

this as possible should be made; and every poor-law medical officer should aid in doing it by joining the Reform Association.

I am, etc.,

S. DREW, M.D.

Chapelton, Sheffield, July 28th, 1860.

THE DIAGNOSIS OF POST MORTEM CRANIAL ECCHYMOSES.

LETTER FROM W. A. BRYDEN, M.D.

SIR,—I trust you have received replies to Mr. Gibson's queries, published in this week's JOURNAL, from gentlemen more conversant with such cases than I am; but if not, permit me to say that I think there can be no doubt but that the presence of coagula in and under the scalp of the temporal ridge indicated that external violence, accidental or otherwise, had taken place either before or very soon after death.

I am, etc.,

W. A. BRYDEN.

Mayfield, July 31st, 1860.

HAY-FEVER.

LETTER FROM T. OGIER WARD, M.D.

SIR,—I have read the letter of L.R.C.P., in the JOURNAL of July 7th, inquiring for a remedy for hay-fever, and I have much pleasure in forwarding the following prescription, which has been found so useful that several of the friends of the patients to whom I first gave it have requested a copy.

It is to be used as a lotion to the nostrils, applied on a sponge or rag (care being taken to sniff up a small quantity), as soon as the first symptoms of irritation are perceived.

R. Acidi hydrocyanici (Scheele's) ʒss; sp. am. c. ʒi; tinct. aconitæ ʒss; aquæ destill. ʒvi. *M.* Fiat lotio sæpe et assidue utenda.

I am, etc.,

T. OGIER WARD.

Winkfield, July 30th, 1860.

Parliamentary Intelligence.

HOUSE OF LORDS.—Thursday, July 26th, 1860.

Medical Acts Amendment Bill.—This Bill was read a second time.

Scotch Medical Faculty.—Lord BROUGHAM presented a petition from the members of the Glasgow Medical Faculty, complaining of a provision in the Census Bill for Scotland, which imposed on them the duty of making multifarious returns without remuneration in respect of all who had been placed under their care, and praying their lordships not to pass the Bill with that clause.

Friday, July 27th.

Medical Acts Amendment Bill.—This Bill passed through Committee.

County Coroners Bill.—Lord CHELMSFORD moved the second reading of this Bill, the objects of which were to make provision with regard to the election of coroners, and to alter the mode of remuneration by substituting salary for fees. The fees to coroners were regulated by the 25th Geo. II, which enacted that for every inquest duly held the coroner should receive from the courts of quarter sessions the sum of 20s., and in addition 9d. for every mile he travelled from his place of abode in order to hold the inquest. The courts of quarter session had the discretion of deciding whether an inquest had been duly held, and regulations had in some cases been framed which pressed hardly on the coroner. In some counties there was a rule that unless the coroner was set in motion by the police, he should not be entitled to his fees; and actually in one county, the magistrates had decided that where an inquest was held on a child, and it turned out the child was overlaid by the mother or the nurse, they would not allow the fees. There was no doubt that in some cases coroners had been in the habit of holding inquests unnecessarily, for the sake of the fees; and, on the other hand, there were cases in which they had been restrained for fear that the fees would be disallowed. A commission sat on the subject in 1858; and, as the result of their investigations, recommended that coroners should be paid by salary instead of fees. This the Bill proposed to carry out, the salary to be not less than the average

of the fees for the previous five years; and there was a provision that if the coroner and magistrates could not agree to the amount, the question should be referred to the decision of the Secretary of State. Of course there would be danger of the coroner not being sufficiently alert in the discharge of his duties when paid by salary; but this would be remedied by giving power to the Lord Chancellor to dismiss a coroner for incapacity or misconduct. The noble lord then moved the second reading of the Bill.

The LORD CHANCELLOR said that when he had the honour of holding the office of Chief Justice of the Court of Queen's Bench, complaints were made to him of coroners holding inquests unnecessarily, and also of their abstaining from holding inquests where they were required. He supported the Bill.

The EARL OF POWIS thought ten years should be substituted for five, as the time for making the periodical revision of the salary.

Lord DUNGANNON observed that most inefficient persons were often appointed to the office of coroner; and he had himself witnessed a case in which a coroner was unable to sum up the evidence in a case of homicide, and point out to the jury the distinction between murder and manslaughter. He thought coroners would be better chosen by the magistrates than by the freeholders. Payment by salary would, he thought, be far preferable to payment by fees; and he should support the second reading.

The LORD CHANCELLOR remarked that freeholders, however small their freeholds, had the right of voting for a coroner—a right which they had held from a remote period, even before the Conquest.

The Bill was then read a second time.

Monday, July 30th.

County Coroners Bill.—This Bill passed through Committee.

HOUSE OF COMMONS.—Monday, July 30th, 1860.

Criminal Lunatic Asylums Bill.—The Lords' amendments to this Bill were considered, and agreed to.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

Of a son, the wife of—

* ASHDOWN, George, Esq., Surgeon, Northampton, on July 30.

Of daughters, the wives of—

COCK, Fredk., M.D., 1, Westbourne Park Terrace, on July 24.

HEWARD, T. Spencer, Esq., Surgeon, 56, Grosvenor Street, on July 22.

MERRYWEATHER, R. C., Esq., Surgeon, at 4, Euston Grove, Euston Square, on July 25.

O'FLAHERTY, Thomas A., M.D., 2, Baker Street, on July 24.

MARRIAGES.

DEAS, David, M.D., C.B., etc., Inspector-General of Hospitals and Fleets, to Margaret, youngest daughter of the late William HEPBURN, Esq., at Hollycot, Lasswade, on July 31.

DEATHS.

HEWARD. On July 23rd, at Langley Park Cottage, Bucks, Sophia A., infant daughter of T. S. Heward, Esq., Surgeon.

MACLAGAN, David P., M.D., Assistant-Surgeon H.M.S. *Icarus*, eldest son of *Douglas MacLagan, M.D., President of the Royal College of Surgeons of Edinburgh, at Ruatan, Bay Islands, Honduras, of yellow fever, on June 27.

PRING. On July 25th, at Weston-super-Mare, aged 5 weeks, John Hole, youngest twin son of J. H. Pring, M.D.

APPOINTMENTS.

BUCHANAN, George, M.D., elected Lecturer on Anatomy in Anderson's University, Glasgow, in the room of his late father, Dr. M. S. Buchanan.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at a meeting of the Court of Examiners, on July 31st:—
 ATWOOD, W. A., Aberystwith LOVEGROVE, J. F., Maidenhead
 BARTLET, George, Culsalmond, MARSH, Henry T., Upton-on-Aberdeenshire
 BELL, Thomas, Uppingham, MERRY, Robert Rosier, Hemel Rutland
 BURROWS, Robert T., Westbourne Park Place MONCKTON, Alfred, Brencley
 COLEMAN, E. W., Portsdown POCKLINGTON, E., Walesby
 GRANT, B. J. M., Newcastle-on-Tyne FRIDHAM, John W., Llanelly
 HAMMOND, F. J., Sherborne SEQUEIRA, J. S., Jewry Street
 HOCKING, Joseph, St. Ives SMITH, Absalom H., Palermo, Canada West
 HOUGHTON, F. W., Portsmouth TANNER, Mark Batt, Exeter
 TOFTS, Henry, Cambridge

Wednesday, August 1st.

BLAKE, Thomas Wm., Hurstbourne Tarrant NEDWILL, C., Magherfelt
 CAPE, Joseph T., Cheltenham REID, James, Exeter
 CHUNE, H. C., Colebrookdale, Shropshire RICHARDS, Jno. S. C., Bedford Square
 COMERFORD, Edmund Henry, SMITH, Robert H., Halifax Kilkenny
 DUTTON, Douglas J., Bristol STAPLES, T. P., Wexford
 FAGGE, C. H., Guy's Hospital TROTTER, Arthur E. H., Stockton-on-Tees
 FOLEY, James Joseph, Cork TRUMAN, E. B., Nottingham
 KEELE, C. F., Highbury WILLIAMSON, Wm. H., Wimbledon
 LYON, I. B., Euston Square WILLIAMS, Richard, Kingston Bagpuize
 MALLETT, William James, Bolton-le-Moors

APOTHECARIES' HALL. LICENTIATES admitted on Thursday, July 26th, 1860:—

EVANS, Benjamin, Duffryn, HARPER, Henry L., St. Luke's near Newcastle Emlyn Hospital
 GIMSON, William G., Walton, JAMES, Edwin M., Shrewsbury Leicestershire
 SAMUELS, Arthur, Liverpool

For an assistant:—

BAILEY, Edward Lee, Maida Vale
 The following gentlemen also, on the same day, passed their first examination:—
 CURME, Decimus, King's College MORGAN, Herbert M., King's College
 DATE, Wm., King's College MORRIS, Thomas F., St. Bartholomew's Hospital
 GWYNN, Edmund, London OWEN, Richard Jones, St. Bartholomew's Hospital
 LUMLEY, Bartholomew, King's College TAYLOR, D., Bury, Lancashire
 MEGGY, Fred., Guy's Hospital

TESTIMONIAL TO A POOR-LAW SURGEON. A circumstance, highly honourable to the poor and to their medical attendant, has recently occurred at Barnsley, a parish in the Cirencester Union, Gloucestershire: Mr. Iles, surgeon, having resigned his appointment, the inhabitants of Barnsley, whose respect he had won by his skilful and assiduous attentions to them when sick, presented him with a proof of their gratitude in the form of a handsome ormolu clock, with the following inscription:—"To Albert Iles, Esquire, M.R.C.S., from the parishioners of Barnsley, Gloucestershire, in grateful acknowledgment of his unceasing attention, kindness, and liberality to the poor, as medical officer of the Cirencester Union. June 1860."

THE HUNTER STATUE. At the last meeting of the Committee for erecting a statue to the memory of our great physiologist, Mr. South reported that he had received a letter from Dr. Henry Bowditch, of Boston, U.S., from which we extract the following:—"I send by my excellent young friend, Dr. Parks, of this city, what I hope will prove only the first instalment of the American contribution to the Hunter memorial—viz., £45. Perhaps you may be aware that at the late meeting of the American Medical Association, a National Committee was appointed to collect for the Hunter Testimonial. The money I now send by this opportunity (although it will be a part, I trust, of a large fund) was collected in the 'Old Bay State', without reference to the nation." Mr. Weekes, the eminent sculptor, has already commenced his work, and from what we know of him, there is no doubt the subject in question will be one of his happiest efforts.

EXAMINATION FOR THE INDIAN SERVICE, JULY 1860.

NATURAL HISTORY, ETC. Monday, July 9, 1860.—10 to 1 o'clock. Dr. HOOKER. (Answer five or more of the following questions.) 1. What are the botanical characters and properties most prevalent in the natural orders *Laurineæ*, *Rosaceæ*, and *Cucurbitaceæ*? Give examples of the latter used in medicine. 2. Enumerate the principal vegetable narcotics, the plants that produce them, and the countries they come from; and classify them according to their therapeutic action. 3. In what form are the following articles imported? and how would you distinguish good from bad samples of each?—*ipecacuanha*, rhubarb, sarsaparilla, borax, nitre, and antimony. 4. Describe the structure of a dicotyledonous seed, and indicate the relation of its several parts to the seed-vessel. 5. Describe the structure of the trunk of a monocotyledonous plant. 6. Define the terms hypogynous, perigynous, epigynous, thalamifloral, calycifloral, and corollifloral. 7. Of what parts does a grain of wheat consist? What is the minute structure of its contents? and what are its chemical constituents? 8. On what do the peculiar values of milk and eggs depend, as articles of food? 9. Contrast the structure of the brain in the higher and lower mammals. 10. Describe the respiratory apparatus in birds, reptiles, and fish. 11. What parts of what animals produce silk, catgut, silkwormgut, whalebone, and isinglass? 12. Give accurately and tersely the meanings of the following words:—Biology, organism, type, diagram, axis, affinity, analogy, homology, ontology.

SURGERY. Monday, July 9, 1860.—2 to 5 o'clock. Mr. PAGET. 1. Describe the usual characters, manners of formation, and treatment of perineal and scrotal urinary fistulæ. 2. What are the most frequent causes and consequences of menorrhagia? and how should it in each case be treated? 3. In what diseases is blood in the urine a prominent or important symptom? and what are the best signs for the diagnosis of each? 4. Describe the most frequent characters of scirrhus cancer of the female breast, and its diagnosis from the diseases that most resemble it. 5. Describe the processes of separation of dead bone, 1st, from the outer layers of the wall of a long bone; 2nd, from the inner layers; 3rd, from the cancellous tissue; and the processes of repair by which the separation may in each case be followed. 6. Describe the most frequent appearances of varicose veins in the leg, and of the diseases of the integuments with which they are most commonly complicated. State the best palliative and curative treatments of each. 7. Describe the principal morbid conditions of stumps after amputation, and the appropriate treatment of each.

ANATOMY AND PHYSIOLOGY. Tuesday, July 10, 1860.—10 to 1 o'clock. Mr. BUSK. 1. Describe the structure, relations, and connexions of the medulla oblongata; and state what is known respecting the functions of its different parts. 2. The gastrocnemius and soleus having been removed, describe the dissection of the back of the leg from the upper margin of the popliteus to the heel,—describing the parts in the order in which they occur, and noticing particularly the relative position of the tendons, vessels, and nerves behind the ankle-joint. 3. Describe the form, structure, and relations of the thyroid gland. 4. Give an account of the cartilages of the larynx; their articulations with each other, and of the ligaments connecting them; and point out the differences of structure which exist among the different cartilages and ligaments. 5. Describe the process of ossification in a long bone and in the cranial bones; and describe the structure of fully formed bone. 6. Explain the mode in which the images of external objects are formed on the retina, and how real magnitudes and distances are estimated by the sense of sight.

MEDICINE. Tuesday, July 10, 1860.—2 to 5 o'clock. Dr. PARKES. 1. Describe the physical signs in a case of phthisis, from the first deposition of tubercle to the formation of a cavity as large as the fist. What should be the hygienic and medicinal treatment during each period of the disease? 2. Describe the anatomical characters of phthisical ulceration of the larynx. How would you treat a case of presumed chronic laryngitis without ulceration? 3. How would you diagnose a case of fatty heart without valvular disease? What is the treatment? 4. What are the symptoms of effusion of blood, sudden in occurrence and considerable in amount, in the following situations?—a. In the right corpus striatum and optic thalamus. b. In the left lateral ventricle. c. In both lateral ventricles. 5. What diseases are usually attended with enlargement of the spleen? How would you recognise such enlargement? 6. Under what

circumstances do copper and lead occasionally find their way into the body? What are the symptoms produced in each case? and what should be the treatment?

STATISTICS OF LIFE. Besides his quarterly report published about a month after the close of every quarter, the Registrar-General of England issues a more elaborate annual report, which takes much time to prepare; the report for 1858 has just appeared. In Great Britain, the estimated population in the middle of 1858 was 22,626,334, and the excess of births over deaths in the year 246,488. 759,676 children were born alive, 351,346 persons were married, and 513,188 died; so that, on an average, upon every day in the year 2,080 children were born, 962 persons married, and 1,405 died, leaving a gain of 675 as the result of the day. The birth rate for Great Britain was 33·57 to 1,000 living, the death rate 22·68, the marriage rate (persons married) 15·52. For easy recollection, it may be noted that rather more than twice as many are born in a year as are married, and the deaths should not be so high as midway between those two numbers. To 1,000 people living in the two countries the births in the year were 34 in Great Britain, 27 in France—a very striking difference; the deaths 23 in Great Britain, 24 in France; the persons married 15·5 in Great Britain, 16·9 in France. In Scotland the marriages, if all registered, were not so numerous as in England; the births were almost exactly at the same rate; but the percentage of deaths in Scotland was only 2·047, in England 2·303. Turning now to England and Wales only, we learn that to every 1,000 girls 1,045 boys were born, and 102 males died to every 100 females, the average of 21 years being 103; but there are more females living in England than males, and out of equal numbers living 105 males died to every 100 females, the average being 107. The births are always most numerous in the first half of the year; in 1858 they were as 2,091 to 1,909 in the two half years. To every 100 women living of the age 15-45 there were 14·3 births in the year. 43,305 children were born out of wedlock in 1858, or one in every 15 of all the children born alive; 106·2 boys were born illegitimate to every 100 illegitimate girls, while among children born in wedlock the boys were only 104·4 to 100 girls. The marriages in 1858 were below the average. Marriages are celebrated in England and Wales in 12,350 churches, and in 4,072 chapels not belonging to the Establishment, 505 of these being Roman Catholic. There were 128,082 marriages celebrated in churches, and 27,988 otherwise, 6,643 being of Roman Catholics, and 9,952 in the Registrar's office, and not at any place of religious worship. The marriages of minors increase. The proportion of minors in 10,000 persons marrying increased from 885 in 1843 to 1,212 in 1858. To every 130 marriages in 1858 by license there were 728 by banns, which may be taken as the proportion of marriages of the higher and middle classes to those of the lower. In 1841, 41 in 100 of the persons married had to sign the register with their mark; in 1858 only 32; the improvement is most striking among the women. In 1858, 73 in 100 men, and 62 in 100 women, wrote their names on this important occasion. The mortality of the year was high. The deaths in the chief towns were at the rate of 2·655; in the country districts 2·006. The deaths in the army abroad were more than usual, in consequence of the Indian mutiny. The average strength of the army abroad was 111,730 and the deaths abroad were no less than 7,363—more than double the number in the previous year, when the strength was 77,676. The number of merchant seamen at sea in 1858 is calculated at 177,832, and 3,486 deaths at sea among this body were reported to the Registrar-General of Merchant Seamen, with an account of their effects. This would be 19·6 in 1,000—a high rate among men of their age and physical advantages. This return does not include seamen dying ashore in foreign parts; the account of their effects is sent to the Board of Trade by the consuls. The captains of vessels return the births of 112 English subjects in British vessels at sea, and 390 deaths.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE. At the meeting of this Association, held lately in London, under the presidency of Dr. Bucknill, it was arranged that the meeting in 1861 should be held in Dublin; and Dr. Lalor, resident physician of the Richmond District Asylum, was chosen president-elect.

THE MEDICAL COUNCIL. Dr. William Henry Porter, Professor of Surgery to the Royal College of Surgeons in Ireland, has been elected the representative of that body in the General Council of Medical Education and Registration, in the room of the late Dr. R. C. Williams.

FEES TO MEDICAL WITNESSES AT INQUESTS.

In the *American Medical and Surgical Reporter* for June 30, we find an instance recorded illustrative of the manner in which medical witnesses are sometimes treated in America as well as elsewhere, as well as of praiseworthy conduct on the part of the medical men referred to.

On June 21, the body of an unknown man was found drowned at Newark, county of Essex, State of New Jersey. A jury was summoned by Mr. C. W. Benjamin, coroner of the county; and Dr. J. A. Cross was requested to make a *post mortem* examination. In reply, Dr. Cross sent to the coroner the following letter:—

“DEAR SIR,—You have requested me to ascertain, by *post mortem* examination, the cause of death of a man now lying dead in Tolles' barn, in Wilbur's alley, in this city. I have been at the barn, and removed the lid from a coffin lying there. Within the coffin is a corpse in an advanced stage of decomposition, bloated with gas and water. There are some signs of drowning and some marks of violence.

“There is in this case an important *medico-legal* investigation to be made, one which may involve the charge of murder. The investigation should be as carefully made as the responsibility demands. The examination external of the body and of the skin, the removal of the clothes, and the internal examination of the viscera, of the brain, thorax, and abdomen, in a body putrid and disgusting, would require many hours of severe labour. So heavy is the body, that to lift it and perform the service in any proper manner, would require the labour of two or more persons.

“The Board of Freeholders, by their recent action in requiring the work of all *post mortems* to be made for the fee of five dollars, have virtually limited the authority of the coroner to employ but one person. In this dilemma, I have asked the cooperation and assistance of Dr. G. Grant, and it is in conjunction with him that I decline the service altogether.

“Most respectfully yours, J. A. Cross, M.D.”

The coroner, in a letter to a public paper, states that, after the refusal of Dr. Cross, he called upon five other physicians, all well informed in *post mortem* examinations, and that they all refused to make the examination on the same grounds as Dr. Cross. The jury therefore, in rendering their verdict, stated themselves to be unable to ascertain the cause and manner of death. In the same periodical (the *Medical and Surgical Reporter*) for July 7, Dr. Washington L. Atlee of Philadelphia publishes a letter in which he intimates that Drs. Cross and Grant might have recovered by law a proper compensation. He further says:—

“The legal principle on this question was decided by the hon. judge Ellis Lewis, sixteen years ago in Lancaster county. Having made an autopsy October 1843, at the request of the coroner, I presented a reasonable bill to the commissioners. In their desire to curtail expenses, they ordered a less amount to be paid; but as this was not an adequate remuneration for the services rendered, I requested a reconsideration. This was granted, but without a different result. The amount they offered was given merely as a favour, as the law, in their opinion, did not authorise them to pay anything. In order to test the rights of the profession, I instituted suit against the Board for the whole amount of the claim. The jury gave it in my favour. The opinion of Judge Lewis was clear and pointed, and may be read in the *American Journal of Medical Sciences*, volume xii, p. 538. I believe this is the first time this principle has been judicially settled.

“Immediately on the refusal of the Commissioners to pay a proper fee, I secured the signatures of the physicians of Lancaster to a paper agreeing to make no *post mortem* examination for the coroner under a fee of twenty dollars to each physician. This, I believe, has been maintained in Lancaster county ever since, and as an autopsy sometimes requires the presence of more than one physician, a single examination has cost the county as high as forty and sixty dollars.

“With the view of encouraging the Essex county physicians to maintain their position, and also of calling attention to the legal decision of this question, I communicate these facts.

“Very respectfully yours,

“WASHINGTON L. ATLEE.”

The following is the opinion of the Honourable Judge Lewis, referred to by Dr. Atlee:—

“This is an action to recover compensation for professional services rendered by the plaintiff, as a physician, at the request

of the coroner, upon a *post mortem examination*. It is the duty of the coroner, in cases of sudden death, or where any are slain, to hold an inquest, *super visum corporis*, to inquire into the cause of death, 'by the mark on the neck, or by a mark on any of the limbs, or by any hurt found on the body.' 4 Ed. 1. The statute of Edward IV., regulating the duties of the coroner in this respect, is in affirmance of the common law, one of the great advantages of which is, its constant adaptation to the progress of business, the advanced state of the sciences, and the habits of the people. In this enlightened age, a coroner who would undertake to consign to the grave the body over which he had held an inquest, without availing himself of the lights which the medical science has placed at his disposal, would be regarded as unfit for the office, and unworthy the age in which he lives. A thorough examination, aided by the highest professional skill within reach, is absolutely necessary to the administration of justice. Without such examination, groundless suspicions may be entertained, and prosecutions commenced, at once cruel to the objects of them, expensive to the county, and wasteful of the time and talents of all persons engaged in them. But this is not all. Without a thorough examination of the body, and a complete demonstration, from the evidence thus in the power of the commonwealth, that the death was caused by violence, the guilty agent cannot be convicted. When, from ignorance in the examination of the body, the cause of death is left in doubt, the accused will, in general, escape the just punishment due to his crime; because in all cases of doubt, he has a right, under the law, to demand an acquittal. Thus, the guilty are again let loose upon society, and the public is deprived of that protection which the laws were intended to provide. There can be no doubt of the duty of the coroner to require such aid as was given in this case; and it seems equally clear that his powers are commensurate with his duties.

"It is true that medical witnesses may be called upon to give evidence of any facts within their knowledge, and also of the opinions which their researches and experience have enabled them to form on questions of science pertinent to the case. But they cannot be compelled to devote their time and talents, without compensation, to the unpleasant duties of a *post mortem examination*—to assume the responsibilities of an investigation, upon which the life of a fellow being may depend—and to encounter the painful ordeal of a thorough cross-examination, generally conducted by gentlemen of science and courtesy, but sometimes by individuals not remarkable for either.

"Even where nothing further is asked of the medical practitioner than his attendance as a witness, his case is one of peculiar hardship. His business is of a character which requires the employment of his own skill and judgment. It is in these alone that his patients confide, and no deputy or substitute can supply these qualities. To him the ordinary fee of a witness is a very insufficient compensation. 'The same policy which exempts medical practitioners from attendance on other public duties may suggest the propriety of allowing them some adequate indemnity when their assistance becomes indispensable; and this not only for their private and immediate advantage, but ultimately for the public benefit; for, if properly remunerated for their attendance, practitioners of a superior class would not be unwilling to devote some portion of their time to the assistance of public justice: whereas, under the existing system, it is notorious that all who can will avoid the burden; and the duty, therefore, devolves on those who are least competent to its execution. This evil is particularly apparent on coroners' inquests, where the opinion of a shop boy has often been allowed to determine a question *in limine*, which, properly investigated, might have required the first science to obtain a satisfactory result.' 1 Par. and Fonbl. Med. Jur. 157.

"As attendance is more burdensome on a professional man than on others, so also it is more frequently called for. Other men are only called to testify to facts within their knowledge. The professional man is called upon for his opinions. Those, therefore, who stand highest in public estimation, and whose time is most valuable to themselves and their patients, are the most frequently called to discharge these unprofitable duties. A consideration of these circumstances, has doubtless led to the practice in England of allowing medical witnesses more than the usual witness fees, as a compensation for the loss of time. (Willis v. Peckham, 4 Moore; Severn v. Olive, Mich. Term, 1821, C. B.) Two guineas per day is the usual allowance to medical witnesses in England, 'but no allowance is made for the time spent in making chemical experiments, for the purpose of perfecting themselves in the science which they profess,

because it is alleged that they ought not to acquire their knowledge at the expense of the parties.' (Ap. to 3 Paris and Forb. p. 203; Severn v. Olive.) How far they should be allowed for the time spent in the application of that knowledge to the particular case under investigation is a question entirely different. The principle by which they are compensated for their loss of time as witnesses, and considerations of policy and justice, sanction an allowance for the loss of time spent in a *post mortem examination*.

"This expense is a necessary incident to the administration of justice for the county. The coroner of the county is charged with the duty of holding the inquest, and has, as an incident to his authority in this respect, the power to summon such aid as the purposes of justice may require. In doing so, he acts not in his individual capacity, but in his official character as the officer of the county. 'The power to order, implies the promise to pay.' (Commissioners v. Hall, 7 Watts, 291.) It is upon this principle that the county is liable for the contingent expenses of the court—for the firewood, candles, etc., consumed in the court-house—for the expenses of keeping a jury together at a hotel when ordered by the court, as is usual in capital cases—as for the expenses of medical services ordered by the court for a juror suddenly ill. (7 Watts, 291.)

"The plaintiff is, therefore, entitled to recover in this action, such a sum as the jury shall deem a reasonable compensation for his services. ELLIS LEWIS.

"Nov. 28th, 1844."

THE HISTORY OF LEPROSY.

PROFESSOR VIRCHOW of Berlin has expressed his desire, in the document of which we subjoin a copy, to obtain certain information regarding leprosy. We hope that any of our readers who may be able will respond to Professor Virchow's appeal.

"It is now several months since I appealed to physicians, historians and travellers to assist me in composing a history of leprosy (*Lepra Arabum, Elephantiasis Græcorum*), and I must gratefully acknowledge having received very abundant contributions from many quarters. I have already published a portion of those observations which have especial reference to leprosy in Germany, in the 18th volume of my *Archives for Pathological Anatomy and Physiology, and for Clinical Medicine*; other communications are in the press, and will appear in the 19th volume of the *Archives*. Many other facts which relate to foreign countries, and to questions specially of medical, geographical, linguistic or civilisational interest, I must put aside for the present, on account of their too great bulk.

"Meanwhile, however, I cannot dispense with the continual assistance of other investigators, and since a personal correspondence cannot be carried on with unknown friends, I once more choose the way of publicity. If there is still any occasion to refer to the great importance of the subject, a glance at the excellent monograph, which Dr. Aug. Hirsch has published concerning leprosy in the second part, which has just appeared, of his *Manual of Historico-geographical Pathology*, will speedily bring conviction to the mind of everybody. A malady, which once pervaded the whole world, which even now attacks thousands in every quarter of the globe, and to the ravages of which the most ancient historical records bear witness, is certainly worthy of the most zealous study.

"I will now, first of all, beg leave to repeat the questions which I have already published:—

"A. LAZARETTOS (LEPER-HOSPITALS). 1. Do you know where there are any lazarettos still to be found? How old are they? How many patients do they receive? What are the regulations with respect to admission, and what is the plan followed in the administration of these establishments? 2. What places formerly possessed lazarettos? When were they founded? How large were they? What were their statutes? When were they turned to some other purpose, or suppressed?

"B. LEPROSY. 1. Where does leprosy (*Lepra Arabum, Elephantiasis Græcorum, Spedalskhed*) occur? 2. Where did leprosy prevail? and when was it first, and when last, mentioned? 3. What forms of leprosy have been observed? (*Lepra tuberculosa, anæsthetica, mutilans, articularum? Morphæa?*) Are any definite relations known to exist between morphæa and the other forms of lepra? 4. Does the disease occur endemically or sporadically? Is an increase or a decrease in the number of cases observed? 5. To what causes is the disease attributed? (a) Inheritance? (b) Contagion? (c) Climate? (humidity of atmosphere and soil?) (d) Food? (Fat? Fish? Salted, or what kind of fish?) 6. Is there any known treatment

for leprosy? 7. Are there any peculiar laws affecting lepers? Solitary confinement? Prohibition of marriage? 8. Are there any literary, private or official reports concerning the disease?

"In continuation, I would remark that there still remain several large gaps in the history of leprosy in Germany, that from Austria in particular scarcely any details have as yet been obtained with regard to the state of the lazarettos, and that with respect to what occurs in Westphalia, Hesse, Hanover, Oldenburg, Holstein and Eastern Prussia next to nothing is at present known. Is it not allowable to expect that in these countries also sufficient interest will be taken in a matter, which can only be settled by the cooperation of many, to enable us to obtain at least an approximate idea of the real state of things?"

"The foundation of lazarettos (leper-hospitals) was essentially an ecclesiastical affair. It rested also in a great measure with the clergy whether lepers were admitted into these establishments and separated from the rest of the community. But to what extent this was their exclusive right, and especially what was the case in Germany, is still involved in great obscurity. For most authors have, by an illogical juxtaposition of what was separated by centuries and many countries, thrown the whole matter into confusion. With regard to Germany in particular it would be desirable that it should be accurately ascertained, whether the same ceremonial and the same religious ideas which obtained in France, for example, prevailed also amongst us. This might perhaps be determined in places, where there was a great concentration of ecclesiastical authority, as for example in Mayence, Cologne, and Trèves, if the archives, rituals, etc., were consulted. Questions are connected herewith which are of great importance in a civilizational point of view.

"Out of Germany, it is especially with regard to the Sclavonic countries that nearly all historical information is wanting. When, for example, Richter, in his *History of Medicine in Russia*, vol. i, p. 245, relates that leprosy first appeared in Russia in 1426, *i. e.*, at a time when it was already beginning to disappear elsewhere, this is in itself extremely improbable, but at the same time, if true, extremely valuable as regards the history of the disease. Everything therefore which is known with regard to Poland, Russia, Galicia, etc., offers twofold interest, because it at the same time involves one of the capital questions concerning the nature of the disease.

"Finally, with regard to the geographical distribution of leprosy at the present time, Hirsch and Mühry have already collected a large number of facts, yet even in this quarter there is still a great deal to be done. With respect to the interior of the continents, and especially Asia and Africa, we have scarcely any information, and even concerning China, where the disease is said to be so general, our knowledge is most superficial. From America too there is extreme difficulty in obtaining even official documents. In all these instances much might be done, not only by the agency of travellers, but also by means of diplomatic and commercial agents, of merchants and physicians. I only hope that every one will rest assured that any contributions, however small, will prove acceptable."

THE BRANDY TREATMENT IN ACUTE DISEASES. A London correspondent of the *Wiener Medicinische Wochenschrift*, No. 26, in treating of the prevalence of Dr. Todd's treatment of acute diseases in London, expresses his opinion that it might be introduced with great advantage in Germany; for, although practitioners are there beginning to learn not to enfeeble their patients by blood-letting, they do not administer support to the nervous power in acute disease; so that, while they do not do so much harm as heretofore, they still do not do so much good as they might do. He admits, however, that Todd carried his stimulant treatment somewhat too far, especially at the commencement of acute affections, when there is no loss of power. At a later stage, however, no doubt can exist that the systematic administration of alcohol is attended with the best consequences; alcohol being, in Todd's view, not a medicinal agent, but a nutritive aliment of the nervous system. In the convalescence stage of typhus, as well as in the second and third week of this disease, and in many cases of pneumonia, the systematic administration of brandy saves many a life. An anecdote, illustrative of this subject, is told by Skoda. A peasant suffering from pneumonia was given over by his attendant as hopeless. A notary was summoned to make his will, and many of his friends attended. While waiting for the official, some strong schnapps was passed round to the guests, and the dying man with feeble voice implored a glass from the well known bottle. A refusal to one doomed to

death could not be given; but the patient, finding himself so much better after the first glass, speedily repeated so agreeable a medicine, which soon effected a recovery, in vain attempted by pill and potion. The correspondent adds, that the assistant-physicians of the London hospitals manifest a remarkable predilection for this brandy treatment, exhibiting it even when their seniors have expressly countermanded it. "I have known many cases in which one of the most distinguished hospital physicians, desirous of experimenting upon the treatment of typhus and pneumonia, has positively forbid a drop to be administered. The patient becoming worse towards evening, the assistant-physician has been sent for, and, finding the case urgent, after in vain trying camphor, musk, etc., gives the patient brandy at short intervals, preferring to save life to obeying the orders which have been left. The symptoms yield, the patient sleeps, and in the morning is 20 per cent. better. The physician arrives at nine in the morning, and proclaims the case to the pupils crowding around the bed as an example of the uselessness of the brandy treatment—not a single drop having been administered!" (*Medical Times and Gazette*, July 28th.)

ACTION FOR RECOVERY OF MEDICAL CHARGES. At the Liverpool County Court, on July 27th, Mr. Statter, a surgeon in Liverpool, claimed from Mr. Braham, the proprietor of the Star Hotel, £5, for twenty visits and consultations, charged at the rate of 5s. each. Mr. Grey, for the defendant, contended that the charge of 5s. for a surgical visit or consultation was unwarrantable, and not justified by custom; the practice of the medical profession in Liverpool being, he asserted, to charge 2s. 6d. for each visit, and never more than 3s. 6d. He added that, in the case of Lady de Grey, it had been held that a surgeon could not recover more than 2s. 6d. for a visit, besides extra charges for medicines. The defendant, on being examined, swore that on one occasion the plaintiff told him that his usual charge for a visit or consultation was 2s. 6d., except for the first consultation or visit, when he charged more. The defendant further asserted that an excess of visits had been charged for. His Honour, on examining the plaintiff's ledger, found that many of the entries against the defendant had been altered from the original sum of 2s. 6d. per visit to 5s. By the original entries, previous to their alteration, the sum against the defendant was £2 15s; and consequently a verdict was entered for that amount.

THE GERMAN ASSOCIATION OF NATURALISTS AND MEDICAL PRACTITIONERS. The thirty-fifth meeting of this body, the original of the now numerous peripatetic philosophical societies, will be held this year at Königsberg, from September 16th to 22nd. Letters are to be addressed to Professors Rathke and Wittich, the managers.

ST. MARY'S HOSPITAL. The lecturers of St. Mary's Hospital Medical School, a few weeks ago, presented to their late Honorary Dean, Mr. Spencer Smith, a handsome inkstand, as a token of their gratitude to that gentleman, for his unwearied exertions in the cause of the school, from its first opening to the present time. On Saturday week, Mr. S. Smith received another gratifying token of good will from the students of the school, past and present, in the shape of a very beautiful piece of silver plate.

HEALTH OF LONDON—JULY 28TH, 1860.

[From the Registrar-General's Report.]

During week	Births.		Deaths.	
	Boys ..	217	Girls ..	975
Average of corresponding weeks 1850-9	1584	1306	1584	1306
Among the causes of death were—bronchitis, 50; pneumonia, 41; phthisis, 133; small-pox, 7; scarlatina, 31; measles, 53; diphtheria, 4; hooping-cough, 30. The deaths from pulmonary diseases (exclusive of phthisis) were 106, being 21.1 above the corrected average.				
Barometer:				
Highest (Mon.) 29.50; lowest (Wed.) 29.36; mean 29.685.				
Thermometer:				
In sun—highest (Fri.) 118.0 degrees; lowest (Wed.) 83.0 degrees.				
In shade—highest (Sun. & Fri.) 69.5 degs.; lowest (Thur.) 42.8 degs.				
Mean—55.6 degrees; difference from mean of 43 yrs.—6.3 degrees.				
Range—during week, 26.7 degrees; mean daily, 17.5 degrees.				
Mean humidity of air (saturation = 100), 82.				
Mean direction of wind, N.W. and S.W.—Rain in inches, 0.80.				

TO CORRESPONDENTS.

Communications have been received from:—DR. LIONEL BEALE; DR. P. H. WILLIAMS; DR. GUY; MR. WALTON; DR. S. DREW; DR. J. T. VALE; DR. G. BUCHANAN; DR. INMAN; DR. R. T. WOODHOUSE; DR. SKINNER; MR. P. C. PRICE; MR. GEORGE ASHDOWN; DR. HITCHMAN; DR. D. MACLAGAN; MR. T. M. STONE; MR. JOSEPH HINTON; MR. DE LISLE ALLEN; DR. E. CARVER; DR. W. A. BRYDEN; and DR. T. O. WARD.