

INCOME OF HOSPITALS AND DISPENSARIES. In a report of the Statistical Society of London it is stated, that fourteen general hospitals in London, possess an income from realised property to the amount of £109,687; annual subscriptions, £17,091; donations, £16,636; legacies, £10,206; and their miscellaneous sources of income to £1,996. The total income of all these hospitals from every source is £155,616, and the annual contributions of the public amount to £45,929. In addition to the above hospitals, there are in this metropolis thirty-six special hospitals, possessing an aggregate income of £117,318; making the income of the general and special hospitals, taken together, amount to £272,834. There are also returns from forty-two general dispensaries, possessing incomes from all sources of £21,000; and eighteen special dispensaries, with annual incomes of £8,064. If these two sums, making £29,064, be added to the former, it gives the enormous amount of £301,898 annually expended in medical charities in this metropolis; and this sum, large as it is, excludes Samaritan and other funds connected with hospitals and dispensaries, Poor-Law medical relief (£28,770), cost of maintenance of pauper lunatics (£79,988), vaccination (£4,292), and nurses' training institutions. All these sums would make a grand total of nearly half a million expended on our sick poor.

LONDON AND PARISIAN HOSPITALS. From an interesting report of the Committee of Beneficent Institutions, it appears that London and Paris presents a striking contrast in the methods which they adopt for affording relief to the sick poor. In London, a great part of our medical relief is dispensed at the houses of the poor themselves by the physicians and surgeons attached to our dispensaries. In Paris, on the contrary, comparatively little relief is afforded otherwise than in the hospitals themselves. Thus, in the year 1853, the number of in-patients in hospitals in Paris amounted to no less than 91,754, against only 45,808 in hospitals in London, this calculation, in the case of London, being exclusive of patients treated in workhouse infirmaries. But, on the other hand, under the system of out-door medical relief recently set on foot in Paris, 102,472 persons received gratuitous attendance, against upwards of 600,000 patients similarly relieved in London. The nearest approach to a fair comparison between London and Paris, which it seems possible to make, is that afforded by a statement of the sums contributed by the medical charities and the poor rate, taken together, as follows:—In London, income of medical charities and poor relief, £1,150,900; in Paris, expenses of l'Administration Général, £560,853.

THE INDIAN MATERIA MEDICA. The Government of India pays upwards of £40,000 a year for quinine alone. Notwithstanding this vast expenditure the supply might be tripled with advantage. Indents for quinine are jealously watched. At civil stations it is almost refused, and during an outbreak of fever it is always the first article to fall short, and the last to be sufficiently replaced. Of the cost of the remaining drugs we are not informed, but it can scarcely fall short of something like thirty lacs of rupees a year. These two figures are sufficient to prove the importance in an economical view of the substitution of native drugs. On the important benefits their introduction, or rather discovery, would confer upon the people, it is needless to enlarge. To the mass of the population English medicines are totally inaccessible. Almost alone among imported goods, drugs maintain the price they bore in the good old days before the Pagoda tree had been shaken into barrenness. Men in sickness do not ask the price of medicine. The vendors have every interest in maintaining it. Doctors have little interest in its reduction, and so the good old profitable rates are allowed quietly to endure. The natives do the best they can, sometimes reviving under drugs that would kill any other race of human beings, but usually dying of attacks which the Englishman regards as temporary ills. The evil and its remedy are both understood, and have been pointed out about once a week during the half of the past century. Yet we have done nothing towards obtaining the remedy we all know to exist. There is probably not a medicine imported from Europe, nor a costly drug from South America, which has not its counterpart in India. What have we done to discover them? Doctors living alone, without communication with their brethren, occasionally stumble on some valuable plant, some febrifuge, or substitute for catechu. They cure all around, satisfy themselves of the correctness of their views, and report to the medical board. The white ants eat the report with gusto, the doctor moves on disheartened to his next station, and there the matter ends. It is useless for the advocates of these effete institutions to talk of the valuable investigations they have

suggested or proposed. How many English drugs have they displaced within this generation? It is a result, not a report that is required, and the only one obtained is an immense expenditure. At the present moment there is a committee sitting to ascertain what articles now imported from Europe can be obtained in India. How many drugs will that committee condemn? We will venture to predict not one, though every member of it has probably some vague idea that all the English medicines can be replaced. We need an officer specially appointed for this duty, with power to make researches throughout India, and to compel the services to aid him. Usually all information obtained will be willingly placed at his disposal. It is hopelessness rather than want of energy which leads so many surgeons to leave their information inaccurate or half-digested. No man with brains to devote himself to study will submit his work to a board selected for its age, and still less to a board which is regarded as a sepulchre of records. It is individual persistent energy, solely devoted to this one subject, which can alone accomplish any permanent improvement. A skilled chemist, communicating with all India, testing every drug, and bringing all experience into one focus, would do more in a year to ascertain the true qualities of the native pharmacopœia than the boards will accomplish in a century. Such an officer would be no very expensive addition to the staff of the medical service.—*Bombay Telegraph*.

THE CASE OF BACON AND HIS WIFE. It is understood that the two prisoners will be jointly tried for the murder of their children, and that in such case the statement of the wife that her husband committed the murder may be used as evidence against herself. It is expected that a joint defence will be made, and that this defence will be that the act of murder was committed by Mrs. Bacon while in an unsound state of mind, and that she is consequently not criminally responsible, and that the husband had nothing whatever to do with the crime. If this defence should be successful, and Bacon should be acquitted, he will then be removed to the country to take his trial at the summer assizes for the murder of his mother. It appears that since the committal of the prisoners they have both been in a very desponding way, particularly Bacon himself; and they are never left alone, six additional turnkeys being employed, three women and three men, to watch them, two during the night, and one during the day.

THE QUEEN. As soon as ever Her Majesty is strong enough to travel, it is recommended by the medical gentlemen in attendance, that the Queen should make a short trip to the sea-side, so as thoroughly to complete her recovery, and restore her health to its usual vigour in the shortest possible time. For this purpose it is expected, should everything go on as favourably as it has hitherto done, that Her Majesty may be enabled to leave town for her marine palace, Osborne, Isle of Wight, the latter end of the first week in May. (*Observer*.)

TO CORRESPONDENTS.

DR. O'CONNOR has sent us a long letter in reply to Dr. Fuller. He appears to claim the merit of the combination of sulphur with flannel. This is scarcely a point of sufficient importance to justify our filling the pages of the JOURNAL with a long controversy on the subject.

Communications have been received from:—DR. G. GODDARD ROGERS; MR. HOLMES COOTE; DR. COCKLE; MR. AUGUSTIN PRICHARD; MR. KITCHING; MR. T. HOLMES; DR. GARROD; MR. H. TERRY, JUN.; MR. J. S. BARTRUM; MR. CROSBY LEONARD; MR. OLIVER PEMBERTON; MR. RICHARD GRIFFIN; DR. W. O. MARKHAM; MR. JAMES LONG; MR. L. OWEN FOX; DR. J. W. KEYWORTH; DR. LOGAN; DR. WADE; DR. NICHOLSON; MR. MARSHALL; MR. EDWARD McDERMOT; DR. STYRAN; DR. P. H. WILLIAMS; MR. JOHN A. BOLTON; DR. OKE; DR. O'CONNOR; MR. FAITHFULL; DR. JAMES RUSSELL; and MR. GRIFFIN.

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Guy's Hospital, April 14th, 1857.

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LECTURES.

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