

The Publisher of the BRITISH MEDICAL JOURNAL has the pleasure to announce that the JOURNAL of this day consists of Forty-eight Pages, and includes a Supplement of Thirty-two Columns. At the commencement of the year, the intention of furnishing a Supplement of Sixteen Columns once in each month was advertised. This has been given every week during the present year.

British Medical Journal.

SATURDAY, MARCH 2ND, 1867.

THE HARVEIAN SOCIETY AND THE "PALL MALL GAZETTE".

THOSE propositions of the Harveian Society for the arrest of infanticide, which related to an alteration in the criminal law, are in course of realisation by the Bill before Parliament. Some doubts have been thrown on other of their statements and opinions, as to the increasing evils of illegitimacy and infanticide, by a writer in the *Pall Mall Gazette*. He labours to show, from the Registrar-General's returns, that illegitimacy is not an increasing evil; but, inasmuch as there is no compulsory registration of births, the number of illegitimate children born cannot be ascertained from these returns. Statistics are mere phantoms, when correctness cannot be insured. Very few of these children in large towns, except when born in workhouses and lying-in institutions, are registered; many are registered as legitimate, as it is not every young woman who would make a voluntary confession and register her degradation. In country districts, more are registered, from the registrar gaining knowledge of their birth. The Registrar-General allows only about 3,000 for non-registered children. We think he may safely multiply that number by six. In an inquiry for the purpose, it was found that, out of 165 illegitimate children, 49 were not registered. This amounts to 30 per cent., and is not far from the truth. That would raise the London rate from 4.2 to 5.6 per cent.; and, applied to the whole of England, would show that 18,719 illegitimate children were not registered.

The writer of the article referred to shows that the increase of registered illegitimate births "coincides exactly with the increase of the aggregate population during the nineteen years" 1845-64. But what the Committee wished to impress on the Home Secretary, as far as we understand, was that, following the alteration in the Poor Law, a great increase of illegitimacy took place. The Registrar-General, in speaking of the returns for 1842, says: "The number of illegitimate children registered in 1842 amounted to 34,796; which is 14,757, or 74 per cent., more than the numbers in Mr. Rickman's re-

turn of 1830. The population increased only 17 per cent. in the twelve years." He is "disposed to consider Mr. Rickman's returns as deficient to a much greater extent than they were supposed to be at the period of their publication;" but, he says, the "difference may perhaps, among other causes, be ascribed to an actual increase in the proportion of illegitimate children during the operation of that important change in the Poor Law which threw the charge of maintaining their illegitimate offspring upon the mothers. But, to whatever cause the increase may be ascribed, the relative numbers of legitimate and illegitimate births and baptisms returned in 1830 and 1842 show in the latter year a relative as well as an absolute excess of illegitimate children."

The Registrar-General tells us that the illegitimate children born in London are 4.2 per cent. of the total births. Let us look a little into the returns, and we shall see some anomalies. For instance, we must believe that the damsels of the East of London are more virtuous than those of the West. The district of Kensington has an illegitimate birth-rate of 4.5; Marylebone, 9.1; St. Pancras, 5.1; Whitechapel, 3.3; Mile End, 2.7; Bethnal Green, 2.3; St. Luke, 1.8; and Stepney, 1.6 per cent. Placing the subdistricts of Kensington by the side of those of Whitechapel, the rates in the former are respectively 4.6, 2.7, 5.1, 2.3, 1.1, 5.9, and 6.4; while in the latter they are .46, 1.1, 10.2, 1.6, .66, 2.2, .39 per cent. The workhouse district of Marylebone shows 21.5, and St. Mary's district 19 per cent.! The same contrast holds good between the large towns and the country districts throughout the country; in the former averaging from 4 to 6 per cent., and in the latter from 8 to 10 per cent.

While we notice the high rate of illegitimate births in the western, as compared with the eastern districts of London, the converse holds good in some of the districts in respect to marriage. Thus in Kensington they are, in relation to the population of 1861, 1.17 per cent.; Marylebone, 1.27; Whitechapel, .85; St. Luke, .65. And, if the calculation were made on the population of 1864, the contrast would be still greater.

As if in confirmation of our argument—that a great number of illegitimate children are unregistered in the large towns—the *Pall Mall Gazette* says: "In Scotland, where the registration of all births is compulsory, there is little or no difference between town and country districts as regards the prevalence of illegitimacy." The writer also questions the statement, that "domestic servants form of all others the largest class of mothers of illegitimate children." In London and most of the large towns and country districts, we agree with the Committee; but, in the mining and

manufacturing districts, the contrary is the case, from the very character of the employment of the women. Prostitutes do not, as a rule, become pregnant. We find that, out of 547 girls received into the Homes of the Rescue Society, 437 had been domestic servants.

"We should have thought," says the *Pall Mall Gazette*, "that everybody knew the preponderance of the male sex at birth." But the writer does not recognise the preponderance also of the male sex in the opposite column of deaths. In 1864, there was an excess of 15,163 male over female births, and there was an excess of 11,707 deaths of males over females; which gives us an actual increase of males over females of only 3,456—not enough to supply the annual excess of the emigration of males over females, leaving out the demands of our military and marine services.

There is some difficulty in arriving at the correct rate of mortality of illegitimate children; but we are able to support Mr. Curgenven's statement to the Home Secretary by some statistics which will take us very near to his figures—"25 to 30 per cent. of deaths of legitimate children, and 70 to 75 per cent. of illegitimate, under five years of age." The deaths of all children in England for 1864, under five years of age, were 26.95 per cent: in Wiltshire, 20; Devon, 23; Ticehurst, 12; Reading, 19; Dover, 25; Northampton, 37; Liverpool, 45.5; London, 32.3; and Paddington, 43 per cent.

It is well known that children in foundling hospitals die at the rate of 60 to 90 per cent.; and the nurse-children in several districts of France die at the same rate. In an inquiry carried out in the parish of Marylebone, the deaths of illegitimate children in the different districts were found to be respectively 46, 53, 87, 93, and 96 per cent. We are told by some of the parish medical officers of Paddington, that nearly all the illegitimate children born in their districts die within a few weeks or months.

MEDICAL CO-OPERATION.

ANYONE who gives attention to the social tendencies in action at the present day, cannot fail to be struck with the rapid development of the co-operative movement, or to be impressed with its significance. There are the best reasons for believing that its recent progress, great as it has been, is as nothing compared with the extension which it is destined to receive; and there is much cause to look gladly forward to the growth of a movement based upon the just principle of the individual's good attained through the good of others. Co-operation in the production, as well as in the distribution, of what is necessary to human life and social well-being, will indeed go far to realise Comte's ideal of a "moralised industrialism"; while the wide-spreading moral

and material benefits which cannot fail to accrue, will be one strong proof more how near an enlightened selfishness lies to the foundations of a stable and progressive morality. Considering that a well-conducted co-operative society is one of the best investments for money, we have sometimes wondered that medical men in town have not combined to establish such a society for the supply, in the best and cheapest form, of their household and other wants. Not only would they thus have a good interest for the money invested, and good supplies, but they would save nearly all that now goes as profit to the retail trader. But there is a far higher and wider range of action open to the co-operative principle in relation to the medical profession.

We notice in the *Co-operator*, a journal recording co-operative progress among working men, a paper by Dr. David Brodie advocating the application of the co-operative principle for providing medical aid—meaning thereby not merely the administration of drugs and the curing of disease, but the hygienic direction of the family, the maintenance of health, and the prevention of disease. He holds that the existing relations between the medical profession and the public stand in need of radical amendment, and that the doctor's interest should be, not in the occurrence, but in the prevention of disease. He even goes so far as to propose that, in the cases of heads of families or bread-winners, the doctor's pay should be suspended during sickness. The details of his scheme for bringing about an entire coincidence of interests between the profession and the public, he proposes to give in future papers, which will doubtless be of a more definite and practical character than his introductory one. Meanwhile, his plan seems rather vague and cloudy; while his estimate of what has been and is being done through medical operation, in the direction in which he wishes to advance, appears to us to be much below the mark. What else are all our medical and scientific societies and journals engaged in but in co-operation for the advance of medical knowledge, the prevention of disease, the increase of the public health—in a word, the good of the public in spite of itself?

THE AMENDMENT OF THE MEDICAL ACT.

WE have already pointed out that the onus of omission, in failing to protect the public against the assumption of medical titles by the obscene quacks whose publications are now so freely circulated by post, lies with ministers, and not with the Medical Council or with the medical and surgical corporations. The statement of Dr. Burrows, the President of the Medical Council, to the last meeting of the Executive Committee of the Council on February 15th, adds some further particulars of public importance. During the last two months, the President

has been in personal and written communication with the Home Secretary on the subject. Mr. Walpole recognises the necessity of the amendment; and pleads only other pressing business of the Government for delay. He suggests that the Medical Council should find a peer to introduce the measure into the House of Lords; or, if they prefer it, he will endeavour to find time to introduce the Bill into the House of Commons after the more pressing business of the Government shall have been disposed of. The Committee have resolved—

“1. That it is the opinion of the Executive Committee, in case of Mr. Walpole's expressing his inability to introduce the Medical Bill, as amended by the General Medical Council, into the House of Commons, that it is desirable that steps should be taken, in conjunction with Mr. Walpole, to get the Bill introduced by some member of the Government into the House of Lords as early as possible.

“2. That the President be requested to communicate the opinion of the Executive Committee to Mr. Walpole, and to represent to him that daily experience proves the urgent necessity of remedying the defects of the 40th clause of the Act of 1858.”

THE REVISED BRITISH PHARMACOPŒIA.

THE revised *Pharmacopœia* has, we are happy to find, been very well received at all hands. The book has undergone extensive and searching criticisms during the last week or two; and the most flattering testimonies have been received from critical authorities. Our readers can judge for themselves, from the searching analysis of changes which we are publishing from week to week, of the extent, variety, and importance of the improvements. The volume has now passed the test which was properly imposed upon it; and we hope that no time whatever will be lost in printing and issuing it with the final corrections. This is the more important, that a few persons have of necessity already acquired, for public purposes, a knowledge of its contents.

UNIVERSITIES IN PARLIAMENT.

The reform propositions of Mr. Disraeli very justly include the bestowal of a representative on the London University. The Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrews, are omitted in this scheme. We trust that this defect will be remedied. Mr. Vanderbyl, in addressing his constituents, has already indicated his intention of pressing the claims of the Universities of Scotland. Mr. Walrond had put on the paper a notice of motion which would have had a similar effect. This, of course will be withdrawn pending the introduction of the Government Reform Bill. It will be remembered that, in the re-distribution of seats proposed by the late Government in their Reform Bill, one member was accorded to the Scottish Universities. But the Council of the Edinburgh University Club claimed energetically a member for that University. They represented that

“The constituency of Edinburgh University, in 1863, was 2300; of Glasgow, 950; of Aberdeen, 502; and of St. Andrews, 377. That of Edinburgh, in-

deed, might be easily doubled, if not trebled, by the registration of other graduates; but, taking the number as it stands, Edinburgh has more than all the three others by a large difference. It follows that, setting aside its higher position in present and old reputation, and its metropolitan claim, Edinburgh University has a right by the mere amount of its constituency to a member for itself.”

Another member would, under this scheme, be allotted to Glasgow, Aberdeen, and St. Andrews. Trinity College, Dublin, already possesses two members.

A HIGHLY POPULAR SERVICE.

THE *Englishman* says:—“Amongst the Deputy Inspectors-General of Hospitals of the Indian Medical Service, who have expressed their willingness to retire on the conditions offered in Lord Cranborne's recent Order, are Dr. Cheeke of the Dinapore, and Dr. Sutherland of the Barrackpore circles. The Government here is, however, we believe, unable to accept or answer in the matter of these pensions and retirements in the administrative branch of the Medical Service, pending information from home as to the supposed retirement of Dr. Carden, Deputy Inspector-General of Hospitals, Lucknow circle, now on sick leave in England. Until this officer shall have been elected, no move can take place here.” This service has been rendered so highly popular, that there is now a race who shall get out of it first. The possibility of retirement is, however, limited to a certain number of the senior officers, and the struggle is to settle who shall be permitted to go. Dr. Cheeke has been permitted to retire.

THE PROFESSION OF MEDICINE.

WE have been lately discussing the question of medical education at the Universities; and those who have been following that discussion with the interest inherent on the importance of the subject, and due to the ability of those who have dealt with it on this occasion, will feel particular pleasure in having under their notice the following passage from the recent volume of University Sermons, by the Rev. H. P. Liddon, of Christ Church, Oxford.

“Why not ask yourselves, brethren, what is really the highest and best work? Answer that question, not by what you know of the world's opinion, but by what you know of the Will of your God. If, for instance, you are hesitating between law and medicine, it must be admitted that modern English society seems to award a social premium to law. Yet surely the study of the framework of God's noblest earthly creature, is a higher study than that of any system of human jurisprudence, dashed, as every such system must be, by human caprice, by human shortsightedness, by human error. Surely, the practice of a profession, almost every activity of which is a fresh corporal work of mercy, must have an increasing attraction for those who, in the moral sense of the expression, seek ‘things above.’ Pardon me, brethren, if I speak too boldly in a matter on which there may fairly be difference of judgment; but I venture to hope—nay, to believe—that, as public opinion becomes more Christian, a higher—nay, the very highest—social consideration will be everywhere assigned to the members of that noble pro-

fession of medicine, which ministers with one hand to the progress of advancing science, while with the other it daily lavishes its countless deeds of unknown, unacknowledged generosity and kindness on the sick and suffering poor."

A GREAT REFORM.

PRIVATE letters from Paris assure us that the authorities at Alfort are framing regulations which will materially restrict the practice of vivisection in the veterinary schools. If these restrictions should be applied, not more than one operation will be performed upon any animal; and such operations will be confined to the purposes of necessary physiological research.

THE PRINCESS OF WALES.

THE progress of the confinement of her Royal Highness has happily, notwithstanding the intercurrent attack of rheumatic fever, been throughout as favourable as possible, and the period has now arrived at which bulletins would no longer be issued; but under present circumstances they may probably be continued. The rheumatic affection is localised especially in the right knee, where some effusion has occurred. This being within the province of the surgeon, the services of Mr. Paget have been employed in consultation.

CRIMINAL LUNATICS AND LUNATIC CRIMINALS.

The Bill to amend the laws relating to Criminal Lunatics, which has just been read a second time, embodies two or three important alterations of the law, and deserves careful attention. It does not, however, distinguish between two classes now very improperly mixed together. In the first place, it stipulates that the Home Secretary shall have the power of granting conditional as well as absolute discharges to such persons designated criminal lunatics as he may think fit. In the case of conditional discharge, the person himself, and two or more friends, who would act as sureties, would be bound by certain conditions, such as would insure that the person so liberated should be again handed over to the authorities in case any symptoms were manifested pointing to the probability of a relapse. On any non-compliance with the conditions annexed to the order of discharge, the Secretary of State may issue a warrant for the apprehension of the person, who may then be sent back to the asylum where he was formerly detained, and he would also revert in every way to his former position. But under the head of criminal lunatics are included two classes of individuals entirely distinct from one another. In the first place, there are those persons who have been acquitted of certain crimes with which they were charged, on account of their insanity at the time when such acts were committed—persons, therefore, strictly speaking, free from the taint of crime, since they have been held to be irresponsible for the acts in question, by virtue of their affliction with certain cerebral diseases damaging to their power of self-control, and to their judgment between right and

wrong. Such persons are, therefore, taken charge of, not with a view to the punishment of the individuals, but for the sake of the safety of society at large, and they are ordered to be confined during Her Majesty's pleasure. At present, this class is mixed up both in name and in habitation with another, almost numerically equal with itself, but with which it ought never to have been confounded in any way. This is composed of those convicts and felons who, during the time of their sentence of penal servitude, have become insane; and who, on account of this accident, are immediately transferred to a most extensive establishment, and thrust into the company of a number of unfortunate persons of all grades in society, who, whatever the acts they may have committed, have been held guiltless and morally irresponsible. This seems to us a grave mistake both in a financial and in an equitable point of view, which we hope may be altered before long. The first amendment in the law, to which we have referred, relates entirely to the first class of criminal lunatics; whilst the second, also good in itself, bears upon the class of insane felons, and provides that when the term of punishment of one of these expires, "before such evidence of his sanity has been given as justifies his being discharged, the Secretary of State may at any time issue a warrant for the removal of such person to such county asylum as the said Secretary of State may think fit," thus transferring the future cost of maintenance from the state to the county.

THE COLLEGE OF SURGEONS OF IRELAND.

DR. MAPOTHER, the able Medical Officer of Health in Dublin, and Professor of Hygiene in the Royal College of Surgeons of Ireland, has been elected Professor of Anatomy and Physiology in the College, in place of Dr. Arthur Jacob, who has long filled the office with great distinction and ability. Dr. Mapother had no opponent; and the great ability and energy shown in his previous career afford guarantees for his success in this important post.

EXCESSIVE HEART-DISEASE IN THE ARMY.

A GOOD deal of attention has been attracted by the lecture which we recently published on the Excessive Prevalence of Heart-Disease in the Army, by Professor Maclean, of Netley. Professor Maclean writes to the *Globe*.

"For more than five years I have been engaged in investigating the causes of diseases of the heart and great vessels in the British army. Two years ago I brought the subject to the notice of the military world, in a lecture delivered at the Royal United Service Institution, which lecture was published in the journal of that institution, and afterwards reprinted by the Pack Commission in their first Report. Since that date, I have seen at Netley nearly five hundred cases of heart-disease, the vast majority having been discharged the service on account of disabilities clearly traceable, to the best of my knowledge and belief, to the obstruction offered to the functions of respiration and circulation by the accoutrements now in use in the service—an opinion shared in by the experienced medical officers who

labour with me in the Royal Victoria Hospital. As for the 'spot' on the external surface of the heart, about which so much has been written within the last few days, it is really a very small and in itself comparatively unimportant part of the mischief done; its frequent existence is a matter of notoriety at Netley; and the explanation given is, that it is simply due to pressure and friction. This is not my opinion only; but that also of the highest living authority on morbid anatomy in this country."

It will be seen that Dr. Markham challenges the correctness of this explanation of the spot.

MR. HARDY'S BILL.

THE quarterly report of the Metropolitan Poor-law Medical Officers Association expresses much general satisfaction with Mr. Hardy's Bill. It touches upon all the points to which we last week referred; and it asks for precisely those modifications to which we pointed. They anticipate the securing a life tenure of medical appointments. They "do not propose to discuss the Bill as a political measure; but they cannot refrain from expressing a doubt as to the working of a Board composed partly of elective and partly of nominated guardians. Mr. Hardy appears to anticipate from this system the advantages of an intelligent and complete inspection of the workhouses. Unable to share that anticipation, and wishing that no occasion may arise in the future for the complaints of mismanagement of the sick poor which have been so frequent in the past, they desire to see such measures adopted as may be necessary to secure for the workhouse hospitals an efficient and frequent inspection by the medical inspectors of the Poor-Law Board."

CAUTION TO RAILWAY COMPANIES.

It is not often that an author gets a chance of enforcing his own estimate of the value of his writing, or of insisting on being taken at his own price. Surgeon Ebon Swift, U.S.A., has had the bad or good fortune to lose his baggage on the railroad, and is suing the company for \$5,958 50 damages, one-half of the amount being estimated to be the value of an unpublished work of his, on *Veterinary Surgery*, the manuscript of which was in his trunk. Had he been in the habit of publishing in this country, he would probably not have estimated his chance of profits so highly. Our English physicians will be sighing for the American El Dorado. If any one, after this, lose his MSS. on a railroad, he will be open to suspicion.

"HOMŒOPATHIC" TREATMENT OF CHOLERA IN LIVERPOOL. The report of the Liverpool Homœopathic Dispensary states that, of 99 cases of Asiatic cholera there were 85 recoveries, and only 14 deaths; of 156 cases of choleraic diarrhœa treated there were no deaths; of 83 cases of choleraic cramps in the stomach, no deaths; of 14 choleraic vomiting, no deaths; 87 ordinary diarrhœa, no deaths; 29 dysenteric diarrhœa, no deaths; 26 ordinary English cholera, no deaths. Of 527 cases of general disease, including typhus, treated, there were 10 deaths.

THE CRANLEY VILLAGE HOSPITAL.

THE seventh annual report of this parent institution records its continued prosperity. The trustees observe that the simplicity of the domestic arrangements, and the comfort of being within easy reach of relations and friends, as well as the quiet of a private room, and the home feeling which prevails throughout the hospital, add materially to the popularity of the institution in its own immediate district; and, combined with a certain amount of liberty, more than can be accorded to the inmates of larger hospitals, has an influence which certainly aids in the recovery of many of the patients. An abstract is furnished of one hundred cases treated at the Cranley Hospital from its commencement in Oct. 1859 to the end of Sept. 1863; and, as Mr. Sapte the manager remarks, it affords ample testimony to the statement of the report, that the hospital, from the time of its first establishment, has been instrumental in the alleviation of a great deal of suffering. This abstract of cases is also proof of the great amount of good that can be effected by the surgeon (Mr. Napier) even in an isolated country district, when aided by efficient nursing, suitable diet, and a well ventilated and comfortable lodging.

AN UNMANLY OUTRAGE.

THE conduct of the students who lately interrupted, in the most unseemly manner, an address by Miss Mary Walker at St. James's Hall, has already met with the stern reproof for which it calls from the general press. It is necessary that we should aid the expression of indignant reprobation on behalf of the profession and the school which they disgraced. Neither argument nor dissertation is needed to point out or to describe the offence. It is self-condemned. The offenders have injured others as well as themselves; misconduct of the kind inflicts a public humiliation on the body to which they belong. For every reason, we hope that we shall never again hear of a similar outrage.

THE BENGAL MEDICAL RETIRING FUND.

THE intention is announced to authorise the managers of the Bengal Medical Retiring Fund to allot at once Arrear Seventh Annuities for 1862, 1863, 1864, and 1865, and a Sixth and Seventh Annuity for 1866; i. e., six more annuities in all. The Government of India has recommended the grant of the eighth annuity from such date as a careful examination of the actuary's report may lead to the conclusion that the state of the fund would have warranted its being given but for the changes in the medical service made subsequent to the mutiny.

THE excellent and short Bill of Mr. Lawson, which proposes to remove the disabilities of Catholics in respect to the Professorships in the Dublin Universities, has been well received in the House. It commends itself to the liberality and good sense of our profession and the nation at large, and will be generally recognised as an act of justice.

PHARMACEUTICAL LEGISLATION.

THE President of the Pharmaceutical Society, Mr. Sandford, announced on Wednesday evening, to a very numerous auditory assembled to celebrate an anniversary of the Benevolent Fund, that the prospects of unity have greatly improved among the body of chemists and druggists. Satisfactory terms have been arranged by which the general body of chemists may be allied with the Pharmaceutical Society; and it is hoped, and anticipated, that this will greatly facilitate the desired registration of chemists under Parliamentary authority and their state organisation. It will, at least, withdraw that source of difficulty which arose from internal discord.

THE ROYAL SOCIETY.

THE first of the annual *conversazioni* will be given at Burlington House this evening (Saturday, March 2). Among other things, the remarkable apparatus described by Professor Wheatstone on Thursday week, for the augmentation of the power of a magnet by the reaction on it of induction currents produced by itself, will be exhibited, the application of which for the production of a large quantity of electricity at a very small cost is of the highest practical importance. On Thursday, March 6th, the Croonian Lecture, on the Relation between the Movements of the Chest in Respiration and those of the Heart, will be delivered by Dr. Burdon Sanderson.

SCURVY.

AN inquiry was held at Greenwich by Mr. Carttar, coroner for West Kent, on Tuesday last, respecting the death of one of nine seamen admitted into the *Dreadnought* with scurvy, as reported in our columns of the 16th ult. The *post mortem* evidence, as detailed by Mr. Harry Leach, showed that miliary tubercles existed in the apices of both lungs; that the liver was cirrhotic, and the large intestine much affected from dysentery, chiefly of a scorbutic character; that all the tissues were much blanched, with extensive ecchymoses on the outer surface of the small intestine; besides the usual signs of scurvy about the legs and gums. Dr. Dickson, R.N., medical officer to the Customs (who, in conjunction with Mr. E. H. Coleman, had conducted a Board of Trade inquiry on the outbreak of scurvy) deposed that the lime-juice on board the *Timour* was a solution of citric acid; that the provisions were of good quality; and that this latter fact tended clearly to prove that the scurvy was due to the want of good lime- or lemon-juice. A verdict in accordance with the evidence was given; and the jury expressed a strong opinion that some action should be taken by the Local Marine Boards in all ports, with a view to the inspection of lime-juice shipped for the use of seamen.

CHOLERA IN POLAND.

WE are sorry to have to inform our readers that the reappearance of cholera is reported in Poland. It is but a very short time ago that that country was considered free of the Eastern pest.

DR. MARKHAM.

THE following address to Dr. Markham, from the classic pen of Sir Thomas Watson, has been forwarded during the past week to all who were members of the British Medical Association at the time of Dr. Markham's retirement from the editorship of this JOURNAL, and has already received many hundreds of signatures. As the address has been sent by mistake to a very few of those gentlemen who have only recently joined the Association, so it is possible that some old associates have been overlooked. If so, any one desirous of signifying his concurrence in this vote of thanks to one who has rendered rare and disinterested service to the commonwealth of medicine, will be furnished with a copy of the address on applying to Dr. Stewart, 75, Grosvenor Street, London, W.

"Dear Sir,—We, the undersigned, are desirous of offering to you, upon your retirement from the editorship of the BRITISH MEDICAL JOURNAL, the expression of our sincere admiration of the manner in which, for a period of six years, you have exercised the duties of that difficult and invidious office. Throughout your whole conduct of the JOURNAL we recognise plain-spoken candour, and a most independent, truthful, and impartial spirit in your dealings with the writings and the acts, as well of your personal friends as of your professed opponents. We acknowledge, and thankfully appreciate, your zealous maintenance of the social dignity and the scientific position of the medical profession; and your constant and stern reprobation of quackery, and of the sanction or support of it by any members of our body.

"In heartily bidding you an official farewell, we pray for your health and happiness, as we confidently anticipate your faithful service, in the new and important office to which you have recently been called."

INFIRMARY OF THE PRESTON WORKHOUSE.

WE learn, on good authority, that the evils described in the statement which we last week published, have by no means escaped the attention of Mr. Corbett, while inspector of the district; but that it is mainly owing to his representations during the comparatively short time that he was inspector of the district that the new workhouse and infirmary, now in course of erection and nearly completed, which will provide adequate accommodation, were undertaken. This being so, the responsibility would rest with the guardians of allowing the continuance, even temporarily, of a state of things so thoroughly disgusting and indecent as that described. A small part only of these evils were due to want of room; and the thanks which they gave to Mr. Cave for courteously informing them of unpleasant truths will be merely ironical, unless such abuses cease at once and for ever in their establishment.

THE PREVENTION OF ENTHETIC DISEASE.

THE opinion that some inquiry is necessary into the extent of disability produced by the extension of enthetic disease among the general population, has been expressed recently (and not for the first time) by many high authorities. The operation of the Contagious Diseases Act of 1866 has been pronounced to

be highly valuable by the authorities of the army and navy. Dr. Jenner suggested, in his address this year as President of the Epidemiological Society, that, if the community at large, and not only the troops, are to be benefited, something more than this Act is necessary. Mr. Skey very warmly urged the same view at the semi-official dinner of the Lock Hospital, at which Sir John Pakington lately presided. We have received a note of the proposed appointment of a committee of the Harveian Society, including a number of well known names, of which the object is announced to be to investigate the extent of the spread of these diseases among the civil population of this country, to discuss the best means for preventing that widely extended evil, and to report thereon to the International Congress to be held this year in Paris.

THE GREENWICH ESTIMATES.

THE estimates for Greenwich Hospital, which are now in the hands of members, deserve careful analysis. The results will be found somewhat startling. In the course of the inquiry into the management of Greenwich Hospital by the Royal Commissioners in 1859, it was found that the total cost of the Invalides of Paris was annually £31 : 16 : 2 per head; that of the Greenwich Pensioners was £59 : 6 : 11. A great outcry followed; and a "partial reform" was effected by turning out a considerable number of the men, leaving the wards half-empty, but in no way reducing the establishment and administrative charges. The result is, that we find, by analysing the present estimates, that the average cost per head of the 380 pensioners now in the hospital is £114 per annum—a very pretty sum, and one which it might be well to discuss in the House of Commons, if there be any member with a remnant of the spirit of Joseph Hume.

THE INDIAN CIVIL MEDICAL SERVICE.

We have referred lately to the grievous injustice done to the officers of the Civil Medical Service by the postponement of the question of remuneration. The *Indian Medical Gazette* states that the whole question of civil medical salaries is to be re-opened, and that all final settlement is to be indefinitely postponed. This (the *Friend of India* remarks) is a serious wrong. "Following so close on the reduction in the prizes of the service, it is evident that the Home Government means to punish the Indian medical service for being kept in existence as a local body in spite of Sir C. Wood's attempts to absorb it."

THE *London Gazette* of the 15th instant contained a notice that Mr. Frederick Holmes, of 23, Boynton Street, Leeds, had been appointed by the Privy Council to be their teacher and examiner in vaccination (under the Order in Council of December 1st, 1859) for the Leeds District. The fresh appointment was rendered necessary by the death of the late Mr. Cottam, who had for some time held the office under the Privy Council.

DEATH FROM CHLOROFORM. An inquest was held on Wednesday by Dr. Lankester on the body of Edward Morrell, who died under and from the influence of chloroform administered by the chloroformist of St. Mary's Hospital to facilitate reduction of a dislocation of the thumb. Mr. Moore stated that he administered chloroform to deceased for about three or four minutes, during which time he did not inhale more than one drachm. The pulse suddenly ceased beating, and in a moment the patient was dead. During six months he had administered chloroform in about one hundred cases without any fatal result. Mr. Clover's apparatus was used. A verdict of accidental death was returned.

REGINA v. HARRIS. The prosecution conducted at the instance of the Lunacy Commissioners against John Hedges Harris has ended in a verdict of acquittal for the defendant: the jury not being satisfied that the defendant had knowingly received a person of unsound mind without lodging proper certificates with the Commissioners. The judge expressed the opinion that the prosecution was very properly instituted by the Commissioners, as guardians of the helpless class in whose behalf they ought in all cases strictly to enforce the laws for their protection.

THE HÆMATOZOÆ OF DOMESTIC ANIMALS. Dr. Leisering describes in Virchow's *Archiv* a new genus of hæmatozoon. He names it *Hæmatozoum Subulatum*. It is of greater size than the filaria described by Gruby and Delafond.

M. TARDIEU, President of the Imperial Academy of Medicine, had to enumerate a long list of deaths during the year. "Bailly, Baffos, Chailly, Gibert, Mélier, Michon, Rostan, have been successively removed from your esteem and your affection. MM. Richet, Broca, Follin, the *élite* of the young school of surgery, M. Barthez, the excellent clinician, the classic historian of the pathology of surgery, in taking their seats amongst us, partly console us for our losses."

PROFESSOR PURKINYE, the celebrated physiologist, has, it is said, been pensioned. He is 80 years old, and has been engaged in teaching during forty-four years.

DR. HEUSINGER has found the treatment of scleroderma by sulphate of quinine and opium administered internally very successful.

DR. W. STRICKER finds that the mortality of infants in Wurtemberg amounts to forty per cent. of the total mortality during the decennial period 1846-56.

CYSTIC HYGROMA OF THE NECK. J. Arnold relates, in Virchow's *Archiv für Pathologischen Anatomie*, two cases of congenital cystic hygroma of the neck, and discusses the question of its relation with the intercarotid ganglion. In both cases, the intercarotid ganglion was healthy and normal. He connects these tumours with a cystoid degeneration of the connective tissue.

THE NEW EDITION
OF THE
BRITISH PHARMACOPŒIA.

IV.

IN the previous edition of this work, the DILUTED MINERAL ACIDS were arranged to be of such a strength that six fluid-drachms of each should contain one equivalent in grains of the acid, and should therefore exactly neutralise one equivalent in grains of any alkali, alkaline carbonate, or bicarbonate. Thus, diluted Sulphuric Acid, diluted Hydrochloric Acid, and diluted Nitric Acid were made, volume for volume, of equal saturating power. Diluted Phosphoric Acid was also similarly adjusted in strength; for although it is a tri-basic acid, its most stable combination is with two atoms of alkali, and six fluid-drachms were made to contain half an equivalent of the acid. The quantity stated, therefore, namely six fluid-drachms, of either of these four acids, was capable of exact neutralisation by 100 grains of Bicarbonate of Potash or 84 grains of Bicarbonate of Soda. This arrangement has proved to be a convenient one, and is still retained. Somewhat improved processes are given, however, for the preparation of the diluted Hydrochloric, Nitric, and Sulphuric Acids. The processes for diluted Phosphoric Acid stand as before. The alteration which has been effected in the strength both of Nitric and Sulphuric Acids rendered necessary some readjustment of the proportions for the diluted preparations. This has led to a modification in the directions given, and we have now, in point of fact, two methods, by either of which the dilute acids can be prepared. One of these admits of very great accuracy, and as it involves very little, if any, more trouble, we hope it will meet with general adoption. We will take the case of Diluted Nitric Acid as an example; the process for it is given as follows:—

Take of
Nitric Acid 6 fluid-ounces
Distilled Water a sufficiency

Dilute the acid with the water, so that the mixture shall measure 31 fluid-ounces at 60°.

Or as follows:—

Take of
Nitric Acid 2400 grains
Distilled Water a sufficiency

Weigh the acid in a glass flask, the capacity of which, to a mark on the neck, is one pint, then add distilled water until the mixture, after it has been shaken, measures a pint.

It is evident that, if these diluted acids are really to be of definite saturating power, some care must be taken in their preparation; and the second of the processes given is one which admits of great precision being attained. The acid is weighed, because, with the ordinary means, it is impossible to measure it with sufficient accuracy, and then it is diluted in a flask graduated by a mark on the neck. The introduction of this flask into the directions of the *Pharmacopœia* is capable of effecting a great improvement in the practice of pharmacy. The ordinary measure-glasses which are used in every shop or dispensary throughout the country are

grossly inaccurate; they frequently differ sensibly from each other in the indications they afford, and probably not one in a hundred is really correct. In all cases where precision is required, therefore, they are quite inadequate; yet they frequently constitute the only measuring vessels at the command of the pharmacist. The great extension of volumetric processes of analysis within late years, however, has led to the construction of measuring instruments of extreme accuracy, and these may now be found in every chemist's laboratory. Among these are flasks of different sizes, which are correctly graduated to a given capacity by a mark on the neck. Quart, pint, and half-pint flasks of this description are now to be obtained of any chemical instrument maker. Apart from the greater care bestowed on their graduation, it is obviously easier to adjust the level of a liquid with precision in the narrow neck of a flask than in the broad measure-glass commonly used. These flasks are sold at a very low price; they are most convenient for use, and we shall welcome their more general adoption in pharmacy.

The strength of the various acids of the *Pharmacopœia* is directed to be determined as before by volumetric processes of estimation. The number of volumetric solutions described for testing the various chemical substances remain unaltered, but their preparation and manner of use has been somewhat changed. A very laudable desire exists among many persons to favour as far as possible the introduction of the French system of weights and measures into this country. It was even wished by some to place the metrical system side by side with our own throughout the *Pharmacopœia*, but the adoption of this course would have met with but little favour either from pharmacologists or the medical profession. With a view, however, of promoting as far as possible a practical knowledge of the French weights and measures, the Committee have sanctioned their use for the processes of volumetric testing ordered in the *Pharmacopœia*. These processes are now so arranged that they may be performed either with the English grains and grain-measures, or with the metrical *grammes* and cubic *centimètres*. This has been very easily and simply accomplished. A grain-measure is the volume of a grain of distilled water. A cubic *centimètre* is the volume of a *gramme* of water. There is, therefore, the same relation between a grain and a grain-measure that there is between a *gramme* and a cubic *centimètre*. If 75 grains of Tartaric Acid are neutralised by 1000 grain-measures of the volumetric solution of Soda, 75 *grammes* must also be neutralised by 1000 cubic *centimètres* of the same solution. In every case the figures remain the same; they may be applied to grains and grain-measures, or to *grammes* and cubic *centimètres*. In like manner the volumetric solutions may be prepared by either system. It is obviously indifferent, in making the solution of oxalic acid for instance, whether 630 grains of the acid be dissolved in 10,000 grain-measures of water, or 630 *grammes* in 10,000 cubic *centimètres*; the strength of the solution will be the same. But as the cubic *centimètre* is 15 times the bulk of the grain-measure, it is more convenient to employ one-tenth of the quantities when the metrical system is used, and this is indicated in the instructions.

Throughout the body of the work, no mention is made of *grammes* and cubic *centimètres*. In the case of each of the acids, for instance, we are simply told that a certain number of grains require so many grain-measures of the volumetric solution of soda for neutralisation. It is only in the Appendix, where these solutions are placed, that the metrical system is referred to. There, after each volumetric solution, is given a list of all the substances for the testing of which the solution is to be used, with the number of grains and grain-measures, or of *grammes* and cubic *centimètres*, to

be employed. In order to bring about this assimilation of the two systems, it has been necessary to replace the "measure" used in the previous edition by the grain-measure we have just described. The "measure" was the volume of ten grains of distilled water, and its detention would have destroyed the simplicity of relationship which now exists. Moreover, the term "measure" was somewhat indefinite; it was really ten grain-measures, and is better so stated.

In the description of the chemical substances in the *Pharmacopœia*, eleven processes which were given in the previous edition are now omitted. We have already referred to some of these in our remarks on the Acids. Thus the processes which were given in connexion with Glacial, Acetic, Arsenious, Benzoic, Nitric, and Sulphuric Acids, are no longer contained in the *Pharmacopœia*. In like manner, the processes for Prepared Chalk, Sulphate of Copper, Mercury, Iodine, Nitrate of Potash, and Sulphate of Potash, have been omitted. We observe, however, that in many cases where no process is given, the definition is so worded as to convey a very good idea of the method by which the substance is usually obtained. Thus, Sulphuric Acid is described as "an acid produced by the combustion of sulphur and the oxidation of the resulting sulphurous acid by means of nitrous acid." Sulphate of Copper, it is stated, "may be obtained by heating sulphuric acid and copper together, dissolving the soluble product in hot water, and evaporating the solution until crystallisation takes place on cooling." Chloride of Ammonium, again, "may be formed by neutralising hydrochloric acid with ammonia, and evaporating to dryness. It is usually prepared by sublimation." Carbonate of Ammonia is described as "a volatile and pungent ammoniacal salt, produced by submitting a mixture of sulphate of ammonia or chloride of ammonium and carbonate of lime to sublimation."

In many cases we have what may be called permissive processes given. For instance, in the case of Hydrochloric, Tartaric, and Gallic Acids, Atropia, Sulphate of Quinine, and many other substances, the process is preceded by the phrase, "It may be prepared by the following process." In other instances, as in Hydrocyanic Acid, Phosphoric Acid, Ether, and many of the metallic compounds, this expression is omitted. The latter cases appear to be those in which either there is only one process known, or in which so good a product cannot be obtained by other methods.

Of the chemical processes which were given in the previous edition, but which are altered or modified in the present work, there are several. Perhaps the most important are those relating to the preparation of Iron. In the case of Saccharated Carbonate of Iron, Carbonate of Ammonia is very properly substituted for Carbonate of Soda as a precipitant. The proportions for Liquor Ferri Perchloridi have been modified so as to meet the objections which were urged against it, the principle of the process remaining the same. Of the three sealing preparations—namely, Ferri et Ammoniac Citras, Ferrum Tartaratum, and Ferri et Quinac Citras—the proportions for the two former have been modified, and the process for the latter has been changed. Citrate of Iron and Quinine always occurs in commerce in thin scales of a greenish golden yellow colour. This appearance is due to the reduction of a portion of the iron from the state of persalt to that of protosalt. The process for its production consists in dissolving in a given quantity of citric acid, first the moist recently precipitated oxide of iron, and then the quinine, also in a moist state. When this solution is cold, ammonia is added to it, in quantity insufficient for neutralisation, until the colour changes from a red to a golden yellow. The liquid is then evaporated and sealed. This is the method which has been generally adopted by the manufacturers, and it is now the process of the *Pharmacopœia*.

PROFESSIONAL ETIQUETTE.

II.

IN a recent article, we discussed the principles of medical ethics, in so far as these unwritten laws are merely a branch of general social morality; and we endeavoured to show that, upon many of the questions which are popularly supposed to be decided by medical men on the basis of some laws peculiar to their body and unknown to the world, there is in reality no decision taken at which any honest layman would not immediately arrive by a simple application of the common maxims of good faith and fair dealing which prevail in general society.

We propose now to consider certain special attributes of professional morality which arise out of the special functions that society delegates to professional men. The first example which presents itself to the mind is that of the peculiar relations of confidence and privacy in which the professional adviser is placed towards his patient. The medical man, at least as frequently as the clergyman or the lawyer, is obliged to share a confidence with his client which is embarrassing from the responsibility which it throws upon him. The simplest instance of this is where the patient and the friends who have a right to be closely interested in his affairs *jointly* confide to the medical man private matters, which would never be so confided, but for their bearing on the medical aspects of the case. In such a position of affairs, there is nothing demanded of the medical adviser beyond that common good faith and reticence which even prudence alone might recommend to him. But the question is often far more complicated. It happens, not unfrequently, that the patient confides or accidentally discovers to the medical man something which he desires to have kept from the knowledge of his friends. It may be that the doctor has the strongest urgings of conscience from a moral point of view, or from a desire to render real service to the friends, to communicate what he has found out; and yet he may feel bound to preserve a secret which he would never have discovered except in his professional capacity, in which he is doubtless expected to preserve confidence. In such instances, there is apparently a direct conflict between the fidelity which the practitioner owes, *in the first instance*, to his patient, and other social duties which may assume a pressing importance. Not even the Roman priest, who hears the secrets of the confessional, is more heavily burdened with responsibility than many a medical practitioner who carries about with him the weight of private matters the knowledge of which has been forced upon him in a confidence which was unavoidable, but which he bitterly regrets. The finest instincts of honour, the most generous feelings of courtesy, the most stern and rigid sense of justice—all these combined are not too much for the decision of questions which may be brought home to the conscience of any medical man by unavoidable circumstances in which he suddenly finds himself placed. It is not too much to say that men whose professional duties may involve them in such terribly trying ordeals ought to be without a stain before the world. Above all things, there ought to be no stain upon their *truthfulness* and their *modesty*. If a medical man shows himself before the world as a beastful, self-glorifying person—more especially if his self-glorification is not mere harmless vanity, but shows a tendency to depreciation of

those whom he thinks his rivals—there can be no more certain sign of his unfitness to receive the confidences which are freely bestowed on the trusted family physician. It is amongst such men that the rare but terrible examples of fiendish treachery, like that of Palmer or of Pritchard, occur; and, though these men were extreme instances of the possible development of such a disposition, their case is not beside the question. They were, by an accident, the most conspicuous members of a community of medical scoundrels, between whom the bond is a merely spiritual one—the readiness to lie to any required extent—but whose relationship to each other the public scarcely at all suspects. But those who, like doctors (especially in London), see a good deal below the surface of society, more than suspect that there is a true relation of continuity between the psychological development of such men as Pritchard or Palmer, and that of many far less distinguished charlatans. It may seem a hard saying, but we believe it to be the fact, that the baseness which could lead a medical man to these worst and most degraded uses of his knowledge, is essentially the outgrowth of the untruthfulness which, in a man differently situated, might merely develop into vulgar quackery. Such men have generally a history which, to those who know it, gives the clue to their psychology clearly enough. At school and college, they were always more or less impostors; they learned, even thus early, the value of that sort of cunning which enables a man to pretend to knowledge which he does not possess. Such cunning only flourishes in the soil of thorough selfishness. This selfishness inspires the man to devote his whole energy to the development of the mean talent which gives him an advantage over his more scrupulous neighbours; and a general moral debasement is the inevitable result. By the time that the man enters on the practice of his profession, he has become a most dangerous member of society; and that remorseless cruelty which is evidenced by his willingness to inflict mental and moral terror on his victims is merely one natural development of the leading principle of his life.

If this be at all a true picture, it follows at once that a fundamental law of medical ethics must necessarily be the severe repression and discouragement of all pretenders to medical knowledge who use the artifices which are the index of this kind of character. But there is another aspect of the untruthful scientific pretender, in which he is fully as noxious as in relation to individual patients. It ought never to be forgotten, that an unwritten compact exists between society and those to whom it accords the respect and deference which are felt to be due to those who hold the keys of science. Even in the rudest state of society, the natives trust their "medicine-men"; and in times like the present it becomes more evident each day that some of the most weighty problems in social science can only receive their solution at the hands of medical science. It is a crime, then, of the highest magnitude, for an unwarranted pretender to thrust his blundering or his wilfully mischievous hand into the half-completed tasks of science, more especially where the question to be solved is the discovery of the causes and cure of some terrible disease which inflicts almost the greatest sufferings under which a nation labours. And it is equally criminal for a man who claims to possess special medical knowledge to withhold it from the profession at large. This is a point which received the careful attention of an eminent judge on a recent public occasion; and every honourable man must have rejoiced at the dignified contempt with which that great lawyer spoke of the conduct of men who would make capital for themselves by the preservation of a secret which, if

divulged, might advance medical science and benefit the whole human race. We think that an important turning-point in the history of our relations with the public will have been reached, if people can once be convinced that the monopoly of scientific discovery is the offence of offences against the laws of etiquette which are in force among honourable practitioners. The groundwork of that jealousy of doctors which has clung to the popular mind from ancient times, is the idea that they make their art a mystery for selfish ends. But, in fact, the very opposite of a selfish motive is the source of the restrictions which respectable medical men desire to see retained. They have no wish to hinder any thirsty mind from imbibing scientific knowledge. But they earnestly desire to keep the well of science undefiled; and they protest against its being fed with water which they are not allowed to analyse, and which, for aught they know, may contain sewage. Nor have they any wish to impede a rival's worldly success, if he be honest. But they insist that, if he be honest, he will not object to submit his schemes and propositions, in full detail, to the scrutiny of those whose scientific education enables them to understand them, and to criticise them with intelligence, before appealing to the public for its verdict. And if he be dishonest, then that is a full and sufficient reason why he should not be trusted with the sacred confidences of family and personal life, which, in the hands of a rogue, are capable of being used with an effect which will be more disastrous in proportion as he happens to surpass other rogues in ability.

MEDICAL PROVIDENT SOCIETY.

A GENERAL MEETING of the honorary and contributing members of the Society was holden at the Freemasons' Tavern, on Tuesday, the 19th inst. : Dr. RICHARDSON in the chair. The meeting had been summoned in pursuance of the rules of the Society, in accordance with the following resolution of the Board of Directors, passed on December 14th, 1866 :

"That a general meeting of the honorary and contributing members be summoned, to take such steps as may be necessary for the dissolution of the Society."

Letters from several members, expressing regret at their inability to attend the meeting, and their concurrence in the proposal for dissolution, were read.

The CHAIRMAN, on opening the proceedings, said that, although the attempt to form the Society had been a failure, it was yet a great success, in so far that the experiment has been tried crucially. The auxiliary fund, amounting to £750, would, one would think, have been a good beginning; and this did not represent all that had been promised and could have been obtained by application. In the three years and a half in which the Society had been in progress, its existence and objects had been made widely known. In 1864, the announcement of it was extensively circulated; in 1865 the Directors issued a circular to 4000 medical men; the Society advertised repeatedly in the medical journals. The medical press had also spoken strongly and favourably of the Society. The Society had been legally registered, and was therefore perfectly safe. He (the chairman) did not see what further could have been done by the directors and the secretary. The number of honorary members was forty-one; of contributing members, at the present date, 25. The expenses of the Society had

amounted, in three years and a half, to £280; and about £30 more would be required to discharge present liabilities and the expenses connected with dissolution.

Mr. HECKSTALL SMITH (St. Mary Cray) moved—

“That this meeting determine that the Medical Provident Society be dissolved; and that the dissolution take place from this day.”

Mr. R. WILLIAM DUNN (London) seconded the proposal, which was unanimously carried.

Dr. FAYRE (Henley-in-Arden) proposed, Mr. PAGET (Leicester) seconded, and it was unanimously resolved—

“That the funds of the Society be disposed of in the following manner.

“1. All debts of the Society to be discharged from the auxiliary fund.

“2. All monies paid by contributing members from the commencement of the Society to be returned to them in full.

“3. The balance of the auxiliary fund to be distributed among the donors, in proportion to the amount of their donations.”

Mr. LORD (Hampstead) proposed, Mr. PROPERT (London) seconded, and it was resolved unanimously—

“That the chairman be authorised to carry out the foregoing resolutions, and to take any steps that may be necessary for the legal dissolution of the Society.”

Mr. HECKSTALL SMITH proposed—

“That the meeting offers a cordial vote of thanks to Dr. Henry for his services as Secretary of the Medical Provident Society, and requests the chairman to address a letter to Dr. Henry, expressive of the esteem in which his labours have been held.”

The proposal, having been seconded by Mr. PROPERT, was carried unanimously.

On the motion of Mr. R. W. DUNN, seconded by Mr. PROPERT, a vote of thanks to the directors was unanimously carried; and, after a vote of thanks to the chairman, the meeting separated.

Throughout the proceedings, the general feeling was one of regret at the failure of the endeavour to establish the Medical Provident Society, and at the same time of satisfaction that the attempt had been made so thoroughly.

AMENDMENT OF THE SANITARY ACT.

THE Sanitary Act of last session has been described as the *Magna Charta* of sanitary reform. Its great value is undoubted; but it is sadly lessened by serious defects, which arrest the action of the persons and bodies entrusted with carrying out the sanitary reforms which it contemplates. Some parliamentary amendment will be necessary this session; and we shall draw attention to some of its sections, with that view.

The general construction of the Act is very inconvenient. It reads very much as though its various sections had been printed on separate sheets and shaken in a bag, the sections being then taken out and printed hap-hazard. Thus Section 26 relates to the compulsory removal of sick persons to hospitals; then follow two sections relating to places for the reception of dead bodies; and then comes Section 29, which again relates to the removal of sick people to hospital. Again, Sections 30 and 32 define the riverside districts in which ships afloat are to be held to be; while the intervening section, 31,

relates to the power of entry possessed by the nuisance authority. Again, Section 25 relates to the exposure of persons infected with dangerous disorders; so also does Section 38; and Section 16 gives coercive powers to the Secretary of State in certain instances, while Section 49 gives a similar power. This want of arrangement is to be deprecated; but, to remedy this defect, it would, we suppose, be necessary to repeal the Act and pass a fresh one.

It will be impossible, in our present space, to go through the whole of the Act and point out what we think should be amended; but we will remark on one or two of the principal points on which we think it absolutely necessary that something should be done.

The first is the supply of water by sewer authorities. The following quotation from a pamphlet which has been published, and which describes the peculiar state of the law in this respect.

“From the law, in its present state, it is quite possible (and perhaps probable) that considerable inconvenience may result with regard to the water-supply and sewerage of those places which have adopted since June 29, 1865, or shall hereafter adopt, the Local Government Act. If that Act should be adopted in its entirety, the Local Board would have conferred upon it by Sections 29, 30, and 31 of the Act, full powers as to sewerage; and by Sections 51, 52, and 53 of the Act, full powers as to water-supply. But its jurisdiction in these matters would not be a sole jurisdiction, as the vestry of the parish within which the district is situated would, as the law stands, still retain its jurisdiction over the same matters.”*

This is a state of things which should not be allowed to exist.

The hospital clause in the Act also sadly needs amending; for, in its present state, it is shorn of half its usefulness. The power of providing hospital accommodation without the metropolis is confided to the sewer authority; but as, in many towns, no sewer authority, in the sense of the Sanitary Act, exists, this very useful power cannot then be exercised. This also is noticed in the pamphlet to which we have before referred; and the law should, we think, be altered.

There are other portions of the Act which also deserve attention. The second exemption in the nineteenth clause, with reference to smoke, we think gives too great a latitude. Section 22 exempts the things in a house from compulsory disinfection; and this should not be. The regulations for lodging-houses, we think, should be subject to the supervision of a medical board, rather than to an engineering one.

We might point out other alterations required in the Act; but we hope that we shall soon see a Bill introduced into Parliament with the object of amending the Act, after a very careful and critical reading and examination by those who are most competent to discover its faults. We invite the particular attention of our readers to the provisions of the Act. They will render an useful service by giving examples of its working in their own neighbourhoods.

* The Sanitary Act, 1866 (second edition). By J. B. Hutobins, Esq. Messrs. Knight and Co., 90, Fleet Street, E.C.

PRESENTATION. On the 22nd February, Dr. Jones, of Washington, County of Durham, was presented with a purse of gold and a silver-mounted walking cane, appropriately inscribed, in token of the high estimation in which he is held. This is the second testimonial Dr. Jones has had given within a very short period.

THE POOR-LAW MEDICAL OFFICERS AND THE METROPOLITAN POOR BILL.

ON Wednesday last, a meeting was held at the Freemasons' Tavern, convened by the Metropolitan Poor-law Medical Officers' Association, of Poor-law medical officers and other gentlemen interested in the administration of the Poor-law. Dr. Rogers, the medical officer of the Strand Union, presided; and among those present were the Rev. W. M'Gill, Dr. Carr, Dr. Dudfield, Dr. Goddard, Dr. Welsh, Dr. Belcher, Dr. Miller, Mr. Norton, Mr. Clarke, Mr. J. G. Defriez, Mr. Massingham, Mr. Eugene Goddard, Mr. B. Baker, Mr. Simmonds, Mr. W. Lyle, Mr. R. Cuffe, Mr. J. C. Millar, Mr. A. Roberts, Mr. J. C. Parkinson, Mr. R. Bunce, Dr. Anstie, Dr. F. Fox, Dr. Ladd, Dr. Ede, Dr. Saul, Mr. J. R. Donald, Mr. Harston, Dr. G. E. Smyth, Mr. W. Monday, Mr. Cooper, Mr. Pedler, Mr. Burgess, Mr. Hughes, Dr. Spooner, Mr. H. Lee, Dr. Reed, Mr. M. Ward, Mr. J. Tunstall, Dr. Cook, Mr. G. Bonham, Mr. J. G. French, etc.

The Honorary Secretary, Dr. Dudfield, read a very able report on Mr. Hardy's Bill, which was described generally as an "excellent measure", but urged that two or three points should be reconsidered in committee upon the Bill. The Chairman moved the adoption of the report, and in doing so detailed the struggles the Poor-law medical officers had for a period extending over eleven years maintained against the guardians in the endeavour to obtain right for themselves, and the proper necessities for the sick under their charge. He then referred to the establishment of the Association for improving the condition of the sick poor in the London workhouses; and dwelt upon the vast good which that Association, by the assistance of the press, had been able to accomplish in a very short time. He expressed himself as greatly pleased with Mr. Hardy's Bill, but urged that there were points which would have to be considered in committee.

Dr. WELSH seconded the motion, and urged upon the Poor-law medical officers the importance of keeping united, for then, he said, they would obtain their rights.

The report was then adopted; and the CHAIRMAN said it was now open to any gentleman to speak upon Mr. Hardy's Bill.

Dr. DUDFIELD, of St. Margaret's, Westminster, proposed the following resolution—

"That this meeting is of opinion that Mr. Hardy's 'Metropolitan Poor' Bill will effect considerable improvement in the medical care and treatment of the sick poor; and they recognise with great satisfaction that it embodies nearly all the recommendations suggested by this Association."

He said that most medical officers had found difficulties in the matter; for it had been laid down that the medical officer was subordinate to the master, who seemed to consider that he should "skid" the wheel if the medical officer appeared to be going too fast in the way of giving allowances of wine and extra necessaries. It was a matter of rejoicing that this would be done away with. Then it would be a benefit to have the local Acts abolished, as they often stood in the way; and it was a matter of congratulation that the pauper nurses were to be abolished at once and for ever. In fact, all the best points in the Bill were adopted from the recommendations of this Association.

Dr. FOWLER, of East London Union, seconded the resolution, and said he purposed to propose a rider, "That all the charges of the indoor sick poor should be paid out of the common fund."

The CHAIRMAN ruled that this would be an amendment.

Mr. EUGENE GODDARD, of Clerkenwell, seconded the resolution.

Dr. FOWLER, of Bishopsgate, said he entirely agreed with the resolution, and did not desire to propose any amendment. He would, therefore, propose an addendum; and he then proceeded to speak at length upon the Bill, concluding by moving the above as an addendum.

Dr. CARR seconded this addendum, and urged that the medical officers should do all they possibly could to make this measure a perfect one.

The Rev. W. MCGILL spoke in favour of still further extending the principle of equalisation, and contended that guardians were not so much to blame for the bad condition of the workhouses as was the law.

The motion, after some pointed remarks from Dr. BELCHER (St. George the Martyr), was, with the addendum, carried unanimously.

Dr. CLARKE (East London Union) then proposed the following resolution.

"That the Council be requested to watch the progress of the Bill through Committee; and, if possible, to obtain the insertion of clauses—

"1. To secure life-appointments for all Poor-law medical officers.

"2. To obtain for all workhouse medical officers a seat at the Board of Guardians; and for all district medical officers a seat at the Dispensary Committee—without vote—so that they may be able to advise their respective Boards upon all questions relating to the medical department.

"3. To provide that there shall be in every infirmary a visiting, as well as, when necessary, a resident-assistant-medical officer."

Mr. ERNEST HART recommended the addition of the following—

"4. The addition of a professional as well as the rating qualification for nominees of the Board.

"5. An addition of nominee of the Poor-law Board to the Dispensary Committee, as well as the Infirmary Committee.

"6. A compensation clause for district medical officers whose district should be injuriously varied under the powers of the Bill."

Mr. GODDARD, sen., seconded the resolution; and it was carried unanimously, with the resolutions.

Votes of thanks to the officers and to the chairman terminated the proceedings.

DEATH IN A DENTIST'S ROOM. The *Philadelphia Reporter* relates the case of a young man, 23 years old, who entered the office of a dentist of Philadelphia, to have a tooth extracted. Anæsthesia was produced by nitrous oxide gas, a cork having been placed between the teeth to keep the mouth open. As the tooth was extracted, it slipped from the forceps, and with the cork was drawn into the mouth. The tooth was subsequently thrown up from the stomach, but the cork—which does not seem to have been missed—entered the larynx, and by its presence there caused suffocation and death in an hour. A *post mortem* examination revealed the presence of the cork in the larynx and the cause of death. The editor remarks that this case and its lamentable result should serve as a caution to those who employ such adjuncts in the dental laboratory, and the surgeon who may be suddenly summoned to patients in a dentist's room, should bear in mind the possibility of an accident like this, and be prepared to open the larynx, if need be, which in this instance would in all probability have given instant relief, and saved the life of the young man.