

to remedy the evils which he has pointed out than the surgeons of the Manchester Royal Infirmary, and of other institutions on the hygienic conditions of which he has animadverted. But the facts of the case require to be driven well home into the public mind.

### THE WEEK.

THE Medical Registrar, Dr. Hawkins, writes to us in reference to the case of *Ellis versus Kelly*, on which we made the following remarks last week:—"Whilst the lawyers are thus coming to the rescue of the unqualified practitioners on the one hand, we regret to see that the Medical Council is pressing with unnecessary severity on a duly qualified practitioner. The case of *Ellis versus Kelly* proves that we can be far more severe towards one of ourselves than the magistrates are against the most arrant impostors." Dr. Hawkins assures us that the Medical Council had nothing to do with the prosecution in the case. He also states that the prosecutor, Ellis, is not a person registered under the Medical Act, nor is he known to the Registrar to be connected with the medical profession.

A large body of our profession is anxious to know what the London College of Physicians is doing respecting the third class of practitioners, which they have been so long about the making of. We believe, that the College is as determined as ever it has been since it undertook the difficult task to carry out the scheme; and that it is doing all it can to attain the desired end. Whether the scheme will ever be successful depends much, if we are rightly informed, upon Apothecaries' Hall. We will take care to give our readers due information on the subject, should anything definite transpire.

## Association Intelligence.

### REPORT OF SPECIAL MEETING OF COMMITTEE OF COUNCIL.

*Held in Birmingham, on Tuesday, the 4th instant.*

PRESENT:—Sir Charles Hastings (in the Chair); Mr. Bartlett; Dr. Bryan; Mr. Cartwright; Mr. Fowler; Dr. Henry; Mr. Husband; Mr. Ellis Jones; Dr. H. Munroe; Mr. Norman; Dr. Richardson; Mr. Southam; Dr. A. T. H. Waters; Mr. Watkin Williams; Mr. S. Wood; and Dr. P. H. Williams.

The following Memorials, addressed to the Committee, were read:—

#### *Memorial to the President and Council of the British Medical Association.*

We, the undersigned, members of the Association, beg to express to the Council our regret at the proposed removal of Dr. Wynter from his post as editor of the JOURNAL, and especially at the steps by which, as we understand, a vacancy in the editorship of the JOURNAL has been occasioned.

During the period in which Dr. Wynter has managed the JOURNAL, the Association has steadily increased in numbers and improved in financial position; and at each annual meeting a vote of thanks has been awarded to him. At the annual meeting held in August last, at Torquay, this vote also testified to the improvement which had taken place in the JOURNAL. Since he became editor the Association has been remarkably free from angry discussion and agitation, a fact in itself a testimony to the tact and discretion he has uniformly displayed.

We consider the JOURNAL of vital importance to the interests of the Association, and, as a consequence, that its editor should be one of its highest and most responsible officers. It appears

to us to be a misfortune that the constitution of the Association should permit the small number of gentlemen forming a quorum of the Committee of Council to dismiss the editor without either consulting the General Council or taking the sense of the Association.

According to the laws of the Association, the JOURNAL is established as a means of intercommunication between its different members. It is, and must be, a reflection of the condition of the Association, as regards polity, science, and practice. A great portion of its space being devoted to the publication of papers read at its Branch and General Meetings, it is unreasonable to expect it, with limited funds, to become the competitor of journals like the *Lancet* and *Medical Times and Gazette*, which were in existence long before the JOURNAL of the Association became a weekly publication, and upon which an enormous outlay of capital has been made to bring them to their present efficiency. In saying this, we would contend that the JOURNAL holds a position not inferior to that of any other, but of an altogether different character.

We would deprecate the constant and, as it appears to us, injurious tendency, to discuss the merits of the JOURNAL in its own pages, and the restless desire to change its details and management. Nothing is more necessary to success than permanency in its arrangements, as far as this is possible. What would be thought of the *Times*, or any other journal, if it constantly disseminated attacks upon its own authority and organisation? Such a state of things would necessarily offer the condition of a house divided against itself.

Under these circumstances, we would respectfully suggest that the resolution of the majority of the Committee of Council in regard to the editorship of the JOURNAL should, in the interests of the Association, be re-considered by the Council at large.

James Clark.	T. W. Nunn.
J. Ranald Martin.	Edward H. Sieveking.
W. Tyler Smith.	Mitchell Henry.
Francis Sibson.	John Erichsen.
Forbes B. Winslow.	John Hatton.
Richard Quain.	W. Bowman.
W. J. Little.	Joseph Hodgson.
C. J. B. Williams.	William Coulson.

#### *Memorial from Hull.*

Hull, December 1st, 1860.

The undersigned members of the British Medical Association earnestly appeal to the Committee of Council not to make a permanent appointment of a new Editor of the BRITISH MEDICAL JOURNAL, until the members have had an opportunity of expressing their opinion as to the form and frequency of the publications of the Association.

Henry Cooper, M.D.,	Thomas Sandwith (Be-	By authority. J. D.
F.R.C.P.	verley)	
Henry Carnley, M.B. Lond.	Thomas Hobson (Kirk	
Owen Daly.	Ella)	
John Dix.	Samuel Watson (Cot-	
Robert Leadam Sleight.	tingham)	
J. A. Locking.	Robert Hardey (Hull)	
Robert M. Craven.	James Dossor (Hull)	
John P. Bell.	J. F. Holden (Hull)	
	W. J. Lunn (Hull)	
	Henry Gibson (Hull)	

*Resolved*—That this Committee, having duly considered the above Memorials, beg, in reply, respectfully to state—

1. That the Laws of the Association leave to the Committee the entire management of the JOURNAL; and that Dr. Wynter was elected Editor by the Committee in accordance with those Laws.

2. That the Committee of Council did not remove Dr. Wynter without due consideration, and previous intimation to him (in March last) that the JOURNAL must be conducted on a different principle from that which he had hitherto adopted.

3. That the Committee feel that they are acting in accordance with their duties and with the general wishes of the Association, so far as those wishes expressed by members in different parts of the kingdom can be understood, by proceeding to the election of a new Editor.

Dr. MARKHAM, of London, was elected Editor of the JOURNAL after the 31st of the present month.

CHARLES HASTINGS.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, December 8th, 1860.

## FOURTH LIST OF MEMBERS

WHO HAVE PAID THEIR SUBSCRIPTIONS FOR 1860.

The Third List was published in the JOURNAL for May 19th.

- BEDFORDSHIRE.**  
Hubert, W. A., Esq., Markyate-street
- BERKSHIRE.**  
Crisp, N., Esq., Swallowfield  
Moxhay, W. W., Esq., Reading  
Sheppard, H. H., Esq., Sonning  
Vines, C., Esq., Reading  
Waldron, H., Esq., Theale  
Ward, T. O., M.D., Winkfield  
Wells, E., M.D., Reading
- BUCKINGHAMSHIRE.**  
Daniell, E., Esq., Newport Pagnell  
Grindon, G. H., Esq., Olney  
Mackay, A. D., M.D., Stony Stratford
- CAMBRIDGESHIRE.**  
Clapham, J., Esq., Thorney  
Daniell, C. P., Esq., Swavesey  
Farar, C., M.D., Chatteris  
Fawcett, F., Esq., Wisbeach  
Fisher, W. W., M.D., Cambridge  
Gray, F. C., Esq., Melbourn  
Haviland, H. J., M.D., Cambridge  
Holm, G., Esq., Cambridge  
Newham, J., Esq., Dodington  
O'Connor, T., Esq., March  
Pinchard, B., M.D., Cottenham  
Wallis, G., Esq., Cambridge  
Wright, H., Esq., March
- CHESHIRE.**  
Davies, T., M.D., Chester  
Godden, J., Esq., Birkenhead  
Harrison, John, Esq., Chester  
Leah, T. C., Esq., Hyde  
Stollerforth, S., M.R.C.P., Chester  
Vaudrey, W. C., Esq., Bredbury
- CORNWALL.**  
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Gaved, A., Esq., Bodmin  
Kerswill, R. W. P., Esq., St. Germain's  
King, D. H., Esq., Stratton  
Lanyon, E., Esq., Camborne  
Leverson, H. S., Esq., Truro  
Pattison, W. T. A., Esq., Fowey  
Sellers, J. M., M.B., Calstock  
Thompson, D., Esq., Launceston  
Williams, J., Esq., Helston
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Cantrell, W., Esq., Wirksworth  
Cope, G. A., Esq., Etwall  
Evans, D., Esq., Belper  
Hart, G. C. B., Esq., Chesterfield  
Hewgill, A., M.D., Repton  
Jones, J., Esq., Derby  
Norman, G. B., Esq., Ilkestone  
Robertson, W. H., M.D., Buxton  
Tasker, R. T., Esq., Melbourne  
Thorpe, G. B., Esq., Staveley  
Wade, H. T., Esq., Derby  
Ward, J. D., Esq., Bolsover
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Black, G., M.D., Torquay  
Bryden, R., Esq., Uffculme  
Bucknill, J. C., M.D., Exminster  
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Burroughs, R. F., Esq., Dartmouth  
Chilcote, W. E., Esq., Broadhempston  
Deans, W., Esq., Sandford  
De la Garde, P. C., Esq., Exeter  
Derry, J., Esq., Totnes  
Elliot, J., Esq., Kingsbridge  
Elliot, W. H., M.D., Exeter  
Empson, E., Esq., Crediton  
Evans, J., Esq., Torquay  
Forman, G. E., Esq., Teignmouth  
Gabriel, W., Esq., Collumpton  
Greenway, H., Esq., Plymouth  
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Harris, J., Esq., Exeter  
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Hartley, E., Esq., Ivybridge  
James, J. H., Esq., Exeter  
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Pollard, W., jun., Esq., Torquay  
Puddicombe, E. M., Esq., Silveston  
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Rendle, E. M., Esq., Plymouth  
Roper, C. H., Esq., Exeter  
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Salterton
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Crosse, T. W., Esq., Norwich  
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Harrison, P. L., Esq., Diss  
Payne, S., Esq., Norwich  
Pitt, J. B., M.D., Norwich  
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Watson, J. F., Esq., Norwich
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Morris, R. R., Esq., Brixworth
- NOTTINGHAMSHIRE.**  
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Higginbottom, M. H., Esq., Nottingham  
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Stiff, W. P., M.D., Nottingham  
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Thompson, J. N., Esq., Nottingham  
Thompson, Joseph, Esq., Nottingham  
White, J., Esq., Nottingham  
Wright, T., M.D., Nottingham
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Bratton, J., Esq., Shrewsbury  
Brookes, A. G., Esq., Cressage  
Brown, J., Esq., Whitchurch  
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Clement, W. J., Esq., Shrewsbury  
Davis, E., Esq., Ditton Priors  
Davis, W., Esq., Wellington  
Eddowes, W., Esq., Pontesbury  
Fenton, H., Esq., Shrewsbury  
Fuller, W., M.B., Oswestry  
Groom, T., Esq., Whitchurch  
Harris, J. D., Esq., Shrewsbury  
Hayes, H., Esq., Wellington  
Leslie, P., M.D., Madeley  
Provis, W. A., Esq., Shrewsbury  
Rayner, A. P., Esq., Shawbury  
Rider, J., Esq., Wellington  
Sandford, E., Esq., Baschurch  
Saxton, W. W., Esq., Market Drayton  
Thursfield, R., Esq., Broseley  
Thursfield, W., Esq., Bridgnorth
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Burt, G. R., Esq., Ilminster  
Collins, C. H., Esq., Chew Magna  
Collins, C. P., Esq., Dulverton  
Cornwall, J., Esq., Ashcott  
Falconer, R. W., M.D., Bath  
Flemming, T. H., M.D., Freshford  
Fox, C. J., M.D., Brislington  
Fox, F. K., M.D., Brislington  
Hill, W. R., M.D., Bath  
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Legge, W., Esq., Wivelcombe  
Marchant, R., Esq., North Curry  
Munkton, W. W., Esq., Curry Rivel  
Parsons, J., Esq., Beckington  
Plowman, T., Esq., North Curry  
Pranker, J., Esq., Langport  
Randolph, H. W., Esq., Milverton  
Reynolds, W., Esq., Wellington  
Shorland, W., Esq., Yeovil  
Trevor, W., Esq., Dulverton  
Weatherley, F., Esq., Portishead  
White, W., Esq., Frome  
Woodforde, F. H., M.D., Taunton
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Walker, J., Esq., Burslem
- SUFFOLK.**  
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Day, W. H., M.D., Newmarket  
Edden, W. H., Esq., Haughley  
Edwards, G. C., Esq., Ipswich  
Fyson, R., Esq., Newmarket  
Muriel, J. T., Esq., Haldleigh
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Roots, W. S., Esq., Kingston-on-Thames  
Shurlock, M., Esq., Chertsey
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Hall, A., M.D., Brighton  
Holman, H., Esq., East Hoathly  
McCarogher, J., M.D., Chichester  
Pursell, J., M.D., Brighton  
Rogers, R. J., Esq., Brighton
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Bicknell, E., Esq., Coventry  
Hill, A., M.D., Birmingham  
Knowles, G. B., Esq., Birmingham  
Morris, H., Esq., Studley  
Prowse, J., Esq., Nuneaton  
Swinson, G. N., Esq., Leamington  
Thomson, T., M.D., Leamington
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Anstie, T. B., Esq., Devizes  
Green, J. L., Esq., Tisbury  
Kenrick, G., Esq., Melksham  
Pennefather, J. P., Esq., Corsham  
Plimmer, G., Esq., Melksham  
Taylor, T., Esq., Cricklade
- WILTSHIRE.**  
Claridge, J., Esq., Pershore  
Gaunt, J. S., Esq., Alvechurch  
Harding, T. M., Esq., Stourbridge  
Webster, C., Esq., Bewdley  
Williams, P. H., M.D., Worcester
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Boulton, W. W., Esq., Beverley  
Daly, O., M.D., Hull  
Drew, S., M.D., Chapelton  
Goodworth, W. H., Esq., Hatfield  
Greenhow, T. M., M.D., Roundhay  
Hardwicke, J., M.D., Rotherham  
Hill, J., Esq., South Cave  
Hodson, F., Esq., Hornsea  
Jackson, T., Esq., Welton  
Jackson, W., Esq., Sheffield  
Locking, J. A., Esq., Hull  
Payne, H., M.D., Barnsley  
Rhodes, G. W., Esq., Huddersfield  
Wood, R., M.D., Driffield

WALES.		Laing, G., Esq., Ferryport-on-Craig
Davies, J. C., M.D., Holywell		Laycock, T. M.D., Edinburgh
Dickinson, J., Esq., Wrexham		Low, A., Esq., Ferryport-on-Craig
Evans, D., Esq., Llanfyllin		Macleod, G. H. B., M.D., Glasgow
Evans, F. G., Esq., Cardiff		Malcolm, R. B., M.D., Edinburgh
Harrison, E. T. D., Esq., Welshpool		Omond, R., M.D., Edinburgh
Hughes, J. M.D., Denbigh		Seller, W. M.D., Edinburgh
James, J., Esq., Aberystown		Simpson, A. R., M.D., Edinburgh
Jones, R., Esq., Carnarvon		Simpson, J. Y., M.D., Edinburgh
Morris, T., Esq., Gresford		Thomson, T., M.D., Inverury
Probert, J., Esq., Merthyr Tydvil		
SCOTLAND.		IRELAND.
Browne, W. A. F., M.D., Dumfries		McDonnell, R., M.D., Dublin
FOREIGN COUNTRIES.		
Day, G. E., M.D., St. Andrew's		Charles, T., Esq., Kiama, Australia
Duncan, J., M.D., Edinburgh		Cotes, H., Esq., Bombay
Henderson, J., Esq., Auchinblae		Sammut, J. B., M.D., Malta

Children of 8 years and under . . . . .	154
Do. between 8 and 12 years . . . . .	110
Persons between 12 and 20 years . . . . .	136
" " 20 and 50 years . . . . .	153
" " 50 and 65 years . . . . .	167
" of 65 and upwards . . . . .	114

The ages of the fatal cases were:

Children of 12 years and under . . . . .	84
Persons between 12 and 20 years . . . . .	45
" " 20 and 50 years . . . . .	17
" " 50 and 65 years . . . . .	53
" of 65 and upwards . . . . .	66

A discussion followed, in which Dr. Milroy, Mr. Radcliffe, Dr. Babington, Mr. Hunt, and Dr. McWilliam, took part.

## Reports of Societies.

### EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 3RD, 1860.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

NOTES ON THE EPIDEMY OF CHOLERA MORBUS AT THE ISLAND OF ST. JAGO, CAPE DE VERDE, IN 1856. BY DR. HOPFFERS, SURGEON OF THE SECOND CLASS ON THE STAFF OF CAPE VERDE SANITARY DEPARTMENT.

[Read by DR. MCWILLIAM.]

THE author commenced by stating that when the adjoining islands of the group, St. Vincent, St. Antonio, and St. Nicholas, were invaded by cholera, the disease prevailed chiefly in the principal towns or seaports; but that at St. Jago the chief towns were scarcely assailed; and that the seacoasts, which are generally the localities where cholera first manifests itself, were there the least subjected to its ravages.

In the month of August 1856, cholera broke out at the island of St. Vincent, and it was supposed to have been introduced thither by an English steamer from Madeira. In September, the same disease showed itself in the islands of St. Nicholas and St. Antonio, into the latter of which, according to Surgeon Almerdaë, it was imported. Much alarm was excited in all the islands invaded by the scourge, and fugitives from them fled in all directions. A vessel with forty persons, some of them suffering from the disorder, arrived at St. Jago in September, and four deaths took place while she was undergoing quarantine. After the lapse of five days without any fresh case, the passengers and crew were landed on an islet half a mile from the mainland, and, after some days, were brought to St. Jago. Although neither any of those from the ship nor of those in whose houses they lodged were attacked by the disease, the alarm throughout the island was great, and all looked forward with anxiety to some coming disaster.

Dr. Hopfers, on arriving from the coast of Guinea on August 31st, was informed that the season had been unusually sickly, and that the principal ailment had been diarrhoea. Cases of dysentery had also been prevalent. The seasons had been irregular, and famine had existed in some parts of the island for nearly two years.

The first case of cholera, or, as it was called, "the St. Vincent sickness", at St. Jago, occurred on the 3rd of October, and it terminated fatally in eighteen hours. Another case fell ill on the 7th, and a third on the 12th of the month; both also proved fatal. From this period, the disease extended in Domingos, Picos, San Miguel, San Catharina, and other districts in the interior of the island, where Dr. Hopfers was incessantly and most usefully employed in alleviating the prevalent distress.

From Dr. Hopfers' observations, it appeared that the disease at St. Jago always followed the line of communication; that it attacked mainly low, damp, and marshy places, but that it sometimes also visited high and well ventilated spots; and that the blacks were its favourite victims.

Dr. Hopfers confessed his inability to trace the origin of the disease in the island to any cause; but his experience led him from being a non-contagionist to believe that cholera was communicable from person to person.

The paper contained a topographical description of the districts invaded, and concluded with a statistical account of the cases treated by Dr. Hopfers; viz.: Males, 402; females, 433; total, 835. Deaths, 265; of whom were, males 129, females 136. The ages of the attacked were as follows, viz.:

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 5TH, 1860.

TYLER SMITH, M.D., Vice-President, in the Chair.

THIS being the last meeting of the second session, the following gentlemen were appointed to audit the accounts for the year 1860: Dr. Braxton Hicks and Mr. J. T. Mitchell, F.R.C.S.

LARGE COLLOID TUMOUR OF THE OVARY. BY T. H. TANNER, M.D.

THIS tumour, which weighed upwards of 8 lbs. avoirdupois, was removed from a patient of Dr. Robert Fowler. The woman was thirty years of age, and was doing very well, eleven days having elapsed since the time Dr. Tanner operated. The operation was employed as a last resource, since the patient was not only suffering from the tumour, but also from ascites produced by it. Five days before the performance of ovariectomy tapping was resorted to, and fourteen pints of ascitic fluid were withdrawn; yet at the operation it was found that about five pints of fluid had been again secreted. After applying ligatures to the pedicle, the tumour, instead of the pedicle, was cut through, and a portion of about the size of a small hand was left attached, and retained outside the abdomen. By this proceeding the use of the clamp was rendered unnecessary, while all risk of hæmorrhage was avoided. The latter point was important, since bleeding from the pedicle had been the cause of death in 16 per cent. of the fatal cases. The edges of the wound were carefully brought together with twine sutures; these latter not being passed through the peritoneum.

MR. SPENCER WELLS had attached the greatest possible importance to the practice of passing the metallic sutures or hare-lip pins through the peritoneal edges of the wound. He had been led to originate this practice by observing the inner aspect of the wound in the first fatal case of ovariectomy which had occurred in his practice. The sutures had been passed through integuments and muscle, but not through the peritoneum; and the consequence was that a raw surface of considerable breadth was only partially protected from the general peritoneal cavity by a portion of intestine, which was already adhering to it, although the patient died the day after the operation. Had she lived longer, there could be no doubt that pus or other secretions from the wounded surface would have been poured into the cavity of the peritoneum. Struck by this observation, he (Mr. Wells) made a number of experiments, in concert with Dr. Richardson (who narcotised the animals by puff-ball smoke or chloroform), upon guinea-pigs, rabbits, and dogs, opening the peritoneum and closing the wound by sutures which in some cases included the membrane, and others only passed near it, and killing the animals at various periods after the operations, which were made as accurately comparative as possible. Nearly all the animals recovered; but in those where the more superficial sutures were used, there was a portion of the parietes left destitute of peritoneum, and this defect was supplied by adhesion of intestine or of omentum. In two cases where omentum became adherent, the motions of the dogs were materially interfered with. In those cases where the peritoneal edges of the wound had been included, the union was so perfect that it was difficult to detect the line of union two or three weeks after the operation. This was explained by the observation of a case in which a woman died within two days after ovariectomy. The hare-lip pins which had passed through the peritoneal edges were quite concealed from view and protected from contact with the intestine, partly by folding of the peritoneal edges together, and partly by effused lymph. Mr. Wells had preserved many of the most striking specimens, and would be happy to show them to any gentleman who was interested in the subject.

Dr. TYLER SMITH had recently attended a case which strongly

In cogitating over this matter, I was greatly struck with the acuteness with which Dr. Thudichum had struck what I felt was the weak point in my first paper. His remarks, as reported in the JOURNAL, Oct. 27th, 1860, *à propos* of my notion, that the clayey stools might contain colourless bile, were, "This has not been proved to obtain: as, on the other hand, it has been proved that the healthy feces contain no biliary matter, except a derivative of cholochrome." Dr. Inman's assumption becomes very improbable; and the reverse opinion gains ground, that the clayey white stools of the jaundiced contain neither bile acids nor cholochrome." Taking this in its entirety, we assume that there is no direct proof that clayey stools contain any bile. But memory recalls many cases of jaundice with total suppression of bile, when the stools have been brown. Whence, then, the colour? This involves a very simple question, viz., "Where does the brown colour of the stools begin? That I might not deceive myself on this point, I propounded the question separately, without giving any reason for it, to four different young medical men, all close observers, and diligent in their attendance in the dead-house: the answer was the same from all, viz., in the colon. My own memory upon this point may possibly be treacherous, I therefore make the remarks interrogatively rather than affirmatively, and ask, "did ever any one see the contents of the small intestines of a brown, deep yellow, or even a bilious hue? Did ever any one see, in cases of hernia, a brown fecal matter flow from the bowel, if the small intestine only was implicated? Is it not a fact, that the intestinal secretion is always whitish prior to its reaching the ileo-cæcal valve, and that it attains its fecal character and colour in the colon? May not a clayey diarrhoea, then, simply demonstrate that the colon, and not the liver, is sluggish? I next examined with care the intestines of a man who had died in the Royal Infirmary rather suddenly. The canal was slit up from end to end, and it was clear that "fæcification" commenced in the colon: the direct evidence was against the bile being the cause of the colour. After this, I recollected Dr. Petrie's assertion, that the green colour of the stools in children who had taken calomel was due to a vitiated secretion from the bowels, and chiefly from the colon: and on turning to a private letter from my friend, Dr. Russell of Birmingham, date, Nov. 3rd, 1860, I found the remark, "My strong suspicion—I dare hardly yet call it a belief—is, that what is called bile in feces, is really a secretion from the intestinal follicles, and often from those of the colon. I was led to this suspicion by finding 'fresh bile' in fecal matter which had evidently been lying for a considerable period in the colon, and I propounded the heresy at one of our societies, but received general discredit."

These observations demanded the farther inquiry, Is there evidence that calomel and mercurial compounds act upon the intestines generally, and upon the colon in particular? The answer in the affirmative has been given by Dr. Taylor, who writes, irrespective of the present inquiry, "The coats of the stomach are sometimes corroded; . . . similar appearances have been met with in the intestines, especially in the cæcum. In a case by Dr. Herapath the stomach was softened, and the cæcum had been the seat of the most violent inflammation, the whole surface being of a deep black red colour, and there were patches of sloughing in the coats" (Taylor *On Poisons*, p. 395). Again (p. 397), "the duodenum and jejunum were healthy; there was slight inflammation of the mucous membrane about the lower two-thirds of the ileum, and this was the more marked towards the termination of the intestine; near to the cæcum there were several patches of inflammation; the whole of the large intestines were highly inflamed; the liver was enlarged and congested; the gall-bladder contracted and containing scarcely any trace of bile." Dr. Scott showed that calomel purges irrespective of bile in the bowels. Coupling these remarks with those in my first communication, the deduction is logical, that there is evidence that mercury does not increase the hepatic secretion, but that it does modify the condition of the intestinal mucous membrane, and especially that of the colon.

I will not weary your readers by proceeding farther into the subject now. I have said quite enough to prove that much inquiry must be made before we are justified in forming a final decision. I cannot, however, agree with Sir H. Cooper, that controversy upon important points of practice is undesirable; nor can I agree with that style of reasoning adopted by him which starts from assumptions; *e. g.* in his note of Nov. 12th, he remarks, "I have observed experimentally that stools having the physical properties of bile have followed the administration of mercury," etc. This reasoning would be conclusive and irresistible, settling the question at issue for ever, if he

were to append a demonstration, that the physical properties of bile in the stools are unmistakable. Without this demonstration the argument is worthless; for there is every reason to believe that what has been considered as bile, has nothing whatever to do with the liver.

In conclusion I must just add, that one very important point in my first communication has been overlooked by those who have written to the JOURNAL, viz., that increased discharge of fluid bile by the anus, supposing such to be proved, is no evidence of increased secretion by the liver; *i. e.* the liver may secrete less, and yet the stools contain more, from the fluid not mixing with the chyle, and not being absorbed into the system.

I am, etc.,

THOMAS INMAN.

Liverpool, December 11th, 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—

- \*BARTON, John M., Esq., Lee Park, Blackheath, on Dec. 7.
- BERNEY, Edward, Esq., Croydon, on December 9.
- DOUGLAS, G. M., M.D., Quebec, on November 3.
- HOOPER, William R., Esq., Assistant-Surgeon Bengal Army, at Dinapore, on October 20.
- SOMERS, Henry, Esq., Surgeon 55th Regiment, in London, on December 6.

Of daughters, the wives of—

- \*BEARPARK, George E., Esq., Leeds, on December 4.
- \*BOXALL, H., Esq., Wisborough Green, Sussex, on Nov. 30.
- BRISTOWE, J. S., M.D., St. Thomas's Street, Southwark, on December 9.
- \*NORTON, S., M.D., Watlingtonbury, Kent, on December 12. (Prematurely.)
- SWAYNE, Herbert W., Esq., Surgeon, Erith, on December 9.

#### MARRIAGES.

- BIRKETT, the Rev. Thomas, of Tenby, to Jane, second daughter of \*Thomas BARNES, M.D., of Carlisle, on November 29.
- \*CURTLER, Henry, Esq., Droitwich, to Ellen, eldest daughter of W. M. RICKARD, Esq., of Stoke Damerei, Devonport, on December 6.
- EDWARDS, William, Esq., of Thetford, to Eliza W., youngest daughter of \*H. W. BAILEY, Esq., of the same place.

#### DEATHS.

- ANDERSON, George, Esq., Surgeon, of Farnham, at Madeira, aged 58, on November 26.
- FOLKARD. On December 7, at Kensington Park Terrace, aged 33, Julia, wife of Henry Folkard, M.D.

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

[From the Registrar-General's Report.]

		Births.		Deaths.	
During week		Boys.. 523	1814	1240	
		Girls.. 891	1635	1369	
Average of corresponding weeks 1850-9					
Among the causes of death were—					
phthisis, 150; small-pox, 5; scarlatina, 50; measles, 58; diphtheria, 18; whooping-cough, 52. The deaths from pulmonary diseases (exclusive of phthisis) were 291, being 14 below the corrected average.					
Barometer:					
Highest (Sat.) 29°702; lowest (Fri.) 28°974; mean 29°152.					
Thermometer:					
In sun—highest (Fri.) 58°0 degs.; lowest (Sun.) 49°0 degs.					
In shade—highest (Th.) 54°0 degs.; lowest (Sun.) 40°5 degs.					
Mean—46°0 degrees; difference from mean of 43 yrs.—4 degrees.					
Range—during week, 18°5 degrees; mean daily, 6°5 degrees.					
Mean humidity of air (saturation = 100), 96.					
Mean direction of wind, Var.—Rain in inches, 0°70.					

#### TO CORRESPONDENTS.

Communications have been received from:—DR. T. H. BARKER; DR. P. H. WILLIAMS; DR. LIONEL BEALE; MR. AUGUSTIN PRICHARD; MR. JNO. CLAY; DR. A. T. H. WATERS; DR. S. MARTYN; MR. THOS. POPE; DR. WM. HINDS; MR. T. L. FRIDHAM; DR. HEN. ORMEROD; MR. G. E. BEARPARK; DR. INMAN; MR. R. L. BAKER; MR. H. WILKINSON; DR. E. COPEMAN; MR. A. B. STEELE; DR. JAMES RUSSELL; MR. N. CRISP; DR. FRANCIS HAWKINS; and MR. H. M. GOULD.