

ment which woman alone could give them. The mission of the lady-doctors of medicine is—what is it? We lament to record our conviction that it is one of arrogance and self-glorification. There is no analogy between the case of Dr. Blackwell and those instances in which women have been found equal to extraordinary emergencies. We admire, for instance, the heroism of a sea-captain's wife who, some time ago, navigated her husband's ship in safety during his incapacity from illness; and we would respect the calmness and self-possession of any female who should give timely aid to a fellow-creature in a case of accident. But these are rare cases—admirable because they are not of every-day occurrence. When woman undertakes, as a habit, the duty of man, then she goes beyond her province, and loses all title to our respect.

We must not be understood as wishing to shew the slightest disrespect to Dr. Elizabeth Blackwell, or to any *dominae doctores*, as ladies. It is the principles and practices they have engrafted on the womanly status that we attack. Doubtless they possess excellent intellectual and moral qualities; let them exercise these in performing the proper duties of woman as they are recognised by civilised nations. It can be readily understood, that the qualities of Semiramis may have been the theme of popular admiration; in this age, we prefer the character of Victoria.

We have alluded above to the public teaching of physiology and hygiene by Dr. Elizabeth Blackwell. With this, beyond the very questionable taste, to our minds, of lectures by ladies, we have no fault to find. There can be no question that women ought to know more than they do at present of the processes of life, and of the means of preserving health. But this is altogether another matter from undertaking the treatment of disease. The knowledge we have here briefly advocated can detract nothing from the worth and excellence of woman; the habitual usurpation of functions which are not hers must put her beyond the pale of respect. But there is no fear that the British matron and the British damsel will be tempted, by any cry of woman's dignity or of false delicacy, to do aught that shall diminish the esteem and affection with which they have ever been regarded.

THE MEDICAL COUNCIL.

BRANCH COUNCIL FOR SCOTLAND.

28, Albany Street, Edinburgh, March 28th, 1859.

SEDERUNT:—Dr. Andrew Wood, *Chairman*; Mr. Syme, Dr. Christison, and Dr. Alexander Wood; Dr. William Robertson, *Registrar*.

1. The subject of the Medical Act Amendment Bill was considered.

Dr. ANDREW WOOD laid on the table the following—

Excerpt Minute of Meeting of the Council of the Royal College of Surgeons of Edinburgh, held March 28th, 1859.

Resolved—

“That this Council has learnt with equal astonishment and regret that important clauses have been introduced into the Medical Act Amendment Bill, without any communication having been made regarding them to the General Medical Council, or to the several Bodies concerned.

“That this Council considers that the conducting of legislation in this manner is utterly at variance with the spirit of the Medical Act, and is derogatory to the General Medical Council, which is the representative of all branches of the profession.

“That this Council therefore empowers the representative of the College, Dr. Andrew Wood, to represent to the Scottish Branch Council the importance of their resisting to the uttermost legislation with regard to the medical profession, without previous communication with the General Medical Council.

“That in an especial manner, as regards this College, a clause has been introduced into the said Bill, whereby the Colleges of Physicians and Surgeons of Dublin have been authorised to register Licenses in Midwifery, whilst this Body, and others, which have long included midwifery in their Curriculum and examinations, and have granted special certificates therein, are excluded from participating in this privilege.

“That this Council is opposed to Special Registration of Licenses in Midwifery, seeing that midwifery is not mentioned in the body of the Act, being regarded as an essential part of the qualifications of every properly educated medical and surgical practitioner. But that if such certificates are to be registered at all, the privilege ought to be equally extended to this and other Bodies which examine in that subject.” (Extracted from the *Records* by John Scott, Secretary, Royal College of Surgeons, Edinburgh.)

Moved by Mr. SYME, seconded by Dr. ALEXANDER WOOD, and agreed to—

“That, while the Scottish Branch Council approve of the introduction of a Bill for extending the time for Registration, and also for correcting any mere clerical errors that may have crept into the Medical Act, they cannot but express their surprise and regret that clauses embodying other and important changes should have been introduced into that Bill in the course of its passage through the Houses of Parliament, without any communication with the several Bodies interested, or with the Medical Council who have been constituted by Act of Parliament the representatives of the whole medical profession.”

2. The Regulations of the Faculty of Physicians and Surgeons of Glasgow, regarding Licentiates, were received.

3. The following communications were submitted to the meeting by the Registrar:—

- (1) Various letters relative to unregistered practitioners.
- (2) Memorial to the General Medical Council from the Committee of the Manchester District Medical Registration Association, with letter from Honorary Secretary, relative to the Registration of Foreign Medical Diplomas.
- (3) Memorial to the General Medical Council from Dr. William Mackenzie, of Glasgow, urging the importance of Ophthalmological Education.

4. The application of John Ferguson, of Ebost, Bracadale, Skye, for Registration as “Surgeon in the Public Service”, under Section 46 of the Medical Act, was considered and admitted, in accordance with the minute of General Council, January 25th, 1859.

5. It was remitted to Dr. Andrew Wood and Dr. Alexander Wood, to audit, and report on, a state of the Treasurer's accounts made up to the evening of March 26th, 1859.

(Confirmed), ANDREW WOOD.

MEDICAL REGISTRATION.

PUBLICATION OF THE REGISTER.

WE have been requested by Dr. Hawkins to give notice that all persons who desire their names to appear in the Register printed for 1859, should apply to be registered before the 1st day of May, 1859.

REGISTRATION FEES: NOTICE.

THE Medical Registrar presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and would be obliged if the attention of members of the profession could be drawn to an advertisement sent herewith, which shews the registration fees payable in the respective cases of persons qualified before or not till after the 1st of January, 1859; and also the fee payable for any *additional* qualification—i. e., either obtained since January 1st by a person previously qualified, or added to the qualifications of a person already registered.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MID-LAND COUNTIES. [General Meeting.]	Hen and Chickens Hotel, Birmingham.	Thursday, April 21st, 6 P.M.
BATH AND BRISTOL. [General Meeting.]	York House, Bath.	Thurs., April 21st, 7 P.M.

SOUTH-EASTERN BRANCH:

SOCIAL AND SCIENTIFIC MEETINGS OF THE MEMBERS RESIDENT IN ROCHESTER, MAIDSTONE, GRAVESEND, DARTFORD, AND THEIR VICINITIES.

A social and scientific meeting of members of the South-Eastern Branch resident in Rochester, Maidstone, Gravesend, Dartford, and their vicinities, will be held on

Friday, April 29th, 1859, at 3.30, at the Town Hall, Dartford.

The members resident in this district will be gratified by the attendance and assistance of any of the members of the British Medical Association.

JAMES DULVEY, *Honorary Secretary.*

Brompton, Chatham.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held in Birmingham, on the 5th instant.

PRESENT:—Sir Charles Hastings (in the Chair); Dr. H. Barker; Mr. J. R. Humphreys; Dr. James Johnson; Dr. Lankester; Mr. Terry; Dr. Vose; Mr. Waters; Mr. Watkin Williams; Dr. Ogier Ward; and Dr. P. H. Williams.

The Financial Report for the year 1858, was read by the Treasurer. [It is printed below.]

The following resolutions were adopted:—

1. That the Financial Report for last year be published in the JOURNAL.
2. That the Rules received from Dr. O. Ward, and read by the Secretary, be the Laws of the Metropolitan Counties Branch.
3. That this Committee, having had brought before them the Petition to Parliament by the Association for the Promotion of Social Science in favour of more active legislation on the subject of Public Health, request the Chairman to sign a similar petition on their behalf, and recommend the same for adoption by the District Branches.
4. That the list of members who have joined the Association since the commencement of the present year, be published in an early number of the JOURNAL.
5. That the next Annual Meeting of the Association be held in Liverpool, in the last week of July; and that Dr. Vose, Mr. Waters, and the General Secretary, be requested, as a Sub-Committee, to carry out the arrangements.

Sir C. Hastings stated that it was proposed by the Shropshire Branch that the Medico-Ethical Society of Shropshire should join the British Medical Association. No rule of the Society being likely to interfere with the Laws of the Association, the feeling of the Committee was unanimous in favour of the amalgamation.

Communications were read from Dr. Leet, Dr. Mackesy, and Dr. T. Littleton.

CHARLES HASTINGS,
PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, April 6th, 1859.

FINANCIAL REPORT FOR THE YEAR ENDING DECEMBER 31, 1858.

PRESENTED BY THE COMMITTEE OF COUNCIL.

In obedience to the Laws of this Association, your Committee proceeded to publish a Financial Statement of the receipts and expenditure for the year ending December 31st, 1858. The accounts have been audited by Dr. Melson and Mr. Hadley, both of Birmingham, who were appointed to perform that

office at the Edinburgh meeting of the society. The statement of accounts, as examined and found correct by them, is as follows:—

Receipts to December 31st, 1858.

	£. s. d.
Subscriptions	1790 8 9
Advertisements, and sale of Journals ..	645 8 4
	<hr/> 2435 17 1

Expenditure to December 31st, 1858.

Balance from 1857	300 3 6½
Expended in the year 1858	2429 3 8
	<hr/> 2729 7 2½
Receipts 1858	2435 17 1
Balance due to Treasurer, Jan. 1, 1859..	293 10 1½

The expenditure for 1858 is made up of the following sums:—

Expenditure for 1858.

Richards (Printing JOURNAL)	1685 9 0
Honeyman (Sundries)	32 0 0
Davidson (Commission)	62 11 6
Mr. Orrin Smith (Wood Engraver)	3 18 6
Interest at Banker's	21 1 9
Salaries; viz.:—Dr. Wynter, Dr. Henry, Mr. Holmes, Dr. Williams, and a Clerk	570 10 0
Secretaries' Sundries	28 17 0
District expenses; Post-office orders, Stamped envelopes; Travelling expenses; and Collecting	24 15 11
	<hr/> 2429 3 8

These accounts do not seem to your Committee to require much comment. The financial position of the Association varies but little from last year. The income and the expenditure for 1858 have been less than for 1857.

It is, however, incumbent upon your Committee to remark that the income from subscriptions is less by £200 than for 1857. This does not arise from a diminution in the number of members; for the number of members was greater in 1858 than in 1857. It must arise, therefore, from a failure of punctuality in the payment of the subscriptions. This is a serious evil, and ought to be remedied.

Every member should consider, that he receives for his subscription a JOURNAL, which costs the Association more than the guinea subscribed, and this should be an incentive to him punctually to pay his subscription, which becomes due on the first of January in each year.

Reports of Societies.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, MARCH 7TH, 1859.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

ON THE ADVANTAGES TO BE DERIVED FROM A MORE EXTENDED SYSTEM OF SANITARY SUPERVISION.

BY HENRY JAMES PAYNE, ESQ., OF CARDIFF.

[Read by J. O. McWILLIAM, M.D.]

THE author commenced by stating that the advantages to be derived from a more extended system of sanitary supervision were twofold; viz., those which more especially appertain to the science of medicine; and those which were of a mixed character, partly scientific, and partly of general public interest.

With regard to the first class, Mr. PAYNE observed, that the admirable and well digested Reports of the Registrar-General gave in detail the mortality of the kingdom, and suggested explanations on various salient points as they presented themselves. But, as these were of a general character, the information thus gained, as to the various excitant causes of disease and death throughout the kingdom, must necessarily be limited, unless in cases where the occurrence of special circumstances furnished occasion for a more detailed account of such causes; as, for instance, some peculiarity in the trade or employment followed in the district, an unusually high rate of mortality, or

There were three examples under the age of ten (all males), and one between the age of ten and twenty. Tables were given, in which the ages were arranged in decennial periods, the cases of breast and of uterine cancer being placed in separate groups. The average age of those attacked with uterine cancer was 43-28 years; with breast cancer, 48-6.

Of the female cancer patients, 83 per cent. either were or had been married, and amongst the single women the disease occurred oftener in the breast than in the uterus. Of the married women, 86 per cent. of the uterine, and 74 per cent. of the patients with breast cancer, had borne children. The average number of the births was 5-2 among the former, and 3-89 among the latter. The interval between the last pregnancy, and the proportion attacked before and after the cessation of the catamenia, were given.

The duration of life (from the first discovery of the disease), in patients who had not been operated on, varied greatly in the different classes of cases. In the breast it was 32½ months; in the uterus, 14; in the stomach, 8½; in the rectum, 34; in the lip, face, etc., 53; in the penis, 34½; in the bones, 10; in the labium, 29. These figures were not perfectly comparable, as in some cases, especially the external cancers, the period given was the entire duration of the disease, whilst in others (as in the stomach) the period was only that during which the symptoms were present.

An account was then given of the operations (by the knife) in cases of cancer of the breast. Three patients out of 60 died from the effects of the operation. The average duration of life of those who were operated on was 53-2 months. In comparing this with the duration of life in cases in which the disease was allowed to run its natural course (32-25 months), it should be remembered that the cases submitted to operation are more or less selected cases.

As to the hereditary nature of the affection, the difficulties in obtaining accurate information upon this point were first alluded to. The chief of these was the very imperfect knowledge which most people, but more especially hospital patients, possess of the diseases to which their relatives had been subject. Out of 305 cases, in which the point had been particularly inquired into, 34 patients remembered to have had a relation affected with cancer. A table is given of the seat of the disease in each of the 34 cases, in 17 of which the breast was the part affected. Tables were also given, in which the degree of relationship of the cancerous relative was shown, and also the proportion affected on the father's and on the mother's side. Out of the 34 cases, in six more than one relative was cancerous, and in one instance (the chief features of which are mentioned) no fewer than five relatives suffered from cancer.

Phthisis existed in 50 cancerous families out of 130. Similar tables to those before mentioned were given, in which the degree of kinship was exhibited; it being also noted whether the disease was on the father's or the mother's side.

The notes of the 172 *post mortem* examinations were next analysed. In the first place, a table was given, in which the seat of the primary cancer in each instance was exhibited. The cases were then arranged in the following groups:—1. Cancer of the breast. 2. Cancer of the uterus. 3. True cancer of other organs. 4. Epithelial cancer. A series of tables followed, in which the secondary cancers were enumerated, and the cases arranged as follows:—*a*. The disease strictly local. *b*. Involving also the lymphatics of the part. *c*. Involving the lungs and other parts, the liver being unaffected. *d*. The liver cancerous, the lungs being free from this disease. *e*. Those cases in which there were tumours in distant parts of the body, but both the lungs and liver were free from the disease. In each form of the affection, a list of the non-cancerous diseases found in the bodies of the cancer patients was appended.

The bearing of the foregoing facts on the mode in which cancer is disseminated throughout the body was next alluded to, three distinct modes of multiplication being recognised: 1st, the growth of tumours in the immediate neighbourhood of the cancer; 2nd, the development of cancer in the lymphatics of the part; 3rd, the formation of cancerous tumours in distant parts of the body.

In regard to the cachexia, it was noticed that this condition only became developed as the ulceration and sloughing extended, and could not be attributed to pre-existing changes in the condition of the blood of the patient. In nearly all instances the patient died from the ordinary effects of ulceration, or from the interference with vital functions.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Thursday, March 31st, 1859.

LOCAL ASSESSMENTS EXEMPTION ABOLITION BILL.

General BUCKLEY inquired of the Home Secretary what course it was his intention to take with regard to this Bill.

Mr. S. ESTCOURT said that the claims put forward by charitable, scholastic, and literary institutions, to exemption from local assessments, had been very numerous. Many of these institutions had represented that if they were obliged to pay any rates at all, their means of usefulness would be either totally put an end to, or very much circumscribed; and, after hearing several deputations which had waited upon him on the subject, he was persuaded that he should not be able to induce the House to pass this Bill in its present shape. [Hear, hear.] There now lay before him two courses—either practically still to preserve as a principle of universal application the liability to rating, or to withdraw the Bill, and deal only with that part of the subject which related to public institutions and public buildings, in which case he thought the proper course would be to proceed by means of a Royal Commission.

Tuesday, April 5th, 1859.

POOR-LAW MEDICAL CHARITIES (IRELAND) ACT AMENDMENT BILL.

The order for the further proceeding with this Bill was also discharged.

Wednesday, April 6th, 1859.

NAVAL MEDICAL SUPPLEMENTAL FUND.

Sir S. NORTHCOTE, for Mr. CORRY, moved for and obtained leave to bring in a Bill to continue the Act for the regulation of the Annuities and Premiums of the Naval Medical Supplemental Fund Society.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

HAWKINS. On March 31st, at 36, Colet Place, Commercial Road, the wife of J. Stilwell Hawkins, Esq., Surgeon, of a son.

HENDERSON. On April 3rd, at Ramsgate, the wife of T. A. Henderson, M.D., of a daughter.

KNAGGS. On April 3rd, at Brompton, Kent, the wife of Henry Knaggs, Esq., Assistant-Surgeon 59th Regiment, of a daughter.

MANN. On March 30th, at Manchester, the wife of *R. Manners Mann, Esq., Surgeon, of a daughter.

SHAW. On March 31st, at Meissen House, Upper Clapton, the wife of Archibald R. Shaw, M.D., of a son.

SMITH. On April 5th, at Great Hadham, Herts, the wife of Frederick Moore Smith, M.D., of a daughter.

THOMPSON. On April 2nd, at 16, Wimpole Street, the wife of *Henry Thompson, M.B., F.R.C.S., of a son.

MARRIAGES.

COLLINS—WIEHE. Collins, Francis, M.D., Assistant-Surgeon 1st Battalion Her Majesty's 5th Fusiliers, to Olympe Amélie, eldest daughter of P. A. Wiehe, Esq., of Port Louis, Mauritius, on January 12th.

HALL—GIBBS. Hall, F. Russell, Esq., Surgeon, Cambridge, to Mary, eldest daughter of the late James Gibbs, Esq., of Mount Street, Grosvenor Square, at Welsdeth, on April 2nd.

SIDNEY—CAIRD. Sidney, Henry Marlow, Esq., King's Dragoon Guards, to Ellen Julia, eldest daughter of William Caird, Esq., Surgeon, of Exeter, at the Cathedral, Madras, on February 25th.

DEATHS.

COWAN, James McHaffie, M.D., Army Medical Staff, suddenly, at Chichester Barracks, on March 22nd.
 *EDDISON, Booth, Esq., Surgeon to the General Hospital, Nottingham, at Funchal, Madeira, on March 7th.
 HORTON. On March 22nd, at Chalford, Gloucestershire, Mary, wife of Richard Horton, Esq., Surgeon.
 KEAL, John, Esq., Surgeon, at Melton Mowbray, aged 67, on March 26th.
 KIDD, Richard Driver, Esq., Surgeon, at 1, Leinster Square, Bayswater, aged 32, on April 5th.
 RUMBALL. On March 24th, at Harpenden, Herts, aged 60, Rebecca, wife of James Q. Rumball, Esq., Surgeon.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. The following gentlemen, having undergone the necessary examinations in Anatomy and Physiology, terminating on March 30th, will be admitted to the *pass* examination, when qualified, viz.:—

Guy's Hospital.

ADDISON, William John	HOLMAN, Thomas
ARMINSON, John	HOPKINS, Alfred
BARRETT, Alfred Edward	LEWELL, James Joseph
BEDDARD, James	LOVEGROVE, Charles
CHARLTON, Egbert	MAY, Joseph
COLEMAN, Edmund Waller	ROWBOTHAM, William
COOK, John	SALMON, William Thomas
EVANS, Alfred Wm. Armour	TUCK, Buckmaster Joseph
HILL, John Daniel	WEBSTER, Frederick Richard
HODGSON, John Burkitt	

St. Thomas's Hospital.

BOLT, Robert Andrew	LLOYD, Albert
CAUDLE, Adolphus Wm. W.	MEAD, H. T. H.
CURTIS, Collins	NOWELL, Arthur Henry
FERNIE, Henry Mortlock	PAYNE, Edwin
GRIFFITH, John	PHILLIPS, George Griffith
GROVE, Samuel	SMITH, Charles John
HOWSE, William	STOKES, William
IRVINE, George Richard	

University College Hospital.

A BECKETT, Wm. Goldsmid	LANE, William Beamish
BELINFANTE, Simon	ORME, Charles Edward
COOKE, John	ROBERTS, John
FRANKS, John	SMITH, Seth
HARDEN, Charles	THOMPSON, John
INSTANCE, Richard	TROTTER, Charles John
KIPLING, Thomas	WHITGREAVER, Vincent

St. Bartholomew's Hospital.

EDYE, Stonard	SHINE, William Lamb
HAMMOND, Francis James	SPOUNCER, Frederick Charles
HARRIS, William John	WEEKES, W. H. Carlisle
HOGAN, Francis Vincent	

King's College.

ANDERSON, Mark French	HICKS, George Augustus
DREWRY, G. Overend	ORTON, Theodore
HAWKINS, Thomas Henry	ROYLE, Arnold

Liverpool.

BRIDE, John	SMITH, Joseph Kellett
MILLER, William	WARBURTON, Alfred

Manchester.

ANDREW, A. Littlewood	JAMESON, John Bland
DICKINS, Frederick Victor	

Calcutta.

BECKETT, George Macartney	REID, John
CULLEN, Peter	

Middlesex Hospital.

CRESSWELL, John Pearson	TYLER, Edward Alfred

St. Mary's Hospital.

COCKS, Benjamin	CHISHOLM, Edwin

St. George's Hospital.

LEE, Frederick Fawson	ROBERTS, Arthur
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Birmingham.

BULLOCK, Thomas William	RYLAND, Thomas Edmund
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Westminster Hospital.

CLARKE, Sidney Edward	
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Newcastle-on-Tyne.

HUNTLEY, Robert Elliott	Hull.
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BELL, John William	
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Charing Cross Hospital.

CHANDLER, Edward	London Hospital.
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PECHEY, William Crisp	Grosvenor Place School of Medicine.
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TREVOR, James Ebenezer	Leeds.
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JESSOP, Thomas Richard	Edinburgh.
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GLASIER, George William	HALL, Robert Arnott
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APOTHECARIES' HALL. Members admitted on Thursday, March 31st, 1859:—

CHESHIRE, Edward, Vyse Street, Birmingham

CLAREMONT, Claude Clarke, Camden Town

ILLINGWORTH, J. A., Maindee, Newport, Monmouthshire

JOTHAM, Edwin Sparhawk

QUENNELL, John Cooper

LEWER, Alfred

OGDEN, David Henry, Skipton Craven

SAUNDERS, George James Symes, Charmouth

SMITH, Charles Joseph Oliver, Keyworth, Nottingham
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SMITH, Francis

SMITH, Walter Stephen, Sheffield

WOOLRICH, Arthur Edward

WYER, Otho Francis, Leamington Priors

HEALTH OF LONDON:—WEEK ENDING APRIL 2ND, 1859.

[From the Registrar-General's Report.]

THE Returns for last week indicate a favourable state of the public health. In the week that ended March 5th, the deaths registered in London were 1215; in the three weeks that followed, they averaged about 1160; in the week that ended last Saturday, they declined to 1067, of which 603 were deaths of males, and 464 those of females.

In the ten years 1849-58, the average number of deaths registered in the weeks corresponding with last week was 1400; but as the deaths in the present return occurred in an increased population, they can only be compared with the average raised in proportion to the increase, namely, with 1540. The result of the comparison is, that the deaths of the last week were less by 473 than the number which the average rate of mortality would have produced. This great reduction is due in part to the fact that, by an improvement in the working of the registration, deaths on which inquests have been held are now registered soon after they occur, and therefore with greater uniformity throughout the quarter, for violent deaths were last week 49, whereas the corrected average for the last week of the quarter in previous years is 128; but, after making due allowance for this circumstance, the chief part of the decrease in the deaths registered must be assigned to a comparatively good condition of health among the population.

Scarlatina was fatal last week in 56 cases, diphtheria in 13, showing, in the two diseases together, but a small decrease on recent weeks. The deaths from diphtheria occurred in the following sub-districts:—St. Paul Hammersmith 1, St. Margaret Westminster 1, St. Mary Marylebone 1, Christchurch Marylebone 1, Islington West 1, Islington East 1, Haggerstone West 1, St. Olave 1, Borough Road 1, St. Peter Walworth 2, Waterloo Road first part 1, Kennington first 1. There were 15 deaths from small-pox, all, except 3, amongst children. A man, aged 72 years, died in Grosvenor Street West, of English cholera, after an illness of seven days.

Last week, the births of 952 boys and 885 girls, in all 1837 children, were registered in London. In the ten corresponding weeks of the years 1849-58 the average number was 1807.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.622 in. The readings varied from 29.03 in. to 30.16 in. The mean temperature of the week was 42.6°, which is 0.7° below the average of the same week in forty-three years (as determined by Mr. Glaisher). On Sunday and Monday, the mean temperature was about 7° above the average; on Wednesday and two following days, it was from 6° to 9° below it. The thermometer in the shade attained its highest point on Tuesday, viz., 56.5°; it fell to its lowest point, 25.3°, on Friday, or 6.7° below the freezing-point of water. The range of temperature in the week was therefore 31.2°. The mean daily range was 14.5°. The difference between the mean dew-point temperature and air temperature was 6°. The mean degree of humidity of the air was 80; on

Wednesday and Saturday, it approached the point of complete saturation, viz., 100. The mean temperature of the water of the Thames was 47°. The wind blew generally from the south-west. The sleet or melted snow measured on Wednesday was 0.50 in. The snow began to fall soon after noon on that day; after two hours, it remained on the ground, and increased to the depth of 6 in. The temperature fell to 32.4° at 3 h. P.M., and continued at that point till 8 h. P.M.

PUBLIC VACCINATION.

THE following instructions have been issued by the Privy Council:—

1. Except there be immediate danger of small-pox, vaccinate only subjects who are in good health. Satisfy yourself that there is not any eruption behind the ears, or elsewhere on the skin; nor, even in an incipient stage, any irritation from teething. Under no circumstances vaccinate a subject who is seriously ill, or probably under the incubation of measles or scarlet fever. Do not re-vaccinate persons who in infancy have been efficiently vaccinated, unless they be more than 15 years of age, or, if during any immediate danger of small-pox, more than 12 years of age.

2. Wherever there are proper means of doing so, vaccinate directly from the vesicle of a previous subject. Moist lymph, conveyed from case to case in a vial or in other like manner, must not be used for vaccinating later than eighteen hours (or, in very hot weather, twelve hours) after it has been taken from its source.

3. Vaccinate by four or five separate punctures, so as to produce four or five separate good-sized vesicles; or, if you vaccinate otherwise than by separate punctures, take care to produce local effects equal to those just mentioned.

4. Take lymph only from children who are in perfect health. Especially satisfy yourself as to their freedom from eruption on the skin.

5. Take lymph only from perfectly normal vesicles, and not later than the day week after vaccination. Except on emergency, do not take from any one average vaccine vesicle more lymph than will suffice for the immediate vaccination of five subjects, or for the charging of five ivory points. Do not take lymph from cases of re-vaccination.

6. Register the results of vaccination only after having inspected the cases. Register as "successful" no case of primary vaccination, unless the course of the vesicle have been strictly regular according to the subjoined description, A. Register as "successful" no case of primary revaccination, unless either the regular vaccine vesicle have ensued, or the results have been normally modified according to the subjoined description, B.

7. Use every proper care and exertion to maintain at your vaccinating station the means of vaccinating successively from subject to subject without the employment of dried lymph. If from any cause your supply of lymph ceases, or becomes unsuitable for further use, make immediate written application for a fresh supply; addressing your letter "To the Registrar of the National Vaccine Establishment, Privy Council Office, London, S.W."

8. Scrupulously observe in your inspections every sign which tests the efficiency and purity of your lymph. Note any case wherein the vaccine vesicle is unduly hastened or otherwise irregular in its development, or wherein any undue local irritation is excited; and if similar results arise in other cases vaccinated with the same lymph, desist immediately from employing it.

Signs of Successful Vaccination and of Successful Re-Vaccination.

A. "When vaccination has been successfully performed on a healthy infant, the puncture may be felt elevated on the second day, and on the third, if examined with a magnifying glass, appears surrounded by a slight redness. On the fifth day a distinct vesicle is formed, having an elevated edge and depressed centre. On the eighth day it appears distended with a clear lymph. The vesicle, on this, its day of greatest perfection, is circular and pearl-coloured; its margin is turgid, firm, shining and wheel-shaped. On the eighth day an inflamed ring or areola begins to form around the base of the vesicle, and, with it, continues to increase during the two following days. This areola is of a circular form, and its diameter extends from one to three inches. When at its height, on the tenth day, there is often considerable hardness and swelling of the subjacent cellular membrane. On the

eleventh day the areola begins to subside, leaving, as it fades, two or three concentric circles of redness. The vesicle now begins to dry in the centre, and acquires there a brownish colour. The lymph which remains becomes opaque, and gradually concretes; so that about the fourteenth or fifteenth day the vesicle is converted into a hard round scab of a reddish brown colour. This scab contracts, dries, blackens, and about the twenty-first day, falls off. It leaves a cicatrix which is permanent in after life, circular, somewhat depressed, dotted or indented with minute pits, and, in some instances, radiated. The above described local changes, while in active progress, are attended by feverishness; first, from the fifth to the seventh day, so slightly that often the fact passes unobserved; and again more considerably during those days when the areola is about its height; the infant now being restless and hot, with more or less disturbance of stomach and bowels. About the same time, especially if the weather be hot, children of full habit not infrequently show on the extremities, and less copiously on the trunk, a lichenous, roseolar or vesicular eruption, which commonly continues for about a week. When vaccination is performed on such adults or adolescents as have not previously been vaccinated, and likewise when lymph is employed which has recently been derived from the cow, the resulting phenomena, as compared with the preceding description, are somewhat retarded in their course; and the areola is apt to be much more diffuse. There is also more feverishness; but lichenous eruption is less frequently seen.

B. "When persons who have once been efficiently vaccinated are, some years afterwards, re-vaccinated with effective lymph, there sometimes result vesicles which, as regards their course and that of the attendant areolæ, cannot be distinguished from the perfect results of primary vaccination. But far more usually the results are more or less modified by the influence of such previous vaccination. Often no true vesicles form, but merely papular elevations surrounded by areole; and these results, having attained their maximum on or before the fifth day, afterwards quickly decline. Or if vesicles form, their shape is apt to vary from that of the regular vesicle, and their course to be more rapid; so that their maturity is reached on or before the sixth day, their areolæ decline on or before the eighth day, and their scabbing begins correspondingly early. In either case the areolæ tend to diffuse themselves more widely and less regularly, and with more affection of the cellular membrane, than in primary vaccination; and the local changes are accompanied by much itching, often by some irritation of the axillary glands, and in some cases on the fourth or fifth day by considerable febrile disturbance."

GREGORY, revised by CEELY and MARSON.

ROYAL COLLEGE OF SURGEONS OF ENGLAND: EXAMINATION PAPER.

THE following questions were proposed in pathology, surgical anatomy, and surgery, to candidates for the Diploma of Member of the College, at the examination, by written papers, held on April 5th, 1859.

1. Describe the signs of *inflammation* in an external part. Describe also the state of the vessels and the blood in a part which exhibits the signs of a fully developed inflammation. And describe what changes take place in "Resolution" of the inflammatory attack.
2. Describe the mode of union in the case of an *incised wound*. Describe how far the process may be considered inflammatory, whether the union may be effected without any marks of inflammation, and in what manner inflammation may interrupt the process of union.
3. What is the nature of an *artificial anus* when the result of a strangulated hernia? What changes must have taken place in order to its formation, and what changes are required for its establishment?
4. What is the state of the tunica vaginalis testis after the radical *cure of a hydrocele*?
5. State whether the quantity and quality of the *urine* be altered by *injury to the spinal cord*, as in transverse fracture of the vertebrae.
6. What are the causes assigned for the *redundancy of lithic acid* in the urine? How is the excess ascertained? What are the injurious effects, if the excess continue? And what is the treatment of such excess, prophylactic and curative?

CORK MEDICAL PROTECTIVE ASSOCIATION.

At the Annual Meeting of this Society, held on Thursday, March 17, Dr. Harvey in the chair, the following resolutions were unanimously passed:—

1. Proposed by Dr. BEAMISH, seconded by Dr. GREGG—

“That the report now read be adopted, printed, and circulated; that the resolution unanimously passed at the meeting held on the day of be confirmed as the second rule of the Association.”

2. Proposed by Dr. MORRISSEY, seconded by Dr. BRODIE—

“That we recognise with much gratification the successful results of the labours of the Committee within the past year, as evidenced among other things, by the improved position of a considerable number of medical men holding poor-law appointments, and we doubt not but that by continuing in their present straightforward course of supporting alike the claims of the medical officers and the sick poor, they will still further enlist public opinion in favour of that justice for all parties, which it has ever been their object to establish.”

3. Proposed by Dr. TOWNSEND, seconded by Dr. MEADE—

“That the increase of the pay of Army Medical Officers and the placing them in a higher rank than they have hitherto held, together with the promise of advancing Naval Surgeons to similar privileges, augurs favourably for raising the status of these members of the profession in their several departments, which they ought to hold.”

4. Proposed by Dr. POPHAM, seconded by Dr. TANNER—

“That this Association deem the new Medical Reform Bill a seriously defective measure, inasmuch as no provision has been made for that sound preliminary and subsequent practical education for entrance into the profession which has been on several occasions urged on the legislature. We would, therefore, respectfully suggest to the Branch Medical Council for Ireland to take the initiative in recommending such change as will secure, by future amendments of the Bill, this important provision.”

5. Proposed by Dr. MACKESY, seconded by Dr. CORBETT—

“That it appears to this meeting essential for the interests of the community that men who are conversant with the principles of sanitary science should aid in all legislative deliberations bearing on the public health generally, as well as on that of the army and navy. We therefore observe with satisfaction that the late movement by the Medical Association of Ireland has opened a door towards securing a benefit at once to the public and to the profession, by seeking for a provision for the representation of the medical body in Parliament.”

6. Proposed by Dr. DONOVAN, seconded by Dr. BAYLIE—

“That we have seen with much indignation the attempt of the English Poor-law Board, by their late rules, virtually to ignore the qualifications of the Irish and Scotch Medical and Surgical Colleges; and that this Association do, by every legitimate means within their power, seek to insure that reciprocity of qualification in every part of the United Kingdom which, it is plain, the new Registration Act fully contemplated.”

7. Proposed by Dr. LLOYD, seconded by Dr. WILLIAM CRONIN—

“That the local press of Cork, as well as the medical press of England and Ireland, which has for years supported the interests of the medical profession, deserves, and is hereby accorded, the best thanks of the meeting.”

8. Proposed by Dr. O'CONNOR, seconded by Dr. GODFREY—

“That the long and disinterested exertions of Dr. Corbett on behalf of the medical profession, need no comment; yet we beg to thank him specially for the important services which he has rendered to Poor-Law Medical officers, by having acted as guardian and member of the dispensary committee within the last year; and we sincerely trust that, in the event of his re-election, he will continue to hold his position, in discharge of which he gained the confidence and respect of all his brother guardians.

Fifty members of the profession from all parts of the province and county dined together. Immediately preceding dinner being served, an address, with four beautiful salvers, were presented to the president, Dr. Harvey; the vice-president, Dr. Meade; the treasurer, Dr. Corbett; and the honorary secretary, Dr. Armstrong, in testimony of their zealous services in upholding the interests of the profession.

The Prize Medal, which was presented by the President (Dr. CORBETT) of the Association of 1857-8, for the best reported medical or surgical cases, treated in the Cork hospitals, was, on

Wednesday, March 23rd, awarded to Mr. W. HENRY JONES, medical student. The cases of his chief competitor, Mr. MORIARTY, were by the Council (and subsequently by an unanimous vote of the Association) deemed well worthy a certificate, which it was determined should be presented to this young gentleman, signed by the officers of the Society. The President (Dr. O'Connor) Professor Harvey, and Dr. Corbett urged on the students present the value of the bedside instruction, and of their keeping a record of the cases under treatment in hospital.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

The anniversary of the foundation of this institution was celebrated at the London Tavern, on Wednesday evening—the Right Hon. Lord Stanley, in the chair. There were also present Lord Dynevor, Mr. J. Briscoe, M.P., Mr. J. H. Gurney, M.P., Mr. D. Pugh, M.P., Ven. Archdeacon Robinson (Master of the Temple), Admiral Carnac, Captain Eastlake, Mr. Proper, and several other members of the medical profession.

The usual loyal and patriotic toasts having been disposed of,

The noble CHAIRMAN rose to propose the toast of the evening, “The President of the Institution, and success to the Royal Medical Benevolent College.” Nothing could induce him to stand forward as the advocate of the institution, if its claims rested solely upon the fact that the word “benevolent” was included in its title. He believed that there were many institutions which claimed to be benevolent without being in any degree beneficial; that there were many institutions in which the wish to be beneficent was more conspicuous than the result of their working in that direction. When, however, the public were called upon to aid charitable institutions, they should carefully distinguish between those institutions which professed to do good and those in which the subscriptions of the benevolent were, with the least amount of proportionate expenditure, made to afford the greatest amount of public good. He would not stand there as the advocate of the Medical Benevolent College, if it were not in his power to give a satisfactory answer to these two questions—Was the object of the institution conducive to the public advantage? Were the means which it employed sufficient and efficient? The object was to afford assistance to those members of the medical profession whose success was not equal to their deserts, and to their widows and children. It was impossible not to admit the fact that the medical profession was that which met with the least liberal recognition from the public. Officers of the army and navy enjoyed their half-pay, and gentlemen employed in the civil service of the country had a sufficient retiring allowance. The law, as a profession, was a lottery, but no one could deny that many of those engaged in it drew splendid prizes. Literary men had the benefit of having their merits immediately appreciated, and the popularity which attended their labours was not the least reward which they as a body obtained. He did not want to overstate the case of the medical profession, but it was notorious that the members of that profession were left without any provision other than that which they could make for themselves. [Hear, hear.] They were dependent upon the judgment of the public, and that judgment was not at all times discriminately exercised. The slightest misadventure, nay, the mere appearance of a rival in the field, was often sufficient to injure the prospects of a medical man for life. The medical man had no rest from his labours. The lawyer had his long vacation, the members of the civil service had their stated hours of work, and the officers of the army and navy, however great was the strain upon them in times of war, could not be said to be overworked in times of peace; but the medical man had no command of his own time, save at the expense of the harrowing reflection that, while he consulted his own ease, he overlooked the pain and anguish of his suffering patients. [Cheers.] He mentioned this to show the absorbing nature of the profession; and it was owing to the same cause that in the legislature the medical profession was of all others the most inadequately represented. In the army and in the navy, a man who exposed himself to personal danger was honoured with the approbation of his country; but the medical man, although hourly exposing himself to similar danger for the good of suffering humanity, enjoyed no such reward; for, no matter how pestiferous might be the sufferings to which he exposed himself, his moral bravery was taken as a matter of course. Of course when a man entered an over-crowded profession, he had to submit to the economical laws which all professions were regulated; and, when he applied his life to an institution like the present, he had a right to

show that he had done his best to attain professional independence. There are at present 150 pupils receiving their education at the college; the annual subscriptions, which are yearly on the increase, amount to £3,000; the endowment fund now stands at £3,600; and the existing debt is £3,600, which is more than covered by the value of the property on which it is secured. His lordship concluded with a warm appeal on behalf of the institution, and a high eulogium upon Mr. Proper, the founder of the charity.

Mr. C. W. WYNN returned thanks.

Several other appropriate toasts followed.

The subscriptions of the evening amounted to £928:17:6, besides which there were announced two legacies, one of £3,000 and another of £50.

VACCINATION. An order has been issued from the Privy Council Office stating, that whereas by the Public Health Act of 1858, the Privy Council are empowered to issue regulations for securing the due qualification of all persons to be contracted with by guardians and overseers of unions and parishes in England for the vaccination of persons resident in such unions and parishes, it is enacted "That no contract for vaccination shall be entered into by such guardians or overseers, except with a medical practitioner who shall be legally competent to practise both medicine and surgery in England and Wales. Provided, that if in any union or parish it shall not be practicable for the guardians or overseers to contract with a person residing in or near to the district for which he shall be required to act, fully qualified as aforesaid, the guardians or overseers may report the circumstances to the Poor-Law Board, and the said Board may permit a contract to be entered into with a medical practitioner not fully qualified for so long a time as the said Board shall deem proper."

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Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

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:—DR. F. J. BROWN; DR. MARKHAM; MR. T. HOLMES; DR. LAYCOCK; MR. J. S. BARTRUM; MR. ALFRED FLEISCHMANN; MR. A. ENSON; MR. STONE; DR. CAMPS; DR. P. H. WILLIAMS; DR. A. INGLIS; MR. W. BURTON; MR. O. PEMBERTON; DR. HAYES JACKSON; MR. P. H. CHAVASSE; A. LOOKER-ON; SPERANS; and DR. J. ARMSTRONG.

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