

difficulty? Ought the state to have the best chemical evidence in every case of presumed poisoning, and if so, ought it to pay for it accordingly? Can chloroform or any form of suffocation kill without the means of detection, a few hours afterwards? If no other result flow from this affair, I think, at any rate, from the tone of the press, that Manchester may perhaps imitate Middlesex some day, and pronounce that a medical man is the only competent person to guide an inquiry into a cause of death.

I have but one more topic with which I will at present trouble you. That is the correspondence which has lately taken place between Dr. Roberts and Dr. Clay of this city. In the present state of the case it would be obviously inadvisable for me to express any very strong opinion on the subject; but such of your readers as are interested in medical ethics and in the suppression of consultations between members of the profession and homœopaths, would do well to read what has already been said, and to watch what may follow. If Dr. Roberts' explicit statement, that Dr. Clay does meet homœopaths be untrue, he is bound and, as he says himself, willing to retract it; but if, on the contrary, it be true, is it possible that legal penalties can be enforced upon him for thus stating a fact without any comment? If such a thing is possible, I fear you have much to answer for. It may be said that the statement is calculated to injure the professional status of him of whom it is stated; but if so, whether does the fault lie: with him who states it, or with him who does an action the mention of which could entail such consequences? The profession does hold opinions on the subject of such consultations, and it remains to be seen whether these opinions are likely to be altered when manipulated by legal fingers.

**MEDICAL MEN IN PARLIAMENT.** There are, it appears, six medical men in the French Legislative Assembly.

**PHOSPHORESCENT PORK.** M. Hankel, in the *Annalen der Physik*, gives an account of the phenomenon of phosphorescence appearing on pork. The phosphorescence was silvery white, and enlightened the neighbouring objects. It was superficial; for, on cutting the flesh with a knife, the under part was obscured till after a certain time, when doubtless the oxygen of the air had had time to act. The phosphorescent matter was of an unctuous character, and M. Hankel could not perceive in it any traces of organised beings. The light was annihilated by the application of ether, alcohol, a solution of caustic potash, cold, hot water, and a temperature of 104 Fahr.; but in the last two cases the light reappeared when the flesh was restored to the ordinary temperature. The light also disappeared when placed in a vacuum, or in an atmosphere of carbonic acid; but returned when a little oxygen was permitted to enter. Sulphuric acid annihilated it for ever. Ozonised oxygen does not sensibly affect this phosphorescence. Fatty oils lessen its duration (this is the case also with distilled water); but none of these liquids become phosphorescent by contact with this animal matter. This phenomenon has been previously observed in sea-fish, at the time when they were on the verge of putrefaction, and has been called the "glow-worm fire". The same appearance is sometimes offered by rotting wood. It is not certain that in any of these cases the appearance is due to the oxidation of phosphorus. It would be important to learn whether the pork described by M. Henkel is poisonous when "phosphorescent".

## Association Intelligence.

### EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Ship Hotel, Faversham, on Thursday, the 11th of September, at 3 P.M.

Dinner will be ordered for 5 P.M.

THOMAS BOYCOTT, M.D., *Secretary*,  
Canterbury, August 27th, 1862.

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2ND, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

ON TURNING IN CASES OF DISPROPORTION.

BY ALFRED H. M'CLINTOCK, M.D.

THIS paper embodied the results of seventeen cases which came under the care of Dr. M'CLINTOCK in the wards of the Dublin Lying-in Hospital. In each of them turning had been performed, at various periods after the commencement of labour, on account of disproportion between the head and pelvis. In none of these cases was there any considerable deformity of the pelvis, though the obstetric histories of the women clearly showed that there must have been some slight narrowing of the superior strait. More or less difficulty was experienced in every instance in bringing down the head into the pelvis, and twice craniotomy had to be resorted to. On one occasion the parietal bone (that next the sacrum) was fractured in pulling the head through the brim of the pelvis. With one exception, all the patients were deeply chloroformed before the operation of version was undertaken. Nine of the children—viz., four boys and five girls—survived birth, though all were alive when the operation was commenced. Of the eight children dead born, five were boys and three girls. The heart continued to pulsate for several minutes after birth in some of the children recorded as "dead born." Dr. M'Clintock not considering a child as saved by an obstetric operation, nor recording it amongst the "live births," unless respiration be fully established. All the women recovered satisfactorily but one, who died of puerperal fever, of which some cases had occurred at the time in the hospital.

In reviewing these cases, Dr. M'Clintock expressed his opinion that the operation was not so favourable for the child as some of its advocates had supposed, and that it was only when the amount of pelvic narrowing was very slight that we could reckon with any degree of certainty upon saving the fœtus. He would not, therefore, recommend the operation in preference to the induction of premature labour in cases where an option was left us, and a decided contraction of the pelvis was known to exist. At the same time that it was a valuable resource in cases of this class which may have reached the full period of pregnancy, he proved by the fact that, of eighteen boys born to the above patients, and delivered by other modes than turning, only two were alive at birth; whereas four out of the nine delivered by turning survived their births.

Looking to the interests of the mother, the author of the paper considered that the operation of turning in the particular class of cases under notice had stronger claims; for not only did it abridge the labour process, which in itself was no small advantage, but it averted the possible contingencies of craniotomy, high forceps operation, or

## OUR THERAPEUTICS.

LETTER FROM EDWARD WOAKES, M.B.LOND.

SIR,—In common with, I doubt not, large numbers of my brethren, I have rejoiced at the prospect to which the recent correspondence in the JOURNAL points, of witnessing some tangible effort inaugurated for raising the art of therapeutics to the condition of a science.

You, sir, will readily understand how bewildering to an earnest seeker after therapeutic exactness is the present diversity of opinion as to the means by which the practitioner of the healing art is to accomplish the objects he has in view. Have we not one great medical authority proscribing in all cases extreme antiphlogistic measures, while another invariably recommends them? Some will place all reliance on a refined system of hygiene, and will literally "throw physic to the dogs"; others are equally confident of the efficacy of drugs to cure or alleviate all the physical ills of mortality; some, again, put their trust in alcohol, while an equal number ignore its utility, or claim for water, *pur et simple*, the virtues of a panacea. While one physician will discharge at his patient's ailment a single well directed shot, another will aim a full charge of grape, some fragment of which may, he trusts, in the general explosion, hit the mark. Where in this confusion shall an inexperienced prescriber turn for a sufficient authority to guide him clear of the quicksands of heterodox medicine, against which he is now especially prone to make shipwreck of his medical faith?

For my own part, I have often been on the point of appealing to the Association through the JOURNAL for more light on this subject. The undefined state of my own views, however, prevented me. Instead, I did what I suppose others have done who have passed through this yeast stage in the history of one's medical experience: I went to work to judge for myself of the respective value of the agents which a prolific materia medica placed at my disposal.

Amidst much that was nugatory, there gradually loomed through the mist certain principles by which it seemed to me possible to test the appropriateness of a particular remedy to meet the exigencies of a given disease. And it has always seemed to me, sir, that the want of such principles in the application of remedial agents has been the ever present source of failure in the treatment of disease. We want some recognisable parallelism between the symptoms to be assailed and the weapons brought to bear upon them. Let me not be misunderstood to aspire after the exactitude of the homœopath, who has his fixed remedy for every symptom, and is ready with an enviable precision to apply the one as soon as the other is apparent; but rather to seek for a correspondence between the principle which the disease brings into play, and the principle upon which we make use of a remedy. An illustration may make my meaning more apparent. A patient is attacked with pericarditis: how can we remove the danger attendant upon the deposition of lymph? Chemistry teaches us that nitrate of potassa dissolves fibrine, totally destroying its adhesive qualities. Here, then, we have a direct chemical relationship between a morbid symptom and its remedy; the "bane and antidote" are both before us; and it in no degree diminishes the value of the principle involved, that an unenlightened experience taught us to make use of the remedy in question long before chemistry had pointed out the relationship alluded to.

There can be no doubt that similar efforts to those made for my own satisfaction, to arrive at some precise knowledge of the action of drugs, and at which I have so roughly hinted, have been carried out with far greater ability and to a more successful issue by many other members of the profession who have desired to know

more about their remedial agents than that they have been proved efficacious in given diseases. Cannot this mass of definite information, now floating hither and thither throughout the profession, be reclaimed from its comparative uselessness, and made practically available to the entire medical community?

And, *apropos* of the promised discussion of this subject, I would venture to suggest that one object be to collect the information to which I have referred; and that a portion of the JOURNAL be devoted to the recording of the facts so ascertained, and the data necessary to substantiate them. Could such information, the result of extended experience and calm conviction, be laid explicitly before the profession, it would, in my belief, carry much more weight than would the conclusions from experiments instituted on the spur of the moment. At any rate, the facts derived from either source would act as valuable checks upon each other.

I am, etc., E. WOAKES.

Luton, Beds., July 30th, 1862.

## Medical News.

## APPOINTMENTS.

\*MACLAGAN, A. Douglas, M.D., appointed Professor of Medical Jurisprudence in the University of Edinburgh.

## ROYAL NAVY.

LLEWELLYN, D. J., Esq., Surgeon, to the *Pantaloön*.

MACLEAN, G., Esq., Acting Assistant-Surgeon, to the *Pantaloön*.

SHAW, Doyle M., Esq., Surgeon, to the *Greyhound*.

## DEATHS.

AREBUCKLE, Robert, M.D., at Auchenhay, Kirkcudbrightshire, on August 24.

ARROTT, William, M.D., at Almerieclose, Arbroath, aged 88, on August 21.

COWAN. On August 19th, at Linburn, near Edinburgh, aged 32, Selina, wife of — Cowan, M.D.

TODD. On August 25th, at Dublin, aged 27, Emma, wife of R. Cooper Todd, Esq., Staff-Surgeon.

**MALIGNANT SORE-THROAT.** The Registrar-General for Scotland reports that in the second quarter of this year ulcerated sore-throats and diphtheria were remarked in scattered localities; and that in Mid and South Yell (Shetland), the sore-throats were accompanied by an affection of the hands, which raises the suspicion that sore-throat and diphtheria in the human subject is but a variety of that epidemic disease in cattle known by the name of murrain or epizootic aphtha, characterised in them by the aphthous and ulcerated mouth and sore hoofs. An intelligent veterinary surgeon has brought under notice a few cases, in which it was clearly established that the milk of cows affected with murrain caused aphthous mouths and diphtheria in children, and fatal aphthæ, terminating in ulcerous affections of the mouth, throat, and windpipe, in the case of pigs.

**THE MEXICAN PEOPLE.** The Mexican population comprises five different classes:—1. The whites, constituting the aristocracy of the country, and generally called creoles. They are the direct descendants of the Spaniards, and their number is estimated at 300,000. 2. Those who consider themselves whites. They are the descendants of Spanish and Indian parents. This class numbers about 800,000. 3. The Indians, reduced to a state of most abject misery and servitude. They live in villages, and constitute the agricultural class. Their number is about 4,000,000; they still speak the Aztec or old Mexican language. 4. The *mestizos*, or mixed races, distinguished by various names; the issue of an Indian and a negro is called a *zambo*; that of a white and a negress, a mulatto; of a white and a mulatto woman, a *terzeron*; of the latter and a white, a quadroon;

and so on, to the eighth or tenth shade of colour. The issue of the Indian and negro constitutes the gipsies of the country; in the towns they are called *leperos*, and do nothing but drink, gamble, and commit every kind of outrage. It is from their number the bands of highway robbers which infest the country draw their recruits; some join the army, and others become servants. The number of *mestizos* in the country is stated at a million and a-half. 5. The Europeans, among whom the Spaniards predominate. The number of the latter is about 40,000; they are generally nicknamed *Gachupinos*, which, in the old Mexican tongue, means pricking with the heel, in allusion to the spurs the first conquerors wore. Next follow the North Americans, called *Grignos*, or sputterers; then the English, French, German, Swiss, etc., constituting a very small number in all. The whole population of the country does not exceed 7,000,000.

**AMERICAN MEDICAL WAR NEWS.** The wounds in cases from the Peninsula were various, both as regards their extent and situation; but most commonly they were confined to the lower extremities. It was rather remarkable to notice quite a number of cases, in which the ball entered the thigh about the junction of the middle and lower thirds, passing through the limb without injuring the femur, or any important bloodvessel. In two or three instances of this sort, both thighs were wounded in the same way. The wounds were nearly all made by the Minié ball, and were slow to heal. There was the usual percentage of compound fractures of the thigh and leg. Those patients who had suffered amputation of the thigh or leg were pretty badly off. In most cases, either there was an insufficiency of flap, or the granulating surfaces were covered with slough. Very few of the stumps looked shapely.—“Within three months,” writes the *American Medical Times*, “it is estimated that 50,000 men were sent to the rear of the ‘Grand Army of the Potomac.’” The journal attributes all this loss to *sickness*, to want of proper medical and hygienic supervision.—The city of Louisville, Kentucky, requires the Professors in the Medical College to take the oath of allegiance.—The meeting of the American Pharmaceutical Association, postponed in consequence of the disturbed condition of the country, will be held at the city of Philadelphia, on the 27th of August.—We were greatly pained, as we passed along the road traversed by thousands, to see dead bodies lying in the mud of the path, day after day. They were privates cast off from the boats or thrust out of the tents to which they had been taken when wounded, and where they had died. Some of them were bodies of rebels. Their open eyes and gradually blackening faces were a horrible sight, especially amid the crowd which always hung about the landing. After remonstrating with several officers on the inhuman practice and its bad effects on the soldiers, who saw how little they were cared for when dead, we succeeded in having them buried. A very similar scene was still in view when we left, at the log-hospital on the hill, where was a pile of amputated limbs just outside the back door! An admiring officer assured us, as we sorrowfully gazed, that it was the result of the labour of Dr. — within, the famous operator from Ohio. We hope the trophies of his skill will not much longer be publicly exhibited.—The *American Medical Times* contains a letter from Francis Reynolds, M.D., who signs himself “Fellow and Licentiate of the Royal College of Surgeons, Ireland, late Assistant-Surgeon in British Army during Crimean War,” and who is now “Surgeon 88th Regiment N.Y.V., Meagher’s Brigade, etc.”—Four thousand empty beds are now at the Disposal of the Medical Director in the hospitals about Washington, including churches.—The Government is now building a large and commodious hospital, capable of holding 2,000 sick and wounded soldiers, at Point Lookout, Maryland.

**OBSTETRICAL SOCIETY OF LONDON.** The Council of this Society have issued a circular, calling the attention of their professional brethren, and especially of such as are interested in the progress and dissemination of obstetrical knowledge, to the nature and constitution of the institution. The Society, now in the fourth year of its existence, already numbers upwards of 450 Fellows, a large proportion of whom reside out of London. The transactions of the Society, under the name of *Obstetrical Transactions*, have been published in the shape of three volumes, each consisting of upwards of 400 pages octavo. The volume is published annually, and embraces the papers and communications brought before the Society, together with an account of the discussions at the meetings, during the preceding session. The first President, the late Dr. Rigby, presented to the Society the whole of the books in his library on midwifery and diseases of women and children. Recently, the Honorary President, Sir Charles Locock, Bart., has presented to the Society a valuable collection of works on the same subjects. Contributions have also been received from numerous other sources. The financial condition of the Society is exceedingly satisfactory. At the close of the last year (December 1861), after discharging all liabilities, the Council placed in the Funds the sum of £300. The Council are exceedingly anxious to enlist on behalf of the Society the sympathies and active cooperation of practitioners in midwifery throughout the kingdom. The progress of obstetrics in this country has hitherto depended in a great measure upon individual exertion. To these will now be added the machinery for collective efforts. There must be few engaged in the practice of obstetrics who do not every year meet with cases, or observe facts, which are well deserving of record. There is no reason (the Council observe) why this Society should not become eventually a national institution, devoted to the cultivation of the science and practice of midwifery; at the same time exercising a beneficial influence upon obstetric education, and improving the social position of those engaged in this department of the profession. All medical practitioners registered, or, if practising abroad, possessing a British qualification, are eligible for election as Fellows of the Society. The subscription to the Society is one guinea *per annum*, payable in advance, and within three months of the date of election. The subscription is due on the first day of January in each year, and payment of the same entitles each Fellow to receive a copy of the volume of *Transactions* for the year to which that subscription applies. Fellows wishing to compound for their annual subscriptions may pay a composition fee of ten guineas. Gentlemen hereafter elected Fellows of the Society are allowed to purchase the volumes of *Transactions* for the past years at 10s. 6d. each, instead of 15s., the price to those not Fellows of the Society.

**DEPUTY INSPECTOR-GENERAL TICE.** A correspondent of the *Times* speaks as follows of this gentleman, who has lately died. “After a long career of service abroad and at home, Dr. Tice was sent out to Malta on the outbreak of the Crimean war, and acted as Brigade-Surgeon in the Light Division, in Bulgaria; was with them when cholera broke out in their camp at Devna, laboured among them with his colleagues, Alexander Longmore and others; accompanied his brigade to the Crimea, and established his hospital under fire at the Alma, where his activity and zeal were conspicuous; thence proceeded to the front at Sebastopol, where he was attacked by fever; took charge of the medical department at Balaclava till his health failed him again, and he was obliged to go to Scutari. On his recovery, or indeed before it, he organised the beautiful hospital at Kulalee, to the excellence and admirable arrangement of which Miss Nightingale and Lady Stratford de Redcliffe could bear testimony, in common with all who saw the place. After a very short

respite from active service at the close of the Crimean war he was appointed to Chatham, but he was not long there before he was hurried out to India, and joined Lord Clyde's camp before Lucknow in March 1858. When Sir R. Walpole's division marched for Rohilcund on the fall of Lucknow, Dr. Tice accompanied the column as principal medical officer, and was engaged at Rooyea, and on the junction of the column with Lord Clyde's army in the advance on Bareilly he continued in the field during that arduous march, and was actively employed till its close, when he was left in charge of the Rohilcund district, under General Walpole. Thence he was transferred to Lucknow, and now that his time had nearly expired we hear of his premature and lamented death, caused most probably by that fatal procrastination which prevents medical officers in India leaving the country themselves, or letting others go till it is too late, owing to an over-zealous discharge of their duty. Whatever the cause, the country has to deplore the loss of an able and devoted servant, the service a most efficient officer, his friends a warm-hearted, genial companion, in John Graham Tice."

## Varieties.

**PHARMACY IN SPAIN.** Spanish physicians and surgeons never dispense medicines or engage in pharmacy. Should, however, any person so licenced assume the latter calling, by existing laws affecting pharmacians, he would forfeit his professional privileges, while those keeping shops for supplying drugs prescribed by the former classes—"no pueden ejercer simultaneamente la medicina ni la cirugía"—cannot exercise simultaneously medicine or surgery. On that point there exists no equivocation. Further, pharmacians cannot sell a secret remedy, nor any special or specific preparation whose composition is unknown. Should it ever happen that the prescription of an unauthorised medical practitioner orders strong medicines, especially if poisonous, in extraordinary or unusual quantity, before compounding such doses the pharmacist must first communicate with the prescriber to verify his recipe, lest the party may have made a mistake.

**THE RESULTS OF A DAY'S DREDGING.** First in numbers, activity, and certainly in self-assertion, are the crabs; not the familiar crustacean of Hungerford Market, but relatives of all sizes and every conceivable form. Here are flat, fat, comfortable crabs, well fed, contented with things as they are, manifest marine Tories, differing utterly in appearance and habits from other truculent revolutionary fellows with ungainly limbs, malicious eyes, and absolutely bloodthirsty aspect. Then there are spiny crabs, the porcupines of the sea, squinting with horrible persistence; tiny delicate crabs, smaller than a silver threepence; and, strangest of all, the slender *Arachnida*, ocean spiders, with legs of thread-like thinness and astounding length, and eyes set curiously on long footstalks, pointing finger-like, in all directions. Next come fierce *Paguri*, or soldier-crabs, snugly housed as to their hinder parts in the shells of defunct whelks and trochi, their ruling passion for warfare strong even in the dredge, fighting here beneath our very eyes each for the possession of a neighbour's more desirable habitation. Then there are the starfishes, with long rosy arms twining over everything, alarmed brittle stars strewn the heap with suicidal fragments, neat *Cribellus*, charmingly marked *Ophiocomas*, and here and there the beautiful *Palmipes*. Less conspicuous, but more lovely than either of these two families, come the mollusca and their brilliant representatives, *Eolis* and *Doris* of the waving plumes, ma-

jestic *Aplysia*, and the emerald *Actæon*, accompanied by their testaceous relatives spiny *Turritellas*, ribbed cowries, murderous whelks, the gem-eyed *Pecten*, "butterfly of the sea," and the pearly earshell. As for zoophytes, their name is legion. All the finer species of *Actinia* are represented; and *Sertularia*, *Laomedæa*, and *Campularia*, crowd the stones, weeds, and pebbles, till every portion of their several surfaces is alive with the beautiful atomies. Dwarf corals and *Lepralia* meet us at every turn; and now and then we may detect, half hidden in the mud, the tube of an *Edwardsia*, or perhaps even the brilliantly spotted covering of the rare cloak anemone. Then there are the worms, not only *Serpula* and *Sabella*, the pride of all aquarian naturalists, but *Phyllodoce*, *Nais*, and the strange rainbow-hued sea-mouse (*Aphrodite*). *Nereides* of all forms and dimensions, some brilliantly phosphorescent, others of a comeliness needing no such enhancement; and last, not least, the rarer *Auricomada*. (*Once a Week*.)

**SPONTANEOUS GENERATION.** The researches of Pasteur appear to have satisfactorily demonstrated: 1. That the air of inhabited places contains a greater relative number of fruitful germs than the air of uninhabited regions. 2. That the ordinary air contains only here and there, without any continuity, the condition of the first existence of generations sometimes considered spontaneous. Here there are germs and there there are none. 3. There are few or many, according to the localities. Rain diminishes the number; but after a succession of fine days, they are more numerous. Where the atmosphere has been for a long time quiet, germs are wanting, and putrefaction does not take place as in ordinary circumstances. Gay Lussac, Schwann, and Pouchet, have performed various experiments upon liquids in contact with common air, with heated air, with artificial air, and with oxygen gas, using a mercurial bath to isolate the substances experimented upon. Some of their results have appeared to favour the theory of spontaneous generation. Pasteur has ascertained that mercury taken from the bath in any laboratory is itself loaded with organic germs. He took a globule of mercury, surrounded by an atmosphere of calcined air, and passed it into a flask of putrescible fluid by the process detailed in the former part of this paper. In every experiment of this kind, after two days, an abundant growth of organic products appeared. The same experiments were repeated with the same liquids, with no change of manipulation, with the same kind of mercury, except that the mercury was first heated to destroy the germs it contained, and no growths whatever appeared in the flasks. From all these experiments, Pasteur concludes that powders suspended in the air are the exclusive origin, the first and necessary condition of life in infusions in putrescible bodies and in liquids capable of undergoing fermentation. It is easy to collect and observe with the microscope atmospheric dust, among which may always be found a great number of organised corpuscles which the experienced naturalist will distinguish as the germs of inferior organisms. Some infusoria are not more than 1-24,000th of an inch in diameter, and if we suppose that the ova of infusoria and the spores of minute fungi are no more than one-tenth part the linear dimensions of the parent organism, there must be an incalculable amount of germs no larger than 1-240,000th or 1-100,000th of an inch in diameter. Since, according to Sullivan and Wormley, vision with the most powerful microscope is limited to objects of about 1-80,000th of an inch, we need not be surprised if infusoria and other organisms appear in putrescible liquids in far greater numbers than the germs in atmospheric dust visible by the aid of the microscope would lead us to expect. (*Chem. News*.)

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—AUGUST 23, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 942 Girls.. 908 }	1850 1254
Average of corresponding weeks 1852-61 .....		1772 1194
Barometer:		
Highest (Sat.) 30.011; lowest (Sun.) 29.643; mean, 29.803.		
Thermometer:		
Highest in sun—extremes (Tu.) 122.7 degs.; (Sun.) 67.3 degs.		
In shade—highest (Tu.) 74.8 degrees; lowest (Sat.) 46.8 degs.		
Mean—50.6 degrees; difference from mean of 43 yrs.—1.1 deg.		
Range—during week, 28 degrees; mean daily, 17.1 degrees.		
Mean humidity of air (saturation=100), 89.		
Mean direction of wind, Var.—Rain in inches, 1.57.		

## TO CORRESPONDENTS.

\*. \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

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

P. S.—The following are the facetious words used by Lord Chelmsford at the dinner of the British Medical Association, when he returned thanks for the Navy:—

"My connection with the navy was so long ago, as to be rather a dream than a remembrance: and I am not sure whether I should be considered a suitable representative by the sailors, having paid them the bad compliment of leaving them for a profession which they hold in very small respect. Lawyers are called by them land sharks; and, having become one of those voracious animals, it can only be because through a species of transmigration I entered into the Great Seal, that a sailor could look upon me with any favour. I look back with pride to the time when I was associated with the brave defenders of our country; and England may rest assured that the day will never come when she will expect in vain each man amongst them to do his duty."

MEMBERS PRESENT AT THE ANNUAL MEETING.—The name of Dr. Tunstall, of Bath, was accidentally omitted from the list of those who were present at the recent meeting of the British Medical Association.

ENGRAVING OF THE LATE DR. RIGBY.—A correspondent writes:—"Will you call attention to the circumstance of no engraving of the late Dr. Rigby having as yet been sent to the subscribers."

COMMUNICATIONS have been received from:—Mr. J. VOSE SOLOMON; Dr. SHARPEY; Dr. DOBELL; Dr. GIBBON; Mr. BOWMAN; Mr. J. F. WEST; Mr. A. GOODCHILD; Mr. T. J. WALKER; Mr. G. KERSWILL; Mr. HENRY THOMPSON; Mr. BERKELEY HILL; Dr. J. TUNSTALL; Mr. C. H. MARRIOTT; Dr. EDWARD COPEMAN; Dr. A. W. WILLIAMS; Mr. B. HOLT; Mr. SANKEY; and Mr. A. W. ENGLISH.

## ADVERTISEMENT.

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