

necessary) only requires to have his attention drawn to this great injustice on the part of the State, to modify his opinion that "the law with respect to criminal lunatics requires no alteration". We trust that, among the many able men who will be called to give evidence before Mr. Tite's commission, some one will be found to recommend that freedom be given to this class of patients, who remain sane after a certain time of life.

### THE WEEK.

THE Committee of London graduates charged with the duty of testing in the Court of Queen's Bench the right of Dr. Storrar to act as the representative of their University in the Medical Council, have issued a letter, the object of which is to obtain funds. The sum required is said to be £100; of this £61:11 have been subscribed by sixty-four medical and other graduates, leaving the sum of £38:9 to be raised. The Committee call upon their fellow graduates to contribute their share towards the unavoidable expenses of the suit. At present the expenditure has been borne by a comparatively small number of graduates, and the postponement of the argument has added somewhat to the estimated outlay. They trust that they will not be permitted to undergo a pecuniary loss, in fighting the battle of the members of the university at large. Surely some of the numerous graduates who have as yet taken no open part in the dispute, will contribute something in order that the question at issue—the right of the senate to elect the representative of the University in the General Council—may be finally answered. This can be done without any prejudgment of another question—whether Dr. Storrar is the most acceptable man to the graduates of the University. If the Court of Queen's Bench decides that the right of election is vested in the senate and graduates together, there will be ample opportunity of deciding whether they will have Dr. Storrar to represent them. We have just heard, that Her Majesty, by the advice of the Privy Council, has nominated Mr. Osler and Dr. Storrar as members of the senate. These gentlemen, it will be remembered, obtained the highest number of votes at the meeting of Convocation on November 10, 1858, when six names were chosen to be submitted to the Queen, for the choice therefrom of two members of the Senate.

The following by-laws were passed at a meeting of the Fellows of the Royal College of Physicians, held on February 16th. It will be observed that they embody some of the principal alterations which, it was said, were to be effected by the new Charter.

"On the Admission of Extra-Licentiatees as Licentiatees. Each of the present Extra-Licentiatees who shall have produced testimonials as to character satisfactory to the said Censors, and shall have assured the said Censors that he is not engaged in the practice of pharmacy, and who shall comply with such other regulations as are required by the By-Laws of the said Corporation, may receive a Licence from the said Corporation, and be admitted a Licentiate of the same, on his paying to the said Corporation a fee of Five Pounds, Five Shillings, exclusive of the stamp duty.

"On the Admission of Graduates and Licentiatees of Universities as Licentiatees. Every person practising as a Physician in England or Wales, and who shall, after regular examination, have taken the Degree of Doctor in Medicine at any University in the United Kingdom of Great Britain and Ireland, at least three calendar months previously to the first day of March, 1859, and also every person who shall have received a

Licence to practise Physic from any one of the Universities of Oxford or Cambridge, or Dublin, and also every person practising as a Physician in England or Wales who shall, after regular examination, have taken the Degree of Doctor in Medicine at any foreign University approved by this College, at least three months previously to the said first day of March, 1859, and shall not be engaged in the practice of Pharmacy, may at any time within twelve calendar months from the said first day of March, 1859, be admitted a Licentiate of the said Corporation, without any examination, on the production to the Censors of the said Corporation of his Diploma, and of such testimonials of character and professional qualifications as shall be satisfactory to such Censors, and on his assuring such Censors that he is not engaged in Pharmacy, and who shall comply with such other regulations as are required by the By-Laws of the said Corporation, and on his paying to the said Corporation a Fee of Ten Pounds, Ten Shillings, exclusive of the stamp duty.

"On the Admission of Licentiatees to the Fellowship. During the period of twelve months, to be computed from the first day of March, 1859, the Council of the said College shall have the power to nominate such Licentiatees thereof, as in the opinion of the Council shall have distinguished themselves in the practice of medicine, or in the pursuit of science and literature, provided the Licentiatees so to be nominated shall have attained the age of thirty years, without any limitation as to the period during which such Licentiatees shall have been previously Licentiatees of the said Corporation, to be proposed to the Fellows for election as Fellows at Meetings of the Fellows to be holden, with due notice, for this purpose, at any time before the expiration of the said twelve months."

## Association Intelligence.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [General Meeting.]	White Lion, Bristol.	Thurs., Feb. 24th, 6.45.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH : GENERAL MEETING.

A GENERAL Meeting of the Birmingham and Midland Counties Branch was held at Birmingham, on February 10th; E. H. COLEMAN, Esq., President, in the Chair. There were also present: A. Allcock, Esq. (Smethwick); R. L. Baker, Esq. (Birmingham); T. Boisragon, M.D. (Birmingham); E. Cheshire, Esq. (Birmingham); J. Clay, Esq. (Birmingham); R. Davis, Esq. (Birmingham); J. S. Gaunt, Esq. (Alvechurch); W. Hinds, M.D. (Birmingham); J. H. Houghton, Esq. (Dudley); T. Howkins, Esq. (Birmingham); W. E. Johnson, Esq. (Dudley); Furneaux Jordan, Esq. (Birmingham); W. J. Kite, Esq. (Westbromwich); O. Pemberton, Esq. (Birmingham); J. Postgate, Esq. (Birmingham); J. V. Solomon, Esq. (Birmingham); T. J. Walker, M.B. (Birmingham); T. W. Williams, Esq. (Birmingham); C. Yarwood, Esq. (Birmingham); G. Yates, Esq. (Birmingham).

#### NEW MEMBERS.

The following gentlemen, having been elected Members of the Association, were unanimously elected members of the Branch: J. Neale, Esq. (Birmingham); H. E. F. Shaw, Esq. (Sutton Coldfield); W. P. Goodall, Esq. (Birmingham); Furneaux Jordan, Esq. (Birmingham); and Thos. James Walker, M.B. (Birmingham).

#### PAPERS AND COMMUNICATIONS.

The following papers were read.

1. The Vitality of the Teeth, and its relation to Caries. By T. Howkins, Esq.
2. Three Cases of Resection of Nerve for sequences of Traumatic Injury. By Redfern Davies, Esq.

These papers will be published in the JOURNAL.

3. Paraplegia in relation to Renal Disease. By W. Hinds, M.D.
- Papers on the following subjects were postponed until the next meeting.

Observations on the Anatomy and Surgery of Talipes Equinus and Varus. By Furneaux Jordan, Esq.

Illustrations of the Radical Cure of Hernia, by the presence of a patient in whom the operation has been performed. By Oliver Pemberton, Esq.

I say again, what I said before, that if the public are to help us, we must begin by helping ourselves. Will Dr. Harrison and others, who err against their poorer brethren, set the example? I am, etc. AN ASSOCIATE.

February 15th, 1859.

### MEDICAL CHARGES.

LETTER FROM MESSRS. WYBRANTS AND CRADDOCK.

SIR,—We beg to forward the plan adopted by us for many years, and which we find to act better than the drugging and drenching system, which is a disgrace to the profession.

We are, etc., WYBRANTS & CRADDOCK.

Shepton Mallet, February 15th, 1859.

"Shepton Mallet, January 185—

"Mr. A. B. To Messrs. Wybrants & Craddock, Surgeons.

"For Professional Attendance during the year 185— £ s y z

"In order to avoid any misconception respecting Messrs. Wybrants and Craddock's charges for professional attendance, they are desirous of stating the following as their constant method:—

"Fee for advice (medicine not charged) either at £ s. d.  
Dr. Wybrants' or Mr. Craddock's residence, or at  
that of the patient, if within a mile of the town - 2 6

"Fee for advice (medicine not charged) beyond  
one and not exceeding five miles - - - 5 0

"Fee for advice during the night (medicine  
not charged) in town - - - - 5 0  
in the country - - - - 10 0

"Fee in consultation - - - - 1 1 0

"When consulted by letter - - - - 5 0"

### THE MEETING AT THE LIVERPOOL MEDICAL INSTITUTION.

LETTER FROM F. D. FLETCHER, ESQ.

SIR,—I should feel much obliged if you would favour me by inserting the following corrections of a few sentences in your report of the meeting at the Liverpool Medical Institution on January 28th.

I am made to say that I objected to the new law "because those who voted for it, voted for that which was absurd. They were absurd; therefore they were not medical men." What I did say was to this effect, that I objected to the exclusion of any one on the ground of his holding doctrines which were absurd. In reference to Dr. Turnbull's assertion, that a homœopathic practitioner ceases to be a medical man when he embraces homœopathy, I said, that it was equivalent to the admission that any one practising that which is absurd ceases to be a medical man. Further on, I am reported as asking, "what would they think if the Royal Society were to exclude a man for expressing his belief in the existence of matter; and with what roars of laughter would a chemical society now receive any one who doubted the atomic theory of Dalton." In the former sentence, the word "belief" should be "disbelief"; the latter sentence should be, "with what roars of laughter would the Chemical Society receive a proposition to exclude any one because he doubted the atomic theory."

The first of the passages to which I have referred would, I think, lay me open to the charge of something like impertinence, in commencing an argument by an abrupt assertion of the absurdity of that which I opposed; and the latter make me appear to use illustrations which had no relation to the subject on which I was speaking. I hope, therefore, I shall not be thought needlessly particular in requesting you to publish these corrections. I am, etc. F. D. FLETCHER.

13, Mornington Terrace, February 15th, 1859.

### TAUNTON AND SOMERSET HOSPITAL.

LETTER FROM F. H. WOODFORDE, M.D.

SIR,—Any one who has compared our respective letters will have seen that Mr. Alford, in his laboured attempt to justify himself, confirms my statement of facts (which many others can verify), but gives them a different colouring to suit his own views. I shall not pursue this painful controversy farther than to state that the two vacant offices of physician to the hospital are to be filled to-morrow by two general practitioners of this place, no one else having offered. I am, etc.,

F. H. WOODFORDE.

Taunton, February 16th, 1859.

### THE LATE G. J. SQUIBB, ESQ.

LETTER FROM A. P. STEWART, M.D.

SIR,—As one of the Secretaries of the Metropolitan Counties Branch, and as the member of Council who had the honour and great satisfaction of proposing the late Mr. Squibb as President-elect, in the summer of 1857, may I crave a corner in your columns to express my hearty concurrence in the resolutions passed at the Council meeting held at Dr. Murphy's on the 1st inst.? My absence was owing to severe indisposition, and was to me a matter of much regret, as I wished to testify by my presence the deep respect in which I hold his memory, and the sense I entertain of the loss we have sustained by his sudden removal. I am, etc., A. P. STEWART.

74, Grosvenor Street, W., February 7th, 1859.

## Parliamentary Intelligence.

HOUSE OF COMMONS.—Friday, February 11th, 1859.

### LUNACY (SCOTLAND) ACT.

Mr. BAXTER inquired of the Lord Advocate if he intended, during the present session, to introduce a Bill amending the Scotch Lunacy Act of 1857.

The LORD ADVOCATE said that it was the opinion of the government that the statute to which the honourable member referred required amendment. The first Report of the Lunacy Commissioners appointed under that Act would, however, be laid upon the table in a week or ten days, when they would have a better opportunity of forming a judgment upon the question.

Monday, February 14th.

### NAVAL MEDICAL OFFICERS.

Sir E. PERRY asked the First Lord of the Admiralty whether it was in contemplation to extend to the Medical Officers of Her Majesty's Navy the same advantages in rank, etc., as had been afforded to the Medical Service of the Army by the Royal warrant of the 1st of October, 1858.

Sir J. PAKINGTON said the only answer he could give at that moment to the question put to him was, that the subject referred to was under the consideration of the Admiralty. In saying so much, he did not wish to be understood as meaning to say that the alterations alluded to would certainly be made. There were several similar suggestions before the Board of Admiralty.

Tuesday, February 15th.

### LUNATICS.

Mr. TITE, in moving for a Select Committee to inquire into the operation of the laws relating to the care and treatment of lunatics, especially those so found by inquisition, observed that he had late last session made a similar motion, but limited to lunatics under the Court of Chancery. That motion was received with considerable favour, but the Home Secretary then told him that if he would enlarge its scope and move it early in the present session the Government would probably support him. Acting on that suggestion, he had now to make this motion. He understood that the Government assented to it, and that they intended to refer the two Bills for the amendment of the law relating to lunacy, of which notice had been given, to a select committee. This question was one of great social importance, there being no fewer than 23,000 lunatics in England alone, of whom 17,572 were paupers. There were three distinct jurisdictions with regard to lunatics, applicable respectively to lunatics under the Court of Chancery, to lunatics confined in public and private asylums, and to criminal lunatics. This rendered the law conflicting and difficult of comprehension. Numerous Acts had been passed on this subject since 1828. In 1853 Lord St. Leonard's Act referring to lunatics under the Court of Chancery was adopted, and its operation had proved exceedingly inconvenient and oppressive. The Court of Chancery had about six hundred lunatics under its care, and the amount of property under the commissioners was upwards of £200,000. The horrors which had recently been disclosed

in connexion with lunatic asylums arose from the want of a more complete supervision; and what was wanted was a consolidation of the law as well as of the functions of the different boards which had jurisdiction over this unfortunate class of persons. The whole question demanded investigation by that House, and he had, therefore, according to the terms of his motion, to move for the appointment of a select committee.

Mr. WALPOLE. When the hon. gentleman brought this subject before the House last year, my hon. and learned friend the Solicitor-General, on behalf of the Government, said he thought it reasonable that some inquiry into it should take place. Perhaps I may be pardoned if I make one or two remarks on a question of so much importance. The House is aware that there are four classes of lunatics in this kingdom—viz., first, criminal lunatics; secondly, lunatics found to be such by an inquisition under the Court of Chancery; thirdly, lunatics in private asylums; and, lastly, lunatics confined in county and borough asylums. With regard to criminal lunatics, I do not think we need interfere with the existing arrangements. With regard to those found to be lunatics by inquisition, I do think that some amendment may be made in the law, chiefly in two respects; one with reference to the manner in which inquisitions are held and inquiries conducted, constantly extending over long periods of time, at great expense, and indeed, I may say, to the great affliction of many people who are concerned in them. I also think that great improvement may be made with reference to the inspection, superintendence, and treatment of these lunatics; and that by providing for that superintendence and treatment in a more careful and constant manner than at present, a great benefit may be conferred upon them. [*Hear, hear.*] I then go to the other two classes of lunatics,—those who are confined in county and borough asylums, and those in private houses. Since the notice of motion was given in the course of the summer, I have felt it my duty to make some inquiries into this subject, and I own I am startled at their results. From the returns of the commissioners it appears that, in the year 1852, the number of lunatics, exclusive of those in the union workhouses, was 17,412, of whom there were in private asylums 4,430—viz., males 2,331, and females 2,099; and in county and borough asylums 12,982. In the year 1857, the total number had increased from 17,412 to 22,310. Of these there were in private asylums 4,738—viz., males 2,508, females 2,230. I pause here for a moment to notice the great increase in the course of these five years, and I want the House to observe this striking feature, that whereas the increase in the number of those confined in county and borough asylums was from 12,982 to 17,572, the increase in the number confined in private asylums was hardly perceptible; it was only from 4,430 to 4,738. Such was the increase in those years, and I believe it has been owing partly to the operation of legislation upon this subject by which so much better provision has been made for the poorer class of lunatics in county and borough asylums, greater care has been taken of them, and consequently their lives have been prolonged. Then I come to the question which is, after all, one of the most important in this matter—"Of these unfortunate persons thus put under restraint, or into necessary confinement, how many of them are curable, and how many incurable?" Now, I find from the report of the commissioners in 1857—and there is no report for a subsequent year—that out of 21,311 lunatics in that year, only 3,327 were curable, and 17,984 were incurable. Analysing these curable patients, I find that in metropolitan and provincial licensed houses there were 917, in borough and county asylums 2,070, and in hospitals 360; so that one quarter of those in private asylums were curable, while only one-tenth of those in county and borough asylums came under that denomination. That being the state of the case,—and a most painful one it is to any one who considers that at the present moment one in 830 of the population are unsound in their minds, and that the number is increasing at a great rate,—you have a double duty to perform, partly to see how those who are incurable can be best taken care of, and partly to see how those who are curable can have the benefit of a restoration to sanity conferred upon them. [*Hear, hear.*] Before the honourable gentleman gave notice of his motion, on the same evening I announced my intention to introduce two Bills upon this subject. These Bills I propose, if the House will give me leave, to read a first time to-night. One relates to improvements in county and borough asylums; the other to improvements in private houses. The improvements in county and borough asylums are chiefly of a practical nature, and relate to matters which have been reported to me during the past year. The course which I propose to take with regard to this

motion is, so far as the Government is concerned, to accede, with the alteration of a few words in the terms of the motion, to the inquiry which is asked for, and to refer my two Bills to the committee which is to be appointed. [*Hear, hear.*] It has been contended that you ought to have public asylums for all classes of patients, that you ought to register them, and that you ought to confine no one without a public inquiry. I wish the House to consider what would be the consequence of such a course as that. If an inquiry is asked for, for the purpose of leading to its adoption, it is one which, I think, ought not to be conceded, because, if you once attempt to have public asylums for all classes of patients, this would inevitably follow, that those who thought that this painful malady had better not always be brought before the public eye would seek some private reception house, where patients could be placed, and where they would not have the advantage of the superintendence, the supervision, the care, and the control which they now enjoy in private houses. But, above all, I must say that I think you could not inflict a greater evil upon these unfortunate people themselves than by, in all instances, granting a public inquiry into these cases. The House must bear in mind that this distressing malady is often the result of most accidental circumstances. It very frequently is not hereditary in its character, and does not recur when once it has been cured. Now, by one illustration I will show the House what would be the consequence of having a public inquiry in all cases. I will suppose that this malady comes upon a person in business from over exertion of the mind, from great anxiety, or, it may even be, from bodily or physical ailment. That person might, under existing circumstances, be cured within a few months, and it might be known to no one in the world that he had been afflicted with this malady; but if you once establish a public inquiry all will be known; the excitement of the patient will be very bad for him, and retard, if not prevent, his recovery; and when he returns to his business, he will go back with a suspicion of insanity upon him, and, as a consequence, I am afraid, subject to the mistrust even of his neighbours and relations. [*Hear, hear.*] The evil of such an inquiry would be increased tenfold when you applied such a proceeding to another class of cases, especially to those of the other sex. I think the House has four things for which to provide. It has to provide that there shall be a proper guarantee for the confinement of any person in the first instance; that the houses of reception for these unfortunate persons shall be suitable for the purpose, that they shall not be confined a week beyond the time when their recovery is clear; and lastly, that their treatment, whether curable or incurable, shall be the best which the wisest and most benevolent legislation can secure. [*Hear, hear.*] I point out these things because I wish the committee, to which this matter is likely to be referred, not to embark in a mere rambling inquiry [*hear, hear*], and, consequently, I propose to lay on the table of the House a Bill with reference to private asylums which will, I hope, secure all these objects. With reference to confinement, I think the law is, to a certain extent, defective; and what I propose by my Bill is, that no person shall be put in confinement at all without notice of the fact being sent to the commissioners within twenty-four hours. I also propose that the justices in different counties shall appoint medical examiners for particular districts, and that when the commissioners receive a notice that any person is put under restraint or into confinement, within a week, not the medical officer of the house, not any person sent down from London, but the medical examiner on the spot shall inquire into the case, shall report specially upon it, and shall place the whole matter before the commissioners. I then propose that, after that is done, the commissioners shall have power either to make their report upon that case to the justices of the county, or to call upon the superintendent or proprietor of the house in which the person is confined to give further explanations. With regard to the inspection of plans of private houses, the commissioners have no jurisdiction beyond the metropolis. I propose that the commissioners should have the power to report upon the plans of licensed houses, and to send them to the magistrates in the country, so that the latter may have the advantage of the central knowledge and experience of the commissioners, and may apply it to their own local wants. I am anxious to read an extract from the last report of the commissioners, which shows that some improvement in the law in regard to single patients is required. They say:—

"The condition of single patients has engaged much of our attention during the past year. The lists have been carefully revised; regular returns from the persons having charge of patients have been strictly enforced; and the country has been

divided into districts, so as to insure the regular annual visitation of all cases returned to our office. On the whole, the condition of the patients so visited cannot be described as satisfactory. As a general rule, the accommodation provided is quite incommensurate with the payments, which, in many instances, are very large. The necessity for our continued and regular supervision has been clearly established, and, in some instances, we have found cases of marked neglect. In two or three we have discovered that, besides the patient who has been regularly certified and returned to this office, the proprietors of houses have also had under their charge other persons of unsound mind, relative to whom no return whatever had been made. In these cases, although from the presence of circumstances of an extenuating character we have not deemed it proper to institute prosecutions for the legal penalties incurred, we have insisted, by way of warning to others against commission of the same or any similar offence, that the offenders should insert apologies in the daily and medical papers."

In order to insure greater vigilance of inspection, I propose that, in addition to four inspections in the year by the visitors on the spot, the commissioners should, by themselves, or by some person authorised by them, make three visits to each licensed house. I also propose that they should have the power of calling upon the proprietors to show the accounts relative to patients, in order that they may see that their allowance is properly applied to their maintenance. [*Hear.*] The fourth provision of the Bill has been framed to watch over all cases of lunacy, with the object of ascertaining that the patients are not confined a single day when they ought to be discharged. [*Hear.*] In the first place, finding, on the authority of all those best informed on the subject, that the cures which are effected are generally accomplished at the earlier stages of the disease [*hear, hear*], I propose that a commissioner should go down within three months after the confinement of a patient, and report specifically upon that case, independently of the other visits that he may be required to make. I propose also that in the course of the year, subsequent to the admission of each patient, the commissioner shall be required, when making one of his usual visits, to make a specific report upon the progress of that case, so that he may know the state and progress of that patient's malady from the period of his restraint to the end of the first year. I think also you ought to require that the proprietors of these houses should not be allowed to certify any person to be of unsound mind who is to be confined in any other licensed house—in other words, that you should take away from proprietors of licensed houses the power of favoring another licensed house, or of sending patients to each other. Another provision is, that the notice of recovery should not merely be sent to the friends of a patient, but that it should also be immediately sent to the commissioners, so that they may take action upon it. I hope by means of these and other provisions that we shall throw around these unfortunate persons every check and guard that can insure the propriety of the original confinement; secondly, the suitability of the licensed house in which they are confined; thirdly, a more careful and vigilant treatment of each particular case; and, fourthly, the dismissal of the patient as soon as his recovery has been effected. We propose that power should be vested in the commissioners to allow the patient to be out on trial when the case admits, in order that it may be seen whether the restoration to liberty has any effect in promoting his recovery. If it should have no such effect, he may then be again confined. This provision is in one of the Acts of Parliament relating to lunatics; but has not yet been extended to those confined in private houses. I should desire to confine the inquiry so that it may embrace every practical object without leading the committee to embark upon a rambling investigation that can lead to no good result, and that must give pain to the friends of many of these unfortunate persons. [*Hear, hear.*] I should, therefore, propose that the resolution appointing the committee should be in the following words, which would equally effect the object the honourable gentleman has in view:—"That a select committee be appointed to inquire into the operation of the Acts of Parliament and the regulations for the care and treatment of lunatics." I propose, if the House will allow me to introduce the Bills of which I have given notice, to refer them to the select committee. I believe that my honourable and learned friend, the Solicitor-General, also contemplates referring to the Committee another Bill in reference to persons who have been found of unsound mind by inquisition under the Court of Chancery. The Committee will then have practical points before them, and if the effect of the inquiry should be

to increase the comforts of these unfortunate persons—if it should improve their treatment—and, still more, if it should effect their recovery and secure their return to their families, I shall feel gratified that I have supported such an inquiry with such a hope. [*Cheers.*]

Mr. DRUMMOND said he was glad to find that the inquiry would be extended to the condition of lunatics under the Court of Chancery.

Mr. TITE had no objection to adopt the amendment suggested by the right honourable gentleman. He was far from desiring a rambling inquiry, and was anxious that the Committee should report as soon as possible, in order that some legislative measure might be passed during the present session.

Mr. PACKE hoped that the Committee would take into consideration the law and practice relating to criminal lunatics.

The motion, in its amended form, was then agreed to.

#### APPOINTMENT OF A MASTER IN LUNACY.

Mr. CLIVE asked the Chancellor of the Exchequer whether the right hon. gentleman was aware that Mr. Francis Higgins had been appointed a Master in Lunacy?

The CHANCELLOR OF THE EXCHEQUER. Sir, since this question was addressed to me yesterday, I have had a communication with the Lord Chancellor, in which that noble and learned lord informed me that he should not have appointed Mr. Francis Higgins to the office in question unless he had been thoroughly convinced of his competency to fulfil its duties. But the moment Mr. Higgins was apprised of what took place in the House of Commons yesterday, he resigned the office which had been offered to him. [*Cheers.*] Mr. Higgins took that step, not from any belief that he was unable to perform the duties of that office, but because, after what had occurred, it was not consistent with his feelings any longer to hold the appointment. I am bound to say that, in adopting that course, Mr. Higgins has acted with a due sense of self-respect, and consistently with the tenour of an honourable life.

## Medical News.

### BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

\* In these lists, an asterisk is prefixed to the names of Members of the Association.

#### BIRTHS.

- CROFT. On February 11th, at 13, Camden Road Villas, the wife of Robert C. Croft, Esq., Surgeon, of a daughter.  
 HASSALL. On February 9th, at Richmond, the wife of Richard Hassall, M.D., of a son.  
 KNAGGS. On February 14th, at Malden Place, Haverstock Hill, the wife of H. G. Knaggs, M.D., of a son.  
 REID. On February 12th, at Pembroke, the wife of Douglas A. Reid, M.D., of a son.  
 ROSS. On February 11th, at Bayswater, the wife of W. H. B. Ross, Esq., Her Majesty's Bengal Medical Service, of a son.  
 SAMMUTT. On January 26th, at Malta, the wife of \*Joseph B. Sammut, M.D., of a daughter.  
 SHARMAN. On February 9th, at Birmingham, the wife of \*Malim Sharman, Esq., Surgeon, of a son.  
 STEGGALL. On February 9th, at 3, Queen Square, Bloomsbury, the wife of J. W. B. Steggall, Esq., Surgeon, of a daughter.  
 SUMNER. On February 10th, at 25, Wellington Road, St. John's Wood, the wife of W. Allen Sumner, Esq., Surgeon, of a daughter.  
 WILSON. On February 14th, at Runcorn, the wife of \*Henry Wilson, Esq., Surgeon, of a son.

#### MARRIAGES.

- BELL—FLETCHER. Bell, the Rev. John, rector of Brington, Hunts, to Lucy, daughter of \*Bell Fletcher, M.D., of Birmingham, on February 15th.  
 CRESY—SPENCER. Cresy, Theodore Grant, Esq., Surgeon, of Ticehurst, Sussex, to Hannah Jane, youngest daughter of Thomas Spencer, Esq., of Wrotham, Kent, on Feb. 9th.  
 FERGUSON—HILL. Ferguson, C., Esq., only son of F. Ferguson, Esq., Surgeon, of High Hesket, Cumberland, to Miss Amelia Hill, of Stanwix, in the same county, at St. John's Church, Bayswater, on February 3rd.

**HIGMAN—CROFT.** Higman, Albert D., Esq., Royal Marines Light Infantry, to Eulalie Rose, third and youngest daughter of Jonathan Croft, Esq., late Army Medical Staff, of Sydney, New South Wales, at St. Marylebone Church, on February 10th.

**McSHANE—MONK.** McShane, Charles, Esq., Surgeon Royal Navy, to Jane, only daughter of the late Lieutenant J. M. Monk, R.M., of the Royal Hospital, Greenwich, at the Church of St. Aloysius, Somers Town, and at St. Pancras Church, on February 5th.

**MURRAY—WOODALL.** Murray, Richard Henry, LL.B., barrister-at-law, eldest son of Thomas Murray, M.D., of Trinidad, to Georgina, youngest daughter of the late Robert Woodall, Esq., of Ardwick, Lancashire, at St. George's, Hanover Square, on February 2nd.

**NEAME—SPENCER.** Neame, —, Esq., of Northfleet, Kent, to Harriette, youngest daughter of the late Charles Spencer, Esq., Surgeon, of Ash, at Canterbury, on February 3rd.

**WARDELL—PIPER.** Wardell, John Richard, M.D., of 38, Mornington Road, Regent's Park, to Jane, fifth daughter of the late Robert Piper, Esq., formerly of Burgate Hall, Pickering, Yorkshire, at Pickering, on February 10th.

**WARNER—MAULE.** Warner, George Augustus Alves, Esq., 32nd Madras Native Infantry, to Louisa Caroline William, second daughter of John Templeman Maule, M.D., Superintending Surgeon Nagpore Force, at Christ Church, Kamptie, Madras, on December 28th, 1858.

#### DEATHS.

**ALLEN, Paterson, Esq.,** Assistant-Surgeon F. troop Horse-Artillery, at Jheipore, Bundelcund, aged 30, on December 23rd, 1858.

**ANNESLEY, Charles, M.D.,** late Surgeon Royal Scots Greys, at Cheltenham, aged 75, on February 2nd.

**DEVENISH, Samuel, Esq.,** Surgeon, of Honiton, suddenly, on February 5th.

**HANDYSIDE, Charles Baird, M.D.,** late of the H.E.I.C. Service, at the Louvre Hotel, Boulogne-sur-Mer, on February 2nd.

**LIGHTFOOT, Thomas, M.D.,** of apoplexy, while on duty at the Royal Artillery Hospital, Woolwich, on February 4th.

**SEAGER.** On November 22nd, 1858, at Attock, Anne Clarissa, wife of Captain Thomas Seager, and daughter of the late Samuel Plumbe, Esq., Surgeon.

**SCOTT, Alexander, M.D.,** at Slough, aged 79, on January 31st.

**SPENCE, John, Esq.,** Surgeon, of 37, Upper Marylebone Street, aged 47, on February 2nd.

**SPILSBURY.** On January 30th, at Lower Norwood, Ann, widow of the late George Spilsbury, Esq., Surgeon, aged 56.

**TERRY.** On February 11th, at Northampton, Mary Ann Stona, eldest child of \*Henry Terry, jun., Esq., Surgeon, aged 10.

**THOMAS, William, M.D.,** formerly Surgeon of the 67th Regiment, at Wakefield, on December 2nd, 1858.

**WOLSELEY, William Augustus, M.D.,** late Staff-Surgeon Turkish Contingent, at Edinburgh, on February 13th.

#### APPOINTMENTS.

**GOWLLAND, Peter Y., Esq.,** appointed Surgeon to St. Mark's Hospital.

**LANE, James R., Esq.,** appointed Surgeon to St. Mark's Hospital.

\***LOWE, Septimus, Esq.,** appointed Surgeon to the Lincoln County Hospital, in the room of \*James Snow, Esq., resigned.

\***SNOW, James, Esq.,** appointed Consulting Surgeon to the Lincoln County Hospital, having filled the office of Surgeon to that Institution for nearly fifty years.

**STORRAR, John, M.D.,** appointed, by the Queen, a Member of the Senate of the University of London.

#### PASS LISTS.

**ROYAL COLLEGE OF SURGEONS.** MEMBERS admitted at the meeting of the Court of Examiners, on Friday, February 11th, 1859:—

BARRATT, Oglethorpe Wakelin, Birmingham  
BINNS, Weldon Henry, Covington, Kimbolton, Hunts.  
BRAMAH, Thomas Joseph, London  
CHENHALLS, William, Land's End, Cornwall  
COWARD, William, South Shields  
MALTBY, John Westbrook, Durham  
MARTYN, Richard Westcott, Martock, Somerset  
MAYOR, Thomas Orlando, Bristol

POWELL, Alfred John, Southwark  
RAMSDEN, Walter Henry, Royton, near Oldham  
STRONG, Septimus, Upper Tooting  
THOMAS, George Frederick, Philadelphia  
THORNHILL, John, Gateshead  
WATTS, John, Haverfordwest

**LICENTIATES IN MIDWIFERY** admitted at a meeting of the Board, on February 9th:—

BENSLEY, Edwin Clement, Calcutta: diploma of membership dated November 5th, 1858

BILDERBECK, John, Madras: December 20th, 1858

GUTTERIDGE, Edwin Parker, Brighton: April 28th, 1856

GWYNNE, Thomas, Brecon, South Wales: Jan. 19th, 1859

HORTON, Henry, Wednesbury, Staffordshire: Jan. 14, 1859

INCE, Eugene Seys, Wilton Street, Belgravia: November 7th, 1856

JONES, George, Newhall Street, Birmingham: March 9th, 1838

JONES, Thomas, Colt Street, Limehouse: Oct. 24th, 1856

LEACH, James, Shaw, near Oldham: January 14th, 1859

SUTTON, William, Smethwick, near Birmingham: February 7th, 1859

WATSON, John, Southampton Street: Dec. 20th, 1858

**APOTHECARIES' HALL.** Members admitted on Thursday, February 3rd, 1859:—

ADAMS, Joseph Dixon, Martock, Somerset

CALL, Thomas James, Yorkshire

CUNNINGHAM, Charles Lennox, Hailsham, Sussex

DEE, John, Royal Mail Service

GODRIC, Thomas, Chichester Road, Westbourne Terrace

KIBBLER, Richard Commander, Duncan Place, London Fields, Hackney

ROBINSON, Augustus, Annapolis, Nova Scotia

The following gentlemen also, on the same day, passed their first examination:—

BARTER, Clement Smith, Bath

READ, Samuel, Hemel Hempstead

Thursday, February 10th:—

COLLINS, Edward Stephens, Stalbridge, Dorset

COPESTAKE, Walter, Kirk Langley, Derby

DANDY, Thomas, Rufford

HILDITCH, John, Sandbach

OWEN, Owen, Leamington

PEARCE, Charles, Watham, Peterborough

The following gentleman also passed his first examination:—

HARRISON, Reginald, Stafford

#### HEALTH OF LONDON:—WEEK ENDING FEBRUARY 12TH, 1859.

[From the Registrar-General's Report.]

THE deaths registered in London, which in the previous week had fallen to 1243, were 1274 in the week that ended last Saturday, showing an increase, but not of considerable amount. In the ten years 1849-58, the average number of deaths in the weeks corresponding with last week was 1180; but as the deaths returned for last week occurred in a population which has increased, they can only be compared with the average raised proportionally to the increase; namely, 1298. The actual number of deaths last week was therefore rather less than the number obtained by calculation.

The deaths arising from scarlatina and diphtheria continue slightly on the decrease, the numbers from the two diseases together in the last three weeks having been 113, 92, and 89. Nineteen deaths from diphtheria occurred last week in the following sub-districts:—one in St. John, Paddington; one in Hanover Square; one in Belgrave; two in Christchurch, Marylebone; one in Kentish Town; two in Islington West; one in Islington East; one in Stamford Hill; one in St. Giles North; one in St. George, Holborn; one in Holywell, Shoreditch; one in St. Leonard, Shoreditch; one in Hoxton New Town; one in Haggerstone West; one in Spitalfields; one in Kent Road; and one in Battersea. It appears that all, except two, occurred on the north side of the river. The indications of an increase of small-pox, which the reports of recent weeks have contained, are now very decidedly confirmed, the deaths from this disease having risen last week to 29. Twenty-four of these occurred in the central and east districts, the parts chiefly infested being situated in the sub-districts of Finsbury, Whitecross Street, East and West Haggerstone. The registrar of Finsbury recorded no less than six deaths from small-pox last week, two of these in a family at 19, Cowper Street. He

states that an unusual number of children are suffering from this complaint in Paradise Place and Cowper Street, that the locality is well paved and drained, but lies rather low, and that the habits of the poor people who occupy it are very dirty.

Of seven nonagenarians, whose deaths were registered last week, six were 90 and 91 years of age, and a woman was 96 years.

Last week the births of 898 boys and 856 girls, in all 1754 children, were registered in London. In the ten corresponding weeks of the years 1849-58, the average number was 1713.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.353 in. The barometrical readings varied from 29.15 in. on Sunday to 29.69 in. on Saturday. The mean temperature of the week was 42.4°, which is 3.5° above the average of the same week in 43 years (as determined by Mr. Glaisher). The mean daily temperature rose considerably above the average on the last four days. The thermometer fell to 30.8° on Tuesday, the lowest point in the week, and rose to its highest point, 52.2°, on Saturday. The range of the week was therefore 21.4°. The mean daily range was 11.4°. The difference between the mean dew-point temperature and air temperature was 3.6°. The mean degree of humidity of the air was 89. The wind blew almost every day from the south-west. Rain fell to the amount of 0.48 in.

#### THE POOR-LAW MEDICAL RELIEF SCHEME : DEPUTATION TO THE POOR-LAW BOARD.

ON Wednesday, February 9th, a numerously attended deputation of the medical officers of the City and Metropolitan Unions waited, by appointment, upon the Right Hon. T. Sotherton-Estcourt, M.P., the President of the Poor-law Board, at Gwyder House, Whitehall, for the purpose of laying before him a memorial and a series of resolutions agreed to at a meeting of medical officers, with reference to the proposed new scheme of the Poor-law Board for a suggested new arrangement of medical relief. The deputation was introduced by Lord John Russell, and was attended by Sir James Duke, Bart., M.P.; Sir John Villiers Shelley, M.P.; Sir Charles Napier, M.P.; R. W. Crawford, Esq., M.P.; Charles Salisbury Butler, Esq., M.P.; John Brady, Esq., M.P.; A. S. Ayrton, Esq., M.P.; John Locke, Esq., M.P. The deputation consisted of J. G. Sparke, M.D. (London City); W. E. Jeffreys, Esq. (St. Pancras); G. G. Lowne, Esq. (St. Mary, Newington); J. G. Gerrans, Esq. (St. Marylebone); J. W. Hooper, Esq. (Camberwell); Robert Fowler, M.D., Hon. Sec. (London, East); R. H. Whiteman, Esq. (Wandsworth and Clapham); H. Blenkarne, Esq. (London City); G. E. Nicholas, Esq. (Wandsworth and Clapham); S. J. Burt, Esq. (London, West); Nicholas Miskin, Esq. (Lambeth); H. Sutherin, Esq. (St. Pancras); George Ross, Esq. (London, West); Charles M. Frost, Esq. (Kensington); J. B. Guazzaroni, Esq. (Kensington); C. F. J. Lord, Esq. (Hampstead); Benjamin Brookes, Esq. (Strand); L. M. Goddard, Esq. (Clerkenwell); James Leonard, Esq. (St. Martin's-in-the-Fields); Thomas K. King, M.D. (Camberwell); J. G. French, Esq. (St. James, Westminster); Thos. Hodgkin, M.D. (formerly Chairman of the Committee of Poor-law Medical Officers); Edwin Chabot, Esq. (St. George's, Camberwell); and John Elliott, Esq. (City of London Union).

Lord JOHN RUSSELL said, that the gentlemen forming the deputation had asked him to do that which, however, he felt, was unnecessary; namely, to introduce them to the Right Hon. the President of the Poor-law Board. He was quite sure that the important subject upon which they had waited upon the President would meet with the attention it deserved, and which they were so justly entitled to for the skill and ability which they devoted to the sick poor of the metropolis. It happened that, some years since, his own attention had been called to the subject of medical relief, and from that time he had remained convinced that the poor of the country obtained, in medical and surgical attendance, an article at a price far below what it was worth, if paid for according to its real value in the market. He had nothing to say in respect to the subject upon which they had waited on the right hon. gentleman to discuss, but he would at once introduce Dr. Sparke, of the City of London Union, and Mr. Ross, of the West London Union, who would more definitely state the object of their visit.

Dr. SPARKE said, that the medical officers of the City Unions had been in the habit of meeting together, in times of epidemic, to compare their experiences, and determine upon a

common course of conduct. They had adopted that course in respect to the heads of a scheme for a new arrangement of medical relief, which had been put forward by the Poor-law Board. On the 13th of January last, a public meeting of the members of the medical profession was convened at the Freemasons' Tavern; and they very carefully considered the proposals of the scheme, and a series of resolutions were adopted. The gentlemen now present had come to present to the right hon. gentleman the result of their deliberations on the subject. They were unanimously and uniformly united as to the justness as well as the expediency of the appointment of a Poor-law medical officer being a permanent one; and, with respect to the metropolitan officers, that, without a fixed salary, they could not be fairly and equitably remunerated; leaving the provincial towns and rural districts to be regulated in accordance with the judgment of the Poor-law Board. Then the third point on which they were also unanimous was, that there should be only one medical officer to each district, which they were of opinion would be much better for all purposes. They were of this opinion, whatever reason there might be for dividing the districts when they were too large. Having thus briefly stated their opinion, he would ask Dr. Fowler, the Hon. Secretary, to read the memorial.

Dr. R. FOWLER then read the memorial: it embodied the resolutions passed at the meeting referred to by the last speaker, which have already appeared in this JOURNAL.

The PRESIDENT. Before any other statement is made, I wish to set myself right with the deputation in reference to a passage which occurred in the circular letter of my private Secretary. I think the words in question have been rather harshly construed; for, when it was stated that the proposed scheme was intended to improve the present system, by conducting to a more careful attendance upon the sick poor, I was not reflecting on the medical profession generally, or on such members of it as are interested in the administration of medical relief, and who, I know, faithfully perform their duties; but I should not think myself justified in proposing to Parliament any scheme that does not contain provisions for securing to the poor all the improvement which can possibly take place in their treatment. My aim was to meet your views, so far as they are compatible with the interests of the guardians and the poor. [*Hear, hear.*]

Mr. GEORGE ROSS was sure that the Poor-law medical officers were gratified to hear the right hon. gentleman express his opinion that they did discharge their duties; and their common feeling now was to expunge the resolution at which they had arrived upon a misconception of his opinions with respect to them. But he hoped that he would make some allowance for their susceptibility in a matter which they thought reflected upon them. It was unnecessary for him to go into statistics, as, within the last few days, a return had been published giving the most ample details with respect to the salaries of the Poor-law medical officers, the number of patients, and various other statements connected with the administration of medical relief. The average remuneration for each case attended to in the metropolis was one shilling and three farthings; and it was calculated that each case remained on the hands of the medical officer for three weeks, and often requiring daily attendance. He considered that that was a preposterous and an inadequate payment; when, in those unions where the drugs were provided by the guardians, the payment per case for drugs alone was one shilling and sixpence halfpenny. There was no doubt that, in many cases, the appointments were held for incidental advantages; but still it was not right for the Government to ask persons to perform services so inadequately paid for. They were there to ask for an accession to the salaries of such gentlemen who were employed under the Poor-law Board, and that something should be done to compensate them for what was actual expenditure. The scheme, therefore, did not meet with their concurrence; but still they recognised in it a conscientious desire to meet the demands of the profession. At the same time, they thought that the scheme was rather complicated; the complication having arisen from a desire to do as much justice as possible. They wished to adhere to the rule with respect to salaries recommended by the Poor-law Commissioners in 1839. They approved then of the principle of a fixed salary, based on a calculation of the number of cases attended; and this, they contended, was the most equitable way of settling the matter. They had no objection to those salaries being revised every three years, but they considered it indispensable that the appointment should be permanent. They also thought that there should only be one medical officer to each district, as the appointment of two to each district would lead to ill-feeling



and animosity amongst medical men, and would lead to misunderstanding between them. This they considered very important, as it would be attended by the disadvantage that, in order to increase the number of their cases, they would compete for the favour of the paupers; and the ratepayers would have to bear the expense of the supply of meat, bread, etc., to the patients.

The PRESIDENT. Do I understand the deputation rightly, that you wish to retain the principle of permanency in the appointment, and to have the salary regulated by the cases that are attended?

Mr. ROSS. Precisely so.

The PRESIDENT. I do not wish to imply that the medical officers would trump up cases to increase their salaries; but Parliament has so strong an objection to such a system, that it would be impossible to agree to it. I do not think you clearly understand the scheme. I propose that the salary shall be based on three elements of calculation, two of which would be operative in every case. These elements are—first, the amount of population; secondly, the number of cases attended to; and then thirdly, the mileage, an element which will not come into calculation in the metropolis, but which will be a very important consideration in determining the salaries in the country. It does not propose that the salary should be changed year after year, but that it shall be regulated every three years, and that 1s. 6d. each case should be the item of remuneration. I should like to know whether these principles meet your views.

Mr. A. S. AYRTON, M.P., said he would call the attention of the right honourable gentleman to the disparity between the extent of relief administered in the metropolis and the Lancashire district. In Lancashire, with a larger population than the metropolis, the number of cases attended was not half those which the medical officers of the metropolitan unions attended. The amount of pauper population was therefore not a basis that could be relied on. He thought it would lower the status of the profession if they were exposed to the temptation of getting up as many cases as possible.

Mr. ROSS begged leave to differ with Mr. Ayrton, and reiterated his opinion, that the number of cases was the fair calculation, and instead of the item of remuneration being 1s. 6d., it ought to be at least 5s. [*Hear.*]

SIR JOHN SHELLEY remarked as to the third part of the scheme, namely, that the "guardians shall appoint (if possible) two medical officers for each parish in their union, between whom the poor, when sick, shall be allowed to make choice," etc., that they would have the medical officers courting the favour of the paupers, and would be ordering the paupers "mutton and porter, mutton and porter." [*A laugh.*] He begged leave to call the right honourable gentleman's attention to that, as he did not conceive that any good could come of their laying down such a rule.

Mr. BRADY, M.P., agreed that the three elements should be considered in any regulations of the medical salaries. He thought that, as regards the workhouse, where the pauper inmates were under 200, the salary of the medical officer should be £50 per annum; above 200, but under 400, it should be £80 per annum; and £5 per annum for every 100 beyond that number. He would raise the scale of remuneration for each case from 1s. 6d. to 2s. 6d. He was opposed to any restriction being put upon medical men in prescribing nourishing food for their patients, as meat cured where physic would not. [*Hear, hear.*] Neither in our army or navy, nor in our hospitals was any restriction placed upon the medical officer as regards the quantity of meat, wine, etc., he thought proper to order.

SIR CHARLES NAPIER, M.P., completely confirmed what Mr. Brady had stated in reference to the army and navy.

Mr. GODDARD disagreed from that part of the scheme which proposed to give to the guardians as well as the relieving officers power to issue orders for medical relief.

After some other remarks—

The PRESIDENT said he felt that the preponderance of feeling was in opposition to his scheme. He therefore wished the deputation to understand that he should not think of proposing for legislative adoption any plan on which he had not obtained a full and correct opinion out of doors; his desire being not to bring forward any scheme on the subject which did not have the concurrence of the medical profession, the guardians, and the poor themselves.

Dr. SPARKE thanked the right honorable gentleman for the kind and courteous manner in which he had received the deputation, and the interview terminated.

## EPIDEMIOLOGICAL SOCIETY: DIPHTHERIA COMMITTEE.

A COMMITTEE, consisting of Dr. Babington, F.R.S. (President of the Society), Dr. McWilliam, C.B., F.R.S., Dr. Milroy, Dr. James Bird, Dr. Seaton, Dr. Camps, Dr. Murchison, and Messrs. Ernest Hart and J. N. Radcliffe,—has been appointed by the Epidemiological Society, to collect information and report upon the epidemic of diphtheria which is prevalent at the present time in several districts of England. The Committee, in carrying out the duties assigned to them, solicit the co-operation not only of the different members of the Society throughout the kingdom, but also of those professional gentlemen, not members of the Society, who may have had an opportunity of observing the disease, or who may be able otherwise to aid in carrying out the objects of the inquiry.

In order to secure uniformity of character in any reports upon the disease with which the Committee may be favoured, they make the following suggestions:—

I. It is requisite that the term *diphtheria* should have attached to it one and the same signification by different reporters. Diphtheria is a synonyme of the word *diphtherite*, which was originally adopted by Bretonneau to designate a peculiar form of disease affecting the mucous membrane or the skin, and which is characterised by the formation of a false membrane. Among other examples of diphtheric affection, Bretonneau included *cancerum oris*, *croup*, and *inflammation of the throat accompanied with the formation of a false membrane*; but in this country the use of the term diphtheria has been restricted to the last affection, the chief characters of which are described by Dr. Copland in the following words:—"The tonsils, the velum palati, the pharynx, either successively or at the same time, present irregular patches of a yellowish, buff or greyish-coloured exudation on the inflamed surface. These patches enlarge, coalesce, and extend to the nasal fossæ, or to the larynx, with the usual symptoms of primary *croup*, and often also to the œsophagus. In adults, the disease often commences in the nasal fossæ, and extends to the pharynx." (*Dict. of Practical Medicine*—Art. *Throat*.) The committee suggest that, unless the peculiar pseudo-membranous formation be present, the term *diphtheria* should not be used; for if this restriction be not adopted, the term will be deprived of all precision, and it will be impracticable either to collate reports from different districts, or to determine the relation of the disease to other forms of throat-affection.

II. The committee, also, would suggest that the attention of medical men should be directed to the existing state of throat affections in those districts where *diphtheria* has not yet appeared. It is most important, in endeavouring to elucidate the etiology of an epidemic disease, to watch the progress and character of cognate affections in districts where the epidemic has not become manifest, and to be on the look out for the first traces of it. Often the earliest (and scientifically, perhaps, the most important) manifestations of epidemic disease are lost sight of from the want of this anticipatory observation.

III. The Committee, further, suggest that the following questions should be made the foundation of any report with which they may be favoured, and that they should be dealt with in the order given.

1. State the date of the first case of diphtheria which came under your observation, or, if practicable, the date of the first case which occurred in your district.

2. Has diphtheria ever prevailed in the district, within your knowledge, previous to the present epidemic?

3. What was the prevailing character of the throat affections which occurred contemporaneously with diphtheria, or, that disease being absent, what has been the character of the throat affections which have come under your observation recently; have those affections prevailed to a greater or less extent than in previous years, and have any of them been contagious?

4. State what facts you have observed, and what conclusions you have formed respecting the *contagiousness* or *non-contagiousness* of the disease; and if the disease be contagious, what, according to your observation, is its period of incubation or the interval of time between the exposure to contagion and the appearance of symptoms?

5. State what facts you have observed respecting the occurrence of diphtheria in connection with *scarlet-fever*.

Note.—Whether any patient with diphtheria has ever had a previous attack of scarlet-fever, or ever been in communication with any one suffering from that disease, and

whether those members of the same family who escaped diphtheria, have, or have not had scarlet-fever; also, whether you have ever observed the co-existence of any cutaneous eruption with diphtheria, and if so of what description has the eruption been, and at what period of the disease did it occur.

6. What were the sanitary conditions of the dwellings in which diphtheria occurred?

7. Have any particular classes of persons, or those engaged in any particular occupations, been more affected by the disease than others?

8. Give what meteorological data you possess bearing upon the development and progress of the disease.

9. Describe briefly the locality in which you have observed the disease, in respect to altitude above the sea, configuration of surface, geological formation, proximity to the coast or large rivers, cultivation and drainage, and the general character and principal occupations of the inhabitants.

10. What were the ages, and what the sex of those you have visited in the disease, and what age do you consider most liable to it?

11. What were the symptoms which you observed on the invasion of the disease, in its course, and towards its termination? State also its duration.

12. Was the urine examined chemically or microscopically at any period of the disease, if so, at what period or periods, and with what results?

13. Was the false membrane examined microscopically and its appearance compared with those of the exudations or secretions accompanying other forms of throat affection prevailing at the same period, and with what result?

14. What has proved in your practice the most successful treatment in the different stages of the disease, and if tracheotomy has been performed in any case, state the result?

15. What was the proportion of deaths to recoveries, and what were the time and mode of death in each case?

16. Describe what you have found on *post mortem* examination, (1) as regards the parts which are the seat of diphtheric disease—the pharynx, the trachea, the larynx, etc.; (2) as regards other organs, especially the kidneys.

It is requested that reports and communications for the Diphtheria Committee be forwarded to the Secretary of the Committee, Mr. J. N. Radcliffe, 32, Guildford Street, Russell Square, W.C.

**OBTAINING A DIPLOMA UNDER FALSE PRETENCES.** On February 9th, Mr. Edward Protheroe and Dr. Evans Reeves, both of London, were indicted before the Commission in Dublin for obtaining, under false pretences, a diploma from the King and Queen's Colleges of Physicians in Ireland. The counsel for the defence having intimated that the case had been arranged with the consent of the crown, it was deemed advisable the traversers should plead guilty and be freed from their recognisances. The Solicitor-General (Mr. George, Q.C.) stated that the crown had agreed that the case should be settled as the counsel for the prisoners had stated. Though a diploma or degree had been obtained under false pretences, yet it should be remembered that this could be of no possible use to the prisoners, and that it was at present in the custody of the police, by whom it would be restored to the college. Under these circumstances, and although the crown were ready to prove the case, they thought that, considering the length of time for which Mr. Protheroe and Dr. Reeves had been in custody, and the injury done to their prospects and character by the charge, they had been sufficiently punished; and it was accordingly agreed not to press for severe punishment, but to permit the prisoners, upon pleading guilty, to be discharged, having entered into recognisances to appear for judgment when called on. He thought that the counsel for the defence had shown a wise discretion in advising this plea of guilty. He hoped such an offence would not again be committed. A new Act had lately come into operation, in which the status of the King and Queen's College of Physicians was recognised, and in which stringent punishments were provided to be inflicted on any party who should cause false registration or obtain a diploma under false pretences. On these grounds, and as the college authorities seemed to believe the character of the college would be sufficiently respected, and justice vindicated by the course it was proposed to adopt in this case, he agreed that the prisoners should be discharged from custody.

Baron Richards said, that as the crown had agreed to the arrangement of the case, he would not question the propriety of the course which had been adopted, and he must say that

he believed the prisoners had been very well advised. The offence which had been committed he considered to be one of a very serious nature.

## TO CORRESPONDENTS.

ANONYMOUS CORRESPONDENTS should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

*Communications have been received from:*—MR. J. V. SOLOMON; DR. G. HARLEY; DR. R. U. WEST; DR. OKE; MR. T. HOLMES; DR. W. B. MUSHET; MR. J. G. APPLETON; DR. BARCLAY; MR. J. Z. LAURENCE; MR. T. M. STONE; DR. J. O'BRYEN; DR. A. P. STEWART; EVERY ONE TO HIS TRADE; MR. J. A. HINGESTON; DELTA; MESSRS. WYBRANTS & CRADDOCK; DR. JONATHAN WYBRANTS; MR. G. B. MASFEN; MR. J. N. RADCLIFFE; MR. F. D. FLETCHER; AN ASSOCIATE; MR. H. TERRY, JUN.; MR. J. INGRAM; DR. MCWILLIAM; MR. H. THOMPSON; MR. W. COPNEY; MR. O. PEMBERTON; DR. GIBB; MR. G. SOUTHAM; and DR. J. RUSSELL.

## BOOKS RECEIVED.

[\* An Asterisk is prefixed to the names of Members of the Association.]

1. The Prevention and Treatment of Mental Disorders. By G. Robinson, M.D. London: Longmans. 1859.
2. Chemistry for Schools. By Dionysius Lardner, D.C.L. With 170 Illustrations. London: Walton and Maberly. 1859.
3. The Diseases of the Stomach: with an Introduction on its Anatomy and Physiology: being Lectures delivered at St. Thomas's Hospital. By \*William Brinton, M.D. London: Churchill. 1859.
4. On the Treatment of Anchylosis, or the Restoration of Motion to Stiff Joints. By Bernard E. Brodhurst. Second Edition. London: Churchill. 1859.
5. Practical Observations on the Operations for Strangulated Hernia. By \*J. H. James, F.R.C.S. London: Churchill. 1859.
6. Veterinary Medicines: their Actions and Uses; with a copious Appendix on the Diseases of the Domesticated Animals. By Finlay Dun, V.S. Second Edition. Edinburgh: Sutherland and Knox. London: Simpkin, Marshall, and Co. 1859.
7. The Irritable Bladder: its Causes and Curative Treatment. By Frederick James Gant. London: Churchill. 1859.
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