

was a sham, and that we had no more of principles to guide us in the managing of diseases than has the daintiest of reverend dilettanti, who dabble in physic to cure the bodies of those of whose souls they have especial charge. But pathology *has* a few useful facts in store; and we shall venture to mention two or three of them as applicable to the present purpose. They will enable us to define with complete precision the exact state of the case before us; they will tell us what Dr. Fell has to do to preserve the position he assumes.

Cancer is something more than a local disease. What is the value of his life, in whom the smallest item of cancer exists? How long do they live from whose bodies cancer-masses have been removed? Removing the local disease, then, is not curing cancer. This is all trite enough. Now, Dr. Fell does not, we presume, pretend to do more than attack the local disease. He does then just that which, heretofore and now, surgeons have done and do. But his method contains an especial virtue, and its speciality lies in this, that his means of ablation act more surely, safely, pleasantly, and completely, than do those means heretofore used for the removal of the tumour, viz., the knife and ordinary caustics.

Here then is the fact reduced to its simplest terms, and stripped of all hazy romance. The situation of Dr. Fell before the profession is clear and definite. *He has no new cure for cancer, but only a new method of removing the local tumour*—one more perfect and effective than the methods in daily use. If the doctor has such a remedy, he is happy in his generation, and deserves well of the public and of the profession—not better, indeed, than, as we understand, the public have treated him.

We have spoken this word of caution to our metropolitan brethren, and we think it was needed. We are not of those who are willing to receive as authentic long histories of cases done in private by a secret agent; we trust we have studied the history of our profession to a better purpose. A remedy is like a friend; it requires much testing before it be admitted to great intimacy. We promise Dr. Fell that we will treat his remedy as a friend—that is, we will hold to it and stand by it—if it bear the strain and test to which it is about to be subjected.

THE NEW PRESIDENT OF THE BOARD OF HEALTH.

THE medical profession are tersely informed, through the medium of the papers, that Mr. Cowper retires from the Board of Health, and that his place will be taken by Mr. Monsell. We do not think that any of our body will much regret the retirement of Mr. Cowper, inasmuch as he clearly was unequal to the post. Gentlemanly and well-meaning, without doubt, he was; but he never clearly grasped the great and growing department of Government over which he was called upon to preside; and it must be confessed that, in Parliament, his talents were used rather in damaging than in upholding preventive medicine. We all remember his unaccountable conduct in dropping the Vaccination Bill, and his still more unaccountable speech in which he spoke of Jenner's great discovery as a matter upon which the profession differed. In fact, he gave a colour by his language to the declaration of Dr. Michell, of Bodmin, that vaccination, as at present practised, was a monstrous sham! It is clear, then, the great science of pre-

ventive medicine has lost nothing by the retirement from the Board of Health of Mr. Cowper. It is not equally clear, however, that it will gain anything by the appointment of Mr. Monsell, late a clerk at the War Office.

What we wish to draw attention to, is the monstrous system of making such an office a mere shelf for the convenience of displaced Government officials. Mr. Monsell may be well acquainted with the details of that science dedicated to take away life; but what can he know of the far higher one which preserves it?

We shall be told, we know, that this office is a branch of Government and represented in Parliament, therefore a civilian should fill it. But this is no answer at all. The Bar and the Bench have long been identified with the Government of the country; but we do not find these powers of the state represented by civilians! Since medicine is wedded to the state by the creation of this office, the post of president should have been given as one of the prizes of our profession; and we feel convinced that, until a medical man is appointed to the chief place, the Board of Health will not be looked up to with that respect which it otherwise would be entitled to. Why should all the real labour of the post be assigned to Mr. Simon, and all the official dignity to some gentleman well known at clubs—but no where else?

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROP. COUNTIES.	37, Soho Square,	Tues., Feb.
[General Meeting.]	London.	10, 4 P.M.
BIRMINGHAM AND MID-	Hen & Chickens Hotel,	Thursday,
LAND COUNTIES.	New Street,	Feb. 12th,
[Ordinary Meeting.]	Birmingham.	6 P.M.
BATH AND BRISTOL.	White Lion,	Thurs., Feb.
[Ordinary Meeting.]	Bristol.	19, 8 P.M.

ADMISSION OF NEW MEMBERS.

THE Laws of the BRITISH MEDICAL ASSOCIATION, with regard to the admission of new members, are the following:—

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.

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 of the current year. The subscription shall date from the 1st January in each year.

The names of new members should be forwarded to the Secretary, Dr. P. H. WILLIAMS, Worcester; or to any of the Secretaries of the Branches.

YORKSHIRE BRANCH.

RESIGNATION OF MR. MATTERSON.

At a meeting of the Council of the above Branch, held on January 31st, 1857—J. ALLEN, Esq., President of the Branch, in the Chair—It was resolved:

1. That the Council, sincerely regretting the state of Mr. Matterson's health, which has compelled him to resign the office of Secretary to the Branch, which he has held for several years with credit to himself, and to the great satisfaction of its members, cannot allow such connexion to be severed, without a warm expression of their grateful acknowledgment of the services rendered to the Branch by Mr. Matterson, and of a fervent hope that improved health may enable him to enjoy many years of future happiness and usefulness.

2. That Mr. Husband, having consented, at the desire of the Council, to undertake the office of Secretary to the Branch until the annual meeting, be hereby requested to enter immediately upon the duties of the office.

W. D. HUSBAND, *Secretary pro tem.*

"had had many and severe attacks of rheumatism, but never rheumatic fever," I think that it may be legitimately inferred, that the indications of the existence of the rheumatic dyscrasia must have extended further back in point of time than two years and a half—the probable date, according to Dr. Jones, of the commencement of the renal degeneration. That period is too limited for the repetition of "many and severe" rheumatic attacks; and I think that we are, therefore, justified in looking at rheumatism as the first link in the chain of events which subsequently followed. From the way in which this tendency to rheumatism is described, we may also conclude that, although none of these rheumatic attacks were of sufficient severity to merit the name of rheumatic fever, yet the patient must have been, during this period, on the very brink of such a manifestation—that the rheumatic dyscrasia had at this time fully established itself in the constitution. Now, if we look upon this dyscrasia as one characterised by a marked tendency to the deposit of exudations in and about the fibrous structures—as one which, in its most acute localisation, preeminently consists in an affection of those structures, we cannot well deny the preexistence in the blood of a plasma distinguished by this affinity for the fibrous tissues, and carried about by the circulation into every organ into whose conformation they enter. Under these circumstances the whole sequel of this case becomes very explainable.

Influenced by that great law of normal nutrition in accordance with which each tissue attracts from the blood the elements out of which it is formed, whilst on the other hand each element of the blood has a correlative affinity for the tissues with which it is homologous, we can understand how this hyperinot blood-plasma, probably incapable of the highest kind of fibrous development, should attach itself to the fibrous structures of a secondary type of formation, *e.g.*, the peritoneal investments of the abdominal viscera, and, depositing itself on them, tend, by its contraction, to compress their structure and destroy their functions. Perhaps in this patient there had been, in addition to the blood disease, at some time a certain amount of local excitation, in the shape of a slight peritonitis, to give a predominating attractive power to the fibrous tissues of the abdomen: certainly the fibrous deposit would seem to have been contemporaneous and co-extensive on all the abdominal viscera. Its principal and most obvious effect upon the kidney would of course be, as in the liver, contraction of the most vascular portion of the organ, and abolition of its functions: hence the atrophied condition of the cortical portion described in the autopsy, and hence, too, the albuminuria, and the establishment of a secondary crasis, manifesting itself by dropsy in different portions of the body. It is not impossible, also, that the dropsy might have been more readily induced by fibrous hypertrophy of the coats of the large veins, and consequent diminution of their calibre; this being especially the case in the fibrous tissue surrounding the veins at the root of the lung, thereby facilitating oedema of that organ. The valvular cardiac alteration is, I think, undoubtedly referrible to the same fibrinous dyscrasia, and may possibly have occurred during an acute attack of rheumatism, but was more probably of a chronic character. How it can in any way be referred to the renal disease, as Dr. Jones seems to think, I am at a loss to imagine.

Thus the order of sequence in the phenomena will be: establishment of the rheumatic dyscrasia and tendency to fibrous exudation: thickening and contraction of the kidney and other abdominal viscera, and development of vegetations upon the cardiac valves: abolition of the renal functions: diminished spasticity of the blood: dropsy. This view, I think, affords a more satisfactory explanation of the whole series of events than the supposition that the rheumatism and cardiac affection were induced by the renal disease. With Dr. Jones's idea that the fibroid thickening of the peritoneum was not of an inflammatory character, but rather the result of perverted nutrition, I fully agree; in fact it may be looked upon as perfectly analogous with the thickening of the articular membranes so common in chronic rheumatism: but the question might be raised whether its apparently almost complete isolation to the abdominal viscera does not indicate the existence, at some time or other, of a certain amount of inflammatory action in the peritoneum, thus constituting, as it were, a *point de depart* for the more chronic process.

But there is another and more interesting question still opened up by this case, *viz.*, is this the way in which the rheumatic dyscrasia occasionally, or even frequently, reaches its *denouement*? May we suppose that the crasis, which ordinarily affects the fibrous membranes of the joints and peri-

cardium, or the fibrous investments of the muscular and neural tissues in this case, was, by a kind of degradation of its type, obliged to exhaust its power upon the less highly organized group of fibrous structures? Such, I think, seems to be the indication derivable from a study of the case—in no way an extraordinary one in its termination—but in every way noteworthy in its pathology. If this be so, what a valuable hint it is towards the connection of rheumatic and renal diseases, so apparently different in their nature, etiology, and results! Viewed in this light it will form a by no means contemptible aid to the development of a more rational theory of rheumatism than we at present possess; and as such may be recommended to the notice of all who are interested in working out the pathology of that disease. I am, etc.,

FRANCIS T. BOND, B.A., M.R.C.S.

27, Drummond-place, Edinburgh.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

FRAMPTON. On January 29th, at 151, Westbourne Terrace, Hyde Park, the wife of Thomas Frampton, Esq., Surgeon, of a son.

*GRAVELY. On January 22nd, at Newick, Sussex, the wife of Richard Gravely, Esq., Surgeon, of a son.

HARRISON. On December 19th, 1856, at Calcutta, the wife of James Harrison, M.D., Professor of Anatomy in the Medical College, of a daughter.

HOOD. On January 28th, at Bethlehem Hospital, the wife of W. C. Hood, M.D., of a son.

HOWELL. On January 26th, at Wandsworth, the wife of Thomas Symonds Howell, Esq., Surgeon, of a daughter.

MAKENZIE. On December 7th, 1856, at Dhoolia, Bombay Presidency, the wife of Malcolm M. Makenzie, Esq., Civil Surgeon, of a son.

POWELL. On February 1st, at Cobham, Surrey, the wife of John James Powell, Esq., Surgeon, of a son.

PRIESTLEY. On February 2nd, at 16, Somerset Street, Portman Square, the wife of W. O. Priestley, M.D., of a son.

*STEELE. On January 22nd, the wife of John Sisson Steele, Esq., Surgeon, of a daughter.

TULK. On January 28th, at 2, Radnor Place, Hyde Park, the wife of Alfred Tulk, Esq., Surgeon, of a daughter.

MARRIAGES.

CADDY—TOMPSON. CADDY, John, Esq., Surgeon Royal Navy, to Florence, only daughter of the late J. C. Tompson, Esq., of Gibraltar, at the Catholic Apostolic Church, Gordon Square, on January 29th.

HOLMAN—CAREY. HOLMAN, William Henry, M.B., of Chalco's Villas, Adelaide Road, to Lucy Elizabeth Sarah, second daughter of W. H. Carey, Esq., of Adelaide Road, at St. Saviour's, South Hampstead, on February 3rd.

KING—LUMLEY. KING, Richard, M.D., of Savile Row, to Elizabeth, eldest daughter of the late Oswald Joseph Lumley, Esq., at St. Marylebone, on January 31st.

PYRKE—EVANS. PYRKE, Duncombe, jun., Esq., of Dean Hall, Gloucestershire, to Susan, eldest daughter of Thomas Evans, M.D., of Gloucester, on February 3rd.

TEARNE—STEPHEN. TEARNE, Theodore S., M.D., to Macdonald, youngest daughter of T. Stephen, Esq., Medical Librarian, King's College, at St. Pancras Church, on Jan. 30.

WALLIS—WHITE. WALLIS, Joseph Haythorne, Esq., third son of George Wallis, M.D., of Bristol, to Frances Emily, third daughter of the late Captain C. H. White, 8th Bengal Light Cavalry, of Ambleorde, at Rosherville, on January 27th.

DEATHS.

AMPHLETT, Samuel Holmden, Esq., Surgeon to the Birmingham General Hospital, at Heath Green, near Birmingham, on January 28th, aged 44.

ATKINS. On January 4th, at Grove House, Stoke Newington Green, Louisa Anne, eldest daughter of James Ramsey Atkins, M.D., aged 20.

BLACKMAN. On January 26th, at the Greenway, Gloucestershire, Harriet, relict of James Blackman, M.D., of Ramsbury, Wiltshire, aged 79.

GARDNER, William, Esq., Surgeon, formerly of Streatham Common, at Cambridge Terrace, Greenwich, aged 78, on February 3rd.

***JESTON.** On January 25th, at Malmesbury, Wiltshire, Barbara Caroline, second daughter of Alfred F. W. Jeston, Esq., Surgeon, aged 19.

PRICE. On January 18th, at Margate, Julia Bella, youngest daughter of D. Price, M.D.

SCANLAN. On January 27th, at 21, Upper Seymour Street West, Kate Mary, second daughter of Edward Scanlan, M.D., aged 10.

WEBB. Lately, at her residence, Woolwich Common, Jane Theodosia, Lady Webb, widow of the late Sir John Webb, C.B., K.C.H., late Director-General of the Ordnance Medical Department, aged 80.

APPOINTMENTS.

*EDWARDS, James, M.D., of Benarth, Conway, has been appointed High Sheriff of the county of Carnarvon.

PASS LISTS.

APOTHECARIES' HALL. Members admitted on Thursday, January 15th, 1857 :—

SPENCER, George, Ramsgate

Thursday, January 22nd :—

COSTERTON, Horatio, Australia

HALL, Cornelius S., Henfield, Sussex

PITMAN, Edward Hanbury, Eastbourne, Sussex

Thursday, January 29th :—

DANIELL, William Cole, Newport Pagnell

HUGHES, William Evan, Bond Bach, Llanrwst

KNAGGS, William Angelo, Brompton

SMITH, William, Preston

WOODWARD, Alfred, Bicester, Oxon

EAST INDIA COMPANY'S SERVICE. The following gentlemen have recently passed the examination for medical appointments in the East India Company's Service. The names are arranged in the order of proficiency. There were forty-six candidates.

CAYLEY, Henry, M.R.C.S.Eng.

VANS BEST, Alexander, M.B., M.R.C.S.Eng.

GILLET, Carthew, M.R.C.S.Eng.

WHITE, James Henry, M.R.C.S.Dub.

PENNY, James, M.D.Lond.

SIMPSON, Alexander, M.A., M.D., M.R.C.S.Eng.

HILSON, A. A., M.R.C.S.Ed.

CARNEY, John, M.R.C.S.Ed.

DICKINSON, James Charles, M.R.C.S.Eng.

ROSS, James, M.B., M.R.C.S.Ed.

SMITH, William C., M.D., M.R.C.S.Ed.

RADDOK, Charles Edward, M.R.C.S.Eng.

POWELL, Thomas, M.R.C.S.Dub.

SHIEL, John, B.A., M.B. Trin. Coll., Dub., M.R.C.S.Dub.

KELLY, William P., M.R.C.S.Dub.

HEARD, Samuel J., M.D., M.R.C.S.Ed.

LALOR, James, M.R.C.S.Ed.

SMITH, Arnold, M.D., M.R.C.S.Ed.

DE FABECK, William, M.R.C.S.Eng.

WHITTON, George E., M.B. Trin. Coll. Dub., M.R.C.S.Dub.

BYRAMJEE, Rustomjee, M.D., M.R.C.S.Eng.

BEAUMONT, Thomas, M.R.C.S.Dub.

HEALTH OF LONDON:—WEEK ENDING

JANUARY 31ST, 1857.

[From the Registrar-General's Report.]

THE deaths registered in the week that ended on Saturday were 1209, which is nearly the same as the number returned in the previous week. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1167; and if this is raised for the purpose of comparison, proportionally to increase of population, it will become 1284. The rate or mortality that now rules is not high, as compared with that of previous seasons, although it has lately shown that tendency to increase which is to be expected at a period of the year usually the most fatal to human life.

The deaths caused by diseases of the respiratory organs were last week 288, being rather less than a fourth part of the total number returned. The average rate of mortality from this class

of diseases at this season would have produced nearly the same number. The number referred to bronchitis in the present return is 166, which exceeds the average, and is double the number referred to pneumonia. Seventy-three of the deaths caused by bronchitis occurred to persons who were 60 years old or more, whilst 70 of the 84 from pneumonia occurred to children. Phthisis, which is not included in the above class, was fatal to 146 persons (being almost the same as the corrected average); and of these, 107 died in that period of life which extends from 20 to 60 years. Hooping-cough is at present decidedly the most fatal disease included in the zymotic class; 57 children died of it, whilst 29 died of scarlatina, and 28 persons at various ages of typhus and common fever. Two children of a dock labourer died of "febris" at 4 Crown Court, Whitechapel. Three children died of measles in the Workhouse St. George-in-the-East. A mother, and her son aged four years, died of dysentery at Hammersmith. The death of a seaman who had been expelled from his ship when in a state of illness, was accelerated by exposure to cold; and that of a young woman by want of food.

Of 60 persons who had attained the age of 80 years or more, 7 were nonagenarians. The oldest was the widow of a tailor, who died at 1, Boddy's Bridge, St. Saviour's, at the very advanced age of 97 years.

Last week the births of 879 boys and 883 girls, in all 1762 children, were registered in London. In the ten corresponding weeks of the years 1847-56 the average number was 1572.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.602. The highest reading occurred on Thursday, and was 29.77 in. The mean temperature of the week was 31.2 deg., which is 7 deg. below that of the previous week, and lower by 6.8 deg. than the average of the same week in 43 years (as determined by Mr. Glaisher). The mean temperature was below the average on every day of the week, and on Thursday, when it was 26.2 deg., the amount of depression below the average was nearly 12 deg. The highest temperature in the week was 39 deg. (on Sunday the 25th), and the lowest was 20 deg. (on Friday). The range of the week was consequently 19 deg. The lowest on grass on Friday was 8.9 deg. The mean dew-point temperature was 28.1 deg., and the difference between this and the mean temperature of the air was 3.1 deg. The wind blew generally from north-north-east till Thursday afternoon, when it began to blow from the south-west. The amount of rain (or melted snow) was 0.44 in., of which 0.25 in. fell on Saturday. Snow or rain fell on every day except Thursday and Friday.

"QUACKERY UNMASKED"!

Clerkenwell Police Court, Thursday, January 29th.

DR. JOHN SUTTON, *alias* Dr. Sidney Hall, *alias* Dr. Manning, a short, well-dressed young man of gentlemanly manners, apparently about 24 years of age, described as a surgeon, residing at No. 15, Frederick-place, Goswell-road, Clerkenwell, who was charged on the preceding Friday on a warrant with unlawfully attempting to extort money by publishing a libel against Mr. William Harman, a farmer residing at Sleaford, in Lincolnshire, was again examined.

Mr. Haines attended for the prosecution, Mr. Robinson, barrister, defended the prisoner, and Mr. Wakeling attended for another person interested to watch the case.

The complainant, it appeared, some time since saw in the newspapers the prisoner's advertisements; and having entered into a correspondence with him, communicated to the prisoner, in his medical capacity, certain facts of a strictly private nature. For some time the prisoner sent and was paid for his advice and medicine; but Mr. Harman, who, it would seem, was not blessed with too much wit, he having consulted a planet reader and astrologer in connection with the prisoner and the case, finding that he received no benefit from Dr. Sutton, left off communicating with him. The prisoner then wrote to say that if the prosecutor did not at once send him 25l. he should publish the whole of the private letters that had passed between them. The defendant has published a pamphlet of sixteen pages, entitled "Quackery Unmasked, being a complete exposition of the frauds, impositions, and deceptions practised by those who advertise a speedy, safe, and effectual cure of a particular disease." After stating that he has devoted many years to the consideration of the subject, he has the following remarks on the frauds and impositions of quacks, which are so connected with the charge against him that they are worthy of reproduction here:—"Many who read these pages will respond to the truth of this; will remember, doubtless, the tempting

offer, the flattering promise, the guarantee of a cure, which caused them to send pound after pound, in the vain hope of obtaining ultimate relief. The frauds and impositions practised by those unprincipled and ignorant men know no bounds, and are of the most extravagant kind. 'Extortion' is a word which but mildly expresses their ordinary boundary. 'Robbery' would be a more fitting term. And how do they escape punishment? By having the audacity to threaten *exposure*." (The italic is Dr. Sutton's.) "It is then that the victim awakes to the true character of him whom he had imagined to be a faithful medical adviser, and finds him only an ignorant impostor, in whom every particle of honour, principle, and uprightness is entirely lost. Unfortunately for the sufferer he has no remedy. Fear of the disgrace with which he is threatened induces him to stoop and gratify the robber's demands; and thus he finds health is lost, his purse lessened, and the villain escapes unpunished, and serves many others in the same manner." It was under these circumstances that a warrant was granted for the person's apprehension.

Mr. Haines said that since the last occasion the prisoner had written to his client a note stating that he was extremely sorry for the course he had pursued, and expressed a hope that if he made a full and ample apology in open court the charge would not be proceeded with further. Under these circumstances he, on the part of Mr. Harman, was prepared to accept that apology, and to withdraw from further proceeding with the prosecution.

Mr. Robinson said he was there on the part of the defendant, and was quite willing to make the most full and ample apology that could be required, and to state that the defendant was extremely sorry for the course he had pursued. He might, however, state that, according to his instructions, the defendant never had the slightest wish nor intention of publishing Mr. Harman's private communication, and he wrote the note complained of under great excitement, caused by a communication received from the complainant. There had been a civil action in the Clerkenwell County Court, and he thought the matter would have ended.

Mr. Haines might be allowed to remark that Mr. Harman in that case was awarded his costs of travelling from the country.

Mr. Tyrwhitt said it was a very serious thing for persons to have the confidential notes which they sent to their medical men made public. As all parties appeared satisfied, the prisoner would be discharged; but he had better be careful how he got in such trouble again.

The prisoner, who seemed to have suffered from his incarceration, was then discharged.

Long before the hour appointed for the re-examination of the prisoner, the court and its avenues were crowded by respectably dressed persons who had been swindled by quack doctors, and they seemed very much disappointed at the prisoner's dismissal. (*Times*.)

ACTION FOR RECOVERY OF FEES.

County Court, Chipping Norton, Monday, Dec. 22nd, 1856.
(Before J. M. PARRY, Esq., Q.C.)

HOLMES v. GARLICK.

THE plaintiff, a surgeon at Chipping Norton, sued the defendant, a commercial traveller residing at Devonshire Road, Upper Holloway, for £3, for medical attendance and medicines supplied to his daughter, when at school in the above named town. The defendant did not dispute the attendance, or charges, but contended that he was the wrong person sued; the person with whom his daughters were placed at school was the proper person to pay his daughter's liabilities while under her care, and then charge it against him in her school-bill. The plaintiff argued that he had the choice of action either against defendant or the schoolmistress. His Honour said the usual way was to charge medical attendance in the school-bill; but there was a question whether the plaintiff could not sue either the child's parent or the schoolmistress. As both plaintiff and defendant were unsupported by professional assistance, he was placed in an awkward position; and he should defer his decision till the next Court.

On Thursday, Jan. 22nd, 1857, his Honour was of opinion that when the terms of a school did not include medical attendance, a child could pledge its parent's credit for medical attendance, and a surgeon could proceed against him for such attendance. He would therefore give a verdict for the plaintiff, with costs.

POOR-LAW MEDICAL REFORM.

MEETING OF STUDENTS OF KING'S COLLEGE.

At a meeting of the medical students of King's College, held in the operating theatre of the Hospital, J. W. Hulke, Esq., in the chair, the following resolutions were unanimously agreed to:

1st. Proposed by Mr. WAY, and seconded by Mr. WOOD:—"That this meeting regards the existing regulations affecting union medical practice as imperatively demanding readjustment, sympathises with the movement set on foot by Mr. Griffin, and concurs in the principles adopted by the Poor-law Medical Reform Association."

2nd. Proposed by Mr. MEADOWS, and seconded by Mr. WALTERS:—"That among the regulations especially requiring revision are those affecting the present rates of remuneration afforded to medical officers; and that the system which leaves the fixing of these rates under the control of district Boards of Guardians, and the entire management of the appointments in the hands of non-professional authorities, is radically defective, and detrimental alike to the welfare of the medical profession and the public at large."

3rd. Proposed by Mr. GRIFFIN, and seconded by Mr. MASON:—"That this meeting views with deep regret the apathy of some, and with unfeigned displeasure the unprofessional conduct of those who, forgetful of the broad interests of their profession, have unmanfully accepted offices thrown up by others on principle, thus selfishly helping to perpetuate the existing grievances, and to clog the exertions of those who seek their redress."

4th. Proposed by Mr. SWAIN, and seconded by Mr. DAY:—"That this meeting is of opinion that a general conference of the students of all the medical schools should be held, and that this should take place in London at the earliest practicable period."

5th. Proposed by Mr. HARTLEY, and seconded by Mr. SIDDON:—"That a shilling subscription be opened for the purpose of assisting in carrying out these resolutions."

6th. Proposed by Mr. ANSTIE, and seconded by Mr. WATSON:—"That a committee be formed of the following gentlemen: Messrs. Lawrence, Way, Meadows, Wood, Swain, and Griffin, with power to add to their number, who shall co-operate, on behalf of the students of King's College, with those of other schools, and with the Poor-law Medical Reform Association."

THE MIDDLESEX HOSPITAL AND TREATMENT OF CANCER. Dr. Fell, the American physician, whose treatment of this disease has of late been so much spoken of in London, has made an arrangement with the authorities of the Middlesex Hospital, by which he has taken charge of a certain number of cases in the cancer wards of that establishment, for the purpose of subjecting them to the action of his remedies. Dr. Fell has communicated, in confidence, the particulars of his treatment to the surgical staff, who will watch the cases, and report upon the results.

A MADMAN IN THE VATICAN. Rome, January 15th. While sanguinary tragedies have saddened the inhabitants of Paris and Naples, eccentricities of a less homicidal character have amused the inhabitants of Rome, and especially the nocturnal pranks of a madman who recently gained access to the Vatican Palace, notwithstanding the scrutinizing glances of the Swiss halberdiers stationed in the grand corridor leading to the *scala regia*. It appears that this unfortunately aberrated individual succeeded in secreting himself in the precincts of the palace until the night was far advanced, when he suddenly aroused and alarmed the inhabitants of the apostolic residence by vociferating in stentorian tones that the Pope was dead, following up this startling piece of intelligence by another vague assertion, that he himself was about to succeed his Holiness on the Pontifical throne, and that, as first fruit of his authority, he should order the Cardinal Secretary of State to be shot. It may be easily imagined with what consternation these overwhelming announcements were received, until the ill-omened individual was laid hands upon, and the state of his intellects discovered. The great gates of the Vatican have been closed at nightfall since this untoward occurrence. (*Express*.)

HOSPITAL FOR DRUNKARDS. A movement is on foot at New York to establish an institution for these persons.

BOARD OF HEALTH. The Hon. W. Cowper retires from the Presidency, and is succeeded by Mr. Monsell, of the Board of Trade.

EAST INDIA COMPANY'S SERVICE:

QUESTIONS PUT AT THE WRITTEN EXAMINATION FOR ASSISTANT-SURGEONS, JANUARY, 1857.

ANATOMY AND PHYSIOLOGY. Monday, January 12th.—10 to 1 o'clock. Examiner, Mr. BUSK. *i. Descriptive Anatomy.* 1. Describe the duodenum; its structure, relations, functions, vessels, and nerves. 2. Indicate the limits of, and describe the parts exposed by, dissection in the space circumscribed by the borders and attachments of the masseter muscle, including the zygomatic fossa. 3. Describe the dissection of the popliteal space. 4. Enumerate in order of superposition the parts divided in cutting down upon the first rib, above the clavicle, the incision being parallel with the clavicle. 5. The pons Varolii and medulla oblongata having been removed, describe the base of the brain, as thus exposed; tracing the remaining nerves to their true origins. *ii. Minute Anatomy and Physiology.* 6. Describe the minute anatomy of the spleen, and the peculiarities of the splenic blood. 7. Describe the structure of the walls of the larger and smaller arteries, veins, lymphatics, and capillaries. 8. Enumerate the various excretions, indicating the average daily amount of each in an adult man; and indicate the sources whence they are derived, and the channels through which they are eliminated.

SURGERY. Monday, January 12th.—2 to 5 o'clock. Examiner, Mr. PAGET. 1. Describe the malpositions of the lower extremity which are usually observed in the successive stages of scrofulous inflammation of the hip-joint; explain the differences between the apparent shortening and the real shortening of the limb; and say in what other diseases any of the same malpositions may occur, and how these diseases may be distinguished from that of the hip-joint. 2. What are the chief caustics employed in the treatment of phagedænic, rodent, lupous, canceroid, and other allied forms of ulcer? Give account of the methods of applying at least three of them. 3. Give an account of loose cartilages in the knee joint,—of their probable origin, seat and manner of formation, and effects. 4. In a large general hospital, would you, or would you not, set apart wards exclusively for the treatment of patients after operations? State both the advantages, and the disadvantages, of the plan that you would adopt. 5. What diseases within the skull are likely to occur in connection with chronic suppuration or ulceration in the internal ear? How would you endeavour to prevent them; and what symptoms would make you suspect the occurrence of any of them! 6. Give an account of the disease generally called fissure or irritable ulcer of the anus; mention its chief diagnostic symptoms, and the best means of curing it. 7. Enumerate the causes of retention of urine. 8. What are the most characteristic signs of fracture of the neck of the femur? and how would you distinguish this injury from fracture of the pelvis, from dislocation of the femur on the dorsum ilii, and (when there is no shortening of the limb) from the consequences of a severe blow on the trochanter major producing neither fracture nor dislocation?

MEDICINE. Examiner, Dr. PARKES. Tuesday.—2 to 5 o'clock. 1. Describe the symptoms of an apoplectic fit. What are the chief structural lesions of the brain or vessels which precede cerebral hemorrhage? What treatment would you adopt during the fit? 2. A woman, aged 30, was ill for three years with well-marked symptoms of phthisis pulmonalis. She then became extremely depressed in spirits, irritable, and odd in manner, and occasionally lost for a time the memory of persons and things. After this had continued for two or three months, she began to complain of severe frontal headache, and was soon afterwards attacked with occasional violent vomiting; there was some intolerance of light; the pulse was quick and the skin was hot. Eight days before her death she became extremely confused, ceased to know her relatives, declined to answer questions, and gradually became comatose. For five days before her death, she had retention of urine, but there were no other paralytic symptoms. Describe the appearances which would be present in the brain and lungs on *post mortem* examination. 3. What are the symptoms of acute pericarditis? 4. A man, aged 33, suffered for six years from cough, expectoration, and occasional slight hæmoptysis. For nine months before the date of the following attack, the cough had increased, and he had rapidly lost flesh. On the 16th December, he was suddenly seized with a sensation of great constriction, and then of intense pain in the left side and the left front of the chest; the breathing became very quick; the pulse frequent and feeble; the extremities cold; the

skin clammy with cold sweat. The patient could only lie on the left side, though formerly the position on the right side had been easiest to him. On the following day the pain was less, but was still excited by every respiration and movement; the left side was found to be enlarged, and the heart was displaced to the right. From what causes could such an attack arise, and which cause was the probable one in this case? What physical signs must have been present? What treatment would you have adopted? 5. What are the causes of enlargement of the spleen? How would you recognise such enlargement? What microscopical conditions of blood may be coincident with it? 6. How would you distinguish between the diarrhoea of typhoid fever and that of dysentery? Mention the signs derived from the characters of the stools, as well as from the other symptoms. 7. Enumerate some of the principal diseases in which albumen may be found temporarily or permanently in the urine. 8. What are the symptoms and treatment of placenta prævia? 9. What are the chief official preparations of iron? Under what circumstances would you employ iron as a remedy? 10. If you were appointed surgeon to a crowded troop or emigrant ship, what measures would you take in order to preserve the health of those on board?

NATURAL HISTORY. Tuesday, 10 to 1 o'clock. Examiner, Dr. HOOKER. *i. Botany, etc.* (Answer five or more of the following questions.) 1. What are the different layers of the bark of a tree, and how are they developed? 2. How are epiphytes distinguished from parasites? Give examples of both. 3. What are the characters of the natural orders gramineæ, compositæ, and umbelliferae? and give examples of each used in medicine. 4. Describe the roots of ipecacuanha, orchis, smilax, and ginger; give the names and natural orders of the plants to which they belong. 5. Give the names, natural orders, and native countries of the plants producing gamboge, hemp, tamarind, benzoin, scammony, and jalap. 6. Describe the structure of an orchideous flower. 7. What does a grain of wheat and barley consist of? 8. What is yeast, how is it developed, and what are the chemical changes it effects? 9. Mention some natural orders and genera of plants which abound most in saline and in nitrogenous soils. 10. Mention some of the most abundant products of the cells of plants, and their chemical composition. 11. What is starch chemically and microscopically; and how is it converted into sugar? 12. Define the terms protoplasm, cytotblast, and primordial utricle. 13. What are the changes which vegetable food undergoes when assimilated by animals; and how does it supply animal heat? 14. Why is a knowledge of vegetable physiology essential to a right understanding of animal physiology? 15. What are mist, dew, and hoar-frost? 16. What are monsoons and trade-winds? *ii. Zoology.* (Answer three or more of the following questions.) 1. Describe the process of fecundation in fish and in insects. 2. What are the principal races of men? how are they distinguished and distributed over the surface of the globe? 3. What animals yield oil used in commerce and medicine? and to what genera and families do they belong? 4. What is the economy of an ant-hill and of its inhabitants? 5. Define the terms species, genus, organ, function, instinct, anatomy, and physiology. 6. Describe the respiratory apparatus in birds, fish, reptiles, insects, and arachnida. 7. What are tapeworms and ascarides? how are they developed and propagated?

ROYAL MEDICAL BENEVOLENT COLLEGE. The late Sir Hugh Richard Hoare, who was during his life-time a liberal friend to the College, has bequeathed £500 to it by his will.

MEDICAL SOCIETY OF LONDON. A paper will be read this (Saturday) evening, by G. Ross, Esq., "On the Secondary Eruption following Vaccination".

TO CORRESPONDENTS.

LETTERS and other COMMUNICATIONS for the JOURNAL should be directed to the private address of the Editor, 39, Curzon Street, May Fair.

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.

DR. MONTGOMERY.—We have not forgotten our promise; and will shortly fulfil it.