

fact as the English Government must do, why should they confine the seats of the Indian governments to the most unhealthy spots to be found in the presidencies? England is not so fruitful in able men, that we can afford to sacrifice them, as both Sir Henry Ward and Mr. Wilson have been sacrificed. Let the seats of government by all means be removed to those gentler climates equally inaccessible to bowel complaints and to fevers; and the public will no longer be shocked with the intelligence of the deaths of able public servants, struck down in the prime of manhood by entirely preventable diseases.

### THE WEEK.

A CASE of malpractice is reported in the *American Medical Times* for August 25th, as having lately occurred in New York under the following circumstances, which were elicited at the inquest. The wife of a person named Foster was confined of a child, and was, after her confinement, attended by a Dr. Allen, in the absence of Dr. Burke, the regular family attendant. On the occasion of Dr. Allen's second visit, Mrs. Foster told him that the infant was labouring under an attack of diarrhoea, when he wrote a prescription of powders, one of which was to be given at night, and in case it failed to afford relief, another was to be administered in the morning. The prescription was made up at a drug store, but the clerk remarked that it was too strong a dose for a child, two grains of opium forming a part of it; but that it was not his business but that of the doctor who wrote the prescription. Only one-half of one of the powders was given to the child; and fifteen minutes after it had been administered the infant was thrown into convulsions, in which it continued in intervals until one o'clock the next afternoon, when death resulted. Prior to the death of the child, Dr. Allen had been called in, when he remarked that the child had been poisoned, and that wrong medicine had been given it, adding, that either he or the druggist had made a mistake; the prescription shown was the one that he wrote, and the medicine that which he procured from the druggist; he did not believe that the child swallowed more than one-half of the powder that was given it. Dr. Allen stated that he had prescribed two grains of opium in four powders, intending at the time to give *rhubarb*. He said that he had had considerable trouble in his family, and that his mind was somewhat discomposed in consequence; that he had an adult patient suffering from dysentery, and must have been thinking of the medicine for him when he prescribed for the child. The druggist who prepared the medicine said that he supposed that, as it was intended for a child, it would have been subdivided into smaller powders. The jury returned the following verdict:—

"That deceased came to his death from convulsions produced by an over-dose of opium, administered by Dr. MacDonald Allen. The jury believe the physician was guilty of gross carelessness, and we further censure the druggist for not warning the father of the danger of administering so large a dose of opium to so young a child."

After the rendering of the verdict, the Coroner announced that he should hold Dr. Allen in the sum of 500 dollars to answer before the grand jury. After examination, Dr. Allen was released from custody on bail.

## Association Intelligence.

### SPECIAL MEETING OF COMMITTEE OF COUNCIL.

A SPECIAL MEETING will be holden at the Queen's Hotel, Birmingham, on Thursday, the 20th instant, at one o'clock, for the purpose of taking into consideration the general management of the JOURNAL.

PHILIP H. WILLIAMS, M.D.,

General Secretary.

Worcester, September 4th, 1860.

### THIRD LIST OF SUBSCRIPTIONS.

DR. WILLIAMS will feel obliged if the Honorary Secretaries will forward any subscriptions they may have in hand, either to Sir Charles Hastings or himself, not later than the 29th inst., so that they may be published in the JOURNAL.

Worcester, September 4th, 1860.

### SOUTH-EASTERN BRANCH:

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD  
DISTRICT MEETINGS.

THE first meeting for the present session will be held at the Bull Inn, Dartford, on Friday, September 28th, at 3.45 P.M. Dinner (punctually at 5.30 P.M.) will be prepared for those who may be able to remain.

Trains will leave Dartford for Rochester, Maidstone, and Sittingbourne, at 8 P.M., and for London at 8.40.

Gentlemen intending to dine, are requested to give an intimation thereof on or before Wednesday, Sept. 26th, to Mr. Culhane of Dartford, Dr. Spurrell of Bexley Heath, or to

JAMES DULVEY, *Honorary Secretary*.

Brompton, Chatham, September 1860.

## Editor's Letter Box.

### SUBCUTANEOUS INJECTION OF NARCOTICS.

LETTER FROM THOMAS WALKER, M.D.

SIR,—As the practice of the subcutaneous injection of solutions of morphia and other medicines, with the view of procuring a more speedy or more powerful effect than when administered by the mouth, is one of recent introduction, it may, to many of my medical friends who have not yet tried it, be interesting to hear something respecting it from one who has done so.

The merit of suggesting this method of using narcotic solutions is due to Dr. Alexander Wood of Edinburgh. I have within the last six months had recourse to it in various cases both in private and dispensary practice, chiefly those of local pains of neuralgic character, whether acute, chronic, periodic, or persistent. The injection which I have generally used has been the solution of morphia, as directed in the London *Pharmacopæia* (gr. j to 3j of water); and the quantity injected at one time has varied from  $\text{mxx}$  to  $\text{mxxx}$ . No less various have been the parts of the surface where I have used it, having injected this solution into the cellular tissue of the eyelids, temples, nucha, throat, neck, interscapular, supraclavicular, infraclavicular, lumbar, and abdominal regions, and also of the arm, leg, and abdomen. In the hip I have penetrated deeply, so as to reach the sciatic nerve as it emerges from the pelvis. I have in one case used it daily for the last three weeks, for the relief of periodic returns of violent neuralgic pain in the eyeball. In no case, where I have seen occasion to make use of this method, have I had any reason to regret its employment, except that of its having occasionally failed in producing the hoped for relief. Any alarming or extreme amount of narcotisation I have not experienced, nor anything besides what might have been anticipated from the same quantity of morphia given in a draught. I can, however, testify to the effect being decidedly more rapid, and so far more satisfactory, than when the medicine is taken internally. In some cases, faintness and

giddiness have been almost immediately induced; and this independent of any emotional excitement on the part of the patient. I may also state that, in cases in which any opiate taken by the mouth has always given rise to severe and long continued sickness, its use by subcutaneous injection has generally been unattended by this inconvenience. In a case in which I am now using it, my patient tells me that on a former occasion, when opiates were prescribed for her, her medical attendants, finding that violent sickness invariably followed their internal administration, had therefore recourse to the endermic method, by blistering, removing the epidermis, and sprinkling the surface with morphia; and in this case I have witnessed the same production of gastric disorder from opiates taken into the stomach, but have had the satisfaction of procuring their beneficial effect, without this disturbance, when used by subcutaneous injection.

In using the syringe and tubular needle, my object has always been to avoid every structure except the skin and subcutaneous cellular tissue, with the exception of those cases in which I desired to reach the sciatic nerve. This has not seemed to me to require any amount of manual dexterity beyond that which ought to belong to every operating surgeon.

I have occasionally and purposely injected a little air previously to injecting the fluid, so as partially to inflate the cellular tissue, and so to increase the absorbing surface. My practice is, when I desire to inject a larger quantity of the solution than the *xxxv* (which is, I believe, the usual capacity of the syringe made for this operation), to unscrew the glass syringe from the cannula, re-fill it, reattach it, and reinject, repeating this as often as necessary, in preference to making more than one puncture.

Instead of using a vinous solution of the alkaloid, as suggested by Dr. Wood, with a view to save the instrument from rust, I wash it out, after use, with a little alcohol; and find the plan effectual in preserving the permeability of the capillary bore of the needle.

I am, etc.,

THOMAS WALKER.

Peterborough, August 22nd, 1860.

## IMPORTANCE OF THE EARLY TREATMENT OF INSANITY.

LETTER FROM H. GRAMSHAW, ESQ.

SIR,—Having devoted myself to the treatment of insanity in its earliest stages, I cannot help corroborating your views on the necessity that exists for a watchful eye being kept by the profession on the insidious approach of so sad a calamity.

Our greatest poet, having somewhat despondingly asked the question, "Who can minister to a mind diseased?"—has received for answer the melancholy fact that too often the golden opportunity for such ministrations has slipped away, never again to be recalled.

I can conceive no task more delightful than that of being instrumental in clearing away the clouds and vapours that obscure the bright sun of man's intellect, when Reason is beginning to vacate her throne; and no reflection more painful than that, through carelessness or ignorance, a fine mind has perished, and left its former possessor to sink into a pitiable caricature of humanity.

Forcing itself also on my notice is the fact that we have to thank the authors and publishers of those wretched compilations put forth avowedly for the guidance of the young, and teeming with directions so artfully worded as to excite the very terrors they profess to allay, for mischief of the gravest character on the mind of youth, and also on that of sensitive persons about to marry—a lamentable proof of which, no doubt, existed in the case of a recent and respected coroner, whose death was of so tragical a character.

I find that many persons are averse to sending relatives to an asylum when the brain is incipiently diseased, fearing lest, by doing so, the patient should be *stamped for life*. This is not to be wondered at. But it behoves us to make provision for a state of things which leads to the ratification of an evil instead of to its cure. If I am to judge by my own experience, it will lead me to conclude that the public are very glad to avail themselves of those intermediate establishments which have been suggested as a desideratum to meet an existing difficulty.

I am, etc., HENRY GRAMSHAW.

Laxfield Villa, near Framlingham, September 12th, 1860.

## SPECIAL HOSPITALS.

SIR,—As one of the elements in the consideration of the question of special hospitals, it would be of essential advantage not to lose sight of that dismal blot on our hospital system so feelingly referred to the other day by the *Times*. I mean the present position of assistant-surgeons and assistant-physicians. We have within a comparatively short period had four resignations, or threatened resignations, of assistant-surgeons in our four chief hospitals; viz., at Guy's, St. Bartholomew's, King's College, and at the London Hospital. Let us take the first two—Guy's and St. Bartholomew's. There is at each of these hospitals the *maximum* of work with the *minimum* of workers; or, in other words, especially as regards St. Bartholomew's, we have a surgical staff that might and ought to be doubled, to do the yearly increasing work now left to dressers, house-surgeons, etc.; but so close and exclusive is the hold that the chief surgeons have on the establishment and its patronage, that no matter how the work is slurred over, or however dissatisfied men who have acted as assistant-surgeons for thirty years may be, in the hope of that good time coming when they shall be full surgeons, still the full surgeons (every year becoming more feeble) will not budge an inch. Mr. Callaway accordingly leaves Guy's in disgust and dismay; and Mr. McWhinnie leaves St. Bartholomew's. The fact is, there is work—aye, four times over—for both these gentlemen, and for those who have succeeded them. One of the leading causes of the special hospitals "counterblast" is, in reality, this exclusiveness and close monopoly of hospital patronage obtained by the elder or chief surgeons over the younger men, and the systematic neglect of the assistant-surgeons; but of course it is no one's interest, in the hospitals aforesaid, to say a word about it.

You may depend on it, we shall never get at the nature of the present evil of "specialism" till we break through the outer pie-crust of college council civilities, and ask our examining friends in Lincoln's Inn Fields and Pall Mall East how much of the mischief lies at their own doors. We may write about it till the crack of doom; and our Torquay Committee may report on it—

"With all such reading as was never read;  
So spins the silkworm small its slender store,  
And labours till it clouds itself all o'er";

but, till you get at the root of the thing, it will, like a noxious weed, go on spreading.

Why should the *Times* always direct us? The Torquay Committee has one specially good man in its number, who knows the hospitals thoroughly. If he could be induced to speak out, it is evident he might furnish some hints; but he is himself under the cold shade of the octogenarian chiefs of the College Council in Lincoln's Inn Fields.

There is another hope of late, that the medical students may take it up. If they do, they must not be coaxed into silence. Let me advise them at the coming introductory, especially at St. Bartholomew's, to cheer for special hospitals, till the present special blot on our hospital system is removed, or made less offensive.

I am, etc., K.

September 10th, 1860.

## 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—

HOGG, Jabez, Esq., 1, Bedford Square, on September 11.  
KING, H. Stavely, M.D., Brook Street, on September 11.

Of a daughter, the wife of—

COLLUM, Robert, M.D., Chester Place, on September 10.

#### MARRIAGES.

ECCLESTON, Thomas B., Esq., Surgeon, 4th Royal Lancashire Light Infantry, to Elizabeth, only child of the late \*John GREEN, M.D., of Newton-in-the-Willows, Lancashire, on September 5.

EMPSON, Charles F., Esq., Surgeon, of Selby, to Alice, youngest daughter of Thomas RHODES, Esq., solicitor, Market Rasen, on September 6.

FISHER, Stephen, Esq., Paymaster R.N., to Frances Ann, fourth daughter of the late Andrew Dods, M.D., R.N., at Berwick-upon-Tweed, on September 6.

GEARY, Thomas, Esq., barrister-at-law, of the Middle Temple, to Louisa, eldest daughter of \*Thomas HUNT, Esq., Alfred Place, Bedford Square, on September 11.

COLE, Edward H., Esq., Surgeon, Pernambuco, to Harriette Eliza, daughter of \*J. J. GODFREY, Esq., Liverpool, on September 6.

KERR, Russell James, Esq., eldest surviving son of William C. Kerr, Esq., Surgeon, Newnham, Gloucestershire, to Rosa M. A., eldest daughter of the late G. B. GRIFFITHS, Esq., of Castle Hill, Englefield Green, Surrey, on September 4.

## DEATHS.

CHERMSIDE, Sir Alexander, M.D., K.C.B., at Oxford, on September 8.

HAMMOND. On September 4th, at Winchester, aged 62, Ellen, widow of the late Thomas M. Hammond, Esq., Surgeon.

PIERCEY, Moses, Esq., Surgeon, at Portsmouth, aged 49, on September 10.

## PASS LISTS.

UNIVERSITY OF EDINBURGH. On August 1st, the annual ceremony of Graduation in Medicine took place in the University of Edinburgh, under the presidency of Sir David Brewster, Principal of the University. The following is a list of the graduates. Those to whose names three asterisks are prefixed, obtained prizes for their dissertations; those who have two asterisks prefixed, were deemed worthy of competing for the prizes; and those to whose names one asterisk is prefixed, received commendation for their dissertations.

## Scotland.

ALLAN, James	*MIDDLETON, James
*ANDERSON, William	*MONTEATH, George
BALLANTYNE, Alexander	NICOLL, John Black
**BONTHRON, Andrew	*O'NEILL, John
BROWN, Colville	ROBERTSON, William B.
*COWIE, George	ROSS, John
***DICKSON, Alexander	RUTHERFORD, Gideon
ERSKINE, Robert	*SAIDLER, James
FAIRBAIRN, William John	SCOTT, Walter
HOOD, George	*SLOAN, Robert Stirling
INGLIS, Robert	SPENCE, Robert
**LITTLE, Robert	THOM, John James
*LYELL, David	THOMSON, Ebenezer
MCDUGALL, James Nairn	WARDEN, Thomas
***MCINTOSH, W. Carmichael	WHITEFIELD, Peter Plen-
**MACLAGAN, Robert Craig	derleith, A.M.Edin.
MACLAGAN, Thomas John	

## From England.

*ALLAN, Christopher James	LEADAM, William Ward
***ANNANDALE, Thomas	LOW, William Cook
BROSTER, John	**SCOTT, Henry
CUSWORTH, Wm. Wilson	SCOTT, William
KING, John Henry C. E.	SHERIFF, William
LANGFORD, Henry Edward	*SHORE, Offley Bohun

## From Ireland.

BELL, William Riddall	*WHITE, Samuel Gamble
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## From India.

McMASTER, Valentine Munbee

## From the Cape of Good Hope.

*ABERCROMBIE, Alexander	DE LANDSBERG, John P.
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## From the Mauritius.

BEAUGEARD, H. Lazare	LE DÉANT, Jean Etienne A.
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## From America.

JONES, John Curtis

## From Canada.

RACEY, John

## From Nova Scotia.

MOREN, Arthur

## From Barbadoes.

BRANCH, William John	PIGGOTT, Wm. Cumming
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## From Trinidad.

MURRAY, Gustavus Charles P.

The subject of Dr. Annandale's essay was "Injuries of the Hip-joint"; that of Dr. Dickson's, "The Development of the Flower, and especially the Pistil, in the Caryophyllaceæ"; and that of Dr. McIntosh's, "Observations and Experiments on the

Carcinus Mœnas". An able address was delivered to the new graduates by Professor Hughes Bennett.

## DEATHS FROM CHLOROFORM.

Two cases of death from chloroform have recently occurred.

One took place on August 1st, at the Bellevue Hospital, New York. The patient, a man named Michael Lanahan, aged 40, was about to undergo circumcision, having a chancre under the prepuce. Chloroform was administered on a napkin by Dr. Rives, acting senior assistant. After administering the chloroform to the amount of about an ounce and a half, in small quantities at a time for four or five minutes, Dr. Rives was led to desist by hearing a sudden stertorous expiration on the part of the patient. After a few more such expirations followed by regular inspirations, he ceased to breathe. Attempts at resuscitation were made by alternately compressing and relaxing the chest, by applying the galvanic battery to the chest and the neck, by inflating the lungs by means of a tube and bellows, and by rubbing the limbs; but all these means, though continued for an hour and ten minutes, were found to be of no avail. At the *post mortem* examination, twenty-eight hours after death, the heart was found to be in a state of fatty degeneration. The lungs were congested throughout, especially at the posterior part, and contained some apoplectic clots; both were œdematous and less crepitant than natural. No physical examination of the chest appears to have been made before administering the chloroform; it is merely stated that the respiration was natural and the pulse good.

The other case occurred last week in the Northampton Infirmary, in the person of a man named Carrell, who had entered the institution for the purpose of having a tumour removed from his back. On Wednesday week he was taken to the operating room, for the purpose of having the tumour extracted. He expressed a wish that chloroform might be administered before the operation commenced. Mr. Mash did not think it necessary to use chloroform, and explained to Carrell the nature of the operation, telling him that it would not be very painful nor very dangerous, but deceased still persisted in his wish. Mr. Mash therefore consulted Dr. Ashdown, and requested that gentleman to examine the deceased to ascertain if he was able to bear the effects of chloroform. Dr. Ashdown said there was no danger, and accordingly, the house-surgeon, Mr. Gray, administered the anæsthetic on a handkerchief. Its effects were soon visible upon deceased, who duly became insensible, without anything unusual being observed, although strictly noticed. On removing him into a proper position for performing the operation, it was observed that his countenance was very much changed. The suspicions of the operators were at once aroused, and immediate steps were adopted for bringing the man to his senses again, instead of commencing their surgical operation. Water and other restoratives were resorted to, but all to no purpose. Artificial breathing was then tried, but this, too, was unavailing; and after an hour's endeavours at restoration, the deceased was reluctantly given up as lost. An inquest was held at the Infirmary, on the following day, when the jury at once returned a verdict "That deceased's death was caused by chloroform duly administered." They also stated that in their opinion the surgeons were entirely free from blame in the matter, as it appeared to them that the proper caution had been taken when administering the chloroform.

In connection with these cases, we have to notice one of dangerous asphyxia from chloroform, in which resuscitation was brought about by vigorous treatment. It is recorded by Dr. H. C. May in the *American Medical Times* for August 25th. Dr. May was called to a man who, in a state of intoxication, had dislocated his femur upwards and backwards. Great difficulty being experienced in the reduction, it was determined to give chloroform. An hour having been allowed for him to become sober, chloroform was given on a handkerchief. In about five minutes, stertorous breathing set in and the respiration became very slow and laboured; the pulse flagged, and the skin became livid. Dr. May immediately reduced the limb by "Reed's method" without any rousing effect being produced: the patient became, to all appearance, quite asphyxiated. Dr. May now commenced slapping him with the palms of the hands on the chest and buttocks, and had cold water poured from a height on the centre of the patient's chest. In three or four minutes, he gave a deep inspiration; the air was expelled by gentle pressure of the chest; and this was repeated several times—the cold affusion being assiduously continued—until recovery took place, which was perfect in half an hour.

**TESTIMONIAL TO EDWARD DANIELL, ESQ.** A few of the medical friends of our esteemed associate, Mr. Daniell of Newport Pagnell, have recently presented him with a handsome silver salver, with an inscription setting forth that it is intended as a recognition of his unwearied labours in past years for the establishment of a British Medical Fund, and expressing the hope that the scheme which he originated may yet be carried out to perfection. It is probably well known to many of our readers that Mr. Daniell, while recognising the high merit of those schemes of benevolence which have been devised for the support of the less fortunate among the medical profession, has for many years consistently urged the establishment of a system of mutual support, consisting of the raising of a fund within the profession, to which its members, or their widows or orphans, should have an absolute right, as contributors, to apply in time of distress. In his reply to the donors of the testimonial, Mr. Daniell thus draws the distinction between those cases in which charity from without may be applied, and those in which aid ought only to be looked for from mutual combination. "In the great battle of life, many will be irretrievably conquered. To such the hand of charity may be freely extended; and the blessing of God is upon those who extend it, for he 'who giveth to the poor lendeth to the Lord'. But this has no application to those who, with the vigour of life upon them, and the means within their reach, neglect that mutual combination and the establishment of a system which may, in the time of need, afford help not as a gift, but as a right. If statistically the lives of medical men be lower in the scale than those of other professionals (and this fact has not been gainsaid), how more than ordinarily necessary is it that, by combination, some means should be adopted generally to avert the calamity arising from early death, and to provide honourably for the destitute widows, and still more destitute orphans."

**PROFESSIONAL CONFIDENCES.** The question as to the power of courts to compel the medical witness to disclose facts confided to him in his professional capacity, has long been of extreme interest to medical jurists. The common law takes cognisance only of the confidence between man and wife, and attorney and client, and admits this only to a limited extent. Accordingly, the courts of England have compelled medical witnesses to testify without reserve. In several of the United States, however, statutory provisions are made protecting the medical witness in refusing to "disclose any information which he may have acquired in attending any patient in a professional capacity, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." Where this special statute does not exist, the medical witness has been supposed to be placed upon the same footing with ordinary witnesses, by the common law. But, in a recent trial in the Muskingum County Pleas, Ohio, we learn, from the *Columbus Review*, that "the question arose as to the power of the courts to compel a medical witness to give testimony involving a breach of professional confidence. After being fully argued, the court (Judge Marsh presiding) held that a medical witness could not be compelled to disclose facts confided to him in his professional capacity." (*American Medical Times*.)

**PUBLIC HEALTH IN SCOTLAND.** The Registration return in Scotland for the second quarter of the year 1860, states this period to have been more unhealthy and to have resulted in more deaths than in any of the corresponding quarters of the preceding five years. Not only were an unusual proportion of aged persons cut off, but affections of the respiratory organs were unusually prevalent, largely increasing the number of deaths.

#### HEALTH OF LONDON—SEPTEMBER 8TH, 1860.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week .....	{ Boys.. 887 } 1747 ..	968
	{ Girls.. 860 }	
Average of corresponding weeks 1850-9 .....	1571 ..	1142
Among the causes of death were—	bronchitis, 56; pneumonia, 44; phthisis, 116; small-pox, 5; scarlatina, 59; measles, 33; diphtheria, 2; hooping-cough, 27. The deaths from pulmonary diseases (exclusive of phthisis) were 119, being 31·4 above the corrected average.	
<b>Barometer:</b>		
Highest (Fri.) 30·140; lowest (Sun.) 29·788; mean 30·023.		
<b>Thermometer:</b>		
In sun—highest (Fri.) 118·0 degs.; lowest (Th.) 81·0 degs.		
In shade—highest (Fri. & Sat.) 69·7 degs.; lowest (Sun.) 44·1 degs.		
Mean—30·6 degrees; difference from m-an of 43 yrs.—2·2 degrees.		
Range—during week, 25·6 degrees; mean daily, 20·6 degrees.		
Mean humidity of air (saturation=100), 88.		
Mean direction of wind, Var.—Rain in inches, 0·01.		

### TO CORRESPONDENTS.

**THE MEDICAL DIACONATE.** We have received a communication from Dr. J. Watson, expressing his regret, if, in strongly expressing his feelings in his former letter, he used terms which were in themselves offensive to any of his fellow-associates. He assures us that he had no sectarian feeling, but was merely desirous earnestly of keeping the church and every church at an appropriate distance from our secular profession. We hope this explanation will be satisfactory, and that the subject of denominational dispute will now be allowed to drop.

**ANONYMOUS CORRESPONDENTS** should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

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

*Communications have been received from:—*Dr. W. HINDS; Dr. T. OGIER WARD; Dr. R. D. TANNAHILL; Mr. WORKMAN; Dr. LIONEL BEALE; Mr. P. C. PRICE; Mr. J. DULVEY; Mr. C. J. EVANS; Mr. C. E. WRIGHT; Dr. PORTER; Mr. GRAMSHAW; Dr. J. WATSON; Dr. WALKER; Mr. W. J. SQUARE; Dr. A. T. H. WATERS (with inclosures); Dr. W. ADDISON; Mr. POSTGATE; Dr. QUAIN; and Dr. PURSELL.

### ADVERTISEMENTS.

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½ oz., 1 oz., 10 dr., & 1½ oz. per Gross, 6s.	In quantities of not less than
14 dr., & 2 oz. " 7s.	6s. Six Gross, assorted to suit the
3 oz. " 8s.	convenience of the purchaser,
4 oz. " 10s.	delivered to carriers in London.
6 oz. " 15s.	No charge for Package.
8 oz. " 18s.	

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6 and 8 oz., any shape, plain, or graduated .....	8s. 0d. per gross.
3 and 4 oz. ditto .....	7s. 6d. "
1 oz. Moulded Phials .....	4s. 6d. "
1 oz. ditto .....	5s. 6d. "
1½ oz. ditto .....	6s. 0d. "
2 oz. ditto .....	7s. 0d. "

**NOTICE.**—S. ISAACS & SON beg to return their sincere thanks to the Medical Profession for past favours, and beg to inform them that in consequence of the great increase in their business, they have removed to more extensive premises, and hope by adhering to their usual attention and punctuality to receive a continuance of their favours at their new London Warehouses, 24 and 25, Francis Street, Tottenham Court Road. Packages free. Remittance on receipt of Goods Post-office Orders payable to S. ISAACS and SON, at the Post Office, Tottenham Court Road. Bankers—Unity Bank.

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