

## THE WEEK.

ON Monday, the ever charitable Miss Burdett Coutts laid the foundation stone of the new Cancer Hospital at Brompton, adding another to the number of special hospitals already existing in London, and which, in due time, will hold out its hand in the *Times* advertisement sheet for the subscriptions of the benevolent. When one sees the long list of urgent appeals made through the columns of the press for aid in filling the beds of long established hospitals, we are at a loss to understand the policy which brings fresh almsmen into the field; and we think this remark applies with especial force to the Cancer Hospital just rising on the Brompton Road. If we are asked whether there is any necessity for such a hospital, we must reply in the negative. There is nothing in cancer which renders it necessary that a special hospital should be devoted to it. It cannot be pretended that the promoters of the institution have any special ability in the treatment of this disease. Can any one say that the existing Cancer Hospital, which is the parent of the one rising from the ground, has added one fact to our knowledge of this terrible scourge? We think not. Besides, where, we ask, is the necessity for a new hospital, when so many wards of the old hospitals are now empty? There are special wards in the Middlesex for this very class of cases, which are never full. We confess we look with the greatest distrust upon the multiplication of special hospitals, inasmuch as their tendency, as we think, is to destroy our appreciation of the unity of disease, and to throw great obstacles in the way of the medical student's acquiring a thorough knowledge of his profession. If, following in the wake of the old Egyptians, we make specialities of all the great leading diseases, and locate them in widely scattered buildings, how are our students ever to become conversant with their profession? Are they to spend all their time and money in riding in Hansom cabs from cancer hospitals to orthopaedic, fistulic, ophthalmic, fever, or skin-disease institutions? In the large foreign hospitals, they never dream of thus dislocating the different forms of disease. Instead of special hospitals, they have special wards. Thus under one roof the student sees, without loss of time, every form of disease to which humanity is subject. We cannot, therefore, help repeating, that an immense injury is done to the profession by the needless multiplication of small special hospitals; and we cannot but hold those benevolent persons who aid in establishing them as responsible for bringing about a state of things which, we feel convinced, must be detrimental to our science, and to humanity itself.

The frightful tragedy which has just occurred at Ballinamore, Ireland, forms a singular commentary on the loudly reiterated assertion that the liberty of the subject is too easily violated in cases of alleged insanity. We are told that the asylums of England are full of persons who never ought to have been confined, and that the law must be so amended as to give greater freedom to such persons. From time to time we have brought under the notice of our readers the frightful crimes which have been perpetrated by maniacs allowed to be at large in obedience to the public voice, and now we have to record a fresh case—that of Mr. Ffrench, who has just taken the life of his agent, Mr. Burke, and further heightened the catastrophe

by committing suicide. We are told that he has been insane for two years; and that, about a year and a half ago, he attempted the life of a policeman. The disease, it would appear, is hereditary, inasmuch as his grandfather, the late Lord Ffrench, committed suicide. The blood of the unhappy Mr. Burke is clearly upon the heads of those persons who, having lawful authority over Mr. Ffrench, allowed him to bide his time, and to embroil his hands a second time in human blood.

The following advertisement appeared last week in a contemporary.

"WANTED immediately, by a Chemist at the East End, a Visiting and Dispensing ASSISTANT, possessing the M.R.C.S. Age from twenty to thirty. Salary, £50 per annum, including board and lodging. Address, A. Z., care of Messrs. Edwards, 67, St. Paul's Churchyard."

It is an old joke among Warren, the blacking-maker, that he kept a poet. A. Z., it is clear, is about to keep a member of the College. It may be asked what use A. Z. can have for such an expensive luxury? We have no doubt this aspiring druggist has a good counter-practice, which he intends to turn into back parlour consultations, his tame M.R.C.S. officiating. We recommend this ingenious method of evading the law to the attention of the London Medical Registration Association.

## Association Intelligence.

### EAST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

THE third Annual Meeting of this Branch was held at the Hull Infirmary, on Thursday, May 26th, at 2 P.M.; THOMAS SANDWITH, M.D., of Beverley, President, in the Chair. There were also present: J. P. Bell, M.D. (Hull); C. L. Brereton, Esq. (Beverley); Sir H. Cooper, M.D. (Hull); R. M. Craven, Esq. (Hull); O. Daly, M.D. (Hull); John Dix, Esq. (Hull); H. George, Esq. (North Thoresby); John Hill, Esq. (South Cave); J. F. Holden, Esq. (Hull); T. Jackson, Esq. (Welton); K. King, M.D. (Hull); J. A. Locking, Esq. (Hull); W. J. Lunn, M.D. (Hull); and John Morley, Esq. (Barton); and, as visitors, R. Atkinson, Esq. (Hull); and C. Kevern, Esq. (H.M.S. *Cornwallis*).

#### NEW MEMBERS OF THE BRANCH.

Messrs. C. L. Brereton (Beverley), F. Calvert (Beverley), and H. Gibson (Hull), were admitted members of the Branch.

#### MEETING IN 1860: ELECTION OF OFFICERS.

It was decided that the next annual meeting be held at Beverley. The election of officers terminated as follows:—*President*: W. H. Eddie, Esq. (Barton). *Representative in the General Council*: Sir H. Cooper, M.D. (Hull). *Secretary*: J. A. Locking, Esq. (Hull). *Committee*: J. P. Bell, M.D.; R. M. Craven, Esq.; O. Daly, M.D.; J. Dix, Esq.; R. Hardy, Esq.; and K. King, M.D.—all of Hull.

#### PRESIDENT'S ADDRESS.

The PRESIDENT read an address on Medical Antiquarianism, which will be published in the JOURNAL.

#### PAPERS AND COMMUNICATIONS.

The following communications were made:—

1. Excision of the Knee-Joint as a Substitute for Amputation. By K. King, M.D.
2. Case of Harelip, in which a New Mode of Operation was employed. By John Dix, Esq.

The members and friends afterwards dined together at the Kingston Hotel.

# BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Twenty-Seventh Annual Meeting of the British Medical Association will be holden in Liverpool, on Wednesday, Thursday, and Friday, the 27th, 28th and 29th days of July.

*President*—W. P. ALISON, M.D., F.R.S.E., Edinburgh.

*President-Elect*—JAMES R. W. VOSE, M.D., Liverpool.

The Address in Medicine will be delivered by EDWARD WATERS, M.D., Chester, President-elect of the Lancashire and Cheshire Branch.

The Address in Physiology will be delivered by A. T. H. WATERS, Esq., Liverpool, Lecturer on Anatomy and Physiology in the Royal Infirmary School of Medicine.

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

Worcester, April 26th, 1859.

## LANCASHIRE AND CHESHIRE BRANCH.

THE Twenty-third Annual Meeting of this Branch will be held on Wednesday, June 8th, at the Town Hall, Chester, at Twelve o'clock at noon, under the presidency of E. WATERS, M.D.

The members and their friends will dine together after the meeting, at the Albion Hotel.

Gentlemen who intend to bring forward cases or communications are requested to send notice to the Secretary as early as possible.

A. T. H. WATERS,

*Honorary Secretary.*

Liverpool, May 11th, 1859.

## MIDLAND BRANCH.

THE Annual Meeting of this Branch will be held at Derby, at the Board Room of the Infirmary, on Thursday, June 23rd, at Two o'clock. The annual dinner will take place at the Royal Hotel at Five o'clock.

HENRY GOODE, M.B., *Honorary Secretary.*

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
LANCASHIRE AND CHESHIRE.	Town Hall, Chester.	Wednesday, June 8th, 12 noon.
[Annual Meeting.]		
BIRMINGHAM AND MIDLAND COUNTIES.	Hen and Chickens Hotel, Birmingham.	Friday, June 10th, 3½ P.M.
[Annual Meeting.]		
MIDLAND.	Board Room, Infirmary, Derby.	Thurs., June 23rd, 2 P.M.
[Annual Meeting.]		

[To prevent delay, Reports of Branch Meetings should be sent direct to the office, 37, Great Queen Street.]

# Reports of Societies.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, MAY 2ND, 1859.

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

ON THE SUCCESSIVE EPIDEMICS OF YELLOW FEVER AMONG THE GARRISONS, ETC., IN BERMUDA DURING THE LAST FORTY YEARS.

BY GAVIN MILROY, M.D., F.R.C.P.

THE Bermuda islands are in lat. 32° N., and therefore nearly on the same parallel as Madeira to the east, and Charlestown, in South Carolina, to the west. They are about six hundred miles distant from the American coast. Four or five only of the group are inhabited; the rest, upwards of two hundred in number, are bare rocks. Besides the garrison, which of late years has usually been from 1,200 to 1,400, there is a large convict establishment, numbering about 1,800 persons. There is also an extensive dockyard and naval hospital on one of the islands. The general population, half of whom is black or coloured, amounts to between 10,000 or 11,000.

The prevailing diseases among the troops are bowel complaints; and then fevers and diseases of the respiratory

organs, which are nearly equal as to frequency. The average sickness-rate has been such that every soldier may be said to be in hospital once in eight or nine months. The usual death-rate in the course of the year has been between three and four per cent. of the strength of the garrison. Most of the deaths are from fevers and diseases of the chest; and then bowel complaints are next in fatality.

The type of the ordinary fevers is very generally synochal or synchoid. Periodical fevers are rare. But besides the usual endemic fevers met with in all years, the Bermudas are subject to occasional visitations of yellow fever, which have been often most destructive. As the medical returns of the army do not go further back than 1817, the first epidemic of which there is any notice is that of 1819. It appeared among the troops at the beginning of August; and in six weeks from the beginning of that month to the end of September, a fourth of the entire garrison perished! As one in every second or third case proved fatal, nearly two-thirds of the troops were attacked. Unfortunately, no particulars are given of the circumstances which preceded or accompanied the outbreak; nor are we told anything respecting the results of the pestilence among either the naval establishment, the convicts, or the general population. On that occasion, as on all other like occasions, some persons supposed that the disease had been imported by a vessel from the West Indies (and 1819 was a notoriously sickly year there), but without adducing any evidence whatever.

The next epidemic visitation mentioned in the Army Medical Returns is that of 1843. It appears, however, that "early in October 1837, when H.M.S. *Pearl*, direct from England, arrived in Bermuda, the island (Ireland island, where the dockyard is situated) was in a very unhealthy state; and, as the ship's company were allowed to go on shore, a considerable number of cases of (what was believed to be) yellow fever occurred among them." The disease was regarded as of indigenous development; and no mention is made of suspected importation by vessels, although it is certain that Jamaica, Cuba, and other West India islands, had suffered from it in the course of the year.

Respecting the epidemic of 1843, the information in the Army and Navy Medical Returns is very meagre and unsatisfactory. Dr. MILROY had been told by Dr. King, who was then the principal medical officer of the navy on the station, that the outbreak of the fever had been preceded by the prevalence of unusually severe bowel complaints, many of the diarrhoea cases being of a well-marked choleraic character, and by a few cases of malignant and rapidly fatal cholera. The earliest cases of yellow fever occurred, about the end of July, in St. George's island, where the first cases had also appeared in 1819. It was again in August and September that the pestilence committed its great ravages,—the two months, it is worthy of remark, that the ordinary endemic fevers are usually most severe and fatal. A seventh part of the whole garrison was swept away in the course of a few weeks. The type of this endemic appears to have been less malignant than that of 1819, as the deaths were in the proportion of only one in every five or six cases. The medical chiefs of both services were decidedly of opinion that the pestilence sprang up spontaneously in the islands; and Sir William Reid, so well known to science by his works on *Storms*, who was then Governor, has recorded his opinion, that it could not be traced to importation.

Respecting the two last epidemics, those of 1853 and of 1856, we are fortunately possessed of much more exact and ample information, in consequence of the Colonial Ministers having, on both occasions, ordered a special investigation by commissioners on the spot, and of their reports having been printed by order of Parliament. Both documents contain much valuable instruction, and especially upon those very points which stood most in need of elucidation, viz., the origin or development of the disease, its progress, with the causes which favoured its spreading, and the best means of investigating its invasions in the future.

In 1853, the appearance of the epidemic was preceded by an unusual prevalence of aggravated bowel diseases, and by some fatal cases of cholera, as in 1843. The fever appeared first among the convicts, and proved very destructive; out of 1778, 161 perished. But the ravages among the garrison were much greater; for out of 1517, no fewer than 365 died, and this in the course of six or seven weeks! The chief cause of this excessive mortality was *proved* to be the unwholesome state of the barracks. The details will be found in the official report. In the epidemic of 1856, the garrison suffered very little, although the convicts again experienced a heavy loss, and the

### IS THE LONDON COLLEGE OF PHYSICIANS APPLYING FOR A NEW CHARTER?

SIR,—Is the London College of Physicians applying, or about to apply, for a new charter? By the 47th section of the Medical Act, fellows or licentiates of the Edinburgh or Dublin Colleges may, on payment of a fee of £2, obtain the diploma of the London College under any new charter which it may receive. As I find that four fellows of the Edinburgh College—Drs. Chadwick, Cormack, Priestley, and Winslow—were last week elected by ballot licentiates of the London College, the inference is that no new charter is in contemplation. These gentlemen have voluntarily submitted to the ordeal of a ballot, and the payment of a considerable fee, to obtain a title which by the Medical Act they could claim as a right for the small sum of two pounds, whenever the London College gets its new charter. I am, etc., ARGUS.

London, June 1st, 1859.

## Medical News.

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

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

#### BIRTHS.

- BLAGDON. On May 25th, at Stroud, Gloucestershire, the wife of Richard Blagdon, Esq., Surgeon, of a daughter.  
FLEMING. On May 22nd, at Freshford, near Bath, the wife of \*T. H. Fleming, M.D., of a daughter.  
MARSHALL. On May 29th, at 10, Savile Row, the wife of John Marshall, Esq., Surgeon, of a son.

#### MARRIAGES.

- CROFT—CROFT. Croft, Thomas, M.D., of Bracknell, Berks, to Eliza, second daughter of George Thirnbek Croft, Esq., of Slough, on May 24th.  
KENNEDY—HAYES. Kennedy, William, Esq., Surgeon, of Dublin, to Grace Marian, eldest daughter of the Hon. Mr. Justice Hayes, of Dublin, on May 24th.  
SYMPSON—PEACOCK. \*Simpson, Thomas, Esq., Surgeon to the General Hospital, Lincoln, to Caroline, third daughter of the late Rev. Edward Peacock, vicar of Fifehead Magdalene, Wilts, at Road Hill, Wilts, on May 24th.  
WILKINSON—DICKSON. Wilkinson, the Rev. Joseph, rector of Christchurch, to Wilhelmina Catharine Tracey, youngest daughter of the late Sir David J. H. Dickson, M.D., at Hougham, near Dover, on May 31st.  
WILSON—PARTRIDGE. Wilson, Frederick W., M.B., of East Grinstead, Sussex, to Ellen, youngest daughter of the late James Partridge, Esq., of Northmolton, Devon, at Exeter, on May 26th.

#### DEATHS.

- MUTTER, Thomas D., M.D., Emeritus Professor of Surgery in the Jefferson Medical College of Philadelphia, aged 59, on March 16th.  
TIERNEY, John Francis, Esq., Bengal Medical Service, at Berhampoor, on April 9th.

#### APPOINTMENTS.

- \*CLAPTON, Edward, M.D., elected Physician to the Surrey Dispensary.  
WHITLEY, George, M.D., elected Physician to the Surrey Dispensary.

#### PASS LISTS.

ROYAL COLLEGE OF PHYSICIANS. The following gentlemen were elected Licentiates of the College, on May 18th:—

- HAKK, Thomas Gordon, M.D., Spring Gardens  
HOOPER, John, M.D., Hoddesdon, Herts  
MITCHELSON, George Frederick, M.D., Bayswater  
PARSONS, Samuel, M.D., Clarges Street  
PORTER, John Henry, M.D., Cheltenham

- POWELL, Robert H., M.D., Wyndham Place, Bryanstone Square  
SHERLOCK, James, M.D., Worcestershire County and City Asylum, Powick  
STILLWELL, James G., M.D., Moorecroft, Hillingdon, Middlesex  
STOOKES, Alexander Richard, M.D., Liverpool  
SUTTON, John Maule, M.D., Tenby, Pembrokeshire  
WATERS, John, M.D., Bedford Square  
WHITEHEAD, James, M.D., Manchester

Also, on May 23rd:—

- BANKS, John Tatum, M.D., Crawley, Sussex  
CHADWICK, Charles, M.D., F.R.C.P.E., Leeds  
COOPER, Thomas Henry, M.D., Slough, Bucks  
CORMACK, John Rose, M.D., F.R.C.P.E., Ampthill Square  
DOWN, John Langdon Haydon, M.D., Earlswood, Redhill  
DRAKE, Augustus, M.B. and L.M., Exeter  
EVANSON, Richard Tonson, M.D., Torquay  
FOREMAN, Robert Clifton, M.D., Brighton  
GEE, Robert, M.D., Liverpool  
GOOCH, William Henry, M.D., Dawlish, South Devon  
GREENWOOD, Henry, M.D., Blackheath  
GUY, Thomas, M.D., Rochester  
HARLEY, George, M.D., Harley Street  
INMAN, Thomas, M.D., Liverpool  
KENNION, George, M.D., Harrogate  
KING, Henry Stavely, M.D., Lower Grosvenor Street  
KINGSLEY, George Henry, M.D., Bridgewater House  
LONEY, William, M.D., H.M.S. *Arrogant*  
LUCAS, T. Prestwood, M.D., Brecon, South Wales  
NOOTT, William Francis, M.D., Alverstoke  
NORTON, Robert, M.D., Bayswater  
ODGEN, James, M.D., Manchester  
PEIRSON, Thomas Tranmar, M.D., Bridlington Quay, Yorkshire  
PICKERING, John, M.D., Royal Military College, Sandhurst  
PLOWLEY, Francis, Ext. L.R.C.P., Maidstone  
PRIESTLEY, William O., M.D., F.R.C.P.E., Somerset Street, Portman Square  
PURDIE, Robert, M.D., Blackheath  
RAMSAY, W. Fred. Hutcheson, M.D., Somerset Street, Portman Square  
SHEPPARD, Edgar, M.D., Hanover Terrace, Regent's Park  
SYKES, John, M.D., Doncaster  
WINSLOW, Forbes B., M.D., F.R.C.P.E., Cavendish Square

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners, on Friday, May 27th, 1859:—

- BLACKSTONE, Joseph, Gloucester Road, Regent's Park  
BRIGHT, John Meaburn, West Dulwich  
BRONNER, Edward, Bradford, Yorkshire  
GROVES, William, Knaresborough  
McKEE, Richard Gooddy, Royal Navy

At the same meeting of the Court:—

- GRANVILLE, Augustus Bozzi, M.D., of Curzon Street, May Fair, who was admitted a member in 1813, and subsequently disfranchised on becoming a Licentiate of the Royal College of Physicians in 1817, was re-admitted a member of this College.

LICENTIATES IN MIDWIFERY admitted at a meeting of the Board, on June 1st:—

- BARTER, Clement Smith, Bath: diploma of membership dated April 18th, 1859  
BRIGSTOCKE, Richard Whish, Milford, Pembrokeshire: March 14th, 1859  
BROOKS, Bransby, Guy's Hospital: April 11th, 1859  
CANDY, John, Camden Road, Holloway: April 18th, 1859  
CHAPPELL, John James, Axmouth, Devon: April 10th, 1857  
CLAPP, William John, Newport, Monmouthshire: December 18th, 1854  
DALE, Thomas, Liverpool: February 28th, 1859  
DODSWORTH, Frederick Charles, Turnham Green: December 20th, 1858  
GODFRAY, Charles Le Vicomte, Jersey: April 18th, 1859  
GODRICH, Henry, West Brompton: March 14th, 1856  
HUDSON, George, Newport, Yorkshire: April 15th, 1859  
LARKIN, Henry William, Bilston, Staffordshire: February 25th, 1859  
MARSHALL, Edmund Henry, Kelvedon, Essex: August 6th, 1858  
SARVIS, Thomas, Waterloo Town: May 17th, 1850

APOTHECARIES' HALL. Members admitted on Thursday, May 26th, 1859:—

ADAMS, Matthew Algernon, Margate  
BRINGLOE, John, Camberwell  
CARTER, Alfred Pleydell, Gloucester  
CHARLTON, Egbert, Tunbridge  
GOODALL, Ralph, Newcastle, Staffordshire  
GRIFFITH, Hugh, Edeyrns, near Pwllheli, Carnarvonshire  
HOLMAN, Thomas, Eastthothly, Sussex  
LOVEGROVE, Charles, Maidenhead, Berks  
PARKER, Roger, Liverpool  
READ, S. Cartwright, Hemel Hempstead, Herts  
STERLING, Hautville Howe John, Deal

At the same Court, the following gentlemen passed their first examination:—

HARRIS, Francis Douglas, Gower Street, Bedford Square  
MURRAY, William, Chester-le-Street

#### HEALTH OF LONDON:—WEEK ENDING MAY 28TH, 1859.

[From the Registrar-General's Report.]

THE mortality of the London districts has constantly decreased in the successive weeks of May. In the first week of the month, the deaths registered were 1108; in the fourth week, that ended last Saturday, they were 1028. In the ten years 1849-58, the average number of deaths in the weeks corresponding with last week was 1017; but as the deaths returned for last week occurred in a population which has increased, they can only be compared with the average raised in proportion to that increase; namely, with 1118. The public health is therefore so far in a favourable state, that the deaths that occurred last week were less by 90 than the number that would have occurred if the average rate of mortality as estimated for the end of May had prevailed.

The deaths that were recorded last week as caused by zymotic diseases, amounted to 238; the corrected average for corresponding weeks is 257. Those referred to diseases that affect the respiratory organs, were 130; the corrected average is 172. This latter comparison excludes phthisis, the deaths from which were 130, the average being 153. Scarletina was fatal in 50 cases, nearly half of which occurred on the south side of the river. Four of these occurred in Wandsworth, and four deaths from measles in Putney. Thirteen cases in which diphtheria is returned as the fatal disease, occurred as follows:—one at 8, High Street, Notting Hill; one at 20, Hanover Street, Belgravia; one, on 24th April, at St. George's Hospital; one at 10, John Street, Tottenham Court Road; one at Acorn Cottage, Shacklewell Green; one at 13, Barking Churchyard; one at 1, Short Street, Shoreditch; one at 78, Long Alley, Shoreditch; one at 55, Forston Street, Hoxton New Town; one at 5, Falcon Terrace, Newington; one at 28, Surrey Grove, St. Peter, Walworth; one at 11, Brad Street, Lambeth; and one at 9, Wellington Street, Greenwich.

Three deaths from intemperance were registered in the week, besides five in which the cause of death is entered as "delirium tremens"; five infants and two adults died from syphilitic disease; three infants were murdered. Of four nonagenarians who died, the oldest were a woman, 94 years, and a man, 95 years of age.

Last week the births of 966 boys and 916 girls, in all 1,882 children, were registered in London. In the ten corresponding weeks of the years 1849-58, the average number was 1,549.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.791 in. The barometer fell from 29.95 in. on Sunday to 29.59 in. on Saturday, these being the highest and lowest points in the week. The mean temperature of the week was 56.1°, which is 1.5° above the average of the same week in 43 years (as determined by Mr. Glaisher). The thermometer in the shade fell to its lowest point 40.5° on Monday, and rose to its highest 73.8° on Friday. The range of the week was therefore 33.3°. The mean daily range was 26.5°; the range on Tuesday was 31.5°. The mean dew-point temperature was 48.5°, and the difference between this and the mean air temperature was 7.6°. The mean degree of humidity of the air was 75. On the last two days, the humidity varied from 59 to 93. The wind was generally in the north-east. No rain was measured till Saturday, when the amount was 0.13 in.

## THE MEDICAL SERVICE OF THE NAVY.

THE *London Gazette* of May 27th, contains the following warrant:—

At the Court at Buckingham Palace, the 13th day of May 1859; present the Queen's Most Excellent Majesty in Council;

Whereas there was this day read at the Board a Memorial from the Right Honourable the Lords Commissioners of the Admiralty, dated the 12th of May 1859, in the words following, viz.:—

"Whereas we have had under our consideration the necessity of assimilating, as far as possible, the relative ranks and rates of pay and half-pay of the Medical Officers of your Majesty's Navy and Army.

"And whereas we are of opinion that it would be for the advantage of your Majesty's service that the following regulations should be adopted for the Medical Officers of the Royal Navy, viz.:—

"1. That there shall be four grades of Medical Officers, viz.:—

1. Inspector-General of Hospitals and Fleets.
2. Deputy Inspector-General of Hospitals and Fleets.
3. Surgeon, who, after twenty years service on full-pay, ten of which in the rank of Surgeon, shall be styled Staff-Surgeon.
4. Assistant-Surgeon.

"2. That no candidate shall be admitted to the examination for a commission in the Medical Department of the Royal Navy who does not possess such a diploma as would qualify a civilian to practise medicine and surgery; and no such candidate shall receive a commission as assistant-surgeon until he shall have satisfactorily passed an examination in naval surgery and hygiene before a board of examiners appointed by the Lords Commissioners of the Admiralty.

"3. That no assistant-surgeon shall be eligible for promotion to the rank of surgeon until he shall have passed such examination as the Lords Commissioners of the Admiralty may require, and shall have served on full pay with the commission of assistant-surgeon for five years, of which two, at least, shall have been passed on board one of your Majesty's sea-going ships.

"4. That no surgeon shall be eligible for promotion to the rank of Deputy-Inspector-General of Hospitals and Fleets until he shall have served ten years in your Majesty's navy on full-pay, of which three at least must have been passed in one of your Majesty's ships, on some one or more foreign stations, with the rank of surgeon.

"5. That no Deputy Inspector-General of Hospitals and Fleets shall be eligible for promotion to the rank of Inspector-General until he shall have served five years at home, or three years abroad, in the rank of Deputy Inspector-General.

"That in cases of emergency, however, or when the good of your Majesty's service may render such alteration desirable, it shall be competent for the Lords Commissioners of the Admiralty to shorten the several periods of service above-mentioned in such manner as they shall deem fit and expedient.

6. That the rates of full-pay of the Medical Officers of your Majesty's navy shall, in future, be in accordance with the following schedule:—

#### "FULL-PAY.

"Inspector-General of Hospitals and Fleets.—After thirty years service on full-pay, £2:5; after twenty-five years service on full-pay, £2:5; after twenty years service on full-pay, £2; or on promotion, should these periods of service not have been already completed.

"Deputy Inspector-General of Hospitals and Fleets.—After thirty years service on full-pay, £1:14; after twenty-five years service on full-pay, £1:10; after twenty years service on full-pay, £1:8; or on promotion, should these periods of service not have been already completed.

"Staff-Surgeon.—After twenty-five years service on full-pay, £1:5; after twenty years service on full-pay, £1:2.

"Surgeon.—After fifteen years service on full-pay, 18s.; after ten years service on full-pay, 15s.; or on promotion, should these periods of service not have been already completed.

"Assistant-Surgeon.—After ten years service on full-pay, 13s.; after five years service on full-pay, 11s. 6d.; under five years service on full-pay, 10s.

"7. That every medical officer on the active list, now on

half-pay, and those who may be placed on it subsequently to the date of your Majesty's Order in Council authorising this proposal, shall be allowed the half-pay to which his period of service on full-pay shall entitle him, according to the following schedule.

"HALF-PAY.

"Inspector-General of Hospitals and Fleets.—After thirty years service on full-pay, £1:17:6; after twenty-five years service on full-pay, £1:13:6; after twenty years service on full-pay, £1:10; or on promotion, should these periods of service not have been already completed.

"Deputy Inspector-General of Hospitals and Fleets.—After thirty years service on full-pay, £1:5:6; after twenty-five years service on full-pay, £1:2:6; after twenty years service on full-pay, £1:1; or on promotion, should these periods of service not have been already completed.

"Staff-Surgeon.—After twenty-five years service on full-pay, 18s. 6d.; after twenty years service on full-pay, 16s. 6d.

"Surgeon.—After fifteen years service on full-pay, 13s. 6d.; after ten years service on full-pay, 11s.; or on promotion, should these periods of service not have been already completed.

"Assistant-Surgeon.—After ten years service on full pay, 10s.; after five years service on full pay, 8s.; under five years service on full-pay, 6s.

"8. That with a view to maintain the efficiency of the service, all medical officers of the ranks of staff-surgeon, surgeon, and assistant-surgeon, shall be placed on the retired list when they shall have attained the age of sixty years; deputy inspectors-general shall be placed on such retired list when they shall have attained the age of sixty-five years; and inspectors-general when they shall have attained the age of seventy years. Officers thus superannuated shall receive the rates of half-pay mentioned in the preceding schedule.

"9. That the relative rank of the medical officers of your Majesty's navy shall be similar to that conferred upon the medical officers of the army, and shall be as follows:—

"An assistant-surgeon shall rank as a lieutenant in the army, according to the date of his commission, and after six years service on full-pay, as a captain in the army, according to the date of the completion of such service.

"A surgeon shall rank as major in the army, according to the date of his commission; and a staff-surgeon, as lieutenant-colonel, but junior of that rank.

"A deputy inspector-general of hospitals and fleets shall rank as lieutenant-colonel, according to the date of his commission; and after five years service on full-pay as deputy inspector-general, shall rank as colonel, according to the date of completion of such service.

"An inspector-general of hospitals and fleets shall rank as brigadier-general, according to the date of his commission; and after three years service on full-pay as inspector-general, shall rank as major-general, according to the date of completion of such service.

"Provided always that no naval medical officer, while borne on the books of one of Her Majesty's ships, or employed on establishments on shore, shall be deemed superior in rank to the officer appointed to command such ship or establishment; but such commanding officer shall, under all circumstances, be held to be superior in rank and precedence to every officer under his command.

"10. That such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel, and light, or allowances in their stead, when medical officers of the navy may be employed on shore on joint service with your Majesty's land forces; but that medical officers serving in the fleet shall, notwithstanding the relative rank thus conferred upon them, in all such details, and also in all matters relating to the duties of the fleet and the discipline and interior economy of your Majesty's ships, be subject, as heretofore, to the authority of any executive officer of the military branch while on duty, under the general regulations which may from time to time be prescribed by the Lord High Admiral, or the commissioners for executing the office of Lord High Admiral; and that medical officers shall share prize-money according to the proclamation or proclamations which may be in force for the time being, for regulating the distribution of the proceeds of prizes in the Royal navy.

"11. That medical officers shall be entitled to the same allowances, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

"12. That the families of medical officers shall in like manner be entitled to the same allowances as granted to the families of combatant officers holding the same relative ranks.

"13. That medical officers shall be held entitled to the same honours as other officers of the Royal navy of equal relative rank.\*

"14. That a medical officer retiring after a full-pay service of twenty-five years, may, in cases of distinguished service, receive a step of honorary rank, but without increase of half-pay.

"15. That good-service pensions shall be awarded to the most meritorious medical officers of the Royal navy, under such regulations as shall, from time to time, be determined upon, on the recommendation of the Lord High Admiral, or the commissioners for executing that office.

"16. That four of the most meritorious medical officers of the Royal navy shall be named honorary physicians, and four honorary surgeons, to your Majesty.

"We do therefore most humbly submit that your Majesty will be graciously pleased, by your Order in Council, to grant us the necessary authority for carrying the foregoing regulations into effect; the Lords Commissioners of your Majesty's Treasury having signified their concurrence."

Her Majesty having taken the said Memorial into consideration, was pleased, by and with the advice of Her Privy Council, to approve of what is therein proposed; and the Right Honourable the Lords Commissioners of the Admiralty are to give the necessary directions herein accordingly.

WM. L. BATHURST.

UNIVERSITY OF ST. ANDREWS:—MEDICAL EXAMINATION PAPERS. MAY, 1859.

THE following were the questions proposed to the candidates for the degree of M.D. at the recent examinations:—

*First Examination.* First Part. A passage from Celsus, *De Medicina* (lib. ii, cap. x—"Incidentia ad medium" to end of chapter), to be translated into English. Give the derivations and primary meanings of the following words: Azote, Cyanogen, Diabetes, Ethmoid, Hypogastric, Menorrhagia, Parotid, Peritoneum, and Parthenogenesis.

Second Part. *Chemistry.* 1. What compounds does nitrogen form with oxygen, with hydrogen, with carbon, and with chlorine? State the composition of each. 2. Enumerate the alkalies and alkaline earths; and state what you understand by an alkali, a base, and a radical. 3. How is hydrocyanic acid prepared? Give a process for ascertaining the exact strength of a sample. 4. Give the tests for salts of copper. *Materia Medica and Therapeutics.* 1. What medicines have been employed either to counteract the predisposition to the formation of calculi; or to effect the solution or disintegration of urinary concretions within the body? Explain the *modus operandi* of such medicines. 2. What are the therapeutic uses of (1) hydrochlorate of ammonia, (2) iodide of iron, (3) the preparations of arsenic, (4) prussic acid, (5) aconite, and (6) strychnine? 3. Write Latin prescriptions, without using symbols or abbreviations, for a mixture containing strychnine, and for a dozen pills containing extract of nux vomica.

*Second Examination. Anatomy and Physiology.* 1. Describe the anatomical relations and the functions of the principal branches of the fifth pair of nerves. 2. Describe the muscles of the leg which by their rigidity or contraction may give rise to the different varieties of club-foot. 3. Describe the iris and retina, and state what you know regarding their minute structure. 4. Describe the structure and uses of the glands of the skin. 5. What are the objects of the process of absorption, and in what different ways is this process effected?

*Third Examination.* (N.B. In answering the practical questions, the examiners require every candidate to specify the mode of treatment, which he is in the habit of adopting, and the doses of the medicines which he prescribes.) *Pathology, and Practice of Medicine.* 1. Mention the principal signs and symptoms known to you of aneurism within the thorax, and indicate their bearing upon the diagnosis with regard to the position and relations of the aneurism. 2. Describe the course of the symptoms, and indicate the treatment, of delirium tremens. 3. What are the principal causes of perforation of the

\* This clause does not extend to the compliments to be paid by garrison or regimental guards, as laid down in pages 29 and 30 of your Majesty's regulations for the army, nor to corresponding honours paid on board your Majesty's ships.

alimentary canal? Given the symptoms of perforation, how would you proceed to discover its actual mode of origin in a particular case? 4. Describe and contrast eczema, impetigo, scabies. Indicate shortly the treatment of each.

**Fourth Examination. Surgery.** 1. Describe the early symptoms, progress, and results of scrofulous disease of the vertebrae. 2. Enumerate and describe the different kinds of cancer which affect the external parts of the body; mention the regions in which each is chiefly found; and the circumstances in which you would consider it judicious to employ the knife or escharotics in the treatment. **Midwifery.** 3. In what circumstances is it advisable to induce premature labour, and by what different methods may it be accomplished? 4. What changes take place on the mamma and nipples during pregnancy and after delivery; and what are the differences between the milk secreted immediately after parturition and that subsequently yielded?

**Fifth Examination. Cases.** 1. A child, aged 5, has been delicate from the period of teething; apt to suffer from diarrhoea, disposed to feverishness from slight exciting causes. Once or twice it has been threatened with convulsions; and whooping-cough was followed by protracted chronic bronchitis, with shortness of breath and increased feverishness and emaciation. Present symptoms are restlessness, somnolency, alternating with fits of screaming and tossing; the child is irritable, and complains of the head; appetite is lost, and bowels are constipated; the face is flushed, pulse 120, but very variable both in strength and frequency; expression vacant, pupils sluggish and slightly dilated; eyes generally closed, and face averted from the light; there is great thirst, and vomiting (which in the course of the illness has frequently occurred) is now less frequent; skin hot and dry; abdomen shrunk; no convulsion; no paralysis. Remark on the diagnosis of this case, in such a manner as to give your ideas of the significance of each fact recorded above. State also the prognosis, and the probable condition of the organs in head, chest, and abdomen. Sketch out the general course of treatment applicable to such a case. 2. A young woman has had a chronic cough, chiefly during winter and spring, for three years; the chest has been repeatedly examined without any disease of the lung, beyond slight catarrh, being discovered; but there is suspicion of tubercular disease. Of late there has been an aggravation, marked by suddenly developed pain in the right side, with severe dyspnoea; percussion of right side of thorax not dull as compared with left; in front and at some points of lateral region faintly tympanitic; respiratory murmur almost universally absent on right side; on left rather exaggerated. What is the most probable view of the cause of the aggravation in this case; what further examination would you make, and what signs would you expect in the event of the probability you contemplate being converted into a certainty? 3. A sempstress complained of increasing difficulty in seeing to work: on examination, there were found (1) injection of palpebral conjunctiva, with heat and watering of the eyes; (2) inability to read for more than a minute or two at a time, though the type appeared quite distinct at first, and distant objects were always seen clearly and distinctly; (3) vision as of motes and twisted strings, these objects appearing to fall down across the field of view when the eyes were suddenly raised to the window; (4) the appearance of sparks and flashes of light before the eyes after much use of them. Explain the pathology of these four sets of symptoms, and the treatment proper to cure or alleviate the morbid states which caused them.

**ASSUMPTION OF MEDICAL TITLES.** The following resolutions were agreed to at a meeting of the Salopian Medico-Ethical Society, on Tuesday, May 10th. The blanks denote certain individuals, whose names appear in the resolutions as passed.

"That the solicitor to the Society be instructed to write a cautionary letter to Messrs. —, —, and —, of Shrewsbury, and request that they will cease to style themselves surgeon-dentists—a title to which they have no legal claim whatever; and, in the event of their refusal, that the solicitor be authorised to take legal proceedings against them, under the fortieth clause of the Medical Act.

"That the Honorary Secretary be requested to write to Mr. —, of Cardington, and apprise him of the Society's determination to prosecute for illegal practice, unless he immediately desists from practising the profession of medicine and surgery.

"That the solicitor (provided the evidence is, in his opinion, sufficiently conclusive to ensure conviction) be, and is hereby, fully authorised to institute, on behalf of the Society, legal

proceedings against — and —, for an illegal assumption of titles; and also against —, of this town, for illegal practice; and to sue in each case for the full penalty attached to illegal practice."

**ST. BARTHOLOMEW'S HOSPITAL.** Mr. Paget has resigned the lectureship on physiology at St. Bartholomew's Hospital, and, it is stated, will be succeeded by Mr. Savory; while the lectureship on anatomy, it is expected, will be divided between Mr. Skey and Mr. Luther Holden.

**EPIDEMIOLOGICAL SOCIETY.** On Monday, June 6th, a paper will be read entitled "Practical Remarks on Cholera Morbus"; by H. Cameron, Esq., Indian Artillery.

## 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.

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

**NOTICE.**—DR. WYNTER will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. THOMAS JOHN HONEYMAN, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

## POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

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*Communications have been received from:*—MR. I. B. BROWN; MR. GEORGE NORMAN; MR. T. HOLMES; ARGUS; MR. HENRY GOODE; DR. GREENHILL; DR. R. U. WEST; DR. S. M. REMISS; QUERCUS; MR. L. PARKER; MR. T. M. STONE; DEVONSHIRE; MR. NUNN; MR. J. K. SPENDER; DR. J. E. CROOK; DR. STYRAP; MR. W. F. CLEVELAND; DR. MCWILLIAM; DR. JAS. RUSSELL; DR. W. ADDISON; DR. P. H. WILLIAMS; DR. T. H. FLEMING; MR. POUND; MR. LOGSDEN; and MR. WILLIAM DAVIES.

## BOOKS RECEIVED.

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

1. On Dislocations and Fractures. By Joseph Maclise. Fasciculus IX; completing the work. London: John Churchill. 1859.
2. Hastings and St. Leonards-on-Sea; their Meteorology and Climate. By J. C. Savory, Esq. London: Churchill. 1859.
3. Prostitution considered in Relation to its Cause and Cure. By James Miller, F.R.S.E. Edinburgh: 1859.
4. An Essay on the History, Pathology, and Treatment of Diphtheria. By \*E. Copeman, M.D. Norwich: H. Stacy. London: Churchill. 1859.

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