

practitioners in the *arrondissements* who may not belong to any of the local societies; secondly, by combining all these societies, as well as those already existing, and by establishing means for the distribution of aid of all kinds which may come within its province. As members of the Association, are admissible, legally qualified medical men in France, Corsica, Algeria, and the colonies; all army and navy surgeons; and every French medical man who has been entrusted with duty out of the empire. The annual subscription is twelve *francs* (ten shillings) payable on March 1 in each year. No one can be admitted into the Association or continue a member of it, who is proved guilty of acts derogatory to his own honour or to the dignity of the profession. The last article of the statutes (which have received the approbation of the French government,) names the first officers and committee. M. Rayer is president; M. Serres, vice-president; M. Amédée Latour (editor of *L'Union Médicale*, and to whom the formation of the Association is in great measure due,) is secretary; M. Bertillon is assistant-secretary; and among the committee we notice the names of Andral, Claude Bernard, Bouillaud, Cruveilhier, Jobert de Lamballe, Larrey, Michel Lévy, Ricord, and other leading men in the Parisian medical world. It is now several months since the Association was first projected—at least in the French medical press. From time to time, the results of the steady perseverance of its promoters have been brought before us, and have given us much gratification; and we would now heartily congratulate the medical profession in France on having thus fully organised an Association, the object of which is the aid of their distressed brethren.

A country associate has communicated to us a curious case of madness or fury in a domestic hen, which came under his observation a few days ago. The bird had two chickens a week old. She suddenly pecked one violently, as if she desired to kill it. The chicken was rescued from her; and, soon afterwards, during the feeding of the poultry, she quarrelled and fought with a full-grown hen. The combatants, however, were soon separated. The hen and her offspring were apparently in perfect health before this extraordinary outbreak on the part of the mother.

A remarkable epizootic disease appears to have been lately prevailing among birds. At Welbeck in Nottinghamshire, game, especially partridges, is said to be very abundant. During the present season, however, an extensive mortality has prevailed among this tribe: hundreds have been found dead in all directions without any obvious cause. On dissection, it seems that a kind of tapeworm is discovered in the intestines. We remember to have heard, a year or two ago, that large numbers of the grouse in Scotland had died in a similarly unaccountable manner, and that in these, too, a form of *tænia* was found. It is remarked, in the case of the partridges, that the breed has lately been decreasing, in consequence of the birds having continued for many years without fresh mates, so that the race wears out for want of new blood. We mention this subject, believing that it may prove acceptable to many of our readers as affording the materials for an interesting pathological inquiry. If it is a *tænia* that infests the birds, what is its embryonic form? and where is the *habitat* of this?

Association Intelligence.

DR. ALISON'S ADDRESS.

WE had hoped to be able before this to complete the publication of the able address of Dr. Alison, of which a part has already appeared in this JOURNAL. Our distinguished President has, however, been unfortunately prevented by illness from sending us the remaining portion.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
EAST YORK AND NORTH LINCOLN.	Beverley Arms, Beverley.	Thursday, Sept. 23rd, 2½ P.M.
[General Meeting.]		

SOUTH-EASTERN BRANCH:

SOCIAL AND SCIENTIFIC MEETINGS OF THE MEMBERS RESIDENT IN ROCHESTER, MAIDSTONE, GRAVESEND, DARTFORD, AND THEIR VICINITIES.

Social and scientific meetings of members of the South-Eastern Branch resident in Rochester, Maidstone, Gravesend, Dartford, and their vicinities, will be held on the undermentioned days:—

Friday, September 24th, 1858, at 5.15, at the Crown Inn, Rochester.

Friday, October 29th, 1858, at 4.30, at the Town Hall, Maidstone.

Friday, March 25th, 1859, at 3.30, at the Town Hall, Gravesend.

Friday, April 29th, 1859, at 3.30, at the Town Hall, Dartford.

The members will dine together at the Crown Inn, Rochester, on Friday, September 24th, at 7 P.M., after the first meeting. Tickets 5s., exclusive of wine. Gentlemen intending to dine, are requested to signify their intention on or before Friday, September 17th, to Dr. Martin, Rochester; or Mr. Dulvey, Brompton.

After the dinner, a train will leave Rochester for London, at 9.30; and for Maidstone, at 9.40.

The members resident in this district will be gratified by the attendance and assistance of any of the members of the British Medical Association.

JAMES DULVEY, *Honorary Secretary*.

Brompton, Chatham.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

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

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

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

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

1. Payment by Post-Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.

2. Payment to the Secretary of the Branch to which the member belongs.

3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the BRITISH MEDICAL JOURNAL, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

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

Worcester, September 1858.

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.

Editor's Letter Box.

TREATMENT OF DIPHTHERITE.

LETTER FROM D. MACKINDER, M.D.

SIR,—In reply to the letter of our associate Mr. Crossman, allow me to state that I have invariably ordered my diphtheritic patients to take out-door exercise whenever they could do so without much fatigue.

During the past twelve months, I have attended about four hundred cases of the epidemic throat affection with considerable success, owing in a great measure to my having looked for the cases, and thus cut short the disease in its early stage.

My plan of treatment has been heroically tonic. The chlorates of potassa and soda, hydrochloric acid, tincture of sesquichloride of iron, quina, occasional alteratives, free application of nitrate of silver in solid and strong solution (especially in the condition of small granular deposit, when it was most decidedly beneficial), the most liberal dietary, and fresh air.

My reports have appeared in the journal of my friend Dr. B. W. Richardson, the *Sanitary Review*, for the last three quarters; and, had time permitted, I should have read a paper on Diphtheria at the Edinburgh meeting. That paper has since been forwarded to Dr. McWilliam, who will read it, at an early meeting in the ensuing session, at the Epidemiological Society.

I am, etc., D. MACKINDER.

Gainsborough, September 14th, 1858.

CHEAP JOHNS OF THE PROFESSION.

SIR,—Who can wonder that the guardians of our poor should think their medical officers well paid for their services, when there are those in our profession who will attend cases at a lower rate than is allowed by the Poor-law Board? For instance, in the parish in which I reside, there is one of our associates who attends midwifery three miles from home for ten shillings, including a fortnight's after attendance, with medicines (if required) and gratuitous vaccination. He extracts teeth for sixpence, vaccinates three in a family for a shilling, and charges a penny a powder. The majority of those who are attended in their confinements for ten shillings are paupers when they or any member of their family are ill; and, therefore, their children should be vaccinated by the union medical officer, who would receive his extra pay.

I am, etc., A LOVER OF FAIR PLAY.

September 14th, 1858.

TESTIMONIALS FOR MEDICAL APPOINTMENTS.

SIR,—The advertisement for the last three weeks on the cover of the JOURNAL, for an apothecary for the Stockton District, has struck me as a good sign of the times. "Each candidate must be qualified to be registered under the new Medical Act. Testimonials of his good moral character must be transmitted," etc. This is as it should be, and suggests the question, Why should "testimonials" of any kind, besides *moral character and services rendered*, be longer tolerated among us? During my career, I have seen numbers of loose sheets, and one goodly octavo, filled with laudatory notices of certain candidates for certain appointments; and the wonder certainly is great, how, with such transcendent abilities, they should have sunk into obscurity.

But, seriously, who does not blush to think, on the one hand, of the forgetfulness of our professors and hospital physicians and surgeons of the catholicity of their position, when they torture their consciences into the manufacture of trumpety platitudes in commendation of men accidentally or otherwise brought under their notice, whom they have never either actually examined or employed; and, on the other, of the "toadyism" that can ask it?

I am, etc., ALPHA.

Southampton, September 14th, 1858.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

MACKAY. On September 11th, at Hertford, the wife of Allan Douglas Mackay, M.B.Oxon., of a son.
PINK. On September 11th, at Greenwich, the wife of Henry N. Pink, Esq., Surgeon, of a son.
PRING. On September 9th, at Weston-super-Mare, the wife of James H. Pring, M.D., of a daughter.
WOOLHOUSE. On September 6th, at 18, Gloucester Gardens, Hyde Park, the wife of George R. Woolhouse, Esq., Surgeon, prematurely, of a son.

MARRIAGES.

LANE—SHACKLE. Lane, William R., Esq., Assistant-Surgeon Grenadier Guards, to Julia, eldest daughter of E. Shackle, Esq., of Hayes, Middlesex, on September 7th.
MOFFAT—GAY. *Moffat, Robert, M.D., of Kingskettle, Scotland, to Annie Kedzlie, second daughter of John Gay, Esq., of Fisharrow, Musselburgh, on September 13th.
FOQUETT—SOWARD. Foquett, Henry R., Esq., Surgeon, of Ilfracombe, to Fanny P., widow of the late J. Turton Soward, Esq., at Ilfracombe, on September 8th.

DEATHS.

REYNOLDS, William V. E., Esq., Surgeon in the Royal Navy, and Knight of the Legion of Honour, of consumption, contracted in the zealous discharge of his duties during the Crimean war, at Wilmont, Kingstown, Ireland, aged 31, on September 9th.
SMITH. On September 10th, at the Pines, Weybridge, Mary, wife of Southwood Smith, M.D.

HEALTH OF LONDON:—WEEK ENDING SEPTEMBER 11TH, 1858.

[From the Registrar-General's Report.]

In the week that ended on Saturday, September 11th, the number of deaths registered in London was 1060, of which 521 were the deaths of males and 539 those of females. In the ten years 1848-57, the average number of deaths in the weeks corresponding with last week was 1457; but as the deaths of last week occurred in an increased population, it is necessary for the purpose of comparison to raise the average proportionally to the increase, in which case it will become 1603. The public health is therefore so far satisfactory, that the deaths now returned were less by 543 than the number which would have occurred under the average rate of mortality, and although the great number of deaths at two periods when cholera was epidemic must be taken into account, yet there can be no doubt that London enjoys an improved state of health at the present time.

But if the deaths of last week had been according to the rate which exists in the healthiest districts of England, they would only have been 799; hence it appears that 261 persons died from circumstances that constitute the comparative insalubrity of the metropolis.

The births of last week were in excess of the deaths in the same period by 477.

The mortality from diarrhoea is rapidly subsiding; in the two previous weeks the deaths from it were 146 and 120, last week they were only 69. Scarlatina, on the contrary, shows a slight increase, 115 fatal cases having been registered; amongst others, three children, daughters of a dyer, residing at 46, Flower Street, Spitalfields, died of this disease. Whooping-cough carried off 29 children, and measles 21. Three deaths occurred from small-pox. Four persons died from cholera, including three children and a blacksmith, aged 27 years, who died in Charing Cross Hospital, after thirty-six hours illness. The deaths from phthisis (or consumption), which in the previous week were 119, rose last week to 162, the average being 139. A little boy died, after an illness of three hours, from eating bitter almonds; and a labourer, aged 36 years, died in St. Bartholomew's Hospital from pyæmia. Three persons

died last week at the following advanced ages:—91, 92, and 93 years.

Last week the births of 777 boys and 760 girls, in all 1,537 children, were registered in London. In the ten corresponding weeks of the years 1848-57, the average number, corrected for increase of population, was 1,668.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.792 in. The highest reading was 30.06 in., at the end of the week. The mean temperature of the air in the week was 59.4°, which is 1.7° above the temperature of the same week on an average of 43 years, as determined by Mr. Glaisher. The highest point attained by the thermometer in the shade was 73.0°, on Thursday, the 9th inst.; the lowest was 45.5°, on Monday; the range of the week was therefore 27.5°. The mean daily range was 17.5°. The difference between the mean dew-point temperature and air temperature was 6.7°. The mean degree of humidity of the air was 79, complete saturation being represented by 100. The mean temperature of the water of the Thames was 61.7°. The general direction of the wind was south-west. Rain fell on four days during the week. There were thunder and lightning on Monday.

THE HEALTH AND EFFICIENCY OF THE BRITISH TROOPS IN INDIA.

THE following suggestions have been made by Mr. J. R. Martin to the Chairman of the Court of Directors:—

1. It is stated by Colonel Sir Alexander Tulloch, as the result of investigations in the War-Office, made by desire of Mr. Sidney Herbert, that among British officers and soldiers of the Queen's and Company's armies serving in the East Indies, there occurred, from 1815 to 1855 inclusive, a total mortality, exclusive of casualties, of about 100,000 men, "the greater portion of whose lives might have been saved had better localities been selected for military occupation in that country."

2. Dr. Burke, late Inspector-General of Hospitals in Bengal, has stated that, in the station of Secunderabad alone, during thirty years of its occupancy by British soldiers, the cost to the State on account of loss of life amounted to £150,000, estimating each soldier as worth £100. But, estimating the loss of life mentioned by Sir A. Tulloch at the same valuation of £100 each man, we arrive at a loss in money of £10,000,000 sterling.

3. Then there has been enormous waste of the public funds on account of barracks and hospitals placed in stations so unhealthy that they were subsequently abandoned. The buildings for the European troops at Berhampore, Bengal, abandoned since 1835 on account of its unhealthiness, are stated by the finance authorities of Calcutta to have cost since 1757 nearly £17,000,000 sterling.* Tennant declares that, up to this time, the sums expended by the East India Company for the accommodation of their European troops, "if laid out at the compound interest of the country, would, at a determinate period not very remote, have equalled the national debt."

4. Looking to these enormous sums, often absolutely worse than wasted, of what account in the comparison has been the cost of the medical establishments of India? how truly saving of the public revenues must be a well ordered and well directed and a well contented medical corps! In truth, the importance of an efficient medical establishment is so great that we cannot put a money value on it.

5. As regards the preservation of European health in India, and indeed in all tropical climates, the due selection of locality is the first consideration; and next in importance stand the structural arrangements in barracks and hospitals.

6. As to barracks, provided the site be of sufficient elevation, well cleared, drained, and levelled, with a good water supply, the material need not, I think, be of a costly character—well constructed huts for the accommodation of ten or twelve men forming a good protection against the inclemencies of weather. Such simple and cheap structures will, I believe, prove more conducive to the health of the European soldier in the mountain ranges of India than the most costly barrack; and the same may be said of hospital huts for the reception of the same number of men—viz., ten or twelve. In stations on the arid hot plains of India, the same structures would answer well; but if large brick-built barracks and hospitals be preferred, they should be very spacious, double roofed, and raised on arches.

7. The considerations involved in the subject of the last paragraph are of the utmost importance, whether viewed in a sanitary or financial light; and the subject has hitherto been altogether neglected in locating troops in most of our foreign possessions, although our experiences in all our European campaigns have demonstrated that the soldiers who were huddled fared well, while such as were massed in barracks and general hospitals perished at enormous rates.

8. This experience has been uniformly accordant, whether the climate was hot or cold, whether our men were serving in Holland or in the Crimea.

9. The Irish sufferers from typhus during the famine, who were massed in workhouses and hospitals, perished in enormous numbers; whereas those who were thrown along the roads and under the hedges recovered in goodly proportions; of so much more avail is pure air towards the restoration of health than a fine building. The thorough ventilation through the openings and crevices of huts supplies the sick with what they don't obtain in our ill constructed barracks and hospitals—namely, pure air.

10. They were not palaces that were constructed by order of Sir Charles Metcalfe on the mountains of Jamaica, but a substantial form of hut, which, on a pure and elevated soil, was all that was required. Buildings such as those just referred to, constructed of the most ordinary materials, have been found to assure health; while Indian experiences prove that costliness of materials and splendour of structure, apart from a good locality, will not prevent disease.

11. The importance of determining the true physical characters, and the exact medical topography of all the mountain ranges throughout India—especially of those situated in provinces in which it is desirable that British troops may reside—has now become imperative. European soldiers cannot maintain health or vigour in the plains, and the selection of suitable mountain stations has become more than ever a State necessity.

12. The experiences of the Himalaya positions, of those of the Neilgherry mountains, and of those of Ceylon, as sanitary stations, prove that by residence on their respective elevations the European is removed greatly above the range of the malarious fevers of India. But while this great and valuable fact is admitted, it is undoubtedly true that he is, in too many instances, carried into the range of another class of diseases—namely, that of bowel complaints. This circumstance has been found in various of our mountain positions to constitute a serious drawback from the otherwise great benefits derived from a residence in them.

13. Another disadvantage of the hill stations hitherto occupied by us in the East Indies was noticed by me when serving in Bengal—namely, that while the hill climates are permanently serviceable against the malarious fevers of the country, their influences in conducing to the cure of these and other diseases is limited in extent; the soldier being troubled with relapses of his disorders on descending into the plains, unless kept in the hills for a long time. The mountain ranges, therefore, which have hitherto been occupied by Europeans stand forth as possessing climates preservative against fevers, and as such we must improve them, and use them wherever required.

14. When, on the other hand, we find the British soldier lingering under chronic or structural diseases contracted on the plains, a removal to the seaboard, or to an insular sanitarium, or, still better, to England, will be found the only effective means of restoration; and this last resource of medicine should never be denied to him, for the climate of the mountains, invaluable in prevention, will not cure disease.

15. Referring to what has been stated in paragraph 12, how are we to escape from the admitted evils hitherto experienced in the very high positions occupied by us? Where and how are we to obtain that amount of elevation which, while it removes the European out of the range of malarious fevers, may not place him in that of an exhausting and dangerous diarrhoea? This is the great desideratum—one hitherto unascertained, because unsought for; yet no examinations which may fall short of ascertaining this desired medium elevation can be deemed satisfactory of our sanitary wants.

16. In the climates of yellow fever, an elevation of 2,500 feet is found sufficient to remove the European from the locality of pestilence, without placing him in that of bowel disorders; and in the mountain stations of Jamaica, the mortality among British soldiers is found to exceed but little, if at all, that of the same class of men in the United Kingdom.

17. Let us, then, have a series of careful and scientific ex-

* "Influence of Tropical Climates", p. 424.

aminations, by competent persons, of the lower and medium ranges of hills throughout India, in order that the great sanitary problem may be solved in a conclusive manner—namely, the providing a place of resort for our European troops which shall be alike free from malarious fevers and from disorders of the bowels. That such procurable localities are to be found in the East, as they have been in the West, is my firm belief, and let them be perseveringly sought for.

18. Let the solitary hills—those islands on the plains—be sought for, and carefully examined; they give sanitary excellences peculiar to themselves.

Lastly, let there be appointed for the sanitary duties of the army, at each of the Indian Presidencies, a medical officer of health—an officer of scientific attainments and of rank, who shall be attached to the quartermaster-general's department; we shall thus add to the department of military topography that of medical topography. The medical officer of health should preserve in his office, for the use of the scientific persons concerned, plans and models of the best barracks and hospitals which may be from time to time approved by the military powers of Europe, in order that the most recent improvements may be rendered available wherever buildings of the nature indicated may be found necessary.

The duties of the medical officer of health should be, in peace, to examine and report on all sites and on the condition of camps, temporary military stations and cantonments, on convalescent stations and sanatoria, on mountain ranges suitable for troops, and on solitary mountains and their capabilities, on the plans and structure of barracks and hospitals, and on everything relating to the health and comfort of the soldier.

In war he should be attached to the quartermaster-general in the field, and be always in advance with this officer, so as to master the medical topography of the scene of action; and, where military reasons of imperative necessity do not overrule sanitary considerations, the advice and opinion of the medical officer of health should be received on the sites of camps, whether temporary or permanent, and on all matters having reference to the sanitary condition of the camp.

In a recent report to Her Majesty by a Royal Commission, of which I was a member, and which was ordered to inquire into the organisation, government, and direction of the medical department of the British army, the appointment of a medical officer of health, as long previously recommended by me for the service of the Indian army, was strongly urged upon Her Majesty's attention, with a view to the great benefits to be expected from the services of such an officer.

J. R. MARTIN.

Grosvenor Street, London, August 12th, 1858.

ALLEGED HUMAN PETRIFICATION.

A MOST extraordinary case has been related in an American paper—the *Alta California*; the narrator's name being given as Dr. Friedrich Lichterberger, of Fort Langley, Frazer River. The case was that of a Prussian, named Ernest Fluchterspiegel, a miner, who, while searching for gold, drank the "water of crystallisation" (amounting to about half a pint) which he found in the centre of a *geode*, or round mass of quartz, containing a cavity lined with crystals. Before reaching the camp of his companions, the man felt pain and weight in the epigastric and left hypochondriac regions. On his arrival, he was speechless; cold sweats covered his face; the heart's action became violent and irregular; and he died in fifteen minutes. Rigidity set in at once; and in two hours and a half the body was stiff as a board. Dr. Lichterberger states that he made a *post mortem* examination, with the following results:—

"On making an incision from a point opposite the xiphoid cartilage to the umbilicus, through the skin, superficial fascia, and abdominal muscles, the knife gave a grating sensation; and, applying a lens of medium power, I observed that the smaller blood-vessels were solid and apparently ossified. The stomach and duodenum were then removed from the abdomen, and on slitting them open, I found several hard masses of the size of a hazel-nut, looking like gall-stones, and evidently composed of biliary matter, but as hard as the hardest quartz. Evidences of food also existed, and a large mass containing fibres of muscle and lumps of undigested potatoes, moulded to the form of the antrum pylori, were taken out, of the like solidity. This solidification of the contents of the stomach, of the food and the bile—their conversion, in fact, into stone—struck me with astonishment, the more so, as the coats of the

stomach appeared very nearly normal. I next made an opening into the cavity of the thorax, and, pushing back the detached sternum over the face, discovered the heart *in situ*, and of a natural colour; but it was as hard as, and strongly resembled, a piece of red jasper, exhibiting here and there those varied colours which give such beauty to that mineral. By means of a small hatchet, I separated the heart from its connection with the aorta, pulmonary artery, and vena cava, and with some difficulty was able to break it in pieces. The right ventricle and auricle were composed centrally of a solid, of a dark purple colour, which was evidently the venous blood petrified, while the left chambers vied in the colour of their central portions with the richest carbuncle. The larger blood-vessels were all as rigid as pipe-stems, and in some cases the petrified blood could be cracked out from the veins, exhibiting a beautiful moulding upon the valves of the latter. The lungs were noticed, on opening the cavity of the pleura, not to be collapsed at all, the usual contractability, due to the elastic fibrous tissue in their composition, being overcome by the rigidity of the capillaries which kept them firm and expanded. The brain exhibited nothing extraordinary, except the petrification of the blood-vessels."

Dr. Lichterberger says that he detected silica in large quantities by tests; and concluded that the water of the *geode* must have contained a large quantity of silicic acid in solution, which entered into combination with the bile, the albuminose of the ingesta, and the blood.

It is rarely that a really new thing is met with; and this remarkable phenomenon of petrification of the human body is by no means without a parallel. In the veracious narratives of Huckaback the sailor—a second Sindbad—recorded in Captain Marryat's *Pacha of Many Tales*, there is an account of a remarkable island in which was a "golden fountain". Observing, in his visit, several statues of blue chalcedony in various not very graceful attitudes, Huckaback's curiosity was excited; and, being on terms of intimacy with the princess of the island, he was enabled to obtain from her an explanation. "Such are the effects," she told him, "of intoxication from the waters of the golden fountain. They contain in solution so large a quantity of the matter which by mineralogists is denominated silex, that, once allow the senses to be overpowered by repeated draughts, and in a few hours the effects you behold will be produced." On leaving the island, Huckaback took some of the water of the "golden fountain with him. In a scarcity of water, it was greedily drunk by his shipmates, who thereupon became transformed into statues of blue chalcedony. Huckaback determined to speculate in these, as specimens of works of art; but, one becoming accidentally broken to pieces, he examined it; and found it "very wonderful to witness how every part of the human body was changed into flint, of a colour corresponding with that which it had been when living. The heart was red; and when I arrived in Italy, I had several seals made from it, which were pronounced by the lapidaries who cut them to be of the finest blood-red cornelian. I have now a piece of the dark stone of which the liver was composed, which I keep for striking a light. As it afterwards proved, almost all of it was valuable; for the alternate fat and lean formed a variety of beautiful onyxes and sardonyx, which I disposed of very advantageously to the cameo-engravers." The similarity between the effects produced in the two cases is certainly most remarkable.

NEW MEDICAL KNIGHT. Mr. J. W. Fisher, the Surgeon-in-Chief of the Metropolitan Police, has had conferred upon him the honour of knighthood by Her Majesty. Sir J. W. Fisher was Surgeon to the old Bow Street Police Force, and has been Superintending-Surgeon of the present police since its establishment in 1828.

TO CORRESPONDENTS.

Communications have been received from:—DR. BOWER HARRISON; MR. F. JONES; DR. GRAILY HEWITT; MR. J. K. SPENDER; MR. W. C. GAGGS; MR. T. HOLMES; MR. J. A. LOCKING; DR. T. INMAN; MR. WILLIAM MARTIN; MR. HOLMES COOTE; DR. JOHN WATSON; DR. W. H. ASHLEY; MR. OLIVER PEMBERTON; MR. BOOTH EDDISON; MR. J. KIRKWOOD; A. LOVER OF FAIR PLAY; DR. DRAPER MACKINDER; MR. RAVENSCROFT; MR. T. S. WALKER; MR. G. M. HUMPHRY; and MR. W. B. NORCOTT.

BOOKS RECEIVED.

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

1. Lectures on the Diseases of Women. By Charles West, M.D. Part II. Diseases of the Ovaries, etc. London: John Churchill. 1858.
2. The True Physiological Method of Restoring Persons apparently Drowned or Dead: and of Resuscitating Still-born Children. By H. R. Silvester, B.A., M.D. London: John Churchill. 1858.