

## Association Intelligence.

### CHANGE OF ADDRESS OF THE EDITOR.

ALL letters or communications for the JOURNAL should in future be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary Meeting.]	York House, Bath.	Wed., April 29, 6½ P.M.
SOUTH MIDLAND. [Annual Meeting.]	George Hotel, Northampton.	Thurs., May 21, 2 P.M.

### ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

THE General Secretary of the British Medical Association begs to call the attention of members to the Laws regarding the ADMISSION OF MEMBERS, and the PAYMENT of their SUBSCRIPTIONS.

*"Admission of Members.* Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any *three* members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch."

*"Subscriptions.* The subscription to the Association shall be One Guinea annually; and each member, on paying his subscription, shall be entitled to receive the publications of the Association of the current year. The subscription shall date from the 1st January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous."

Either of the following modes of payment may be adopted:—

1. Payment by Post Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.
2. Payment to the Secretary of the Branch to which the member belongs.
3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the BRITISH MEDICAL JOURNAL, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W. C.

PHILIP H. WILLIAMS, *General Secretary.*

Worcester, March 1856.

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

AN ordinary meeting of the Birmingham and Midland Counties Branch was held on Thursday, April 9th, at the Hen and Chickens Hotel, Birmingham; S. J. JEAFFRESON, F.R.C.P., President, in the Chair.

There were also present: H. Adkins, Esq. (Meriden); A. Allcock, Esq. (Smethwick); E. Bartleet, Esq. (Birmingham); J. Bassett, Esq. (Birmingham); E. H. Coleman, Esq. (Wolverhampton); J. Davis, Esq. (Dudley Port); Bell Fletcher, M.D. (Birmingham); John Fraser, M.D. (Wolverhampton); W. Hinds, M.D. (Birmingham); G. Jones, Esq. (Birmingham); J. W. Keyworth, M.D. (Birmingham); G. H. Marshall, Esq. (Birmingham); J. R. Nicholson, M.D. (Redditch); Oliver Pemberton, Esq. (Birmingham); James Russell, M.D. (Birmingham); J. V. Solomon, Esq. (Birmingham); W. F. Wade, M.D. (Birmingham); J. Wickenden, Esq. (Birmingham); T. Watkin Williams, Esq. (Birmingham); C. Yarwood, Esq. (Ash-ton Manor); G. Yates, Esq. (Birmingham).

#### SUBSCRIPTIONS PAID.

Mr. SOLOMON (one of the Secretaries) reported, in accordance with a resolution of the Council of the Branch, that the following members had paid their subscriptions to the Secretaries during January, February, and March:—H. Adkins, Esq. (Meriden); A. Allcock, Esq. (Smethwick); A. Baker, Esq. (Birmingham); R. L. Baker, Esq. (Bordesley); E. Bartleet,

Esq. (Birmingham); J. Bassett, Esq. (Birmingham); J. Davis, Esq. (Dudley Port); W. Downes, Esq. (Birmingham); Dr. Fraser (10th Hussars); J. J. Hadley, Esq. (Birmingham); J. L. Hobbes, Esq. (Belbroughton); James Johnston, M.B. (Birmingham); J. Johnstone, M.D. (Birmingham); J. H. Kimbell, Esq. (Knowle); W. Kimbell, Esq. (Tamworth); W. J. Kite, Esq. (West Bromwich); T. Moyses, Esq. (Birmingham); J. R. Nicholson, M.D. (Redditch); O. Pemberton, Esq. (Birmingham); J. V. Solomon, Esq. (Birmingham); W. F. Wade, M.D. (Birmingham); H. Walker, M.D. (Brierly Hill); C. Warden, M.D. (Birmingham); T. W. Williams, Esq. (Birmingham); G. Yates, Esq. (Birmingham).

#### CASE OF LUPUS: WITH PHOTOGRAPHIC ILLUSTRATIONS.

BY J. R. NICHOLSON, M.D.

This paper related a case of simple lupus, which had resisted treatment for twenty-two years, and now succumbed to apparently simple remedies. The disease occurred in a female, and commenced at the age of eight years: when first seen, in November last, it occupied almost the whole of the face. After describing the appearance the patient presented, the paper went on to state that the treatment mainly consisted in the local application of ointment of iodide of sulphur, with the internal use of, primarily, cod-liver oil, and subsequently glycerine with iodide of iron. It was further remarked, that the preparations of iodine and sulphur, as well as the analogous compounds of iodine and mercury, did not receive the same amount of attention, as local applications in the tubercular forms of skin-disease, in this country as on the continent. The paper was illustrated by photographic portraits of the patient in the different stages of the cure; and it was remarked, what valuable results might be expected from the introduction of photography officially into our hospitals, especially as a means of instruction and reference, while the expense and labour would be merely trifling.

#### THE NATURE AND ORIGIN OF RENAL DISEASE.

BY J. RUSSELL, M.D.

[This paper will be published in the JOURNAL.]

Mr. BARTLEET expressed an opinion as to the extreme importance of ascertaining the influence exercised by the nervous system on renal diseases; and stated that, at present, his own conviction was, that all the pathological changes in the kidney could be referred to the blood.

Dr. HINDS, in remarking upon the fact that Dr. Russell evidently thought that inflammatory action played a secondary part in the origin of Bright's disease, said that his own experience led him to think that some cases of chronic renal disease had their origin in acute inflammation.

Dr. WADE agreed with the author (who had given a most lucid exposition of Dr. Johnson's views), that a humoral pathology was making way with the medical public. It was probable that the blood-poison theory, if true of the kidney, would also be found applicable to the diseases of other secreting organs: hence the vast importance of not too readily accepting as fact that which is, at present, nothing more than a theory based on an hypothesis. Dr. Wade had no doubt that the blood played an important *role* in renal disease, but whether by over-stimulating the organ in the manner imagined by Dr. Johnson, or by affecting the nutrition of the active secreting agents, viz., the epithelial cells, in consequence of an abnormal condition of its albuminous element, we are not yet in a position to decide. Dr. Wade thought that the latter view had not received the attention it merited, for that as much evidence could be produced in its favour as in support of the eliminant or blood-poison theory.

Dr. KEYWORTH considered that it was asking too much of pathologists to explain how the poisoning of the blood operated on the condition of the epithelial cells. It was impossible to explain all diseases of the kidney by poisoning of the blood.

The PRESIDENT made some observations relative to the condition of the blood preceding changes in the kidney. Statistical facts should be referred to, in order to show whether renal diseases prevailed in large towns, where cachexia was so abundant.

Dr. RUSSELL, in reply, said that it was impossible, in the limits of a paper like the present, to attempt to touch upon all the recent doctrines in relation to renal diseases. It was his opinion that we were not yet masters of "blood-poisoning and its effects". We could not yet say as to the exact way in which poisons were translated from blood to cells. We were, in fact, ignorant of cell-life, and were unable to trace its existence; neither could we say what constituent of the blood was translated. He by no means asserted that all renal diseases

were due to poison in the blood. Dr. Russell then referred to the extra work which the kidneys are called on to perform in certain acute diseases; and hence the importance of relieving this by acting as quickly as possible on the skin and bowels, and so diminishing the functional activity of the organs.

CASES IN WHICH A DISORGANISED EYEBALL WAS EXCISED FOR THE RELIEF OF AMAUROSIS OF THE COMPANION EYE.  
BY J. V. SOLOMON, ESQ.

MR. OLIVER PEMBERTON observed, that the cases narrated by Mr. Solomon had too much the tendency to underrate the severity of an operation like that of extirpation of the eyeball. It was an operation, in his opinion, which should not be performed, as a general rule, except as a means of relieving malignant or ulcerative irritation in a disorganised eyeball; and it certainly did not appear to him to be established that the cases so treated by Mr. Solomon would not have had their amaurotic condition relieved by other remedies. The question was, however, one of great importance; and the cases required to be most attentively considered before a decided opinion was given on the form of treatment that should be adopted in such cases.

MR. MARSHALL stated that, having assisted at the operation, and witnessed the subsequent progress in three of the cases brought forward by Mr. Solomon, he bore willing testimony to the great benefit resulting in those cases. The operation of extirpation, for the relief of the sympathising eye, must, however, he contended, be accounted a severe measure, and, under all circumstances, called for the exercise of calm judgment and some degree of self-restraint on the part of the surgeon before resorting to it. Mr. Marshall was aware there existed a difference of opinion as to the propriety of the operation, but believed that some of the most eminent ophthalmic surgeons of the present day practised successfully the plan of treatment advocated by Mr. Solomon. He still, however, considered the matter *sub judice*, and did not doubt that, ere long, a sufficient store of facts would be accumulated to enable the profession to arrive at a just conclusion.

MR. SOLOMON, in reply, said that he was most firmly convinced of the value of the treatment he advocated. He did not agree with Mr. Pemberton in his view of the dangers attendant on the operation of extirpation, as performed by him. It was a very different operation from the old one, where all the contents of the orbit were removed. He was satisfied that the nature of the cases most fully bore out the propriety and value of the treatment; and he could only regret that he had been unable to bring them before the meeting in a more elaborate form.

## Editor's Letter Box.

### PRETUBERCULAR STAGE OF PHTHISIS.

LETTER FROM W. O. MARKHAM, M.D.

SIR,—You will, I know, permit me a rejoinder to Dr. E. Smith's letter; for the matter which he disputes with me involves something more than a mere personal interchange of epistolary amenities. A scientific question of direct practical interest is here concerned, which in the present condition of our knowledge will, I venture to think, be none the worse for a little further ventilation in your Journal.

Dr. E. Smith objects to certain views respecting (so-called) pretubercular stages of phthisis, which I upheld at the Pathological Society. He very properly remarks that, as I made an assertion, it is my business to prove it. I quite agree with him in this; but, in doing so, I must remind him that, after the same just measurement, he likewise is bound to prove the correctness of his own—an opposite—thesis.

Now, I certainly believed that I had proved and demonstrated my position—*les pièces à la main*; and regret to find that I expressed myself so maziily, as to have subjected myself to the odium of being thought a medical theorist; of having given utterance to that thinnest, and flimsiest, and most readily woven of all imagination-textures (the very bugbear of true progress in medicine), a medical theory.

Let me once again state the case. Writers (and not merely Dr. E. Smith) speak of a pretubercular stage of phthisis, that is, of an abnormal condition of the lungs and of the body, which precedes the deposition of tubercular matter in them, but which is nevertheless a stage of phthisis. Now this I venture to call

the language of hypothesis; and for the following reasons. How do those writers in such cases prove the non-existence of tubercular matter? Evidently they can only do so by forming their judgment on the absence of those physical signs which indicate the presence of foreign matters in the lungs. But what is the value of such opinion, if it can be shown that the absence of physical signs is not a proof, irrefragable, of the absence of tubercle in the lungs? A lung which I exhibited at the Pathological Society, in my opinion, demonstrated this fact—long, indeed, admitted by our best auscultators—"that there are no distinct signs, by which we can with certainty diagnose the existence of miliary tubercle; and that solitary tubercles do not of themselves produce the slightest change in the percussion sound of the lungs."

Miliary tubercles were found distributed at distances of about half an inch through every part of both lungs, in the case referred to: and yet, when the lungs of the individual were carefully examined, sixteen hours before death, I found no auscultatory signs whatever, appreciable to my ear, which indicated any deviation of those organs from their healthy condition. If my observation was correct, the fallacy of the pretubercular stage is, I think, hereby demonstrated. But Dr. E. Smith very properly hints—and I was prepared that he or some one else should do so—that my auscultatory organs might have been out of order, and perhaps are not very sensitive; and therefore placed myself under the wings of authority, and I quoted Skoda (as above), and I might have quoted Louis to the same effect.

Let me put the matter in another form. Suppose some accident should bring under the hand of the anatomist a case of well marked, as it is called, pretubercular phthisis; and suppose, according to the theory maintained, that no tubercular matter was found present in the lungs; would the admirers of pretubercular stages still venture to call such case a case of phthisis? would they venture to bring the lungs to the Pathological Society, and to say, this is a case of phthisis, but there is no tubercle in the lungs; here is the condition of things which precedes the deposition of tubercle? No! I know they would anticipate the answer awaiting them; viz., that, in the present state of medical knowledge, we know nothing of phthisis apart from the presence of a tangible *materies morbi* in the lungs.

Let me not be misunderstood. That there is a morbid condition of the body existing anterior to the deposition of tubercle is certain; and equally certain that the tubercle is not *the disease*, but only the external and tangible manifestation of that condition; and that treatment is directed, not to the local tubercle, but to the arresting of that anterior morbid condition which precedes the deposit of tubercle: all this is clear enough. What I object to is, the assumption of conditions which are not warranted by direct proof and experiment, and the consequent founding of practice upon vague hypotheses. Dr. E. Smith has thus, as I think, hypothetically assumed a pathological condition, as representing the pretubercular stages of phthisis, and founded a treatment upon the hypothesis. The condition is, "a lessened action of the vesicles of the lung, originating in themselves, or conjoined with an atonic condition of the general nervous system." And the peculiar treatment is, amongst other remedies, teaching the patient to inspire deeply while he is sitting at rest, so as to counteract the hypothetical condition.

But I do Dr. E. Smith injustice. His pretubercular stage is not without physical signs. He says that, when he meets "with the slightest dull (sub claviclar) percussion-sound, with lessened vesicular murmur, less forcible and deep inspiration, and flattening of the apex of the lung," he considers he has met with the first condition of phthisis—the stage anterior to the deposit of tubercle. Now, surely, in the present state of pathology, we have a much better right to believe that such a condition indicates the actual deposit of tubercle in the lung. I think we shall continue to do so, unless Dr. E. Smith gives some better proof of his position.

Dr. E. Smith admits, however, that the dull percussion is in such case very slight, and suggests that few people are gifted with that exquisite sense of hearing which is requisite to render them percipients of the morbid auscultatory sounds in question. If so, then it appears that the stethoscope, like the religion of Isis, is to become the property of a few high cultivators of the auscultatory art, in some of its most important indications. To this I cannot subscribe. I believe, indeed, that it would be better for the public that we should abandon the instrument altogether, than submit to the conclusion that only one man in a thousand can use it effectually. I have seen quite enough of stethoscopy to satisfy me that over refining in its practice is fraught with infinite mischief to the patient, and

to a certain extent, opened the eyes of the public to the absurdity of swallowing the nostrums which are daily advertised.

I have ascertained, from an eminent chemist, no opponent of homœopathy, that he could detect no arsenic in a large number of arsenical globules he had analysed for the purpose. I have heard, from the most eminent homœopathic practitioner of this town, that homœopathy has nothing to do with quantity; that any amount of medicine short of what would produce its direct physiological action, is homœopathic to the diseased condition requiring it (*e.g.*, any dose of opium short of narcotism when this medicine is indicated). I have come to the conclusion that the homœopathy of to-day is not that of Hahnemann; that whilst legitimate practitioners are gradually relaxing in the heroism of their treatment, and giving smaller doses and less active medicines, homœopaths are increasing the magnitude and strength of theirs, and, in addition, are availing themselves of aids and appliances which might be sought for in vain in the works of Hahnemann; that homœopathy, as it is now practised by well educated men, is not rightly understood, either by the medical profession or the public; and that, whilst their opinions on therapeutics are different from ours, they agree with us in other respects. Indeed, the subject appears not to be clearly understood by the Salopian Medico-Ethical Society; for whilst they censure me for meeting a practitioner who is reputed by them to be a homœopathist, they allow, by their own laws, a member to adopt homœopathy, hydropathy, or mesmerism, so long as he does not do so professedly or exclusively. By bye-law No. 1 it is enacted that "No member shall practise, professedly or exclusively, homœopathy, hydropathy, or mesmerism, or other than legitimate medicine and surgery."

I claim for myself, and concede equally to others, the right to form an independent judgment in these matters; in accordance with that judgment I have not been, nor could I be, associated in the treatment of a case with any one who practises homœopathically.

Lest I should be again misunderstood, or misrepresented, I beg to state that whenever I receive a telegraphic or other message, summoning me to meet a gentleman in consultation, whom I know to be an irregular practitioner, I shall not go. But when I do not know the individual, I shall not consider it as part of my duty to inquire of the secretary of a Medico-Ethical Society, or of any one else, whether the medical gentleman is a homœopathist; and if on my arrival I should find the patient to be under homœopathic, hydropathic, mesmeric, or other irregular treatment, I shall not consider it part of my business to insist on the expulsion of the attendant, before I express an opinion, or perform a surgical operation. I shall not enter into consultation with the practitioner, but shall act as independently as if the patient were under my sole care.

Having now recorded facts as they occurred, and having stated my opinions on the subject generally, I challenge any one to come forward and prove that I have at any time acted in violation of them. I have honestly stated "the truth, the whole truth, and nothing but the truth"; and I trust that, so far as I am individually concerned, I have set the matter at rest, and that for the future my sentiments upon it will not be misunderstood, or my acts misrepresented.

I am, etc.,

JAMES LONG.

3, Hardman Street, Liverpool, April 16th, 1857.

## Medical News.

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

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

#### BIRTHS.

- \*KEYWORTH. On April 17th, at Birmingham, the wife of John White Keyworth, M.D., of a daughter.
- \*McPHERSON. On March 30th, at Bristol, the wife of D. G. McPherson, Esq., Surgeon, of Bristol, of a daughter.
- \*SQUIRE. On April 17th, at 6, Orchard Street, Portman Square, the wife of William Squire, Esq., Surgeon, of a daughter.
- WAKEFIELD. On April 13th, at 11, Canonbury Place, Islington, the wife of Thomas Wakefield, Esq., Surgeon, of a son.

#### MARRIAGES.

- GOWLLAND—WILKINSON. GOWLLAND, Peter, Esq., Surgeon, of Finsbury Square, to Rose Elizabeth, youngest daughter of John Wilkinson, Esq., of Kensington Park Terrace, at St. John's Church, Notting Hill, on February 16th.
- JENKINGS—MILLER. JENKINGS, Henry Gidoin, Esq., 10th Regiment Bengal Light Cavalry, to Lucy Jane, second daughter of George Miller, M.D., of Sidmouth, Devon, on April 14th.
- TOULMIN—LENOX. TOULMIN, Frederick J., Esq., Surgeon, of Upper Clapton, to Eliza, youngest daughter of the late George Lenox, Esq., formerly of Liverpool, at St. Mary's Church, Reading, on April 16th.

#### DEATHS.

- DE CARRO, the Chevalier Jean, M.D., at Carlsbad, Bohemia, aged 87, on March 12th. Dr. de Carro was the introducer of vaccination on the continent of Europe.
- DRURY. On April 13th, at Kildarberry, county Dublin, aged two years and eight months, William Bruton, youngest child of W. V. Drury, M.D., of the Crescent, Camden Road.
- \*LAMBERT, William, Esq., Surgeon, of Sowerby, near Thirsk, Yorkshire, aged 71, on April 12th.
- SHARPE. On April 14th, Henry, youngest son of John Sharpe, Esq., Surgeon, Waltham Cross, Herts.
- \*SMITH, Thomas Wade, M.D., at Stroud, Gloucester, lately.
- SMITH, William Gray, M.D., of 59, Vauxhall Walk, aged 63, on April 2nd; and on the same day, at 10, Rochester Terrace, Vauxhall Bridge Road, Charles Doveton Smith, son of the above, student in medicine, aged 19.
- \*WORKMAN, Thomas, Esq., of 10, Inverness Square, Bayswater, aged 64, on April 21st.
- YATES, William, M.D., of Otsego County, New York, aged 90, on March 7th. Dr. Yates was a native of England; he studied at St. Bartholomew's, and there attended the first course of lectures delivered by Abernethy. He left this country at the age of 28; but, before his departure, made the personal acquaintance of Jenner, and received from him a large supply of vaccine virus, with directions for its use. On arriving at Philadelphia, he at once earnestly devoted himself to the introduction of the new doctrine, and was one of the first who conveyed the knowledge of it to America.

#### APPOINTMENTS.

- JOHNSON, George, M.D., elected Professor of Materia Medica in King's College, in the room of J. F. Royle, M.D.

#### PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners on Friday, April 17th, 1857:—

- BRAYTON, Jonathan, Whitehaven, Cumberland
- FOSTER, William Frederick, Hambledon, Hants
- GARDINER, Gideon George, Chalford, Gloucestershire
- GOULD, William, Denton, near Manchester
- HART, Adolphus Daniel, Brook Street, Hanover Square
- LAWSON, John Edward Spence, Egremont, Cumberland
- MACAULEY, Thomas, Leicester
- MAYNARD, John Clarkson Martin, Hudson's Bay Company
- NEWMAN, Augustus, Oxford
- PRENTIS, Charles, Phillimore Place, Kensington
- THORINLEY, Joseph, Heaton Mersey, Lancashire
- TOWLE, William Henry, Nuneaton, Warwickshire
- WILKINSON, John, Hunmanby, Yorkshire

Monday, April 20th:—

- COOPER, Astley, Plymouth, Devon
- GRAY, John Temperley, Hexham, Northumberland
- HOOKE, Edward Miles Coverdale, Sheerness
- HUMPHREYS, John, Royal Navy
- JONES, John Edwards, Dolgelly, Merionethshire
- PRALL, Samuel, Rochester, Kent
- TEEVAN, James, Killeshandra, co. Cavan

APOTHECARIES' HALL. Members admitted on Thursday, April 2nd, 1857:—

- CLARK, T. E., Cotham, near Bristol
- JAMES, M. P.
- TAIT, G. E., Heytesbury, Wilts

Thursday, April 9th:—

- COCKCROFT, George Edmundson, Middleham, Yorkshire
- EDWARDS, Henry John, Bampton, Devon

GRANGER, William Slocombe, Bradford Abbots, near Sherborne  
 JAMES, Herbert, Merthyr Tydvil  
 LEWIS, Robert Benson, Bradford, Yorkshire  
 MASTERS, John, jun., Ilminster  
 ROBSON, Frederick Abercrombie Hope, Peninsular and Oriental Company's Service  
 SKAIFE, Henry, Easingwold, Yorkshire  
 THOMPSON, William Wittman, Bognor, Sussex  
 WOODHOUSE, Thomas James

#### HEALTH OF LONDON:—WEEK ENDING APRIL 18TH, 1857.

[From the Registrar-General's Report.]

THE total number of deaths registered in London in the week that ended on Saturday was 1084, showing a slight increase on the return of the previous week, which was 1059. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1058; but as the number recorded last week occurred in an increased population, the average for the sake of comparison must be raised in proportion to the increase, in which case it will become 1164. Hence it appears that the state of the public health was so far favourable that eighty persons survived, who would have died if the average rate of mortality had ruled.

Hooping-cough seems to prevail as much, or continues to be fatal to as many children, as in the midst of winter, when the mean temperature was 12° or 18° lower than it is now. The deaths from this complaint last week rose again to 71, which occurred in proportions of considerable uniformity in most of the metropolitan districts. This increase may be due to the coldness of last week, when the thermometer fell on four nights to 33°, and on one to 31·4°. Seven registrars returned, each of them, 3 deaths from hooping-cough. The average number for corresponding weeks of previous years is 55; and the present return exhibits, therefore, an excess of 16. It is satisfactory to remark that only one death from small-pox occurred in the week; this single case was that of an infant, and took place in Rotherhithe. The numbers referred to measles and scarlatina, respectively 24 and 26, vary little from those of previous weeks. The former disease prevails chiefly in the Central districts; the latter, as well as fever and diarrhoea, chiefly in the Eastern. In the South sub-district of West London, out of 11 persons who are returned as having died since the 11th instant (inclusive) 7 are children who were carried off by hooping cough, scarlatina, measles, and typhus. Typhus (and common fever), which numbered 38 cases, continues to show less than the usual mortality. Fatal cases of phthisis or consumption were numerous; they amounted to 172, the corrected average being 155. Bronchitis has gradually fallen to 104 cases. Two men and two women had attained the age of 90 years or more. The oldest person who has a place in this week's report is a sugar refiner who died in Clerkenwell-close, at the age of 93 years.

Last week the births of 1,002 boys and 931 girls, in all 1,933 children, were registered in London. In the ten corresponding weeks of the years 1847-56, the average number was 1,567.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·453 in. The readings ranged from 28·82 in. on Monday to 29·83 in. on Friday. The mean temperature of the week was 43·4°, which is 2·3° below the average of the same week in 43 years. On Monday the mean daily temperature was so low as 36·8° (or 8·4° below the average of the same day), and it was below the average on every day till Friday. On Saturday the mean temperature rose to 57·4°, which shows an excess of 11° above the average. On Wednesday the thermometer fell below freezing point, viz., to 31·4°, and on Saturday it rose to 68·5°, making an entire range of 37·1°. The mean dew-point temperature was 38·1°, and the difference between this and the mean temperature of the air was 5·3°. The wind was in the north-west on Monday and Tuesday; it was afterwards in the south-west and south-east. Rain to the amount of 0·38 in. fell in the week. There were heavy squalls of snow and rain on Monday night, and showers of rain or hail on several other days. Saturday was remarkably fine.

MEDICAL SOCIETY OF LONDON. A paper will be read this (Saturday) evening, by J. M. Moullin, Esq., on "The Necrosis of Cancer and its Consequent Enuclation."

DANGERS OF THE PROFESSION IN A SLAVE STATE. Mr. H., a planter in Louisiana, had a brother staying with him, who was born and educated in a northern state, a doctor by profession, and had come south in the hope of getting into practice. His experience so far had been most melancholy. He found the people were hardly ever ill enough to call for a doctor, and yet they were hardly ever well. Ailing was, in fact, their normal state. Sometimes he was sent for when somebody was just dying, and it was too late to do any good, and then he had to travel fifteen or twenty miles, often through swamp and forest, and would only receive two or three dollars by way of compensation. There was an old surgeon in the neighbourhood, a regular fire-eater, who had killed his man, not once or twice, but half-a-dozen times, and been so often in difficulties, that his hands and arms were crippled and contracted by the effects of shots and cuts, but not so as to prevent his performing a similar operation upon any one who attempted to cross his path with skill and success. This gentleman, he was told by everybody, would, as soon as he found he was come to set up in opposition to him, assuredly kill him. For the first month, therefore, he lived in daily fear of a catastrophe, and confessed that he avoided the old fellow as much as he could, without risking any imputation on his courage. The crisis came at last, however. A man came one night to secure his professional services for a child, supposed to be already *in articulo mortis*. He got up at once to go; but just as they were leaving the house, the father informed him that this child had been attended for nine months by the old gentleman, who had not, as yet, been formally dismissed. This information had such an effect upon our friend, that he positively declined to go, unless his rival's consent were first obtained to his being called in. The father at first consented to this, but turned back after he had been gone a few minutes, stating, that the child was his, and not old Dr. —'s, and that he didn't care a darn if he was riled. This led to the junior complying. He prescribed, went home, loaded his revolver, and began to carry it constantly on his person. He met his antagonist a few days afterwards, and prepared for a regular shooting affair; but to his astonishment, received a pleasant salutation instead of a bullet, and rode along for some distance, chatting in a friendly manner. "The neighbours," he said, "were greatly astonished when they heard how the matter had ended." This may help to give some idea of the way in which the laws of professional etiquette are carried out, or expected to be carried out, in those parts. (*Correspondent of the Daily News.*)

TEMPERANCE FANATICS. At Albany the fanatics of temperance have resumed their labours. They some time since succeeded in passing a prohibitory law, which proved such a signal failure as almost to cover any attempt to legislate on the subject with ridicule. Its main provisions, when tested before the courts of law, were declared unconstitutional; the Act could not be enforced, and has been ever since a mockery. One thing it did effect; it destroyed the previously existing system of licenses; and, the prohibitory part of the law failing, the whole result was, that the traffic in liquor became free; exactly the reverse of the object the Abolitionists intended. The city lost a source of revenue, and there was less restraint on drinking than before. The party, too, lost so much influence from the ridicule excited by the amazing *fiasco*, that the speculating politicians, who are ready to join any party that seems to be gaining capital, abandoned it. It cannot attempt such another feat of legislation, but it dabbles with the question still, and would be content for the present to "regulate" the sale of liquors by some system of licenses resembling that which they destroyed. Individual members of the party occasionally propose schemes of reform which are of the nature of crotchets.

THE WATER OF PARIS. In a paper lately read before the Academy of Sciences at Paris, M. Boussingault has shown that the water contained in the wells of Paris is impregnated with nitrate of potash, or saltpetre. It is true that this water is not generally used for drink, but wine-dealers water their wines with it; and although nitrate of potash is not absolutely poisonous, since it may be taken with impunity in much larger doses than can be imbibed with the water, still its presence always denotes the existence of vegetable and animal matter in a state of decomposition, which is unquestionably injurious to the public health. In consequence of this discovery, the baking establishments of the hospitals of Paris have resolved to use Seine water for making bread, instead of the water brought from the wells of the neighbourhood.

**INCOME OF HOSPITALS AND DISPENSARIES.** In a report of the Statistical Society of London it is stated, that fourteen general hospitals in London, possess an income from realised property to the amount of £109,687; annual subscriptions, £17,091; donations, £16,636; legacies, £10,206; and their miscellaneous sources of income to £1,996. The total income of all these hospitals from every source is £155,616, and the annual contributions of the public amount to £45,929. In addition to the above hospitals, there are in this metropolis thirty-six special hospitals, possessing an aggregate income of £117,218; making the income of the general and special hospitals, taken together, amount to £272,834. There are also returns from forty-two general dispensaries, possessing incomes from all sources of £21,000; and eighteen special dispensaries, with annual incomes of £8,064. If these two sums, making £29,064, be added to the former, it gives the enormous amount of £301,898 annually expended in medical charities in this metropolis; and this sum, large as it is, excludes Samaritan and other funds connected with hospitals and dispensaries, Poor-Law medical relief (£28,776), cost of maintenance of pauper lunatics (£79,988), vaccination (£4,292), and nurses' training institutions. All these sums would make a grand total of nearly half a million expended on our sick poor.

**LONDON AND PARISIEN HOSPITALS.** From an interesting report of the Committee of Beneficent Institutions, it appears that London and Paris presents a striking contrast in the methods which they adopt for affording relief to the sick poor. In London, a great part of our medical relief is dispensed at the houses of the poor themselves by the physicians and surgeons attached to our dispensaries. In Paris, on the contrary, comparatively little relief is afforded otherwise than in the hospitals themselves. Thus, in the year 1853, the number of in-patients in hospitals in Paris amounted to no less than 91,754, against only 45,808 in hospitals in London, this calculation, in the case of London, being exclusive of patients treated in workhouse infirmaries. But, on the other hand, under the system of out-door medical relief recently set on foot in Paris, 102,472 persons received gratuitous attendance, against upwards of 600,000 patients similarly relieved in London. The nearest approach to a fair comparison between London and Paris, which it seems possible to make, is that afforded by a statement of the sums contributed by the medical charities and the poor rate, taken together, as follows:—In London, income of medical charities and poor relief, £1,150,000; in Paris, expenses of l'Administration Générale, £560,853.

**THE INDIAN MATERIA MEDICA.** The Government of India pays upwards of £40,000 a year for quinine alone. Notwithstanding this vast expenditure the supply might be tripled with advantage. Indents for quinine are jealously watched. At civil stations it is almost refused, and during an outbreak of fever it is always the first article to fall short, and the last to be sufficiently replaced. Of the cost of the remaining drugs we are not informed, but it can scarcely fall short of something like thirty lacs of rupees a year. These two figures are sufficient to prove the importance in an economical view of the substitution of native drugs. On the important benefits their introduction, or rather discovery, would confer upon the people, it is needless to enlarge. To the mass of the population English medicines are totally inaccessible. Almost alone among imported goods, drugs maintain the price they bore in the good old days before the Pagoda tree had been shaken into barrenness. Men in sickness do not ask the price of medicine. The vendors have every interest in maintaining it. Doctors have little interest in its reduction, and so the good old profitable rates are allowed quietly to endure. The natives do the best they can, sometimes reviving under drugs that would kill any other race of human beings, but usually dying of attacks which the Englishman regards as temporary ills. The evil and its remedy are both understood, and have been pointed out about once a week during the half of the past century. Yet we have done nothing towards obtaining the remedy we all know to exist. There is probably not a medicine imported from Europe, nor a costly drug from South America, which has not its counterpart in India. What have we done to discover them? Doctors living alone, without communication with their brethren, occasionally stumble on some valuable plant, some febrifuge, or substitute for catechu. They cure all around, satisfy themselves of the correctness of their views, and report to the medical board. The white ants eat the report with gusto, the doctor moves on disheartened to his next station, and there the matter ends. It is useless for the advocates of these effete institutions to talk of the valuable investigations they have

suggested or proposed. How many English drugs have they displaced within this generation? It is a result, not a report that is required, and the only one obtained is an immense expenditure. At the present moment there is a committee sitting to ascertain what articles now imported from Europe can be obtained in India. How many drugs will that committee condemn? We will venture to predict not one, though every member of it has probably some vague idea that all the English medicines can be replaced. We need an officer specially appointed for this duty, with power to make researches throughout India, and to compel the services to aid him. Usually all information obtained will be willingly placed at his disposal. It is hopelessness rather than want of energy which leads so many surgeons to leave their information inaccurate or half-digested. No man with brains to devote himself to study will submit his work to a board selected for its age, and still less to a board which is regarded as a sepulchre of records. It is individual persistent energy, solely devoted to this one subject, which can alone accomplish any permanent improvement. A skilled chemist, communicating with all India, testing every drug, and bringing all experience into one focus, would do more in a year to ascertain the true qualities of the native pharmacopœia than the boards will accomplish in a century. Such an officer would be no very expensive addition to the staff of the medical service.—*Bombay Telegraph.*

**THE CASE OF BACON AND HIS WIFE.** It is understood that the two prisoners will be jointly tried for the murder of their children, and that in such case the statement of the wife that her husband committed the murder may be used as evidence against herself. It is expected that a joint defence will be made, and that this defence will be that the act of murder was committed by Mrs. Bacon while in an unsound state of mind, and that she is consequently not criminally responsible, and that the husband had nothing whatever to do with the crime. If this defence should be successful, and Bacon should be acquitted, he will then be removed to the country to take his trial at the summer assizes for the murder of his mother. It appears that since the committal of the prisoners they have both been in a very desponding way, particularly Bacon himself; and they are never left alone, six additional turnkeys being employed, three women and three men, to watch them, two during the night, and one during the day.

**THE QUEEN.** As soon as ever Her Majesty is strong enough to travel, it is recommended by the medical gentlemen in attendance, that the Queen should make a short trip to the seaside, so as thoroughly to complete her recovery, and restore her health to its usual vigour in the shortest possible time. For this purpose it is expected, should everything go on as favourably as it has hitherto done, that Her Majesty may be enabled to leave town for her marine palace, Osborne, Isle of Wight, the latter end of the first week in May. (*Observer.*)

## TO CORRESPONDENTS.

DR. O'CONNOR has sent us a long letter in reply to Dr. Fuller. He appears to claim the merit of the combination of sulphur with flannel. This is scarcely a point of sufficient importance to justify our filling the pages of the JOURNAL with a long controversy on the subject.

*Communications have been received from:—*DR. G. GODDARD ROGERS; MR. HOLMES COOTE; DR. COCKLE; MR. AUGUSTIN PRICHARD; MR. KITCHING; MR. T. HOLMES; DR. GARROD; MR. H. TERRY, JUN.; MR. J. S. BARTRUM; MR. CROSBY LEONARD; MR. OLIVER PEMBERTON; MR. RICHARD GRIFFIN; DR. W. O. MARKHAM; MR. JAMES LONG; MR. L. OWEN FOX; DR. J. W. KEYWORTH; DR. LOGAN; DR. WADE; DR. NICHOLSON; MR. MARSHALL; MR. EDWARD McDERMOT; DR. STYRAP; DR. P. H. WILLIAMS; MR. JOHN A. BOLTON; DR. OKE; DR. O'CONNOR; MR. FAITHFULL; DR. JAMES RUSSELL; and MR. GRIFFIN.

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Worcester, April 1856.

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months from those Students who have obtained the College Diploma.

Mr. STOCKER, Apothecary to Guy's Hospital, will enter Students, and give  
any further information required.

Guy's Hospital, April 14th, 1857.

**St. George's Hospital and Medical**

SCHOOL.—The Summer Session will commence on FRIDAY, the  
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## LECTURES.

Materia Medica—Dr. Pitman.

Botany—Mr. Maxwell Masters.

Medical Jurisprudence—Dr. Fuller.

Midwifery—Dr. Robert Lee, F.R.S.

Practical Chemistry—Dr. Noad, F.R.S.

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The Right Hon. LORD JOHN RUSSELL, M.P., will preside.

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SUMMER SESSION will commence on FRIDAY, MAY 1st,  
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Midwifery.....	DR. SWAYNE.
Botany and Vegetable Physiology .....	MR. ETHERIDGE.
Forensic Medicine.....	MR. W. M. CLARKE.
Chemical Toxicology .....	MR. HERAPATH.
Materia Medica and Therapeutics .....	DR. BURDER.
Practical Chemistry .....	MR. HERAPATH.

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JOSEPH GRIFFITHS SWAYNE, M.D.,  
Hon. Sec.

April 20th, 1857.

**St. Bartholomew's Hospital.—Lec-**

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Forensic Medicine—Dr. BLACK.

Midwifery—Dr. WEST.

Botany—Dr. KIRKES.

Comparative Anatomy—Mr. M'WHINNIE.

Practical Chemistry—Dr. STENHOUSE.

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