

THE WEEK.

ALL who are interested in the improvement of the medical department of the British Army and of the sanitary state of the British soldier, will be well pleased at the proceedings which have this week taken place in the House of Commons. The legislature have distinctly intimated a willingness to carry out those reforms, which have been long demanded, and which on several occasions we have taken opportunities of advocating. The reply of General Peel to Colonel Kingscote on Monday, and the highly interesting discussion on the resolutions brought forward by Lord Ebrington on Tuesday, lead to the hope that before long the notorious mortality in our army from preventable causes will belong to the things of the past.

A few months ago, we had occasion to comment rather freely on some points in connexion with the management of St. Mary's Hospital, Manchester. With much greater satisfaction we now notice the establishment in that institution of a regular system of instruction. A School of Obstetric Medicine and Surgery has been opened; and the Introductory Lecture on the Principles and Practice of Midwifery was delivered on May 3rd by Dr. Clay, who will continue the course, assisted occasionally by Dr. Radford. Lectures on the Diseases of Women and Children will be delivered by Mr. Winterbottom; and clinical lectures on Hospital Cases will be given frequently by the surgeons in ordinary to the Hospital. The means of instruction in obstetric science appear to be ample. We are well pleased to hear of the establishment of St. Mary's Hospital School of Obstetric Medicine and Surgery, because we hold that every hospital ought to be utilised for practical instruction; and if there be any institution the educational benefits of which should be more especially afforded to the embryo practitioner, it is that one which will supply him with the knowledge of that department of the medical art on which, beyond all others, his reputation is most likely to stand or fall.

The result of the recent deputation of the Poor-Law Medical Reform Association to the President of the Poor-Law Board was on the whole encouraging. We hear that Mr. Estcourt promised to lay a new Poor-Law Bill on the table of the House before the rising of Parliament; so that during the recess there would be ample opportunity for examining its provisions. The claims of the union medical officers seem now fairly admitted by the legislature; and they alone will be to blame if they do not, by steady vigorous action, carried on in a spirit of unanimity, support with all their might the endeavours of Mr. Griffin and his colleagues.

Judgment has been delivered in the case of alleged surgical mistreatment (*Miller versus Walker*), of which an outline was given in the JOURNAL for May 8th, p. 383. The speech of his Honour the County Court Judge, J. W. Harden, Esq., lies before us; but we can only extract some of the concluding remarks, and leave them, in connexion with the previous report, to the good sense of our readers.

"When a man holds himself out as a surgeon, whether he be a member of the Royal College of Surgeons or not, he undertakes to bring a fair and reasonable degree of knowledge, care, and skill to the exercise of his profession; but he does not undertake to perform a cure at all events, nor does he undertake to use the highest possible degree of skill. If he has

competent knowledge and does his best, he cannot be blamed, and much less can he be sued for clumsiness. Much must necessarily rest with the employer himself, who is bound to exercise ordinary caution and discrimination in the choice and selection of the party he employs. If he chooses to go to a quack instead of a duly qualified practitioner, and is put to prolonged and unnecessary pain, if that be all, he has himself only to thank for it. But if a practitioner, whether he be quack or no quack, through gross ignorance or carelessness, or want of skill, inflicts some lasting injury upon his patient, he must answer for it."

The last sentences are quite correct; but what follows?

"But here there is no specified injury. Who can say that in the hands of the most eminent practitioner the child's limb would have been restored? Who can say that its life has been shortened by the defendant's treatment? He believed the hip to be dislocated, and he did his best to reset it. His treatment appears to me to have been clumsy and ill judged, to use no stronger term; but, beyond having been unintentionally put to greater pain than was necessary, I cannot say that the poor child is at this moment in a worse condition, and less likely to live, in consequence of the defendant's treatment, than he would have been in other and more scientific hands. Of that the plaintiff has failed to convince me, and the verdict must be for the defendant, but without costs."

Association Intelligence.

BRITISH MEDICAL ASSOCIATION:
ANNUAL MEETING.

THE Twenty-sixth Annual Meeting of the BRITISH MEDICAL ASSOCIATION will be holden in Edinburgh, on Thursday, Friday, and Saturday, the 29th, 30th, and 31st of July.

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

Worcester, April 26th, 1858.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual Meeting.]	Harpur Charity Room, Bedford.	Friday, May 21st, 1 P.M.
EAST YORK AND NORTH LINCOLN. [Annual Meeting.]	The Infirmary, Hull.	Tuesday, May 25th, 3 P.M.
YORKSHIRE. [Annual Meeting.]	Leeds.	Thurs., May 27th.

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.

METROPOLITAN COUNTIES BRANCH: ORDINARY
MEETING.

AN ordinary meeting of this Branch was held at 8, Savile Row, on Tuesday, May 11th, at 4 P.M.; EDWIN LANKESTER, M.D., F.R.S., President, in the Chair.

MEDICAL REFORM.

The omission of a repeal clause in Mr. Cowper's Bill was again taken into consideration, and the following resolution was passed:—

"That the Metropolitan Counties Branch of the BRITISH MEDICAL ASSOCIATION, deeming it of great importance that a clause repealing former Medical Acts of Parliament be inserted in Mr. Cowper's Bill in the same manner as in Lord Elcho's and Mr. Headlam's Bills, request the President to inquire and inform the Committee appointed to watch the progress of Mr. Cowper's Bill, whether any steps have been taken for that purpose."

Parliamentary Intelligence.

HOUSE OF COMMONS.—Friday, May 7th, 1858.

THE STATUE OF DR. JENNER.

Lord A. VANE-TEMPEST said that an erection had lately grown up in Trafalgar Square, which had not yet been uncovered, but on inquiry he was informed that it was a statue of Dr. Jenner. He had no desire to depreciate the profession of which Dr. Jenner was an ornament, but he submitted that the site in question was not an eligible one for a statue to Dr. Jenner. He wished to ask the Chief Commissioner of Works whether the selection of the site was his or that of his predecessor in office; and if there was any correspondence on the subject, or whether it had been referred to any committee of taste? He should like to be told who generated Dr. Jenner in that place. [*A laugh.*]

Lord ELCHO said that his attention had been called to this statue of Jenner; and, with reference to the subject of the erection of statues in the metropolis, he wished to know if the government had any fixed principles on the subject—that is, whether if any set of gentlemen subscribed for a statue, they could select a site for it. The statue of Jenner was placed in a line with that of Sir Charles Napier. He wanted to know if the line was to be completed, and if there was to be a line of statues along Trafalgar Square; and also whether it was to be a single line or a double line. The English formation was two deep, and the French formation was three deep. Which formation was to be adopted in Trafalgar Square, the French or the English? There ought to be some principle on which statues were to be erected, so that they would not be a disfigurement to the metropolis.

Lord J. MANNERS said that, in answer to the question put by his noble friend, the member for Durham, he believed that in August 1857, an application was made by a committee for a site for the statue in Trafalgar Square, and a site was granted by his right hon. friend opposite. A short time ago an application was made to him by the members of the committee, who stated that the statue was ready, that the pedestal was complete, and asking for instructions for its erection; and he thought it desirable that the plan should be carried out. His noble friend, the member for Haddington (Lord Elcho), wished to know the intention of the government with respect to statues that might hereafter be proposed for erection in other parts of the metropolis, and especially in Trafalgar Square. The department with which he was connected had nothing to do with other parts of the metropolis; but with respect to Trafalgar Square, he understood that the position assigned to the statue of Dr. Jenner was part of a general plan, and that three or four other statues would be placed in the same line. One to correspond with that of Dr. Jenner would be placed at the opposite corner, and one of Sir Henry Havelock would be placed so as to correspond with that of Sir Charles Napier. [*Hear.*]

VACCINATION IN IRELAND.

Mr. MONSELL said he found that by the report of the Irish Poor-Law Commissioners, while there were 84,000 children vaccinated in Ireland in the year 1856, there were only 47,000 vaccinated in 1857. Great danger to human life might arise from the present state of the law on this subject, and he would therefore ask the Chief Secretary for Ireland whether he proposed to introduce a Bill to carry out the recommendation of the Commissioners on this subject?

Lord NAAS replied that the attention of the Government had been called to this important subject. He had had some communication with the Commissioners, and he hoped to be able in the course of the Session to introduce a Bill on the subject.

Monday, May 10th.

THE MAIN DRAINAGE SCHEME.

Mr. BUTLER wished to put a question to the First Commissioner of Works. There were many conflicting statements as to the expenditure that the main drainage scheme would involve. It had been variously stated at from £1,200,000, to £5,400,000; and then it was said that if this large outlay were incurred, it would not, after all, accomplish that purification of the Thames which was desired. Under these circumstances, he wished to ask whether, having regard to the

various reports of the referees and Commissioners upon the subject of the Main Drainage of the Metropolis and the Purification of the Thames, it was his intention, before acceding to any scheme for carrying out the 135th section of the Act for the better Local Management of the Metropolis, to cause any further investigation to be made by a reference to the Committee recently appointed, or otherwise; and whether it was in contemplation to amend or modify such Act, with a view to the adoption of any scheme that might not be in accordance therewith?

Lord J. MANNERS said that no power was given at the present moment to proceed with the scheme recommended by the Metropolitan Board of Works; and should that Board contemplate carrying it out, he certainly, having regard to the fact that a Committee of the House of Commons had been appointed on the subject, should oppose sanctioning any proposition for that purpose until that Committee had made its report. He was not aware that the Metropolitan Board of Works had expressed any desire for fresh legislative powers for the purpose suggested by the honourable member; but should they make any application upon the subject, he would then consider whether such powers were necessary or not.

ARMY MEDICAL OFFICERS.

Colonel KINGSCOTE inquired of the Secretary for War whether it was intended to carry out the recommendations of the Committee appointed to inquire into the Army Medical Department of which Mr. Stafford was Chairman in 1856, or any of the recommendations of the Sanitary Commissioners of which the right honourable the member for South Wiltshire was President, which related to the pay, rank, and organisation of the Army Medical Officers, or whether it was intended to continue the system now prevalent under the present Director-General?

General PEEL intimated that it was not intended to continue the existing system under the present Director-General. A warrant in conformity with the recommendations contained in the report of the Army Sanitary Commission, of which the right honourable member for Wilts was Chairman, would be submitted to the Treasury, and when sanctioned by that department, would be carried into effect.

THE STATUE OF DR. JENNER.

Mr. T. DUNCOMBE wished to ask a question with respect to the statue of Dr. Jenner, in Trafalgar Square. Cowpox was a very good thing in its proper place; but it had no business among the naval and military heroes of the country. Everybody spoke with ridicule and disgust of the statue; and if the Government should not feel justified in stopping the work, he trusted that the House would pass a resolution calling on them not to pollute and desecrate the ground by erecting a statue there to that promulgator of cowpox throughout the country. He wished to know whether the Government had any objection to the production of the correspondence which had taken place on the subject?

Lord J. MANNERS had no objection to the production of the papers; but said he should like to consult his right honourable predecessor on the subject.

Tuesday, May 11th.

MORTALITY AND SANITARY CONDITION OF THE BRITISH ARMY.

Lord EBRINGTON proposed the following resolutions:—

“That the long-continued excessive mortality of the British army has been mainly caused by the bad sanitary condition of their barrack accommodation. That this house has viewed with satisfaction the efforts of successive governments, aided by parliamentary grants, to improve the moral, intellectual, and physical condition of the British soldier, and is encouraged by the happy results of such efforts and grants to hope much from a continuance and further extension of the same. That much still remains to be done with regard to barrack accommodation; firstly, for its increase, with the view to the discontinuance, as far as may be, of the present practice of billeting, as being alike oppressive to the civilian and demoralising to the soldier; and, secondly, for its improvement, both with a view to the healthy accommodation of the troops in general, and to the decent accommodation of the married soldier. That, in the opinion of this house, such increase and improvement are imperatively called for, not less by good policy and true economy than by justice and humanity.”

He contended that the mortality in the British army had long

been excessive. The mortality in the Guards was upwards of 20 per thousand; that of the Line was nearly 18 per thousand; that of the Cavalry 11 per thousand; and in the general population of England and Wales of the same ages as the soldier little more than 9 per thousand, and among the population of the same ages in healthy districts nearly 7½ per thousand. The mortality in the Guards was nearly three times that of the population in healthy districts in England and Wales of the same ages, and to this they had to add nearly an equal number taken away by invaliding. The mortality varied in different corps. During the first year after the soldiers had been pensioned it amounted in the Guards to 13½ per thousand of invalids, and on the average to something like 76. The mortality in the army, exclusive of invaliding, and speaking of the troops at home, was more than double that of the rural population; taking it in the army generally it amounted to 33 per thousand, and in unhealthy colonies it was as much as 60 per thousand. A soldier's life would be considered in any insurance office, at the time he was enlisted, as one of the highest class that could be insured. No recruit was admitted into the army who had any traces of ill-health or of malformation, and who did not possess a certain physical strength over and above the general standard; and about one-third of such as presented themselves for enlistment were rejected. All these defective lives were thrown back on the general population, and *pro tanto* increased the general ratio of mortality; but beyond that all the invalids, all the soldiers who were invalided were also thrown back on the general population, and were included by the Registrar-General in the returns of mortality. He contended that this alarming mortality in the army was preventable, and he traced it mainly to the bad sanitary condition of barrack accommodation. In order to determine the case as much as possible, we must look to the amount of mortality and sickness prevailing among other persons in an analogous position to that of the British soldier. The mortality in the House Cavalry was 1½, and in the Dragoons 1½, in the Line twice, and in the Foot Guards 2½ times as great as among agricultural labourers—even taking those who were not members of friendly societies. It might be said that a great deal of a soldier's life was passed in towns, and that a comparatively small proportion was quartered in analogous situations to the agricultural population. But if we took the most unhealthy occupations, such as miners, or the unhealthiest occupations in towns, we should still find the mortality in the army greater; and even taking the case of night printers, an indoor occupation, involving duty six nights out of the seven, the mortality in the army was greatly in excess. They were told that this mortality was owing to the night duty, and no doubt it added considerably to it; but the night duty of the soldier ought not to be more unwholesome than that of the night printer, under less favourable circumstances. In the case of the night printers of the *Times* office, the mortality was nearly as low as that of the agricultural labourers. He attributed this difference to the greater sanitary improvement carried out in the *Times* than in any other printing office, and it bore in a very important manner on the question of barrack accommodation. The police duty was more severe, but the mortality was less than in the army. Dr. Guy had placed in his hands a very able paper on the sanitary condition of the firemen of the metropolis, who were greatly exposed to alternations of heat and cold, and other trying vicissitudes; but among whom the mortality was only seven per thousand; and this included deaths by accident, which, in spite of the hazardous nature of the employment, were rare. Hence the night duty of the soldiers alone was quite inadequate to account for the excessive mortality amongst them. The number of deaths from consumption alone in the army, exclusive of invaliding, was greater in the proportion per thousand than that of the deaths, from all causes, in the general population swelled by rejected recruits and invalids, of the United Kingdom. The deaths annually, from all causes, were under ten per thousand in the population of England. The deaths in the Infantry of the line, serving at home, were, from chest and tubercular diseases, upwards of ten per thousand; the total deaths being within a fraction of eighteen per thousand, and the deaths from chest and tubercular diseases in the population generally being about four and a half per thousand. Whence did this tubercular disease arise amongst this naturally strong and healthy body of men? Cold or night duty alone were not sufficient causes. It had been suggested that drinking was one cause, and demoralisation the other. But the rarity of delirium tremens and nervous disorders, and diseases of the digestive organs, afforded a strong *primâ facie* case against drinking being the great cause of disease in the army. Then with re-

gard to the other cause, it should be observed, that in the Artillery, where the mortality was not more than half what it was in the Line, the admissions to hospital, on account of diseases arising from immorality, were higher than in the case of the Guards. The main cause of mortality was the bad sanitary accommodation given in barracks; and therefore, by removing the bad sanitary accommodation, we might hope to remove the cause of much suffering, of much cost to the nation, and of much diminution in the efficiency of the army. It had been sufficiently proved that overcrowding, with insufficient ventilation, would produce tubercular disease amongst the healthiest men. In 110 of our barracks, the amount of cubic feet per man was under 400 feet; and in twenty-six barracks the average was under 300 feet; and in some others it was much lower. These were in the United Kingdom; but there was no doubt that there must be much to be deprecated in India and the colonies. After adducing the authority of the late Sir Charles Napier to show the evil effects resulting from insufficient barrack accommodation in India, he instanced a case in which that commander had placed only a wing in barracks intended for a regiment, with the effect that, whereas in one year almost the whole regiment had been cut off, in the following one there were only twenty-nine sick out of 1,054, and not one was sick from climate. Equally striking effects had been produced by the steps taken by Lord Metcalfe to diminish the overcrowding of barracks in Jamaica. He would only now allude to the defective state of many of our hospitals, to the want of decency in their arrangements, and the low standard of comfort arrived at in military as compared with civil hospitals. The accommodation afforded in workhouses in England and Scotland was infinitely superior to that afforded to our brave soldiers. Not only was there a larger allowance of cubic feet per man in the dormitories in the former than in the latter instance, but in the workhouse a day room was always insisted upon, while it was not in the barracks. No workhouse hospital was without a warm bath; but he knew it was a fact, that a warm bath had not been given in the Plymouth Hospital for some years on account of the labour of filling the place, ten feet square, which there served as a bath. He now turned to the second resolution, which recognised the improvements introduced into barracks of late years. The testimony of all officers was borne to the excellent results which had followed them. As to the economy and policy of effecting improvements in barrack accommodation, and of not allowing our men to be decimated by preventable disease, it was only necessary to call attention to the cost of our troops. He believed that no one would put the cost of a well trained soldier at less than £100. Now, between the ages of twenty and forty, six out of every ten men in the army were removed by death or being invalided. By the excessive proportionate mortality in the army we sacrificed a large sum, expended in the preparation and training of the soldier; while we also diminished the number of veteran troops, and caused an undue proportion of our army to be composed of recruits. He called upon the House, by every ground of policy, economy, justice, and humanity, to resolve that the state of things which had existed should exist no longer; but that one which was so great a reproach to the country, was so costly, so injurious to the reputation of that House and the government authorities, with their countrymen, should be at once abolished, and that an entirely new system should be forthwith established. The noble lord concluded by moving the resolutions.

Sir F. SMITH yielded to no man in the desire to see the soldier well taken care of. There was no doubt that of late years the cubical accommodation given to each soldier had been materially increased. Some years ago soldiers slept two in a bed; and in some cases, in this metropolis, they slept in double tiers. He believed night duty to be a great cause of mortality in the army. Ever since he had known anything about the service, the barrack accommodation for soldiers had gradually been improving. There was, however, still room for improvement. He hoped, however, that they would not suppose that the want of a certain amount of cubical space in barracks was alone the cause of increased mortality. In the report of the Sanitary Commissioners, the mortality of the Sappers and Miners was not noticed. In that corps the mortality was much less than it was in other regiments, and he accounted for it by the fact that they were much more employed. The rooms for the Cavalry were not generally so spacious as those for the Infantry, and yet the men were healthier. That was also to be accounted for by their being more employed.

Captain ANNESLEY objected to a comparison of the mortality in the Guards with that in the police. Most of the police were married, and could live in comfortable houses. Any policeman

might retire on giving a month's notice; while a soldier was unable to leave until he had completed his time or was invalided. Besides, all bad characters and drunkards were dismissed from the police force. If the Guards were to invalid their unhealthy men and drunkards as the police did, the deaths would be very much reduced, and would probably very little exceed those in the police.

Mr. W. WILLIAMS said that the preservation of the soldier's health was a question which commended itself to the House on the grounds both of humanity and of economy. His Royal Highness the General Commanding in Chief had recently complained that he could not get money even for repairing barracks. But during the last thirty-four years, £7,500,000 had been expended on soldiers' barracks; and above £3,500,000 of that sum had been expended within the last three or four years. He objected to the erection of a pavilion at Aldershot for the use of Her Majesty, if the expense was to be defrayed out of the money voted for the use of the soldiers.

Colonel NORTH believed that night duty had a great deal to do with the mortality in the Foot Guards, and that their sleeping in wet clothes was the cause of much illness. He could not understand why soldiers were not allowed to take off their great coats in the guard-room. He was acquainted with very few guard-rooms where there were the means of hanging up great coats. He was confident that the Duke of Cambridge had spoken the truth on the occasion referred to by Mr. Williams.

Mr. PEASE said that, assuming all Lord Ebrington had stated to be true, there was a right time to do a right thing. For four years three millions had been spent on this very object; and, as we were engaged in expensive operations, this was not the right time to spend more.

Sir JOSEPH PAXTON said that it was a mistake to suppose that £3,000,000 had been spent on increased barrack accommodation within the last three or four years. The Barrack Accommodation Committee of 1855, of which he was a member, had recommended that architects should be called on to send in plans for improved barracks. Plans were accordingly sent in: but he had not heard that any barracks had been built upon the plan which was approved. He believed that the unhealthiness of the existing barracks was mainly attributable to defective ventilation and want of sufficient space; and it was utterly impossible that a large number of persons who were constantly eating and sleeping in the same room, could be in a very healthy condition.

After some remarks from Sir H. VERNEY in support of the motion,

Colonel BOLDERO said that the report of the Sanitary Commissioners attributed the great mortality among the troops chiefly to defective ventilation and bad drainage. He alluded to the ventilation of the House of Commons; and said that, if the services of scientific men had failed to give perfect ventilation to the House, the engineer officers could not be blamed because they had not succeeded in providing perfect ventilation in barracks. Millions of money had been spent on drainage in the metropolis, and yet a perfect system of drainage had not been established. Soldiers were a class of men with whom it was very difficult to deal. As long as the non-commissioned officers were in the room, the windows were kept open; but when they left, the soldiers shut the windows.

Lord PALMERSTON was sure that the House and the country ought to feel exceedingly obliged to his noble friend. When they were told they ought not to spend money in improving barracks because they were engaged in expensive operations of another kind, he could not see any force in that objection, because he felt satisfied that money spent in improving barracks was spent in promoting the health and the efficiency of the troops. He did not think that blame could attach to any department of the service by which those evils had not been set right. The House should remember, strange as it might appear, that notwithstanding the progress of science, it was only within the last few years it had been found that oxygen and pure air were all-important for the well-being of our bodies. Not only had our troops been victims, but until lately the legislature had been as great sufferers by neglect of a common principle of science. There were few in that House who, like himself, remembered what members suffered in the old Houses of Parliament from a vitiated and pestiferous atmosphere. He was sure that that atmosphere caused the death of many members. Colonel Boldero complained of the atmosphere of the present House. Now, he (Lord Palmerston) had, he believed, spent more hours in that House than almost any other member, and he could only say that his health had not suffered from it. [*Hear, hear.*] If the barracks were as well ventilated, he apprehended

hended there would be no reason to complain. The noble lord then alluded to certain improvements which might be adopted at a small expense, such as the provision of additional cloaks for sentries, which had been adopted, he believed, from the French service. Even where additional room could not be provided, he thought much might be done, at a small expense, in allowing the bad air to escape, and providing additional ventilation. He hoped the motion of his noble friend would be agreed to, as he believed the government were anxious to provide for the health of the men.

Mr. S. HERBERT said that it was at first suggested that the report of the Sanitary Commission with regard to the mortality of the Guards was erroneous, and that the statistics had been got up by the Guards themselves. He wished to bear his testimony to the fairness of the gentlemen who got up these statistics for the Guards, Dr. Balfour and Sir Alexander McCulloch; but the fact was that they had made the mortality of the Guards rather higher than the Sanitary Commission had done. One curious fact, however, had been brought out, that of the three regiments of the Guards, enlisted from the same classes, of the same stature, doing the same duty, and living in the same barracks, the mortality in the Grenadier Guards was higher than in the Coldstreams, whilst the mortality in the Fusiliers was lowest of all. He thought it would be well to ascertain whether this arose from internal discipline or from what causes. He did not stand out for the accuracy of all the conclusions of the Sanitary Commission; but the object had been to bring their labours to an end in time to commence practical operations. It was proved that the mortality was great, and that it could be reduced. The Commissioners did not say it was all owing to the barracks, or to intemperance and debauchery, or to night duty. Intemperance existed in the army, and more in the Foot Guards than in the Life Guards; but the deaths in the latter were to a far greater extent than in the former. The reason the Commissioners had laid great stress on ventilation was, that it was a mere matter of pounds, shillings, and pence, and could be at once obtained if the House would put their hands in their pockets; while intemperance could only be affected gradually by moral influence. The Sappers and Miners had been brought forward as a proof that overcrowding would not account for mortality. But, though their barracks were not so good as others, they took more exercise than other troops, and were healthy in proportion. If cubic space were immaterial (as had been contended) great injustice had been done to Shah Suraj-u-Dowlah, who killed a number of people by crowding them into the Black Hole at Calcutta. He hoped in a few days to lay before the Secretary of State for War a report of the Commissioners on the London and some adjoining barracks, pointing out the means of putting them in a comparatively healthy state.

General PEEL was sure that not only every military man, but every man who had the welfare of the army at heart, would feel indebted to the noble lord for this motion. Far from his objecting to the resolution, he was satisfied it would only strengthen the hands of the government. When he (General Peel) first went into office, his attention was drawn to the report of the Sanitary Commission; and on asking what could be done to remedy the evils it set forth, he found that another commission had been appointed to point out the way in which those evils could be remedied. He was satisfied that the only proper course to take was to wait for the report of that commission, and then to ask for the means of carrying out the remedies they recommended. When he had received the report of the Commission of which his right hon. friend was the chairman he would lose no time in giving it his best consideration.

Colonel PENNANT had for nine years the charge of a battalion of Guards. He had found the mortality in the companies in which all the six-foot men were, greater than in the companies composed of shorter square men, of about five feet nine inches. Another element in the question was that, whereas policemen were not taken into the force under twenty years of age, soldiers were enlisted at eighteen, when they were too young for night-work.

General CODRINGTON said that at present barracks were constructed without regard to comfort. He recommended that one or two large day-rooms should be provided to each barrack. In several instances this had been attended with most satisfactory results in respect to the health and comfort of the soldier.

After some remarks from Colonel KNOX, Mr. MONSELL, and Lord BURLEIGH, and a brief reply from Lord EBRINGTON, the resolutions were agreed to.

PETITIONS.

Petitions in favour of Mr. Cowper's Bill have been presented from members of the Bath and Bristol Branch; from medical practitioners in Lambeth, Shrewsbury, Cressage, Stourport, and Witley; and from the physicians and surgeons of the Worcester Infirmary.

Petitions for adequate remuneration have been presented from medical officers of the following unions: Witham, Gravesend and Milton, Plymouth, Bedford, and Abingdon; and from practitioners at Wenlock, Madeley, and Tisbury.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

- HULME. On May 2nd, at 19, Gower Street, the wife of Edward Charles Hulme, Esq., Surgeon, of a daughter.
MURRAY. On May 6th, at Hampstead, the wife of John Murray, M.D., H.F.I.C.S., of a son.
TODD. On May 7th, at Marlborough Place, Old Kent Road, the wife of George M. Todd, M.D., of a son.
WORDSWORTH. On May 10th, at 41, Finsbury Square, the wife of John Cawood Wordsworth, Esq., Surgeon, of a daughter.

MARRIAGES.

- DAVIES—BLUETT. DAVIES, Ebenezer, Esq., Surgeon, Swansea, to Eliza Jane Caroline, eldest daughter of P. F. Bluett, Esq., of West Cowes, Isle of Wight, on May 5th.
REID—HACK. REID, Douglas Arthur, M.D., of Pembroke, and late of Her Majesty's 90th Light Infantry, to Mary, eldest daughter of Thomas Sanden Hack, Esq., of Clifton, near Bristol, on May 6th.
SCOTT—JOHNSON. SCOTT, James Edward, M.D., Rifle Brigade, to Martha, daughter of the late George Johnson, Esq., of Portaferry, on May 5th.

DEATHS.

- HIGSON. On May 9th, at Bowdon, Margarete, wife of Thomas Higson, Esq., solicitor, Manchester, and eldest daughter of *Samuel Barton, Esq., Surgeon.
LANGMORE, William, M.D., at 40, Finsbury Square, aged 73, on May 5th.
MÜLLER, Johann, M.D., the celebrated physiologist, at Berlin, of apoplexy, aged 56, on April 28th.
UNDERHILL. On May 10th, at Tipton, Staffordshire, Owen Thomas, eldest son of *Thomas Underhill, Esq., Surgeon.
WILLIAMS. On May 7th, at Dursley, in consequence of a fall from his horse, Evan, third son of John Williams, Esq., Surgeon, aged 22.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners, on Friday, April 30th, 1858:—

- CHALK, Frederick Murray, Army
DANIEL, Thomas Palmer, Beaminster, Dorset
GILLINGHAM, Charles Frederick, Salisbury
IRVING, James, Long Bennington, Lincolnshire
JONES, Richard, Carnarvon
KNIGHT, Henry John, Sheffield
LOCKE, George William, Royal Navy
MARRIOTT, Charles Hayes, Kibworth, Leicestershire
NISBET, Alfred Callaway, Clement's Inn
TURNLEY, George Washington, Tasmania
WALKER, Arthur de Noe, Upper Berkeley Street, Portman Square

At the same meeting of the Court—

- DUCKET, Clarke Armstone, of H.M.S. *Agamemnon*, passed his examination for Naval Surgeon

- BELLAMY, George, for Naval Assistant-Surgeon

The former gentleman had previously been admitted a member of the College: his diploma bearing date July 28th, 1852.

Monday, May 3rd:—

- ADAMS, Samuel Hoppus, Bedford
ALBURY, William John, Nassau, New Providence, W.I.
ALSTON, William Evelyn, Studland, Dorsetshire
CARDEN, William Henry, Cheltenham
DANN, Henry Talbot, Fermoy, co. Cork
FOOTNER, Edward, Romsey
GUY, William, Maidstone, Kent
HIND, John Marriott, Gonalston, Notts.
LAWRANCE, Charles Alexander, Ipswich
NIBLETT, Francis Dorrington, Hackney
PARSONS, Francis, Taunton, Somerset
PERCIVALL, William, Richmond, Surrey

Friday, May 7th:—

- CODRINGTON, Oliver, Castle Street, Falcon Square
COOKE, George Pardoe, H.M. Dockyard, Woolwich
DANIEL, Richard Sylvester, Manchester
DALTON, Henry Augustus, Royal Navy
DRYSDALE, Charles Robert, London
HALL, Egerton Francis, Middleton Cheney, Banbury
HEELAS, Newton, Wokingham, Berkshire
HUDSON, Arthur Cort, Manchester
LEWER, Alfred, Merley Hall, Wimborne, Dorset
SEWELL, William Mallett, Barnsbury Park, Islington
THOMAS, Griffith Robert, Swansea, South Wales

Monday, May 10th:—

- DEVLIN, Henry William, Greenhill, Ballygawley, co. Tyrone
EARLE, James Neale, Brunswick Street, Trinity Square
FAWKNER, John, Manchester
GRIFFITH, Thomas, Warrington, Lancashire
HOLLINGS, Robert, Woodlesforde, near Leeds
JACKSON, John, Leicester
ORD, George Rice, Brixton Hill
SPENCER, Henry Banks, Chippenham, Wilts
TOWNSEND, Edward Richard, Cork
WAIT, John Stubbs, Bury, Lancashire
WALKER, Henry, Malton, Yorkshire

UNIVERSITY OF ST. ANDREW'S. List of gentlemen on whom the Degree of Doctor of Medicine was conferred on May 7th, 1858:—

- BARBOR, Thomas, M.R.C.S.I., Dublin
BEALE, George Bewsher, M.R.C.S. and L.A.C., London
BECKETT, Charles, M.R.C.S., Hull
BOWEN, Essex, M.R.C.S. and L.A.C., late Royal Artillery
BREMNER, George, M.R.C.S.Ed., Huntley
BRENNAN, Thomas William, M.R.C.S.I., Dublin
CHAPLIN, Thomas, M.R.C.S. and L.A.C., London
COOK, Henry, M.R.C.S., Hon. East India Comp. Service
DOUGLAS, Allen Edmond, M.R.C.S.I., Kingstown
DOWN, George, M.R.C.S. and L.A.C., Kennington, London
GRIFFIN, Richard Wm. W., M.R.C.S. and L.A.C., Weymouth
HARRIES, George James, M.R.C.S., Bath
HARRISON, John, M.R.C.S. and L.A.C., London
HILSTON, Duncan, M.R.C.S.Ed., Glasgow
HOGG, Francis R., M.R.C.S. and L.A.C., London
INCE, Eugene S., M.R.C.S. and L.A.C., London
KNAGGS, Henry G., M.R.C.S. and L.A.C., London
LAING, John, M.R.C.S.Ed., Aberdeenshire
MACKENZIE, John, M.R.C.S.Ed., Fort Augustus
O'NEILL, Edward J., M.R.C.S.I., Dublin
PALFREY, James, London
PALK, Henry, M.R.C.S., Southampton
POTTER, Henry, M.R.C.S.I., Limerick
PRICE, William P., M.R.C.S., Margate
RULE, Samuel, M.R.C.S., Plymouth
SHETTLE, Richard C., M.R.C.S. and L.A.C., Cann St. Rumbold, Dorset
SPACKMAN, William, M.R.C.S. and L.A.C., Lutterworth
THOMSON, Alexander, M.R.C.S.Ed., Dublin
WAYLEN, Alfred Robert, M.R.C.S. and L.A.C., Western Australia
WILLIAMS, John, M.R.C.S. and L.A.C., Wrexham, N. Wales
WOOD, Alfred J., F.R.C.S., Gloucester

HEALTH OF LONDON:—WEEK ENDING MAY 8th, 1858.

[From the Registrar-General's Report.]

THE deaths in London, which were 1221 in the first week of April, have in subsequent weeks undergone a gradual reduction, and in the first week of May the number returned was 1056. The period between the cold of winter and the heat of summer is that which is most favourable to the health of the

London population; and under ordinary conditions the mortality may be expected to fall till the middle of June. In the ten years 1848-57, the average number of deaths in the weeks corresponding with last week was 1055; but as the deaths in the present return occurred in an increased population, they should be compared with the average, after the latter is raised proportionally to the increase—a correction which will make it 1161. Hence it appears that the public health was so far in a satisfactory condition that 105 persons survived, who would have died if the average rate of mortality at the beginning of May had prevailed.

The births of last week exceeded the deaths in the same period by 632.

Diseases of the zymotic character produced last week 242 deaths. Whooping-cough continues to be the most fatal disease in this class, though it indicates a tendency to decrease. It was fatal in 63 cases; measles in 45, scarlatina in 38, typhus (with common fever) in 30, diarrhoea in 9, small-pox in 3, ague in 1. Two deaths resulted from cholera; a child having died from it, after three days illness, in Poplar; and a woman 64 years of age, in Marshall Street, Golden Square, after a brief illness of twenty-three hours. Five fatal cases of diphtheria are returned; one of these, which occurred in Mile End Old Town, is supposed to have been the consequence of effluvia from sewers into which gas-water had been pumped for a considerable time, in the Hackney Road sub-district, where the family had previously lived, but from which they had been recently advised by their medical attendant to remove. Another child in this family had died of the same complaint before the removal, and two others are now ill.

A licensed victualler, 65 years old, died last week from elephantiasis, from which he had suffered for thirty years. The deaths of six nonagenarians are included in this return.

Last week, the births of 868 boys and 820 girls, in all 1688 children, were registered in London. In the ten corresponding weeks of the years 1848-7, the average number was 1629.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.832 in. The mean daily reading was above 33 in. on the last three days. The lowest barometrical reading was 29.02 in. on Sunday, and the highest 30.26 in. on Friday. The mean temperature of the week was 45.6°, which is 5.8° below the average of the same week in forty-three years (as determined by Mr. Glaisher). The mean daily temperature was below the average throughout the week; on four days, the extent of depression was from 6° to 8°. A north or north-east wind blew on every day. The highest point attained by the thermometer in the shade was 63.4° on Wednesday; the lowest was 32.1° on Friday. The range in the week was therefore 31.3°. The mean daily range was 22.2°. The difference between the mean dew-point temperature and air temperature was 7.3°. The mean degree of humidity of the air was 76. The mean temperature of the water of the Thames was 53.7°. The rain measured was 0.21 in., which fell chiefly on Sunday (the 2nd inst.), when there were also showers of hail.

POOR-LAW MEDICAL REFORM ASSOCIATION: DEPUTATION TO THE PRESIDENT OF THE POOR-LAW BOARD.

A DEPUTATION from the Poor-law Medical Reform Association had an interview on Friday, May 7th, with the Right Honourable T. Sotherton-Estcourt, at the office of the Poor-law Board. The deputation consisted of Mr. Griffin, President of the Association; Mr. C. F. J. Lord, Honorary Secretary; Mr. J. P. Brooks, Henley-on-Thames; Dr. Rogers, Soho; Mr. J. G. Malone, Queenstown; Mr. W. B. Young, Reading; Mr. C. F. Sutton, Wragby; Mr. J. Luce, Swallowfield; Mr. J. Armstrong, Manchester; Dr. West, Harpenden; Mr. S. Drew, Robertsbridge; Mr. J. R. Hutchinson, St. Albans; Mr. G. E. Nicholas, Wandsworth; Mr. G. Lowndes, Walworth; Mr. J. Chapman, Hounslow; Mr. R. Eager, Guildford; Mr. B. Spaul, Hammer-smith; Mr. A. W. Thurnall, Cambridge; Mr. F. Prince, Sawston, Cambridge; Mr. R. Ransom, Cambridge; Mr. L. O. Fox, Broughton; Mr. W. K. Loveless, Stockbridge; Dr. W. Fox; Mr. E. Nason, Nuneaton; Mr. R. Grimby, Banbury; Mr. G. P. Dunn, Ledbury; Dr. Williams, Aspley, Woburn; Mr. Ross; Mr. Brailey, and other members of the medical profession, amounting to about sixty in number. The deputation was accompanied by Sir John R. Carnac, M.P., Mr. Bramley-Moore, M.P., Mr. A. Mackinnon, M.P., Mr. R. A. Slaney, M.P., Hon. Ralph Dutton, M.P., Mr. Donald Nicoll, M.P., Mr. G. S. Booth,

M.P., Mr. W. Roupell, M.P., Mr. G. S. Beecroft, M.P., Mr. R. Ingham, M.P., Mr. T. S. Western, M.P., Mr. R. Campbell, M.P., Mr. P. W. Martin, M.P., Mr. W. W. Beach, M.P., Mr. F. North, M.P., Mr. F. Pigott, M.P., Mr. K. Macaulay, M.P., and Mr. T. Luce, M.P.

Mr. Richard GRIFFIN, of Weymouth, Mr. BRADY, M.P., Colonel NORTH, M.P., and other gentlemen, spoke in support of the objects of the deputation. It was stated, that of 3,000 medical men connected with the administration of the poor-law, 2,000 had joined the Association from which the deputation had emanated. They complained that they had not a sufficient remuneration to enable them to discharge their duties properly towards their poor patients. Returns from 500 medical officers showed that their average receipts were not more than 2s. 9d. and 3s. 4d. a case, and in many such they had to travel many miles and supply drugs. One-third of the medical men connected with the poor-law administration had resigned. Some received as little as threepence a case. They desired a uniform scale of payment throughout the kingdom, and that a fixed salary should be adopted, founded on the average number of cases attended during the last three years, to be calculated at not less than five shillings a case, with at least one shilling extra for each mile beyond the first mile, and two shillings for each mile beyond the first five miles the patient resided from the medical officer's house; that a revision of salaries should take place triennially in each union, if desired, either by the poor-law board, the board of guardians, or medical officers. They were also anxious that a medical man, conversant with union practice, should have a seat at the poor-law board, and should exercise special control over the medical department; that poor-law appointments should be permanent; and that medical officers should not be dependent for orders upon relieving officers, to whom guardians in every part of the country improperly delegated their duties.

Mr. ESTCOURT said he thought the present mode of paying salaries was a very bad one, inasmuch as, under the present system, part of the payments were local and part were chargeable on the consolidated fund. He was afraid that the House of Commons would never consent to that portion of the expense which was paid out of the local resources being charged upon the consolidated fund. He felt it due also to the deputation to state, that in any measure he might introduce he should make provision for the payment of drugs, so that that expense should not fall upon the medical officer. He thought, moreover, that the contributions which the state made for relief should be made directly from the government, and should be taken away from local expenditure. [*Hear, hear.*] He was also of opinion, that the salaries of medical officers should be made from time to time to correspond with the work done. At the same time, he must warn them that the House would require a better understanding between medical officers and boards of guardians, and that the legislature would never consent to limit the powers of boards of guardians popularly elected.

The deputation, after thanking Mr. Estcourt, retired.

A POPULAR VIEW OF MEDICAL REFORM.

SUBJOINED is a reprint of the greater part of an article which appeared in the last number of our contemporary the *Observer*:—

"The advocates of medical reform in the House of Commons are rapidly on the increase, and it is likely that, before long, they will become more numerous, if we are to judge by the number of medical bills already brought forward. There are already three in existence; viz. those of Lord Elcho, Mr. Cowper, and Mr. Duncombe. Mr. Headlam promises, with the aid of the medical corporations, to introduce, in an amended form, his bill of last year; but it is more than probable, considering the lateness of the session, besides the well known opposition of the Government to the measure, that no move will be made with regard to it. When contrasted with that of Lord Elcho, Mr. Headlam's bill is decidedly preferable, although open to many objections. The bill of Mr. Cowper, late president of the Board of Health, is one which combines everything which is good in either, and secures that representation of the profession in the proposed council which obtained a majority for Mr. Headlam's measure last year in the House of Commons. In like manner it secures to the profession control over the acts of the council by providing that all regulations or alterations proposed by that body shall first be confirmed by the Home Secretary, and all regulations or alterations proposed are to be published in the *London Gazette*, one month, at least, before

receiving such confirmation. Mr. Cowper's bill also reforms, without destroying, the existing medical and surgical corporations, and enables those institutions to accept new charters of incorporation. The only objections to the bill are, that it does not give to those bodies exclusive privileges, and does not attempt to define what is a physician, surgeon, or apothecary. With regard to the first objection, it must be admitted that with the example of the municipal bodies before us, it would be inconsistent with the spirit of the age to perpetuate evils that are incompatible with progress; and, as to the second, the attempt would be absurd, even if it could be carried out. *Cui bono?* It would not prevent Mr. Lawrence attending a case of consumption, or Sir Benjamin Brodie prescribing in a case of gout or stomach disease. Neither would it prevent a leading physician in a certain London hospital successfully treating club foot.

"It has been repeatedly advanced in *The Observer*, that all legislation with regard to the medical profession must be based on two first principles; to secure to the public duly qualified medical and surgical practitioners; and secondly, for the interests of the public, to protect those practitioners in the exercise of their professional callings. It must be borne in mind that medicine and surgery, as a science, is one and indivisible. Circumstances occasionally create distinctions, and the necessity always will exist of certain practitioners devoting their time more particularly to one special department. The bill of Mr. Cowper recognises all that is necessary for the benefit of the profession and interests of the public, and it adopts the principles advocated in *The Observer* when it states, that 'it is expedient that the qualifications of persons seeking to enter the medical profession, should be tested and declared by competent authorities, and that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners.' Mr. Cowper's bill, whilst it establishes no separate distinction, furnishes an answer to this question, Who are legally qualified practitioners, and where is the boundary line of the medical profession? These are matters which the interests of the public and the profession require to be settled; but there is no need of an attempt to separate, by legal definitions, the branches into which the medical profession naturally divides itself, and the question, who is a physician, a surgeon, and an apothecary, is left to be answered by the corporate institutions who have authority by royal charter or by statute. The public have practically no difficulty in distinguishing between the general practitioners and the consulting surgeon and the consulting physician, and require no help from legal enactments. They might, on the contrary, be misled by any attempt to define, in the strict language of an Act of Parliament, the distinctions which exist in the profession by usage and conviction as much as by law. That a few only of the medical corporations of the United Kingdom are desirous to promote sound reform there is no doubt; and of the few, that which is most prominent in this onward march is the College of Physicians of London. That body is most desirous of amending those laws which have for years kept it as an almost unapproachable body, and in which its licentiates have no voice or control. Of the bill of Lord Eliocho it is unnecessary to say a word, for by all ranks and grades in the profession it is ignored; and as to the bill of Mr. Duncombe, it is a most undigested proposal. It is behind the age, inasmuch as it seeks to add to the evils already existing, by promoting an addition to the great sources of the evils of society and the medical profession, by the institution of another corporate body; and in other points, it is deficient in those practical securities for the public welfare which characterise the other propositions now under the consideration of Parliament."

REPUDIATION OF HOMŒOPATHY. The following resolution was passed by the Southampton Medical Society, on December 4th, 1855:—"That a homœopathic practitioner should not be met in consultation by a member of this society under any circumstances."

TO CORRESPONDENTS.

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

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

CLERICAL HOMŒOPATHY. We are prevented by pressure of matter from noticing this subject in the present number. We shall endeavour not to forget it next week.

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.

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Communications have been received from:—MR. J. S. GAMGEE; MR. HOLMES COOTE; DR. DAY; MR. J. H. GRAMSHAW; DR. WILLIAM ADDISON; MR. JAMES HAWKINS; MR. AUGUSTIN PRICHARD; MR. T. HOLMES; DR. R. U. WEST; MRS. WHIPPLE; MR. T. UNDERHILL; DR. C. H. LEET; MR. R. KERSWILL; MR. JAMES CARRUTHERS; REV. J. MC BEAN; DR. INMAN; MR. J. J. POPE; MR. G. V. IRVING; MR. R. S. STEDMAN; DR. W. HENDERSON; MR. O. PEMBERTON; MR. CROSBY LEONARD; MR. J. A. LOCKING; DR. ADAM MARTIN; DR. C. H. JONES; MR. GRIFFIN; MR. W. SELF (with enclosure); DR. T. SKINNER; MR. W. C. MATTHEWS; SIGMA; OBSERVER; FAIR PLAY; MR. J. C. CLENDON; DR. STEWART; DR. STONE AND MR. WILSON; MR. KESTEVEN; DR. BUCKNILL; MR. W. HOAR; DR. CAMPS; and THE REV. JOHN GARRETT.

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On Medicine and Medical Education.

THREE LECTURES, with NOTES and APPENDIX.

By W. T. GAIRDNER, M.D., F.R.C.P.,

Lecturer on Practice of Physic, Edinburgh.

Edinburgh: SUTHERLAND & KNOX. London: SIMPKIN, MARSHALL & CO.

The Ophthalmoscope: The valuable

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