not a few in the discussions at the meetings of the Association for the Promotion of Social Science.

Before we conclude our remarks, we must not omit to record our admiration of the philosophical sentiments uttered by the President of the Section of Public Health. Recognising the fact that it is not merely in the deaths, but in the impaired constitution of the people, that the evils of sanitary neglect are shown, he expresses a belief to which all sanitary reformers will give their adhesion :—

"I believe that, whatever exceptions may be found in individual instances, when you come to deal with men in the mass, physical and moral decay necessarily go together: and it would be small satisfaction to know that we had through a series of ages successfully resisted every external agency, if we learnt too late that that vigour and energy for which ours stands confessedly preeminent among the races of the world were being undermined by a secret but irresistible agency, the offspring of our own neglect, against which science and humanity had warned us in vain."

Sir Benjamin Brodie, too, in his address in the section of Social Economy, touched on a subject which has for a long time engaged the attention of the medical profession: and we trust that some practicable suggestions may emanate from the Association as to the management of our so-called public charities, the abuses attendant on which are matter of notoriety.

In the section of Sanitary Science, we have noticed with satisfaction that several of the members of our Association have been taking an active part. Mr. Michael of Swansea has read a paper on "The Influence of Habitation on the Community;" and Mr. Rumsey of Cheltenham one on "Density of Population and Localisation of Dwellings." But we must leave an account of these and of the further proceedings of the Association to a subsequent number.

THE WEEK.

Mr. Griffin's letter in this day's Journal illustrates another of the annoyances to which the Poor-law medical officer is liable; or rather, we should say, it illustrates *two* grievances. First, his average salary per case is one shilling and threepence three farthings, while that of one of his colleagues is fourteen shillings and seven pence—rather more than eleven times the amount of Mr. Griffin's. Secondly, for the said average of fifteen pence three farthings he is expected to provide and pay for the necessary professional aid in performing amputations and other "capital" operations. On these points he remonstrates once more with the Poor-law Board; and in the course of his letter he alludes to the circumstance that "while his colleagues have not performed any operations of importance during the last two years and a half (except in one instance tapping a woman), he has had to amputate a limb above the knee, remove part of a hand, a tumour of importance from a child's side, resect an elbow-joint, and operate for strangulated hernia." Surely the labourer in such cases is worthy of more than fifteen pence for his hire?

The London police are having their ingenuity employed in endeavouring to discover the victim and detect the perpetrators of a most remarkable murder. On the morning of yesterday (Friday) week, two young men, while in a boat on the Thames, found a carpet-bag resting on one of the abutments of Waterloo Bridge. It contained the remains of what appeared to be a middle aged man. They consisted of a number of bones, forming nearly a complete skeleton, but wanting the head, hands, and feet. The greatest portion of the flesh had been removed, but a considerable part of the breast and the portion of the side under the armpit still remained attached to the ribs. The whole had evidently been soaking in brine for several days, and a portion was in perfect preservation; but some parts, where the salt had not taken effect, were somewhat decomposed. The bones had been divided with a very fine saw, which, however, had been used unskilfully, as by a person not accustomed to use such instruments. There was a deep gash in the breast, as if from a stab with a knife. The bag also contained a suit of clothes, of good quality. The clothes were pierced, both before and behind, in several places, as from stabs—seven being about the region of the heart. As yet, all efforts to discover who the victim was have failed. From the clothes being of foreign make, it is supposed that he was a stranger in this country.

Association Intelligence.

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

LIST OF MEMBERS: NOTICE.

In accordance with Law 24, a list of members of the British Medical Association will shortly be published. Gentlemen whose designations or addresses are incorrectly given in the last list, or on the wrappers of their Journals, will oblige by at once forwarding the necessary corrections to the Editor of the Journal, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C.

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, October 1857.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

An Ordinary Meeting of this Branch was held at the York House, Bath, on September 24th, at 7 P.M.; A. Prichard, Esq., President, in the Chair. There were also present: J. S. Bartrum, Esq. (Bath); W. H. Brace, Esq. (Bath); W. Bush, Esq. (Bath); W. J. Church, Esq. (Bath); E. Cockey, Esq. (Frome); J. Crang, Esq. (Timsbury); N. Crisp, Esq. (Bristol); W. Davies, M.D. (Bath); J. G. Davey, M.D. (Northwoods); C. Edwards, Esq. (Batheaston); F. Flower, Esq. (Chilcompton); E. L. Fox, M.D. (Bristol); Jas. Godfrey, Esq. (Bristol); W. Henderson, M.D. (Bristol); W. B. Herapath, M.D. (Bristol); R. C. Holland, Esq. (Bath); J. C. Jennings, Esq. (Malmsbury); G. King, Esq. (Bath); J. Lancaster, Esq. (Bristol); C. Leonard, Esq. (Bristol); F. Mason, Esq. (Bath); E. S. Mayor, Esq. (Bristol); J. Metford, Esq. (Bristol); G. Norman, Esq. (Bath); J. Parsons, Esq. (Beckington); G. Skinner, Esq. (Bath); J. K. Spender, Esq. (Bath); R. N. Stone, Esq. (Bath); S. H. Swayne, Esq. (Bristol); J. A. Symonds, M.D. (Bristol); G. Terry, Esq. (Mells); J. Tunstall, M.D. (Bath). Mr. White of Frome attended as a visitor.

The minutes of the last ordinary meeting were read and confirmed.

NEW MEMBERS.

E. L. Fox, M.D., and W. Henderson, M.D., of Bristol, were balloted for, and unanimously elected members of the Branch.

SUGAR AS AN ARTICLE OF DIET IN DIABETES.

BY W. BUDD, M.D.

[In the absence of Dr. Budd, the paper was read by Dr. Herapath. It will be published in the Journal.]

Dr. Symonds, after remarking on the highly interesting and valuable character of Dr. Budd's communication, said that the case, if it proved nothing else, proved the advantage of an entire change of diet. Whether the ingestion of sugar can be good as a chemical element, would have to be proved by a collection of several cases. It must not be forgotten that a like improvement has been observed in a vast number of cases in which a change had been made from a mixed diet to one that excluded saccharine and farinaceous articles. Dr. Symonds alluded to cases, in which all the characteristic symptoms and chemical evidences of diabetes returned when the patients had deviated from the strict rules of diet. He thought that M. Bernard had proved by experiments that diabetes consisted essentially in excess of the *glycogenic* function of the liver; that is, in its making sugar in excess, and at the expense of the albuminoid constituents of the blood. If the use of sugar in food should be found to restrain this morbid increase of function on the part of the liver, it would be a remedy. Dr. Symonds alluded to the advantage derived for a time from medicines, such as nitric acid, carbonate of ammonia, and particularly creasote and opium, tonics, cod-liver oil, etc.; and said that, as it has been found by M. Bernard and others, that the production of sugar in the blood was very much influenced by impressions made on distant organs, as the brain and even the lungs, and reflected on the liver, it was probable that our various remedial measures and plans of diet were successful or not in diabetes according as they improved the functions of the stomach, duodenum, and intestines, calmed the nervous system, and directly or indirectly amended the action of the liver. Perhaps it would be proved that the exclusion of saccharine food, in the established system of treatment of this disease, had done good by its influence on the digestive functions, rather than by its chemical restrictions; and, on the other hand, that, when a patient was getting worse under such a diet, and craving for something different, the change even to a saccharine aliment might, for a time at least, improve his condition, as in the case just detailed.

Dr. Davies said that the great object in the treatment of diabetes was to improve, by every means, the powers of digestion. The proof by Bernard of the formation of sugar in the liver from nitrogenous food takes from the received treatment its chief support, and renders it less incumbent to exclude the saccharine and amylaceous elements from the diabetic diet.

Dr. Herapath would call the attention of the meeting to the following points in Dr. Budd's case:—1. The patient was only 18 years of age, and an agricultural labourer. It was, therefore, one of those evanescent and more easily manageable cases, and not of that confirmed chronic character which are usually so troublesome to cure. 2. Although no cause had been assigned for the onset of the disease, the probability is that exposure to the inclemency of the weather was the exciting cause. 3. In reference to the treatment, although sugar, treacle, and honey, had been employed freely, yet these must be considered more as articles of dietary than as curative remedies. 4. Dr. Budd did not say that the sugar had wholly disappeared. The history of the case clearly showed a most striking improvement after the adoption of this dietary; and, at first sight, the results, which were so contrary to all experience, appeared startling. Every one accustomed to diabetic patients must have seen the ill effects resulting from indulgence in fruit or even starchy food, which, by the agency of the saliva and pancreatic fluids, are convertible into glucose. But glucose was not cane-sugar; and here was the grand distinguishing point in the case. Three varieties of sugar were given by Dr. Budd—sugar candy, treacle or molasses, and honey. The first two were cane-sugar, fermentible with very great difficulty, and only capable of undergoing fermentation after conversion into glucose by the assimilation of the elements of water. There was no evidence to prove that the stomach can convert cane-sugar into grape-sugar or glucose. The stomach, or the salivary or pancreatic fluid, do not possess any such converting action, so far as is known. Cane-sugar consists of $C^{12} H^9 O^9 + 2HO$; and glucose, of $C^{12} H^{14} O^{14}$; so that, to convert cane into grape sugar, three equivalents of water must be added to, or rather *combined with* the sugar. Now, to accomplish this, the chemist employs prolonged digestion in dilute sulphuric acid, and aids the conversion by heat. Generally, a solution of sugar in an acid of 3 per cent. requires about forty-six or forty-eight hours digestion, at a temperature of 130° or 150° Fahr. (Hydrochloric acid, or even prolonged digestion with alkalies, will do the same.) It is well known that starch, $C^{12} H^{10} O^{10}$, will, in the stomach, assimilate water, and become glucose, $C^{12} H^{14} O^{14}$. A parallel action appears to occur here; but still it is not identical, the starting points being different. Although the gastric juice, and the pancreatic and salivary fluids, are all acid, yet they are much weaker than 3 per cent.; and no one will presume to say that a temperature of more than 98° Fahr. can be attained in the stomach, or that this chemical action can be kept up during forty-eight hours; and this even exclusive of the acid being different from that requisite for the change. The probability is, therefore, that the cane-sugar is not converted into grape-sugar or glucose by the stomach during the process of digestion. But, even in Dr. Budd's case, there was ground lost when honey was given, the quantity of urine increasing, and the specific gravity rising. Honey is a variety of grape-sugar. All the crystals in honey are glucose; this, if taken as a dietary by diabetic patients, appears in the urine, as all know. Dr. Herapath could not, therefore, on these grounds, agree with Dr. Budd in permitting grape-sugar to be partaken of by diabetic patients, or consider it advisable that any large amount of starchy food should be given; but he was quite prepared to allow cane-sugar, or any of its varieties, as an addition to a full allowance of nitrogenous diet to such patients. It was erroneous to consider that the experiments of M. Bernard prove that the liver, and not the stomach, is the cause of diabetes. The probability is, that both causes are in action—the power which the stomach has of producing grape-sugar from starch, and also the power which the liver possesses of extracting sugar (inosite?) from decomposed or effete tissue; and, until we determine which organ is in fault in any particular case, or can treat both organs satisfactorily and simultaneously, we shall be unable to cure diabetes. The peculiarity with respect to this disease is the great want of animal heat which all diabetic patients possess; and Dr. Herapath had noticed that, if we can persuade our patients to take more exercise, the quantity of sugar decreases, and the animal heat improves. There is some grand connexion between respiration and diabetes. Improve respiration, and sugar disappears from the urine. Is it oxidised in the system or lungs, and converted into carbonic acid, thus contributing to increase the temperature of the body? Probably it is so. This led him to another point which he had noticed, viz., the occurrence of diabetes in patients who have been long exposed to the inhalation of an atmosphere containing sulphurous and hydrochloric acids in large proportion. Two cases had come under his notice in which the manager of a large alkali and vitriol works, and the secretary of a large gas works closely adjoining, both laboured under diabetes at the same time, and died from the disease, each having spent many hours every day for several years in such a vile atmosphere that no one with ordinary respiratory organs could pass through it without suffering from the irritation. Sulphurous acid interferes greatly with endosmosis; it also acts as an antiferment. Its presence in the atmosphere may

occasion, therefore, very serious consequences to the system. It would be well, therefore, for the society to inquire whether diabetes is one of the consequences of such action by prolonged exposure. The ordinary relation of the digestion of starch and sugar to the production of fat is well known; every agriculturist gives large proportions of these ingredients to his oxen, etc., in order to fatten them. The probability is, therefore, that starch is converted into fat, first passing through sugar in the system; and we learn from Liebig that, if we add albuminous matter to the dietary, we have all the ingredients necessary for producing choleic and cholic acids, urea, carbonic acid, water, and margarine or human fat. Thus, 4 albumen + 40 water + 32 oxygen + 20 equivalents sugar, would give us 4 choleic acid; 8 equivalents choleic acid, 12 urea + 36 atoms carbonic acid + 6 atoms margarine, and 12 water. (See Gregory's *Handbook of Chemistry*, 3rd edit., p. 491.) In diabetes, the conversion appears to stop at sugar; the necessary fat is not produced, all the fat-elements running off in the urine; and the sugar produced does not appear to be as capable of oxidation and conversion as in ordinary physiological secondary assimilation.

The President did not think that the meeting had given sufficient importance to the suggestion of Dr. Budd that diabetic patients should make sugar part of their diet. When a patient was voiding albuminous urine, we did not therefore restrain him from taking albuminous materials; nor, in the same way, should sugar be so rigidly excluded from the diet, as, discreetly administered, it would help to make up for the constant drain from the system of that which appears to be an essential element in our food and nutriment.

TREATMENT OF CHOLERA BY PURGATIVES. BY J. G. DAVEY, M.D.

[This paper will be published in the Journal.]

Mr. Flower observed, that the treatment of cholera by calomel, which was almost universal at the first epidemic, was nearly the same as that advocated by Dr. Davey; the addition of colocynth and turpentine being the only difference. From a large experience, he could say that, in his district, calomel was the practitioner's sheet-anchor.

Mr. Edwards, in 1832, had a large district under his charge, where cholera made great ravages. Treatment had then no influence. In 1849, he tried purgatives, jalap, and scammony, with calomel, associated with sinapisms and stimulants. This plan he found so successful as to lead him to publish a pamphlet on the treatment of cholera by calomel. This treatment he had found most serviceable in all subsequent cases.

Mr. Norman commented on the varying character of the epidemics. The cholera of late years has been much modified, and much more manageable than was the first epidemic. There could be no question that cholera and diarrhœa were not identical. Diarrhœa might be present at the same time; but, in severe attacks, the patient was struck down by cholera often without any previous warning. Talk of purgatives or stimulants as a line of treatment! why, too often there was neither time nor opportunity for any treatment; the pulse never rose, and the collapse ended only in death. Since the first epidemic, the proportion of deaths had not been so great, nor the cases so virulent; but, in severe cases, it was idle to talk of treatment by purgatives, when the whole was over within twelve hours.

Dr. Tunstall had the care of a cholera district in 1832. At that time calomel, with or without opium, was the favourite treatment; but the patients got well, or died, do what one would; all treatment appeared to be equally unavailing; so that one could not lay down any line of treatment. Though calomel was preferred, phosphorus, assafœtida, and many other remedies were tried, and all were alike without effect. In 1849, purgatives were extensively tried—indeed, were generally adopted. The mortality of that epidemic was not so great, but a very large proportion of the cases attacked ended fatally.

Dr. Symonds observed, that there was a marked difference in the results of treatment in the sporadic and epidemic cases of cholera. Almost all the sporadic cases terminated favourably. He then gave the history of a member present (Mr. Mayor), who recently went to bed quite well, but was suddenly seized with choleraic symptoms of the most decided character. In his case, he had found the combination of camphor with aromatic confection of the greatest use in allaying the vomiting and purging.

Mr. Crisp remarked on the character of the various epidemics of this disease. In 1849, few cases lived over twelve hours of collapse; three or four hours was the more usual duration. In this state, few substances had any effect. Ammonia had been injected by the pump into the stomach, with the hope of stimulating the functions. The solution was so strong that he feared he should have injured the tissues of the stomach; but, on *post mortem* examination, the lining membrane was found quite free from injection or other evidence of its having felt the stimulus of the ammonia. The protracted cases had a larger proportion of recoveries; in severe ones, the restlessness was often uncontrollable; and it was impossible to adopt efficient remedial measures, their course was so rapid.

Dr. Davey, in reply, stated that he had not tried purgatives uncombined with calomel, having found the combination of such essential service. His experience of the disease had been very large and varied, having had the care of a district in the Borough during the epidemic of 1832; subsequently he had seen hundreds of cases in India, China, and Ceylon. In all climates, the principles of the treatment were the same, the chief indications being stimulants combined with purgatives; but every case must be treated on its own merits. Except during an epidemic, cases of genuine Asiatic cholera were rare in England; but everywhere and always the principles of treatment were the same. He believed that calomel, when useful, acted as a purgative, and helped to restore the bilious motions, the reappearance of which was a marked sign of the patient's improvement.

CASE OF IMPASSABLE OBSTRUCTION OF THE BOWELS. BY J. C. S. JENNINGS, ESQ.

[This case will be published in the Journal.]

Dr. Davies advocated the treatment of such cases by the use of opium, to the exclusion of purgatives, and almost irrespective of the cause of the symptoms. If the sickness was great, nothing but pieces of ice, or ice-cold water, were to be swallowed, while the patient was supported by enemata of beef-tea. With few exceptions, the cause of the obstruction was not to be overcome by anything that excited the action of the bowels. Under this sedative treatment, the progress of the cases was more free from suffering, so that his rule was almost wholly to abstain from purgatives.

Mr. Bush, since he had the advantage of Dr. Billing's teaching, had always used opium freely in these cases. In colic, he gave doses from half a grain to two grains frequently, till the pain subsided. Brandy was taken, and warm applications were appled to the abdomen, till the spasms and other symptoms had passed off. The vomiting in colic was caused by the spasmodic action of the intestines inclosing a portion of flatus, the retention of which, with the disordered action of the bowels, reacted on the stomach. When these spasms have subsided, castor oil will probably act; but it was needful that the pain and spasm should have ceased before even gentle purgatives were given. If the pains arise from irritation caused by food, severe purgatives relight the irritation, and so renew the cause of the pain.

OBSERVATIONS ON THE READY METHOD IN ASPHYXIA. BY J. C. S. JENNINGS, ESQ.

Mr. Jennings drew the attention of the meeting to some points in the directions for the restoration of drowned persons, called "the ready method". He said that he had, long before the publication of Dr. Marshall Hall's pamphlet on *Asphyxia*, shown the injury done by the warm bath in cases of drowning, and the close resemblance the laying the patient on the side, and then alternating the position, bore to the old treatment of rolling the drowned person in a cask.

Dr. Edward Fox, in the winter of 1855-56, had made the experiments quoted by Dr. Hall in page 31 of his pamphlet on *Asphyxia*. They were only a few out of a large number, the result of which was similar. He was most firmly convinced of the efficacy as well as of the simplicity of the method, which conviction was strengthened by the numerous instances of success recorded in the medical journals during the present and the past year. Dr. Hall first spoke to Dr. Fox on the subject in November 1855, and experiments were repeatedly made till May 1856. After having proved the fact to their own satisfaction, that natural respiration might be produced, they (Drs. Hall and Fox) proceeded to determine the amount of air expired and inspired. In severe cases, they found it to amount to thirty cubic inches—far more than is necessary to support life. These results were obtained on *dead* bodies, often with the drawback of considerable *rigor mortis*. Much more might the plan be expected to be efficacious when tried on the living subject, in whom animation has been temporarily suspended. As regarded the priority of claim to the discovery of the ill effect of the warm bath, Dr. Fox spoke from knowledge when he said that Dr. Hall's attention was turned to it whilst at Boulogne, in the summer of 1855. That he was unaware of the

views of Mr. Jennings, Dr. Fox was assured with the utmost certainty; his own views being based on the experiments of Edwards and Brown-Séquard, and also on some of his own. Dr. Hall did not claim any merit to himself as the discoverer of the ill effects of the warm bath.

Reports of Societies.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

THE meetings of the National Association for the Promotion of Social Science commenced at Birmingham on Monday last. We shall give an abstract of the proceedings as far as they may be of interest to the medical profession.

First Day.—Monday, October 12th.

The Association was inaugurated at 7 P.M., in the Town-Hall, Birmingham, by an address from the President, Lord Brougham, The body of the hall was crowded; and on the platform were, with others, Lord Brougham, Lord John Russell, Lord Stanley, the Mayor of Birmingham, Lord Hatherton, Lord Talbot, Sir Fitzroy Kelly, M.P., Sir J. Pakington, M.P., Major Talbot, Mr. Monckton Milnes, M.P., Right Honourable W. Cowper, M.P., Mr. C. B. Adderley, M.P., Mr. W. Scholefield, M.P., Colonel Gordon, M.P., Sir T. Winnington, M.P., Sir B. Brodie, Mr. W. H. Foster, M.P., Mr. W. Beale, M.P., Mr. R. Slaney, M.P., Sir J. Forbes, Mr. E. Akroyd, M.P., Mr. M. D. Hill, Recorder of Birmingham, Professor Pillans, Mr. Jelynger Symonds, Mr. W. Matthews, Rev. Dr. Badham, Rev. C. Kingsley, Mr. Robert Owen, Dr. Humphreys, Rev. S. Gedge, Mr. A. Hill, Rev. J. Turner, Rev. J. C. Miller, Mr. J. Sturge, Mr. Melville, Mr. A. Helps, Mr. Robert Chambers, Edinburgh, Rev. J. J. Field, Mr. D. Fleming, Rev. S. Carter, Rev. Mr. Collis, Sir Charles Hastings, Mr. R. W. Winfield, Mr. T. Bunce, etc.

In the course of the proceedings Mr. G. W. Hastings, the general secretary, read letters apologising for unavoidable absence from the Earl of Carlisle, the Bishop of Oxford, the Bishop of London, the Earl of Shaftesbury, the Solicitor-General, Mr. John Bright, Dr. Sutherland, Sir J. Kay Shuttleworth, the Rev. F. D. Maurice, Sir E. Wilmot, and Alderman Salomons.

INTRODUCTORY ADDRESS.

LORD BROUGHAM commenced his address by contrasting the two great branches into which human knowledge might be divided; the science which deals with abstract truths—metaphysical philosophy; and the science which treats of real existences. The latter is eminently deserving of attentive study. It deals with practical objects—the laws which govern men's habits and the principles of human nature, upon which the structure of society and its movements depend, and respecting which safe conclusions can with certain limits be drawn. His lordship then went on to demonstrate how the study of political philosophy was facilitated by its facts being plain and tangible. It had struck observers as extraordinary, that the course should not have been taken in regard to moral and political science which has proved so advantageous for assisting the progress of inquiry in natural philosophy; and they have strongly recommended the plan of assembling together occasionally, perhaps periodically, the various individuals and bodies whose attention is devoted to the ascertainment, illustration, and general exposition of moral and political doctrines. It is very possible that in the end this object may be obtained, and that this Association may bear as wide a relation to moral and political science as the British Association, which has now been in successful action for more than a quarter of a century, does to mathematical and physical science. At present, however, a more limited view is taken. It is proposed that five of the most important branches of moral and political inquiry should be singled out—those which especially form the practical portions of social science—comprehending the plans, both in their details and in the principles that should govern them, for furthering the improvement and securing the stability of the social system; correcting the faults and supplying the defects of our institutions upon sound, rational, and temperate views; and rendering desperate all attempts either to check the progress of improvement or to gratify the wild desires of those who would destroy rather than amend; in a word, steering the middle course between those who regard all change as pernicious, and those whom no change will satisfy. But if the subjects are in some measure limited, the scope of deliberations is anything but narrow. It embraces the greatest temporal interests of mankind. He then proceeded to point out the advantages of bringing together those who devoted themselves to promote the inquiries and the measures connected with social improvement; both in the way of mutual help, and of comparing apparently different opinions, and separating and acting on those points on which agreement is found to exist. The beneficial effects of united action had been well illustrated by the operations of the Society for Diffusing Useful Knowledge, and of the Society for Promoting the Amendment of the Law. After some comments relating to legal and political matters, the President continued: Nor let the importance be lightly considered of diffusing among the various classes of the community the knowledge of the subjects to which our inquiries will be directed, and which, though all are alike interested in them, yet are by no means sufficiently understood or estimated at their just value by the bulk of mankind. The slowness with which the humbler classes of our fellow-citizens improve themselves in different branches of science, and, indeed, their reluctance to undergo the labour of studying them, has been often lamented, but without exciting the least surprise in those who duly considered the circumstances of the case. In the attempts that have been made for so many years to overcome such obstacles, and effect the more general diffusion of knowledge, the necessity has been too much overlooked of beginning with the upper classes. When these are well imbued with the taste for acquiring knowledge, they have a natural tendency to make those in other ranks partake of the same great benefits. It is not that the whole or even the greater part of one class will become educators; but some will be inspired with the desire, not more benevolent than wise, of bearing the torch to the regions still without those lights which they themselves enjoy. Thus is sound and useful instruction propagated by a sure and natural process. Knowledge thus diffused, but especially knowledge of social interests and rights and duties, even more than the firm and temperate distribution of justice itself, possesses the great, the cardinal virtue of insuring the stability of the social system. But this diffusion leads also to the improvement of the system, because it inspires all classes with the desire of promoting measures shown to be safe as well as effectual, in a word, wholesome reforms. Nor can anything be more groundless than the fears of progress entertained by some—affected by more. It is, in truth, ignorance continued, not knowledge advanced, which they have to fear—nay, which, when we come to an explanation with them, they really do fear. Knowledge is power; but its natural ally is the friendly power of virtue, with which its dominion is willingly shared. This is, above all, true of the knowledge which we shall seek to improve and to impart.

His Lordship sat down amidst loud and prolonged cheering.

Lord J. RUSSELL, who was enthusiastically received, proposed the following resolution:—

"That the National Association for the Promotion of Social Science be inaugurated, and that the warmest thanks of this meeting be given to Lord Brougham for his excellent address."

His lordship expressed great gratification at seeing his noble friend in the enjoyment of so much health and strength, and now coming here to promote the welfare of his countrymen. Particularising the exertions which Lord Brougham had made throughout a long and laborious life to promote the diffusion of knowledge, his lordship said he was rejoiced now to hear that same voice which more than thirty years ago fulminated over Europe against unjust oppression, now exerted in promotion of the cause of social science. The task was a difficult one, but he trusted that the efforts of the association would tend alike to the advancement of knowledge, the benefit of the people, and the further extension of freedom.

The resolution was seconded by the Right Honourable Mr. COWPER, M.P., and supported by Mr. Recorder HILL.

After a few words of acknowledgment from Lord BROUGHAM,

Sir FITZROY KELLY moved that a committee be appointed to report to the general meeting on Friday the constitution and future action of the National Association.

The resolution was seconded by Sir CHARLES HASTINGS, and supported by Mr. AKROYD, M.P.

Second Day.—Tuesday, October 13th.

This morning, at 11, the inaugural addresses of the five presidents of departments were delivered in succession in the Town-hall, before the whole of the members and their friends.

Again, they urge, life insurance is a mutual benefit, both parties have their duties to perform. Granted; but is the risk mutual? The fact that the *whole risk* from bad lives is on the side of the office is wholly ignored.

It may be justly asked, what right has any person to require from us information possessed by ourselves alone, obtained in the practice of our profession, required only because it is a professional opinion, valuable only in proportion to the professional acumen which marks it, acquired very probably at the risk of life, a life how valuable known only to those dependent on it for daily bread; yet this knowledge, possibly all-important to the office, and impossible often to obtain from any other source, is not worth the purchase, and is only obtained surreptitiously, if at all, in many cases.

On what grounds, too, is the assurer to provide and pay for this information, which may be so fatal to his chances of success, and prove the only stumbling block to his hopes? But supposing that this fatal information is given, is it not given too frequently at the loss of the practitioner, and for this, are we to receive no indemnity at the hands of the office, the only party in the transaction who is benefited thereby?

It appears to me the only safe and honest plan for offices to act as though they suspected imposition, and that therefore it is their duty, as undoubtedly it is their interest, to adopt every possible measure to discover such imposition, and to pay liberally for those efforts. Inconsistently enough, many offices reward handsomely solicitors and agents for business introduced by them, and yet without the medical information, for which payment is so frequently refused, that very business may be ruinous to the office, and valuable only to the proposer and agent—these offices having yet to learn the fact, that no outlay so well repays them as that spent in obtaining *healthy* lives, except that which is paid for the rejection of *diseased* proposals.

So many cases of this class having occurred, it would be well could some fixed rule be adopted. Is our Association powerless on such a topic as regards the behaviour of its members? Can it not, at least, recommend a plan which will be consonant with the dignity of our profession, and free from injustice towards any of the parties interested.

I am, etc., A Sufferer.

Oct. 12th, 1857.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

Colborne. On October 8th, at Chippenham, the wife of Wm. H. Colborne, M.D., of a daughter.

Croft. On October 9th, at 13, Camden Road Villas, the wife of *Robert C. Croft, Esq., Surgeon, of a daughter.

Mantell. On August 11th, at Balasore, Bengal, the wife of Alfred A. Mantell, M.D., of a son.

MARRIAGES.

Eddowes—Macaulay. Eddowes, Thomas Storer, Esq., of Sutton Coldfield, Warwickshire, to Margaret Anne, eldest daughter of *Thomas Macaulay, Esq., Surgeon, of Leicester, at St. Margaret's, Leicester, on October 13th.

Iliff—Moorsom. Iliff, William T., M.D., of Newington Place, London, to Marianne, eldest daughter of George Moorsom, Esq., Surveyor-General for Tonnage, Her Majesty's Customs, at Caldbeck, Cumberland, on October 10th.

O'Bryen—Graham. *O'Bryen, John, M.D., of Clifton, Bristol, to Celia, only daughter of the late Patrick Graham, Esq., of Worth Hall, Sussex, at Mount Plunkett, county Roscommon, on October 1st.

Read—Henderson. Read, William, Esq., of 3, Holles Street, Cavendish Square, to Jessie Mary, only child of the late — Henderson, M.D., H.E.I.C.S., at All Souls', Langham Place, on October 3rd.

Stevenson—Maning. Stevenson, Thomas, Esq., Surgeon, of Upper Grosvenor Street, to Emma Pauline, daughter of Charles James Maning, Esq., at Rothesay, Bute, on Oct. 5.

DEATHS.

Bailly, John, Esq., Surgeon, for upwards of fifty years a respected practitioner in Sutton St. Mary, Lincolnshire, aged 74, on October 4th.

Boyes, W. R., M.D., 1st Bengal Native Cavalry, massacred at Cawnpore, on June 27th; also Kate, his wife.

Bush, John Stafford, Esq., Assistant-Surgeon H.E.I.C. Madras Service, of remittent fever, after six days illness, at Kamptee, aged 30, on August 15th.

Curran, —, M.D., at Waterloo House, Dublin, aged 75, on October 2nd.

Luke. On October 8th, at Greenhithe, Richard Butler, eldest surviving son of James Luke, Esq., Surgeon to the London Hospital, aged 27.

Rennalls. On October 10th, at Woodside, near Lymington, Hants, Jane Flacon, widow of the late John Powell Rennalls, M.D., formerly of Jamaica, aged 75.

Sedgwick. On October 4th, Harriet Matilda, daughter of Charles Sedgwick, Esq., Surgeon, of Hollingbourne, Kent, aged 25.

PASS LISTS.

Royal College of Surgeons. Members admitted at the meeting of the Court of Examiners, on Friday, October 9th, 1857:—

Applin, Augustin Oliver, Army
Braden, John George, Commercial Road East
Ellis, James, St. Thomas's Hospital
Grabham, George Wallington, St. Thomas's Hospital
Lowe, John, Lynn Regis, Norfolk
Mansel, Thomas, Pembroke
Molyneaux, James, Manchester
Tench, Edward Bevan, Hereford

At the same meeting of the Court:—

Tronson, John Mortlock, of H.M.S. *Wellington*
Lewis, William Jarrett, of Haslar Hospital

Passed their examinations as Naval Surgeons. These gentlemen had previously been admitted members of the College: their diplomas bearing date respectively August 6th, 1852, and May 15th, 1854.

The Fellowship. The following members of the College, having been elected at previous meetings of the Council, were admitted to the Fellowship on the 8th inst.:—

Bunce, John Strudwicke, Woodford: diploma of membership dated February 23rd, 1838
Charles, Thomas, Sydney: April 15th, 1836
Chesshire, Edwin, Birmingham: August 9th, 1841
Gregory, John, Sunderland: June 27th, 1842
Holman, Henry Martin, Hurstpierpoint: June 27th, 1842
Isbell, Warren John, Stonehouse, Devon: November 10th, 1837
Kinsey, Robert Bancroft, H.E.I.C.S., Bengal: March 30th, 1838
Owen, Edwin Robert, Oxford: June 17th 1842
Ransom, Thomas William, Darlaston: March 4th, 1842
Robinson, Charles, Edgeware: May 20th, 1842
Rowland, Rowland, Strata Florida, Cardiganshire: May 17th, 1841
Russell, William Alexander, St. Albans: Jan. 8th, 1841
Wilson, Walter, Burton Crescent: December 4th, 1840

Apothecaries' Hall. Members admitted on Thursdays, October 1st and 8th, 1857:—

Wood, William, Middleton, near Beverley, Yorkshire
Foster, William Frederick, Hambledon, Hants
Wood, William, Wakefield, Yorkshire

University of Edinburgh. The following gentlemen obtained the degree of M.D. at the graduation on August 1st. Those to whose names triple asterisks are prefixed, obtained prizes for their dissertations; those with double asterisks, were selected for competition for the prizes; and those with single asterisks, were commended for their dissertations.

Scotland:

Beath, John Henry—On Chronic Lepra Tuberculosa
*Bell, Oswald Home—On Croup
*Campbell, Alexander Dugald—On General Paralysis o the Insane
Carfrae, George Mann—On Scarlet Fever
Carmichael, William—On Rheumatism
Clarkson, Eben—On the Actions and Uses of Tobacco
Clay, Robert Hogarth—On the Gastric Juice

**Coghill, John George Sinclair—On the Structural Relations of the Peripheral Nervous System
Cuthill, James—On Vital Statistics
*Don, William Gerard—On the Statistics of Life and Disease
Edie, Robert—On the Vital Force in Relation to Disease
*Forbes, David—On the Diagnosis of Local Tubercular Disease
**Gilchrist, William—On the Structure of the Spinal Cord
*Gourlay, Frederick—On the Theory of Vaccination
Gulland, Alexander Dudgeon—On the Diseases which were most prevalent in the Army of the East
Haig, William James—On the Causes of Hunger and Thirst
*Hargitt, Henry—On Scurvy
Hilson, Archibald Hamilton—On Inflammation of the Serous Membranes. (Dr. Hilson graduated on 24th March, 1827)
Inkson, James—On Pericarditis
Lidderdale, Robert—On Scarlatinal Dropsy
Macintyre, Alexander—On the Nervous System, and its Influence on the Organic Functions
Mackay, James—On Pneumonia
M'Kinnel, John—On Granular Degeneration of the Kidney
Maclaren, Peter Hume—On the Structure and Functions of the Human Placenta
*MacLaurin, Henry Normand—A Commentary on a Case in Medicine
Meikle, William—On some of the Actions and Uses of Water as a Therapeutic Agent
*Menzies, James—On the effects of Cold on the Human Body
*Milne, George Davidson—On the Anatomy, Physiology, and Pathology of the Biceps Flexor Cubiti
*More, James—On Psychical and Physical Life in relation to the Category of Time
Munro, Seymour Hugo—On Tetanus
Murray, John—On the Bite of Poisonous Serpents
Murray, Patrick—On the Influence of Alcohol as an Agent in Inducing Disease
Nichol, William—On Pus
Pagan, John Mackenzie—On the Tonic Treatment of Erysipelas
Park, James Hall—On the Diagnosis of Tubercular Diseases
Paterson, Alexander Stuart—On Malaria
Pow, Andrew—On the Causes and Cure of Ununited Fracture
Rattray, James Clerk—On the Anatomy and Development of the Placenta
*Scott, Thomas—On the Races of Men
*Simpson, David—On the Prostate, its Physiology and Pathology
Smart, Henry Sanderson—On the Physiological Action and Therapeutic Use of Cold and Warm Bathing
Smith, Philip Broke—On the Causes of Sudden Death
Surenne, James Gabriel—On the Iris
Turnbull, James Somerville—On the Fibrous Tissues
Watson, William—On Fœticide
Wield, David—On Natural Parturition
Woolley, George—On Vaccination
*Yellowlees, David—On Tracheotomy in Croup
**Young, John—On Acute Purpura
***Young, Peter—On the Development of the Eye in the Chick

From England:

*Bennet, Robert—On Facts in Therapeutics
**Cook, William Henry—On the Uterine Leech
*Duffin, Alfred Baynard—On the Pathological and Dynamic Relations of the Eruptive Powers
Frodsham, John Mill—On the Origin of Contractility of Muscular Fibre
Galloway, James—On the Connection between Pulmonary and Cardiac Diseases
Guy, William—On Hysteria
Hill, William Robinson—On the History of some of the Vegetable Tonics
Irving, James—On the Causes of the Circulation
*Jackson, Robert Edmund—On Climate, Health, and Disease
Law, John—On the Temperature of the Human Body
*Lowe, John—On Strychnia
Metcalfe, John Augustus—Can Physical Configuration and Habits descend to Offspring?
Miller, Ebenezer—On Hydrophobia
Miller, James William—On the Diagnosis of Local Tubercular Disease
*Morris, John Thomas—On the Pathology of the Urine
Paxton, James—On Ovarian Dropsy
*Riding, William Steer—On Cancer of the Lung
Stilwell, Henry—On Epilepsy
***Turle, James—On Fractures of the Humerus, and on the Treatment of Fractures in General
Walker, Arthur Abney—On the Comparative Anatomy of the Organ of Hearing in Man and the Lower Animals
Walker, Henry—On the Pathology and Treatment of Gout
Wheatley, Thomas Dalemain—On Phlebitis
Williamson, John Edwin—On the History, Diagnosis, and Treatment of Primary Syphilis
*Williamson, John Newby—On Uterine Hæmorrhage
Wingett, William Browne—On Chloroform

From Ireland:

**Gracey, Alexander Leslie—On Infanticide
Moore, George Bartley—On Retention of Urine

From Australia:

Cox, James Charles—On Icterus Neonatorum
Williamson, Walter—On some Diseases of the Knee-Joint

From Van Diemen's Land:

Wright, Daniel—On some Forms of Articular Disease

From the Island of Ceylon:

Aserappa, Simon de Melho—On Cancer Uteri

From the East Indies:

Cumming, William James—On the Morbid Anatomy and Causes of Apoplexy
Giraud, Byng Thomas—On Functional Diseases of the Heart
Howison, William Young—On Intermittent Fever
*Pemberton, John M'Leod—On Certain Forms of Insanity

From New Grenada:

Dawson, John J.—On Intermittent Fever

From Jamaica:

Todd, William Henry—On Podophylline and its Source
Hamilton, George Albert—On Epidemics

From the West Indies:

***Sutherland, George Sackville—On Malarial Fever

From Nova Scotia:

*Davies, William Henry—On Uterine Hæmorrhage

From New Brunswick:

*Osborne, Robert—On Yellow Fever
Land, John Coates—On Puerperal Mania

From Canada:

Doran, James—On Struma
Sewell, James Arthur—On Typhus Fever. (Dr. Sewell graduated on 19th September, 1856)

HEALTH OF LONDON:—WEEK ENDING OCTOBER 10TH, 1857.

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

The total number of deaths registered in London in the week that ended on Saturday (October 10th), is 993. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1007; but as the deaths of last week occurred in an increased population, it is necessary, with a view to comparison, to raise the average in proportion to the increase, in which case it will become 1108. The public health is therefore so far in a satisfactory state that the number of deaths last week was less by about a hundred than would have occurred under the average rate of mortality as derived from the early part of October in former years. The excess of births over deaths is 375.

Diarrhœa, which was so prominent during the summer, is now reduced nearly within its ordinary limit, and, as compared with other diseases of the zymotic class, is third in the order of mortality. Typhus was fatal last week in 57 cases, scarlatina in 52, diarrhœa in 41, hooping-cough in 26, measles in 21, croup in 13, dysentery in 12, small-pox in 3, and cholera in 1. The single case of cholera occurred to a girl of 13 years, at 3, Fisher's Alley, Spitalfields; the illness was of five days duration, and terminated in consecutive fever. Four of the deaths

from scarlatina occurred in the district of Hampstead: of these, two at 16, New End; four of those from measles occurred in the sub-district of Gray's Inn Lane. Cancer was fatal in 19 cases; 8 women died of diseases incidental to child-bearing; 8 infants of inanition and want of breast-milk. A woman in Wandsworth was poisoned by muscles. The four persons whose deaths are returned for the week, and who stand highest in point of longevity, are all widows, two of whom had attained the age of 90 years, one of 91 years, and the oldest is a centenarian, whose reputed age is 102 years. The death of the last occurred at 22, Red Lion Street, Clerkenwell.

Last week the births of 690 boys and 678 girls, in all 1368 children, were registered in London. In the ten corresponding weeks of the years 1847-56, the average number was 1397.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·357 in. The highest barometrical reading was 29·75 in., at the beginning of the week; the instrument fell to 28·67 in., its lowest point, on Thursday. The mean temperature of the week was 50·7°, which is 1·6° below the average of the same week in 43 years (as determined by Mr. Glaisher). The mean daily reading was below the average till Saturday. The highest temperature in the shade occurred on Wednesday, and was 63·4°; the lowest was 41·9°, on Monday. The entire thermometrical range was therefore 21·5°. The mean dew-point temperature was 47·9°, and the difference between this and the mean temperature of air was only 2·8°. The wind was generally in the south-west on the first three days, and was very variable afterwards. There was rain on almost every day; the amount measured was 0·83 in., a great part of which fell on Wednesday and Thursday.

According to an analysis which has been made by Dr. Robert Dundas Thomson, at St. Thomas's Hospital, the composition of the Southwark Company's water taken from the stand-pipe at the cabstand opposite the hospital, was in August 16·28 grs. of total impurity per gallon, of which 1·08 grs. were organic matter. On 7th September, the total amount of impurity was 75·56 grs. per gallon, and of this 5·66 grs. were organic matter. This water in September 1857 was as impure as the dirty water which was supplied to the inhabitants of London in former years, when the water was taken from the Thames at Vauxhall.

Fourteen thousand two hundred and fifty nine persons died in the quarter that ended September 26th. The number exceeds by nearly 200 that of the same period in 1856. But if diarrhœa had not prevailed more in the past summer than it did in 1856, other conditions being unaffected, the present returns would have indicated a superior degree of health. In the last three summers the total deaths were (taking them in the order of time) 13,042, 14,066, 14,259; and the deaths from diarrhœa were 1,258, 1,610, 2,343. The influence of a particular disease in raising the total mortality, which would otherwise be stationary or depressed, is palpable in these numbers; and a like increase is traced in the deaths attributed to complaints of a kindred character, and to some sporadic diseases affecting the alimentary system. Dysentery was fatal in the three summers to 46, 73, and 84 persons; cholera to 106, 131, and 177 persons. To tabes mesenterica 262, 284, 333 deaths are referred; to diseases of the liver 122, 143, 187; and under teething, though the number decreased in 1856 from 141 to 122, it rose this summer to 163. The unusual heat experienced in the first months of the quarter, co-operating with agencies that are more under control, has perhaps been mainly efficacious in producing these results; but with the knowledge that cholera has been lately infesting parts little removed from our coast, it may be conjectured that the epidemic virus extended itself in a milder form beyond the immediate field of action, its advance *in force* being only a question of time and opportunity. The speculation may be futile, but the facts must be admitted, and supply a more than sufficient motive for preparation.

The heat of the last quarter is its most striking meteorological feature, and will be described by stating that the mean temperature was 63·6°, which is 3·5° above the average, and that there was an excess of the mean temperature above its average in 12 weeks out of the 13, and on 71 days out of the 91. The result is a reduction in the mortality of pulmonary diseases, particularly bronchitis and pneumonia; and it will be seen also that cephalitis, apoplexy, and paralysis were less fatal than usual.

Sanitary Progress. The Town Council of Tynemouth, as the Local Board of Health, are adopting prudent measures for the conservancy of the public health. Labourers are cleansing out all the back lanes and alleys in the borough, and an ample supply of quick-lime is kept in depôts in various parts of the town, which is furnished to the labouring classes free of cost for whitewashing. The common lodginghouses are also put under the surveillance of the police, and overcrowding is carefully prevented. Sailors' lodgings are also now licensed. Since 1853 this borough has been thoroughly drained by a system of main sewerage, laid down at a considerable outlay, under the the inspection of a surveyor belonging to the General Board of Health. All the parish graveyards have been closed, and a new general cemetery belonging to the borough has been opened in the suburbs. Since the sewerage has been completed, typhus and other fevers are reported to be less common and fatal. It will be remembered that, while Tynemouth escaped the cholera in 1853—for the six deaths reported were cases brought from Newcastle to the seaside—the village of Howdon Pans was nearly decimated by it. The older portion of Howdon is exceedingly unhealthy; and the River Tyne Commissioners, who hold the principal portion of the property, are about to level it, and raise it and build streets of new and commodious houses. The village will also be well drained. Howdon has had three visitations of cholera. On each occasion the disease, before it became epidemic, entered one particular tenement in an old house, and struck down its first victim. A brief enumeration of a few facts will show what was the result of a little timely precaution, and the exercise of magisterial power in South Shields in 1853. In 1849, cholera broke out in a most malignant form in the common lodging-houses of one particular locality in South Shields—Union Alley. The inmates nearly all perished on that occasion, and the police were obliged to burn the furniture and shut the house up, to prevent the epidemic extending. A short time previous to the appearance of cholera in 1853 in Newcastle-on-Tyne, those lodginghouses were brought under the Common Lodginghouse Act. They were licensed, the number of inmates limited, and they were inspected nightly by the police. The result was most striking. Other dwellings were visited by the cholera in 1853 in this locality and other poor districts of South Shields, and several of their inmates perished; but during the whole of the fearful autumn of 1853, and though scores of poverty-stricken people came direct from the worst infected districts of Newcastle to lodge, not a single death occurred in any of the common lodginghouses of South Shields from cholera.

The Cholera. We know now what class of persons will furnish by far the greater number of victims to cholera, and on what street—it may almost be said on what house—it will descend. The season at which its appearance may be expected is a subject of somewhat less certainty; but the unimportant doubt to which it is open cannot be supposed to affect the necessity of our precautions. On one occasion, after manifesting itself at Hamburgh in September, it has been among us in November; while, on others, it has been held in check for a time by the early advent of a cold season, only to break out at the beginning of the following summer. We cannot predict which precedent will be followed now, but we know that the disease will come; and we can lay our fingers, without the slightest liability to error, on the weak places which it will assail and invest. Were any experienced officer of health to go, for instance, through Manchester, he could mark out every square yard of space on which the disease will probably settle, and trace the course which it will take as soon as the congenial season gives the signal for its rising. If such knowledge as this had been imparted to us without power of averting the danger we must foresee, it is hardly possible that a greater curse could have descended upon man. So far, however, is this terrible state of impotent anticipation from being our real condition, that just as surely as we know when the cholera will burst forth from its smouldering ashes, and where it will make its most destructive ravages, so surely we know how to check its appearance in some quarters, and mitigate its force in all; and the precautions which we may adopt for this purpose will not be superfluous if the visitation which we apprehend should be withheld, inasmuch as they will bar the progress of other diseases which are never absent from among us, and increase the moral as well as the physical wellbeing of society. (*Manchester Guardian.*)

University of Oxford. A Convocation will be holden on Tuesday, the 27th inst., at 2 o'clock, for the purpose of electing a Clinical Professor on the Foundation of Lord Lichfield, in the room of the late Dr. Ogle.

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

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

Communications have been received from:—DR. SNOW; MR. ERLIN CLARKE; MR. R. S. STEDMAN; MR. J. F. NICHOLSON; MR. J. H. LAKIN; DR. D. H. TUKE; DR. JOHN SLOANE; MR. T. HOLMES; DR. BADER; DR. J. G. DAVEY; MR. G. C. P. MURRAY; MR. J. SEATON SMYTH; MR. THOMAS P. M. O'DONOVAN; MR. JOSEPH HINTON; DR. INMAN; MR. H. G. TREND; MR. F. DAVIES; DR. H. COLEBROOKE; MR. H. EWEN; DR. W. V. BROWNE; MR. W. SANKEY (Dover); MR. GRIFFIN; MR. J. V. SOLOMON; DR. W. C. COLES (Bombay); DR. R. U. WEST; MR. D. KENT JONES; MR. H. HANKS; DR. R. DUNDAS; J. A. B.; MR. J. C. S. JENNINGS; and MR. STONE.

BOOKS RECEIVED.

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

1. Guy's Hospital Reports. Edited by Samuel Wilks, M.D., and Alfred Poland. Third Series. Vol. III. London: Churchill. 1857.
2. An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science. By *R. G. Mayne, M.D. Part VI. London: Churchill. 1857.
3. Pathological and Practical Observations on Diseases of the Alimentary Canal, Œsophagus, Stomach, Cæcum, and Intestines. By S. O. Habershon, M.D.Lond. London: Churchill. 1857.
4. The Successful Treatment of Scarlet Fever; also, Observations on the Pathology and Treatment of Crowing Inspiration in Infants. By P. Hood. London: Churchill. 1857.
5. Report of the Trial of Madeleine Smith before the High Court of Justiciary at Edinburgh, for the alleged Poisoning of Pierre Emile D'Angelier. By Alexander Forbes Irvine. Edinburgh: T. and T. Clark. 1857.
6. A System of Practical Surgery. By William Fergusson, F.R.S., Professor of Surgery in King's College, etc. Fourth Edition. London: Churchill. 1857.
7. Urinary Deposits: their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, M.D., F.R.S. Fifth Edition. Edited by Edmund Lloyd Birkett, M.D. London: Churchill. 1857.
8. Prone and Postural Respiration in Drowning and other Forms of Apnœa, or Suspended Respiration. By Marshall Hall, M.D., F.R.S. Edited by his Son, Marshall Hall, Esq. London: Churchill. 1857.
9. Contributions to the Physiology and Pathology of the Circulation of the Blood. By George Robinson, M.D. London: Longmans. 1857.
10. Transactions of the Medical and Physical Society of Bombay. No. III. New Series for the Years 1855 and 1856. Bombay: 1857.
11. Sixty-first Report of the Friends' Retreat near York. 1857.
12. The Use of the Microscope in Clinical Medicine. Illustrated. By Lionel S. Beale, M.B., F.R.S. No. II. Urinary Deposits. London: Churchill. 1857.
13. On the Expediency of Instituting an Academy of Medicine in England: Illustrated by the prevailing Opinions and Practice respecting the Use of Chloroform in Operations. By James Arnott, M.D. Pamphlet. London: Churchill. 1857.

ADVERTISEMENTS.

TO ADVERTISERS.

British Medical Journal.— Office, 37, GREAT QUEEN STREET, LINCOLN'S INN FIELDS, LONDON, W.C.

The Journal of the British Medical Association is published every Saturday, and is transmitted direct from the Office to between Two and Three Thousand Members of the Association in all parts of the United Kingdom.

SCALE OF CHARGES FOR ADVERTISEMENTS.

Seven lines and under	£0	4	0
Every additional line	0	0	6
A whole column	2	15	0
A page	5	0	0

Advertisements ought to be delivered and paid for at the Office on the Thursday preceding publication; or if not paid for at the time should be accompanied by a respectable reference.

Post-Office Orders, "Bloomsbury Branch," are to be made payable to THOMAS JOHN HONEYMAN (the Publisher), 37, Great Queen Street, Lincoln's Inn Fields, London, W. C.

Pepsine.— The Liq. Pepsiniæ, as used and recommended by Dr. NELSON, can be had from Messrs. W. & C. R. TITTERTON, 6, Snow Hill, Birmingham.

Pepsine.—M. Boudault begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford Street, London, to whom all applications respecting it must be addressed. A Translation of his Pamphlet upon Pepsine may be had of his Agent, on receipt of three Postage-stamps.

24, Rue des Lombards, Paris.

COMPLETION OF DR. BELLINGHAM'S TREATISE ON THE HEART.

Just published, Part II, 8vo, pp. 371, price 6s. 6d. completing the Work,

A Treatise on Diseases of the Heart.

By O'B. BELLINGHAM, M.D., F.R.C.S., Chairman of the Court of Examiners, Royal College of Surgeons in Ireland, Surgeon to St. Vincent's Hospital, etc. etc. etc.

Dublin: FANNIN & Co. London: LONGMAN & Co. Edinburgh: MACLACHLAN & STEWART.

8vo, cloth, price 14s.

Velpeau on Cancer of the Breast and MAMMARY REGION. With Four Coloured Engravings. Translated from the French by W. MARSDEN, M.D., Surgeon, Senior Surgeon of the Royal Free and Cancer Hospitals.

London: HENRY RENSHAW, 356, Strand.

8vo, cloth, price 25s.

A Text-Book of Physiology, By Dr. G. VALENTIN. Illustrated by 500 Figures. Translated by WILLIAM BRINTON, M.D., Joint Lecturer on Physiology at St. Thomas's Hospital.

"The best text-book of physiology ever published."—*Dublin Medical Quarterly.*

London: HENRY RENSHAW, 356, Strand.

In cloth, price 15s.

Mr. Guthrie's Commentaries on the SURGERY of the WAR. The Sixth Edition to October, 1855.

"This work of the distinguished author, the only great surgeon whom the war produced, will find a place in every surgical library, throughout the civilised world."—*The Lancet.*

London: HENRY RENSHAW, 356, Strand.

NEW WORKS BY LIONEL BEALE, M.B., F.R.S.

How to Work with the Microscope, 5s.

TABLES for the EXAMINATION of URINE, 2s. 6d.

URINARY DEPOSITS:

No. I. 14 Plates. 4s. Just published.
No. II. 12 Plates. 3s. 6d. Now ready.

ON URINE, URINARY DEPOSITS, and CALCULI. In the Press.

London: JOHN CHURCHILL, New Burlington Street.

In October, price 3s. 6d., No. I of the

Archives of Medicine. Edited by Dr. BEALE. Illustrated by Woodcuts and ten octavo pages of Lithographs. A Record of Practical Observations and Anatomical and Chemical Researches connected with the Investigation and Treatment of Disease.

CONTENTS.

On the Treatment of Acute Disease, by R. B. Todd, M.D., F.R.S.
On the Manner in which the Drawings Illustrating the Papers have been made.
On Drawing and Measuring Objects in the Microscope.
On the Presence of Cholesterine in the Urine.
Cases of Chylous Urine, with Analyses
On Preparing Injected Preparations of the Liver. Four Plates.
Observations on the Importance of Injecting Healthy and Morbid Structures, and of Conducting this in the Simplest Manner.
On the Arrangement of the Lobules of the Liver of the Ox, with Two Plates.
On the Formation of Cysts in the Liver. Two Plates,
On the Estimation of Urea, Chlorides, Sulphates, Phosphates, and Sugar in Urine Volumetrically, by Moritz von Bose, Ph.D.
Cholesteotoma, Two Cases—Analyses of Softened Cerebral Matter—Case of Rape in which Spermatozoa were detected in the Mucus of the Vagina—Examination of peculiar Fibrin-like Masses Expectorated—Large Tumour connected with the Thyroid—Tumour connected with the Left Corpus Striatum.

☞ Copies of the "Archives" will be forwarded on the morning of publication, *post-free*, to gentlemen who send their addresses accompanied with a remittance for 3s. 6d., to H. Barnard, 10, Grange Court, Carey Street, W. C.

London: JOHN CHURCHILL.

Just published, Third Edition, post free, 6d.

Spectacles: when to Wear and how TO USE THEM. Addressed to those who value their Sight. By CHARLES A. LONG.

BLAND & LONG, Opticians to the Queen, 153, Fleet Street, London.

New Equitable and Medical & Legal ASSURANCE COMPANIES.

HEAD OFFICES — 449, STRAND, W. C.

These two Companies are now acting in full concert with one another, and offer the FOLLOWING ADVANTAGES:

An union of interests and double security.
A numerous body of influential Agents.
A large revenue obtained in a short period.
A moderate expenditure equally divided between the two institutions.
Qualified Medical Attendants recognised as Examiners for the Companies.

Applications for proposal and other forms may be addressed to Medical Gentlemen throughout the country, or to

FREDERICK BIGG,
October 1857. Actuary and Secretary to the Joint Offices.