

Association Intelligence.

COMMITTEE OF COUNCIL.

The Committee of Council will meet in Birmingham, on Tuesday, the 16th instant.

The principal business will be the consideration of the Report to be presented by the Council at the next Annual Meeting.

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

Worcester, June 1857.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Annual Meeting of the BRITISH MEDICAL ASSOCIATION will be holden at Nottingham, on Tuesday, Wednesday, and Thursday, the 28th, 29th, and 30th of July next.

PHILIP H. WILLIAMS, *General Secretary.*

Worcester, June 1857.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
EAST ANGLIAN. [Annual Meeting.]	Norfolk Hotel, Norwich.	Friday, June 12, 1 P.M.
MIDLAND. [Annual Meeting.]	Town Library, Leicester.	Thurs., June 18th, 2 P.M.
LANCASHIRE AND CHESHIRE. [Annual Meeting.]	Council Chamber, Town Hall, Preston.	Wednesday, June 24th, 11.30 A.M.
NORTH WALES. [Annual Meeting.]	Royal Hotel, Rhyl.	Tues., July 14, 12 noon.

NOTICE OF ADDITION TO LAW VIII, TO BE PROPOSED AT THE NEXT ANNUAL MEETING.

I GIVE notice, in compliance with the request of the Committee of Council, that I shall, at the next Annual Meeting, propose that the President of the British Medical Association be, *ex officio*, a member of the Committee of Council.

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

Worcester, May 12th, 1857.

NORTH WALES BRANCH.

RESOLUTION OF THE COUNCIL REGARDING MEDICAL REFORM.

At a meeting of the Council of the North Wales Branch, held at Rhyl, on May 29th, it was suggested that each member should (without delay) petition the House of Commons in favour of Medical Reform; and that Mr. Headlam's Bill presented the best grounds for a speedy and final settlement of that long agitated question. It was deemed preferable to suggest this course to waiting for the Annual Meeting of the Branch, which could not be conveniently called together before the 14th of July next.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MARCH 28TH, 1857.

FRANCIS HIRD, Esq., President, in the Chair.

TREATMENT OF LATERAL CURVATURE OF THE SPINE.

BY B. E. BRODHURST, ESQ.

THE author stated the various cases of lateral curvature, and showed that some varieties of curvature are alone amenable to treatment. He affirmed that it was not difficult to discover the cause of curvature, and pointed out the means by which an accurate diagnosis might be made. He alluded to primary and secondary curves, and explained how to distinguish the primary curve. Through ignorance of these questions, it was customary to treat the dorsal curve alone, whether a primary or a secondary curve; and, consequently, the lumbar curve was frequently increased by attempting to remove a compensating dorsal curve. A compensating curve was an effort of Nature to restore equilibrium; and, though it were removed, the primary curve and the cause of distortion would remain. Much scepticism

existed with regard to the utility of spinal instruments, which had been occasioned by the application of instruments to every form of curvature, without inquiry as to the cause of distortion. To remove a rigid spinal curve by lateral pressure was a physical impossibility; the result of such treatment was only to induce flattening of the ribs. Instead of lateral pressure alone being employed, it was necessary to unbend a spinal curve; and, although slight curvature might be removed by support only, a rigid curve required to be unbent. The author then described the manner in which this was to be effected, and explained the spinal apparatus and its action as follows. The instrument consists of a band fitting accurately to the pelvis, from which rise two lateral uprights, the heads of which rest in the axillæ, and support the shoulders. These uprights elongate, so that they may be raised to any desired height; they also move in the segment of a circle, at their junction with the pelvic band: consequently, one or both may have a perpendicular or an oblique direction. Springing from the centre of the pelvic band is a perpendicular steel bar (vertebral stem), which rises to the upper extremity of the dorsal curve. This stem is united by a transverse band (scapular band) with the crutches. Thus a solid frame is produced, which cannot be tilted by any amount of pressure. The vertebral stem supports three levers, all of which are moved by rack-and-pinion joints. The lowest of these gives attachment to the lumbar webbing band; to the middle lever is attached the dorsal webbing band, and the upper lever is connected with the shoulder-ring. The lumbar and dorsal webbing bands are further attached in front to two perpendicular levers, which are placed on the anterior surface of the pelvic band, and which, as the other levers, are moved by rack-and-pinion joints. Now, when the lumbar is the primary curve, its concavity is supported by the lowest webbing band, and the dorsal band is applied obliquely in such a manner that it shall act on the inferior extremity of the dorsal curve by uplifting it. This action of the instrument will tend to depress the pelvic band. A webbing band, fastened to a lever in front, and to the pelvic band behind, passes over the highest ilium. This, by its action on the lumbar curve, tends to restore the horizontal position of the pelvis; and the combined action of these four bands is to unbend the lumbar curve. When the dorsal is the primary curve, its convexity is also supported by a webbing band, while the lumbar band is applied to the upper extremity of the lumbar curve, to act upon it obliquely in a downward direction; and the upper extremity of the dorsal curve is equally acted on by the shoulder sling, which, embracing the scapula, and lying upon the ribs which correspond to the extremity of the dorsal curve, acts upon them to unbend the curve. Thus the convexity of the curve being firmly fixed, there is power to uplift and depress the extremities of the curve, which cannot fail to unbend it, if the positions now laid down are attended to. When much rotation of the vertebrae is superadded to lateral curvature, a metal plate, movable with rack-and-pinion joints, is attached to the perpendicular vertebral stem of the instrument; by means of which adequate pressure can be made from behind forwards.

Mr. HUNT observed, that the age had not been mentioned by Mr. Brodhurst at which he believed treatment to be no longer practicable; and he inquired the ages of the several patients to which reference had been made, and from whom the casts which were exhibited had been taken.

Mr. HARRISON remarked, that it had been stated by the author of the paper that three-fourths of the cases of lateral curvature of the spine arise from increased muscular action, and from debility. He inquired if such cases could with safety be treated at any period without mechanical support, or, if not, how soon support ought to be employed.

Dr. RYAN had used a similar instrument to that now exhibited with great advantage; and he remarked that the health of the patient was not injuriously affected by a portable instrument, as was too often the case when the recumbent position was long maintained.

Mr. ADAMS doubted whether spinal instruments of any kind were useful after twenty-six years of age; and he believed that a pliable curve alone could be acted on by mechanical means. He had no faith in any power to unbend a rigid curve, or to act upon such a curve by lateral pressure; and he thought that gymnastic exercises and the recumbent position were more useful than any instrumental means that might be adopted. Yet he admitted that cases existed in which support was necessary to relieve pain; and he cited a case in which considerable pain had been relieved by uplifting the depressed ribs. He doubted if pressure could ever be borne in

was sure he had seen the disease so propagated. He had seen it communicated also from the induration remaining after chancre, where there was no sore or abrasion whatever. He would ask if inoculation would succeed in a system saturated by syphilis? He admitted that condylomata were always of a secondary character; and he agreed with the treatment recommended in the paper. If an individual was under the influence of the virus of syphilis, it was not necessary for him to have an external sore to enable him to propagate the disease.

Mr. DENDY regarded the doctrine enunciated by Mr. Hancock as paradoxical. He thought, in opposition to Mr. Lee, that, if the disease were inoculable at all, the same result would be obtained whether the matter were inserted by a lancet or by any other means.

Dr. GIBB had seen a case in which numerous condylomata surrounding the anus had been shaved off by Mr. Curling, at the London Hospital, no constitutional treatment being adopted.

Mr. HENRY LEE inquired if, in those cases in which the pus had been examined by the microscope previously to inoculation, acetic acid had been added previous to testing it?

Mr. DE MÉRIC stated, in reply, that he was much pleased that Mr. Lee, whose opinions were entitled to so much attention, had taken a share in the discussion. Mr. Lee, he found, was inclined to consider muco-cutaneous papules as secondary symptoms; but he had some doubts, because such papules disappear rapidly. This latter circumstance is, however, of slender importance, as regards distinction between primary and secondary symptoms, as we all know that secondary eruptions will often disappear very rapidly without any treatment at all. Mr. De Méric thought that Mr. Lee's theory of adhesive and purulent sores was entitled to every respect; he was not aware, however, that in his paper he had made a confusion between papules and pustules. When he spoke of pus connected with papules, he alluded to that secretion as the result of a highly inflamed and ulcerated state of the papules, which state was often brought on by much walking combined with neglect. Mr. Lee and Mr. Hancock, arguing from cases they had seen, both believed that secondary syphilis could be communicated to a female by a man whose sexual organ presented only an indurated cicatrix from chancre. He (Mr. De Méric) thought this view inadmissible, because complete reliance could never be placed on cases where patients have an interest in concealing circumstances which might reflect unfavourably upon themselves, and because the mechanism of infection by an unbroken surface is contrary to all known pathological phenomena. Mr. Hancock, on considering the matter, would perhaps be led to concede that the fact of mercury being easily rubbed into the system was not sufficient to prove that secondary exudations may also be introduced into the economy by friction. Mr. Hancock's question, as to the effects of inoculation with the matter secreted by muco-cutaneous papules, could hardly be thoroughly answered but by inoculation of the secretion upon a perfectly healthy individual. This, however, he (Mr. De Méric) was not prepared to do. As to the iodide of mercury, he was in the habit of prescribing it in pills, and the chloride of potash in solution. Mr. Dendy had, in his remarks, answered the various objections brought forward by the gentlemen who differed in opinion with the author. As to the shaving off of muco-cutaneous papules by Mr. Curling, mentioned by Dr. Gibb, Mr. De Méric was inclined to think that Mr. Curling must have considered the growths he thus removed as mere vegetations.

over the profession, which is the chief, and, in my opinion, should be the sole object of a College. On the other hand, the right of educating and qualifying, by examination, for that license belongs to a University; and if Oxford, Cambridge, and Dublin please to delegate that part of their duty to a College of Physicians, that is no reason why other Universities should be compelled to do the same. If a University educate a student efficiently, both in general knowledge and in medicine, if the degree of M.D. or M.B. be obtained, after an approved curriculum of medical education and a competent examination, I assert that the University graduate has the right to a license to practise without further examination. The College of Physicians insist upon retaining this power, which completely makes entrance into the profession, as a Physician, "a one-port system," and under the disguise of reform, perpetuates an old and long-standing abuse. Permit me, therefore, to repeat, that my objection was not that "Universities should be permitted to license as well educate," but that having educated, and that efficiently, they should have the right to demand a license without further examination.

I am, etc., EDWARD W. MURPHY.

London, June 1857.

PROXY VOTES IN ELECTIONS AT THE ROYAL MEDICAL BENEVOLENT COLLEGE.

LETTER FROM W. ALLISON, ESQ.

SIR,—In your number for May 30, p. 467, Mr. R. W. Jones, upon good authority, says, "The mode of voting will be altered" before the next election; but I fear that will not prevent the complaints of the Governors, and shall therefore venture to ask you, Mr. Jones, or any of your readers, *Who elect* the pensioners and foundation scholars? Having acted as a local secretary, letters have been addressed to me for information, which lead me to regret the want of a general statement of the College funds, and of their application, since the first occupation of the buildings. The unsuccessful candidates in 1855 were, Fletcher, 1,066; Wood, 1,014; Tait, 672, etc. In 1856, Fletcher, 1,956; Tait, 1,701; Wood, 1,273, etc. In 1857, Fletcher (200 above any other) ended his canvas with 3,202; Tait, 2,750; Wood, 1,453. How did it happen that Fletcher and Tait stood about the same every year, just below the successful candidates? Neither of the six elected this year have been able, on former occasions, to poll so many as Tait. Kettle entered the room on the 21st of May, 70 below Tait, and polled 3,057 votes! and so in proportion did the other successful candidates. How many Governors are there, and how many did the room contain on the 21st? Complaints are not made of the objects selected, but of a mystery which requires an explanation. Perhaps the publication of a full account of the means by which 3,000 votes may be obtained, during the day of election, might prevent widows (especially in country towns) from raising their hopes to be blighted, or from being induced to contract useless debts when they have no chance of success. I may have misunderstood my correspondents; but, to the best of my knowledge, the foregoing is a faithful representation of some of their impressions and perplexities. If I have made any misstatement, no one will be more desirous than myself to have it corrected, or more thankful to any one who can inform me of the error.

I am, etc.,

W. ALLISON.

East Retford, May 30th.

Editor's Letter Box.

MEDICAL REFORM: THE PRIVILEGES OF COLLEGES AND UNIVERSITIES.

LETTER FROM E. W. MURPHY, M.D.

SIR,—In the not very accurate report of my remarks at the "Adjourned Meeting of the Metropolitan Counties Branch of the British Association," I am made to say, "But the right to give licenses to practise should not be exclusively confined to the Colleges: the Universities should be permitted to license as well as to educate and grant degrees in medicine, if they do so rightly." I beg to state, that the whole of my observations were intended to prove exactly the reverse, that the right of licensing to practise belonged to a College, and not to a University; because a University can exercise no superintendence

Parliamentary Intelligence.

HOUSE OF COMMONS.—Friday, May 29th.

LUNATIC ASYLUMS IN SCOTLAND.

Mr. E. ELLICE called attention to the report of the Commissioners of Inquiry into the State of Lunatics in Scotland, and the necessity of securing to pauper lunatics better protection and maintenance, the treatment of this class in Scotland (4,600 in number) evincing in many cases great neglect and cruelty as regards their reception, their custody, and their removal from one place to another. These details were of a most painful and even repulsive character; and Mr. Ellice did not hesitate to charge the authorities with culpable complicity, and asked the Government to visit them with direct condemnation.

Sir G. GREY was not surprised at the indignation manifested

by Mr. Ellice at the gross cases of abuse and neglect revealed in the report of the commissioners, and hoped that the perusal of that report would evince the hearty co-operation of Scotch members in providing a remedy for a radically defective administration of the law. He differed from Mr. Ellice only in one respect. The law had provided safeguards against these evils; the great defect was in the administration of the law. As soon as the report was in the hands of the Government (only fifteen days ago), his attention was immediately given to it; he conferred with the Lord Advocate, and called the attention of the Board of Supervision to the gross neglect and abuses in the administration of the law disclosed in the report. Some of the cases of illegal neglect and cruelty were under the consideration of the Lord Advocate, who would in due time propose to Parliament a Bill for remedying the present state of things in regard to pauper lunatics in Scotland.

Mr. DRUMMOND, Mr. F. DUNDAS, Sir T. COLEBROOKE, Mr. KINNAIRD, and Colonel SYKES, having spoken upon the subject, The Lord Advocate said the state of things disclosed in the report had been a disgrace and scandal to the country. Every one of the suggestions of the commissioners had been introduced into the Bill of the Lord Advocate Robertson in 1848; and, if that Bill had passed, these abuses would have been put an end to. It was, however, resisted in Scotland, and large counties had petitioned against it; but now he believed, if he proposed these remedies, the Bill would pass both Houses.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

- BLACK. On June 1st, at 6, Amelia Place, Southgate Road, the wife of Robert J. Black, M.D., of a daughter.
BROWNE. On May 24th, at West Bromwich, Staffordshire, the wife of Benjamin S. Browne, Esq., Surgeon, of a son.
COBBOLD. On May 23rd, at 21, Upper Seymour Street, Portman Square, the wife of Thomas Spencer Cobbold, M.D., of a daughter.
D'OLIER. On May 31st, the wife of Isaac A. D'Olier, M.B., of York Place, Mile End, of a son.
JACKSON. On May 26th, at Brussels, the wife of Nevill Jackson, M.D., of a son.
*LAYCOCK. On May 26th, at 4, Rutland Street, Edinburgh, the wife of Thomas Laycock, M.D., Professor of the Practice of Physic in the University of Edinburgh, of a daughter.
MASSY. On May 31st, at Canterbury, the wife of — Massy, M.D., 2nd Dragoon Guards, of a son.
PALEY. On June 1st, at Halifax, the wife of William Paley, M.D., of a son.

MARRIAGES.

- FRASER—COOPER. FRASER, John, M.D., Rifle Brigade, to Emma Caroline, eldest daughter of the Rev. Mark Cooper, vicar of Bramshaw, Hants, at Bramshaw, on May 28th.
*JORDAN—WATSON. JORDAN, Robert C. R., M.D., of Edgbaston, Birmingham, to Elizabeth, third daughter of the late Robert Watson, Esq., of Mansfield, at Mansfield, on May 26th.

DEATHS.

- ANDERSON, Alexander, M.D., at Jedburgh, on May 28th.
DOWLING, —, M.D., at Mountmellick, Ireland, aged 50, on May 12th.
GIBB, John H., Esq., Student of Medicine in University College, London, at Dover, on May 28th.
GILL, William George, Esq., Surgeon, of Islington, aged 32, on June 2nd.
*GRUGGEN, H. March, M.D., at Chichester, suddenly, on May 20th.
*MARRIOTT, Peter, Esq., Surgeon, of Fair Lea, Malvern, after a long illness, aged 63, on May 31st.
STEWART, Horatio, M.D., Professor of Materia Medica in Queen's College, Belfast, aged 36, lately.
STEWART. On April 16th, on board the *Blenheim*, near St. Helena, Ludovick, only son of L. C. Stewart, Esq., Surgeon 61st Regiment, aged two years and nine months.

TRITTON. On April 4th, at Kidderpore, Calcutta, Ensign Edmund Flemmyng Tritton, son of Superintending Surgeon E. Tritton, of the Bengal Establishment, aged 20.
WOOD, Thomas, M.D., at Sunday's Well, Ireland, aged 90, on May 13th.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners, on Friday, May 29th, 1857 :—

BRIGHT, Richard Stonhewer, Richmond, Surrey
BUSS, Henry, Bainsbury Grove
CHANDRA, Rajendra Chandra, Calcutta
CROMARTY, James Pattison, Aberdeen
GULL, Frederick, Stanway, near Colchester
HEPWORTH, Francis, Croftsbank, near Patricroft
JAMES, Herbert, Merthyr Tydvil
ROWLANDS, Isaac, Llanfer
TRIMNELL, Thomas James, Cape of Good Hope
WATTS, Stephen William, Army
WRIGHT, Richard, Dublin

NEW FELLOWS. The following members of the College, having undergone the necessary examinations on May 19th and 21st, were admitted to the Fellowship at the last meeting of the Council :—

ALLINGHAM, William, Finsbury Square: diploma of membership dated March 6th, 1855
BOWDEN, Stephen, Royal Navy: April 28th, 1843
CLAPTON, Edward, St. Thomas's Hospital: April 4th, 1853
FLOWER, William Henry, Queen Anne Street: March 27th, 1854
HULKE, John Whitaker, King's College: July 16th, 1852
JACKSON, Thomas Carr, Hamilton Place, New Road: May 30th, 1845
MAUNDER, Charles Frederick, Finsbury Place South: March 10th, 1854
NOLLOTH, Edward, Royal Navy: May 5th, 1845
NUNN, Thomas William, Stratford Place: December 18th, 1846
ROSS, James Tyrrell Carter, Bengal Medical Staff: April 14th, 1845
RUDALL, James Thomas, Rochester Square, Camden Town: March 27th, 1854
SIBLEY, Septimus William, New Burlington Street: February 27th, 1852
TAAFFE, Richard Patrick Burke, Pavilion Parade, Brighton: August 4th, 1852
TEALE, Thomas Pridgew, Leeds: March 28th, 1855

APOTHECARIES' HALL. Members admitted on Thursday, May 28th, 1857 :—

DAVIS, William Haslam, Shelton, Staffordshire
DAVY, Francis Jefford, Knighton, near Newton Abbott, Devon
EDWARDS, Edwin Thomas, Newcastle, Staffordshire
HART, Gratian Charles Barry, Bristol
HIND, Albert, London
M'WHINNIE, John, Royal Navy.
MAUDSLEY, Henry, Settle, Yorkshire
WHITEFIELD, Arthur, Barnstaple, Devon

HEALTH OF LONDON:—WEEK ENDING MAY 30TH, 1857.

[From the Registrar-General's Report.]

THE returns from the metropolitan districts exhibit a further decrease in the weekly mortality. The deaths which in the two previous weeks were 1,050 and 948, were in the week that ended on Saturday 915. In the ten years 1847-56, the average number of deaths registered in the weeks corresponding with last week was 972; but as the deaths of last week occurred in an increased population, the average must be raised for the purpose of comparison in proportion to the increase, in which case it will become 1,069. Hence it appears that last week was so favourable to the health of London, that the number of its inhabitants who died was less by 154 than that which would have been placed on the registers if the average rate of mortality had prevailed. During the last three weeks the mean temperature of the air has been 58°, or nearly 14° higher than it had been in the three weeks preceding.

The deaths arising from diseases of the respiratory organs continue to decrease; the numbers returned in the last three weeks were 202, 167, and 139. Bronchitis, one of the diseases

in this class, was fatal in the same times in 102, 84, and 67 cases; pneumonia (or inflammation of the lungs) in 75, 66, and 56 cases. The deaths referred to phthisis (or consumption) which is placed in the tubercular class of diseases, were in the last three weeks 153, 118, and 124. This disease was less fatal last week than usual, for under the average rate of mortality the number would have been 150 instead of 124.

With reference to diseases of the zymotic character, it may be stated that hooping-cough is decidedly more fatal than is usual at the end of May. The deaths caused by this complaint rose again last week from 56 to 71; the average is 46. Only one death from small-pox is recorded; and not more than 16 from scarlatina; 30 from typhus and common fever; 17 from diarrhoea; 3 infants from syphilis.

Two persons died from lead poison. Six nonagenarians are returned, all women except two. The age of the oldest did not exceed 92 years.

Last week the births of 846 boys and 856 girls, in all 1,702 children, were registered in London. In the ten corresponding weeks of the years 1847-56 the average number was 1,436.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.597 in. On Saturday the reading reached 29.91 in., the highest in the week. The mean temperature of the week was 56.9°, which is 1.0° higher than the average of the same week in 43 years (as determined by Mr. Glaisher). The mean daily temperature exceeded the average on every day of the week, though generally only to a small extent. The highest reading of the thermometer in the week was obtained on Thursday, and was 74°. The lowest occurred on the same day, and was 42.9°. The entire range of that day, and also of the week, was 31.1°. The highest in the sun occurred on Saturday, and was 95°. The mean dew-point temperature was 48.2°, and the difference between this and the mean air temperature was 8.7°. On the first five days the wind was generally in the south-west; on the last two in the north-east. The rain in the week was 0.12 in., all of which fell on Monday.

REPORT ON THE MURRAIN OF CATTLE. The report of Dr. F. Headlam Greenhow on the murrain in horned cattle, and the effects of the consumption of their flesh on human health, has been sent in to the General Board of Health, and since printed. It forms a blue-book of 60 or 70 pages. The result of his inquiry is, that the cattle disease has prevailed in the United Kingdom among horned cattle for the last fifteen or sixteen years; that it is not peculiar to London; that it is probably infectious, but is also developed spontaneously in consequence of some unknown peculiarities of breed, management, season, or locality, and is not supposed to have been imported from abroad; that it is identical with the *Lungenseuche*, or pulmonary murrain, now prevalent in Mecklenburg, Holstein, and elsewhere; and that it has no affinity with the *Rinderpest* or steppe-murrain, with which it has been confounded by some English writers. The doctor suggests that the importation of the steppe-murrain (which would be most probably by way of Prussia) should be prevented by the prohibition of the importation of cattle except from countries which have clean bills of health. It appears that meat derived from animals suffering from the pulmonary murrain, and probably other diseases, is commonly and extensively sold in London and elsewhere for human food, but that there is no satisfactory proof that the consequences of consuming it are directly injurious. There are reasons to suppose that the use of meat from animals suffering under diseases unknown among the cattle of the United Kingdom has, abroad, been frequently attended with severe consequences on human health. The consumption of meat undergoing decomposition has frequently been injurious, and such meat cannot be eaten with safety even when cooked.

A FORTNIGHT WITHOUT FOOD. Some time ago, a paragraph appeared in *The Times* stating that a man had been discovered in Stockton's Wood, near Speke Hall, in the neighbourhood of Liverpool, in a state of complete exhaustion, and suffering from partial gangrene of the legs; that, on being somewhat revived, he stated that he had been a fortnight in the wood without food, living on grass and water, which he obtained at a running stream; and that he was a native of one of the Bermuda islands, and was a captain of a vessel, but that he had lost his certificate. He was taken to the Royal Infirmary, where he lingered until May 28th, when death put an end to his sufferings. An inquest was held on the body last Saturday. His name was Paul Outerbridge, and he was 40 years of age.

MEDICAL REFORM.

I. PETITION OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following Petition has been agreed on by the Royal College of Physicians in London:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,

"The Humble Petition of the President and College or Commonalty of the Faculty of Physic in London, under their Common Seal,

SHEWETH,—That your Petitioners have been informed that Two Bills are now before your Honourable House for altering and amending the laws regulating the Medical Profession.

"That both those Bills profess, amongst other objects, to provide for the general and professional education of all Medical Practitioners, and for the Registration of all persons legally entitled to practise. But they differ widely as to the manner in which they propose that these objects shall be attained, and consequently in their bearing upon the interests of the Profession and the Public.

"The Medical Profession Bill (No. 1) brought in by Mr. Headlam, Sir Wm. Heathcote, and Mr. Napier, in providing for registration, provides that the recognised division of the Profession into Physicians, Surgeons, and General Practitioners shall be respected and preserved: and with good reason, since otherwise there will be no sufficient security that any class or portion of the profession shall have the best and highest education which this country can supply. This Bill also encourages education at the Universities in every branch of study preliminary or collateral to that of Medicine. But it requires that the actual competency of Students to enter upon practice shall be tested by those Corporations which were founded expressly for this purpose, and which we may therefore assume to be, as they might readily be shewn to be, the Bodies best adapted to perform this important duty.

"The Medical Profession Bill (No. 3) brought in by Lord Elcho would fix a minimum of professional qualification, to be ascertained by a new board formed for this purpose, and without which no one shall be allowed to practise; but with which any one may practise in every capacity. Hence this Bill would, to a great extent, destroy the inducements which now exist to seek higher qualifications than those which are merely sufficient for practice. Such an enactment would be fatal to the interests, and perhaps to the existence of all the Medical Corporations, including the Colleges of Physicians and Surgeons of England, Scotland, and Ireland, and the Society of Apothecaries of London. For who would seek the Licenses and Diplomas of these Bodies, when they could confer no additional privilege? Especially would such legislation be injurious to the Colleges of Physicians, whose Diplomas are burdened with heavy stamp-duty. And as it would be left, by this Bill, open to every Practitioner holding the minimum qualification to obtain the Degree of M.D. from some one of those Universities which have been in the habit of granting such Degrees on much too easy terms, there would be nothing to prevent his passing as a Physician, without admission into a College of Physicians, whilst the credit of that Order would necessarily be lowered.

"The College of Physicians of London is ready to concede, in favour of the Universities, the right which it has always possessed of granting its Diploma to any competent person, whether a Graduate or not. Accordingly, by the Bill of Mr. Headlam, it will in future grant its Diplomas to none but Graduates of the Universities. It asks in return that it should have its due share in testing the competency of Physicians to practise.

"There would seem to be no plain reason why a Degree from an University should confer admission into the Medical, more than into the Clerical and Legal Professions. On the contrary, Divinity and Law may be better studied than Medicine at an University. Therefore, it would be more reasonable and consistent that, as in the last-mentioned Professions, so also in the former, the general course of education should be passed at an University; but that the License and Admission to practise should proceed from the Profession, that is, from the Medical Corporations, which ought to comprise all, and do in point of fact comprise almost all, legally qualified practitioners of every grade.

"Because the Bill of Lord Elcho would supersede these

Corporations in their proper functions; and because, in the opinion of your Petitioners, it would have the effect of lowering the standard of medical education in this country; therefore, they humbly pray that it may not pass into a law. But that, on the contrary, your Honourable House would be pleased to pass the Bill of Mr. Headlam, which, as they think, would correct and amend the present defective and anomalous state of the laws regulating the Medical Profession, would introduce order into the Profession without imposing any improper restrictions upon Practice, and would uphold the education, character, and efficiency of all orders of medical men, in which important objects the interests of the Public are deeply involved.

"And your petitioners will ever pray, etc."

II. DEPUTATION TO SIR GEORGE GREY, HER MAJESTY'S SECRETARY OF STATE FOR THE HOME DEPARTMENT.

On Friday, May 29, an influential deputation of the Heads of Houses of the medical profession had an interview with Sir George Grey at the Home-office.

The deputation consisted of Dr. Mayo, President of the Royal College of Physicians, London; Dr. Alderson, Treasurer of the College; Dr. Hawkins, Registrar; Dr. Burrows, Member of the Council and Senior Physician to St. Bartholomew's Hospital; Mr. Travers, President, and Mr. Joseph Henry Green and Mr. Stanley, Vice-Presidents of the Royal College of Surgeons of England; Dr. Williams, Dublin, President of the Royal College of Surgeons in Ireland; Dr. Neligan, Senior Censor of the King and Queen's College of Physicians in Ireland; Dr. Hunter, President of the Faculty of Physicians and Surgeons of Glasgow; Dr. Wood, President of the Royal College of Surgeons of Edinburgh; Mr. Tegart, Chairman of the Court of Examiners of the Society of Apothecaries, London; Mr. De Vere, of the Court of Assistants, etc.

Dr. Mayo introduced the deputation. He said he trusted that the profession at large had arrived at such an amount of unanimity as was possible, when it was considered into how many sections they were divided—an unanimity greater than had ever obtained before. They had come to support the Bill of Mr. Headlam, a Bill that had the whole profession and the public with it in its favour. He was aware that there was another Bill before Parliament, that of Lord Elcho, which contained a provision for the nomination of all the members of the new governing council by the Crown. Mr. Headlam's Bill, which had been adopted by the deputation, had the same provision for six vacancies, and it was reasonable to conceive that a large portion of the council to be elected should belong to the medical body. Their proposed Medical Bill far surpassed Lord Elcho's, as it would tend to improve the *status* of the body in general, giving large opportunities to every section for that preliminary education which was so essential to every section of the profession.

Sir G. GREY said that it appeared to him the dissentients from Mr. Headlam's Bill and its supporters held similar views with respect to general principles, but different only on matters of details.

Dr. Mayo said, that the points of each differed, and it appeared to a great majority of the profession that those points were of vital importance.

Sir G. GREY was glad to hear that the medical profession was so unanimous now, as Dr. Mayo had stated. He understood that the Bill brought in by Lord Elcho was not his own Bill, but one that he had taken up from some other person since last session.

The Hon. W. F. COWPER said, with regard to unanimity he had waited for that opinion, and therefore he took it for granted that it was settled among the profession to support Mr. Headlam's Bill.

Dr. WILLIAMS, President of the College of Surgeons, Ireland, said, that he had come expressly from Dublin, in company with his colleague, Dr. Neligan, to express the approval of the bodies with which they were connected of Mr. Headlam's Bill. Ten medical corporations were unanimous in their support of it and in condemnation of the measure of Lord Elcho. His lordship's Bill confiscated the revenues of the corporations, and took the management of their affairs away altogether, vesting that power in nominees appointed by the Crown. They had twenty-one licensing bodies agreeing with them. The Universities of Oxford, Cambridge, and London had not declared; but as far as they had spoken, they were in favour of the Bill of the deputation.

Dr. Wood, President of the College of Surgeons, Edinburgh, and Dr. HUNTER, President of the Faculty of Physicians and Surgeons, Glasgow, followed with arguments on the same side, saying that their respective institutions had unanimously agreed to support the Bill of Mr. Headlam as the best, and, in fact, the only Bill of the profession.

Sir G. GREY, having asked some questions, thanked the gentlemen for the information they had given him, and the deputation then retired.

III. STATEMENT OF THE UNIVERSITIES OF EDINBURGH, GLASGOW, AND MARISCHAL COLLEGE, ABERDEEN, RELATIVE TO DEGREES IN MEDICINE.

This document appears in the *Edinburgh Medical Journal* for the present month. The Universities object to Mr. Headlam's Bill, although in many respects to be commended, that it asks for the incorporated Colleges of the United Kingdom exclusive privileges—the rights of University graduates are not recognised. The Universities have been led to confer, with the view of inquiring whether they could come to one agreement by which the medical degrees granted in Scotland, the education for them, and the necessary examinations, might be so assimilated in all the Scotch Universities, and so accommodated to the practice prevailing in England, as to do away with the only reasonable objections which have been hitherto made to a State Medical Reform, in so far as the Scotch Universities are concerned. If they succeed in this endeavour, the Universities of Scotland feel that they can justly claim for their graduates a legislative enactment—not an exclusive right—entitling them to practise medicine unfettered in all parts of Her Majesty's dominions. After some remarks on the existing rights of Scotch graduates to practise, the document states that the Universities have come to an arrangement, of which the leading features are the following:—

"1. To grant the two degrees of Bachelor and Doctor of Medicine.

"2. That the degree of Bachelor of Medicine shall be granted only after such education and examination as shall qualify its possessor to practise equally surgery and medicine,—and midwifery as a branch of medicine. For such graduates the Universities are entitled to claim the right of practising all branches of the medical profession.

"3. That all students, previously to undergoing their first professional examination for the degree of Bachelor, shall give proofs of having obtained a good general education, and shall pass an examination in arts and philosophy. The Universities feel the difficulty of deciding how far this education and examination ought to extend. They are inclined to specify a comprehensive list of subjects of study in languages, physics, and philosophy, to require a stated number from all, and to demand that each candidate should profess others at his option for examination. They consider this the best method of avoiding either a superficial knowledge of many subjects, or such an extended course of preliminary education as ought not to be demanded, considering the long period necessary for purely professional study. A degree in Arts shall be considered as equivalent to this examination, provided it has been taken at a University in Great Britain or Ireland, where satisfactory evidence can be produced of the degree being given after a full curriculum of study in arts and philosophy, and after faithful examinations in all departments.

"4. That the curriculum of professional study for Bachelors should be as nearly as possible that required at present for doctors by the University of Edinburgh.

"5. That students should be allowed to appear for the Bachelor's examination after four years of professional study, and at the age of twenty-one. It is ascertained, indeed, that few now obtain the degree of Doctor of Medicine at the Scotch Universities at the statutory age of twenty-one, and that many take five years of professional study. This will continue to be the case with Bachelors, whose professional education will be the same as that of the present Doctors of Medicine. But the Universities see no reason why the medical profession should be differently circumstanced as to age from other learned professions; or why a student of superior talents, who from his endowments is able to graduate at twenty-one, should not be allowed to do so.

6. That the professional examinations shall consist of at least two distinct parts; first, on the fundamental medical sciences, and, secondly, on the practical branches, to be taken in different years, if the candidate chooses; and that on both occasions there shall be written and oral answers to questions,

and practical examinations, whenever the subject admits of them.

"7. That candidates in Scotland shall have studied medicine at a recognised University for at least two years, and during one academic year at the University which grants the degree.

"8. That the degree of Doctor of Medicine shall be granted only to those who have studied medicine for not less than two or three years in addition to the curriculum required for the degree of Bachelor of Medicine. Doctors of medicine only shall rank as physicians.

"9. That candidates for the degree of Doctor shall undergo an examination on branches of general education, and on the practical departments of medicine, in addition to those required for that of Bachelor.

"10. That the Universities of Scotland should grant annually a limited number of Doctor's degrees to qualified practitioners of the age of forty, and who have been engaged in general practice for not less than fifteen years, although they may not have studied at any University—the annual number of such graduates by each University not to exceed three,—the regulations to be settled afterwards.

"11. That a register of the graduates of the Scotch Universities, engaged in medical practice, be published annually.

"12. In any legislative measure the Universities of Scotland claim equal privileges and rights of practice for their graduates with those conceded to the licentiates, members, and fellows of the incorporated Colleges, and that Doctors of Medicine only shall be recognised as physicians."

IV. STATEMENT BY MEDICAL LECTURERS IN EDINBURGH IN REGARD TO MEDICAL REFORM.

The lecturers in the Extra-Academical School of Edinburgh have also issued a declaration, which is published in the same *Journal*. We here give an abridgment of it. They urge that the Medical School of Edinburgh has, at different times, owed much of its celebrity to extra-academical teachers. The present lecturers have made strenuous efforts, according to their ability, to support the reputation of Edinburgh as a centre of medical instruction. They trust, therefore, that representations on their behalf, though not founded on any corporate privilege, may meet with that attention which is due to the plea of simple justice. The Universities of Scotland generally are characterised by a peculiar feature of exclusiveness. They exercise the legal privilege of granting the degree of M.D.; but the powers originally confided to the Senate of the University have been set aside, and the medical professors, always a small body, and even in Edinburgh only amounting to twelve, have for many years taken into their own hands the entire control of the machinery by which this honour is conveyed. The rule is, that each professor examines upon the subject which he teaches; and that his decisions are, upon that subject, practically uncontrolled. Hence the degree of M.D. in the University of Edinburgh is either a certificate of approval, given by teachers to their own pupils; or it is a verdict passed by a body of teachers upon the pupils of competing teachers, or of a rival institution. The framers of this document are most anxious to record their opinion, that, with rare exceptions, the power of the professors in their double capacity has been fairly and honourably exercised. But a power so liable to abuse, and so arbitrary, is an anomaly too dangerous, and too indefensible, to remain much longer without challenge from those to whose disadvantage it operates. That a remonstrance on the subject should come from Edinburgh cannot be surprising. Although two universities granting degrees in medicine—one in London and one in Ireland—have received charters from the Crown within the last quarter of a century, in neither of them has the power of examination been entrusted to a small and virtually irresponsible body. The state of the Scottish universities, in this respect, is not that of any similar institution known to the framers of this document. Even in the universities of France and of Germany, where the examinations for the degree are conducted by the professors of medicine, the examining board includes the assistant and extraordinary professors, a large and important body, corresponding very much in actual position with the extra-academical lecturers in Edinburgh. It is understood that the University of Edinburgh claims for its medical professors, under Lord Elcho's Bill, a share in the examination for the diploma of the general practitioner. It proposes, in other words, that the influence which the Medical Faculty exercises, as an examining body, over the students of the Edinburgh school, shall be still further extended. It must be remembered, that pupils are guided in selecting

their teachers, to a considerable extent, by the power those teachers are able to exercise over their future fortunes. No proposition has ever been made to admit extra-academical teachers, *as such*, to the examining board for the diploma of general practitioner. On the contrary, so jealous has the Royal College of Surgeons of Edinburgh been on this point, that up to a late period all teachers were formally excluded from its examining board. This regulation has now been relaxed; and teachers of medicine, whether intra or extra academical, are eligible. To admit, therefore, the professors of the University, *as such*, seems to be in a high degree unfair towards the rival lecturers, who have already reason to complain of the predominating influence of the professors, in virtue of their being the exclusive examiners for the degree of M.D. The extra-academical lecturers believe that the best interests of the science and art of medicine require rather the removal of the monopoly, which the professors of the University at present enjoy, of examining for the degree of M.D., than that these professors should, to the exclusion of the extra-academical lecturers, acquire a new privilege as examiners for the diploma.

V. MEETING OF THE APOTHECARIES OF DUBLIN AND ITS VICINITY.

At a numerous Meeting of the Apothecaries of Dublin and its vicinity, held at the Apothecaries' Hall, on Thursday, the 28th May, the following Resolutions were agreed to:—

"That the Medical Bill introduced by Lord Elcho, Mr. Fitzroy, and Mr. Crauford, is entitled to the support of the Apothecaries and General Medical Practitioners of Ireland, inasmuch as it recognises and preserves to them the existing rights, privileges, and status of their profession, and makes provision for the due cultivation of those sciences which are collateral and essential to Medicine—as Chemistry, Pharmacy, Botany, Materia Medica, and Toxicology.

"That this Bill is further entitled to the support of this meeting, because it has respect to the honour of Kings and Charters, by preserving the faith which has been solemnly pledged under their word and seal, to those who have by severe study and education obtained the rank and privileges of University Degrees.

"That the Medical Bill introduced by Mr. Headlam, Sir William Heathcote, and Mr. Napier, merits the denunciation of the qualified Apothecaries and General Medical Practitioners of Ireland, inasmuch as it entirely confiscates their personal rights and privileges, and gratuitously, and without their consent, transfers these rights and privileges to another class of practitioners without rendering an equivalent advantage, as has been agreed upon in the case of the English Apothecary.

"That this meeting, in seeking for the right of registration for the existing Licentiate Apothecaries of Ireland, and for the due representation of their corporation upon the Board of Examiners under the Bill, is only requiring an act of common justice, and one also indispensable to the public safety, which has been conceded to the Apothecaries of England, and which all the other Medical Corporations and Colleges and a Committee of the House of Commons have admitted to be theirs by law and right.

"Therefore, that it becomes the duty of the Licentiate Apothecaries of Ireland to forward petitions from every quarter to their representatives in Parliament in favour of Lord Elcho's Bill, so that they be presented on or before the 4th of June next, the day appointed for the second reading of the Bills, and at the same time to call upon their members to give every support in their power to the prayer of their petition."

By order, etc.,

JOHN RYAN, M.D.

THE ETHNOLOGICAL SOCIETY. This society held its anniversary meeting on Friday, May 29. The Council's Report announced various changes, and a considerable improvement in financial and other prospects. The following gentlemen were elected officers and Council for the ensuing year:—*President*, Sir James Clark; *Vice-Presidents*, the Archbishop of Dublin, Sir Benjamin Brodie, the Hon. Mount Stuart Elphinstone, Mr. Beriah Botfield, M.P.; *Treasurer*, Mr. Frederick Hindmarsh, F.R.G.S.; *Hon. Secretary*, Mr. Thomas Wright, M.A., F.S.A.; *Council*, Mr. W. F. Ainsworth, Mr. L. J. Beale, Mr. C. H. Bracebridge, Major-General Briggs, Mr. J. S. Coleman, J. Conolly, M.D., Mr. R. Dunn, Mr. R. N. Fowler, Mr. James Heywood, T. Hodgkin, M.D., Mr. R. Ingham, M.P., Mr. James Kennedy, R. King, M.D., Mr. Malcolm Lewin, Lieutenant-General Sir Charles Pasley, Rev. E. J. Selwyn, Messrs. J. J. Stainton, R. Tait, C. D. Tolmè, T. H. Tuke, M.D.

POOR-LAW MEDICAL REFORM.

MEETING OF THE PROFESSION.

A PUBLIC meeting of the Poor-law Medical Officers of England and Wales, and of the profession generally, was held on Thursday, May 28th, at Freemasons' Hall, for the purpose of adopting a petition to Parliament, having for its object the amelioration of the condition of Poor-law surgeons. The Right Hon. the Earl of SHAFTESBURY occupied the chair.

The CHAIRMAN, in opening the proceedings, stated that the condition of things was much the same as when he attended a meeting in 1841. He entirely concurred with the terms of the petition about to be submitted to them. The status of the Poor-law medical officer was not what it ought to be, and he thought such a state of things should not be permitted to continue. He looked upon the question as one in which the poor were very much interested, for they greatly depended upon the facility with which medical relief could be obtained. When the state of the working man was taken into consideration, with bad drainage, unventilated houses, etc., they could not attach too much importance to the way in which the medical officers of the poor were treated. If they wanted a sober, loyal, and healthy population, and one which could recognise not only their own rights but the rights of others, means must be taken whereby poor people would be able to obtain that proper medical treatment to which they were entitled. He looked upon the present condition of the gentlemen practising under the Poor-law Board as indeed most disgraceful; and he would not fail, either there or in his place in Parliament, in unceasingly advocating that those gentlemen should occupy that position which was necessary to the onerous duties they had to perform. [*Hear, hear.*]

Mr. C. F. J. LOMB, the Hon. Secretary, then read the Report of the Central Committee, the recommendation of which will be found embodied in the draft of the petition itself.

Mr. PROPERT moved the adoption of the report with great pleasure; and, although not connected with the Poor-law service, he could not but feel as a Christian and a man upon this subject. Unless some considerable improvement in the condition of Poor-law medical officers were shortly made, the Benevolent Institution at Epsom would not hold one-tenth of the number that would require admission. [*Hear, hear.*] He begged the profession to urge on this matter; for, unless they did, nothing would be done. He regretted to say that, so far, not more than 500 out of the 3,000 gentlemen engaged in Poor-law practice had joined in the present movement.

Dr. SIBSON seconded the motion, and, in doing so, referred to the melancholy fact that men were found base enough, from ruinous competition, to do that which destroyed the interest of their medical brethren. He thought that the dignity of the profession was seriously involved in the question; and the welfare of the poor themselves was sadly compromised by the present state of things. He trusted that the medical profession would never fail to give to the poor its medicine, its care, and even its medical comforts. [*Cheers.*] He called upon every one who heard him to unite and put an end, if possible, to the present scandalous condition of Poor-law surgeons. He held that no permanent good will be effected until the union medical officer is made perfectly independent of boards of guardians. [*Cheers.*]

The report was then adopted, when, the Chairman being compelled to attend to his legislative duties in the House of Lords, Mr. PROPERT was unanimously called on to preside.

Mr. R. GRIFFIN addressed a few observations to the meeting, and dwelt with particular emphasis on the various anomalies existing under the Poor-law Board with respect to operations of a serious character, where a limb was preserved, and for which no remuneration was allowed, whilst for amputations surgeons were paid. Having detailed some peculiar cases, and criticised the absurdity of some of the regulations and standing orders of the Poor-law Board, he proposed the adoption of the following petition in the resolution which here accompanies it:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

"The Petition of the undersigned Medical and Surgical Practitioners assembled at the Freemasons' Hall, Great Queen Street, Lincoln's Inn Fields, on Thursday, May 28th, 1857, the Right Hon. the Earl of Shaftesbury in the chair,—

"RESPECTFULLY SHOWETH,—That the Poor-law medical officers of England and Wales, numbering upwards of 3,000, do, as a class, suffer most grievous injustice. That they have the

care, during sickness, of 897,681 paupers, and a large proportion of the labouring population, estimated at about 4,000,000.

"That the system at present in operation for affording medical and surgical relief, under parish authority, to the suffering poor, is grievously defective, being signally repugnant to the principles which should adapt remuneration to service, and so palpably inadequate to fulfil the purposes for which it is ostensibly designed, that it has become both a cruelty to the suffering objects of parochial care, and a grievous and intolerable injustice to the members of a profession which may without arrogance be asserted to deserve better things of their countrymen.

"That, from a careful analysis of returns, laboriously collected by Mr. Griffin, Chairman of the Poor-law Medical Reform Association, it appears the average payment of 500 medical men, not selected but taken promiscuously, is at the rate of 2s. 9½d. for each case of sickness which they attend, the payments varying from 3d. to £1:16:8 per case.

"That this sum of 2s. 9½d. is to cover the cost of drugs, instruments, pharmaceutical utensils, servants, horses and carriages, tolls and taxes, besides numerous other incidental but inevitable expenses.

"That the surplus which these expenses may leave out of the aforesaid sum of 2s. 9½d. is all that is afforded to repay the professional portion of the service required.

"That, rightly to estimate the value of the professional services, it must be kept in view that the education required to qualify and render eligible for the important and responsible duties of a medical man, charged with the care of the sick and injured poor, is laborious, dangerous, and expensive, and involves the sacrifice of several years for its attainment.

"That the performance of these duties is still more arduous, demanding attendance by day and by night, and exposure to every variety of weather which the recurring seasons can produce, and to every morbid poison and source of infectious and epidemic disease by which life can be shortened.

"That the manifest fact that a tax is levied instead of a payment made is rendered most conclusive and striking by collateral circumstances:

"1. That the bare cost of drugs and appliances in hospitals, dispensaries, and asylums, is on an average more than 3s. per case.

"2. That the remuneration for medical attendance on the inmates of prisons is at a far higher rate per head than that allowed to the sick pauper, clearly showing that more care is paid for professional aid and medicine to the convicted offender than to the sick and innocent pauper, and that this attention in the former case is recognised as worthy of its reward, whilst in the latter it is apparently deemed so unimportant that it may with perfect indifference be the occasion of loss.

"That it is the very natural result of this system that the public suffers both in the diminished service it receives from the labouring class, and in the increased amount of poor-rates required to be paid; in confirmation of which it has been stated in evidence that the number of paupers made paupers by sickness constitutes 72 per cent. of the total paupers.

"That this grievance has been made the repeated subject of complaint and remonstrance, and been recognised both by a Select Committee of your Honourable House and also by the Poor-law Board itself, but no adequate amendment has taken place in consequence.

"That the present system of under-payment works injuriously to the medical man and the poor, is proclaimed by the incessant changes that it necessitates—as in 1855, 290 medical men resigned; and in 1856, 249 retired from the service—which would not have been the case had a reasonable reward for their services been made.

"Your petitioners respectfully submit that the spirit of mercantile competition which has been brought to bear on a redundant and overstocked medical profession is not justly applicable for securing medical attendance and qualified skill, with proper medicine to the sick poor; not only because such a system is revolting to the feelings and hard upon the peculiar position and interest of the medical men, but more especially because the very nature of the duties or sacred trusts which devolve upon him cannot be clearly defined or measured by the parties who would fain buy or examine them in the competitive market.

"Your petitioners beg to draw attention to the significant facts and arguments established in Mr. Griffin's published letter, addressed to the Right Hon. Viscount Palmerston, K.G., G.C.B., based on the returns made by 500 medical officers of Poor-law Unions.

"In this pamphlet is illustrated the loose and unjustifiable mode in which payment is made for Poor-law medical relief, as will be seen by the following quotation:—

	s.	d.	£	s.	d.
"23 medical officers receive between	0	3	and 0	1	0 per case.
35 " " "	1	0	"	0	1 6 "
48 " " "	1	6	"	0	2 0 "
69 " " "	2	0	"	0	2 6 "
71 " " "	2	6	"	0	3 0 "
55 " " "	3	0	"	0	3 6 "
49 " " "	3	6	"	0	4 0 "
32 " " "	4	0	"	0	4 6 "
24 " " "	4	6	"	0	5 0 "
14 " " "	5	0	"	0	5 6 "
10 " " "	5	6	"	0	6 0 "
10 " " "	6	0	"	0	6 6 "
7 " " "	6	6	"	0	7 0 "
12 " " "	7	0	"	0	8 0 "
10 " " "	8	0	"	0	9 0 "
8 " " "	9	0	"	0	10 0 "
3 " " "	10	0	"	0	11 0 "
2 " " "	11	0	"	0	12 0 "
3 " " "	12	0	"	0	13 0 "
4 " " "	13	0	"	0	14 0 "
2 " " "	14	0	"	0	15 0 "
1 " " "	15	0	"	0	16 0 "
1 " " "	16	0	"	0	17 0 "
1 " " "	16	0	"	0	18 0 "
1 " " "				1	16 8 "

500

"Your petitioners pray your Honourable House will direct:

"1. That a uniform scale of payments for medical attendance on the poor shall be adopted throughout the entire kingdom. Its rates vary at present from 3d. to upwards of 20s. for each case of sickness, and in individual Unions great disparity exists in the payment of the various medical officers—*e.g.*, in the Weymouth Union it ranges from 1s. 4½d. to 16s. 3½d. per case, irrespective of severity of duration, the paupers on an average being equally distant from the medical officer's residence, and though repeated complaints on the subject have been made to the Poor-law board of guardians, it still continues.

"2. That a fixed salary, founded on the average number of cases attended during the last three years, be adopted; the sum to be calculated at not less than 5s. per case, where the medicines are found and dispensed by the medical officer, or 2s. 6d. per case when the medicines are found and dispensed at the charge of the guardians, with at least 1s. extra for each mile the patient resides from the medical officer's house, the journey to be paid for once only during the illness. [The duration of sickness averages twenty-eight days one hour.]

"That the scale of extras allowed by the Poor-Law Board (including the fees payable for midwifery) shall be extended, and embrace many operations and bad cases in surgery not now paid for; and that the medical officer in charge of the Union-house shall participate in this arrangement as well as the district officer, and there shall be no discretionary power to give a fixed salary instead of extras, as is now exercised in several Unions with the sanction of the Poor-Law Board, although in direct opposition to Act 177, which says:—'No salary of any district medical officer shall include the remuneration for operations, etc., etc.'

"From the returns of 500 district medical officers, it appears that 436 have extras, which average 6½d. per case; these, with their salaries of 2s. 3d. each, make 2s. 9½d. per case. The salaries of 64 whose extras have been commuted, amount only to 2s. 4½d. per case, showing that the commutation has not raised their salaries to the ordinary average, and proves that uniformity of system is most desirable.

"4. That all Poor-law medical appointments, now only now in force, but hereafter to be made, shall be declared permanent, as was recommended by the Select Committee of your Honourable House, which sat in 1854. This, your petitioners regret to say, has been only partially carried out by the Poor-Law Board, who have made residence in the district a *sine qua non* for permanency of office; thus some medical men living only a few yards out of their district whose furthest patient may not be two miles from their residence, are still subject to annual election. The inconsistency of this order will be apparent when it is considered that the medical officer of a workhouse, living in some instances five miles from the house, and the resident

district medical officer with patients nine miles away are permanently appointed. If there is to be an exception, it should be where the medical officer resides at an unreasonable distance from the centre of the populous part of each district, and outlying parishes should be given to medical men residing near to them, in order that the suffering poor may have a greater facility in obtaining relief.

"5. That the class of persons entitled to medical relief be defined, and not left to the discretion or caprice of relieving officers.

"6. That a revision of salaries take place triennially in each Union, if desired either by the Poor-Law Board, board of guardians, or medical officers.

"7. That medical orders shall continue in force for each case of sickness no longer than three months, and if renewed shall be counted as fresh orders.

"8. That a medical man conversant with Union practice have a seat at the Poor-Law Board, and especial control over the medical department.

"Your petitioners finally pray that the grievances set forth or alluded to in the foregoing petition may receive the prompt and earnest attention of your Honourable House.

"And your petitioners, as in duty bound, will ever pray, etc., etc."

MR. GRIFFIN moved:

"That the petition to the House of Commons, which has been widely circulated, be adopted, signed, and presented forthwith, and that the union medical officers and other members of the profession be earnestly requested to use their influence with members of the House of Commons in order that general attention may be called to the subject."

MR. RANSOM, of Cambridge, seconded the resolution.

MR. BRADY, M.P., said that the Poor-Law Board having so much power was entirely the fault of the profession itself. He was glad to see so many gentlemen present; but he regretted that none of the authorities of the medical corporations were present. The profession paid their money and had no sympathy. That meeting would appeal to the members of the House of Commons, and they would be told that the heads of the profession were not to be found amongst them. Such a state of things was not to be found either in the church or the law. What was wanted for success was, that the medical corporate bodies should unite with the members of the profession. ["*They won't unite*."] They would, if pressure sufficient was brought to bear upon them; and he implored them to be united, in order to attain that position which was so justly their due. [Cheers.]

MR. WHITE, of St. Andrew's, Holborn, said that such an object as that mentioned by Mr. Brady had been tried fifteen years ago, and failed. The corporations would not unite with them.

DR. SPARKES, in a few observations, entirely concurred with the adoption of the petition.

The question was then put from the Chair, and carried unanimously.

MR. LORD, in moving the following resolution, said that it was for the interest of the country itself that the Poor-Law Medical Officers should be properly remunerated. [Hear, hear.] He regretted to say that the poor were very much neglected, and even treated much worse, in many respects, than persons in prisons. He could not too strongly urge upon them the value of union amongst themselves. He would conclude by proposing:

"That in order to render the petition of the Association more effective in the House of Commons, it is desirable that the medical officers of every union should forward to their respective representatives a short petition, praying the Legislature to consider the present system of Poor-Law medical relief."

MR. COLSTON, of Bishop's Stortford, seconded the resolution, which was carried unanimously.

DR. WEST moved—

"That the grateful thanks of this meeting are eminently due to the Right Hon. the Earl of Shaftesbury, for his lordship's attendance on the present occasion, and for the great assistance his lordship has at various times given to the cause of Poor-Law medical relief."

MR. JOSEPH ROGERS, of the Strand Union, seconded the vote of thanks. Mr. Rogers then remarked that the condition of the Poor-Law section of the profession was very bad. He had £50 a-year for attending one hundred and twenty patients in summer and winter; and he felt bound to say that the treat-

ment medical officers were subjected to by the subordinates in workhouses was such as no gentleman should have to suffer. If the profession was but true to itself, a remedy could soon be found. The speaker concluded by detailing the account of a battle he had had with the Board of Guardians, and the insolence of those who held authority in workhouses.

The motion was carried unanimously, and with cheers.

Dr. ARMSTRONG, of Manchester, rose to move a resolution, to the effect—

“That this meeting deeply regrets the readiness with which some of their medical brethren seek to fill vacancies that have been created by the resignation of medical officers, in consequence of the arbitrary treatment of Boards of Guardians, or through a very low payment for professional services.”

Dr. Armstrong said that he represented the officers of the Manchester Union, and he was proud to say that on a recent occasion all the young medical men of the district stood by the officers of the union; the consequence of which was that the Board of Guardians were unable to trample on the gentlemen of the union as they wished.

Mr. BROOKES, of Henley-on-Thames, seconded the resolution most cordially; and suggested that if the petition to Parliament had not the desired effect, they should one and all “strike”.

Carried unanimously.

Mr. G. W. RICHARD moved—

“That the recent manifestations by medical students in furtherance of Poor-Law medical relief at the public meeting held in London on the 12th of March last, over which Mr. Layard, M.P., presided, and in Edinburgh on the 30th of March, when Mr. Black, M.P., presided, and similar meetings in other provincial towns, are much to be commended, as evidencing an improved tone of feeling, and a determination on the part of those about to enter the profession to uphold its dignity and character.”

The motion was seconded by Mr. J. R. HUTCHINSON, of St. Albans, and carried unanimously.

Mr. COOPER, of Ixworth, Suffolk, moved the following resolution:—

“That the cordial thanks of this meeting be given to the Weekly Medical Press, for the great assistance it has uniformly given in furtherance of the cause of Poor-Law medical relief; and to the press in general.”

Mr. Cooper said he felt some diffidence in rising to address an assemblage of educated gentlemen like the present; but he felt, too, the greatest confidence in the righteous justice of the cause they had met to advocate and advance; and he was convinced if they could fairly set out the merits of that cause it would be attended with success. It was with great pleasure he had heard the recognition from the noble chairman that the Poor-Law medical officers exercised considerable influence over the moral and social, as well as the sanitary condition of the labouring population. It showed the office to be one of an exalted character. He had found it a forcible way of illustrating the amount of remuneration by putting it per week per parish. He had formerly held a district in the Shingoe Union, and the salary was 2s. 6½d. per week. He now held one in the Stow Union at 4s. 6d. per week per parish. He had come there as the deputy of his brother officers. They were indebted to several individuals for cooperation; but there was a body of men they were greatly obliged to, of a most influential character, and they were advocates of the cause—he meant the press. He, therefore, with great pleasure and sincerity, moved the resolution.

Dr. THURNELL, of the same place, having seconded the motion in a few spirited remarks, it was carried by the meeting with acclamation.

Mr. GANNON, of Walworth, moved, and Dr. MARSH, of Newington, seconded—

“That the cordial thanks of this meeting be presented to the Committee of the Poor-Law Medical Reform Association for the exertions they have made in furtherance of the objects of the Association.”

Carried unanimously.

On the motion of Mr. BURNETT, a vote of thanks was unanimously carried to Mr. Griffin, the Chairman of the Committee, for the very able manner in which he presided over the affairs of the Association.

Mr. CORDWENT, of Taunton, moved a vote of thanks to the Chairman, Mr. Propert, which was unanimously carried with all the honours.

Mr. PROPERT briefly returned thanks, and hoped that he should always be found at his post.

MEETING OF THE MEDICAL OFFICERS OF THE DROITWICH UNION.

At a meeting of the medical officers of the Droitwich Union, held at Droitwich, on May 26th, 1857—present, Messrs. Jaques (chairman), Rogers, Suffield, and Woodward—it was resolved unanimously—

“1. That this meeting feels great pleasure in acknowledging the great exertions made by Richard Griffin, Esq., on behalf of union medical officers, and promises him its cordial co-operation and support.

“2. That this meeting cordially approves of the principles laid down in the petition about to be presented to Parliament, and pledge themselves to sign an abbreviated form of the same.

“3. That a subscription of 5s. each be entered into, to assist in carrying out the objects of the Poor-law Medical Reform Association; and the amount forwarded to Mr. Griffin.

“4. That a copy of these resolutions be forwarded to Mr. Griffin, and to each of the medical journals.”

THE NEWNHAM TESTIMONIAL.

The following letter has been addressed by Mrs. Newnham to Sir John Forbes, the Secretary of the Testimonial Committee:—

“MY DEAR SIR JOHN,—I am at a loss in what terms to express my grateful feelings for the invaluable gift of the portrait of my dear husband. This testimony to his long devoted services in the cause of humanity, and to the high estimation in which his name is held by so many of his professional brethren, is peculiarly dear to me, and will be an object of the deepest interest to me during the remainder of my life, and to our children after us; for it has been settled upon our medical son as an heirloom for ever. Will you have the kindness to insert in the journals, if you think it right, my most grateful acknowledgments to all those gentlemen who have so generously contributed towards this memorial; and assure them that nothing could have been so gratifying to my heart as this truly delicate mode of expressing their esteem and regard for him whose whole life has been devoted to the self-denying duties of their noble profession, and who will never cease to feel the liveliest interest in the welfare of his brethren, as well as in the progress and success of the MEDICAL BENEVOLENT FUND, which for so many years has been the object of his unwearied labours.

“Thanking you for the kind interest you have shown on this and on many other occasions, I remain, my dear Sir John, your very truly obliged,

“CAROLINE NEWNHAM.

“Richmond Villa, Tunbridge Wells, May 28th, 1857.”

TO CORRESPONDENTS.

NOTICE.—DR. WYNTER will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. THOMAS JOHN HONEYMAN, 37, Great Queen Street, Lincoln's Inn Fields, London, W. C., “Bloomsbury Branch”; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

TO CONTRIBUTORS. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

Communications have been received from:—MR. RICHARD WEEKES; MR. W. M. THOMAS; MR. HENRY DAYMAN; DR. BARCLAY; MR. H. TERRY, JUN.; MR. W. ALLISON; MR. GEORGE HODSON; MR. AUGUSTIN PHICARD; MR. CHARLES R. SUFFIELD; DR. R. U. WEST; MR. D. KENT JONES; SIR JOHN FORBES; MR. HOLMES COOTE; MR. T. W. CROSSE; MR. W. D. HUSBAND; MR. G. M. HUMPHRY; MR. T. HOLMES; MR. STONE; MR. J. PARSONS; MR. G. MAY, JUN.; MR. H. EWEN; DR. P. H. WILLIAMS; MR. J. V. SOLOMON; DR. MCWILLIAM; MR. J. A. LOCKING; MR. LAWRENCE SPENCER; DR. KELBURNE KING; DR. SANDWICH; and DR. J. W. OGLE.

BOOKS RECEIVED.

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

1. The English Bread-Book for domestic use, adapted to families of every Grade. By Eliza Acton. London: Longman, Brown, Green, Longmans, and Roberts. 1857.
2. Cases of Paraplegia. By William Gull, M.D. London: 1857.
3. A Treatise on Cancer and its Treatment. By J. Weldon Fell, M.D., of the University of New York. London: John Churchill. 1857.
4. The Treatment of Fevers: with Special Reference to Ventilation. By *T. Herbert Barker, M.D. London: T. Richards. Bedford: Grey & Co. 1857.
5. Homeopathy. Reasons for adopting the Rational System of Medicine. By *F. R. Horner, M.D. Hull and York. 1857.
6. The Licensing System, its Origin and Working, as described in Reports of Select Committees of the House of Commons.