

THE WEEK.

The discussion in the House of Commons on Wednesday night, on the Coroners Bill, will be read with interest by the profession, as it proposes to bring to an end the very unseemly disputes between magistrates and coroners as to the necessity of holding inquests in certain cases. Some magistrates seem to have determined in their own minds that the office is no longer necessary, and practically set about abolishing it, by withholding the fees demanded by the coroner. In Middlesex especially, the Justice Shallows of the Bench have been engaged in this unconstitutional method of attempting the suppression of this very ancient office, notwithstanding the patent fact that secret poisoning has been so much on the increase of late, death often being brought about by means so artful, and by drugs whose effects so closely simulate the symptoms of natural disease, that the utmost vigilance of the coroner—a coroner who should be a medical one—is imperatively called for. When the suspicions of foul play have not been justified by the investigation, the magistrates are too apt to think that the expense of the inquest has been pure waste, forgetting that a vast amount of crime is thereby checked. It is only the knowledge that the merest suspicion of foul play is enough to bring on a rigid inquiry, that prevents the perpetration of thousands of crimes that otherwise would be committed among us unnoticed. Magistrates, "dressed in a little brief authority", see only one side of the question; and their opinions on this subject are little likely, we think, to prevail with Parliament. The object of Mr. Cobbett in bringing in his Bill is to relieve coroners from the odious charge of holding unnecessary inquests, by attaching a fixed salary to the office, instead of continuing the system of payment by fees. It is, however, fairly urged that, if coroners do too much under the present system, they will, in all probability, do too little under the amended one. It certainly strikes us that there would be a tendency to take things too easy, and that crime would be the gainer by the exchange. The House evidently thought there was something in this objection, and therefore agreed to appoint a committee to investigate the matter. The Home Secretary, who has, no doubt, been troubled enough by these disputes between coroners and magistrates, attempts to meet the difficulty by giving the coroner an appeal to the Court of Queen's Bench, and has brought in a Bill to that effect. The question, however, must be thoroughly sifted in committee, where we hope the claims of the medical coroner, *versus* the mere legal functionary, will be duly urged.

It will be remembered, that on the trial of Smethurst, Dr. Thudichum stated that he had in many cases found grey powder to contain very perceptible traces of both antimony and arsenic. This very startling assertion was at the time the matter of much conversation in the profession. It was observed by old practitioners, that the compound purchased from chemists of late, produces retching and vomiting in children, symptoms but seldom produced by that made by themselves in their own laboratory. Mr. Pittard, who has investigated the subject, says—

"This goes far to show that antimony and arsenic—one, or both—are often present in ordinary grey powder. I have learnt from a person who has often been employed by manu-

faturing druggists, how, most probably, they get there. The mercury used to make grey powder, etc., is often the refuse of the silvering of looking-glasses—sold at about eightpence the pound. The mercury is used in this silvering process in conjunction with a foil—said to be tin-foil, but really consisting of tin, lead, arsenic, and antimony—which is dissolved by, and forms an amalgam with, the mercury. The mercury is used in great excess, and the surplus is rapidly squeezed out by pressure. It may be used over and over again several times, but at length it becomes thick (no longer quite fluid), and then it is no longer usable in the process. The thickness is of course due to the foil dissolved in it. My informant tells me that it is often used for making *hyd. c. creta* thick as received from the looking-glass makers; but it is manifest that even if it were distilled off the tin and lead, the arsenic and antimony, being volatile, would pass over with it."

Professor Redwood, in the *Pharmaceutical Journal*, demurs to this explanation altogether, but gives no reason whatever for doing so. He merely thinks that the method employed by operative chemists of mixing the chalk and the mercury in a mill, is apt to oxidize the metal in a more complete manner than mere trituration in a hand mortar does, and that it is the oxide of mercury that causes the sickness. We think, however, that the horrible suspicion raised by Mr. Pittard is not satisfactorily set at rest by the professor. If the amalgam employed for silvering glasses, consisting of mercury, antimony, and arsenic, is really used for making grey powder, even in ever so small quantities, it is but right that the medical profession should know it. What has Dr. Hassall to say upon the subject?

We are glad to learn that the proposal to give the degree of Bachelor of Arts to students who obtain a place in the Natural Sciences Tripos has received the sanction of the Senate of the University of Cambridge. By this regulation the natural sciences are placed upon the same level in the University as classics and mathematics; and an impetus has, therefore, been given to the study of those sciences in the University, which we hope will tend to their more general and successful prosecution in this ancient seat of learning.

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE next meeting of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Tuesday, the 20th inst., at one o'clock.

Principal Business: to receive the Report of the Audited Accounts; and to arrange the time of the Annual Meeting.

PHILIP H. WILLIAMS, M.D., *General Secretary.*
Worcester, March 6th, 1860.

DR. BARKER'S RESIGNATION.

Worcester, March 6th, 1860.

DEAR SIR,—I have much pleasure in announcing to our associates, that a requisition, signed by a large number of the members of the South Midland Branch, has been sent to Dr. Herbert Barker, and that he has, in compliance with that requisition, withdrawn the resignation which I officially received from him some time ago. Yours faithfully,

PHILIP H. WILLIAMS, M.D., *General Secretary.*
To the Editor of the BRITISH MEDICAL JOURNAL.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
MIDLAND.	Board Room, Infirmary, Derby.	Thurs., March 22nd, 3 P.M.
[Ordinary Meeting.]	Hen and Chickens Hotel, Birmingham.	Thursday, April 19th, 6 P.M.
BIRMINGHAM AND MID-LAND COUNTIES.		
[Ordinary Meeting.]		

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

ANNIVERSARY MEETING. THURSDAY, MARCH 8, 1860.

JOHN HILTON, Esq., F.R.S., President, in the Chair.

THE eighty-seventh anniversary meeting of the Medical Society of London was held at the Albion Tavern, Aldersgate Street, on Thursday last, at 5 P.M.

Election of Officers and Council. The following gentlemen were declared to be elected the officers and council for the ensuing year:—PRESIDENT: A. B. Garrod, M.D., F.R.S. VICE-PRESIDENTS: G. O. Rees, M.D., F.R.S.; F. Sibson, M.D., F.R.S.; C. H. Rogers-Harrison, Esq.; R. Wade, Esq. TREASURER: James Bird, M.D. LIBRARIAN: John Cockle, M.D. SECRETARIES IN ORDINARY: T. Bryant, Esq.; Hyde Salter, M.D., F.R.S. SECRETARY FOR FOREIGN CORRESPONDENCE: T. Davidson, M.D. COUNCILLORS: W. Adams, Esq.; J. Birkett, Esq.; J. F. Clarke, Esq.; R. Druitt, M.R.C.P.; W. T. Dyer, M.D.; J. Erichsen, Esq.; A. Fisher, Esq.; H. W. Fuller, M.D.; C. J. Hare, M.D.; W. Harvey, Esq.; T. Hawkesley, M.D.; J. Hilton, Esq., F.R.S.; T. Hunt, Esq.; E. Lankester, M.D., F.R.S.; J. Love, Esq.; P. Marshall, Esq.; J. F. Marson, Esq.; S. W. J. Merriman, M.D.; F. W. Pavay, M.D.; W. R. Rogers, M.D. ORATOR FOR 1861: A. Clark, M.D.

Annual Oration. The annual oration was delivered by JOHN GAY, Esq.

Medals. The silver medal, for distinguished services to the Society, had been awarded to the President, JOHN HILTON, Esq.; and was presented to him, in the name of the Council, by Dr. Routh, as a testimony of the esteem entertained for him, and of approbation of the efficient and impartial manner in which he had discharged his duty. There was no award of the Fothergillian gold medal, or of the Society's silver medal for a paper.

The Fellows of the Society afterwards dined together.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 28TH, 1860.

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

ON A NEW METHOD OF EFFECTING THE RADICAL CURE OF HERNIA.
BY JOHN WOOD, F.R.C.S.ENG.

THE author commenced by a brief sketch of the *anatomy of the inguinal region*. The peculiarities of structure of the parts concerned in inguinal hernia, of which especial advantage is taken in the operation proposed and practised by the author, are: 1st, the mobility and sliding power of the skin in the groin, owing to the synovial character and loose areolar meshes of the deep layer of superficial fascia; 2nd, the total absence of fat from the areolar tissue of the scrotum, its density, elasticity, toughness, and great vascularity, enabling the surgeon to invaginate it into the inguinal canal, to retain it there by stitches, and cause it permanently to adhere to its sides and to the cord; 3rd, the protection afforded to the peritoneum and vessels (epigastric and circumflex iliac) by the intervention of the fascia transversalis, and its connexion with the deep surface of Poupart's ligament; 4th, the formation by the conjoined tendon of the internal oblique and transversalis muscles and triangular ligament of the greater portion of the posterior wall of the canal, and the feasibility of raising the former by the finger passed into the canal behind the lower edge of the internal oblique muscle, so as to pass a needle through it and the internal pillar of the external abdominal ring together. The author then stated that the methods respectively practised by Ragg, Bonnet, Gerdy, and more lately by Wützer of Bonn and Rothmund of Munich, most frequently fail in producing a permanent cure chiefly by their not obtaining a hold upon the posterior wall of the canal, and their securing only the anterior

portion of the fold produced by invagination, leaving the posterior half of the fold ready for the reception of a fresh portion of intestine. The objections to the introduction of a hard dilating plug into the invaginated fold of skin and its retention, by Wützer's method, are, that the skin and fascia, intervening in two layers between the compressing hard surfaces and the serous laminae of the invaginated sac, ward off from them in great measure the effect intended—that of adhesive inflammation; while the absence of counterpressure behind the posterior fold renders the dilating force of the plug almost nugatory, unless sufficient expanding power to cause sloughing be employed—to the great distress, not to say danger, of the patient. The dilating action of the plug upon the canal and external ring leaves the latter in a worse condition than before in case of the failure of the operation. The principle of plugging up a dilatatable aperture like the inguinal opening is false. The invaginated skin invariably descends when the consolidation is absorbed, the latter being temporary only in its duration. The principle of the author's operation is directly opposite to that of dilatation—namely, that of drawing together and compressing the anterior and posterior walls of the canal in its whole length, and their union by the adhesive process with the invaginated fascia of the scrotum, which is detached from the skin and transplanted into the canal, the skin being left to adhere below to the approximated margins of the external abdominal ring. By this means the posterior wall of the inguinal canal is made to act as a valve to prevent any future descent of the bowel, shutting up the superior opening by becoming united to the anterior wall through the medium of the scrotal fascia, which thus affords a very highly organised and vascular connective tissue between the tendinous surfaces, which it would be very difficult to cause to adhere together otherwise. The fascial invagination becomes likewise firmly adherent to the spermatic cord. This continues to be effective even when the temporary effusion of lymph is reabsorbed.

The Operation. This consists, first, in detaching the scrotal fascia from the skin over the lowest part of the hernial protrusion with a tenotome knife, and then invaginating the fascia into the canal with the forefinger; secondly, in passing a strong, well-curved needle, fixed in a handle, armed with a stout, thick thread, and guided by the finger, through three points in the canal—viz., the conjoined tendon and the triangular fascia (forming the posterior wall), and the external pillar of the ring close to Poupart's ligament (forming the anterior wall of the canal). The ends of the ligature are left in the two former punctures, and a central loop in the latter, passing through the pillars of the external ring, and through the same aperture in the skin of the groin. This may readily be done by sliding upon the subjacent aponeurosis. Thirdly, a cylindrical or flattened compress of glass or boxwood, two inches and a half long by one inch wide, is tied firmly upon the axis of the canal by passing the ends of the ligature through the loop, and tying over the compress. Before tightening the ligature, the surgeon should satisfy himself, by passing the forefinger through the external ring, that the ligatures draw upon the posterior wall. The opening in the scrotum should be tucked well up to, but not within, the external ring.

In recent cases of hernia, in which the sac is small and possesses an intimate vascular connexion with the peritoneum, and a very slight one with the cord, it may be pushed back into the superior opening, and the ligature applied altogether external to and without puncturing the sac, thus diminishing very much the chances of peritoneal inflammation. But in old and large herniae, the sac has a more intimate vascular connexion with the scrotum and cord, and constitutes, as it were, a separate structure, distinct from the peritoneum. In these cases the sac is necessarily invaginated with the fascia, and the ligatures pass through it. In these the inflammation set up in the sac is much less liable to spread into the abdominal cavity, especially when the upper orifice is closed by the ligature. In a large sac the adhesive process is necessary to complete obliteration of the canal, and to prevent future complications.

The compress is removed from the fourth to the seventh day, according to the degree of action set up. The ligatures may be left in a week or two longer to act as conductors for the discharges, and to keep up consolidating action as long as may be desirable. When the sac is punctured, serous fluid flows from the wound in greater or less quantity during the first three or four days.

The author called attention to the action of the rectus muscle upon the inguinal canal through the conjoined tendon, in drawing backward the posterior wall of the hernial canal, thus aid-

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, Esq.

SIR.—I shall feel obliged by your allowing me to inform the Poor-law Medical Officers that, although Mr. Pigott was unable to bring forward the bill on the evening first intended, in consequence of the discussion on the new tariff occupying so much time, he assures me he will take the earliest opportunity of doing so. In a letter I received this morning from him is the following: "We lose nothing by this delay: it gives opportunity for talking it over with members." It is possible that, before this letter reaches you, leave may have been given to introduce the bill. Be this as it may, I strongly advise the medical officers to continue to send to the House their petitions, of which, up to the present time, about sixty only have been presented. I also urge upon them to write to each of the Members of Parliament with whom they are acquainted, and endeavour to obtain their support of the measure when introduced. Two hundred gentlemen have sent me their subscriptions this year; but this is a very small proportion of the three thousand. Surely gentlemen can hardly be aware that, if this measure be carried in the shape proposed, upwards of £200,000 a-year will be added to the incomes of the poor-law medical officers as a body. Two or three officers have written to me within the last few days, forwarding subscriptions, but saying they will not be benefited by the measure. In each of these cases I have proved to them that their incomes will be doubled by the three elements of payment alone, omitting altogether the gain which will accrue by other clauses in the bill. The great object of my obtaining money is, that I may be enabled to give every possible publicity to our complaints, and the mode of redress. I am at this time writing a commentary on each section of the bill, which I intend to send to the Members of Parliament, as soon as it is fairly before the House, in order that the necessity for each clause may be thoroughly understood, and that easy reference may be made to the arguments in support of it.

Every thing at present looks propitious; and if the bill should not be carried this session, it will be mainly owing to the apathy of the profession.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, 3rd March, 1860.

POOR-LAW MEDICAL REFORM.

SIR.—As an encouragement to those who are helping Mr. Griffin in his efforts to ameliorate the Poor-law medical officers, I will thank you to allow me to tell them, through the medium of your pages, that I have had no difficulty in obtaining numerous signatures of the ratepayers of the parish in which I live to the second form of petition recommended by Mr. Griffin. Two other similar petitions were signed, and for two other adjoining parishes, signed by the incumbent and by a guardian of one of them.

Besides a district, I hold also the appointment of surgeon to the workhouse. I drew up a petition specially for it, and it was willingly signed by the chaplain of the workhouse. I have also written to, and sent written petitions for, friends at two distant places, asking them to try to obtain signatures, and forward to the respective members of Parliament. I have forwarded my own petition also. I am the only medical man in the place; and last, though not least, I have forwarded a subscription to Mr. Griffin. I am sorry to hear, from the best authority, that a gentleman well known handed round a petition to medical men in his town; upwards of a dozen signed; but, to their shame be it said, not one gave a sixpence to defray expenses.

I should recommend that a note from the medical man, when forwarding his petition to the M.P., should solicit his interest and vote in behalf of bettering our position.

The other day, I carefully looked over the workhouse medical relief books, made up and inspected weekly by the Board of Guardians, with a view of ascertaining what I had done for my salary. The result is as follows:—

Union Workhouse, year ended Dec. 31st, 1859. Average number of Inmates, 61.

The workhouse, containing on an average 25.25 on the sick-list, was visited 212 times, twice at midnight, equal to 5406 personal visits. Each patient is estimated to have taken at least one dose daily; consequently, upwards of 9216 doses (and probably about 500 external applications) were supplied. One

case of dislocation of arm, and one of fracture of arm, treated. 152 examinations of persons on their admission were made; 52 weekly reports written out. Several minor cases, as tooth-drawing, not recorded. The payment for these was £15.

Extras. Nine midwifery cases (two serious), at 10s.; the majority attended at extra time, midnight—£4:10.

Total, £19:10.

Besides all this, I am constantly called upon to decide disputes between master or matron and inmates, to attend meetings of the guardians when required, etc.

For obvious reasons, I do not wish my name nor address to be published, but send them to you in confidence.

I am, etc.,

AN ASSOCIATE AND POOR-LAW MEDICAL OFFICER.

March 6th, 1860.

Parliamentary Intelligence.

HOUSE OF LORDS.—Monday, March 5th, 1860.

THE LACE TRADE OF NOTTINGHAM. The Earl of SHAFTEBURY presented a petition from Nottingham signed by 10,000 of the inhabitants of all classes, praying that the lace factories might be brought under the operation of the Factory Act. A vast number of women and children, of the ages of seven, eight, and nine years respectively, were engaged in the manufacture of lace. They were liable to be called up at any hour of the night—it might be for two hours only or for a great many hours of continuous labour. They were without any superintendence or control in the mills, and those children were shut out from any possibility of instruction; they were subject to frightful accidents in consequence of the non-protection of the machinery; and their health, as well as morals, suffered seriously from the want of proper regulations. He gave notice of his intention to introduce a Bill upon the subject.

The Duke of NEWCASTLE believed there would be no opposition to the proposed Bill if the smaller manufacturers were dealt with carefully, and if the new system were introduced gradually.

ADMINISTRATION OF POISON BILL. The LORD CHANCELLOR, in moving the second reading of the Administering of Poison Bill, said it had for its object to correct a serious defect in the existing law in regard to the administration of noxious substances. As the law now stood, if poison was administered with intent to murder it was a capital offence, and in his own experience he had seen it punished by the extreme penalty of the law; but if no intent to murder could be proved, the law was considered as most deplorably defective, because it was held that by common law it was not an offence to administer poison unless with intent to murder. The Bill consisted of two clauses. The first provided that the administration of poison with intent to do grievous bodily harm should be regarded as felony, and punished with penal servitude. The other provided that in the event of the administration of poison being without intent to do grievous bodily harm, and with intent only to annoy and aggrieve, it should be regarded as a misdemeanour, and punished with three years imprisonment.

The Bill was read a second time.

HOUSE OF COMMONS.—Monday, March 5th, 1860.

MEDICAL ACTS AMENDMENT BILL. This Bill passed through Committee.

Tuesday, March 6th.

VACCINATION. On the motion of Mr. THOMAS DUNCOMBE, an address was agreed to for a copy of all instructions or correspondence from the Privy Council Office or Poor-Law Board, addressed to Boards of Guardians in England or Wales, with respect to the cost of prosecuting persons refusing or neglecting to have their children vaccinated; and of the number of children vaccinated, and of those who afterwards died.

LUNACY (SCOTLAND) ACT. Mr. STIRLING asked the Secretary for the Home Department whether it was the intention of the Government to introduce into Parliament in the present Session any Bill to amend the Lunacy (Scotland) Act?

Sir G. C. LEWIS said the law relating to lunacy in Scotland was under the consideration of the Lord-Advocate.

MEDICAL ACT AMENDMENT BILL. This Bill was read a third time, and passed.

Wednesday, March 7th.

CORONERS' BILL. Mr. COBBETT, in moving the second reading of the Coroners' (No. 2) Bill, noticed the disputes which had arisen on the subject of the payment of Coroners, and expressed his conviction that it was advisable to alter the mode of paying this officer, by assigning to him, instead of fees, a fixed salary, to be paid out of the county rate. He argued strongly against the abolition of the office of Coroner, one of the most ancient, and, as he contended, one of the most useful, of our institutions; and he explained the provisions and details of the Bill.

Mr. JAMES moved, as an amendment, that a Select Committee be appointed to consider the state of the law and practice as regards the taking of inquisitions in cases of death, and the remuneration now paid to Coroners; and whether it is expedient that any and what alteration should be made in the manner in which such remuneration is now made; and to consider the effect and operation of the statutes now in force upon that subject. He observed that there were substantially three questions; first, whether the Coroner should, as at present, be paid by fees; secondly, whether the remuneration should be by salary; and thirdly, ought the office of Coroner to be abolished? He thought this ancient and extremely important office should be retained, and that the mode of remuneration was a fit subject for the inquiry of a Committee.

The discussion which followed embraced four propositions—the second reading of Mr. COBBETT's Bill, the amendment to refer the whole subject to a Select Committee, the merits of the Government Bill, and the question whether both Bills should go simultaneously before the Select Committee. The result was that Mr. COBBETT's motion was negative, and the amendment moved by Mr. JAMES, with the addition of certain words (proposed by Sir G. GREY) enlarging the terms of reference to the Committee, was agreed to, upon the understanding that the Government Bill would be postponed.

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—

BRAID, James, M.D., Neston, on February 24th.
BULLOCK, Henry, Esq., Surgeon, Hounslow, on March 2.
GORRINGE, J., Esq., Surgeon Bombay Army, at Ahmedabad, on January 9th.
PARROTT, John C., Esq., Surgeon, Clapham, on February 28.
TRESTNAIL, J., Esq., Surgeon Bombay Army, at Malleganin, on January 13th.
*WILKINSON, M. A. Eason, M.D., Greenheys, Manchester, on February 25.

Of daughters, the wives of—

Fox, Wilson, M.D., Newcastle-under-Lyne, on February 22.
LA FARGUE, G. F. H., M.D., Islington, on February 25.
*NICHOLSON, J. R., M.D., Redditch, on February 21.
WOODD, Charles G., Esq., Surgeon, Penge, on February 27.

MARRIAGES.

CORDEAUX, John, Esq., Great Cotes, Lincolnshire, to Mary Ann, youngest daughter of the late Wm. WILSON, M.D., Naton Hill, Cheshire, on February 21.
DIXON, William F., Esq., to Jane W., second daughter of William S. GILL, M.D., Pentonville, at Windsor, lately.
JONES, Commander John J. B., R.N., to Adah, eldest daughter of the late Richard WILLIAMS, M.D., Abergavenny, on Feb. 21.

DEATHS.

AYLING, Thomas, Esq., Surgeon R.N., Liss, near Petersfield, aged 44, on March 3.
CRABB. On February 26th, at Poole, aged 8 months, Fanny Sarah, youngest child of A. Crabb, M.D.
HILL. On February 22nd, Sydney Hutton, only son of John Hill, Esq., Surgeon, Ferrybridge.
JOHNSON. On February 24th, at Sutton-on-Trent, aged 47, Mary, wife of John Johnson, M.D.

RUGG. On February 27th, at Brighton, Anna Sophia, wife of *Richard Rugg, Esq.
SIMPSON, Charles, M.D., at 9, Sussex Street, S.W., aged 55, on February 23rd.
TAYLOR, John, Esq., Surgeon, at Chelsea, on March 2.
WALKER, Sanderson, M.D., at St. Michael's, Azores, on Feb. 9.

APPOINTMENTS.

*STREET, William, Esq., Reigate, appointed a Magistrate of the county of Surrey.
*WATERS, A. T. H., M.R.C.P., elected Physician to the Northern Hospital, Liverpool.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at a meeting of the Court of Examiners, on February 24th:—

BATTY, Thomas, Liscard
BLADES, Charles, Tattershall
CALDCLEUGH, Simon, Camden Town

CLARKE, J. A. L., Belgravia
CLEWLEY, T. M., Whitwick
DAWSON, John, Thames Ditton
DOWLING, T., Chew Magna
FLOCKTON, R., Snittisham
FURNIVALL, Wm., Hutton
HARTLEY, John, Howden
HARTLEY, Joshua, Malton
HUGHES, J. H., Wednesbury
JUMP, Charles J., Litcham

TOWN

MANNING, H. J., New Zealand
MIDDLETON, James, Queen Street, Cheapside
MILLER, William, Poole
MOCKETT, G. T., Pimlico
MORGAN, Moses, Charlotte St.
MORRIS, C. H., Normanby
POTTER, John R., Bath Street
STANILAND, Samuel, Toxall
SUGDEN, Edward, Manningham, Bradford
TAYLOR, C. H., Bradford
WARD, Richard, Driffield

FRIDAY, MARCH 2ND.

BATEMAN, J. A., Shadwell
BUXTON, T., Fazeley, Tamworth
CHAMBERLAIN, J., Syerstone
CLOUTING, J. R., Shipdham
ELY, John J., Chatham
FORD, J. H., Grays, Essex
KNOTT, J. P., Blisworth

LINDLEY, J. F., Cheadle
MARSHALL, F. H., Moulton
PEARSE, W., St. Tudy
STEEL, J. S., Salford
SWAIN, T., Birmingham
TRULL, John, New Brighton
WEBB, Thomas, Cavan
WOODS, R., Walton-on-the-Hill

The above had been previously in practice as Licentiates of the Society of Apothecaries.

LICENTIATES IN MIDWIFERY admitted at a meeting of the Board, on February 29th:—

ATWELL, Gregory H., Campden Hill Villas: diploma of membership dated December 5, 1859
CHARLTON, Egbert, Tonbridge: July 18, 1859
EASTLAKE, Henry E., London: December 16, 1859
GRIFFITH, Alfred L., Old Kent Road, April 11, 1859
HOMFRAY, Charles A., London: July 2, 1858
LOVEGROVE, Charles, Sevenoaks: July 15, 1859
MILLER, Thomas, Boyton: December 6, 1859
ROBERTS, Arthur, Brompton: July 19, 1859
ROYSTON, Charles, Brompton: June 4, 1852
WILTON, John, Australia: February 10, 1860

APOTHECARIES' HALL. LICENTIATES admitted on Thursday, February 23rd, 1860:—

BOARD, Edmund C., Bristol
BODILLY, J. B., Penzance
COTTAM, Robert, Leeds
DUTTON, Douglas J., Bristol

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

COWARD, C. T., Stepney
HALL, Marriott, Sheffield
KOUGH, J. O'B., Shrewsbury

MONCKTON, A. Brenchley
ROBERTS, Carr H., Charing Cross Hospital

HEALTH OF LONDON—MARCH 3RD, 1860.

[From the Registrar-General's Report.]

Births. Deaths.

During week

{ Boys .. 877 } 1773 .. 1442

Average of corresponding weeks 1849-58

{ Girls .. 896 } 1742 .. 1327

Among the causes of death were—bronchitis, 237; pneumonia, 118; phthisis, 161; small-pox, 41; scarlatina, 37; measles, 20; diphtheria, 12; hooping-cough, 41. The deaths from pulmonary diseases (exclusive of phthisis) were 394, being 107 above the corrected average.

Barometer:

Highest (Sat.) 29°17'; lowest (Mon.) 29°22'; mean 29°63'.

Thermometer:

In sun—highest (Tues.) 88°0 degrees; lowest (Sun.) 73°0 degrees.

In shade—highest (Tues.) 63°5 degrees; lowest (Th.) 30°0 degrees.

Mean—35°5 degrees; difference from mean of 48 yrs. + 0°9 degree.

Range—during week, 23°5 degrees; mean daily, 17°3 degrees.

Mean humidity of air (saturation=100), 80.

Mean direction of wind, SW.—Rain in inches, 0.58.

TO CORRESPONDENTS.

THE LIST OF SUBSCRIPTIONS. The names of several gentlemen who had paid their subscriptions before the end of February, but which were accidentally omitted in the list published last week, have been forwarded to the General Secretary in order that they may appear in the next list.

Communications have been received from:—DR. T. SKINNER; DR. RICHARDSON; DR. THUDICHUM; MR. ERICHSEN; MR. THOMAS HOPELY; DR. GUY; DR. WHITWELL; MR. FORMAN; DR. T. SNOW BECK; DR. COOKWORTHY; DR. INMAN; MR. RICHARD GRIFFIN; MR. JNO. BIRKETT; MR. J. V. SOLOMON; DR. P. H. WILLIAMS; J. M. G.; AN OLD HAND; DR. GOODE; AN ASSOCIATE AND POOR-LAW MEDICAL OFFICER; DR. R. HIBBERT TAYLOR; MR. C. HARPER; DR. J. STYRUP; MR. T. M. STONE; DR. E. L. FOX; MR. J. BARLOW; DR. J. E. CROOK; and MR. JOSEPH HINTON.

BOOKS RECEIVED.

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

1. The Diseases of the Ear: their Nature, Diagnosis, and Treatment. By *Joseph Toynebee, F.R.S. London: Churchill. 1860.
2. Small-Pox in Scotland as it is, was, and ought to be; with Hints for its Mitigation by Legislative Enactment. By Alex. Wood, M.D. Edinburgh: Sutherland & Knox. 1860.
3. Advice to a Mother on the Management of her Offspring. By *Pye II. Chavasse, F.R.C.S. Fifth Edition. London: Churchill. 1860.

ADVERTISEMENTS.

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Fecri Citras c. Quince	oz. 3 0	Quince Disulph. (Howard's) oz.	6 9
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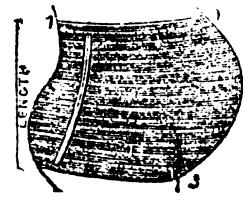
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Mr. BOURJEAURD, in submitting the accompanying Diagrams, presents his best thanks to the Members of the Medical Profession for their unceasing support of his invention of the Spiral Elastic Compressorial Principle in Surgical Appliances, and for the continuance of recommendations in all parts of the kingdom. At the same time, he feels it incumbent upon him to remind his friends, that this Invention was registered by him in February 1848, and, immediately after, advertised in the Medical Journals; thus affording an undeniable contradiction to the assertions of the appropriators of his principle, who have never appeared till within the last three and a half years, and yet style themselves Patentees, Registrars, etc., of the Spiral Principle. Mr. B. having served as Surgeon in the French Navy has had great experience in bandaging; he has likewise been established eleven years in London, confining his attention entirely to cases indicating the necessity of compression; and begs leave to state that it is his firm impression that Patients should have the assistance of their Medical Attendant whenever the Spiral Elastic Bandages are applied, or otherwise should be attended by himself, as it must be admitted to be exceedingly hazardous for the suffering to entrust their limbs or cases of Hernia to persons totally ignorant of anatomical or physiological laws.

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