

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary Meeting.]	York House, Bath.	Thurs., Feb. 23rd, 7 P.M.
METROP. COUNTIES. [Adjourned Special General Meeting.]	37, Soho Square.	Friday, Feb. 24th, 4 P.M.

SOUTH MIDLAND BRANCH: MEETING OF COMMITTEE.

THE CASE OF DR. BARKER AND MR. CHAVASSE.

Northampton, Feb. 3rd, 1860.

SIR,—We are requested to forward to you the subjoined proceedings of a Committee Meeting of the South Midland Branch of the British Medical Association, for insertion in the JOURNAL.

We are, sir, your obedient servants,
ROBERT S. STEDMAN,
HENRY TERRY, JUN., } *Hon. Secs.*

To the Editor of the BRITISH MEDICAL JOURNAL.

At a Committee Meeting of the South Midland Branch, held at the George Hotel, Northampton, on Thursday, Feb. 2nd, present Dr. Webster (President); Dr. Francis (Northampton); Dr. Prichard (Abington Abbey); Mr. Marshall (Moulton); Mr. Daniell (Newport Pagnell); Mr. Slinn (Amphill); Mr. Clark (Wellingborough); Mr. H. Terry, jun., and Mr. Stedman (Hon. Secretaries), the following resolutions, passed at a meeting of the Committee, held at Wellingborough, on Tuesday, Dec. 20th, 1859, were read.

1. That it is the opinion of this Committee that Mr. Pye H. Chavasse's charge against Dr. T. H. Barker, of having made an unacknowledged use of his works, is substantiated by a comparison of the two books, and is admitted by Dr. Barker's representative at this meeting.

2. That it is the opinion of this Committee that the second letter of Messrs. Rogerson and Ford to Mrs. Barker, is not a justification of the subsequent letters from Dr. Barker to Mr. Chavasse.

3. That it is the opinion of this Committee that the explanations given by Dr. Barker, in the case of Mr. Chavasse, are not satisfactory to this Committee.

4. That this Committee declines to express any opinion on the case referred to by "Judex".

It was unanimously agreed that these resolutions be confirmed.

A letter from Dr. Barker was then read, resigning his membership of the South Midland Branch.

The following resolutions were subsequently agreed to.

1. That this Committee feels that it has no alternative but to recommend to the Branch the acceptance of Dr. Barker's resignation.

2. That it is expedient that the proceedings of this and the last Committee Meeting be published in the JOURNAL.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24TH, 1860.

F. C. SKEY, Esq., F.R.S., President, in the Chair.

ON A FORM OF SECONDARY SYPHILITIC INOCULATION.
BY HENRY LEE, ESQ.

IN a previous communication, published in the last volume of the *Medico-Chirurgical Transactions*, Mr. LEE had described two distinct forms of primary syphilitic inoculation: one of these was found to present the characters of the adhesive; the other, of the suppurative inflammation. The former was proved not to be again readily inoculable on the patient himself, while the latter was capable of being reproduced an unlimited number of times, either in the same patient, or in another individual. The first was regarded as a disease which, in its natural course, infected the patient's system; the second as a local disease requiring only local treatment. It had also

been shown that indurated sores, which did not ordinarily yield a discharge capable of being again inoculated upon the patient, might, under conditions of artificial irritation, furnish an inoculable secretion. The inoculations thus produced were, however, quite distinct from those which resulted from the inoculation of the discharge of naturally suppurating sores. The author now stated that the effects of one form of secondary syphilitic inoculation were very similar to those produced by the inoculation of the secretion from a primary sore affected with the characteristic and specific adhesive inflammation; for although not ordinarily inoculable, secondary syphilitic affections might, under conditions of increased activity, give rise, by contact, to a disease which, in its physical characters, very much resembled the primary indurated sore.

A case was given, in which a woman, having suffered from secondary disease, was married, and lived with her husband nine months without communicating to him any disease. The wife then became pregnant. The increased activity of the uterus was accompanied by an abrasion or ulceration of the os uteri, and then the husband presented a disease with all the characters of a primary infecting chancre. In a second case, a grandmother was infected at the age of sixty-six, from her own grandchild, who inherited the disease from her son. In a third case, the marks of a secondary eruption, together with a slight remaining induration from a primary sore, existed at the time of marriage, and in a month afterwards an indurated spot formed on the left labium of the wife. This was followed by secondary symptoms.

In all these cases the disease communicated presented the characters of the specific adhesive inflammation.

The author observed that it had been formally and perseveringly denied that secondary syphilitic disease could be communicated by contact—a theory which had been adopted by a large and influential school, and inflicted much domestic misery, and had been the cause of most painful and unjust accusations. Married ladies, for instance, had not unfrequently found eruptions upon their skins which they were unable to account for. These had been pronounced to be syphilitic by the medical attendants, who, when asked how they could have arisen, had sometimes been bold enough to assert that such diseases could only have resulted from primary chancres, which themselves could only be produced by primary disease. The husbands, misled by such assertions, had been induced to suspect the fidelity of their wives, when they themselves had communicated the disease by means of their own secondary symptoms. The number of cases in which unmarried women had been unjustly accused, and had had a twofold injury inflicted upon them, was very much greater.

The form of secondary syphilitic inoculation, to which the author now directed the attention of the Society, commenced by a chronic form of adhesive inflammation, which terminated in a circumscribed thickening. This might be raised from the surface, in the form of a pimple or tubercle, or it might produce an induration not at all raised above the surrounding parts. The cuticle was generally abraded over the affected surface, but ulceration was no essential part of the disease. The secondary inoculations did frequently ulcerate, but they also often ran their course without any material loss of substance. When the ulceration did occur, it was at the time of the appearance of the constitutional symptoms that it often manifested itself.

A period of incubation, varying from one to six or seven weeks, generally occurred between the contagion and the manifestation of the symptoms. Any idea of destroying the poison by caustic within the first few days was, therefore, quite out of the question. Even if applied immediately that the disease was perceived, it would not check the morbid action. This action might have taken some four or five weeks to develop itself, and could not be counteracted by the destruction of a portion of the tissues which had imbibed the poison. Neither would excision of the indurated part stay the disease; the cut surface would take on the specific morbid action. But the author was led to believe that the cases ultimately did much better in which the indurations were excised, than those in which they were allowed to remain.

Babington (works of Hunter, by Palmer, vol. ii., p. 321) had affirmed long ago that induration might precede ulceration in syphilitic sores. This was formerly denied by Ricord (*Leçons sur le Chancre*, p. 88).

In the form of secondary syphilitic inoculation under consideration, the induration undoubtedly did appear when there was a slight epithelial abrasion only, and might exist for weeks without any action that could be called ulceration. As the

been no return. In the second case, the patient, aged 48, had been much reduced by repeated attacks of menorrhagia since 1855. At the end of 1859, she came under the care of a surgeon who employed the speculum and applied caustics—a proceeding of which Mr. Miller disapproved. Mr. Miller was at last called to her, she having formerly been his patient. The menorrhagia was completely arrested by two doses of the styptic.

Dr. ROUTH defended the use of the speculum in such cases, on the ground that hæmorrhage was sometimes produced by small polypi, which could not be detected by any other means.

Cause of Reduplication of the Heart's Sounds. Dr. RICHARDSON related a case, which he believed to offer an explanation of the cause of the singular phenomenon known as reduplication of the heart's sounds. A man appeared before him complaining of great flatulency, tumultuous action of the heart, and frequent attacks of oppression at the chest. On examination, Dr. Richardson could make out nothing abnormal, except reduplication of, he believed, the second sound of the heart. Instead of the ordinary *lûb-dûp* sounds, there were three, making *lûb-dûp-dûp* in the clearest manner. Added to this, there was considerable over-action of the heart; but there was no evidence of any organic lesion of the lung. The man, treated with steel, did not recover, but one morning had so alarming a paroxysm, threatening almost fatal asphyxia, that his friends took him to a hospital, where he was at once placed in a hot bath. The patient described that the instant the effect of the bath was pronounced by the heat and injection of his skin, that instant the embarrassment at his chest passed away; the heart became quiet; and the symptoms, a month afterwards (the time at which Dr. Richardson next saw the patient), had never returned. On now reexamining the heart, the reduplicate sound was entirely gone. After noticing some other cases in which the added sound had disappeared after the employment of a derivative, Dr. Richardson explained that the primary cause of this reduplication was due, in his opinion, not to the heart itself, but to congestion of the lungs. The normal diastolic sound was due to the simultaneous tension of the two sets of semilunar valves, pulmonary and aortic. In the cases he had named, he believed that there was preexistent obstruction to the current of blood from the right ventricle, while the course from the left ventricle through the aorta remained free. The two sets of semilunar valves were thus prevented from acting simultaneously: in other words, the retraction of the pulmonary artery, owing to the difficulty experienced in the emptying of its contents into the pulmonic capillaries, was retarded; while the free aorta retracted in right time. In this way, the common sound produced by the two sets of valves was not struck at once; but first the aortic valves, in their tension, struck a diastolic sound; next the pulmonary semilunar valves, in their later tension, struck a diastolic sound; whereupon the sound was necessarily doubled. This explanation of the phenomenon in question opened a view to rational treatment—that treatment being derivative in character; and the hot bath was the best derivative.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Thursday, February 2nd, 1860.

MEDICAL RELIEF EXPENDITURE IN IRELAND. Mr. DAWSON called the attention of the Chief Secretary for Ireland to the concluding paragraph of the report of the select committee of 1858 on county rates in Ireland, containing the recommendation that the Government should take into consideration the propriety of sanctioning half the medical relief expenditure of the Irish Poor-law Unions to be charged on the Consolidated Fund, in a manner similar to that practised in England and Scotland, instead of throwing the entire burden of the outlay upon the ratepayers. The report stated that the Committee were of opinion that no promise had been held out by the late Sir Robert Peel that the half medical relief in the Irish Poor-law Unions should be secured under the same law as that relating to England and Scotland; nevertheless, inasmuch as the system in regard to Ireland was altered in the month of July, 1852, so as to assimilate the law of Ireland to that of England and Scotland, the committee recommended the house to take into consideration the case of the half-cost of the medical men in those unions, with the view of throwing the burden upon the Consolidated Fund. Now, it never was alleged that any such

distinct promise had been made by the late Sir Robert Peel; but it was considered but justice that this expense should be defrayed in the same manner as that of Scotland and England. The number of dispensary districts was 760, at a cost of £45 each, being the half salary of the medical officers. The whole sum amounted to about £32,000 a year. That sum was not large, but it was still important as regarding equal justice to all parts of the United Kingdom, and the payment of which by the Consolidated Fund would give a practical relief to the ratepayers. Since 1846, Ireland, until last year, received no credit for the remission of those local charges which were recommended by the late Sir Robert Peel, in his statement on the subject of the corn-laws.

Mr. CARDWELL said, in the course of the year just expired, the Treasury had given full effect to the recommendations of the committee referred to by the honourable gentleman. With regard to the concluding paragraph of the report to which the hon. gentleman called his attention, he would remind him that the recommendation contained therein was only carried in the committee by a majority of 4 to 3, so that it might be said that the committee were tolerably equally divided upon the point.

Monday, February 6th.

CORONERS' FEES. Mr. COBBETT asked the Home Secretary whether it was the intention of Her Majesty's Ministers to introduce any measure during the present Session to alter the law as regarded the payment of coroners' fees and expenses?

Sir G. C. LEWIS said, that considerable uncertainty and inconvenience arose in the present state of the law from the conflicts which occurred between the county magistrates and the coroners with regard to the payment of the fees and expenses of the latter, and from the want of any appeal to a third power. It was therefore his intention to bring in a Bill for the purpose of establishing the power of appeal to the Queen's Bench in disputed cases respecting the payment of coroners' fees. This measure would shortly be introduced.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

Of sons, the wives of—

BEDDOES, W. M., M.D., Wistanton, on Feb. 1.
COLLINS, F., M.D., Staff Assistant-Surgeon, at Winchester, on February 5th.
McCLURE, W. G., M.D., Clifton Terrace, W., on Feb. 7.
MURRAY, T., M.D., Bengal Army, at Ajmere, on Dec. 18, 1859.
NOEL, D. C., Esq., Surgeon, Upper Tooting, on Jan. 31.

Of daughters, the wives of—

BUXTON, J. H., Esq., Surgeon, Islington, on Feb. 8.
MONCKTON, S., M.D., Brencley, Kent, on Feb. 1.
SCHULHOF, Maurice, M.D., Brook Street, on Feb. 6.

MARRIAGES.

BEETSON, George, Esq., late Superintending Surgeon Madras Presidency, to Jemima, fourth daughter of James REID, Esq., Surgeon, of the same presidency, at Westbourne Park, on February 2nd.
BLAKE, A. G., Esq., solicitor, Croydon, to Sophia G., daughter of *George ROBINS, Esq., of Charlotte Street, Fitzroy Square, on February 2nd.
MURIEL, the Rev. Hugh E., third son of *John Muriel, Esq., Ely, to Laura, eldest daughter of G. S. KEYMER, Esq., Islington, on January 24th.
ROBINSON, Joseph, M.D., Warrenpoint, to Elizabeth, eldest daughter of Thomas KIDD, Esq., Armagh, on Jan. 26.

DEATHS.

FORSTER, Thomas, M.D., at Brussels, aged 70, on Feb. 2.
CULHANE, William, Esq., Surgeon R.N., on board the *Marlborough*, on his passage to the Cape, on Dec. 10, 1859.
HUNTER. On February 4th, at Margate, aged 26, Ann Elizabeth, third daughter of G. Y. Hunter, M.D.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at a meeting of the Court of Examiners, on February 3rd:—
 ANDREW, W. W. W., Hethersett KENNARD, David, Lambourne
 BARTLETT, T. H., Birmingham POWELL, W. L., Macclesfield
 BOURNES, Wm. H., Belmullet, Mayne PAYNE, Wm. G., March
 BRIDGES, John H., Pimlico THURSFIELD, Wm., Bridgnorth
 DUNN, Fred., Wolverhampton WEEKES, Wm. H. C., Hurst-
 GIBSON, F. W., Haverstock Hill pierpoint
 HEATH, Robert E., Arklow

Monday, February 6th.

ANDERSON, M. F., Trinidad HOPKINS, Alfred B., Dalston
 BOURKE, John, Cork JONES, Thomas, Brecon
 BROMLEY, C. H., Southampton KING, John L., Toronto
 CHALMERS, John E., Hull KENNEDY, J. B., Stratford
 CORNBILL, John, Birmingham MORGAN, John T., Ceylon
 CURTIS, C., Harting, Petersfield PAYNE, Edwin, Cuckfield
 EVERS, Charles, York RAYNER, William, Manchester
 FOSTER, F. M., Hull ROBERTS, Edw. S., Chester
 GAYLEARD, C., Jamaica STERN, Moritz, Jamaica
 HOLT, W., Horbury, Wakefield STOKES, W., Camberwell

NEW FELLOWS. The following members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on February 9:—

ARTHUR, John, Commercial Place: diploma of membership dated March 10, 1843

CHAPMAN, Walter, Lower Tooting: May 27, 1840

GARDNER, William Henry, Gloucester Terrace, Hyde Park: August 27, 1839

MANIFOLD, Michael Fenton, Army: July 14, 1843

WREN, Erasmus, Bedford Row: November 3, 1837

APOTHECARIES' HALL. LICENTIATES admitted on Thursday, February 2nd, 1860:—

BARR, Joseph H., Stockport ROGERS, J. F., Chesterfield
 GREENWOOD, Thomas F., Wal- RUFFE, R. E., Tamworth
 lingford STRIDE, Edward, Sheerness

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

BENNETT, Charles, Shiffnal TROTTER, Arthur E. H., King's
 LEECH, D. J., Manchester College

FEES FOR PROFESSIONAL SERVICES.

We extract the following article from the *North American Medical-Chirurgical Review* for November 1859:—

The remuneration for medical, surgical, and obstetrical services has, of necessity, varied very much in different ages and countries, according to the estimate of the services rendered, or the relative value of money. In many countries, towns, and cities there are regular fee-bills, regulating the charges for ordinary practice; a custom which we have always regarded as absurd and unjust, since it places, in this particular, all practitioners, whatever may be their respective merits, upon the same level, whereas every man should be permitted to charge according to his skill and the nature of his services, not forgetting the circumstances of his patients.

In looking, not long ago, over some of our papers, our eye chanced to light upon a bill for professional services rendered by the late Dr. James Craik to Captain G. S., of Washington City, the father of a large and highly respectable family, to one of the members of which we are indebted for this interesting document. Dr. Craik was the physician of Washington, and attended him in his last illness, in conjunction with Dr. Dick. The bill is dated 1795, beginning in April of that year, and ending in March, 1799, the entire amount being £66: 16: 6. It covers more than ten pages of foolscap, and particularises every item with the same care as a merchant's or grocer's account. The following extract will serve as a specimen of Dr. Craik's charges:—

	£	s.	d.
For extracting Peter's tooth - - -	0	3	0
Visit to your lady, and anodyne draught -	0	3	0
Vial of diaphoretic drops for your son George -	0	3	0
A purge - - -	0	1	3
An emetic - - -	0	1	6
For bleeding Capt. S. - - -	0	3	0
" delivering your lady - - -	5	0	0
Visit to your son George, and vermifuge pill -	0	1	3
32 syphilitic pills for Sam - - -	0	16	0
Visit to your child Harriet, and 2 alterative powders - - -	0	2	0

Visit to your son George, and vermifuge pill -	0	1	3
8 ounces of injection for boy Sam - - -	0	5	0
One syringe - - -	0	3	0
Dressing negro boy's hands - - -	0	2	6
Visit to your lady, and anti-rheumatic tincture -	0	3	0
Visit to your lady, and opening abscess in breast -	0	5	0
Blistering plaster - - -	0	5	0
Bleeding - - -	0	3	0
12 febrifuge powders - - -	0	6	0
6 ounces best olive oil - - -	0	2	6
Bleeding negro woman - - -	0	3	0
" Master George - - -	0	3	0
Dose of salts - - -	0	1	6
Inoculating your child - - -	1	0	0

Emetics, purgatives, absorbent powders, anodyne draughts, and preparations of bark—powder and infusion—are prominent items of the account.

The custom of presenting items in medical bills has, we presume, become obsolete. It is certainly inconsistent with the dignity of a professional man of the present day to descend to such minutiae. A round statement in dollars should be quite sufficient. Only once, in our whole life, have we been requested so to demean ourselves. We replied, that it was contrary to the habits of professional gentlemen to specify their charges with the minute exactness of an auctioneer's catalogue, at the same time that we informed our *patron* our ledger was at his service; nay, furthermore, that if in future he wanted our attendance on such conditions, he could not have it. The *creature*, now one of the merchant princes of the city where we then resided, had all his life been dealing in sugar, molasses, and whisky, and could therefore not help following the force of his habits.

Professional services are generally much more highly appreciated in cities and large towns than in the country. In the United States, practitioners are much better rewarded in the South and South-west than in the North and East; in the slave States universally much more liberally than in the free. The reasons for these practices are obvious. In towns and cities physicians could not live if their charges were not higher than they are in the country; and in the Southern regions of the United States money is much more plenty than among the same number of inhabitants in the North and East.

The highest fees for medical services in America are paid at New Orleans, where the ordinary charge for a visit is from two to five dollars, while consultation services yield at the rate of from ten to twenty. At Charlestown the first consultation fee, established by long habit, is fourteen dollars, the subsequent ones being each two dollars. In this city the first consultation visit is usually five dollars, and those made afterwards two dollars each. The fees of surgeons are generally, everywhere, higher than those of physicians.

Since our attention has been directed to this subject, we have examined a number of works in our library with a view of ascertaining the charges, ordinary and extraordinary, of practitioners, dead and living, in different countries and in different ages.

In ancient times some remarkable fees were obtained for professional services. It is related of Charmis, who kept a bathing establishment at Rome, in the reign of the Emperor Claudius, that his regular charge for advice to those who were anxious to avail themselves of his treatment was £800. He was the first water cure doctor, if we may credit the researches of Dr. Doran, that ever practised, and he made an immense fortune, such as no brother of the craft of the present day can at all approach.

The most liberal fee of modern times was that received by Dr. Dimsdale, a physician of Hertford, England, for inoculating the Empress Catherine, at whose request he visited Russia, in 1768. The operation was perfectly successful, and such was the gratification of the Empress that she made Dimdale a baron of the empire, besides presenting him £12,000, and a pension of £500 a year.

The largest fee ever received by Sir Astley Cooper was 1000 guineas. His patient was a man of the name of Hyatt, a retired West India merchant, who was affected with stone in the bladder. The manner in which the fee was presented is worthy of notice. When Hyatt had entirely recovered from the effects of the operation, he requested his surgeon, with his two medical attendants, Dr. Lettsom and Dr. Nelson, to visit him on a particular day. Cooper arrived after the physicians had left the room; he met them down stairs, discussing the liberality of their patient, who had presented each with £300. Sir Astley was cordially received by the old West Indian,

and after having chatted a little while, he rose to take his leave, and had got as far as the door, when Hyatt threw his night-cap at him, saying at the same time, "There, young man, put that into your pocket." Upon examining it, he found a check in it for 1000 guineas. Hyatt, it would seem, was equally liberal to his apothecary, or regular family attendant. One day, being sent for in haste to visit his patient, he fell down and hurt his knee, so as to cause him, on entering, to be lame. Hyatt, observing his condition, immediately exclaimed, "Dobson, old fellow, what is the matter?" On learning what the trouble was, he pulled out a £100 banknote, and applied it to the joint, adding that it was the best plaster in the world for a bruised knee. A wealthy London merchant, Mr. William Cole, paid Sir Astley Cooper annually, for years, £600, for attendance upon his family. During the hey-day of his professional life Sir Astley Cooper frequently made 100,000 dollars a year by his practice. Much of this vast sum was received for chamber practice. He had to answer many letters of advice for which he never received less than a one-pound note, while many yielded him five times that amount.

Dr. Lettsom, who was a West Indian by birth, made, in a visit which he paid to Tortola, his native town, soon after having completed his studies in London, nearly £2000 in five months. After he had succeeded in establishing himself in the British metropolis, his income annually ranged from 20,000 to 25,000 dollars. In 1800, he received, in fees, £12,000, or sixty thousand dollars.

Fothergill, the Quaker doctor, did an immense practice. For the last twenty-five years of his life, his fees annually averaged nearly £7000, or about 35,000 dollars. He commenced his practice in 1740.

Mead's income was, on an average, from £5000 to £7000, for many years. He once received 300 guineas for visiting a patient. The patient had been very ill, but recovered before the arrival of his great physician.

Dupuytren's income was enormous; he began life as a poor boy, and died worth more than a million of dollars. Graefe, the celebrated surgeon of Berlin, left an immense fortune, the result of his professional labours.

In America, physicians are not noted for their high charges or great income. One of the largest fees ever received by any one was that of Dr. Ephraim McDowell for the operation of ovariectomy, performed upon a lady in Tennessee, whose husband gave him fifteen hundred dollars. We have heard of a fee of five thousand dollars being paid to a New York surgeon for an operation for club-foot, but we are unable to vouch for the authenticity of the story. Physick left a large fortune, but rather in consequence of the rise of his estate than of his large professional emoluments. His charges were generally small. A gentleman once handed him a hundred dollar note for attendance on his wife; but the doctor thinking that it was out of all proportion to the value of his services, returned all but ten dollars.

The salaries of court physicians and surgeons have also varied according to the times in which they flourished, and the respective ranks which they occupied. In the reign of Henry III, of France, the pay of the royal household staff was as follows:—

First Surgeon, Ambroise Paré, 666 livres and 12 sols.

Surgeons in Ordinary, Pierre Pegray and Antoine Portail, each 333 livres and 6 sols.

Assistant-Surgeons, serving three months in the year, two and two: Jacques Guillemeau, Isaac Bruns, Jehan Lambert, Jacques D'Amboise, Ismael Lambert, Hierôme de la Noue, Charles Buchalier, and Michael Vandelon, each 100 livres.

Louis XIV seems to have had a high appreciation of the services of his professional attendants. Being affected with anal fistula, an operation became necessary, on recovering from which he exhibited his gratitude by bestowing upon them not less than £14,700, in the following ratio:

To M. Felix	-	-	50,000 crowns	=	£6000
„ Dr. Duquin	-	-	100,000 livres	=	4000
„ Dr. Fagon	-	-	24,000 „	=	1000
„ M. Bessiere	-	-	40,000 „	=	1500
„ Four apothecaries, each	-	-	3000 „	=	2000
„ M. Raye, apprentice to M. Felix	-	-	400 pistoles	=	200

Considering the enormous price paid for the operation, it is surprising that the filthy disease which it was designed to relieve should ever have become the fashionable court complaint. A surgeon at the present day may regard himself as extremely fortunate if he can occasionally get a patient who is able to pay him two hundred dollars for the division of the sphincter muscles, including the after-treatment.

Scanzoni, professor of midwifery in the University of Würzburg, received 25,000 dollars for attending, a short time ago, the Empress of Russia in her confinement. The prestige with which the favorable reception of this physician at the Russian court invested him, has rendered him the most celebrated accoucheur of continental Europe, and laid the foundation of one of the most aristocratic practices in the world, crowds of the German and foreign nobility flocking to him from all parts.

Medical men sometimes receive, in addition to their regular fees, large presents, either in money, plate, clothing, or wine. Thus, Ambroise Paré, the father of French surgery, at the siege of Metz, in 1552, had a tun of wine sent to him for curing one of the officers of a broken limb, by De La Roch, with a promise that "when it was drunken he would send mee another." The Sultan recently, after his recovery from an attack of ague, in which he was obliged to take an unusual quantity of quinine, the effects of which occasioned symptoms which somewhat alarmed the court, presented his physician, Dr. Caratheodory, precious stones, works of art, and various other articles, valued at between £12,000 and £16,000, besides a handsome estate.

Physicians, on retiring from practice, are sometimes presented with a service of plate by their grateful patrons; and similar compliments are occasionally paid by towns, and cities, in consideration of the services rendered by practitioners during the prevalence of devastating epidemics.

Sometimes, again, the present is in the form of a wife. Thus, Podalirius, whose praises have been sung by Homer, was rewarded by the King of Caria with the hand of his daughter, whose life he was supposed to have saved by bleeding her in both arms, after a fall from the top of a house. Such a gift might not always be agreeable or convenient to the recipient, but it could hardly be otherwise when it comes in the form of a rich princess, as in the case of Podalirius.

Governments do not always reward their subjects in proportion to the value of their services. Jenner, for his immortal labours in vaccination, by which millions of lives have been preserved, received from the British Parliament the paltry sum of £20,000. Brossard, a French surgeon, in the seventeenth century, was richly rewarded by the French government for the disclosure that agaric would arrest hæmorrhage after surgical operations. The remedy was tried, and, of course, found useless, though not until a number of lives had been lost by it. Mrs. Stephens, as late as the last century, obtained a large sum from the British Parliament for making known the supposed virtues of Castile soap and egg-shells in dissolving urinary calculi.

The charges for attendance at coroner's inquests are not commensurate with the services exacted upon these occasions. From ten to twenty dollars is the usual fee for making a dissection for the benefit of the public, and even that sum is often grudgingly allowed. In cases of poisoning the remuneration is, of course, more liberal, though seldom adequate. The largest compensation for services of this description ever paid in this, or, perhaps, in any other country, was that recently awarded by the city of New York to Dr. Doremus, Professor of Chemistry in the New York Medical College. The sum alluded to was 3000 dollars, besides 800 dollars for the outlay of new apparatus. The case was that of Stephens, tried for the murder of his wife by poison. Dr. Doremus was obliged to analyze two entire bodies.

Finally, a good fee is a powerful stimulant, causing the most delightful sensations, and goading a man on to the most vigorous performance of his duties. It increases the pace of the sluggard, and improves the digestion of the dyspeptic. There is not a man in the profession that has not, at times, felt the force of the practice of the celebrated physician of Bath. Finding himself no better for his own prescriptions, he laughingly observed to a friend, "Come, I think I will give myself a fee; I am sure I shall do better then." Putting his hand into his pocket, he took out a guinea, and gravely passing it to the other, he soon got well. Assuredly, reader, there is great potency in a good fee.

Physicians sometimes place no better estimate upon their services than their patients. A young professional acquaintance recently told us that, not long ago, after having prescribed for a female, she handed him a one dollar counterfeit note, which he did not hesitate to take, although he knew at the time it was worthless, believing that it was a fair equivalent for his services. We have not examined our brother's organ of conscientiousness, but suppose it to be very large.

CONDUCT OF POOR-LAW OFFICIALS TOWARDS
MEDICAL MEN.

On Wednesday last, Mr. Brown, medical officer to the out ward of the parish of Chelsea, at Kensal New Town, was summoned before the Chelsea Board of Guardians to answer a charge of disobeying the order of the Board, and of giving a medical certificate that a pauper named Murphy was *not* in a fit condition to be removed to the workhouse, while he was so in reality.

The relieving officer making the charge, one William Tubbs, said, on January 7, a woman called on him with a certificate that her husband, Dennis Murphy, was ill, and required immediate attention. He afforded relief, and upon inquiry he was informed, on good authority, that Murphy did not need parochial assistance, and, by direction of the Board, the relief was stopped. On the 20th, Mrs. Murphy again called at the workhouse with a certificate from Mr. Brown, stating that the man was suffering from an abscess in the arm, and could not be removed to the workhouse, as ordered by the Board. On the back of the certificate appeared the following memorandum:—

"SIR,—I must beg to call your attention to the case of this poor man. I ordered for him, last Thursday week, meat of Mr. Jordan, and wine of Mr. Pergeten, which I will thank you to pay for. It is absolutely necessary for his recovery that he should have very generous diet; and I request, therefore, you let him have one pound of meat, and half a pint of port wine, daily. I warn you, that if you neglect my poor in the way you have been in the habit of doing, I shall report you to the Board.—GEORGE BROWN, M.R.C.S."

The chairman said, that when Tubbs received the note he came to him (the chairman) for advice; and he and others thought it best to instruct another medical man to visit Murphy, and give his opinion upon the case. Dr. Barnes, who was sent, gave a certificate that Murphy was in a fit state to be removed into their house. The chairman then dwelt upon Mr. Brown's having set the Board's order at defiance about meat and wine being allowed sick paupers without first recommending it to the relieving officer. Mr. Brown said that Tubbs had not seen Murphy before he made his report to the Board, and therefore could not honestly report the case as underserving. Tubbs called on Murphy eight days after the medical certificate had been given; and it was then to say that the relief would be discontinued, as the accident occurred in a drunken row. It was not a portion of a relieving officer's business to inquire how people met with accidents. On the 19th of January he performed an operation on Murphy, and gave the certificate read. On the following day his patient told him that another medical man had been to visit him during the day; and at night Murphy received an order for his removal to the workhouse. Mr. Brown warmly denounced these proceedings, as extremely wrong, as it was impossible that a medical man totally unacquainted with Murphy's case, could give a fair opinion. He did not consider that any respectable medical man would have acted as Dr. Barnes had in the matter. Mr. Walker (the chairman) observed, that the medical gentleman whom the Board sent was not aware that Murphy had been medically attended. Mr. Brown now brought against Tubbs a charge of having systematically acted in opposition to his instructions and wishes, and of having afforded relief to a man who was actually dead. Some disgusting revelations were made in connexion with the latter charge. Mr. Brown said that, if the guardians did not choose to pay for what he ordered for the poor patients, he would defray the charges out of his own pocket. No resolution was arrived at respecting the charge against him.

HEALTH OF LONDON—FEBRUARY 4TH, 1860.
[From the Registrar-General's Report.]

	Births.		Deaths.	
	Boys.	Girls.	1859.	1860.
During week	1003	940	1389	1326
Average of corresponding weeks 1849-58	1003	940	1389	1326
Among the causes of death were—				
bronchitis, 217; pneumonia, 136; phthisis, 142; small-pox, 44; scarlatina, 39; measles, 22; diphtheria, 4; hooping-cough, 48. The deaths from pulmonary diseases (exclusive of phthisis) were 398, being 96 above the corrected average.				
Barometer:				
Highest (Fri.) 30.156; lowest (Mon.) 28.907; mean 29.655.				
Thermometer:				
In sun—highest (Tues.) 70.0 degrees; lowest (Wed.) 40.0 degrees.				
In shade—highest (Mon.) 45.7 degrees; lowest (Wed.) 25.5 degrees.				
Mean—36.3 degrees; difference from mean of 43 yrs.—1.1 degree.				
Range—during week, 22.2 degrees; mean daily, 10.7 degrees.				
Mean humidity of air (saturation=100), 85.				
Mean direction of wind, N.—Rain in inches, 0.31.				

TO CORRESPONDENTS.

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BOOKS RECEIVED.

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

1. Clinical Lectures on Certain Acute Diseases. By Robert Bentley Todd, M.D., F.R.S. London: John Churchill. 1860.
2. Selected Monographs: Kussmaul and Tenner on Epileptiform Convulsions from Hemorrhage.—Wagner on the Resection of Bones and Joints.—Graefe's Three Memoirs on Iridectomy in Iritis, Choroiditis, and Glaucoma.—The New Sydenham Society. London: 1859.
3. Foundation for a New Theory and Practice of Medicine. By *Thomas Inman, M.D. London: Churchill. Liverpool: A. Holden. 1860.
4. Exposition of a Method of Preserving Vaccine Lymph Fluid and Active; with Hints for the more Efficient Performance of Public Vaccination. By Wm. Husband, M.D. London: Churchill. Edinburgh: Sutherland & Knox. Dublin: Fannin & Co. 1860.
5. On Diseases of the Throat, Epiglottitis, and Windpipe. By *George D. Gibb, M.D., M.A. London: Churchill. 1860.

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