no bodily injury be effected, be guilty of felony.' Now, although the words 'cause to be taken any noxious thing' were found in that section, yet, looking at the whole context, he was clearly of opinion, that they did not apply to the taking of poison internally, but only to the taking in hand or receiving of dangerous substances calculated to do external bodily injury; and Mr. Justice Erle, whom he had consulted on that point, entirely concurred with him."

No doubt this is very good law, but it is very poor justice. A most malignant attack is made upon the health, if not the life, of a poor woman, and the perpetrator of the outrage receives no punishment, because the Act under which she was tried seemed to imply that the noxious drug should be administered outwardly instead of inwardly, to incur punishment. Even provided this reading of the statute is the right one, should not the girl have been put upon her trial afresh for the crime? It does seem that our law is so stiff and unbending, that it cannot convict the criminal although the crime be confessed.

A new Hospital, under the name of the Great Northern Hospital, has recently been established at King's Cross, in the vicinity of the railway station of the same name. There is stated to be accommodation for fifty in-patients; and the aid of the public is asked for, to enable the Committee at once to fill the wards from the numerous cases which apply to them. The following are the names of the medical officers:—*Consulting Physician*—Dr. Copland; *Physicians*—Dr. Handfield Jones, F.R.S., Dr. C. P. Croft, and Dr. Leared; *Junior Physicians*—Dr. C. T. Coote, Dr. Stallard, and Dr. H. Hardinge; *Consulting Surgeon*—F. C. Skey, Esq., F.R.S.; *Surgeons*—John Gay, Esq., S. F. Statham, Esq., and W. S. Savory, Esq.; *Junior Surgeons*—P. C. Price, Esq., G. Lawson, Esq., and — Maunder, Esq.; *Ophthalmic Surgeon*—R. M. Lawrance, M.D.; *Aural Surgeon*—W. Harvey, Esq.; *Dentists*—J. F. Statham, Esq., C. J. Fox, Esq. This is a very full staff, and contains some well known names; while others among its members have yet to make themselves known. We wish them and the promoters of the hospital success, and a safe and successful passage through all the difficulties which beset the establishment of a charitable institution dependent on voluntary contributions. One thing which we would suggest is, that they should take good care that the benefits of the hospital are not bestowed on improper objects. This is one of the causes which keep such institutions in poverty, and unable to help those who really want aid.

The inauguration of the statue of the celebrated anatomist and physiologist, Bichat, took place in Paris on July 17th, with great *éclat*. The Minister of Public Instruction presided; and speeches, eulogistic of the life and labours of Bichat, were delivered by the President, by M. Amedée Latour, Baron Larrey, M. Serres, and M. Paul Dubois. The statue, which is in bronze, is the work of the celebrated sculptor David. Bichat is represented, in the costume of the time of the consulate, standing in an attitude of meditation. His arms are folded across his chest. The right hand holds a pen; from the left falls a roll, on which are written the names of his great works—*De la Vie et de la Mort*, and *Anatomie Générale*. At his feet, and behind, lies, half covered, a subject prepared for dissection. The pedestal of marble on which the statue rests bears the following simple inscription:—"A Xavier Bichat: le Congrès Médical de France de 1845."

Association Intelligence.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, South Kensington, S.W.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: REPRESENTATIVE MEMBER OF GENERAL COUNCIL.

The name of J. B. Melson, M.D. (Birmingham), was accidentally omitted last week from the list of representative members of the General Council for this Branch.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

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

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

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

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

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

PHILIP H. WILLIAMS, *General Secretary.*

Worcester, July 1857.

BATH AND BRISTOL BRANCH: ANNUAL MEETING.

THE Anniversary Meeting was held at the Bristol Institution, on Thursday, July 9th, at 3 P.M.; AUGUSTIN PRICHARD, Esq., President, in the chair. There were also present: G. Allen, Esq. (St. George's); F. Brittan, M.D. (Clifton); W. Budd, M.D. (Bristol); G. F. Burder, M.D. (Clifton); J. B. Burroughs, Esq. (Clifton); R. W. Coe, Esq. (Bristol); J. Crang, Esq. (Timsbury); W. Davies, M.D. (Bath); R. W. Ellis, Esq. (Bristol); R. S. Fowler, Esq. (Bath); F. R. Fox, M.D. (Brislington); H. C. Fripp, M.D. (Clifton); J. Godfrey, Esq. (Bristol); J. Humpage, Esq. (Bristol); W. Hutchins, Esq. (Keynsham); J. Lancaster, Esq. (Clifton); Crosby Leonard, Esq. (Bristol); S. Martyn, M.D. (Bristol); E. S. Mayor, Esq. (Bristol); J. Metford, Esq. (Clifton); G. Norman, Esq. (Bath); W. F. Morgan, Esq. (Bristol); W. H. Paine, M.D. (Stroud); R. H. Ruddock, Esq. (Bristol); T. Sawer, Esq. (Clifton); W. Sheppard, Esq. (Bristol); C. Smerdon, Esq. (Clifton); N. Smith, Esq. (Clifton); J. Soden, Esq. (Bath); J. K. Spender, Esq. (Bath); R. N. Stone, Esq. (Bath); J. G. Swayne, M.D. (Clifton); S. H. Swayne, Esq. (Bristol); J. Tunstall, M.D. (Bath); G. Vicary, Esq. (Warminster); and as visitors: W. Henderson, M.D.; R. Watts, Esq.; R. Watts, jun., Esq.; — Barretti, Esq.

The Retiring President, Dr. DAVIES, having taken the chair, requested the Secretary to read the notice of the present meeting and the minutes of the last anniversary meeting at Bath, which were confirmed.

ELECTION OF NEW MEMBER.

Thos. B. Anstie, Esq., of Devizes, having been proposed, was balloted for, and elected a member of the Branch.

Dr. DAVIES, the Retiring President, having briefly expressed his thanks to the members, resigned the chair to Augustin Prichard, Esq., who delivered the following

PRESIDENT'S ADDRESS.

The first duty of a man who attains the elevated and dignified position which I now occupy, is to express, as best he may, his thanks to his fellow members in the Bath and Bristol Branch of the Medical Association, for the honour which they have paid him in electing him their president,—the highest professional distinction it is in our power to bestow. I therefore now beg to assure the members present, that I fully appreciate the honour they have done me, and heartily thank them for it, and that I am determined to do my best for the welfare of the Branch.

The acceptance of the office is, in my own case, not untinged with grave thoughts. Many of my predecessors have, I doubt not, felt that they were following a list of learned and eloquent presidents; and it is no slight task to take up the duties where such able men have left them, and to perform them in the same efficient way. This difficulty I as fully appreciate, as I have especial reason to do; but with the kind forbearance of the members, and with the aid of the Secretaries and Council, I trust that I shall not find the responsibilities and duties of the situation beyond my power, and that at the end of my year of office I may be able to leave to my successor the presidential chair surrounded by as many difficulties of this kind as I now find. I feel, too, that in passing through the year of presidential office, a man passes, as it were, the boundary line, and steps over from among the juniors to join the ranks of the seniors of the Branch; and this feeling becomes more striking, and not unalloyed with sadness, when I find myself in a place a few, and but a very few, years ago occupied by my father, my uncle, or by some respected teacher under whom I have carried on my studies, who have, within a few short years, been called away from the scenes of their labours to reap elsewhere the reward for lives well and actively spent for the benefit of mankind. The spot, too, upon which I stand to read my address, is hallowed by associations in the memories of my Bristol hearers; for here have stood in their turn all the men of science whom Bristol has known for the last thirty years, who have lectured here, and otherwise laboured for the advancement of science, literature, and the arts.

To tread so soon—for soon it seems—in the steps of a former generation, is but another proof, if such were wanting, of the speed with which the noiseless and unceasing stream of time flows on. The simple practical lesson deducible from these solemn thoughts is one which I trust all present appreciate, although it is out of my province, and I am unworthy to inculcate it on such an audience as the present; viz. the necessity of active exertion in a manly, straightforward, and truthful life, each one doing his duty fearlessly in the particular sphere of usefulness in which he happens to be placed, so that we in our turn may leave behind us names, not only unsullied by any taint of selfishness, hypocrisy, or dishonesty, but on the contrary, held up as good examples for our successors in the profession, both by the honest and straightforward performance of what we know to be right, and by the zeal we have shown in extending the range of our professional acquirements and experience. There are many in our Branch whose names will long be remembered with respect and affection, and whose opinions on professional topics will long be quoted with deference.

The report of the Council, which will be read presently, will give you a short account of what we have done during the past year, and the position we hold at present; and I think you will admit that we have reason to be satisfied. I may take the present opportunity of expressing a hope that, during the coming year, the zeal of the members may not relax, but that a good supply of cases and papers on various subjects will be forthcoming at our quarterly meetings.

We are indebted to the periodical medical press for our principal knowledge of what passes around us; and to the spread of information through their pages the art and science of medicine unquestionably owe a considerable degree of advance. There is a tendency with most of us to run into extremes in matters of opinion, and also to assume that others hold extreme views one way or the other; and this latter tendency is especially mischievous, for it leads to harsh criticisms, which are generally unjust and undeserved. When, after a day's hard work, a man sits down to write out the notes of some interesting cases, or some essay or letter upon professional topics, for publication, or to bring before the meeting of the Branch, I consider that credit and thanks are his due, and that it is ungracious to utter or publish severe and stinging strictures upon productions intended to add something to the common stock of knowledge. I would never restrict the power of fair discussion or of just criticism, or the right of maintaining one side in an argument; but it would be well to remember always, that a single quiet word, kindly spoken at the proper time, is far more effectual and convincing in argument, than an eloquent speech which bears the impress of heated feelings.

I intend to-day to review one or two points of professional interest, which have come before us during the past year; and if the subjects I have proposed to discuss appear dull to any of my audience, I must plead, as my excuse, the increasing difficulty of finding a general subject for the president's address.

1. *General Bleeding.* To bleed or not to bleed, is a question which our northern neighbours have been arguing without much effect upon the opponents themselves, and, I should think, without convincing many others; and although I do not expect to succeed better than they, yet I will take this opportunity to bring the subject before you, to show how it stands at present, and to try to give it some further illustration.

Inflammation is fairly assumed to be present, when, besides one or all of the signs of redness, heat, pain, and swelling—long considered to characterise it—there is a product of some kind in the form of exudation, as pus, or lymph, or fibrine. Guided by these four signs and by general symptoms, without the means of precisely determining the condition of the organ, *i. e.* the fact of exudation and its amount, our predecessors attacked what they considered to be inflammation of the internal organs by vigorous bleedings; while Dr. Hughes Bennett implies that the present state of our knowledge of pathology is such as to induce us to mistrust the practical results of their observations, and to conclude that they frequently made a vigorous attack with the lancet on the symptoms of swelling, heat, pain, and redness, and on the general symptoms without the presence of *true* inflammation.

Dr. Bennett denies that there is any change in the type of disease, and from his position and experience his opinions are entitled to respectful attention; at the same time, I do not clearly see how a question of this nature is to be proved. My own impression is that ordinarily received; viz. that during the last few years we have not had so many active and acute inflammations (or sthenic, as they are termed) to contend with as formerly, and that so many patients do not require bleeding, nor such vigorous treatment generally; but I think also that we have unquestionably gone too far into the other extreme, and that many patients have to pass through a tedious period of slow, and often imperfect convalescence, for want of a full bleeding at the beginning of the treatment. I do not believe that the change in the type of disease will account for the sudden disregard to bleeding which has occurred; but I do believe that the type of disease, as it is termed, is again changing in the opposite direction, and that we are beginning again to see cases of a more sthenic nature than has lately been the case. Dr. Bennett also denies that an accelerated and strong pulse in inflammation ought to be interfered with, and its frequency diminished, because nature accelerates and strengthens it; and he says, that it is injurious to diminish, by bleeding, the nutritive processes themselves, when they are busily engaged in operating upon the exudation and eliminating the morbid product. He also tries to prove that an inflammation once established cannot be cut short, and that the only end of judicious medical treatment is to conduct it to a favourable termination. Now, with the last line I trust we shall all agree, viz. that the end of treatment is to cure the patient of his inflammation; but I think the other opinion just quoted contains very dangerous doctrine, which appears to be the natural consequence of an idea of Dr. Bennett's,—that inflammation is in some sort a salutary process, and that, like small-pox and fever, it runs through a definite natural course, which it ought to be allowed to run through under the physician's guidance; in other words, that treatment will not cut short inflammation when once established. I can imagine no theoretical views on pathology likely to lead to such lamentable results in practice as this idea of Dr. Bennett's, if it were once widely spread and acted upon.

Dr. Bennett argues from a fractured bone, and says, that a surgeon does not bleed and interrupt the vital changes by which exudation, the product of inflammation, is poured out, and its conversion into bone carried on; and in like manner a physician ought not to bleed and to interrupt vital changes, which he considers parallel to those in the bone, in the case of pericarditis or pneumonia, in which suppuration and adhesion are the effects of this salutary process.

Never were cases so little parallel. In fracture there is

scarcely ever any acceleration or strengthening of the pulse,—two of the symptoms which would have led older practitioners to say that inflammation was present, and which they took for their guide in bleeding—for the local inflammation and disturbance of the system are insufficient to produce it; but if there were, then, in my opinion, bleeding would be the best treatment. In fracture, we wish to have exudation; in the inflammations of internal organs, we wish to have it stopped at once. In fracture, a little more of the effused matter is not only of no consequence, but sometimes rather an advantage; in pneumonia and pericarditis, one would consider that the less fibrine is deposited the better. I suspect that there is scarcely one among my hearers who cannot recall cases in which he felt convinced that a free bleeding, or other active treatment, has suddenly stopped internal inflammation; but Dr. Bennett distinctly denies the possibility of this, and here is a point where the two parties are apparently hopelessly at issue.

The most accurate representation, on a small scale, of what takes place internally is to be seen in the eye; and the resemblance of the structural changes consequent upon inflammation of the iris, with those taking place in the lung, is complete. But, in the eye, we consider the exudation of lymph and the formation of adhesions anything but salutary; for the deposit of a very little fibrine will destroy the use of the organ, and our efforts are directed to cut short the process of inflammation and prevent its results, and generally, as it happens, with success. The influence of mercury is what we principally rely upon, with local bleeding, blistering, and purgatives, and I have repeatedly seen cases of the following nature: a patient. with the pupil partly blocked up with lymph, and the vessels of the iris and sclerotic gorged, with his mouth sore, and but little signs of amendment, takes one or two active purges, or has leeches applied around his eye, and immediately the lymph begins to lessen, the vascularity diminishes, and the sight returns,—further inflammation being checked, and absorption being hastened by the antiphlogistic treatment. Or, in the same disease, I constantly see patients at the Eye Dispensary with the first stage of iritis, the pupil fixed, and not perfectly circular, the iris discoloured, with circumorbital pain and intolerance of light. The examination of the iris shows that exudation has begun, and that therefore there is true inflammation, according to the definition with which we begun; although the other symptoms would as accurately have determined the point, as the general and local symptoms guided Cullen and Gregory to diagnose inflammation of the organs within the chest, without a knowledge of auscultation. In these early cases we blister the temples freely with liquor vesicativus, and give calomel, with jalap, as a free purgative every day for two or three days. The ordinary result is, that within a week the patient is well; or in other words, the antiphlogistic treatment has cut short the inflammation, which otherwise would have gone on to destroy the sight. In former days, as a pupil, I had to bleed these cases, and with similar results; and I consider these two methods of treatment to be similar. In the eye these pathological changes are under view, and their course is determined absolutely; and there is every reason to believe that an identical process goes on in the lungs and serous membranes of the chest under parallel circumstances.

While, therefore, I believe that there is great evil in either extreme, and that we have thrown aside the use of the lancet too completely, I think we have reason to rejoice that practice has changed from what it was fifteen or twenty years ago; for at that period, as the surgical pupil of the week at the Bristol Infirmary, I have bled as many as forty out-patients in one day by the physicians' orders. As to diagnosis, the medical man who most thoroughly in his own mind combines the facts he obtains by manipulation of any kind, or by auscultation, or by any other physical means, as to the exact state of the inflamed organ with the general condition of the patient and the amount of functional disturbance, is the one who will be most trustworthy with regard to the pathology, and who is most adapted to treat the patient.

Since I have written the above, I have taken an opportunity of reading the June number of the *Edinburgh Medical Journal*, and am glad to find that Dr. Watson, of London, has written upon the subject; and that he has taken the same side of the question with very similar views to those I have attempted to advocate.

2. *Nature and Art in the Cure of Disease.* As having a partial connexion with this subject, I cannot help noticing a little work which has lately issued from Mr. Churchill's medical press. It is called "*Nature and Art in the Cure of Disease.* By Sir John Forbes, M.D." As I think that its tendency is to do harm by destroying the faith of the professor and the public in the effects of remedies upon diseases, I will venture upon a quotation or two, that you may be able to verify my opinion. It is true, he admits that the surgeon exercises a noble art, productive of much service to mankind; but this is in contradistinction to the physician, to whom but very little credit is given throughout the work. He says:—

"If we pass to that noble department of the labours of medical men termed *surgery*, the illustrations of the efficacy and power of the medical art are found in much greater number, of a much more positive kind, and of higher importance. Surgery, indeed, must always be admitted to exhibit the least equivocal successes and the most splendid triumphs of the art. When we see the life that is manifestly ebbing away from a bleeding wound instantaneously saved by the ligature of an artery; when we see the displacement of an organ or limb producing in the first place most distressing pain, and necessarily leading to permanent incapacity and death, removed at once by the skilled manipulations or by the knife of the surgeon; when we see in the case of a portion of the body crushed into hopeless disorganisation by external violence, or smit with a mortal gangrene that cannot be stayed, the dead or diseased portion severed at once from the organism it would have destroyed, and life so saved and health restored; we need no reasoning to prove to us the reality and potency and inestimable value of an art which can do such great and admirable things. It is, indeed, to such feats as these—it is to surgery, even taken as a whole—that the practitioner conversant only with internal diseases and possessing no other means of combating them but the feeble and uncertain armoury of drugs, must often look up for consolation in his difficulties, in his blind gropings, and amid the insignificant or dubious results of his labours. It is a perpetual comfort for him to know with certainty, that in one of the fields of its display, at least, the noble art he professes leaves no room for doubt as to its vast powers or as to the incalculable good worked by these in the cause of humanity; and this knowledge yields, moreover, a perennial and lively stimulus to his exertions, by fostering the hope that the time may yet come when the treatment of internal diseases may attain something of the like certainty and power." (p. 185.)

In the beginning of this book, and in fact running throughout it, is the sentiment that when patients recover from internal diseases, it is rather in spite of what their physicians have done for them than with their aid. Thus:—

"Since the medical art assumed its present formal, bold, and complicated character, it is only in very rare or exceptional cases that the disease is left to nature, or treated merely regiminally. On the contrary, the strongest and most effective powers of art are usually employed for the very purpose of setting aside or counteracting, or modifying in some way or other, the powers of nature. Generally speaking, we may even say that all the heroic arms of physic are invoked purposely to disturb and obstruct and overwhelm the normal order of the most natural processes." (p. 28.)

The chief argument appears to be that most diseases will gradually subside by the efforts of nature; but the evidence brought forward is of the feeblest kind. Thus:—

"Among some savages, no internal remedies are used.... their whole medical treatment consisting of invocations and sacrifices to their deities. Here, at least, we may safely take the results as Nature's, whatever they may be; and we are assured that if often unfavourable, they were also not seldom the contrary.

"Among the sacrifices intended to procure relief from disease, some were curiously impersonal: in the case of a middling great man, a finger or two would be amputated from one of his dependants; but for a chieftain, nothing less would suffice than the strangling of a child....

"The *saphias* or charms used by the Africans are equally efficacious. One popular form of these, mentioned and prescribed by Mungo Park, consists in writing the charm on a board, and drinking the matter of the words when it has been carefully washed off: a mode of practice very analogous to, and we doubt not as efficacious as that of, the homœopathists, who, in point of fact, if they adhere rigidly to the original Hahnemannian dose, do literally prescribe words and not things." (pp. 142-4.)

The author seems to be arguing against the idea, that physicians consider that all diseases, if left to themselves, are incurable—a notion which, I imagine, nobody has ever been sufficiently rash to maintain: and he inclines to the opinion that the treatment of maladies by charms, by amputating

another man's finger, or by homœopathy, is about as effectual and more safe than the usual treatment by the hands of a physician with his "armoury of drugs".

Some disorders are enumerated in a list, under the title of *diseases specifically curable*, as being those in which the drugs named with them are commonly supposed to be efficacious; but the assent to the power of remedies, even in these cases, is given with a bad grace, and in a very qualified way. The list is:—

"1. Ague and some forms of remittent fever: cured by cinchona and its salts, and by arsenic.
"2. Syphilis: curable by mercury.
"3. Scorbutus: curable by fresh lemon-juice, more certainly by fresh animal and vegetable food.
"4. Bronchocele: curable by iodine.
"5. Chlorotic anæmia: curable by iron.
"6. Periosteal and other swellings on the surfaces of the bones: cured by the iodide of potassium.
"7. Gout: curable by colchicum (?).
"8. Iritis, hepatitis, pericarditis, and other inflammations of serous membranes: cured by mercury (?).
"9. Hemicrania and intermittent neuralgia: cured by iron, arsenic, quinine, etc.
"10. Chorea: cured by iron, zinc, and arsenic (?).
"11. Delirium tremens: cured by opium (?)." (pp. 218-9.)

Besides adding a note of interrogation to express his doubt respecting the curability of gout, iritis, hepatitis, pericarditis, chorea, and delirium tremens, by the remedies appended to their names, the author says:—

"In the majority of the instances adduced, the remedies have occasionally been found useful, but have more frequently failed to display anything like a special or specific power to cure the respective diseases."

In concluding my notice of this work by the Physician of the Queen's Household, I am sorry to add that it is his intention, on some future occasion, to publish another volume of the same size as the present, consisting of the original article "On Homœopathy, Allopathy, and Young Physic", published in the *British and Foreign Medical Review* in 1845, together with a selection from the correspondence elicited by it at the time from his medical friends; and I need scarcely remind my hearers that this was the notorious article considered at the time to do so much for the advance of homœopathy.

Let us turn for a short time from these troubles of the physicians, and refresh ourselves with a little surgery.

3. *Treatment of Carbuncle.* The great northern professor of surgery has published a paper on carbuncle, in which he assumes that all surgeons, himself excepted, treat it indiscriminately with stimulants and opium, while he considers that the opposite method is the best. Some cases will require stimulants, and others will make good recoveries without; and although it appears rare to meet with a fatal case (and I have never seen but one), yet the fact that *ninety-four* deaths occurred from carcuncle in the metropolis alone in 1854, is sufficient to prove that it not unfrequently is so. My object, however, in introducing the subject is to bear my testimony to the plan of treatment lately recommended: it was introduced by the late Dr. Physic, of Philadelphia, and practised and recommended by Mr. Benjamin Travers, jun., and others, and improved upon by Mr. Higginbottom of Nottingham. The improved plan is to apply the nitrate of silver freely around and beyond the red and hard part of the swelling, and the caustic potash in the centre, to destroy the skin in that part just as it is beginning to slough. The nitrate of silver acts as a preservative, and checks the progress of the carbuncle, and the potassa fusa opens the centre, and it melts down into pus and discharges freely. I have tried this method, and can very strongly recommend it. It is also perfectly free from danger; whereas a certain amount of risk accompanies the incision. The risk is small, it is true: but I have been told by a surgeon in the East India Company's service, a man of great experience and observation, that among the natives the section of carbuncle is not unfrequently followed by death from pyæmia: a very intelligible result of opening veins by section with a sharp instrument whilst they are bathed in pus, and their divided extremities kept patulous by the induration of the surrounding tissues; and besides the avoidance of this risk, this caustic method of treatment expedites the cure in a wonderful way, by checking the disease and saving the skin. I should add that Mr. Higginbottom states that he has never prescribed alcoholic stimulants, and never saw a fatal case.

4. *Treatment of Cancer by Caustics.* The revival of the old plan of treating cancer by caustics has lately attracted unusual attention, because it has been brought forward as a secret method, with the authority of the surgeons of one of the London Hospitals.

That a tumour may be made to slough by the continued application of the chloride of zinc, has been known for some time; and I have proved it recently in a case of cancer of the breast; and thus the caustic effects as much as the knife does, *i.e.*, it removes the tumour or the local disease.

In favourable instances, if in so dreadful a disease any case may be called favourable, *i.e.*, when the tumour is isolated from surrounding parts, without adhesion, and not very deep-seated, the knife will rapidly remove it, and the patient will generally improve for a time afterwards; the chloride of zinc will also remove the tumour, and with a like result. With respect to the choice of means, I do not know why, in cases that are considered suitable for operation, the choice should not be left to the patient; for what is a favourable case for the knife is also generally suitable for the caustic. I believe, however, that there are cases of large tumours adherent to the integuments or neighbouring parts which no surgeon would think of cutting away, and which may be safely and completely removed by the continued application of a solution of chloride of zinc; and it was in fact in a case of this kind that I lately used it. Thus far, the revival of this old plan of treatment is likely to be of service; but to say that a cure for cancer has been discovered, is a deception upon the public and the profession, which cannot, by any ingenuity, be justified; and I would caution my hearers against imposing too great faith in the accounts given by sanguine inventors of new modes of treatment, particularly of those professing to be available in all cases of the disease they are supposed to cure. I mean such accounts as those of chloride of zinc for cancer; or of Marshall Hall's operation of tracheotomy for the prevention of epilepsy, theoretically most ingenious, and likely to succeed, but practically a complete failure; or of injecting with iodine for the cure of ovarian dropsy, said to be quite safe, but of which many fatal cases have occurred; or, lastly, such as the account given last year of amylene.

5. *Anæsthetics.* Some months ago we were startled by the announcement that a new anæsthetic had been discovered, equal to chloroform in every respect, and superior to it in this one most important particular, that it was devoid of the amount of danger to life which all reasonable persons admitted to be connected with the use of chloroform. It at once struck many of us to ask, with some degree of doubt, how any agent which has so powerful a control over the nervous system as to make the recipient of it insensible to every kind of stimulus can be called free from danger? and how this opinion could be hazarded of it, *à priori*, by one who had not the least experience of it practically? The result of the experiments was not long delayed, and amylene proved fatal much sooner than chloroform had done.

Is it true that chloroform has affected unfavourably the results of operations? This is a very serious question, which ought, if possible, to be answered. But as yet no answer has been given deserving of reliance. How can the decision of such a question be rested upon the statistical account of operations performed over a course of two or three years only, and these not the same years, and by cases numbered by tens or twenties, and not by hundreds or thousands. The point must be settled during the lifetime of the present race of operating surgeons, or probably not at all; and if the numerical method is to be employed, and statistics called in to decide the matter, the experiments must be on a large scale, and established simply to ascertain the truth. My friend and colleague, Mr. Harrison, told me that when he was first appointed surgeon to the Bristol Infirmary, at the time when many more legs were cut off than is the case at present, of his first twenty amputations he did not lose a patient, and began to think his success certain, and the operation not so fatal as was supposed; but three or four deaths followed in rapid succession, bringing the average down to what it was with his colleagues. I believe that chloroform has materially lessened the frequency of amputations, and has thus indirectly saved many more lives than it has destroyed. We are able to perform tedious operations in the neighbourhood of joints, such as the removal of diseased bone, or the opening of cavities in the cancellous structure of their articular extremities, which, without chloroform, would not have been attempted, because of the pain and the degree of uncertainty as to the result; but notwithstanding this item to the credit of the anæsthetic, if we are in the constant habit of using any agent which destroys life once in the course of

many thousand cases, which chloroform certainly does, it is a very grave matter; and although I have always been an advocate for it from the first, and use it constantly, my deliberate opinion is that we are not justified in using it for every trivial operation, and that if we wish to relieve pain in those cases we must do the best we can with local anæsthetics, such as the application of cold.

In an ancient book upon medicine and surgery, printed in old English, in the latter part of the fifteenth century, or not long after the discovery of the art of printing, is the following account of the administration of an anæsthetic dose, which is not without interest. In treating of wounds containing thorns or splinters of wood, the author is recommending the enlargement of the opening first by means of spongetents, and then he adds:—

"The second manner is that ye shall cutte the wounde wyder with a payre of cysars or with sheres thereto belongynge, as here is fygured, but that is dredfull to the woundyd pson for to beholde. Therefore it is my counsell for to occopy the fornamyd tentes. But if those can nat eas, and yt ye diseasyd psone can nat for great feer abyde ye cutting, Than must ye make this slepe drynke and geve it hym to drynk, whereof he shall fall in slepe and fele nother cuttynge nor payne; and thus must ye make it. Take ye rote of solatrum mortale and semen jusquami, of eache an ounce; whyte popy sede and black popy sede, opium thebaicum, a dragma; croci orientalis, corticis mandragora, lignum aloes, cinamomi, castorum, a dragma of eche. And of all these make a course powder, and of this powder take ij dragmas, and sethe it with malvesye, and give it him at a droght. And whan he is in slepe, then cut up ye wounde as moche as nedyth, till it be wyde ynough..... And whan thou wylt have hym wakend agayne, than put a pece of a sponge in his nose that hath been wet in vinegre or in ye joyst of rewe or fenell, and therwithall he wakeneth again."

Thus, four hundred years ago, there were experiments and efforts made to destroy the pain of operations.

In the same work I find the following advice to medical men in consultation; and I quote it to prove that the rules of "medical etiquette", as it is improperly termed, or the conduct of one medical man towards another, are the same now as they were then: in other words, they were then, as they are now, simply the rule of doing what is right and honest.

"Therefore, whan ye go two or more about the pacyent, take hede that ye make no discorde: in lyke wyse, whan any of you be present alone with your pacyent, blame not the other that is absent, nor dyffame him not; But what ye have to say withe eche other, let that be secrete within yourselfe..... Ye shall for no golde nor sylver take in hande yt thynge that ye thynke is incurable..... and ye should knowe and understande parfytly your anathomia, which is the gaderynge and also the dysmembrynge of the lymmes of the body.... yf it nede requyred that ye sholde cut hym in any place without doynge to him any scathe, and to yourselfe an everlastynge shame and grete dishonesty."

There were two or three other surgical points which I proposed to myself to include in my present address; but I have already occupied the meeting sufficiently long, and I may hope for other opportunities during the year. I will therefore conclude by again expressing my thanks to you for the honour you have done me by giving me this position, and for the attention with which you have listened to my address; and I will at the same time add a hope that the year to come may pass away as smoothly and harmoniously as the last has done under the able presidency of my friend Dr. Davies.

REPORT OF COUNCIL.

Mr. C. LEONARD, the Bristol Secretary, read the Report of Council, which commenced by congratulating the members on the harmony and good feeling which had characterised the meetings of the Branch during the past year. No difficulty had been experienced in obtaining materials for the additional ordinary meeting; and the subjects brought forward were of a varied and interesting character. The attendance of members had been more than usually large, showing the increasing interest taken in the meetings. There was a slight decrease in the number of members, as compared with last year, there having been 135 in 1856, and at present 133. Since the last annual meeting, eight members had resigned, and an equal number had been elected; and the Council regretted the removal by death of two much valued members, who had for many years been connected with the Branch; viz., Messrs. Hay of Hambrook, and Washbourne of Corsham. The report then alluded to the change of name of the Association, and to the question of medical reform. The Council recommended a petition from members present to the House of Commons in behalf of Mr. Headlam's Bill; also one in support of Mr. Griffin's movement in Poor-law medical reform. Attention was drawn to the Medical Benevolent Fund in connexion with the Association; and the report concluded with stating the result of the ballot for the Local Council, by which Messrs. Norman, Stone, Vicary, and Parsons, were elected for the Bath District; and Drs. Symonds, Budd, Brittan, and Messrs. Godfrey, Collins, and Mayor, for the Bristol District.

On the motion of Dr. TUNSTALL, seconded by Mr. COE, the report was unanimously adopted.

ELECTION OF REPRESENTATIVES TO THE GENERAL COUNCIL OF THE ASSOCIATION.

The meeting then proceeded to ballot for six representative members. The gentlemen receiving the highest number of votes were—W. Budd, M.D., 26; G. Norman, Esq., 25; W. Davies, M.D., 23; J. S. Soden, Esq., 20; A. Prichard, Esq., 18; F. Flower, Esq., 14.

VOTES OF THANKS.

Votes of thanks were unanimously accorded to Dr. Davies, the Retiring President; to the Council; and to Messrs. Bartrum and Leonard, the Honorary Secretaries.

A vote of thanks was unanimously accorded to the Committee of the Bristol Institution, for their kindness in allowing the use of the theatre for the annual meeting.

ELECTION OF OFFICERS.

Mr. SODEN proposed JAMES CRANG, Esq., of Timsbury, as President-Elect for the ensuing year.

Mr. SMERDON seconded the proposition, which was carried by acclamation.

Messrs. Bartrum and Leonard were reappointed Honorary Secretaries.

MEDICAL REFORM.

After some little discussion on Mr. Headlam's Bill, a petition to the House of Commons in its behalf was unanimously signed.

POOR-LAW MEDICAL REFORM.

A petition to the House of Commons, in support of Mr. Griffin's movement, was agreed to, and signed by the members present.

After a vote of thanks to the Chairman, for his ability in presiding, had been passed by acclamation, the meeting broke up.

The members dined together in the evening, at the White Lion Hotel.

CAMBRIDGE AND HUNTINGDON BRANCH: ANNUAL MEETING.

THE annual meeting of the Cambridge and Huntingdon Branch was held at the Angel Inn, Peterborough, on Tuesday, July 14th: W. G. PORTER, Esq., in the Chair. There were also present:—C. P. Bates, Esq. (Ramsey); T. Cammack, M.D. (Spalding); J. Chapman, Esq. (Thorney); R. H. Crisp, Esq. (Whittlesea); A. W. English, Esq. (Ufford); W. Few, Esq. (Ramsey); M. Foster, Esq. (Huntingdon); W. Hale, Esq. (Wisbech); J. Hemming, Esq. (Upwell); J. H. Hemming, Esq. (Kimbolton); G. M. Humphry, Esq. (Cambridge); E. Morris, M.D. (Spalding); J. Muriel, Esq. (Ely); L. Newton, Esq. (Alconbury); T. O'Connor, Esq. (March); W. Paley, M.D. (Peterborough); B. Pinchard, Esq. (Cottenham); H. Porter, Esq. (Peterborough); S. Pratt, M.D. (Stamford); N. G. Scott, Esq. (Cambridge); W. A. Skinner, Esq. (Cliffe); F. Southam, Esq. (Wansford); T. Southam, Esq. (Peterborough); O. Sprigge, Esq. (Peterborough); H. Terry, jun., Esq. (Northampton); H. G. Trend, Esq. (Eye); T. Walker, M.D. (Peterborough); W. Ward, M.D. (Huntingdon); J. H. Webster, M.D. (Northampton); J. Whitsed, M.D. (Wisbech); W. Wilkinson, Esq. (Spalding); C. Woods, Esq. (Godmanchester); F. Woods, Esq. (Northampton); and H. Wright, Esq. (March).

PRESIDENT'S ADDRESS.

The PRESIDENT in his address, after giving a brief account of the history and objects of the Association, called attention to the improved character of the JOURNAL under the editorship of Dr. Andrew Wynter. He thought it bid fair to be the leading medical periodical of the day; and that with the kind co-operation of the members of the Association it must eventually become so, but much depended upon their exertion. He spoke

of the benefits likely to result from Mr. Headlam's Bill, which he thought was in the right direction. He concluded by speaking of the great benefit which in the course of forty-five years practice he had derived from attendance at the meetings of medical societies.

QUESTIONS IN MEDICAL SCIENCE.

Notice had been given in the circular calling the meeting, that certain subjects would be proposed for discussion.

1. "*Are experience and observation confirmatory of the view that there are critical periods and crises in common fever?*" It was held that the analogy of the whole physical world, of various phenomena in the human frame, and of the peculiarities of regular, intermittent, and other fevers, small-pox, scarlet fever, typhus, etc., was in favour of such periods and crises, but was this confirmed by actual observation? A lively discussion took place, participated in by Dr. Cammack, Dr. Ward, Mr. Porter, Dr. Webster, Dr. Morris, and others, and the opinion of the meeting was nearly divided. The majority, however, were of opinion that actual observation is *not* confirmatory of the view that there are critical periods and crises in common fever.

2. "*Is consumption ever curable; and what plan of treatment has been found most beneficial upon the whole?*" This was brought forward by Dr. PALEY, who, judging from the statistics of the Peterborough Dispensary, prepared with much care by himself, and based upon cases treated by himself and very carefully watched, was of opinion that even when the disease was well marked and cavities formed, recovery occasionally occurs. That is to say, the physical signs of the malady may pass away, the patient may regain health, and the chest may fall in at the part affected. Of this, he had seen several well marked and clear instances; and he thought it fair to consider these as examples of cure, although the disease might return at a subsequent period and destroy the patient. The treatment which he had found most successful was that which most promoted the general health; viz., out-of-door exercise (on this he laid great stress), nutritious diet, avoiding stimulants, for there was commonly a tendency to feverishness in phthisis, and cod-liver oil. For the latter he had substituted—in some cases where the stomach was intolerant of it—glycerine; and he was disposed to think favourably of this, though he had not used it a sufficient length of time to arrive at a decided conclusion. He did not think counterirritation was often of much service, but rather did harm by the distress it caused. Neither was he so much in favour of change of climate, or of confinement of the patient to one temperature, etc., as many physicians appear to be. He thought that frequently the patient's health was sacrificed, and an impulse given to the real disease, by the attempts to combat the real or imaginary attendant bronchitis. The feeling of the meeting was entirely in accordance with the views propounded by Dr. Paley.

3. "*In what cases is it justifiable to tap the chest in cases of fluid collected in the pleural cavity?*" Dr. PALEY introduced this subject, also relating several cases which had fallen under his observation, which will form the subject of a separate paper in the JOURNAL.

4. "*Employment of issues after the removal of cancerous tumours.*" Mr. HUMPHRY had found, in collating the records of many cases that had occurred within his observation, that the disease had, on the whole, returned most quickly when the wound had healed most readily—that, on the other hand, the patients had remained longest free from a recurrence of the terrible malady when there had been much suppuration, sloughing, erysipelatous inflammation, etc., after the operation. This had suggested to him that the maintenance of a discharge by means of an issue in the arm, might have some influence in retarding the recurrence of the disease. Of late, therefore, when the patient had recovered from the operation, he had adopted the practice of making an issue in the arm and maintaining it there. Sufficient time had not yet elapsed to test the value of the practice; and he merely called attention of the members to it, begging them to watch over such cases as might fall under their care, and report to him.

CASES AND COMMUNICATIONS.

Rupture of the Bladder. Mr. TERRY, jun. (Northampton), read the case of a man over whose body a cart-wheel had passed, followed by great prostration, etc. Some hours afterwards, a pint and a half of bloody urine was drawn. Smaller quantities were, on subsequent occasions, drawn by the catheter. He died four days after the accident, from restlessness, vomiting, etc. A considerable rent was found through the fundus of the bladder into the peritoneal cavity.

The chief point of interest was the fact of so much water being drawn by the catheter, when so large a rent existed in its fundus. This was explained by Dr. Webster and Mr. H. Porter (who had reported a somewhat similar case in the JOURNAL) on the supposition that the catheter had traversed the rent in the bladder, and drawn the urine from the peritoneal cavity, whither it had escaped. Dr. Walker and others inclined to the opinion that, owing to the pressure of surrounding parts and the contraction of the bladder about the rent, which might not have been quite complete, the urine had been retained in the bladder, and had been drawn from it by the catheter. The length of time that elapsed between the accident and the fatal termination of the case was in favour of this view.

Badly united Fracture. Mr. WRIGHT (March) produced a specimen of badly united fracture of the femur. It was in the middle of the shaft; and the displacement was of the kind usually found; viz., the lower fragment was drawn up beneath the upper, and rotated outwards.

Forcible Extension of Knee-Joint. Mr. HEMMING (Kimbolton) called attention to the practice of forcibly straightening the limb (under chloroform) in contraction of the knee from some forms of rheumatic disease, when much structural change had not taken place; and related two cases in which he had adopted the plan with very satisfactory results.

Syme's Operation. Dr. WALKER introduced a patient in whom he had performed Syme's operation at the ankle, for removal of the foot. The flap formed from the heel had in great part sloughed, but the bone had been covered by granulation, in which so firm a cicatrix had formed that the man was able to walk upon the limb very well.

Mr. HUMPHRY showed the following specimens:—

1. The femur of a man aged 90, and another of a man aged 80. They showed the alteration in the angle of the neck with the shaft, that takes place in age. It was in each reduced to 110°, the average angle of the adult bone being 130°.

2. A head of the femur, with the acetabulum, exhibiting the effects of chronic rheumatic disease; the former flattened and spread out to double its natural size, deprived of cartilage, and in some parts porcelain-like; the acetabulum widened to a proportionate extent. They were taken from a female aged 76, in whom the affection had commenced forty years before death, after a bad confinement.

3. An enormous cystic tumour, connected with the fore part of the sacrum and coccyx of an eight and a half months fœtus. It filled up the pelvis, and projected from the hinder part of the child, obstructing delivery till it was punctured, and the contents evacuated. It was associated with spina bifida in the sacrum, but had no direct communication with it.

4. A long polypus hanging from the fundus through the body and neck of the uterus, in the walls of which were the remnants of enormous fibrous tumours. These had undergone partial softening, so as to present fluctuation, and simulate ovarian disease so closely that paracentesis had been performed by an eminent metropolitan accoucheur, but little or no fluid passing through the canula.

5. An example of cancerous stricture in the bulbous part of the urethra, from a man aged 60. There was cancer (scirrhus) in the bladder and in several other organs; and Mr. Humphry concluded that the appearance of the disease in the urethra, which was a very rare event, was secondary; and that it was engrafted upon an ordinary stricture, which the history of the case showed had existed many years.

The dinner took place at the Angel Inn; and it was decided that the meeting should be held next year at Wisbech, under the Presidency of J. Whitsed, M.D.

SHROPSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting of the Shropshire Branch was held at the Queen's Head Hotel, Oswestry, on Tuesday, July 14th, under the Presidency of WILLIAM FULLER, M.D. There were also present:—S. G. Bakewell, M.D. (All Stretton); R. Blaikie, Esq. (Oswestry); P. Cartwright, Esq. (Oswestry); J. G. Darlington, Esq. (Westbury); W. Eddowes, Esq. (Pontesbury); J. R. Humphreys, Esq. (Shrewsbury); H. Johnson, M.D. (Shrewsbury); J. Meredith, Esq. (Oswestry); E. Sandford, Esq. (Baschurch); J. V. Solomon, Esq. (Birmingham); J. Stephens, Esq. (Shrewsbury); F. Whitwell, Esq. (Shrewsbury); E. Williams, M.D. (Wrexham; and G. H. Williams, M.D. (Oswestry).

PRESIDENT'S ADDRESS.

IT is customary at our anniversary meetings for the president for the year to inaugurate the business of the day by an address to his brother Associates; and, in deference to this good custom, I will occupy your attention for a few minutes, while I advert to some subjects of current interest, and not foreign to the business of our Association.

My first duty, however, is to express my acknowledgments for the honour you have conferred upon me in electing me your president, and thus officially connecting me with that great Association which has been established for the advancement of medical science, and as a bond of brotherly union between all classes of medical practitioners.

One great pleasure I derive from the honour of being in the president's chair, is that of welcoming to our ancient borough of Oswestry, the members of the Shropshire Branch of the British Medical Association. I have also to express the gratification it affords my brother Associates, and the medical practitioners of the town generally, to have had Oswestry selected as the place of our meeting this year. Our town, though a small one, is a place of great antiquity, and by no means destitute of historical interest and importance; whilst in its physical attributes and relations it is also interesting, in a sanitary point of view. It stands on sloping ground, and at an elevation of about four hundred and fifty feet above the level of the sea. It is thus situated on higher ground than any other town in Shropshire, and it possesses facilities for the most efficient drainage and water-supply, not exceeded in this respect, indeed, by any other town in the kingdom. These facilities, I must observe, have as yet not at all been made available to the extent of which they are susceptible. In the heights immediately above our town, there are several springs whose streams pass in open or covered channels through its streets. These heights command a range of landscape scenery which, for grandeur, beauty, or variety, is not surpassed in any part of the kingdom. The panoramic view that may be had from our church tower, or even from the old castle hill, within the very walls of the town, will well repay the trouble of a visit.

This latter spot is, moreover, one of the most remarkable objects of historic interest in our neighbourhood; for besides the many battle-scenes of which the old castle and its vicinity have been the theatre, it is a fact not so generally known, that the castle itself—of which but a few fragmentary masses are all that now remain—was, in the reigns of the first Henry and Stephen of England, and of David the First of Scotland, the family seat of Alan, the son of Flaald and father of Walter, and who was made governor of the castle and manor of Oswestry by William the Conqueror; and Walter the son of Alan was the founder of the royal family of Stuart, according to the researches of Lord Hailes, Scott, Chalmers, and other Scotch historians. It was "during the troublous conflicts of Maud and Stephen, in their competition for the crown of England, that Walter fled from the family seat at Oswestry, and settled in Scotland," where he became hereditary steward under Malcolm IV. Thus the history of our town and its castle is, though remotely, connected with the genealogy of the reigning sovereign of Great Britain.

Amongst other objects in the town, I would mention the old parish church as interesting from its antiquity and the massiveness of its noble tower.

Although the drainage of Oswestry has been extended and improved of late, it is far from complete; and nuisances and sources of impurity exist, which it is difficult for the authorities to remove, as our people have not as yet put themselves under the operation of the Health of Towns Act. The outbreak and spread of epidemic diseases are undoubtedly thereby fostered and promoted. The town has not, however, been at any time visited by cholera, and but seldom, indeed, by epidemics of a severe form. The mortality returns, too, testify to the general salubrity of the place. The deaths in the entire parish for the year ending June 30, 1857, amount to only 177; which, taking the present population of the parish at 9,000 (8,794 was its number at the last census), will give 1 death in 51, or a percentage for the year of 1·966. On referring to the last report of the Registrar-General we shall find the corrected average percentages of deaths in Shropshire for the last two years that they have been printed, viz. 1853 and 1854, to be 2·030 for each year; and that for the whole of England and Wales to be 2·352 in 1854, or 1 in 43 of the population. From these facts it may be safely inferred, that (as from its advantages of situation we might *à priori* expect) Oswestry is a healthy town, and its inhabitants enjoy the full average of longevity.

There is but one public medical institution in the town,—the Dispensary, the duties of which are efficiently performed by a staff of four surgeons and a dispenser. To this institution are attached public baths,—hot, cold, vapour, and shower,—also a plunge bath, of which the poor man may at any time have the use for a penny.

You are all aware that at the last general meeting of our Association in Birmingham, the proposed alteration of the name of our society, as also that of the constitution of the General Council, were ratified and confirmed. The change of name, I think you will agree with me, was justified by circumstances; and yet I am sure it was in no narrow or exclusive spirit that the name *Provincial* was originally adopted, or with any intention of excluding our metropolitan brethren; but the Association having originated in the provinces, its name was assumed, rather as a bond of union between provincial members in particular, who were necessarily widely scattered and destitute of societies for promoting medical science. The Council of our Association is now established on the representative principle, through the medium of the Branches. These changes seem to have completely averted the disruption with which our Association was at one time threatened, and the greatest harmony now prevails.

Our Association has not been unmindful of the necessity for continuing its efforts in the cause of Medical Reform,—a cause which has made considerable progress within the past year, but the final settlement of which might have been as far as ever from our reach but for the untiring efforts, energy, and zeal of this Association, and its Reform Committee in particular. The different medical and surgical corporations, and other licensing bodies, seeing, perhaps, their privileges or their revenues in danger of confiscation, have at last become reformers themselves; and, after mutual concessions, they have come to an understanding with us, and are now in concert with our Reform Committee, exerting themselves to forward through the House of Commons the Bill brought in by Mr. Headlam. This Bill, if passed into law would, I believe, as far as legislation on the question can go, secure the objects which our Association has had in view in fighting the battle of Medical Reform. The Bill, as you know, has passed the second reading by a large majority; and though our hopes, as to the Bill becoming law this session of Parliament, may be doomed to disappointment, yet I feel I am warranted in congratulating you on the near prospect we have of a final settlement of this long vexed and much agitated question.

I would now refer to another movement of much importance in the profession, it being one in which many of us cannot but feel a personal interest: I mean that for bettering the position of some of our brethren who are Poor-Law Surgeons. The amount of remuneration that many of these valuable public officers receive for their services is, indeed, a disgrace to the country. A knowledge of the grievances under which they labour has now become generally diffused and appreciated, chiefly through the exertions of their indefatigable fellow-labourer, Mr. Griffin of Weymouth. The College of Surgeons and the Society of Apothecaries, who had hitherto, apparently, manifested a total indifference to the just complaints of their *alumni*, have now taken up their cause, and forwarded petitions to Parliament on behalf of this much injured portion of our brethren. Mr. Griffin, who never tires in his exertions to obtain a more adequate remuneration for their services, has shown, from the returns made to him from all parts of the kingdom, that the average payment per case amounts to only 2*s.* 9½*d.*; and that the salaries are, moreover, extremely unequal, in some agricultural districts being as low as 3*d.* per case; while the average duration of illness is just twenty-eight days one hour. Now, it is utterly impossible for medical men, with salaries so totally inadequate to their services, to do their duty to the poor without making the greatest personal sacrifices; so great, indeed, that 539 medical men have thrown up their poor-law appointments within the last two years. It is not to be denied, however, that to themselves they are indebted, in a great measure, for the evils under which they suffer. The ruinous competition amongst medical men for poor-law appointments throughout the country, is greatly to be deplored, and is at once a degradation to themselves, and unjust to the whole of their fellow-labourers. This competition it is which has caused the Guardians of the different Unions to set so low a value on their services. For what can they think, but that appointments, so eagerly sought after, must be worth having, and that increase of salaries is therefore un-

called for? Much might be done, however, towards remedying those disorders, by a Government acting solely for the public good, and especially the good of the poor themselves, who must be the greatest sufferers by the evils to which I have referred.

As regards the present position and prospects of our own Association, there is much cause for congratulation and confidence; whether we regard its numerical strength, the unity that characterises its proceedings, the respectability and the professional and scientific acquirements of its members, or the influence it is capable of exerting on all questions of medical polity. Its primary object you know to be the advancement of medical science, and the promotion of harmony and friendly intercourse between the distant and scattered members of our common profession. All good men will sympathise with and admire these noble aims. It unfortunately happens that in our profession, unlike others, the social principle is weak. Each member of it is but too much bent upon what concerns his own individual interest, regardless of the injury that others may suffer in character or public estimation. This evil will be best overcome by the habits of association and mutual intercourse which such meetings as these are calculated to engender; and, I am sure, the reason why our provincial brethren do not join us with one accord, must be sought for in the fact that they do not sufficiently estimate the many advantages that would arise from our meetings, the facilities which those meetings present for the free interchange of professional opinions, feelings, and courtesies, and the friendships that may thereby be formed and cemented. These advantages are doubtless at the present time being better understood and appreciated than formerly, and large accessions are made year after year to our numbers. The number of members to which our Association has attained proves the favour with which it is regarded by the profession, of whose interests and feelings it may be regarded as the true exponent. I would, before I close my address, urge those gentlemen who may this day honour us as visitors—indeed, I would urge every medical man who respects his calling and desires to promote his own usefulness—to seek admission to the roll of our Association, and assist us in promoting the noble objects it contemplates.

NEW MEMBERS OF THE ASSOCIATION.

The following gentlemen were elected members of the Association:—Robert Cockerton, M.D. (Montgomery); Robert Blaikie, Esq. (Oswestry); John Meredith, Esq. (Oswestry); and Edward Sandford, Esq. (Baschurch).

ELECTION OF OFFICERS.

Mr. CARTWRIGHT proposed, and Mr. STEPHENS seconded, that W. Thursfield, Esq. of Bridgnorth, be chosen Vice-President elect. Dr. Drury and Mr. J. R. Humphreys were re-elected Honorary Secretaries. The President and Mr. Cartwright were elected to represent the Branch in the General Council.

FRACTURES OF THE SKULL. BY J. R. HUMPHREYS, ESQ.

[This paper will be published in the JOURNAL.]

The members afterwards partook of a most excellent dinner, when they were joined by the Rev. L. Wynne Jones, the Mayor of Oswestry, and M. B. Evans, Esq.

Editor's Letter Box.

THE LONDON PHARMACOPŒIA.

SIR,—It appears by the queries in the letter from your correspondent in Sussex, that I have not been sufficiently explicit. The druggist did indeed propose that one Cramer's stamped lozenges should be sent instead. This I could not consent to. Justice, and the dignity of the profession, loudly demanded that I should deal a Wat Tyler blow at any attempt to impose a tax on my patient. Nothing remained but to take refuge under the cloak, not of a substitute, but of a makeshift.

Again, this town being near the high moors and eastward of them, is, as the world knows, very *bleak* in spring and winter, which, in connexion with our geological position (on the sandstone), causes the place at those seasons to be much infested with catarrh and pulmonary affections. In such cases I have sometimes wished to give the tinctura opii ammoniata; knowing something of its efficiency, it is tantalising to think that I cannot do so, nor do I know of any substitute for it.

I am, etc. A MEMBER.

Barnsley, 22nd July, 1857.

Parliamentary Intelligence.

HOUSE OF LORDS.—Thursday, July 16th.

CROWDED DWELLINGS PREVENTION BILL.

THE House having resolved itself into Committee on this Bill—

The Earl of SHAFTESBURY said that a justification of the additional powers which the Bill would grant to remedy the evils of crowded dwellings, would be found in a report of the Commissioners of Police on the subject. The Act of 1851 had been beneficial beyond expectation. A better class of lodging houses had sprung up, and accommodation of a higher standard was provided without increased payment. Forty-eight metropolitan medical officers of districts, living in the most densely crowded parts of the metropolis, stated that there had been a complete cessation of fever in these lodging houses; that there had been a great diminution in other diseases, a disappearance of vermin, and an increase of cleanliness, decency, and order. Forty medical men from the provincial districts gave their testimony to the same effect; as did also the report of the Commissioners of Police, issued a few weeks ago. He remembered the state of the lodging houses of the metropolis before the Act of 1851; and he could assure their lordships that the change approached the marvellous. Instead of dirt, impurity, and indecency, there was now cleanliness, decency, and order. He felt bound to express his deep gratitude to the Commissioners of Police for the manner in which they had carried into effect the provisions of the statute. The labour thereby imposed upon the police had been very great. The weekly distance travelled by the police in carrying out this Act was 800 miles, exclusive of the labour of mounting up stairs, diving into cellars, going to fetch medical men, and making their reports. Every night, from 40,000 to 50,000 persons slept in these registered lodging houses; and, whenever he had paid night visits to these places, he had found the Act duly carried out, and the rooms strictly sweet, wholesome, and well ventilated. There was, nevertheless, something to be done; and it was necessary that a certain class of houses and rooms should be brought within the regulations of the Act. These were tenement houses, or tenement rooms as they were called, which were occupied by a number of persons professing to be members of a single family, one of whom paid the rent. The principle of English law, that "every man's house (or room) was his castle," was here grossly abused. The magistrates, whom he did not blame, had ruled that, although a single room might be tenanted by a vast number of people, yet if the person who hired the house or the room, and who paid the rent, declared that all the persons living with him were members of the same family, that was a private room or house, and could not be brought within the Act. The Report of the Metropolitan Police for 1857 described one of these tenement rooms, measuring 14 feet 6 inches by 14 feet 6 inches, as containing thirty-seven men, women, and children, all lying together on the floor like beasts, with scarcely any other covering than the clothes taken from their persons, which they had worn throughout the day. A scientific man would tell their lordships that, "in such a polluted atmosphere, it was not surprising that epidemic and other infectious maladies should almost decimate the population." The definition of the word family, as given in the Bill, embraced within its compass the relations of grandfather and grandmother; and would, in fact, leave a large number of homes which would be untouched by the law; and yet the testimony of the inspecting sergeants of police, as well as of medical men of the greatest eminence throughout the country, was to the effect that, unless those houses containing single families were brought under the control of legislation, the ravages which fever and disease committed among the lower classes could never effectually be put an end to. But, although he felt that the Bill did not go so far as it was desirable that it should, he had to a great extent paid regard to the dwellings of private families; but it was his opinion that no great hardship would be inflicted upon them if they were, as far as possible, brought under the operation of the Common Lodginghouses Act. The fourth clause of the Bill gave to the Commissioners of Police the power of calling upon the local authorities to put into operation the Nuisances Removal Act of 1855, section 29. The measure was very simple and very short. It conferred no new powers, although it assigned some

new duties; and, if it were permitted to pass into a law, it would, be felt assured, conduce to the removal of many evils.

The Bill then passed through committee.

HOUSE OF COMMONS.—Friday, July 17th.

LUNATICS (SCOTLAND) BILL.

The House went into Committee on this Bill.

Progress was made up to Clause 108.

Upon a clause brought up by the Lord-Advocate, empowering the Home Secretary, if necessary, to appoint two medical persons to be deputy commissioners under the Act, with salaries of £500,

Mr. BUCHANAN said the intended appointment of these persons was quite unknown to the Scotch members. He thought that altogether the passing of this Bill had been too much hurried.

The LORD-ADVOCATE observed that, instead of proceeding too hurriedly, they had been more than ten years employed in the work of legislation. [*Hear.*] He should have thought that the House had greatly failed in its duty if some attempt had not been made in the present session to remedy the evils at present existing in the system.

Mr. BLACKBURN thought the House had delayed too long and hurried too much at last in legislating upon this subject. [*Hear.*]

Mr. KINNAIRD quite agreed with the Lord-Advocate. The neglect that had taken place with regard to lunatics had brought reproach upon Scotland; and if something had not been done this year, he believed there were members in the House who would have compelled legislation in the matter.

Mr. SCOTT thought the subject required early legislation and mature deliberation, whereas there had been late legislation and very little consideration.

Mr. BUCHANAN explained that he had not meant to say that no legislation ought to have taken place this year; he only contended that the House had been too much hurried at last.

The clause was then agreed to.

Several other clauses were brought up and agreed to.

The House then resumed, when the CHAIRMAN reported progress.

Monday, July 20th.

ASYLUMS FOR CRIMINAL LUNATICS.

In answer to Mr. J. EWART—

Sir G. GREY said it was the intention of the Government to establish asylums to be exclusively devoted to the confinement of criminal lunatics; and a vote would be taken this session for the purpose.

PUBLIC INFIRMARIES IN IRELAND.

On the vote of £1,895 for public infirmaries in Ireland,

Mr. W. WILLIAMS expressed his opinion, that this was one of those items which ought not to continue in the estimates. It might have been defensible before the establishment of the Poor-law in Ireland, but he thought the charge of such institutions ought not to be thrown upon the public taxes.

Mr. WILSON could console his hon. friend by informing him that under the 14th and 15th of Victoria, chap. 68, these allowances would be gradually discontinued.

The vote was agreed to.

WESTMORELAND LOCK HOSPITAL IN DUBLIN.

On the vote of £3,985 for the Westmoreland Lock Hospital in Dublin,

Mr. COWAN objected to the item, and stated, that Lord J. Russell, when he was at the head of the Government, had proposed to reduce the allowances to the Dublin hospitals at the rate of 10 per cent. per annum, until they altogether ceased. In 1854, on the motion of the hon. member for Dublin, the subject was investigated by a committee, who recommended that the grants should be continued. The commissioners appointed at the suggestion of that committee recommended that the total sum granted for the support of the Dublin hospitals should not exceed £15,600, while the aggregate amount now asked for was £19,017, or an excess of nearly £4,000. In Liverpool, Manchester, Birmingham, and other large towns, there was a large immigration of poor Irish, for whose support the ratepayers were compelled to provide. The people of Scotland were also about to be called upon for large contributions for the establishment of lunatic asylums; and if it was right that grants, similar to that now under consideration, should be continued, the House ought to decide upon what principle the money of the State was to be applied to such objects. He therefore proposed that the recommendation of the committee of 1854 in favour of a certain fixed and specified sum should govern the House on the occasion, and that £2,600, less the £850 voted on account last session—in other words, £1,750—should be the sum granted for the Westmoreland Lock Hospital for the present year.

Mr. W. WILLIAMS said it was extraordinary that, in the face of complaints from year to year, the grant for this hospital should on this occasion be £2,770 more than the grant of last year.

Mr. WILSON had opposed the appointment of the committee mentioned by Mr. Cowan, but unsuccessfully; and when it reported to the House no other course remained to the Government than to carry out the recommendations which it made. A commission was also appointed for the purpose of inquiring how the £16,000 granted by the House for the support of those hospitals should be applied. That commission recommended a certain distribution of the funds, which the Government, of course, adopted. Besides, an Act of Parliament passed last session confirmed the proceedings both of the committee and the commission. As to the charge, that the Government was this year exceeding the vote of last year in respect to the Westmoreland Lock Hospital, he could explain how that was. Only £1,215 of the estimate of 1856 happened to be voted, so that £1,385 was advanced from the Civil Contingencies Fund to make up the estimate, and that £1,385 had now to be repaid, and was included in the vote for the present year.

After a few words from Sir J. TRELAWNY,

Mr. COWAN reminded the committee that he opposed the Bill last year, which passed into a law, and took a division upon it, on the ground that its object was to make the grants for these hospitals more permanent than they ought to be.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

GODFREY. On July 17th, at Enfield, the wife of Benjamin Godfrey, M.D., of a daughter.

RUGG. On July 17th, at 7, Clapham Road Place, the wife of George Philip Rugg, M.D., of a daughter.

TURNER. On June 4th, at Poona, the wife of J. Turner, Esq., in medical charge, Head Quarters Horse Artillery, of a son.

MARRIAGES.

AYR—SLEDDEN. AYR, the Rev. Thomas D., to Margaret, only surviving daughter of the late William Sledden, Esq., Surgeon Madras Medical Establishment, at Alva Street, on July 14th.

ELLISON—CLARK. ELLISON, the Rev. J., curate of Farnley, Yorkshire, to Mary Wake, second daughter of *Thomas Clark, Esq., Surgeon, Wellingborough, at Wellingborough, on July 17th.

PHILLIPS—HICKMAN. PHILLIPS, George, Esq., to Hannah, second daughter of the late Henry Hill Hickman, M.D., of Tenbury, Worcestershire, at Oxon Church, Salop, on July 16.

DEATHS.

ANCELL. On July 18th, after a few hours illness, at 3, Norfolk Crescent, Hyde Park, Mary Ann, wife of *Henry Ancell, Esq., Surgeon, aged 68.

BADHAM, the Reverend Charles, M.D., at East Bergholt, Sussex, aged 51, on July 14th.

ROBERTSON, John, M.D., Inspector-General of Hospitals, at Madrid, on July 13th.

PASS LISTS.

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

CHAPMAN, William Edwin, Skelton, Yorkshire

COOTE, James Richard, Mallow, co. Cork
CROSS, Richard Hamilton, Dublin
CROSSLEY, William Henry, Wath-upon-Dearne, Yorkshire
GALTON, Edmund Hooper, Brixton Rise
LANGLEY, Edward Harley Raynsford, Killiney, Dublin
MILLARD, Joseph, Claremont Square, Pentonville
MOORE, John Daniel, Leicester
PALK, Henry, Southampton
RENDLE, Charles Bainbridge, Plymouth
WILKINSON, Alfred George, Birmingham

APOTHECARIES' HALL. Members admitted on Thursday, July 16th, 1857:—
BANNISTER, Alfred James
GALTON, Edmund Hooper, Brixton Rise, Surrey
HARRIS, Lewis, Broadhampton, Totnes, Devon
INCE, Eugene Seys, 3, Wilton Street
ROWLAND, Rowland, Strata, Florida
THOMAS, John Little, Carmarthen
WARD, Isaac Dunlin, Clifton, York

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

[*From the Registrar-General's Report.*]

THE deaths registered in London in the week that ended on Saturday (July 18th), exhibit an increase on those of nine previous weeks. The number is 1061, of which 550 are deaths of males, and 511 those of females. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1028. But as the deaths of last week occurred in an increased population, the average, to admit of comparison, must be raised proportionally to the increase, in which case it will become 1130. From these statements, it may be inferred that the present condition of the public health is at least as good as is usual at this period of the year.

The deaths from diarrhœa, which in the three previous weeks were 33, 65, and 133, rose last week to 150. The increase which this disease now shows is therefore not so great as that which appeared in the preceding return. The cases of last week occurred in proportions considerably uniform in the several divisions of the metropolis; though it will be seen in comparing sub-districts that in many no cases are returned, whilst in others the numbers vary from one to six. None occurred in the St. Olave district; and only one in that of Wandsworth. Of the 150 deaths from diarrhœa, 140 occurred to children, all of whom, with the exception of 33, were infants less than a year old. Besides these, the deaths of 14 persons (all children, except two) are referred to cholera; this complaint being described in most instances in the returns as "choleraic diarrhœa", "infantile cholera", etc. In all fatal cases of cholera, it is desirable that the duration of the previous stage of diarrhœa, when it can be ascertained, should be stated by the medical attendant on his certificate.

Only one death from small-pox was registered last week; but it is stated by the registrar of Somers Town, that in Little Clarendon Street, in his sub-district, there are 21 cases of illness from the disease. Of 21 deaths from measles, 10 occurred in the east districts. Four persons died of carbuncle. Two widows died at the advanced ages of 96 and 98 years.

Last week the births of 860 boys and 826 girls, in all 1686 children, were registered in London. In the ten corresponding weeks of the years 1847-56 the average number was 1379.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·998 in. On four days, the mean reading was above 30 in. The highest reading was 30·19 in., on Monday. The mean temperature of the week was 68°, which is 6·3° above the average of the same week in 43 years. The mean daily temperature was above the average throughout the week: and on Wednesday it was 72·7°, which is 11° above the average. The highest temperature in the week occurred on that day, and was 89·7°. The lowest occurred on Friday, and was 50·9°; the range of the week was therefore 38·8°. The mean dew-point temperature was 57·0°, and the difference between this and the mean temperature of the air was 11°. On Wednesday, the highest temperature in the sun was 115·6°, the highest point attained in the week. The mean temperature of the water of the Thames was 67·3°. The wind was for the most part in the south-west. There was rain to the amount of 0·15 in. It fell at a late hour on Thursday, and early on the following morning.

EAST INDIA COMPANY'S MEDICAL SERVICE:

EXAMINATION FOR ASSISTANT-SURGEONS, JULY 1857.

THE following questions were put at the late examination for Assistant-Surgeons in the East India Company's Service. This examination occupied two days; and on the following days candidates were examined orally, and were also called on to examine patients, and to perform operations on the dead subject. Only fifteen appointments were vacant, and for these forty-one gentlemen contended. The names of the successful candidates are not yet known.

ANATOMY AND PHYSIOLOGY. Monday, July 13th, 1857.—10 to 1 o'clock. Examiner, Mr. BUSK. I. *Anatomy.* 1. Describe the shoulder-joint, enumerating in their order the muscles surrounding it, and noticing the mode in which the various movements of the joint are effected by them. 2. Describe the surgical anatomy of the external iliac artery, and the operation for the ligature of the vessel. 3. Describe the parts exposed by the entire removal of the pectoralis major muscle. 4. Describe the parts concerned in the different kinds of inguinal hernia, and the distinctive anatomical characters of each. II. *Minute Anatomy and Physiology.* 5. Describe the blood in man, including its physical and chemical characters; and noticing the distinctive peculiarities of the blood in man and other mammals, birds, fish, and reptiles. 6. Describe the structure of the permanent cartilaginous tissues in the human body, noticing the parts in which they occur, and the uses to which they are subservient. 7. Describe the processes of digestion and absorption of bread, meat, and milk.

SURGERY. Monday, July 13th, 1857.—2 to 5 o'clock. Examiner, Mr. PAGET. 1. Describe and explain the symptoms of complete paralysis of one of the third, or oculo-motor, pair of nerves. 2. Give some account of rigors or shivering-fits occurring after surgical operations, stating what they may indicate according to the times and manners of their occurrence. 3. Describe the usual characters of dry gangrene, as it occurs in the lower extremities; enumerate the chief causes of it; describe the process of separation of the gangrenous part; and, if there be any cases of the kind in which you would amputate a limb above the line of demarcation, state what they are. 4. Give an account of urinary perineal fistulæ; stating, particularly, the chief causes and manners of their formation, and the appropriate modes of treatment. 5. Describe the process of cicatrisation, as it may be seen after the separation of the eschar of a burn extending deep into the subcutaneous tissue; describe also the contraction of scars formed after such burns, and, briefly, the best means of preventing it. 6. State the symptoms of dislocation of the head of the humerus into the axilla; indicating, particularly, those among them which are most trustworthy in diagnosis. 7. Write prescriptions in Latin for what are or may be used in Hospital practice, as lead wash, spirit wash, zinc wash, black wash, alum gargle, black draught, jalap and calomel pills, colocynth and calomel pills, morphia draught. 8. A girl, ten years old, cut her wrist, three days before her admission into an Hospital, with a piece of a broken jug, which entered just to the inner side of the median line of the wrist, on its palmar aspect. The wound, it was stated, bled severely at the time of infliction, and was immediately padded and bandaged. No further bleeding ensued; but, when she was admitted, the wound was not healed, but contained a clot of blood, and was near the highest part of a pulsating swelling, which extended down to the palm. The radial artery in its whole length, and all the digital arteries, pulsated naturally; the ulnar artery pulsated as far as the swelling, into or beneath which it seemed to pass. Pressure on the radial artery at or above the wrist stopped the pulsation in the swelling; pressure on the ulnar did not affect it. State what you think had happened in this case, and how you would have treated it.

NATURAL HISTORY. Tuesday, July 14th, 1857.—10 to 1 o'clock. Examiner, Dr. HOOKER. *Botany, etc.* (Answer five or more of the following questions.) 1. Give examples of plants having esculent or medicinal subterranean stems, and describe shortly the nature of their stems. 2. Describe the flowers and fruits of wheat, oats, and barley. 3. What are the characters of the flowers of *Orchideæ*, *Irideæ*, *Labiatæ*, *Compositæ*, and *Leguminosæ?* Give examples of each order. 4. How does the woody root of a dicotyledonous plant differ from the stem of the same? 5. What plants produce galbanum, sagapenum, myrrh, aloes, and cloves?—what are these products, and what countries do they come from? 6. What

natural orders or species of plants abound most in oxalic, malic, and prussic acids?—what are the properties of those acids?—how may they be recognised, and what are the antidotes for poisoning by any of them? 7. In what respect as articles of diet do wheat-flour, pea-flour, cruciferous and umbelliferous vegetables differ from one another? 8. What does the process of assimilation in plants consist of? 9. What are the usual products of decomposition of animal matter, and what of vegetable? 10. How would you distinguish a cotton from a linen fabric?—what are their respective properties as articles of clothing? 11. What are woody fibre, spiral vessels, cork, and bast? 12. What parts of what plants are usually employed in making common thread, rope, and cotton thread? 13. What are the differences between boiled and unboiled water; and between hard and soft water?—and how may hard water be rendered soft? 14. What are land and sea breezes, what are the causes of them, and what their general effects in hot climates? 15. If required to find the best site for a permanent station on a damp tropical coast, to what local circumstances in the soil, climate, etc., would you direct your attention? *Zoology.* (Answer two or more of the following questions.) 1. How do the teeth of rodents, ruminants, and carnivora differ; and what modifications of food do these differences indicate? 2. Describe in general terms the eyes in mammalia, reptilia, aves, insecta, and cephalopoda. 3. To what classes of animals do the teredo navalis, Guinea-worm, leech, water-newt, and tape-worm belong? Give short characters of any or all these animals, and of their habits.

4. Define the terms morphology, comparative anatomy, histology, psychology, class, order, genus, and species. 5. Write down the scientific name of a mammal, bird, insect, and fish, together with the names of the classes, orders, and divisions of the animal kingdom to which they severally belong.

Medicine. Tuesday, July 14th, 1857.—2 to 5 o'clock. Examiner, Dr. Parkes. 1. What are the causes, symptoms, and treatment of paralysis of the portio dura? 2. Describe the general and microscopic characters of the several forms of softening of the brain. 3. Give the causes, anatomical characters, symptoms, and effects of vesicular emphysema of the lungs. 4. What are the chief causes of hypertrophy of the left ventricle of the heart? What are the physical signs of such hypertrophy, and of the most usual coincident cardiac lesions? 5. How would you tell that a liver is enlarged? Give the diagnosis of the several kinds of enlargement or tumour of the liver. 6. Enumerate the causes of hæmatemesis and melæna. Prescribe for a case of hæmatemesis supposed to depend on simple ulcer of the stomach, and write the prescriptions in full. 7. What are the symptoms, causes, and treatment of rickets in children? 8. What are the causes and treatment of puerperal convulsions? 9. A man, aged thirty-six, supposed to be in good health, was employed in the month of November in work which obliged him to stand in water to his waist. In three or four days he noticed that his legs were swollen, and on the following day he had voiolent pain in the head, dry cough, and difficult respiration. When first seen, nine days later, there was general anasarca, excessive headache, dry tongue, albuminous urine, and general dry bronchitis. These symptoms continued for some days, and were then attended by palpitation, enfeebled vision, increased cough, viscid reddish expectoration, crepitant râle, and then bronchial respiration at the apex of the right lung. On the following day there was delirium and almost complete suppression of urine, and in a few hours afterwards coma and death. State generally what was the course of events from the period of attack till death; describe fully the condition of the urine during the case, and the condition of the kidneys and lungs after death. State what nosological term you would have applied to such a disease, and what treatment you would have adopted. 10. What modifications in the quality and quantity of food would you recommend for adult Europeans who are suddenly transferred from a temperate to a tropical climate?

Hospital for Disabled Merchant Seamen. An influential meeting was held on Friday, July 17th, in the Egyptian Hall, at which the Lord Mayor presided, to promote the formation of a hospital for aged and disabled master mariners and seamen of the mercantile marine. Many naval officers of high rank were present. The Lord Mayor having adverted to the importance of the object in view, Lord Henry Cholmondeley read a statement from the Board of Management of the Shipwrecked Mariners' Society, going at some length into the subject, and recommending that there should be a hospital founded for 500 men, and that a plan should be adopted for giving out-pensions as a part of the institution. Captain the Hon. F. Maude, R.N., then moved a resolution in favour of the formation of such a hospital as was contemplated. The resolution was carried, and it was also agreed,—"That a building be raised on the banks of the Thames, within the port of London, to be called (with Her Majesty's permission), 'The Royal Hospital for Worn out and Disabled Merchant Seamen.' That the said building be prepared for the reception of 500 persons selected from the different grades of the mercantile marine, and that it be commenced so soon as there is a fair prospect of £50,000 being subscribed, and that a plan of out-pensions be grafted on the institution." Mr. W. Phillips moved the next resolution, to the effect that the meeting viewed with much satisfaction the donation of £5,000 from the corporation of the Shipwrecked Mariners' Society in aid of the movement for the foundation of the proposed hospital, and pledged itself to use its utmost endeavours to carry out so noble and important an object. The motion was seconded by Mr. Montagu Gore, and carried. Other resolutions of a business character were agreed to, and thanks to the Lord Mayor concluded the proceedings.

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.

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

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

Communications have been received from:—Dr. W. Fuller; Mr. T. W. Nunn; Dr. G. F. Parkes; Mr. Stone; Mr. T. Holmes; Dr. T. Hayes Jackson; Dr. J. H. Webster; Dr. S. J. Jeaffreson; Dr. Edward Williams; Mr. J. I. Ikin; Dr. H. H. Vernon; Mr. G. M. Humphry; A Member; Dr. R. U. West; Dr. Lauder Lindsay; Dr. M. J. MacCormack; Mr. O. Pemberton; Dr. J. McIntyre; and Dr. H. Payne, jun.

BOOKS RECEIVED.

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

1. The Medical Profession in Great Britain and Ireland, with an Account of the Medical Organisation of France, Italy, Germany, and America. Part I. General Remarks: Foreign Medical Organisation. Part II. British Medical Organisation. By Edwin Lee, M.D. London: John Churchill. 1857.
2. The Baths of Germany, France, and Switzerland. By Edwin Lee, M.D Third Edition. London: John Churchill. 1857.
3. The Structure and Functions of the Eye, Illustrative of the Power Wisdom, and Goodness of God. By *Spencer Thomson, M.D. London: Groombridge & Sons. 1857.
