furniture also is to be removed from the walls, the windows closed, and paper pasted over the crevices; the chimney-opening of the fireplace is also to be effectually stopped up. An old saucen-lid or other open iron vessel is next to be placed in the middle of the room, into which a quarter of a pound of stone brimstone, broken into pieces, is to be put; the brimstone is then to be ignited, and the person who does it must immediately leave the apartment, close the door, and paste paper over the crevices. At the expiration of twenty-four hours, the room may be entered, and the door and windows thrown open to allow the fumes of sulphur to escape. By this process, the room and everything in it may be considered to have been thoroughly disinfected.

#### A QUESTION OF PARTNERSHIP.

SIR,—A letter appeared in to-day's (October 29th, 1870) JOURNAL, with the above heading. As I am mixed up in the matter, and, like W. M., wish to act in a strictly fair and honourable manner, will you kindly, in justice to both parties, state the case from the other side, and give your impartial opinion? You will see that B. has made amicable proposals, and as those are declined entirely by C., it compels B. either for the remainder of his life to work for C.'s family as well as his own, or to compel dissolution in accordance with a clause in the deed of partnership, which provides for such a contingency.

I enclose my card, and remain, etc. B.  
Case.—A. is an old practitioner; B. is a young practitioner, who becomes A.'s assistant, with an idea of future partnership with A. Some four or five months elapse, and the partnership of B. with A. is discussed, when a gentleman, possessing means, introduces his nephew C. to A. B. has already gained ground in the neighbourhood, and is deficient in funds. C. is backed up by his uncle, but finds it would be to his interests to get B. to join him in the purchase of A.'s practice. A deed of partnership for eighty years is drawn up by solicitors, carefully instructed by C.'s uncle.

This is the result. A. becomes for two years the nominal partner of B. and C., and receives cash down and an annuity during his life, paid equally by B. and C. Before the expiration of the two years, B. succeeds to the union appointment of A., the clubs held by A. being transferred to B. and C. jointly. B. is energetic and attentive, and gains the confidence of the patients, particularly of the wealthier class, who have been yearly increasing. C. is wanting in energy, though an agreeable man and of strictly moral character. He assists B. in the union appointment, and attends the greater part of the club patients; but gains very little ground in private practice.

The position of both parties just now is this. B. is doing nearly three-fourths of the private practice, and C. the bulk of the clubs, with an equal share of the union appointment. The practice is worth annually about £800 private, and £250 from public appointments, etc.

Some years since, C. advanced to B. £100, for which he has duly received £5 per cent. *per annum*. This year, C. (to use his own words) "throws down the gauntlet," and demands immediate payment of the £100, or interest at the rate of 7 per cent. *per annum*. B. decides upon paying the loan, and proposes dissolution of partnership on the following terms.

1. A mutual dissolution.
2. B. to retain his union appointment, worth £130.
3. C. to take the clubs, worth about £90.

4. B. agrees to bind himself to allow C. undisturbed possession of the clubs, as far as he is concerned, for five years, and to pay C. annually the sum of £40 for the same period.

C. declines to listen to the proposal, nor will he make any himself. B. sees the impracticability of continuing the partnership, and has then only one alternative; namely, to proceed according to a clause in the deed, and give notice of dissolution at the expiration of three months from the date of notice. This will give C. the opportunity of purchasing B.'s share; and should he, after one month's consideration, decline to purchase, B. may then purchase C.'s share.

\* \* \* The elaborate statement made by B. introduces some new elements into the case, which must modify the opinion which we formerly expressed—an opinion, however, which we still hold to be correct so far as the very general statement submitted to us was concerned. It now appears, that the term of partnership is, for the medical profession, of extraordinary length: that the deed of partnership contains a clause specially providing for dissolution; and that B. has made overtures to C. for a dissolution of the partnership on, apparently, very fair terms. Without giving any opinion as to the legal obligations of B. and C., we think, in the circumstances now described to us, that the most fair and honourable course would be for C. to accept B.'s proposals, or, at least, to agree to the dissolution on such terms as might be just and satisfactory to B. and himself.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Oct. 10th; The New York Medical Gazette, Oct. 22nd; The New York Medical Record, Oct. 27th; The Boston Medical and Surgical Journal, Oct. 27th; The Madras Mail, August 29th; The Shield, Nov. 5th; The Auckland Times and Herald, Nov. 4th; The Western Daily Mercury, Oct. 21st; The Hampshire Telegraph and Sussex Chronicle, Nov. 5th; etc.

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

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