

FIFTY-FIRST ANNUAL MEETING  
OF THE  
BRITISH MEDICAL ASSOCIATION.

To be held in Liverpool, July 31st, August 1st, 2nd, and 3rd, 1883.

THE MEDICAL HISTORY OF LIVERPOOL.

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EARLY HISTORY AND NAME.—LIVERPOOL IN THE FOURTEENTH CENTURY.—LIVERPOOL IN THE SEVENTEENTH CENTURY.—*Dr. Sylvester Richmond.*—*Dr. Fabius.*—LIVERPOOL IN THE EIGHTEENTH CENTURY.—*The Old Infirmary.*—*Matthem Dobson.*—*Dr. Houlston.*—*Dr. James Currie.*—*J. L. Park and Alanson.*—*Henry Park.*—*The General Dispensary.*—*Moss's Familiar Medical Survey of Liverpool.*—*The Ladies' Charity.*—LIVERPOOL IN THE NINETEENTH CENTURY.—*Celebrated Trial for Poisoning.*—*The Royal Infirmary.*—*Dispensaries.*—*Northern Hospital.*—*Lock Hospital.*—*School of Medicine.*—*Medical Institution.*—*Meetings of the British Medical Association in Liverpool.*—*Old Southern and New Royal Southern Hospitals.*—*Lying-in Hospital.*—*Infirmary for Children.*—*Medical Journals Published in Liverpool.*—*Stanley Hospital.*—*Eye and Ear Infirmary.*—*Various Medical Institutions.*—*Hospital Sunday and Saturday.*—*Conclusion.*

As Liverpool is to be honoured this year by a visit from the British Medical Association, it has been thought desirable that its medical history should appear beforehand, for the information of visitors; and I have been requested to write it. I should have been altogether deterred from so formidable a task, but for the fortunate circumstance that the ground is not untrodden, one medical history of Liverpool having been already written, which covers the ground up to within thirty years ago. Besides this, I have had other abundant materials kindly placed at my disposal by different friends; while, as a native of this city, and student at its medical school, I am consequently familiar with its more recent medical history.

EARLY HISTORY AND NAME.—Before passing on to matters of more immediate medical interest, it will be desirable to give some account of the earlier history of Liverpool itself. Few, if any, cities or towns have grown with such extraordinary rapidity within so short a period; and a perusal of this will explain much that may appear singular in its medical history. It is only within the last three years that Liverpool has become a city, prior to which its inhabitants delighted in calling it "the good old town of Liverpool." Although this has been much ridiculed, Liverpool being generally regarded as a very modern town, its pretensions to antiquity are greater than is generally believed. Passing over earlier details, which are doubtful or of minor importance, and coming to such historical facts as are beyond dispute, we learn that Liverpool received its first charter, constituting it a borough, from King John in 1207. The following are the exact terms of the charter in the original, supplying the contractions.

"*Carta Regis Johannis.* \*Rex omnibus qui burgagia apud villam de Liverpool habere voluerint, etc. Sciatis quod concessimus omnibus qui burgagia apud Liverpool ceperint quod habeant omnes libertates et liberas consuetudines in villâ de Liverpool quas aliquis liber burgemotus super mare habet in terrâ nostrâ. Et nos vobis mandamus quod secure et in pace nostrâ illuc veniatis ad burgagia nostra recipienda et hospitanda. Et in hujus rei testimonium has literas nostras patentes vobis transmittimus Teste Simon de Pateshill, apud Winton, xxviii die Aug., anno regni nostri nono."

The burgages mentioned in the charter were tenements or dwellings, which must have been constructed by the King's order before the charter was granted. Now, it will be observed that, in this charter, the name is, with a very slight alteration, the same as it is now. The second part of the name is derived obviously from the "Pool" which the river Mersey formed at this spot, and which, till within a comparatively recent period, flowed into the town for some distance. Much controversy has been raised, however, as to the origin of the first part of the name, popular tradition having assigned it to a bird, the "liver," otherwise called "cormorant," or "shoveller duck," which was supposed to frequent the Pool. This tradition derived apparent confirmation from the original seal of Liverpool, which bears a bird with elevated wings, a sprig in its beak, and a scroll below. On the extreme right are the symbolic crescent and star.

\* *Memorials of Liverpool*, by Sir J. A. Picton, vol. i, page 10.

for Johannis. Literary antiquarians give to this so-called "liver" a much more ancient origin, it being intended to represent the symbolic eagle of St. John the Evangelist. As we have seen, the first charter of our borough was granted by King John, and in the punning or "canting" heraldry of the time there was a threefold allusion to the fact, St. John being naturally adopted as the patron saint. There were the eagle of the Evangelist, the crescent and star of the Baptist; and as if to make assurance trebly sure, the letters signifying the contraction for Johannis. It is a very singular fact that, in the original seal, the name of the borough was spelt "Liverpool." It has been tortured into no fewer than forty different variations, among which are Liferpole, Litherpoole, Lyrpole, Lyverpoole, but it has ultimately settled down into that which is given in King John's charter, with the exception of the double "o" for the "u." The tradition of the "liver" being thus completely exploded, it only remains to note that, of the many conjectures and etymologies which have been hazarded as to the real origin of the first part of the name, none has been found which meets with general acceptance. Such is the conclusion of Sir James Picton, Liverpool's most recent historian, whose interesting work will well repay perusal.\*

LIVERPOOL IN THE FOURTEENTH CENTURY.—In the year 1360 Liverpool was visited by the pestilence known by the names of the "black plague," "black death," "Sudor Anglicanus," or "sweating sickness," which had appeared in London in 1348, committing frightful ravages. The number of deaths in Liverpool was so great, that burial in the parish churchyard of Walton, which was more than two miles distant, became impracticable, and a licence was obtained in 1361 from the Bishop of Lichfield and Coventry (in which diocese Liverpool then was), for the interment of the dead in the ground surrounding the chapel of Our Lady and St. Nicholas. This licence, and another authorising the dedication of the chapel and cemetery adjoining, which are preserved in the ecclesiastical register of Lichfield, prove conclusively that the old parish church of St. Nicholas, though rebuilt and altered entirely out of its original form, has existed for upwards of five centuries. And although the visitor, with a taste for antiquities, will find no very remarkable specimens in the city itself, he will find in the "Calder Stones," situated three and a half miles from the Liverpool Exchange, and in the neighbouring churches of Childwall, Sefton, and Hayton, much both to interest and instruct him.

LIVERPOOL IN THE SEVENTEENTH CENTURY.—While doing justice to the ancient history of Liverpool, it must be frankly admitted

\* *Op. cit.*, vol. i, pages 16 and 17. The following passage is quoted from Baines's *History of Liverpool*. "Most of the attempts hitherto made to explain the meaning of the first part of the word Liverpool, have been very unsuccessful. I shall not add to the number of conjectures, but point out the one which appears to me to be the most probable amongst those already made. A difficulty arises from the fact that it is scarcely possible to tell whether the original name of the township was Liverpool, Litherpool, or Lithepool, and whether the name was spelt in all those ways indifferently. When Camden visited Liverpool, in the reign of Queen Elizabeth, he found the name written and pronounced Litherpoole; but he says that the original name, in the time of the Saxons, was Liferpole. That would have been as nearly as possible the present time's (*i.e.*, previous to King John), for the Saxons used the letter *f* where we use the *v*. But there is not the slightest evidence as to the manner in which the name of Liverpool was written at that time. The most ancient deed now in existence in which the name occurs, is one of the reign of Richard the First, about the year 1190. . . . In that the word is written Liverpool, modernised into Liverpool, which confirms in some degree the spelling of Camden. The same modes of spelling (or contractions, which are equivalent to it) occur in King John's charter to the town of Liverpool, granted in the year 1207; in the second charter granted by Henry the Third, in the year 1229, and in most of the deeds of that age. There are exceptions, however. The most remarkable of these is found in that ancient and curious record of the royal rights, entitled *Testa de Neville*, in which the word is written Litherpool. (*Testa de Neville* 37). That part of *Testa de Neville* which relates to Lancashire, must have been drawn up in the reign of King John, for we find mention made in it of the Earl of Morton, who now is King, which description can apply to no other than King John. The name is written Lithepole in the sheriff's accounts, in the reign of Edward the First, the grandson of King John. These modes of spelling are therefore of nearly equal antiquity, so far as we have the means of judging from original documents. I am inclined to think that the Lither and Lita of *Domesday Book*; the Lither of the reign of Richard the First, the Lither of *Testa de Neville*, and the Lithe of the sheriff's accounts, are all originally the same word, and that they are derived, as has been suggested, from the old Gothic word Lide, or Lithe, the sea; or from some of the words formed from it, as Lid and Lither, a ship; Lithe, a fleet of ships; Lithesman, a seaman. We find this word as a part of several names around the coast, as in Lytham at the mouth of the Ribble; Litherland and Liverpool, at the mouth of the Mersey; Lidford, in Devonshire; Lithermore, or Livermore, in Suffolk; and probably Leith, in the estuary of the Forth. The old Scandinavian name Forth, has entirely superseded the classical name Bodotria in the Frith of Forth; and it has been clearly shown by Dr. Jamieson, Sir Francis Palgrave, and other writers, that Scandinavian names, as well as Scandinavian words, abound in the north of England and Scotland. It is at least a curious coincidence that the river Liffey, which flows into the bay of Dublin, is called the river Lith, in six or seven official documents published in the reign of King John."

that it remained a very poor obscure fishing village until the close of the 16th century. Its earliest parochial register commences in 1661, and it did not attain to the dignity of a separate parish until 1699, having, until then, been a chapelry in the parish of Walton. We read in Macaulay's History that "in the days of Charles II Liverpool was described as a rising town which had recently made great advances, and which maintained a profitable intercourse with Ireland and with the sugar colonies. The customs had multiplied eight fold within sixteen years, and amounted to what was then considered as the immense sum of £15,000 annually. But the population can hardly have exceeded 4,000; the shipping was about 1,400 tons, less than the tonnage of a single modern Indiaman of the first class; and the whole number of seamen belonging to the port cannot be estimated at more than 200."

*Dr. Sylvester Richmond* is mentioned by Smithers as a surgeon living here between 1623 and 1692. He gave £100 towards the endowment of some almshouses, which were built on what was known as Shaw's Brow, and were afterwards removed to make way for the old infirmary.

*Dr. Fabius*, a Dutchman, lived in Everton, and probably practised as a physician there about the year 1700. Beyond the fact that he aided in the foundation of one of the earliest Nonconformist chapels, sometimes called "Fabius Chapel," nothing is known of him.

**LIVERPOOL IN THE EIGHTEENTH CENTURY.**—A very striking proof of the growth of this city from comparative obscurity, is to be found in the fact that it was not until 1745 that the first medical charity was commenced, the necessity for hospital accommodation having only just begun to be felt. An "Infirmary for the Sick and Hurt" was designed. The history of our hospitals and other medical institutions becomes now a convenient medical history, and may therefore be adopted.

*The Old Infirmary.*—The erection of this took place under very romantic circumstances. The Corporation made a grant of what was then a large field on the outskirts of the little town for a term of 999 years, and in 1745 the foundations were laid. Hardly had the work begun, when the minds of the inhabitants were turned from the good work to arms. Tidings arrived that Prince Charles Edward had landed, and advanced as far as Preston; hence it was not until the end of 1748 that the building was complete, and two upper wards were furnished with thirty beds. On March 25th, 1749, the building was opened. Engravings of it are preserved, and one is now to be seen in the Lock Hospital. It presented a handsome front of brick and stone, and was calculated for the accommodation of 200 patients; its cost was £2,648. The passer-by had his attention strongly drawn to the building and its objects by the following lines which were placed over the gateway.

"Oh ye whose hours exempt from sorrow flow,  
Behold the seat of pain, disease, and woe;  
Think, while your hands th' entreated alms extend,  
That what to us ye give, to God ye lend."

The original medical staff consisted of three physicians and three surgeons—Drs. Green, Kennion, and Robinson; Messrs. Bromfield, Ambrose, and Pickering; but none of them have left any writings of moment. From the circumstances of there being no assistant physicians nor surgeons, and from the formation of the General Dispensary in 1778 (to be further alluded to presently), it would appear that, from its earliest history, the practice of the Infirmary was limited to in-patients, an exception to the general rule. Most modern hospitals have sprung from a dispensary, while those of earlier date have both in and out-patients. It is still a peculiarity of Liverpool that its three largest hospitals—the Royal Infirmary, the Northern, and the Royal Southern Hospitals, have no regular out-patients' departments, the only out-patients being those suffering from minor accidents, or former patients who have been discharged and made out-patients. In 1752, an addition was made to the Infirmary by the erection of wings, which were used as an hospital for sailors; the cost was £1,500. These buildings all remained until 1826, when they were taken down, and the site is now covered by the stately pile known as St. George's Hall, in which it was hoped that the coming annual meeting of the British Medical Association would be held. The coincidence, however, of the summer assizes with the time of meeting, and the requirements of the Assize Courts (which, with the accessories of sheriff's court, grand jury room, etc., comprise the principal parts of the hall) prevented this.

Among the earlier physicians to the Infirmary may be mentioned the following.

*Matthew Dobson*, author of a *Medical Commentary on Fixed Air*,

as also of numerous contributions in *Medical Observations and Inquiries*, and in the *Philosophical Transactions*. Writing on diabetes, he thus summarised the plan of treatment. "That the obvious indications of cure are to strengthen the digestive power, to promote due sanguification, and establish perfect assimilation through the whole economy." He held office from 1770 to 1780, when failing health compelled him to retire to Bath, where he died in 1784.

*Dr. Houlston*, elected in 1774, deserves notice as one of the first who in England attempted to diffuse a popular knowledge of the means of restoring life apparently lost by drowning or hanging. The year of his election was the year of the formation of the Royal Humane Society, and in the previous year Dr. Houlston published in the papers of September 24th some plain directions for recovery of those apparently drowned. He refers to the success which had attended similar societies in Holland, Germany, and other countries; and after giving, in prose, full directions for attempting resuscitation, winds up with the following quaint poetical combination of medical advice and Christian duties:

"Tobacco glyster, breathe and bleed,  
Keep warm and rub till you succeed,  
And spare no pains for what you do;  
May one day be repaid to you."

In 1775 a receiving house was opened on the north side of the old dock, to which or to the Infirmary cases were to be taken, the physicians and surgeons of the Infirmary promising to attend to them at either place. Those bringing cases were to be rewarded with a guinea if the patient were restored to life, half a guinea if not. The first seven cases were all unsuccessful, but in the eighth Dr. Kenyon and Messrs. Shortcliffe and Lyon succeeded in restoring a drunken cowkeeper who had fallen into a dock and been taken out apparently dead. The next five cases were all successful, and the reports up to 1782, embracing a period of seven years, show an aggregate of thirty saved from drowning; eight recovered in part, but dying soon afterwards; four killed by the fall; thirty-one who showed no sign of life. Dr. Houlston also wrote on the prevention of death from excessive drunkenness, and on the treatment of hydrophobia.

*Dr. James Currie*, best known to the literary world by his *Life of Burns*, and his edition of Burns's works, became physician in 1786. He took a leading part in the establishment of the Lunatic Asylum in connection with the Infirmary. He also, although it was at the risk of much of his professional interest, strongly advocated the cause of negro emancipation. At that time Liverpool had the unenviable notoriety of being the great slave mart of the United Kingdom, and there existed at the Infirmary an examining board for the purpose of licensing surgeons for slave-ships—African surgeons as they were called. For, as the law then stood, no ship could clear for Africa without a surgeon, and no surgeon could go without producing to the Collector of Customs a certificate of examination from "Surgeons' Hall," from the College of Physicians, from the Royal College of Surgeons of Edinburgh, or from the medical staff of some public or county hospital. The meetings of the medical board for these examinations took place on the first Tuesday of every month; and from August 15th, 1759, until May 1st, 1807, at which date the slave trade ceased by law, 634 candidates presented themselves. Of these not quite 500 were fortunate enough to pass. It appears, however, that many sent back from the Infirmary were enabled to pass another examining board within their reach and more easily satisfied, much to the annoyance of the Infirmary board, and too probably also, much to the detriment of the unfortunate crews with which they sailed.\*

The establishment of the first fever hospital was due to the exertions of Dr. Currie, supported by his medical brethren. He believed that if the fever patients, whose mortality was frightful at that time, could be removed from the foul dens in which they lived, where, as now, fever readily finds its victims, and attains its greatest virulence, into the comparatively pure air and cleanly wards of an hospital, the sick themselves would be more likely to recover, and that the fever would be far less likely to spread. The suggestion met with approval, but it took five years' contest before the fears of the timid and the prejudices of the bigoted could be overcome; and in 1801, at a crowded annual vestry meeting, Dr. Currie had the satisfaction of carrying unanimously a resolution which proposed the immediate execution of his plan. He was also instrumental in re-

\* In *Williamson's Advertiser* (a local paper) of September 12th, 1786, the following advertisement appeared. "To be sold at the Exchange Coffee House in Water Street this day, the 12th instant, September, at one o'clock precisely, eleven negroes. Imported per the *Angola*."

ducing the mortality among the French prisoners, and in inaugurating sanitary improvements in Liverpool. His various labours shortened his life. Before his death, which occurred at the early age of forty-nine, he dictated to his son an account of his political life and opinions, in which he says: "I am sick and exhausted. I hope to close my eyes in peace with the living generation, and with hope in the expected union with the friends whom I venerate and love beyond the grave." He died on August 31st, 1805.

Among the earlier surgeons to the old Infirmary were *James Ryon Park* and *Alanson*. The second of these is well known as having been the first to devise and perform excision of the knee-joints, which he did in this same infirmary. The last named gentleman is also well-known for the improvements in the mode of amputation first suggested and adopted by him in this infirmary, which thus witnessed what may be called a revolution in surgical practice. As both these surgeons will probably be alluded to by others more competent and in their proper section, it would be alike unfair and improper for me to dwell further upon their surgical improvements.

But the life of *Henry Park*, as a general practitioner and citizen, contains so much that is both interesting and instructive, that I may venture to give some details.\* He may be considered, indeed, as having been born a surgeon. His birth took place in 1744, his father being a surgeon in good practice in Liverpool, who died suddenly before his son Henry had completed his first year. The latter was, after receiving a good education, placed, at the early age of 14, under Mr. Bromfield, surgeon to the Infirmary, his uncle by marriage. This apprenticeship lasted three years, and was used most diligently, much being left to the pupils at that time. When only 17 years of age, he was left in medical charge of 600 French prisoners, without any supervision. He thus acquired a facility in their language, which he retained to the last. After this he went to London and served a second three years' apprenticeship in the house of Mr. Percival Pott, surgeon to St. Bartholomew's Hospital, completing his professional education with a season at the Hôtel-Dieu of Rouen, under the teaching of M. Le Cat. Returning to Liverpool, he was appointed surgeon to the Infirmary, when only 23 years of age, which office he held for thirty-one years. From his 45th till his 75th year, his life was one of most severe toil, mental and bodily, sweetened by success. His practice of midwifery extended over a period of half-a-century, and he commenced a record of it in 1769, which was continued until the close of 1830. In this, which he quaintly termed his "Book of Genesis," he noted, with his own hand, particulars of 4,000 deliveries.† It will interest modern obstetricians to learn that out of this number, in seven cases only were instruments used, the forceps four times, the crotchet three times. He also encouraged vaccination, by performing it gratuitously twice every week at his own house, at a time of life when most men seek to curtail rather than increase their work, especially gratuitous work. Mr. Park married when 32 years of age, and ten years later suffered the severe bereavement of the loss of his wife. The remainder of his life was a total disregard of self, and a devotion to the happiness of others. The following obituary notice which appeared in a local paper, the *Liverpool Courier*, February 2nd, 1831, is from the pen of Dr. Rutter, the founder of the Medical Institution.—"On Friday, the 28th ultimo, the remains of the late Henry Park, Esq., were interred in the Cemetery of the Mount. They were accompanied to the grave by a considerable number of medical gentlemen, who voluntarily paid this tribute of respect to his memory. Mr. Park was unquestionably one of the first surgeons of his time. His understanding was clear, acute, sagacious, penetrating; his judgment sound, his medical knowledge and experience were extensive, and his opinions and decisions always valuable. He had early acquired a high reputation for talent and sagacity, and he ably sustained it, undiminished to his last hour, through a life unusually protracted (87 years). Yet for that reputation he was indebted solely to his own merit, for he courted no popularity, he paid no homage to rank or greatness, he employed no indirect means to advance his own interests. In his intercourse with his professional brethren, he was always kind and friendly; and, present or absent, they could at all times repose with the most perfect confidence in the integrity of his conduct. The death of such a man is a great public loss; but his example remains, and it will be respected and followed by all who know and feel that the only road to distinction and esteem is that of strict moral rectitude. The writer of

this was in his early days a pupil of the late Mr. Park; he has known the deceased now for nearly half a century, and he feels a melancholy pleasure in offering this sincere and unsolicited testimony to the superiority of his character." On his grave is a plain flat stone, with the inscription, "The Burial Place of Henry Park, and of his Children and Grandchildren." I cannot help regretting that there is nothing in this city to perpetuate the memory of so worthy a member of our profession, who did so much in his day to advance the science and practice of surgery. I trust that this omission may be repaired, and that the name of Henry Park may be still perpetuated in a Park scholarship, exhibition, or prize, in connection with the medical faculty of the Liverpool University College.\*

The *General Dispensary*, since then expanded into the Liverpool Dispensaries, North, South, and East, was founded in 1778, being thus the second oldest medical charity. Its medical staff consisted of three physicians, three surgeons, and an apothecary; and conspicuous among the original staff was Dr. Brandreth, who long held a distinguished position in Liverpool both professionally and socially; Dr. Jonathan Binns, one of the original members of the Society for the Suppression of the Slave Trade; Mr. Alanson, already alluded to; and Mr. Gerard.

In 1783, small-pox raged in Liverpool; and, in consequence of its ravages, it was resolved, in the month of March, that a general inoculation of the inhabitants should take place. The following medical men were formed into an inoculation society for that purpose: Drs. Houlston, Brandreth, Binns, Worthington, Camplin, Currie, and Lyon; Messrs. Alanson, Blundell, Buddicum, R. and J. Gerard, Goldie, Hughes, Moss, Park, Renwick, Shortcliffe, and Tetlow.

In 1784, a *Familiar Medical Survey of Liverpool*, addressed to the inhabitants at large, was published by Mr. W. Moss, surgeon. The object of this quaint little work is shown in the following list of its contents published on the title-page: "Observations on the Situation of the Town, the Qualities and Influences of the Air, the Employment and Manner of Living of the Inhabitants, the Water, and the Natural and Occasional Circumstances whereby the Health of the Inhabitants is liable to be particularly affected; with an Account of the Diseases most peculiar to the Town, and the Rules to be observed for their Prevention and Cure; including Observations on the Cure of Consumption; the whole rendered perfectly Plain and Familiar." Though it can hardly be said to be of much professional value, it gives us an excellent idea of Liverpool as it was then just a century ago. Its population was then about 41,000, and the town consisted of a mere fragment of what it is now, its then northern, southern, and eastern boundaries having long ago been extended by nearly two miles in each direction, its western boundary being then, as now, the river Mersey. The author tells us "that diseases more or less accompanied with symptoms of putrescence always occur and become epidemic in the autumn in Liverpool," and that the tendency does not disappear until frost has set in. He thinks the air healthy, but too cold for those subject to coughs, asthmas, and other affections of the breast, and lungs; while, in addition to the natural purity of the air, "the aromatic effluvia of tar and pitch," and the smoke from the burning of damaged tobacco, increases its salubrity. The streets, he tells us, are "narrow, and, of course, dirty," the houses in general too small, and the rooms too low. The water-supply, obtained from the wells on the east side of the town, is lauded as unexceptionable in all respects, except the awkward mode of its being conveyed (in carts) to the inhabitants. The only endemic diseases mentioned are "affections of the breast, and rheumatism," and a kind of "infantile asthma." The following passages are very significant of the practice of those days. "There is a remedy, however, which, as being of much importance, and too frequently avoided and declined, I shall take the liberty to recommend, and that is, blood-letting, in the early state of colds with coughs." "There is, perhaps, no part of the kingdom, whether

\* The *Edinburgh Review*, October, 1872, in an article on surgical science, has the following:—"In the latter portion of the last century, when a vigorous flash of originality seemed to light up the annals of surgery, Park, of the Liverpool Hospital, may be said to have accomplished the first act of conservative surgery. His patient, a sailor, to whom the loss of a foot and leg would have been tantamount to the loss of his means of getting bread, determined him to make the experiment of simply excising the diseased part, the knee-joint, and retaining the foot and leg. This he did so successfully that, to use his own words, the patient several years after the operation, "made several voyages to sea, in which he was able to go aloft with considerable agility, and to perform all the duties of a seaman, that he was twice shipwrecked, and suffered hardship without feeling any further complaint in that limb." This was a crucial test of success, that should have stamped the operation as one of the greatest surgical triumphs of the time; but, like so many other great strides taken in that age of extreme vivification, it was in advance of its fellows, and was destined to be arrested for the better part of another half century."

\* For a full account, see *Transactions of the Provincial Medical and Surgical Association*, Vol. VII., pages 459 to 484.

† This is preserved in the Liverpool Medical Institution in the safe with other important documents, and an inspection of it can only be made in the presence of the honorary secretary, or some other member deputed by him.

town or country, where blood-letting is more required in febrile and in other complaints than in Liverpool; very few where it is so requisite, as is discovered by its comparative effects, and the dense, sizy, inflammatory state of the blood drawn. In the complaint under consideration, its effects are frequently so sudden and obvious as to discover the most immediate and effectual relief. As I make these declarations from experience, I do it with greater confidence." Among the epidemics mentioned are: a very fatal influenza in 1775, a malignant fever in 1781, a slighter visitation of influenza in the spring of 1782, and the quartan ague of the autumn of the same year. From the following passage, it would appear that sea-bathing could hardly have been so universal a practice as now. "Bathing in the sea is here so general in the summer and autumnal months, that strangers from the inland parts are much entertained and surprised with the universality of the practice, and, at the first impression, are almost led to consider the inhabitants as a species of amphibious animals." In conclusion, the author condemns the tolling of funeral and passing bells as "a real disturbance to the sick, nervous, and hyperchondriack" (*sic*). He also condemns the continuance of burials in the old churchyard, which had been used more or less as a burial-place since 1371; and it is a melancholy instance of the slowness with which even the most obviously necessary reforms are adopted, that burials still continued in this same churchyard until it was closed in 1854, just seventy years after, by an Order in Council.

The Ladies' Charity was founded in 1796, its object being to supply poor married women with competent assistance, and some additional comforts, in their confinements. In ordinary cases, each patient was attended by one of the six midwives attached to the charity. The town was then divided into six districts, each in charge of a midwife; there were also four assistant midwives to attend in the absence of the latter from sickness or other cause. Four surgeons were attached to the charity, each of whom had the charge of the whole of one district and half of the adjacent one, their duties being to attend when requested by any of the midwives or assistant midwives. This charity has done a very useful work, not only as a maternity, but as a means of affording practical instruction in obstetrics to many practitioners, past and present. In most of the districts, a student could soon obtain his "twenty cases," or as many more as he wished to attend. Among past surgeons, I may mention one well-remembered associate, the late Dr. A. B. Steele, who held the office for upwards of twenty years. For many years before and after the passing of the Poor-law, there was a vaccination station in connection with this charity, which continued until 1870.

LIVERPOOL IN THE NINETEENTH CENTURY.—The first census returns taken in 1801 give the population of Liverpool as 77,653, exclusive of about 6,000 seamen belonging to the port, but absent on voyages. In 1811, it had increased to 94,376, with from 6,000 to 7,000 seamen. From this period, the town rose rapidly, both in extent and in population.

In 1808, there occurred in Liverpool a *cause célèbre* in the annals of modern poisoning mentioned in most works on Forensic Medicine, and possessing many features of interest. It created intense excitement at the time, from the social position of the prisoner and deceased, the extraordinary nature of the surrounding circumstances, and the medical evidence for the defence. The prisoner, Mr. Charles Angus, a merchant, was charged with the murder by poison of Miss Margaret Burns, a young lady who resided with him as his governess and housekeeper. She died under very suspicious circumstances on the 25th March, and on the 27th a *post mortem* examination was made by order of the coroner. It will suffice for me to notice the chief points of medical interest in the case, as a full report of the trial was published, and copies are still to be seen in medical and other libraries. While there is much to admire in the evidence of the medical witnesses for the prosecution, Drs. Gerard, Bostock, and Mr. Hay, there are some grave defects. For instance, the abdomen only was examined, the chest and head not being even opened. What would be thought now of such an examination in a case of suspected poisoning? Let us imagine a medical witness in such a case being compelled to admit that he could tell nothing respecting the appearance of the brain, heart, or lungs, because he had never examined them! The examination appears, indeed, to have been almost limited to the stomach and uterus. The former disclosed a perforation, with soft and ragged edges; its contents were extravasated into the peritoneal cavity. There was also slight peritonitis and inflammation of the duodenum. The uterus presented every appearance of having recently expelled a foetus; its size was that of a bullock's heart, and the mark of the placental attachment was

distinctly visible. On searching the house, no trace of a child could be found, though some bloody clothes were, as well as two bottles, one containing oil of savin, and another marked "poison-water." The latter was found by Dr. Bostock to be a saturated solution of arsenic and corrosive sublimate, though he did not feel complete certainty as to the tests for the latter. He could detect no metallic poison in the fluids from the peritoneal cavity, from the intestines, nor from the stomach. It will interest, and perhaps amuse, modern analysts to learn that, in experimenting on dogs, Dr. Bostock was unable to detect the poison, even after four grains of corrosive sublimate had been given. Some time afterwards, he published a paper on the effect of albumen in preventing the characteristic reaction of the protomuriate of tin upon the sublimate, and ascribed to this the failure of the tests in Miss Burns's case. At the trial, which took place at Lancaster (Liverpool not attaining to the dignity of an assize town until 1835), Dr. Carson, a rising physician who had graduated at Edinburgh nine years previously, appeared as medical witness for the defence. He accounted for the perforation of the stomach by the somewhat extraordinary theory, that any fluid, containing salt and having its temperature sustained by the renewal of the vital warmth of the body, might dissolve the surfaces with which it came into contact. The state of the uterus he attributed to the probable recent expulsion of a mass of hydatids. The prisoner spoke in his own defence. At that time, prisoner's counsel were not permitted to address the jury, but they might call and examine witnesses on his behalf. On the other hand, the counsel for the Crown had no right of reply. These circumstances were very favourable to the prisoner in this case. The trial lasted from 8 A.M. on Friday, September 2nd, until about half-past three on Saturday morning, when the jury found their verdict. The judge (Justice Chamber) summed up favourably to the prisoner, and he was acquitted, but the feeling against him in Liverpool was so strong, that he left it soon after the trial. After the trial, the uterus and appendages were shown on September 14th to Drs. Brandreth and Lyon and to Mr. Park, where the ovaries were for the first time properly examined, and a true corpus luteum was found in one. Mr. Hay subsequently proceeded to London, where he showed the uterus to some eminent obstetricians and surgeons, including Denman, Haughton, Clarke, Cline, Astley Cooper, and Abernethy; all of whom expressed an opinion that an advanced condition of pregnancy had recently existed. A good deal of feeling was expressed against Dr. Carson, who had certainly not acted fairly to his professional brethren, they having shown him the stomach and uterus and given him every information. He apparently concurred with them, but in fact concealed his views, and succeeded in springing upon them a line of defence for which they were wholly unprepared. The defence, in short, was ingenious, but not ingenuous.

In 1820, two institutions for the treatment of diseases of the eye were established in Liverpool—the Ophthalmic Infirmary and the Institution for Curing Diseases of the Eye. The former still exists as the Eye and Ear Infirmary, and I shall have occasion to refer to it again.

The Royal Infirmary was completed and opened in October 1824, with 226 beds. The site of the old Infirmary being required by the Corporation for town improvements, the site on which the present Infirmary stands was granted in exchange, together with the site of the building which was formerly the Lunatic Asylum, but is now the Liverpool University College, the site of the Lock Hospital, and an annual donation of one hundred guineas. The foundation-stone was laid on July 27th, 1821, and the building completed at an expense of £27,800. The following is Sir James Picton's description of the building: "We are now opposite the façade of the Royal Infirmary, a structure of considerable pretence, with its recessed octostyle Ionic portico.....The classical Greek here reigns in all its dry severity. Every feature is hard and stiff, if not forbidding. The epithet which would, in the smallest compass, express its general effect is the word 'squareness'; for everything, from the square attic windows to the square plinths of the columns, is rectangular. The building, from its magnitude and isolation, is imposing; but, although the terms 'grand,' 'magnificent,' and 'splendid,' have been lavishly applied to it in guide-book descriptions, there are few persons who, comparing this costly building with its plain and unpretending predecessor, would not award the palm for picturesque effect to the latter." The present building has been so altered and added to, that its original appearance has long been lost. The awkwardness of its two principal staircases is often remarked; and the explanation is that, in the original plan, the stairs were forgotten altogether, and had to be put where they now are. The Thornton Wards, models of what hospital wards ought to be, were

erected in 1863, and there could hardly be a greater contrast than between them and the older wards.\* After nearly sixty years of very useful work, the present building has been found to be quite unsuitable for the reception of patients, in accordance with modern sanitary views, and a new infirmary is to be built. It is confidently expected that, in addition to the present site, a considerable additional space closely adjacent, may also be secured. This, together with the sum of £100,000 (more than four-fifths of which has already been raised), will enable the Committee and trustees to erect an infirmary in every way worthy of the city and the age. Among prominent physicians and surgeons, now deceased, I may mention the names of Drs. Formby, Dickinson, Vose, and Inman; Messrs. Dawson, Halton, Robert Bickersteth, and Long.

The *North Dispensary* was erected in 1829, and the *South Dispensary* established soon afterwards, in a large house adapted for the purpose; the *Eastern Dispensary* followed in 1839, being subsequently removed to its present situation. These three medical charities have each a large honorary and resident medical staff, affording relief to upwards of 60,000 persons annually. They have always been well supported and inexpensively worked.

The *Northern Hospital* was established in 1833. Prior to this, attempts were made to fit up two wards, at the North Dispensary, for patients suffering from severe accidents, who could not be treated as out-patients, and whom it was not desirable to convey, under such circumstances, so great a distance as it was from the northern part of the town to the Infirmary. At first, a large house was taken and fitted up with 28 beds, which were increased to 50 three years afterwards, by taking the adjoining houses; but this number being soon found to be quite inadequate, the present hospital was erected in 1845, at a cost of £10,000. It has been considerably enlarged and improved since then, and now contains 147 beds. It is worthy of note that the members of the first medical staff were elected for a term of years, varying from twelve to fourteen; this term of office was subsequently increased to fifteen, and it is now twenty-one years. The first physicians were Drs. Sellar, Squires, and Reynolds; the surgeons, Messrs. Gill, Banner, and Wainwright. The hospital receives a very large number of accidents from the docks, the Lancashire and Yorkshire Railway, and other centres of labour. Having been erected nearly forty years ago, its construction is not in accordance with modern ideas of hospital construction, and, as a building, it bears evidence of having been constructed rather for external show than for internal convenience. But there is every probability that it will also be rebuilt, either partly or entirely, under circumstances calculated to increase most considerably its usefulness, and to enable the medical staff to continue their work with increased comfort to themselves and advantage to their patients.

The *Lock Hospital* was erected in 1834. We have seen that the old Infirmary comprised a seamen's hospital, and it is only too probable that venereal disease prevailed amongst them. The late Mr. Minshull, a professional veteran, who died recently at a very ripe age, and who well remembered the old Infirmary, informed me that venereal cases were treated in it. In the present Infirmary, wards were set apart in it when it was first opened, both for male and for female venereal patients, twenty-five beds being provided for each sex. Ten years afterwards, additional wards were much required for medical and surgical cases; and it was decided to place the patients suffering from venereal diseases in a separate building in an adjoining street. It was to be a part of the Infirmary, and under the management of its committee, but with its own surgical and resident staff. Such was the origin of the Liverpool Lock Hospital. It has two wards, containing twenty-five beds for each sex, which are kept pretty well filled, especially the male beds, and syphilis in all its forms may be seen here. I may here remark that this and the Manchester Lock Hospital (the latter for females only) are the only two hospitals of the kind in the whole of the north of England.

The *School of Medicine* was organised during the autumn of 1834. The first lecturers were Dr. Formby and Mr. Gill on Anatomy, Dr. Reynolds on Chemistry, Dr. Philp on *Materia Medica*, Dr. Formby on Medicine, Mr. Dawson on Surgery, Dr. Malins and Mr. Batty on Midwifery, Dr. Philp and Dr. Malins on Medical Jurisprudence. Dr. Bryce was subsequently appointed Lecturer on Botany, and Mr. Chater and Mr. Long Demonstrators of Anatomy. As the lectures were delivered in the Royal Institution, a portion of which was set apart for the purpose, this medical school was first denominated "The

\* A school for nurses was also built on land adjoining, and has done a very useful work. In it, nurses and probationers have the combined advantages of a home, with close proximity to their work. Night-nurses, when relieved from duty, are also able to have more perfect quiet than they could in the Infirmary itself.

Liverpool Royal Institution School of Medicine and Surgery." In 1845, the school was transferred to its present site in a building erected specially for the purpose, on land belonging to the Royal Infirmary, and directly opposite to its patients' entrance. The students were thus enabled to attend both their lectures and hospital practice most conveniently; and the Royal Infirmary School of Medicine, as it now became, has, ever since then, been a very successful one, affording a sound medical education to several generations of students, many of whom have lived to acquire considerable distinction both here and elsewhere, and to shed lustre on their "Alma Mater." Now that it has become the Medical Faculty of the Liverpool University College, and viewing the many advantages which will accrue from the rebuilding of the Infirmary, there is every prospect of its career of usefulness being in every way strengthened and extended.

The *Medical Institution* was opened in 1837. It was formed by the fusion of the Medical Society (which had existed for many previous years) with the Medical Library. The land on which it stands was given most liberally by the Corporation, on a lease of seventy-five years rent free, in addition to a donation of £1,000 towards the building. The remainder of the requisite amount was furnished by the local members of the profession and their friends. The first president, the late Dr. Rutter, deserves mention as having contributed largely to the success of the undertaking by most liberal donations of money and books. He delivered the opening address on May 31st, 1837. Since then, the meetings have been continued on every alternate Thursday from October till the end of April in each year. The library has been considerably increased, and receives constant additions from donors, as well as from the funds of the institution.

*Meetings of the British Medical Association in Liverpool.*—In 1839, the Provincial Medical and Surgical Association held its seventh annual meeting in Liverpool, under the presidency of the late Dr. Thomas Jeffreys. The meetings took place in the Medical Institution, and were well attended, the business occupying the whole of Wednesday and Thursday, the 24th and 25th of July. It is almost needless to add that there are few, if any, now living who were present at that meeting, though many were still very recently.

In 1859, the British Medical Association met for the second time in Liverpool, it being the twenty-seventh annual meeting. The meetings were held in the Medical Institution; and though the number of associates was not large, the meeting is well remembered as a most successful one. The number of local associates subsequently increased very much, showing the value of these meetings to the parent Association, as well as to local Branches. But there could hardly be a greater contrast than that between the past second and the coming third meeting in Liverpool. The Association has since multiplied nearly fourfold. The Medical Institution, which then sufficed for all the meetings, would now not be sufficient for more than two or three sections; then a hotel sufficed for the annual dinner, now one of our largest halls will be required for the banquet, and will most probably be fully utilised; then one building was large enough for the *soirée*, now three large buildings have been secured, and will, in all probability, be well filled with associates, ladies, and other guests. Such associates as were present here in 1859, and purpose coming, will be startled with the contrast, showing, as it will, both the increase in the Association and the marvellous changes which have taken place in Liverpool.

*The Old Southern and New Royal Southern Hospitals.*—In 1841, the population had reached 223,000, showing an increase of 57,782 in ten years. The necessity for increased hospital treatment in the southern extension of the town having been much felt, the Southern Hospital was commenced in 1841, and completed in 1842, the building being capable of accommodating one hundred in-patients. The first physician was Dr. Grindrod; the surgeons, Messrs. Churton, Minshull, and Petrie. After thirty years of very useful work, the hospital was found to be too small for the demands made upon it; and, a suitable site having been obtained within a convenient distance, the present hospital was erected, and opened in 1872 by the Duke of Connaught, then Prince Arthur. It thus became the Royal Southern Hospital, and has room for two hundred in-patients. There are now three physicians, as well as three surgeons, and there are private wards for paying patients. The hospital receives a large number of accidents from the numerous docks, etc., near, and foreign seamen of every country. It contains almost every modern improvement, and is well worthy of a visit.

The *Lying-in Hospital* was established in 1841, its object being to afford relief to poor women in whose cases special difficulties were expected to occur. Among the rules of the Ladies' Charity, there was one which excluded all women who had not two children

living; hence primiparæ were totally deprived of the benefits of the charity; and this rule, which was intended to discourage improvidence, was not without its hardships. The hospital was at first, and for twenty years afterwards, established in a large house, and a special ward for uterine cases was added in 1855. There was also a large outdoor department for the treatment of diseases peculiar to women. A school for the training of nurses was also established here. In 1862, a new hospital was completed and opened; and in 1869 the Ladies' Charity and Lying-in Hospital were amalgamated. Recently, however, owing to differences between the committee and the subscribers, the charities have become again separated. Premises have been secured for a hospital for women, and it is intended to erect a maternity hospital for the reception of obstetric cases only. The buildings of the Lying-in Hospital have been sold to the committee of another charity to be presently noticed.

The *Infirmiry for Children* was commenced as a dispensary in 1851, and, five years later, a house was taken and fitted up for the reception of in-patients. In 1869, the present new and handsome buildings were erected; the infirmary has now between seventy and eighty beds, and is one of the most popular of all the local medical charities. It does excellent work in affording a training-school for nurses, as well as medical and surgical treatment to a very large number of in- and out-patients annually. There is a separate building in which any in-patients found to be suffering from infectious diseases may immediately be isolated from the rest while remaining under treatment.

*Medical Journals Published in Liverpool.*—In 1833, the *Liverpool Medical Gazette* and the *Liverpool Medical Archives*, edited by Dr. Hunter Lane, were published in Liverpool; and subsequently the *Liverpool Medical Journal* in 1834. None of these, however, continued more than a year. The *Liverpool Medico-Chirurgical Journal* was published for the first time in 1853, and comprises for that year two volumes of most interesting matter. Among these are two papers by the late Mr. F. D. Fletcher, entitled, "A Sketch of the Medical History of Liverpool." I am largely indebted to this for many of the preceding facts and details, and I regret that want of space has compelled me to omit from it much that was very interesting. This journal did not live much longer than its predecessors, and for many years Liverpool was without any medical periodical. About fifteen years ago, the *Liverpool Medical and Surgical Reports* were published annually, becoming subsequently the *Liverpool and Manchester Medical and Surgical Reports*. Recently, the *Liverpool Medico-Chirurgical Journal* has been revived, with its former motto, "Non quo sed quomodo;" and it is to be sincerely hoped that it may have a long existence. When single hospitals, such as Guy's, St. Thomas's, and St. Bartholomew's, furnish sufficient material for a large volume yearly of most interesting matter, it follows surely that a city such as this, with all the medical and surgical resources we have noticed, should provide at least a half-yearly, if not, indeed, a monthly report.

The *Stanley Hospital* was established in 1867. The town had now extended so far northwards, that the Northern Hospital had really become a central one, while the population amounted to close upon half a million. The hospital, being thus a recent erection, is in all respects well adapted for its purpose, and has most of the modern improvements. It stands well, being situated in a rapidly increasing neighbourhood, near several lines of railway and other centres of industry, from which it receives many accidents; it has also a large out-patients' department. The number of beds is forty-five; but, this being now quite insufficient, funds have been raised for enlarging the hospital by erecting new wings, and this will, it is believed, soon be effected.

*Eye and Ear Infirmary.*—This important charity has been already alluded to. For many years past the old Infirmary (which was a large house taken and adapted for its purpose forty years ago) was found to be quite inadequate to the enormous demands made upon it. The present building was completed and opened last year (1882), and being our most recently built hospital, is well worthy of a visit, both on account of its sanitary arrangements and its special adaptation for ophthalmic cases. There is room for 44 in-patients, and of these upwards of 500 were admitted last year, while the out-patients numbered more than 8,000. This infirmary relieves in and out-patients from all parts of the county, and from more distant places.

The limited space at my disposal prevents me from giving any lengthened description of the *Hospital for Fever and Infectious Diseases*, *St. Paul's Eye and Ear Infirmary*, the *Hospital for Cancer and Skin-Diseases*, the *Hospital for Consumption and Diseases of*

the *Chest*, the *St. George's Hospital for Diseases of the Skin*, and the *Seaman's Self-Supporting Dispensary for Venereal Diseases*. But I must not omit to mention the respective *Parish Infirmaries of Liverpool*—*West Derby*, and *Toxteth*. The first named possesses excellent wards, a visiting as well as resident medical staff, and a most admirable nursing department. It has also in connection with it a large fever hospital, the *Toxteth Workhouse* is most favourably situated in what is still a pleasant suburb, and the views from its infirmary windows are as pleasing as any patients could wish to have.

*Hospital Sunday and Saturday* were first observed in 1871, and the result has been for some years past an annual average amount of £10,000 for the medical charities. Speaking comparatively, the result of this means of augmenting the funds of the latter has been more successful here than in any other locality.

The census of 1881 showed the population of this city to be 552,425; and so rapid is the increase, that there has been a considerable addition to this in the last two years. It will show the extraordinary rise of Liverpool, and serve as a hasty recapitulation of its foregoing history, if I state here that, incredible though it appears, the first high road out of Liverpool was constructed only 123 years ago. Previously to its construction, Liverpool could only be approached by bridle-roads through a forest; and such were the dangers, that many preferred to come by way of Chester and across the river.

In conclusion, I must ask local and other readers of the *JOURNAL* to pardon the many imperfections of this paper. It has been written amidst many interruptions, in leisure moments snatched from a very busy life. In a locality so thoroughly devoted to commerce as Liverpool has always been, it must have been with considerable difficulty that our forefathers of the profession succeeded in establishing the School of Medicine, the Medical Institution, and the other means by which the status of the profession has been maintained. Great credit, therefore, is due to those who have so laboured and passed to that grave where "there is no work, nor device, nor knowledge, nor wisdom." There are two important lessons which, as it seems to me, other rapidly rising towns may learn from the medical history of Liverpool. One is, to build general hospitals or infirmaries in such a manner, that their subsequent enlargement may be easy and convenient, avoiding the expense and annoyance of rebuilding. The other is, to have special wards in general hospitals for uterine, ophthalmic, venereal, and other cases, and for children, thus saving the enormous expenditure consequent upon the multiplication of special hospitals. I hope that many associates will be induced to visit Liverpool, and attend the coming meeting. One of her greatest sons and philanthropists, William Roscoe, thus poetically described his native town when only twenty years of age; and though he wrote 110 years ago, it is remarkable how true the description is at the present day.

"How numerous now her thronging buildings rise,  
What varied objects strike the wondering eyes!  
Where rise yon masts her crowded navies ride,  
And the broad rampire checks the beating tide;  
Along the beach her spacious streets extend,  
Her areas open, and her spires ascend.

Far to the right, where Mersey duteous pours  
To the broad main his tributary stores;  
Tinged with the radiance of the golden beam,  
Sparkle the quivering waves; and midst the gleam,  
In different hues as sweeps the changeful ray,  
Pacific fleets their guiltless pomp display.

Fair to the sight they spread the floating sail,  
Catch the light breeze, and skim before the gale;  
Till loosening gradual on the stretching view,  
Obscure they mingle in the distant blue;  
Where in soft tints the sky with ocean blends,  
And on the weakened sight the long, long prospect ends."

*SICK CHILDREN'S HOSPITAL, EDINBURGH.*—During the month of May, 943 patients were treated in the out-door or dispensary department of the Royal Edinburgh Hospital for Sick Children, while 45 new cases were admitted as in-door patients. The total number treated in the hospital during the month was 77, of whom 32 were continued from the previous month. Twenty-seven vaccinations were effected. An analysis of the new patients treated during the month shows that 299 were from Edinburgh, 107 from Leith, and 24 from country districts. It would be well if this hospital were more fully taken advantage of by students, as the managers and the staff place every facility in the way of making the institution of value educationally; and there is access to it from the Royal Infirmary grounds.

### BRITISH MEDICAL ASSOCIATION: THE FORTH-COMING ANNUAL MEETING AT LIVERPOOL.

WE understand that the arrangements for the annual meeting of the Association at Liverpool are in a forward state of preparation. It is expected that the attendance of members will be unusually large, and the business to be transacted will be of exceptional importance and interest.

Much of the scientific work in the sections has already been arranged. In the Section of Medicine, three subjects of discussion have been fixed on—first on Aphasia, to be introduced by Professor Gairdner of Glasgow; (2) on the Causes and Results of Abnormal Tension in the Arteries, by Dr. Broadbent; and (3) on the Nature of Purpura, by Dr. Stephen Mackenzie. In the Surgical Section, a discussion will be arranged on the Surgical Diseases of the Kidney, and operations for their relief; and already many papers on other important subjects have been promised. In the Section of Ophthalmic Surgery, the principal discussion will be on the testing of Colour-sense and Acuteness of Vision, especially among sailors. This discussion will probably be opened by Dr. Brailey, of Guy's Hospital. Besides this, the relation between diseases of the genital organs and those of the eye will be brought under notice.

In the Obstetrical Section, there will be papers, and probably a general discussion on operative treatment for total or partial Removal of the Uterus, in which Drs. Schroeder, Keith, Wallace, and others will take part; and possibly another general discussion on Puerperal Fever may be arranged, introduced by Dr. Atthill, of Dublin, or some other leading authority.

The Pathological Section, and that on Diseases of Children, will, it is expected, be of very great interest this year. In the Pathological Section, no fewer than four subjects of discussion have been arranged. Dr. Dreschfeld, of Owen's College, will introduce a discussion on Micro-organisms in Disease; Dr. Lauder Brunton, on the Pathology of Dropsy; Mr. C. J. Symonds, on Chronic Inflammations of Bones; and Mr. F. T. Paul, on primary growths of the urinary tracts. Cirrhosis and other allied conditions of the liver will be brought forward, should time allow. In Diseases of Children, the following subjects have been selected for discussion:—1. Rheumatism and its Allies in Children, introduced by Dr. Barlow; 2. Etiology and Pathology of Summer Diarrhoea, by Dr. Ballard; and 3. Acute Epiphysal Necrosis and its consequences, by Mr. Morratt Baker. The President, Dr. S. J. Gee, of London, will read a paper on some kinds of Albuminous and Purulent Urine in Children.

In the Section of Public Medicine, Captain Douglas Galton, who is an invited guest of the Association, will discuss the subject of Hospital Construction (one of peculiar interest to Liverpool at present, seeing a new Royal Infirmary is about to be built); and a general discussion on the etiology of Diphtheria is likely to arise, papers on this subject having been promised by Drs. Alfred Carpenter, Alford, and others. The sanitary condition of the mercantile marine service will also be a most suitable subject for discussion at Liverpool, and a paper from Mr. Stocker on this has been promised.

In the Section of Psychology, in addition to the usual papers, the following special subjects have been selected for discussion: 1. The Employment of the Insane, introduced by Dr. Yellowlees; 2. Bone-degeneration in the Insane, by Dr. Wigglesworth; 3. Cerebral Localisation in relation to Psychological Medicine, by Mr. Bevan Lewis; 4. General Paralysis (if time permit), by Dr. Mickle.

It is very desirable that anyone who intends to read papers at any of the Sections should communicate at once the title of his paper to the secretary of that Section.

The museum will be placed in a large gallery at the top of the building. Besides the usual exhibition of drugs, instruments, etc., there will be a special display of ambulances. A large collection of pathological drawings and specimens in rooms adjoining the Section of Pathology.

The Liverpool meeting begins somewhat earlier than usual. On Tuesday, July 31st, at 10.30 A.M., the proceedings will be opened by a religious service in the Pro-Cathedral, when a sermon will be preached by the Bishop of Liverpool; after which the meeting of Council will take place, and the first general meeting of the Association, at which important business will be discussed. In the evening, Dr. A. Waters of Liverpool, the President-elect, will deliver the opening address. The usual business, both of the general meetings and of Sections, will continue during Wednesday, Thursday, and Friday (August 1st, 2nd, 3rd), and Saturday will be devoted to excursions to places of interest in the neighbourhood.

On Wednesday evening, a grand *soirée* will be given by the local

committee in the Art Gallery and Museum of Natural History, this magnificent suite of buildings having been placed at their disposal by the Corporation of Liverpool. Besides the pictures and other objects of art which are permanently in these galleries, other interesting material will be specially exhibited on the occasion, among which Mr. Shadford Walker's collection of illuminated manuscripts holds a chief place. The arrangements for this exhibition, which will be one of the greatest attractions of the week, are not, however, completed.

On Thursday evening, the annual dinner of the Association will be held. As upwards of 500 are expected to dine, the Philharmonic Hall has been engaged, and many of the local magnates of the city and county have been invited to the banquet.

On Friday evening, the Mayor of Liverpool most hospitably invites the members of the Association to a *conversazione* at the Town Hall.

On Saturday (August 4th), excursions will be made to various places of interest in the neighbourhood. The ancient city of Chester, distant only about sixteen miles from Liverpool, will be visited, and those who select that excursion will have the opportunity, through the courtesy of the Duke of Westminster, of visiting Eaton Hall. Another excursion will be by sea (or land) to Llandudno and Conway, and a third to Southport, and possibly Blackpool. Others have been suggested, but not as yet arranged. Last, but not least, through the generosity of Mr. Bickersteth, a local excursion will be arranged on the morning of Saturday to visit by steamboat all the places of interest on the river Mersey, above and below Liverpool. This will be specially convenient for those who are obliged to return home early on Saturday afternoon.

There are very many places and objects of general interest in Liverpool and its neighbourhood, which may entertain visitors at their intervals of leisure during the week. Besides the three principal infirmaries of the city, the workhouse hospital, the Children's Infirmary, and the Eye and Ear Infirmary, are also worth a visit. The Art Gallery and the Museum of Natural History are the finest of their kind in this country out of London. The local committee have made arrangements to enable visitors to see the various arrangements connected with the shipping and docks—arrangements which are unrivalled in the world. The Cunard and other steamship companies have all undertaken to give every facility to the members to visit their great steamships. It is probable that, during the week of the meeting, the *Alaska*, of the Guion Line, the "Greyhound of the Atlantic," will be in the river. The Mersey Tunnel, too, which is in process of construction under the river, may be visited. Probably the most interesting local exhibition will be the glass-works at St. Helen's, where the processes of casting and polishing plate-glass, as well as glass-blowing, will be seen on the largest scale.

Among the distinguished foreign guests who have accepted the invitation to be present, are Professor Snellen of Utrecht, Binz of Bonn, Loven of Stockholm, and others.

### THE REPORT OF LORD MORLEY'S COMMITTEE: ANALYSIS OF THE REPORT AND EVIDENCE.

#### II.

(Concluded from p. 1088.)

CONCLUSIVE evidence has been given that the field-panniers issued to some of the regiments (those dispatched from the Mediterranean) could, with advantage, on future occasions be supplied to all. In this way, the regimental surgeons will be able to deal more satisfactorily with mild and unimportant illnesses, and maintain more easily the efficiency of the battalion and its fighting strength during the campaign. The allegations made by many witnesses, even of high authority, that many men were sent to the rear and out of the country who should have been returned to the fighting ranks, cannot be seriously maintained under the circumstances of the Egyptian campaign, which was so speedily terminated that the invalids and convalescents ceased to be required at the front; and, on medical grounds, it was "most desirable to remove the sick, even those not seriously affected, from the influences of an unhealthy climate from which the majority of them were suffering" (paragraph 137). The statement that "there was a deficiency of medicines and medical comforts at the front, refers exclusively to the first week of the campaign. At that time, there was the greatest difficulty in providing the troops in advance with food, or even ammunition; and it would not, therefore, be a matter of surprise if the medical provisions fell short of the requirements. But even at that time, the deficiency

does not appear, from the evidence, to have been felt, to a serious extent." Reports were made, which have not been confirmed in the course of this investigation; in many cases, "the witnesses were misled from want of knowledge of the arrangements made." A want of castor-oil and carbolic-oil has been frequently spoken of. Even as to these articles, the evidence is conflicting. Surgeon-Major Perry distinctly denies the accuracy of a newspaper statement, that there was no castor-oil, and but a small supply of diarrhoea medicine in the Guards' camp; and he adds, that "he can only recall one single case where anybody suffered from want of medicines." If castor-oil, however, were wanting, "no blame could be attached to the medical officers, for that medicine is not included among those which are provided for troops at the front. It is considered too bulky for this purpose, and more portable, and, we are informed, no less efficacious, medicines are supplied in lieu of it. For the same reason, carbolic oil is not, as a rule, carried ready mixed, but carbolic acid is supplied, with which preparations can be made for antiseptic dressings" (paragraph 138).

The Household Cavalry marched from Ismailia on the night after their disembarkation without any medical equipment beyond a single field companion. Sir D. Drury Lowe states that a field-hospital, had there been one available, "could not possibly have kept pace with his cavalry." Military necessity ordered the advance which was made, "with the full knowledge that the troops would be considerably ahead of their transport." (Paragraph 139.) At Kassassin, when the railway was in fair working order, abundance of medicines, surgical appliances, and medical comforts were to be had. In paragraph 146 the Committee direct attention to the statistics furnished by the Surgeon-General, which give "the results of the treatment of the sick and wounded in all the hospitals in Egypt from July 17th, when the first battalions landed at Alexandria, to October 9th, the date upon which the force ceased to be considered an army in the field." During that period the average strength, excluding the Royal Marines, but including the Europeans of the Indian Contingent, was 13,013 officers and men; the number of admissions to hospitals were 7,590, viz., 378 wounded in action, 7,212 suffering from diseases or injuries; the number of deaths was 172, 74 died of disease, five from accident, and of the remaining 93, 82 were killed in action, and 11 died of their wounds. The admission-rate per 1,000 was 582.3, and the death-rate 13.21. The number invalided to Malta or England was 2,321. "Thus," says the report, "up to October 9th less than 3 per cent. of the wounded men admitted to hospital died; of the remaining 7,212, 74 died of disease." There continued under treatment in the hospitals in Egypt on the above date 1,444, the death-rate for the whole service was therefore 24.39 per 1,000 per annum. Of the officers, 10 were killed in action, 52 were wounded, of whom two died, and 48 were invalided to England before October 9th. We most heartily agree with the Committee when they say (in paragraph 147) that "these figures speak for themselves of the skill and care with which the medical officers must have performed their professional duties in Egypt. Much credit is also due to the medical officers for the absence of pyæmia and other diseases incidental to hospitals in war."

In paragraph 148 we find the only note of disapprobation on the medical service of the war throughout the whole Committee's Report. "There were, however, many signs throughout the hospital services in Egypt that the work was carried on under a strain, which at first was at high tension, but which gradually diminished, and would, doubtless, eventually have disappeared had the campaign continued. The nursing, feeding, and hospital administration generally, left much to be desired, more especially at Ismailia and Cairo. The defects were, in our opinion, due in part to the want of energetic supervision during the first few days, when the hospitals at Ismailia and Cairo were being established, and when the difficulties (more or less inseparable from active warfare, but aggravated on the occasion in question) were at their height, the fulfilment of the regulations having been in some measure taken for granted; in part to faulty administration; and in part to causes connected with the present system, which have been indicated in the foregoing paragraphs, and for which it is our duty to suggest remedies."

From this paragraph Sir William Mac Cormac dissented, and has given weighty reasons for his dissent. Whatever else may have been wanting, we certainly consider that energy and an intense desire to do the best was nowhere wanting on the part of the medical officers. They contend that no one ever suffered during the continuance of this campaign from any want of medical attention, or from any deficiency in medical treatment; they confidently affirm that, at all points along the line, ample provision was made for the care and successful treatment of the sick and wounded. The medical

results we have just quoted are the strongest possible testimony to the truth of these assertions. Further, they assert, in the plainest language, that no complaints were made by the sick or wounded at the time, nor by the higher military officers, who have thought fit to table grave charges subsequently; and that, so far as they can be considered professionally competent judges, there were no reasonable grounds for the complaints which have been subsequently made, and for which the reasons were certainly not visible to the eyes of the medical officers at the time.

In paragraph 151, the arrangements on board the *Carthage* are said to have been of the most elaborate description, and appear to have given the greatest satisfaction. As regards dieting of officers, they do not consider there were any grounds for complaint. The *Courland*, a much smaller ship, intended to act as a tender to the *Carthage*, appears occasionally to have been overcrowded, and the Committee considers a better ship might have been selected to take serious cases for the long voyage to England. "A few years ago, she would have been considered a fine ship; but, compared with the larger class of transports of the present day, she was not so well suited for making a long voyage with invalids."

The *Malabar* has accommodation for about 1,500 troops in health; 201 invalids were embarked on September 7th at Ismailia. Of these a large number were convalescents, and 56 men were landed at Malta. The sanitary conditions were good; two men who went on board very ill died; the recovery of the wounded was remarkable. Some convalescents were quite well on arriving in England; and of the 98 cases admitted to Netley Hospital, only 23 remained on November 9th. Medical comforts and saloon stores of all kinds were shipped in abundance. The complaints of the invalids on the *Malabar* have been more numerous than in the case of any other ship. These complaints are of two kinds, and have been fully inquired into: the first was as to the want of cleanliness of bedding; the second as to food and attendance.

The complaint that there were vermin on board is unquestioned; but the complaint is not general. The men were brought on board, in many instances, in the clothes in which they were carried to the hospital off the field of battle; and, as they had no change of under-clothing, it must be regarded as an inevitable result of campaigning in a country like Egypt, where parasites are universally prevalent. Steps were taken to have the men's shirts washed, and the bedding changed; but the Committee were of opinion that a proper supply should have been taken on board at Malta, when the absence of kits and underclothing became known. (Par. 154.) The complaints of the food were general: "the same rations were issued as for men in health, excepting that fresh meat was given instead of salt. Extras and medical comforts were issued to those who, in the opinion of the medical officers, required them." "We have examined," says the Report, "in addition to some of the complainants, the captain and paymaster of the ship, the surgeon-major in charge, and a naval officer who was a passenger, a chaplain, and an officer of Marines. Their evidence tends to show that no complaints were known to have been made during the voyage." The case of the other transports is then considered by the Committee; but the complaints in regard to them do not appear to have any serious import.

The third part of the Committee's Report consists of "Recommendations."

The Committee point out the difference in the organisation of civil and military hospitals; and recommend that the officer at the head hospital should have "undivided control over it, and be exclusively responsible for its management. The proposition to appoint military governors was carefully considered, as it is advocated by many distinguished officers; but the Committee have advised that such divided authority "would inevitably produce friction and inconvenience; that the relative duties of the medical and military authorities could scarcely be defined so as to obviate all chances of collision; that undivided control is essential, and that the control should be vested in the medical officers." They point out that the inspection of hospitals by military officers should be more regular and systematic; that "it is the duty of a general commanding a district, and of the senior officer commanding troops, to satisfy himself that proper arrangements are made for the treatment of the sick, and, wherever hospitals are established, to cause them to be systematically visited and their condition reported on." "At present, the responsibilities of the military officers in this respect appear to be insufficiently realised, and their inspection of the hospitals appears to be performed in too perfunctory a manner." Paragraph 173 advises that medical officers should retain such power to deal with petty offences as they are now entitled to under the Queen's Regulations, but that



all crimes for which imprisonment is the legitimate punishment should be relegated to the nearest competent military authority. In Paragraph 175, the medical officers are urged to secure for the patients in hospital that order, regularity, and quietness, so essential to the comfort of the sick, by personally satisfying themselves, through frequent and unexpected visits to the wards, that the ward-masters and orderlies are carrying out, with zeal and intelligence, their instructions for the nursing, diet, and general management of the sick. The closest supervision is demanded from medical officers in charge of wards, and the importance of the senior medical officer in charge of the general management of the hospital exercising his control with judgment and discretion, while at the same time he uses all his powers to secure to the utmost all that may be hoped for in the management and treatment of the sick is insisted upon. To accomplish these ends, it is recommended that the medical officer in charge should always be provided with a residence near the hospital, and that, in the larger hospitals, a resident surgeon should be appointed, who should be responsible to the medical officer in charge for the efficient working of the details—a recommendation which we regard as of great practical importance.

An extension of the employment of nursing sisters is strongly advocated in the report, all hospitals with more than one hundred persons, and where there is employment for at least three nursing sisters, should enjoy this great advantage. Female nurses cannot, of course, be employed exclusively, as in civil hospitals, and it is considered essential that their social position "should be sufficiently high to prevent their ever associating on terms of equality with the orderlies." Their influence should be due to their higher position, and the respect gained by their superior knowledge. It is advised that they should act as the superintendents of wards, assist in the training of the hospital orderlies, and report to the medical officers on their progress and merit. They should not take upon themselves the actual bedside attendance on the sick, to the exclusion of the orderlies, for in that case the orderlies, who should invariably undergo a course of training under the nursing sisters, would lose the opportunities of learning, under the sisters, the duties which they will have to perform unassisted, both in the field and in the smaller station hospitals.

In the next division of the report, the disadvantages of the regimental system are impartially recorded. The Committee, however, decide that the inconvenience, now justly complained of, can be remedied without departing from the present system; and that "the fault has been rather in the way in which the system has been worked than in the system itself." They also express their opinion that the medical service of the Household Troops should be assimilated to that of the army at large. "The present arrangement is injurious to individual officers, and to the general service. To the officers, because it excludes them from the experience gained in foreign service, and consequently from advancement to the higher grades of their department; to the service generally, because the monopoly of London appointments by the medical officers of the Guards excludes the officers of the medical department generally from all chance of serving there, and thus gaining access to the medical schools and hospitals of the metropolis." The Committee regard this point as of great importance. The evidence, too, has proved conclusively how inadvisable it is that the Household Troops and the rest of the army should be worked under different, and to some extent independent systems. They think it "highly desirable that as many army surgeons as possible should, at some period of their career, have opportunities of visiting large civil hospitals, where the cases are of a far more serious and varied nature than those which usually come before them, and thus of keeping themselves informed of the progress of medical and surgical science.

The necessity of keeping some portion of war equipment of all descriptions in constant use during peace, so that all ranks of the medical department should be afforded an opportunity of becoming familiar with the equipment and handling of its various parts, is strongly insisted on. A certain number of field-hospitals should be established and used in time of peace, so that the officers and men might become thoroughly habituated to work together when field-hospitals are organised for active service.

In discussing the organisation in time of war, the Committee points out that general officers "have not fully realised the necessity of personal supervision over hospitals. The same responsibility appears to us," they say, "to rest upon general officers under the present, as under the regimental system." "It is the duty of all general officers to ascertain that the arrangements for the sick under their command, so far as circumstances permit, are adequate for the

circumstances likely to be required. They should be equally responsible that the troops are provided with medical assistance, as they are responsible that they are supplied with food and ammunition." (Paragraph 187.)

It is pointed out that the present organisation of the bearer-company is too large. It is proposed to reduce it one-half, and a similar change is recommended for the field-hospitals. All hospital equipment is recommended to be packed in such cases, as may be carried on mule-back, avoiding the necessity of the present cumbersome waggons, which are perfectly useless on such a campaign as that of Egypt. On the vexed question of transport, as an inseparable part of a movable field-hospital, which some have urged should be placed under the entire charge and control of the medical officer, and that a field-hospital should be placed on the same footing as a battery of artillery, under its captain, the Committee recommend no change in the present regulations. "The cases are not similar. The men and officers of the artillery are trained to the care of horses, and, when not moving, do much useful work of a general nature. This a hospital could not do. The medical officers and their men are at all times fully occupied, and it would be inconsistent with their professional training to withdraw them from their legitimate duties when their transport was required elsewhere." It is considered that "it would be a mistake to look up so much transport, and make it unavailable for the general purposes of the Army."

The Regulations divide hospitals into two classes; "dieted," in which the supplies are drawn in bulk by the hospital authorities, and issued to the patients according to a diet-scale; and the "non-dieted," where the daily ration of a healthy soldier is drawn for each patient. In all hospitals, extras and medical comforts are supplied in addition to rations; and in non-dieted hospitals, in lieu of rations, if necessary. Whether a hospital should be technically termed "dieted" or "non-dieted," is, the Committee think, "purely a matter of convenience," to be decided by the local authorities according to the circumstances of each case; and they have no suggestions to make on this point, except that they would "strongly dwell upon the responsibility of the medical officer in charge for procuring supplies of the best possible quality from any available source." Base-hospitals, both as regards their position and equipment, are usually arranged at home, according to the circumstances of the war; "and, where the operations have been conducted from a maritime base, ships have been equipped as base-hospitals. The arrangements on board ship are as nearly perfect as possible; and, with respect to the land-hospitals, the only suggestion they have to offer is, that a separate establishment should be set apart for the reception and care of sick and wounded officers." The regulations are silent on this point. The report adds: "We also think it very desirable that the medical authorities should have power to hire good cooks to superintend the cooking in all important base-hospitals."

The Committee here draw attention to the advantages which some test before promotion would afford. They regret the abandonment of the system of examination introduced after the Crimean war, and point out that the medical is the only department in the whole army in which examinations are not held. They advise that "facilities should be given for special courses of study in civil or military hospitals in London or in foreign capitals;" that "the proposed examinations should be conducted by independent examiners, and should include, in addition to the strictly professional subjects connected with medicine and surgery, both theoretical and practical, all matters relating to army hospital administration." The anomalous position of a department without subordinates, and a corps without officers, is pointed out. (Par. 211.) "Such absence of discipline as has been commented upon in the Egyptian and other campaigns is apparently in some measure due to the unsatisfactory relations of the Army Medical Department to the Army Hospital Corps. The Committee recommends, after hearing conflicting testimony, that "the corps should be merged" in the department, and like other corps in the service receive the honour of being constituted a Royal Corps, and that its officers and men should wear the same uniform.

The remainder of the Report deals with the organisation, and removes the great anomaly which gives higher pay to cooks and stewards than to nurses. The nursing section will henceforth be, at least, as well paid as these other less strictly professional portions of the corps, the powers of discipline are defined and facilities given for removing men unfitted by character or taste for becoming good hospital nurses.

The last paragraph in the Report, the chief portions of which we

have now reviewed, recommends the acceptance of voluntary aid in time of war. This principle has been already adopted in respect to nursing sisters, a certain number of whom went out to Africa and to Egypt, but all other efforts have previously been declined by the authorities on the ground that there was no necessity for such help. The Committee, however, did not find any good reason why Her Majesty's forces in the field should not receive the benefit of a voluntary aid like that furnished to every continental army by the Red Cross Societies. This might not only be of use in itself, but the rivalry produced by the presence of such a voluntarily organised hospital, both in the medical and nursing departments, would create a spirit of healthy emulation between the military and the civil element, which could scarcely fail to produce beneficial results. Such aid would, of course, be under absolute military control, and the inconvenience and difficulty attending desultory and amateur assistance, such as would certainly arise in any prolonged campaign, would be avoided.

The three military members of the Committee, Major-General Hawley, Sir R. Loyd-Lindsay, and Sir Redvers Buller, dissent from paragraph 148. They contend that the administration was not "thoroughly efficient, that while the medical officers acted throughout with great zeal and devotion, there were signs of want of experience and practice in the administrative work, both of stationary and field hospitals, and an absence of thorough mastery over the details of the work." They admit the removal of the wounded at Tel-el-Kebir was well carried out, but the nursing and feeding, and the hospital administration generally, left much to be desired." Major-General Hawley and Sir R. Loyd-Lindsay attach a paragraph advocating a return to a modified regimental system. Then follow the remarks of Sir William Mac Cormac, in which he expresses his dissent to paragraph 148. What he says goes very far to refute the allegations of Lord Wolseley. In respect to the defects, both at Ismailia and Cairo, we can hardly see how testimony thus coming from a perfectly independent member of the Committee, and one possessing special qualifications for judging the case, can be considered as otherwise than a very weighty testimony in favour of the conduct of the medical officers. For each statement made by Sir William Mac Cormac, he gives chapter and verse in the report itself. He points out how strangely contradictory is the evidence of Surgeon-General Ayle, the Chief of the Staff, to that of the General-Commanding. He dwells strongly on the great difficulties which the medical officers had to encounter, and the efficient manner in which they contended against those difficulties; and above and beyond all, the remarkable nature of the results obtained, must be taken into consideration. They surely largely justify the contention of the medical officers, that in no single instance did any man suffer from want of medical cure, medical treatment, or medicines; that, at every point, ample provision was made for the treatment of the sick and wounded; that no complaints were made by the patients at the time; that no cause of complaint appreciable to the medical officers existed.

The Surgeon-General's weighty and important testimony must be placed side by side with that of Lord Wolseley's, to which it gives the completest contradiction, and we cannot doubt on which side the profession at large will place its faith. After doing, however, their best, the medical officers have been assailed with unmeasured blame. No allowance is made for shortcomings arising from causes which they could in no respect control, and we agree with Sir William Mac Cormac when he says—and this concerns the public as much as the profession—"that the medical service of the army must cease, under such circumstances, to possess the attractions which it has hitherto held out to the younger members of our profession." We cannot refrain from quoting one instance of which we have heard. No statement has been more persistently reiterated than that there was a want of chloroform, not only at the front, but at the hospitals at the base; that operation after operation was performed without it, and the sufferings of our poor soldiers, therefore, increased a hundredfold. On the night march to Tel-el-Kebir, in the midst of the death-like silence necessary for the safety of all concerned, a drunken soldier commenced to yell. It is stated that he appropriated more than his own share of the spirit ration issued to the troops before they started. His comrades on each side seized him, dashed him to the ground, stuffed sand into his mouth—almost strangled him. Their own safety was at stake. What happened? Surgeon-Major J. E. Shaw came up, saw what was being done; stuck his thumbs between the man's jaws, and thus formed a gag; cleared the sand out of his mouth, which being kept open, he could no longer shout; placed a handkerchief saturated

with chloroform on his face; and in a few moments the man was quietly sleeping, and was carried harmless to the rear. Yet we are told that chloroform was wanting. We are told that the medical officers wanted in initiative, and we are expected to blame them for their good work.

#### THE REPORT OF LORD MORLEY'S COMMITTEE.

MR. ERNEST HART has taken steps, as Chairman of the Parliamentary Bills Committee, to procure an efficient representation in the course of the forthcoming debates in Parliament, to obtain an effective statement of the case of the Army Medical Officers of the Egyptian Expedition by influential Members of Parliament. It is thus anticipated that Mr. Gibson, Sir Lyon Playfair, Lord Randolph Churchill, and other members, in addition to the medical members of the House of Commons, will call attention to the peculiarities and inconsistencies of some of the hostile evidence given, and will make such an analysis of the proved facts of the case, as will go far to remedy the injustice which has been done by the premature publication of portions of the report, and the biased remarks which have been made on the subject. With this view, copies of the recent numbers of the BRITISH MEDICAL JOURNAL have been placed in their hands, with information which will serve to put the matter in its true light. For this purpose, the statements prepared by Sir W. Mac Cormac have been of very great service.

In order to raise the whole question of the medical service during the Egyptian campaign, it will be proposed on Vote 4 of the Army Estimates to reduce the vote. On Monday next, Mr. Gibson will ask Lord Hartington whether, having regard to the grave charges and insinuations freely brought in evidence before Lord Morley's Committee and in the press against medical officers engaged in the late Egyptian War, he will take care that the vote in the Army Estimates relating to the medical service of the Army, is taken at a time when those interested in vindicating the conduct of those officers who will have ample opportunities of doing so. The noble Lord will be asked, "Can he now name the day on which that vote will be taken, and will adequate notice be given of the days selected for taking the vote?"

On the motion for the Annuity Bills, Lord R. Churchill intends to call attention to the evidence given by Lord Wolseley on the working of the medical department during the recent expedition to Egypt.

#### MEDICAL PROVIDENCE: THE PROPOSED MEDICAL BENEFIT SOCIETY.

MEMORANDUM EXPLANATORY OF THE LOOSE SHEET OF QUERIES INSERTED IN THE BRITISH MEDICAL JOURNAL OF THIS DATE.

1. It is evident, from the voluminous correspondence in the BRITISH MEDICAL JOURNAL, that the first point to be decided is the ground to be covered by the proposed Society. It is absolutely necessary that this should be fixed before any outlay is made by applying to an actuary to make tables. The variety of suggestions, as to what the Society should attempt, include (a) allowance in case of sickness, (b) superannuation in old age, (c) pension to widows, and (d) ordinary insurance of sums payable at death. It appears undesirable that, at any rate at first, any attempt should be made to undertake either to pension widows, or ordinary insurance business, as plenty of societies exist for these branches of insurance; and any attempt to combine them, with either sick-pay or superannuation, would over-complicate the tables, and considerably increase the cost of their construction.

2. Presuming, therefore, that the scheme of the Society were to be confined to sick-pay allowance and superannuation over sixty-five years of age, the preliminary information that should be ascertained before any expense for tables is incurred must include the probable number of members that could be counted upon to become subscribers to start the Society, and also some facts showing the probable amount of sickness to which the members would be liable. As regards numbers of members, it may be assumed that less than two thousand subscribers, unless strengthened by a trust or guarantee fund, would be too small a basis for a propitious commencement. Without some special information as to the liability to serious illness in the profession, it would be impossible to construct useful tables applicable to the object in view.

3. Information on these two points we now seek to obtain by the form of queries addressed in our issue to-day to the members of the profession, half of which circular should be returned with the least possible delay. Each member is thus asked whether the project of a Medical Benefit Society for granting sick-pay and superannuation allowances after 65 years of age, would meet with his approval and support, if started as proposed. Then, with regard to the probable amount of claims on the funds of the Society for sick-pay, each is further asked (with the object of supplying information necessary for starting the Society on a safe basis) to state date of birth, and, as approximately as possible, the number of days incapacitated from attending to professional duties during 1882, and showing as many previous years as might be possible. Those questions, if answered by, say three thousand members of the profession, would afford an excellent basis for estimating the probable claims for sick-pay.

It is highly important to obtain this information as a preliminary basis for whatever action may be further taken. It is desired to lay this information in a digested form before the meeting, which it is proposed to summon for consideration of the whole matter, at the ensuing Annual General Meeting of the Association in Liverpool. Members who feel any interest in the matter, and there are probably few who do not feel some interest in it—for others' sake, if not for their own—will render a great service by promptly filling in the blanks in the circular and returning it without delay to the office.

### MEDICAL ACT AMENDMENT BILL.

#### THE SOCIETY OF APOTHECARIES.

A DEPUTATION from the Society of Apothecaries last week waited upon Mr. Mundella at the Privy Council Office, for the purpose of urging that that body should be represented on the new Medical Board. It was represented by Mr. Saner (Master of the Society), Mr. Statham (former Master), Dr. Randall (Chairman of the Court of Examiners), and Mr. Upton (Clerk of the Society), that the Bill, as originally framed, allowed for the representation of the Apothecaries' Society on the Divisional Board; but the Society had been struck out on the third reading of the Bill in the House of Lords. Mr. Mundella, in reply, said that the fact of the Apothecaries' Society being in the number of representative bodies that would form the Medical Council, showed that the Government were in favour of the Apothecaries' Society being included. However, in its passage through the Lords, Lord Salisbury moved to omit the name of the Society, and if the Government had not accepted this, the Bill would have been thrown out. That arrangement was not binding on the House of Commons. He should consult his colleagues on the matter, and see what could be done. The Government were anxious to do justice to those who had done good service in the past, and to take care that the medical education of the future should be worthy of the country.

#### THE METROPOLITAN COUNTIES BRANCH.

ON Friday, June 1st, a deputation from the Council of the Metropolitan Counties Branch of the British Medical Association waited on Mr. Mundella, to suggest certain alterations in the Medical Acts Amendment Bill. Dr. Farquharson introduced the deputation, which consisted of Dr. Bridgwater (President of the Branch), Dr. Hare (President-elect), and Dr. Henry and Dr. Grigg (Honorary Secretaries). They informed Mr. Mundella that, while the Bill was generally approved, there were some points to which they wished to draw attention. In the first place, they desired that women should be precluded from holding seats on the medical boards; and also that medical schools should not be compelled, as a condition of recognition, to admit female students. They also suggested that the penal clauses of the Bill should be made more stringent, so as to prohibit unregistered persons, not only from using medical titles, but from practising for gain. They also objected to the power given in Clause 34 to examining authorities to grant their diplomas without further examination to persons who had passed the final examination under the Act. They recommended also that the annual audit of accounts should be compulsory, and that it should be made by professional accountants; and that a portion of the funds should be applied to the endowment of lectures. In reply, Mr. Mundella said he believed the introduction of any limitation of the status of women in the Bill would be fatal to the adoption of the measure by the House of Commons, and he certainly could not approve of the principle the deputation urged. The

exclusion of women from the medical boards was in the hands of the profession. With regard to the second point, he said that was a question for the schools themselves, and not one in which the department or Parliament could well interfere. With respect to the penal clause, he said that the Bill merely prohibited the assumption of medical titles, leaving the law as it stood. It would not be possible to prevent persons from going to herbalists or other unqualified practitioners. Respecting the thirty-fourth clause, he said that the Bill provided an examination, which must be passed before anyone could be put on the Register; and it could not take cognisance of any action of the universities and corporations in the subsequent granting of diplomas. In conclusion, Mr. Mundella thanked the deputation for their suggestions. He knew that the British Medical Association had given to this Bill a very hearty support. He hoped the requisite time would be obtained for passing the Bill in the present session. He would deplore the prospect of putting it off to another session. He believed it to be a great measure, and that it would give satisfaction to the whole profession. He was obliged for the suggestions, and would give them careful consideration. The deputation, having thanked Mr. Mundella, then withdrew.

#### MEDICAL UNION SOCIETY.

A DEPUTATION of students from the Medical Union Society waited upon Mr. Mundella on June 1st, to ask that, when they had passed their final examination, they should be allowed to call themselves medical practitioners, and that this title should be uniform. Dr. Farquharson introduced the deputation, and Mr. Wade stated their reasons for asking for the interview.—Mr. Mundella, in reply, said he thought they were entitled to call themselves medical practitioners, and that nothing could prevent them from using that title. It was, however, a matter to which he must give further consideration. He would take counsel with the Lord President, and he should be very happy if, in the end, the Bill should come out of Parliament in a shape that would be acceptable to the Medical Union Society. What they had said should receive his best attention. The deputation thanked Mr. Mundella, and withdrew.

#### UNIVERSITY OF CAMBRIDGE.

A DEPUTATION from the University of Cambridge waited upon Mr. Mundella, on June 1st. It was composed of the Rev. Dr. Phear, Professor Liveing, Mr. Trotter, and Professor Paget.—The Rev. Dr. Phear stated that their first objection was to the composition of the medical board for England, in which the relative representation of the English Universities would be diminished. As to the medical schools and the schemes for the prescribed course of medical education, they thought that clause 19 would hamper them.—Mr. Mundella thought the last paragraph in that clause gave abundant elasticity.—Professor Paget said that not many years ago the Medical Council made regulations in regard to the preliminary examination of students of medicine which were of such a nature that no examination of the University of Cambridge would have satisfied the conditions. They objected to entire power, as that contemplated by clause 19, being given to a body of sixteen members.—Mr. Mundella said he would take note of their apprehensions on this point, and bring them under the consideration of the Lord President. As to the medical board, and the desire that there should be no further alterations in the reduction of the representation of the Universities, he did not anticipate any further alteration in that direction, and he thought that there was every guarantee for an excellent board and an excellent council. It was quite impossible to exact rigid uniformity. All that they could do was to see that the teaching was sufficient. He promised to carefully consider what had been put before him. The deputation then withdrew.

#### MEDICAL HERBALISTS.

A DEPUTATION from the Medical Herbalists of Great Britain, had an interview with Mr. Mundella this week. The deputation desired to have it made clear in the Bill that they would be allowed to practise as medical botanists and medical herbalists without fear of any prosecution, provided they did not falsely assume medical titles. Mr. Mundella informed them that this Bill in that respect re-enacted the existing law, and that they would not be prosecuted under it so long as they called themselves medical botanists or medical herbalists, and did not take improper titles, in the sale of the articles in which they dealt. What the government provided for in the Bill was, that the future medical practitioners in England should be better educated, and that they should have a threefold qualification in medicine, surgery, and midwifery, before they could be put upon the Register.

## THE MILITIA SURGEONS.

The case of the militia surgeons, which Sir Eardley Wilmot, Bart., has, at the request of the Chairman of the Parliamentary Bills Committee, undertaken to bring once more under parliamentary notice, will, it is expected, be brought forward by that gentleman in the House to-night (Friday) in Supply. Efforts may be expected, however, to keep members away from the House, and for other purposes, to count out the House. It is therefore very desirable that those who are anxious to secure a discussion should endeavour to secure a full attendance of members.

## SHIP-SURGEONS.

It is proposed to arrange a deputation to the President of the Board of Trade, on the subject of the present position of ship-surgeons, as set forth in the recent memorial from the Parliamentary Bills Committee of the British Medical Association. Gentlemen interested in the subject, or willing to take part in forming the deputation, and to assist in procuring Parliamentary support for it, are requested to address communications to Dr. Irwin, at the office of the British Medical Association, 161A, Strand.

## COLLECTIVE INVESTIGATION OF DISEASE.

## LIST OF RETURNS RECEIVED DURING MAY 1883.

## ACUTE PNEUMONIA (87).

T. Aikman, M.D., Guernsey (3); R. L. Batterbury, M.D., Berkhamstead (1); W. Bernard, Esq., Londonderry (1); J. Booth, M.D., Aberdeen (1); J. Mackenzie Booth, M.B., Aberdeen (3); J. Bridger, Esq., Cottenham (1); S. H. Burton, M.B., Norwich (1); C. P. Coombs, M.D., Castle Cary (2); S. W. Coombs, Esq., Worcester (5); G. W. Crowe, M.D., Worcester (1); A. S. Currie, M.D., Lydney, Gloucester (2); D. A. Davis, M.B., Swansea (1); T. V. de Denne, Esq., Cradley Heath (1); C. E. Douglas, M.D., Cupar Fife (2); F. H. Drake, Esq., Leeds (1); G. M. Edmond, M.D., Stonehaven, N.B. (2); J. J. Faulkner, M.B., Manchester (1); F. C. Fisher, Esq., King's Langley (2); S. W. Fisher, M.D., Brighton (1); E. L. Fox, M.D., Clifton (3); W. Frew, M.B., Galston (1); G. A. Gibson, M.D., Edinburgh (1); P. F. Graham, M.D., Limerick (1); G. Hunter, M.D., Llanthony, N.B. (1); J. G. D. Kerr, M.B., Bath (1); H. R. Ker, Esq., Halesowen (4); H. Kershaw, Esq., Leeds (2); R. Kirk, M.D., Battigate, N.B. (1); W. Lamb, M.D., Lewisham (1); Alex. Macdonald, M.D., Kirkoswald, N.B. (1); J. M. H. Martin, M.D., Blackburn (2); W. H. Mason, Esq., Leeds (1); W. Moorhead, Esq., Cotehill (1); A. D. L. Napier, M.D., Abbeylands (1); J. Neil, M.D., Portsmouth (1); C. V. Newstead, Esq., Leeds (1); R. P. Oglesby, Esq., Leeds (2); T. J. Ollerhead, Esq., Minehead (1); C. A. Owens, M.D., Long Stretton (1); L. Phillips, Esq., Hove (1); T. F. Raven, Esq., Broadstairs (2); A. H. Robinson, M.D., Hull (1); Tom Robinson, M.D., Guilford Street, W.C. (4); A. W. M. Robson, Esq., Leeds (3); T. R. Ronaldson, M.B., Edinburgh (3); W. Russell, M.B., Carlisle (1); W. Sneddon, M.D., Beith (1); H. S. Stone, M.B., Reigate (3); A. W. Sutherland, M.B., Invergordon, N.B. (1); H. G. Terry, Esq., Bath (1); A. W. Tomkins, M.D., Leamington (1); E. T. Tylecote, M.D., Stafford (1); W. E. W. Vaughan, Esq., Crewe (1); C. C. Water, Esq., Dover (1); W. E. Williams, Esq., Abertillery, (1); J. O. Wilson, M.D., Huntley, N.B. (1); J. K. Wynne, M.D., Eccleshill (1).

## CHOREA (33).

W. Bernard, Esq., Derry (3); J. Mackenzie Booth, M.B., Aberdeen (1); D'Arcy B. Carter, Esq., Wakefield (1); A. S. Currie, M.D., Lydney, Gloucester (2); V. de Denne, Esq., Cradley Heath (1); C. E. Douglas, M.D., Cupar, N.B. (1); G. M. Edmond, M.D., Stonehaven, N.B. (1); C. Elliott, M.D., Bristol (4); A. Gibbs, Esq., Bristol (1); J. G. Hall, M.D., Aberdeen (1); George Hunter, M.D., Llanthony (1); James Hunter, M.B., Queensferry (1); R. Kirk, M.D., Battigate, N.B. (2); W. Vawdrey Lush, M.D., Weymouth (2); F. Macnab, Esq., Hull (1); J. McNea, M.D., Inverness (2); H. Masser, Esq., Longford, near Coventry (1); R. P. Oglesby, Esq., Leeds (1); L. Phillips, Esq., Hove, Brighton (1); N. Porrett, Esq., Huddersfield (1); T. Robinson, M.D., Guilford Street, W.C. (1); R. Shingleton Smith, M.D., Clifton (1); A. Sutherland, M.B., Invergordon, N.B. (1); T. W. Thursfield, M.D., Leamington (1).

## ACUTE RHEUMATISM (37).

W. H. Axford, M.B., Southsea (1); J. Mackenzie Booth, M.B., Aberdeen (1); M. Campbell, M.D., Liverpool (1); W. M. Clark, Esq., Clifton (1); A. S. Currie, M.D., Lydney, Gloucester (2); V. de Denne, Esq., Cradley Heath (1); J. Dobson, Esq., Leeds (1); N. C. Dobson, Esq., Clifton (1); C. E. Douglas, M.D., Cupar (1); G. A. Gibson, M.D., Edinburgh (1); J. L. Green, M.B., Salisbury (1); F. J. Joynea, Esq., Dursley (1); J. G. D. Kerr, M.B., Bath (2); R. Kirk, M.D., Battigate, N.B. (1); W. Lamb, M.D., Lewisham (1); W. E. Lowe, M.D., Burton-on-Trent (1); W. J. Mackie, Esq., Bedford (1); J. McNea, M.D., Inverness (3); W. A. Michie, M.B., Aberdeen (1); H. Masser, Esq., Longford, near Coventry (1); W. W. Millard, M.B., Dunbar, N.B. (1); R. P. Oglesby, Esq., Leeds (1); L. Phillips, Esq., Hove (1); A. W. M. Robson, Esq., Leeds (2); A. H. Robinson, M.D., Hull (1); T. Robinson, M.D., Guilford Street, W.C. (1); C. H. Robinson, Esq., Dublin (1); T. R. Ronaldson, M.B., Edinburgh (1); B. Shirley, Esq., Leeds (1); W. Sneddon, M.D., Beith, N.B. (1); W. White, M.D., Manchester (1); W. E. Williams, Esq., Abertillery, Monmouthshire (1).

## DIPHTHERIA (44).

E. G. Barnes, M.D., Eye (3 s.); F. Barrow, Esq., Rothbury (8 c., 6 s.); C. F. Outbert, Esq., Wendlesham (2 c.); N. C. Dobson, Esq., Clifton (1 c.); E. Drummond, M.D., Rome (1 c.); G. F. Duffey, M.D., Dublin (1 c., 1 s.); W. Frew, M.D., Galston, N.B. (1 c., 1 s.); J. Thoresby Jones, Esq., Paddington (1 s., 1 s.); W. Vawdrey Lush, M.D., Weymouth (1 c.); A. R. Manby, Esq., East Budham (3 c., 3 s.); H. Masser, Esq., Longford, near Coventry (1 c.); A. D. Leith

Napier, M.D., Dunbar (1 c., 1 s.); T. Robinson, M.D., Guilford Street (1 c.); A. W. M. Robson, Esq., Leeds (4 c.); J. Howell Thomas, Esq., Welhingborough (1 c., 1 s.).

## SYPHILIS (5).

W. H. Brown, Esq., Leeds (2 acquired); J. G. D. Kerr, M.B., Bath (1 acquired); J. R. Morison, M.D., Hartlepool (2 acquired).  
Total number of cards received this month, 206.

## ASSOCIATION INTELLIGENCE.

## COMMITTEE OF COUNCIL.

## NOTICE OF QUARTERLY MEETINGS FOR 1883:

## ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, July 11th, and October 17th. Gentlemen desirous of becoming members must send in their forms of application for election to the General Secretary not later than twenty-one days before each meeting, viz., June 21st, and September 26th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 13th, 1881.

FRANCIS FOWKE, *General Secretary.*

November 9th, 1882.

## COLLECTIVE INVESTIGATION OF DISEASE.

CARDS and explanatory memoranda for the inquiries concerning Acute Pneumonia, Chorea, and Acute Rheumatism, can be had by application to the Honorary Secretaries of the Local Committees appointed by the Branches, or to the Secretary of the Collective Investigation Committee. Of these diseases, each member of the Association is earnestly requested to record at least *one ordinary case* coming under observation during the year.

Inquiries concerning Diphtheria and Syphilis have been prepared, and can be had on application by those willing to contribute information on these subjects. There are two cards on Diphtheria, one containing clinical, the other etiological inquiries, together with an explanatory memorandum. One of these cards is intended to serve as a guide to the systematic examination of a house or district for sanitary purposes. There are also two sets of inquiries concerning Syphilis, one for acquired, the other for inherited, disease. These are accompanied by an explanatory memorandum giving information concerning the most recently observed symptoms of the inherited disease.

All these inquiries will be continued during the present year.

Applications, etc., to be addressed

The Secretary of the Collective Investigation Committee,  
161A, Strand, W.C.

## BRANCH MEETINGS TO BE HELD.

MIDLAND BRANCH.—The annual meeting of this Branch will be held at the Infirmary, Derby, at 2 P.M. on Thursday, June 21st. Members wishing to read papers are desired to forward the particulars to Mr. Sharp, Derby, or to the undersigned.—L. W. MARSHALL, M.D., Honorary Secretary and Treasurer, 2, East Circus Street, Nottingham.

CAMBRIDGE AND HUNTINGDON AND SOUTH MIDLAND BRANCHES.—*Preliminary Notice.*—A combined meeting of the South Midland and the Cambridge and Huntingdon Branches will be held at Bedford on June 29th. Members of the former Branch, who are desirous of reading papers or showing specimens, are requested to communicate with BUSHELL ANNINGSOON, Cambridge, and G. F. KIRBY SMITH, Northampton, Honorary Secretaries.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The annual meeting will be held at Swansea on Wednesday, July 4th. Members wishing to read papers, make communications, or show specimens, are requested to send subject of the same to either of the undersigned between this date and June 15th.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.—May 8th, 1883.

NORTH OF IRELAND BRANCH.—The annual meeting of this Branch will be held in the Board Room of the Belfast Royal Hospital on Thursday, June 14th, at twelve o'clock.—ALEXANDER DEMPSEY, Honorary Secretary.—Clifton Street, Belfast.

BORDER COUNTIES BRANCH.—The annual meeting of this Branch will be held at Kerwick on Friday, July 6th, 1883. Members intending to read papers or show specimens are requested to communicate with ROBERT MACLAREN, Honorary Secretary *pro tem.*, or J. SMITH, M.D., Honorary Secretary.