

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 30TH, 1869.

### REMODELLING OF THE NAVAL MEDICAL DEPARTMENT.

WE referred last week to the rumour current in official circles, that a remodelling of the Naval Medical Department was in contemplation, simultaneously with that of the other departments of the Admiralty. This intention, although always a sound of doubtful omen, was yet acceptable to the profession, inasmuch as the Naval Medical Service has for some years been in so depressed a state, and the list of candidates has been so far short of the requirements of the service, that an improvement might well be made, and is much to be desired. So bare is the service now, and so unpopular, that staff-surgeons and surgeons are at this moment employed, at the higher rate of pay due to their standing, in doing the work of assistant-surgeons. Any remodelling, therefore, should be of such a character as to tend, by its results, to encourage the entry of medical men into the service. The class of men entering the profession now are, we are glad to say, becoming every year more highly educated, and of a more uniformly high social class. This is the necessary result of the more severe preliminary educational tests, and the longer and more costly professional curriculum enjoined. The letter of Mr. Baxter Langley, the well-known medical agent, in our last impression, showed how this is telling already in private life, by raising the salaries demanded by assistants in medical practice, and by reducing almost to zero the total number of English candidates for such subordinate positions. It is, therefore, essentially necessary that any changes in the Medical Department of the Navy, now the least popular of all departments of the public service, should be such as will give to all officers of that department such independence of position, under a responsible medical chief, as will inspire confidence, and encourage a superior class of men to enter it. It has long been recognised as a fatal defect of the existing *régime*, that the medical head of the department has no opportunity of direct communication, on matters affecting the vital interests of the department and its national duties, with the responsible minister of the department—the First Lord. No one can doubt that there is, in the present system of medical arrangements of the ships and hospitals of the fleet, much that is cumbrous, costly, and unnecessary; that wholesome retrenchment might be effected, especially in the civil staff and the general administration of the hospital establishments. But all representations on these and other subjects have hitherto had to be filtered through the medium of a “Naval Superintending Lord”, who, from his very service prejudices, is extremely likely to have viewed such representations with dislike and prejudice. No one can say, in fact, what has and what has not been laid before the First Lord upon medical questions, or under what circumstances of favour or disfavour.

The accession of Mr. Childers to office has given hopes that this system, so cumbersome, and in every way detrimental to the interests of the public, may be abolished; and that the head of the medical department may be placed in direct relation with the minister. We have reason to fear, however, that the changes which Mr. Childers is now being advised to introduce are such as will lead to a much worse state of things. It is proposed to him, we hear, to amalgamate the Medical Department of the Navy with the transport, victualling, and store depart-

ments; and to place all under the control of a naval officer—we believe, Admiral Mends. So far as the medical department is concerned, in the name of the service and of the civil profession, we emphatically and at once protest against such an arrangement. The very suggestion of it is detrimental to the public interests of the naval medical service, and will, we feel satisfied, cause a similar expression of disgust to that which arose out of the celebrated scheme of making bonded naval medical cadets in order to recruit the exhausted ranks of the service. We hope that we may be justified in assuming that it cannot possibly receive sanction from the First Lord. It would have a fatal effect upon the already depressed list of candidates for the medical department, and would be taking a step in precisely the wrong direction. It would lower the status of the department as it now stands—and Heaven knows that is not necessary; and would be little short of an insult to the whole profession. We earnestly hope that the project will not be sincerely entertained by Mr. Childers; and that, in any measures to be taken for remodelling this department, the First Lord will remember that it is a professional department, and is not to be mixed up indiscriminately with victualling and transport, but is to be dealt with separately. Measures which may be acceptable and applicable to members of these departments may be peculiarly unpleasant and unsatisfactory to the members of a learned profession. On this rock some previous administrators have already split.

### PATHOLOGICAL SCIENCE IN LONDON.

DR. QUAIN'S address on taking the chair at the Pathological Society includes some topics and suggestions of importance. As one of the most earnest and active of its founders, and having held almost ever since an official connexion with it, he naturally reverted to retrospect, and contrasted the present pathological status of this country with that of the “pre-pathological period”. The result is, no doubt, most satisfactory and promising. Improved means of physical research and increased interest in their use have given to our pathological knowledge an exactness which is revolutionising diagnosis and practice. The popularity of the Society has been in full proportion to its usefulness; and it is easy to understand this. For not only does this Society afford opportunities for discussion and conference to the most active working pathologists; but to the busy practitioner, whose daily work takes him far from the dissecting-table and the chemical room, and whose pathological opportunities are few and difficult, it offers, every fortnight, the opportunity of refreshing his knowledge, of adding to it, of studying, debating, and hearing illustrative accounts of all the most instructive as well as the rarest specimens obtained in the London dead-houses. Of this opportunity, the busiest, most intelligent, and best known general practitioners largely avail themselves; and no one, however learned or experienced, ever yet left a meeting of the Society without feeling that he had learned something.

Dr. Quain touched upon the recent complaints, which have found a voice in our columns, that the specimens are not always as valuable as they are numerous, and the descriptions sometimes more diffuse than instructive. He did this lightly and good-humouredly, but pointed out, what is unquestionably true, that the remedy of such defects must be left rather to the good sense of individual members, than to any censorship of the governing body. Those who show uninteresting preparations, merely because they illustrate the fact that the author has performed a resection or diagnosed a disease of the heart, or can recognise a fibrous tumour when he sees it, or cannot (as more often happens) describe a “doubtful” tumour, will learn in time that they do not add to their reputation by boring the Society, and that it is possible to “appear” to disadvantage, as well as to advantage. The President's address is by no means a mere formal expression of compliments and thanks, and is worth the careful perusal of every member of the Society. Although bland, hopeful, and thanksgiving, it is full of good sense and sound suggestion.

## THE SANITARY COMMISSION.

IN an article in the JOURNAL of June 6th, 1868, on "Incoherent Legislation on Health," we, when speaking of the work which the British Medical and Social Science Associations had done towards getting a careful and thorough examination of matters relating to State Medicine, called attention to the very chaotic state of legislation on sanitary matters; we pointed out how great is the division of responsibility, how inadequate and ill-adapted to the attainment of the desired end some of the laws are; we stated, as our belief, that "the desired alteration of departments and consolidation of sanitary laws, the simplification of authorities and rectification of areas, the appointment and reorganisation of officers of public medicine throughout the country, cannot be satisfactorily carried out without a thorough inquiry into the actual merits, deficiencies, and contradictions of the present arrangements. It can only be satisfactorily carried out by a Royal Commission, and we trust that the commission will be granted." In this hope we were not disappointed, for the *London Gazette*, of November 24th, 1868, published a Commission which the Queen had directed to be issued, appointing certain persons Her Majesty's Commissioners to inquire into and report upon the operations generally of the sanitary laws, etc. But, though more than two months have elapsed since the commission was published, the only thing that has been done, so far as we have been able to ascertain, is the appointment of a Secretary. It is true, that the recent change in the ministry may have caused some little delay; but surely by this time the Commission should be showing some signs of vitality, for there has been ample opportunity to replace those members who have accepted office in the present cabinet. There cannot be a scarcity of men qualified and willing to fill the vacancies; and, if it be thought desirable to have a member of the Upper House to act as Chairman, it is possible to name several, either of whom would undoubtedly perform the duties with advantage. If the Government does not wish the public to look upon the Commission as a sham, instant measures will be adopted to prove that it really intended that it shall do good service to the country. The House of Commons were promised last year that there should be a Commission, and the Commission was issued, directed to some of the best sanitarians of the day; and we do not believe that such men will consent to be made ridiculous by the allowed lapse of the Commission. Our profession, our Association, and the Social Science Association have fought for this very thing, fought long and fought well; and now that they have achieved their object thus far, it is scarcely likely that they will quietly see the Commission knocked on the head. There is no Governmental step which has been taken of late which gave so much satisfaction, and any attempt of the present Government to render the action of the late Government in this matter nugatory, can scarcely fail to call forth public condemnation. We feel it our duty to urge upon Mr. Bruce (than whom no one knows better how necessary it is that the Commission should get to work without delay, for no more tinkering of Sanitary Acts will be tolerated), to supplement the good work which he has already done for the country, by hastening, in every possible way, any alterations which may be necessary in the constitution of the Commission, and so enabling the Commission to at once begin its labours. There are, doubtless, numerous persons who are well qualified to give evidence, and the results of their experience, in every phase of sanitary matters, and who are only waiting for the opportunity to give to the Commissioners such assistance and information, but at present they are precluded from giving this aid. We do not even know where whatever there may be of this Commission is to be found, and to what address communications for the Commission should be forwarded. This is surely not what it should be at the end of two months.

We earnestly press upon Mr. Bruce, in the name of the profession, the absolute necessity which there is for the Commission, and for its speedily getting to work; and trust that the Government will immediately do all that is necessary to make it a working reality instead of being, as it is now, nothing more than a name.

## PROPAGATION OF DISEASES BY PUBLIC VEHICLES.

ONE of our daily contemporaries having drawn attention, through the letter of a correspondent, to a case in which small-pox appears to have been contracted from an infected street cab, we deem it advisable to give a prominent place in our columns to the following notice to the public, issued in June last, by the Committee of the Hospital Carriage Fund, as it tells as concisely as possible what has been done by that body to place proper fever and small-pox ambulances at the disposal of the public. The notice runs thus.

"HOSPITAL CARRIAGES FOR FEVER AND SMALL-POX.—The Committee of the Hospital Carriage Fund have the pleasure to inform their subscribers and the public.—1. That they have, by establishing proper fever and small-pox ambulances, in a great measure afforded to the public the means of avoiding the use of street cabs for the conveyance of persons suffering from infectious diseases. 2. That they have received and expended the sum of £911:12:11, and have been enabled with that small outlay to establish seven ambulances, thanks to the ready co-operation accorded by the boards of several of the London hospitals. \*3. That two of these ambulances—one for fever and the other for small-pox cases—have been placed at a station built on the grounds of the London Fever Hospital, and one at each of the following hospitals, viz. The London, Middlesex, St. Mary's, St. George's, and University College. 4. That for the removal of a fever or small-pox patient to or from any one of these hospitals the use of the ambulance stationed at it can be obtained. 5. That a fever or small-pox patient requiring to be moved to any hospital, or to any other place in the metropolis, can have a fever or small-pox ambulance sent to his or her address on the receipt of a message by telegram or otherwise, at the station established at the London Fever Hospital, Liverpool Road, Islington. 6. That arrangements have been made with the District Telegraph Offices for the transmission to the London Fever Hospital of applications for the use of a fever or small-pox hospital carriage. 7. That the charge for horse-hire (about a double cab-fare) will be the only expense incurred by those using the ambulances. 8. That they have to express their acknowledgments to Messrs. Woodall, Orchard Street, who presented one of the carriages. 9. In conclusion, the Committee beg to inform the public, that for a time at least they intend to discontinue their exertions, as, in the first place, they have no further funds at their disposal; and secondly, because an Act of Parliament, 'The Sanitary Act, 1866,' has enjoined the establishment of proper fever and small-pox ambulances upon the vestries of the Metropolitan districts, and has made the use of street cabs for the conveyance of persons suffering from infectious diseases an indictable offence, etc., under conditions practically prohibitory. The Committee feel they have initiated a movement in the right direction, and hold themselves in readiness, if required, to take further action. (Signed) By order of the Committee,

"HORACE JEAFFRESON, M.D. Lond.,

"Honorary Secretary, Hospital Carriage Fund.

"6, South St., Finsbury, and West Hill, Wandsworth, June 6, 1868."

Although so much has been well done by the Committee of the Hospital Carriage Fund—who have performed good service in initiating a movement in the right direction—much more remains to be done before the law, as it now stands, can be anything but a dead letter. The provisions of the "Sanitary Act," 1866, referred to, are very unsatisfactory. Thus, Clause (24) exacts that "It shall be lawful at all times for the nuisance authority to provide and maintain a carriage or carriages suitable for the conveyance of persons suffering under any contagious or infectious disease." So, leaving it optional with the Sewer authority to provide such ambulance or not, as it thinks proper. But, Clause (25) imposes a penalty, not exceeding five pounds, upon "any person suffering from infectious disorder who enters a public conveyance without notifying to the driver that he is so suffering," and the Clause further enacts that "no owner or driver of any public conveyance shall be required to convey any person so suffering until they shall have been first paid a sum sufficient to cover all losses and expenses incurred in carrying into effect the provisions of this Act." The expenses so incurred are faintly indicated in Clause (38), which declares that "any owner or driver of a public conveyance who does not immediately provide for the disinfection of his conveyance after it has conveyed a sufferer from small-

\* The Small-Pox Hospital refused to accept or use an ambulance that was offered to it.

pox or fever, shall be liable to a penalty not exceeding five pounds." Nothing is said as to how the infected vehicle is to be purified, and it appears to be the business of no one in particular to see that the disinfection is properly carried out. It thus appears, that according to the "Sanitary Act," 1866, no provision is made for the *certain* establishment of fever and small-pox ambulances—while the public are open to be harried by cab owners and drivers to pay extortionable fares on the understanding that certain costs will be incurred in disinfecting the infected vehicle, a process, the mode of which, if done at all, is left to the sanitary consciousness of "cabby". It is folly to legislate in the manner indicated by the clauses quoted above. Till a sufficient number of fever ambulances have been established, it would be a gross injustice to make it penal for a patient suffering from an infectious disease to be conveyed in the only manner in which it might be possible for him to be removed from a quarter where his stay might be attended with hazard to himself and danger to the other inhabitants. The whole subject requires renewed consideration.

THE Cutlers' Company, at their last monthly court, voted a donation of £10: 10 to each of the following hospitals: Charing Cross Hospital, Middlesex Hospital, King's College Hospital, Royal Free Hospital, Epileptic Hospital, Great Northern Hospital, West London Hospital, and St. Mary's Hospital.

THE Swiney Prize of a silver goblet of the value of £100, with gold coin in it to the same amount, has been unanimously awarded by the judges from the Society of Arts and the College of Physicians to Dr. Guy of King's College, for his well-known treatise on the *Principles of Forensic Medicine*.

THE Liverpool Health Committee has come to a practical resolution on the question of dealing with cellars unfit for human habitation. To avoid the expense which the complete filling up would involve, it is proposed that the doorways and stairs should be built up, and that the parts not filled up should be covered with a grating, the apertures in which are to be sufficiently small to prevent ashes or other refuse from passing through.

#### THE LATE ATTEMPTED MURDER AT NETLEY.

A CORRESPONDENT informs us that the orderly of the Army Hospital Corps, whose life was attempted at Netley a short while ago, is proceeding favourably, the large vessels having escaped injury. We are further informed that his assailant, instead of being a lunatic, was a man of the Royal Artillery who had been sent home from India as a passenger in the forecabin of one of the Peninsular and Oriental steamers, being an irreclaimably bad character from drunkenness and other crimes, and discharged with ignominy from the service. On disembarking at Southampton, the averments concerning him not having been received, he was sent to Netley to await their arrival; but, instead of being placed in the guard-room, under charge of an armed party, he was consigned to that portion of the establishment allotted to lunatic patients. The responsibility appears entirely to rest upon the military authorities; and it is little to be wondered at, that a man of such character and antecedents, on finding himself treated as a madman, should have been tempted into an act of fury.

#### THE MEDICAL DIRECTOR-GENERALSHIP OF THE NAVY.

THE *Army and Navy Gazette*, besides asserting, among the rumours of the day, that it is intended to amalgamate the medical with the victualling and transport branches of the navy, under the supervision of Rear-Admiral Mends, intimates that, in addition to this reduction of the dignity of the office, its emoluments are to be diminished to the extent of £300 a year. It seems, too, that the title of Director-General is to be abolished. Now, whatever may be the title the medical officer at Somerset House may bear, he is the representative man of our profession, and must be the professional adviser of the Admiralty in all that

concerns the health of the navy, which is a matter of no secondary weight; and he must be looked up to as the protector of the vitality of our profession employed in that service. Therefore, it has been hitherto the practice that the holder of the office should be one of the senior and most distinguished officers of the department—one to whom a large body of educated men shall look up with great respect. We concur with our contemporary in thinking that the proposed changes are of a nature to prevent any of the highest medical men in the navy seeking this mutilated superiority over their brethren, since the official status he would have assigned to him will be no better than that of a senior clerk, and the entire profession in the navy will receive through him a corresponding depreciation. We sympathise deeply with our naval brethren in this possibility of further degradation relatively to the army; and we shall anxiously await the decision of the present First Lord of the Admiralty, who has taken office under promises to make himself the perfect master of a difficult position through personal acquaintance with those officers who have the practical working of departments in their hands—trusting that he is not so soon about to subordinate further, and to remove still another step from him, the officer who is the chief guardian of the health of the Royal Navy.

#### REPRESSION OF CONTAGIOUS DISEASES.

THE Government is steadily extending the operation of the Contagious Diseases Act. The number of beds at Aldershot will shortly be increased to ninety. The hospital at Colchester is nearly complete; the hospital at Shorncliffe is already in full operation; while a new one, to hold forty beds, under the direct control of the War Office, is being prepared at Chatham for women from Chatham, Gravesend, and the neighbourhood. These additions, with the hospitals at Queenstown and the Curragh in Ireland, will put three hundred beds at the command of the War Office. The main impediment to a complete success in stamping out contagious diseases is the very limited application of the Act. At present sufficient effect has been produced to improve the health of the army indisputably, but the localities where no preventive measures are enforced so greatly preponderate over the protected districts, that disease is being continually imported afresh into the towns under the Act.

#### IMPORTANT CURES OF SNAKE-BITE.

WE have received from Mr. Paget of St. Bartholomew's Hospital some details forwarded by Professor Halford, of Melbourne, for publication, of three successful cases in which poisoning by the bite of venomous snakes has been treated by the injection of ammonia into the veins. In the first case, a man named Brown was bitten severely at about 11 A.M. by a large poisonous brown snake. He sucked the wound, applied a ligature of string, and drank freely of brandy to relieve faintness. At noon, he became powerless, and coma and vomiting followed. The pulse was feeble, and the pupils sluggish. He was brought to the surgery of Mr. Arnold, who excised the wound, applied strong ammonia locally, and employed galvanism, with the occasional administration of stimulants. The patient, however, continued to sink. Professor Halford was sent for, and the man now seemed dying. Dr. Halford then injected some ammonia by a fine syringe into the radial vein. The effects were marvellous. In a short time the patient became sensible, and answered questions, and continued, with proper attention, to progress favourably. Dr. Dempster Beckworth reports a second case, also successful. A male adult was bitten at 8 A.M. by a black snake. He sucked the wound; it was subsequently scarified, and ammonia applied locally. But he fell into stupor, and at midday could not be roused. "I therefore," says Dr. Dempster, "injected liquor ammonia fortior into the saphena vein, and also hypodermically. This affected him at once, and after the second injection he woke up, and became sensible; his pupils, which had before been very sluggish, acted well; and his pulse rose from fifty-six to seventy. After this he progressed well, with the exception of violent vomiting for twelve hours. He is now (November 15th) convalescent, but very weak. I, of course, continued the stimulant treatment, but light.

certainly attribute the man's recovery to the injection of ammonia, of which I altogether injected about twelve minims." Dr. Halford mentions, with reference to this case, that the liquor ammoniæ fortior should be diluted before injection in such cases with two or three times its quantity of water, and of this mixture from twenty to thirty drops should be injected into one of the larger veins. The syringe, he adds, should be carefully introduced, so as to give the ammonia a fair chance. He disapproves of merely throwing the injection under the skin, and believes that after the injection of the ammonia there is no necessity for resorting to the use of stimulants. A third case is reported in the *Newcastle Chronicle*, New South Wales. It is that of a young woman at Lake Macquarrie, dangerously bitten by a moderately large brown snake. Apprehending immediate danger, she at once sucked the wound, cut out the snake-bitten part, and tied a ligature round the finger about half an inch above the wound, and another at the wrist. She then rode off as speedily as possible to Newcastle for medical aid. On the way she was directed to Dr. Irwin, Lake Macquarrie Road, whom she found at home. The doctor, seeing it was a bad case, immediately had recourse to Professor Halford's remedy. He at first scarified the wound, and poured some ammonia into it. Following up the Professor's directions, he also opened a vein above the wrist, and, with a syringe, injected a quantity of ammonia into it. He then kept the patient in constant motion, notwithstanding which, however, at intervals she appeared to be almost overcome with drowsiness, and at one time very nearly gave way to sleep. Dr. Irwin, with most commendable perseverance, then took the woman by the arm and walked her round the room until two o'clock in the morning, when she rallied, the drowsiness having left her. On Thursday, she appeared to have quite recovered, and returned home. It is usually understood that the bite of brown snakes is excessively dangerous. These results are of the highest interest, and are most promising. They will, of course, attract the immediate attention of our Indian readers, and we shall hope to receive early confirmatory reports of the efficacy of the ammonia injections, which should of course be carefully employed, and of no greater strength and quantity than that recommended.

#### CAPTAIN-SUPERINTENDENT OF NAVAL HOSPITALS.

We observe with great satisfaction that one piece of financial reform, which we have before urged, is promised for the navy. We last showed its advisability in the army, in speaking of the Netley establishment. It is the abolition of captain-superintendents and lieutenants at our naval hospitals. The actual saving, making due allowance for the half-pay, would still be in round numbers, £2,500 a year. They are equally unnecessary at Haslar, Plymouth, and Greenwich; and this has long been recognised. Their presence has long been one of the greatest anomalies of the service; the offices being, in fact, so many pensions for doing unnecessary duties, which properly pertain to the medical inspectorial officers at these hospitals. The average expense of patients at the hospitals where they exist is greatly in excess of that at the various home and foreign hospitals where no such officers exist, but where the treatment and organisation are in no way inferior.

#### KLINK.

A CORRESPONDENT calls our attention, *à propos* of the excess of alcohol which we have shown in English as compared with Viennese ales, to the malt liquors sold in South Staffordshire, where more than the average amount of drunkenness is said to prevail. He describes a system "which, originating years ago, has largely increased in some districts, and especially in the immediate neighbourhood of Burton-on-Trent. In the larger breweries, there is always a varying amount of 'returned ale'—that is, strong ale which has become so tart or acid as to be unfit for ordinary sale. This strong ale is modified in various ways to make it palatable, and is then re-issued at a very low price. The principal buyers of it are a set of minor publicans, to whom have been granted five-shilling licences. In the district, this liquor, known as 'klink', is sold at the low rate of twopence per quart; and, being ex-

ceedingly strong, the above quantity is enough to intoxicate most men. Consequently, in some villages where klink is sold, there is a most demoralising amount of intemperance, both among men and women. It is not, however, the intoxicating power of klink beer which is its only bad property; but, from the development of certain acids, the effect upon the mucous lining of the stomach, upon the liver and kidneys, is most injurious; and those who are in the habit of drinking it are well aware of the effect. Unfortunately, too, this kind of beer has got largely into use as harvest-drink, and, being consumed in large quantities, originates numerous cases of severe dyspepsia, of liver-irritation, and especially of kidney-disorder, in consequence of the abundant formation of urates and of uric acid; and, of course, coincidently with these arise rheumatic and gouty affections of more or less severity. Probably neither brewers nor employers are aware of the amount of injury inflicted by this drink."

#### A "PLANT" ON A MEDICAL WITNESS.

In the course of a recent trial, where a medical testimony was to be given by Mr. Gray, surgeon, of Newmarket, a man was sent to him shamming illness, in order to get a certificate *d'obligance*, which was to be used against the witness in court. Mr. Gray indignantly refused, and the "plant" was exposed and apologised for in court. The solicitor to the case denied any knowledge of this disgraceful attempt. It may, however, be useful to notice it here.

#### KING'S COLLEGE HOSPITAL.

THE Treasurer of King's College Hospital announces a pressing and absolute want of funds—a debt of £3,500 to tradesmen, and only £100 of cash. It is a hospital of such eminent usefulness and reputation, and its continuance in full working order so essential to its important medical school, that we entertain no doubt that this pecuniary difficulty, thus frankly stated, will be generously relieved by public munificence.

#### CANCER CURING.

AT the Court of Queen's Bench, Mr. C. H. Frewen has obtained a rule *nisi* for a criminal information against John Pattison, M.D., University of New York (registered as such), late of 26, Welbeck Street, Cavendish Square. From the affidavits, it appeared that in the latter part of the year 1866, Dr. Pattison was called in to attend Mrs. Frewen, who was suffering from cancer, and he attended her until the 9th of February, 1867, when she died. Dr. Pattison had already received the sum of 150 guineas for his attendance, but he claimed a further sum of 100 guineas, which was refused. In May, 1867, an action was commenced to recover that sum, as the balance of a claim of 250 guineas, but that action had not been prosecuted. Various letters, however, had been sent since by Dr. Pattison to Mr. Frewen, couched in terms extremely offensive, and casting upon him the reproach of shabby and disreputable conduct in disputing the demand made upon him. In one of these letters, moreover, in October, 1868, Dr. Pattison sent an account of the case of Mrs. Frewen, which he hinted that he intended to publish in a professional journal, entering into very painful details of the sufferings of the deceased lady. Mr. Frewen had, in the meantime, referred the doctor to his attorneys, and, in order to free himself from the annoyance, he had returned the later letters through the dead-letter office. Upon this, the defendant had sent them open, so that any one could read them, and in his last letter threatened that he should have the next written upon cardboard and sent to Mr. Frewen's club.

#### DEATHS FROM CHLOROFORM.

TWO deaths from chloroform have occurred this week—one at the Leeds Infirmary, and the other at St. Bartholomew's Hospital, the patients being about to be submitted to surgical operation. In both cases, the juries returned verdicts to the effect that the chloroform had been administered with due precautions. The deaths were attributed to the diseased state of the heart.

## RE-ARRANGEMENT OF APOTHECARIES' WEIGHTS IN GERMANY.

NORTH Germany has adopted the French *gramme* as the basis of medical weights, and this obliges certain German States to alter their pharmacopœias. This is especially the case as regards the Grand Duchy of Mecklenburg-Schwerin; but, it being evidently inconvenient that each State should make changes without concert with its neighbours, the representative of the Grand Duchy has proposed to the Federal Council to convoke a commission of medical men and apothecaries to establish a pharmacopœia common to all the States of the German Northern Confederation.

## CALLING UP THE DOCTOR.

MR. Coroner Lowe, in charging a Lincolnshire jury at a recent inquest on a drowned man, in attempting whose recovery the medical witnesses had been employed for many hours without remuneration or the prospect of it, made the following pertinent comments. "He must say this was a great tax upon medical men. In such cases they got no reward. When he was a young man, he was called out to a case of poisoning, and he was obliged to be up all night, so that the man might not go to sleep and die. Well, for that he got neither thanks nor pay. They were liable to be called out in similar cases at any time, without the hope of being paid. In Hull there was a medical man for that purpose, and the magistrates paid him. He thought it well to make those remarks. In Lincoln there was no medical man appointed for those cases. It had been a crying evil, and ought to be removed, for their time was their livelihood." A metropolitan Poor-law medical officer, in an official reply to a circular of the Poor-law Board, a couple of years since, pointed out that the medical officer was liable to be occupied for many consecutive hours in laborious attempts at resuscitation; and he added that, if those efforts were successful, there was no pecuniary fee or reward for the labour and success. If resuscitation were not effected, there was a fee for *post mortem* examination and evidence in the coroner's court—a gross anomaly, which, he observed, "deserved attention."

## TRAINING OF NURSES.

AT a conference of the chairmen and vice-chairmen of the various Poor-law unions in Warwickshire, held in Warwick on Saturday, under the presidency of the Lord-Lieutenant of the county (Lord Leigh), it was unanimously resolved to memorialise the Poor-law Board "to take steps for securing to boards of guardians the power to train nurses, or to contribute to some approved institution for the training of efficient nurses, with power to employ nurses from any such institution for nursing the sick poor." It was decided that a copy of the memorial should be sent to all the unions in England, requesting their cooperation. It was also resolved that the attention of the Poor-law Board should be directed to the necessity for establishing, in connexion with the various unions, central industrial training schools in each county, for the reception of the children who are likely to become permanent inmates of the workhouse.

## MORBID GROWTHS.

AT the recent general meeting of the Pathological Society a vote of thanks was unanimously accorded to the Committee on Morbid Growths for their reports during the past year; and there can be no doubt that the recent volume of *Transactions* is much increased in value by the publication of them. Yet there is one evil which was pointed out, and which is apt to grow greater; and that is, that members who exhibit specimens leave the microscopic examination of them to the Committee, instead of looking at them when in a fresh state. It is this, too, which makes the labours of the Committee not only more difficult, but less to be relied upon; because, when a specimen has been in spirit for several months, it is impossible to make out properly its structure, as the elements of the tissue become altered in that time. It is of great importance for every member who exhibits a specimen which is likely to be referred to the Committee, to examine it as fresh as possible him-

self, and save the sections for comparison with those obtained at a later date. In this way, more accurate results would be obtained, and the report would not so widely differ from the original account as may be noticed in several cases which occurred during the last session. Another point, too, worthy of consideration, is, whether the Committee should not act more in unison with the exhibitor, and receive from him a full account of the history of the case. It is too much the custom now for a very interesting specimen to be shown, and then hastily referred to the Committee, who give, at a future meeting, an account which cannot be accurate, because they only view it from a microscopic aspect, and that, too, at a time when it has probably been much altered from its original condition. To describe properly a preparation, the clinical history must be known; and curious mistakes are liable to occur, if this be not attended to. The reports might be much more valuable, if, in a future volume, these errors should be avoided. At present, if the reporters disagree with the exhibitor, there is no chance of discussing the question, as the specimen is not in the room, and it is irregular to speak on the report.

## SCOTLAND.

EYE INFIRMARY OF EDINBURGH.—The annual meeting of the Eye Infirmary of Edinburgh was held last week in the hall of the Infirmary, 6, Cambridge Street. The Secretary read the annual report, which showed that, since the reopening of the charity, seventeen years ago, 13,755 individuals had applied for and obtained advice, and of these 303 were accommodated in the wards of the Infirmary. During the last year the applicants numbered 912, and the in-door patients 18.

## UNIVERSITY OF ABERDEEN: THE CHAIR OF MIDWIFERY.

In addition to the candidates whose names we mentioned last week, Dr. Christie, Dr. Kerr, Dr. Rainy, and Dr. Coutts of Aberdeen, Dr. Jamieson of Peterhead, and Dr. Simpson and Dr. Black of London, the latter lately assistant to Sir James Simpson, are in the field.

## THE CHAIR OF CHEMISTRY: UNIVERSITY OF EDINBURGH.

ANOTHER candidate: Mr. W. H. Perkin, of London, has appeared in the field for the Chair of Chemistry in the University of Edinburgh. Mr. Perkin is known as the discoverer of the coal-tar colours. If Professor Anderson, of Glasgow, be appointed, it is Mr. Perkin's intention to offer himself for the Chair of Chemistry in the University of Glasgow.

## THE DIPLOMA OF THE GLASGOW FACULTY OF PHYSICIANS AND SURGEONS.

AN important case was tried the other day before the County Court at Walsall, in which the Judge decided that the Faculty of Physicians and Surgeons in Glasgow was only authorised to grant degrees in surgery, and that, therefore, the plaintiff in the case, who held that qualification only, was not entitled to recover certain fees which he claimed for purely medical attendance.

## CONSULTATION WITH HOMŒOPATHS.

A PROPOS of the recent correspondence in our columns on this subject, in respect to Dr. Watson and Dr. Phillips, a correspondent forwards us the following extract. At a meeting of the Royal College of Surgeons of Edinburgh held on the 16th of May, 1851—Mr. Syme President—the following resolution, which was seconded by Mr. Wood, was unanimously agreed to. "The College, having considered a series of resolutions transmitted by the Royal College of Physicians, in regard to homeopathy, feel called upon to express their opinion that, the system so designated being entirely inconsistent with the principles professed by candidates for the diploma of the College of Surgeons, any Fellow or Licentiate who practises it, or countenances others in doing so by meeting them in consultation, will justly incur the disapprobation of the College."

## SICK CHILDREN'S HOSPITAL, EDINBURGH.

ON Thursday afternoon of last week, the annual general meeting of the contributors to the Royal Edinburgh Hospital for Sick Children was held in St. George's Hall, George Street. The report stated that, during the last year, the number of children treated within the Hospital had been 465; the number treated at the dispensary, 4,070; and the number visited at their own homes, 829. It appears that the accommodation in the fever wards has been found quite inadequate, and has been a hindrance to the extended usefulness of the hospital. The Directors have, therefore, directed plans to be prepared for enlarging the fever-wards, and for providing additional accommodation for convalescents, trusting to the liberality of the public to subscribe funds to meet these necessary additions. Clinical lectures have been delivered in the hospital during six months of 1868, by Dr. Grainger Stewart and Dr. William Stephenson, who have each devoted three months to the instruction of large classes of students.

## EDINBURGH ROYAL INFIRMARY.

THE adjourned meeting of the contributors to the Edinburgh Royal Infirmary was held on Monday to consider the report on the proposed new Infirmary site, of the committee nominated at the meeting held on the 4th instant. There was a large attendance. The Dean of Guild presided, in the absence of the Lord Provost. The committee stated that they had found it impossible to report in a full and satisfactory manner within the time appointed. They proposed, therefore, that when their report was prepared, they should have it printed and circulated among the contributors, and request the managers to call a special meeting for the purpose of considering it. The committee further requested the managers not to proceed with the proposed bill further than may be necessary to carry it through the Standing Orders until the report of the committee has been considered. This was agreed to, and the meeting was adjourned.

## GLASGOW CONVALESCENT HOME.

THE fourth annual general meeting of the subscribers to this institution was held in the Religious Institution Rooms on Tuesday week, Mr. Geo. Martin presiding. The number of patients admitted into the Home during the past year is 411, being an excess of 66 over the previous year. Of the above number, 236 were males, and 175 were females. At the close of the year 1867, there remained in the Home 31 patients, so that the total number of cases treated during the year 1868 amounts to 442. Hitherto, all the patients have been received from the Royal Infirmary; and although the full complement has not always been maintained throughout the past year, the managers have not yet decided upon opening the institution to the general public. Their decision in this matter will depend upon the supplies received during the current year. Appended to the managers' report was a statement by Dr. Goff, to the effect that there had been a considerable increase in the number of patients healed in the Home during the past year as compared with the number in the year preceding.

## IRELAND.

IT is understood that, in the event of the present representatives for Dublin being unseated on petition, Sir Dominic Corrigan will again contest the seat.

## ROYAL COLLEGE OF SURGEONS.

THE President and Council will, on Thursday the 18th of February, proceed to appoint an Examiner in Midwifery, vice Dr. Isdell, resigned. The election, which, by provisions of the Supplemental Charter, must be made out of the Fellows, will take place at 3 P.M., and will be conducted by ballot. Seven electors will be chosen out of the Council; and with these electors, so chosen, the ultimate decision will rest.

THE office of Physician to the Lord-Lieutenant of Ireland has, we are informed, been bestowed upon Dr. Nedley of Dublin. This appointment has usually been reserved for practitioners whose eminence is recognised in their profession—such as Marsh, Corrigan, Banks, and Stanus Hughes. The present appointment has created great astonishment and dissatisfaction.

## KING AND QUEEN'S COLLEGE OF PHYSICIANS.

HIS EXCELLENCY the Lord Lieutenant received an address from the President and Fellows of the King and Queen's College of Physicians, on Friday the 29th instant, at 1.15 P.M., previous to which time, the Fellows assembled in the College Hall, and accompanied the president, according to the ancient usage of the College; the Fellows wore their gowns, with the hoods of their several degrees. The President wore the robes of his office.

## THE CHAIR OF BOTANY IN TRINITY COLLEGE.

ON Saturday, the 23rd instant, the Provost and Senior Fellows of Trinity College, Dublin, elected Dr. Edward Perceval Wright into the Chair of Botany which had been vacated some time since by the removal of Dr. Dickson, the late Professor, to Glasgow. There were several other candidates. Dr. Wright was educated at Trinity College, Dublin, where he graduated B.A. in 1857, M.A. 1859, M.B. 1858, and M.D. 1862. He was also admitted *ad eundem* at Oxford; is a Licentiate of the King and Queen's College of Physicians, and a Fellow of the Royal College of Surgeons in Ireland; and besides being a member of several scientific and learned societies, he has been for a considerable time Lecturer on Zoology and Director of the Museum in the University; and Ophthalmic Surgeon to Dr. Stevens's Hospital. During the long illness of the late Professor Harvey, he acted as his *locum tenens*, and, in that capacity, lectured in the School of Physic, and examined in Botany for degrees in Medicine. Previous to the passing of the Amended School of Physic Act in 1867, the Professor of Botany was one of the Clinical Professors in the School of Physic; but these clinical duties were abolished, so far as he was concerned, by this Act. The emoluments of the Chair are understood to be about £250 a year, with examiner's fees, and college chambers.

## UNIVERSITY OF DUBLIN: SIR P. DUN'S HOSPITAL.

THE following regulations have been recently made by the Board of Governors of this hospital, with respect to the Clinical Medals in Medicine and Surgery. "I. Medical Midwifery shall form part of the examination for the Clinical Medal in Medicine, and Operative Midwifery part of the examination for the Clinical Medal in Surgery. II. Five cases, in writing, one of which shall be a midwifery case, shall be required for each medal. III. The *viva voce* examination shall consist of at least ten rounds. IV. The written and *viva voce* portions of the examinations shall be counted of equal value." The clinical medallists are entitled to a preference in the election of resident pupils, which is an office eagerly sought after by the students, who are almost altogether supplied from Trinity College. The regulations of Trinity College require all candidates for the degree of Bachelor in Medicine to attend one year's hospital instruction in Sir P. Dun's, as the School of Physic Hospital; while the two other years of attendance required may be kept in any other hospital, in Dublin or elsewhere, recognised by the Board of Trinity College. This hospital is under the control of a Board of Governors appointed by ten *ex officio* governors connected with the College of Physicians and with Trinity College; and the medical officers of the hospital are excluded, by Act of Parliament, from any control over the funds of the hospital, or the appointment of their colleagues. The hospital has been always remarkably free from the defects produced by nepotism, purchase, and avarice. A large proportion of the pupils' fees is devoted by the governors to the maintenance of the hospital, amounting, in the year just ended, to an aggregate of £569:4. It is understood that this laudable example is about to be followed by several other Dublin hospitals.