

TESTIMONIAL TO EDWARD DANIELL, ESQ. A few of the medical friends of our esteemed associate, Mr. Daniell of Newport Pagnell, have recently presented him with a handsome silver salver, with an inscription setting forth that it is intended as a recognition of his unwearied labours in past years for the establishment of a British Medical Fund, and expressing the hope that the scheme which he originated may yet be carried out to perfection. It is probably well known to many of our readers that Mr. Daniell, while recognising the high merit of those schemes of benevolence which have been devised for the support of the less fortunate among the medical profession, has for many years consistently urged the establishment of a system of mutual support, consisting of the raising of a fund within the profession, to which its members, or their widows or orphans, should have an absolute right, as contributors, to apply in time of distress. In his reply to the donors of the testimonial, Mr. Daniell thus draws the distinction between those cases in which charity from without may be applied, and those in which aid ought only to be looked for from mutual combination. "In the great battle of life, many will be irretrievably conquered. To such the hand of charity may be freely extended; and the blessing of God is upon those who extend it, for he 'who giveth to the poor lendeth to the Lord'. But this has no application to those who, with the vigour of life upon them, and the means within their reach, neglect that mutual combination and the establishment of a system which may, in the time of need, afford help not as a gift, but as a right. If statistically the lives of medical men be lower in the scale than those of other professionals (and this fact has not been gainsaid), how more than ordinarily necessary is it that, by combination, some means should be adopted generally to avert the calamity arising from early death, and to provide honourably for the destitute widows, and still more destitute orphans."

PROFESSIONAL CONFIDENCES. The question as to the power of courts to compel the medical witness to disclose facts confided to him in his professional capacity, has long been of extreme interest to medical jurists. The common law takes cognisance only of the confidence between man and wife, and attorney and client, and admits this only to a limited extent. Accordingly, the courts of England have compelled medical witnesses to testify without reserve. In several of the United States, however, statutory provisions are made protecting the medical witness in refusing to "disclose any information which he may have acquired in attending any patient in a professional capacity, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." Where this special statute does not exist, the medical witness has been supposed to be placed upon the same footing with ordinary witnesses, by the common law. But, in a recent trial in the Muskingum County Pleas, Ohio, we learn, from the *Columbus Review*, that "the question arose as to the power of the courts to compel a medical witness to give testimony involving a breach of professional confidence. After being fully argued, the court (Judge Marsh presiding) held that a medical witness could not be compelled to disclose facts confided to him in his professional capacity." (*American Medical Times*.)

PUBLIC HEALTH IN SCOTLAND. The Registration return in Scotland for the second quarter of the year 1860, states this period to have been more unhealthy and to have resulted in more deaths than in any of the corresponding quarters of the preceding five years. Not only were an unusual proportion of aged persons cut off, but affections of the respiratory organs were unusually prevalent, largely increasing the number of deaths.

HEALTH OF LONDON—SEPTEMBER 8TH, 1860.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week	{ Boys.. 887 } 1747 ..	968
	{ Girls.. 860 }	
Average of corresponding weeks 1850-9	1571 ..	1142
Among the causes of death were—	bronchitis, 56; pneumonia, 44; phthisis, 116; small-pox, 5; scarlatina, 59; measles, 33; diphtheria, 2; hooping-cough, 27. The deaths from pulmonary diseases (exclusive of phthisis) were 119, being 31·4 above the corrected average.	
Barometer:		
Highest (Fri.) 30·140; lowest (Sun.) 29·788; mean 30·023.		
Thermometer:		
In sun—highest (Fri.) 118·0 degs.; lowest (Th.) 81·0 degs.		
In shade—highest (Fri. & Sat.) 69·7 degs.; lowest (Sun.) 44·1 degs.		
Mean—30·6 degrees; difference from m-an of 43 yrs.—2·2 degrees.		
Range—during week, 25·6 degrees; mean daily, 20·6 degrees.		
Mean humidity of air (saturation=100), 88.		
Mean direction of wind, Var.—Rain in inches, 0·01.		

TO CORRESPONDENTS.

THE MEDICAL DIACONATE. We have received a communication from Dr. J. Watson, expressing his regret, if, in strongly expressing his feelings in his former letter, he used terms which were in themselves offensive to any of his fellow-associates. He assures us that he had no sectarian feeling, but was merely desirous earnestly of keeping the church and every church at an appropriate distance from our secular profession. We hope this explanation will be satisfactory, and that the subject of denominational dispute will now be allowed to drop.

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.

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

*Communications have been received from:—*Dr. W. HINDS; Dr. T. OGIER WARD; Dr. R. D. TANNAHILL; Mr. WORKMAN; Dr. LIONEL BEALE; Mr. P. C. PRICE; Mr. J. DULVEY; Mr. C. J. EVANS; Mr. C. E. WRIGHT; Dr. PORTER; Mr. GRAMSHAW; Dr. J. WATSON; Dr. WALKER; Mr. W. J. SQUARE; Dr. A. T. H. WATERS (with inclosures); Dr. W. ADDISON; Mr. POSTGATE; Dr. QUAIN; and Dr. PURSELL.

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