BRITISH MEDICAL ASSOCIATION.
SUBSCRIPTIONS FOR 1882.

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The British Medical Journal.

SATURDAY, NOVEMBER 25th, 1882.

THE NORWICH VACCINATION INQUIRY.

WE have never risen from the perusal of an official report emanating from what constitutes the health-department of the State, with a keener sense of disappointment than that which we experience after reading the report presented to the Local Government Board as the result of the inquiry into the circumstances of the outbreak of erysipelas after vaccination at Norwich. It is not that we had hoped to find the complaints as to the erysipelas being associated with the operation of vaccination characterised as unfounded; neither had we any idea that conclusions, however distasteful, would be lightly set aside by the inspectors. On the contrary, we have, in connection with the Fulham inquiry, recently been afforded abundant proof that, so far as medical investigations are concerned, conclusions, however opposed to the former views of the Medical Department, are not only accepted, but at once made public, when they appear to those concerned to be based on the facts elicited; and this even when, as in the instance in question, other competent observers are inclined to think the conclusions premature. In the Norwich case, however, skilled inquiry as to the cause of erysipelas hardly appears to have been attempted; and hence an opportunity, which we have no hesitation in describing as almost unique in point of importance, has been practically thrown away.

In the months of June and July last, eight children who had been vaccinated at the Norwich vaccination-station, were alleged to have suffered from erysipelas in consequence, four of the cases ending fatally. The occurrence excited considerable interest; and Mr. Henley and Dr. Airy were appointed to hold an inquiry into the circumstances. Six of the children were vaccinated from five separate sources of lymph; and, since twenty other children were vaccinated from the same five sources without any harm resulting, it is obvious that, in these cases, no suspicion attaches to the quality of the lymph. And not only so, but the date at which three of these six children exhibited symptoms of erysipelas, admitted of their having received the poison, as the result of their coming into contact either with the public vaccinator or other persons who were at the time in attendance on cases of that disease. Another child is believed to have suffered from simple erythema; and the question thus comes to be limited to the consideration of the cases of four children, named Lambert, Girling, Threadkill, and Tyler, of whom Girling alone recovered. Lambert and Girling are amongst those who were vaccinated from vaccinifers whose lymph produced no ill results in others; Threadkill and Tyler were vaccinated from a child named Armes. Lambert and Girling suffered from erysipelas within from two to four days of attendance at the station; Lambert's erysipelas, however, followed on attendance for inspection, whereas Girling's followed on vaccination itself. Threadkill's and Tyler's symptoms supervened within a few hours only of the operation of vaccination. We thus have four cases of erysipelas all supervening, at somewhat varying intervals, after attendance at the Norwich station on a certain day, namely, June 13th. But, in several important respects, no condition in common to all the cases was ascertained; thus, three of the attacks followed on vaccination, one followed on inspection; and, further, the lymph of three separate vaccinifers was used. With regard to Lambert and Girling, the inspectors state, in one portion of their report, that, although they believe the disease to have been contracted at the station, "no evidence was adduced that served to indicate the probable source of infection"; but in another part of the same report is the important statement, as regards these two children, that they attended at the station at a later period of the day than Threadkill and Tyler, and that their "illness was probably due.....to the same causes that had operated in the earlier cases on this day." We are thus thrown back, so far as causation is concerned, upon the cases of Threadkill and Tyler. These two latter children, as already explained, were vaccinated from an infant named Armes, who also acted as vaccinifer for two unsuccessful cases; and this coincidence of the use of a special lymph being followed either by erysipelas or by complete failure, was evidently the turning point, so far as the opinion of the inspectors is concerned. But we learn that Armes, the vaccinifer in question, was a healthy child prior to its vaccination, that its vaccination ran the usual course, that the results on the day of inspection were so exceptionally good as to call forth an expression of satisfaction on the part of the public vaccinator, and that the child has remained quite well ever since. And, further, the inspectors decline to entertain the opinion that "pure lymph taken from a healthy child and inserted in the arm of another healthy child, might of itself cause erysipelas," an opinion which was put forward at the inquiry, but which is opposed to every day experience. And yet, in view of these considerations, the inspectors end by arriving at the conclusion that "the evidence raises a strong case of suspicion against the freedom from contamination of the lymph." How such a conclusion can be based on the evidence which is referred to, we fail to see; but it is evident, that in thus deciding as to the cause of erysipelas, the inspectors were in the main influenced by the fact that, in the two children who escaped vaccination, there was a "failure of vaccination." But if this conclusion be the correct one, what becomes of the cases of Lambert and Girling? We are told that they were vaccinated with lymph not only altogether different from that used in the cases of Threadkill and Tyler, but also with lymph which had been used with the best results on several other children; and, further, one was vaccinated eight days before the other. What, then, becomes of the statement that Lambert's and Girling's erysipelas "was probably due to the same cause that had operated in the earlier cases", who had been vaccinated from Armes? It is obvious that there is here no explanation at all of what "the same cause" really was as regards the four cases under consideration, and that, for some reason or other, the actual cause of the erysipelas in any single case has never been ascertained.

At this stage, we note that the President of the Local Government Board has, together with the inspector's report, submitted to Parliament a memorandum by Dr. Buchanan, the Board's medical officer; the necessity for this course having evidently arisen from the incomplete manner in which the subject had been dealt with in the original report. Dr. Buchanan's memorandum mainly deals with an important consideration which had been almost ignored by the inspectors, namely, the possibility of septic contamination having been conveyed to the arms of the several children by means of decomposing animal matter on dirty points. The subject, it is true, is referred to in the inspector's report, but only to be at once set aside with what practically amounts to a commendation of the public vaccinator, against whose method of vaccination, it is said, "no charge was brought." Unfortunately, however, we learn, through Dr. Buchanan, that there were the strongest reasons for suspecting the public vaccinator. He had already been reported to the Local Government for "his use of dirty instruments" in the process of vaccination; a great majority of the tubes he had sent to the National Vaccine Establishment were found either "to contain blood, or not to be sealed;" and he had been distinctly reprimanded for his use of old points in transferring lymph from one arm to another. The points, it is admitted, had undergone some process of cleansing, but any one acquainted with the porous nature of the bone of which points are made, must know how impos-

sible it is to remove all the animal matter attaching to them; and Dr. Buchanan shows by an argument—which, in our opinion, is convincing—how septic matter attaching to points could easily have been conveyed during the transfer of lymph, either to the vaccinifer or the vaccinee, and that the very fact of the one being thus infected whilst the other escaped, a circumstance which in itself led the inspectors to leave this matter of points practically uninvestigated, affords at least an indication that in this "faulty practice" may lie the secret of the erysipelas.

There is, however, another consideration which we cannot but regard as of at least equal importance, and this, too, the inspectors allowed to slip away from their notice. The fact of the presence at the vaccination station of persons either suffering from, or in attendance on cases of, erysipelas, is admitted to be the probable cause of infection as regards some of those attacked. It is also admitted that erysipelas was, to a certain extent, prevalent in Norwich at the date in question; and further, it is stated that one of the children infected on June 13th had an elder sister with "sores on her face". If this were a case of erysipelas, the whole sequence of events is readily explained; and, on turning to the public vaccinator's evidence, we find him saying, "a sister of the child Threadkill, I am informed, had erysipelas about the same time as the child I vaccinated." Here we have a clue demanding the closest investigation, and yet it is set aside by the inspectors in a few lines, and this because they "found no reason to think that the sores on this girl's face were of an erysipelatous nature *previous to* the appearance of erysipelas in the infant." The words we have italicised imply that the case did ultimately turn out to be one of erysipelas; and yet, in face of the possible, if not probable, existence of one of the most commonly recognised causes of the spread of erysipelas, both to vaccinifer and to vaccinee, at the station on the day in question, the matter is hardly deemed worthy even of a passing notice.

We fail to find any real explanation of the unfortunate failure to apprehend the essential points elicited in the evidence tendered at this investigation, but we clearly see that the method of conducting the inquiry was precisely the one calculated to lead to failure in other respects. Dr. Buchanan very properly points out that, at the inquiry, counsel were engaged to accuse vaccination as such, and also to defend the public vaccinator. No one troubled himself to bring forward evidence which would explain the cause of the erysipelas, and the principal object of the inquiry has hence never been attained. A public inquiry may have been expedient at Norwich, but it is quite evident that it should have been incidental to, and not in supersession of, the ordinary medical investigation which such occurrences have heretofore received. As it is, much harm has been done, and, so far as we can judge, no useful end has been attained.

SPURIOUS AND WORTHLESS DRUGS.

A VALUABLE discussion was raised by Mr. Williams at the meeting of the Pharmaceutical Society, held on the 1st of the present month, with reference to the public sale in London of spurious and worthless drugs, which the *Chemists' Journal* discusses with spirit. The particular instance which he brought forward was the case of upwards of a ton and a half of obviously rotten ipecacuanha, which, although plainly worthless for pharmaceutical purposes, nevertheless found a buyer at a comparatively high price. That such a state of things exists, is clearly a crying scandal; for, as is pointed out, both the vendor and the purchaser must have known the quality, or rather the lack of quality, of the stuff sold and bought. Further, the buyer must have known that he could place his purchase somewhere or other; so that, for all concerned, the whole affair was a deliberate fraud. Mr. Williams emphasised his statement by passing round a specimen of jalap, or, to speak more correctly, of something that once was jalap, of which he had endeavoured to ascertain the history. This worthless stuff had, it was stated, been imported from Paris, where all the jalapin that it had once contained had remained. The stuff had been dried and sent to London, where it met with several purchasers, whether knowingly or not does not appear. Mr. Williams also instanced a case of a parcel of balsam of tolu, containing 40 per cent. of common resin, which had also found ready purchasers.

It is surprising that such a state of things should exist here. In the United States, there is, it is stated, a Government inspector of drugs, who has power to confiscate and destroy all adulterated or injurious drugs, just as our Custom House officers would confiscate and destroy spurious tobacco or tea. Mr. Williams, in speaking of the institution of such an officer, feared that such a measure would be injurious to the London drug market, which, to a great extent, may be called the centre of the European drug trade; but it is certainly not clear why, as our contemporary points out, such a step would be undesirable; for, although it is undoubtedly true that certain quantities of drugs, which could not or ought not to be used in pharmacy, are useful for other purposes, an inspector, such as they have on the other side of the Atlantic, would be competent to discriminate between the two. It has not been shown that the enactments relating to the confiscation and destruction of spurious tea and tobacco, and of meat and fish unfit for human food, has had any injurious effect on the traders who deal in these commodities in their wholesome form; and it remains to be explained why the public should not be protected against impure or exhausted drugs.

The existing Adulteration Act applies to the retail trader in drugs, and no one, who has any claim to be heard, complains. If a purchaser buys a bottle of so-called quinine wine, which does not contain a particle of any cinchona alkaloid, he has his remedy; and yet, as the *Chemists' Journal* alleges, that same retail trader, who is liable to be brought before the nearest magistrate for selling an adulterated article unwittingly, has no ready remedy against the wholesale druggist who sells him exhausted jalap, or rotten ipecacuanha, such as Mr. Williams described.

Mr. Williams alleges that the wholesale druggists look upon the evil as intolerable; and the Pharmaceutical Council has appointed a strong and influential committee to take the matter up, and co-operate with those wholesale druggists who do not belong to the Society, in endeavouring, either by moving Parliament, or in some other way, to check this rapidly increasing evil.

The proper remedy is obviously suggested: a short Act of Parliament, conceived in the same spirit as similar existing enactments applicable to ordinary traders.

The President, Mr. Greenish, and several other speakers, thought that exposure would be a sufficient remedy; but the fact that the magenta-dyed rose-leaves, that were so ably brought before the Society by Mr. Greenish, junior, commanded a ready sale, even after the exposure of the fraud, is a sufficient proof that such a course of procedure is powerless to check the evil. The sellers and purchasers of these spurious and worthless commodities no doubt make, the *Chemists' Journal* alleges, too comfortable a profit out of these nefarious transactions to be deterred by the exhibition of their trash at the evening meetings of the Pharmaceutical Society. The subject is one deserving of the most earnest attention of the Pharmaceutical Society; and it will earn public thanks for taking prompt and effectual measures to obtain legislation, if legislation be necessary.

HONORARY QUEEN'S CADETS AND NON-COMBATANTS.

SINCE the days of the Crimea we have struggled, in season and out of season, with all the means at our disposal, to secure the abolition of the grievances of the medical officers of the army. Many of these have since been redressed, to the advantage of the gentlemen aggrieved, of the soldiers under their care, and of the public weal. And as the progress of improvement and correction advances, the remaining complaints become more acutely developed and brought into more unmistakable relief. The particular grievance to which we are about to direct attention, is one which has been transmitted from previous long-

standing and unsatisfactory traditions, and strikes at the *amour propre* and *esprit de corps* of every army medical officer. In principle, it is of essential importance. We allude to the needless distinction of the word "non-combatant", as applied to this great and numerous body of highly trained and thoroughly educated officers, and to the invidious and injurious consequences which flow from it.

Since the recent reorganisation of the service, involving the presence of a considerable proportion of surgeons with the front line on the battle-field, as freely exposed to the bullets, shells, swords, and sabres of the enemy as their scientific congeners of the Engineers and other officers, the old fashion of regarding the doctors as non-combatants is no longer applicable, and deserves to be relegated to the past. Thus, in Afghanistan, the Transvaal, Zululand, and Egypt, a goodly number of doctors were included among the killed and wounded. In all these campaigns, they were conspicuous for their gallantry and bravery in actual strife with the enemy; and for these alone they merit the early extinction of this stigma. But, in addition to their claims for just consideration on account of their gallant bearing and prowess on the field of battle, they establish further rights in respect of the consequent strain and overwork they are called upon to undertake after the deadly conflict has been surmounted, in the mitigation, alleviation, and cure of the sufferings of the sick and wounded. Hence, it may be formulated, without risk of successful contradiction, that, from these two causes combined, the proportion of medical officers who succumb to wounds and disease during any campaign is much greater than those of other officers with an army on active service.

Why, then, should the unjust and invidious distinction of "non-combatant" be longer continued and applied to the army medical officers? On what logical standpoint can such a stigma be based? It casts an unfair slur on a corps of scientific and courageous officers who constitute, by virtue of the duties they have to perform in action and in the field, an indispensable and integral part of every modern army. It is, we are assured on the best authority, owing to such an unwarrantable provision as this that the medical officers, no matter how long or distinguished their services, are, as non-combatants, denied the privilege of obtaining honorary Queen's cadetships for their sons. Thus we learn that "a limited number, not exceeding ten in any one year, of the sons of combatant officers of the army, and five of the sons of the officers of the Indian Army, who shall have attained the substantive rank of major or lieutenant-colonel, and shall have performed long or distinguished service, provided that their sons are, on account of such service, recommended by the Commander-in-Chief, with the approval of the Secretary of State, and that the special grounds for the recommendation be set forth in each case," are eligible. Though these nominations confer no direct pecuniary advantage, inasmuch as the recipients have to pay the full charge at the Royal Military College, still, as they have only to score a limited number of marks to qualify for entrance, less outlay for military tutors is necessary, and, therefore, a material saving to the parents results.

In reply to a question put in the House of Commons by Mr. Lyons, Mr. Childers, the Minister of War, is reported to have said that, "as to honorary Queen's cadetships, the arrangements were under consideration; but that he could give no assurance that he could extend the system, which was a delicate one to alter." We think, however, that, so long as it is the custom to set apart a certain number of honorary Queen's cadetships for the meritorious officers of the British and Indian armies of a certain rank, there would, instead of delicacy, be only pure fair play in awarding a proportionate number of cadetships, over and above those already allowed to the sons of combatants, for the sons of highly deserving medical officers. As regards the British services in question, the existing hardship of altogether excluding the sons of medical officers, on the ground that they are non-combatant, might be easily remedied, by setting apart a fair proportion for the sons of the military doctors, leaving the allowance to the combatants as at present. As such recipients would have to pay the full cost of Sandhurst, the concession of this boon would not entail one farthing of additional expense on the resources of the exchequer. On these grounds, and on those of justice and fair play, we strongly recommend that an equitable proportion of honorary Queen's cadetships be annually assigned to the sons of highly distinguished and meritorious medical officers, without in any way curtailing the privileges already enjoyed by the sons of the military officers of the British Army.

ON THE USE OF NAPHTHALIN DRESSINGS.

THE numerous cases of poisoning that have followed the use of iodoform dressings in the treatment of wounds in continental hospitals, have induced several German and Russian surgeons to seek for a less dangerous chemical substance, equally efficacious in the dressing of injuries and operation wounds. Fischer and Djankonow advocate naphthalin as the best substitute for iodoform. These surgeons indicate that not only does it require far less complicated apparatus and manipulation than other substances used in dressing, but it is also much cheaper, a great consideration in general hospitals and in military surgery. Naphthalin is a hydrocarbon, with the formula $C_{10} H_8$, formed in large quantities in the process of the distillation of coal, and found, according to Roscoe, in the heavy oils of coal-tar. In decomposing, it falls into several organic compounds, and is widely distributed in nature; thus it is found in petroleum, in chimney-smoke, and in tobacco-smoke. It forms shiny, white, rhomboid, crystalline plates, with a rather strong odour, resembling that of tar; it melts at 174.5° Fahr., and boils at 424.5° Fahr. It is not soluble in acid or in alkaline water, nor in secretions from wounds. On the other hand, it freely dissolves in cold ether, in warm alcohol, in strong sulphuric acid, and in different fixed and volatile oils. It can readily be separated from water by distillation; and, if mixed with drinking-water, it appears in the secretions, especially in the urine, where it can be easily recognised. If such urine be distilled, the water that distils over precipitates the naphthalin in crystals, on cooling. Commercial naphthalin is seldom pure, being generally mixed with phenol. Pure naphthalin should be of a slightly pink hue, according to Fischer, but Djankonow finds that the white crystals are the purest.

Fischer first employed naphthalin dressings at Strasburg. From experiments and observation, he came to the conclusion that it is an admirable substitute for iodoform. It is quite harmless when used on man, or on the higher mammalia, and possesses a high antiseptic value. In an atmosphere of naphthalin, all animal or vegetable micro-organisms are destroyed, whilst neither wounded surfaces nor the healthy structures around them are in the least irritated. Recently, naphthalin has been used at Strasburg for other purposes besides the dressing of wounds; such as the disinfection of sick rooms and closets, as a parasiticide in certain skin-diseases, and as an inhalation in infectious diseases involving the respiratory organs, such as diphtheria. Dr. Anschütz of Königsberg has also published his results, agreeing entirely with Fischer. Whilst he recognises its excellent antiseptic influence on granulating surfaces, he also says he has discovered disadvantages. He has found blood mixed with the pus from granulations, probably through their being wounded by the sharp edges of the naphthalin crystals. According to Dr. Anschütz, these crystals may also form a crust over the wound, impeding the escape of pus, although Fischer has never found this to occur. Both these surgeons have very seldom seen the slightest symptoms of poisoning from its use. Djankonow's observations are based on thirty cases of wounds and abscess-cavities dressed with naphthalin, and described in the *St. Petersburger Medicinischer Wochenschrift*. His method is thus carried out in operation cases. A carbolised acid spray is turned on to the seat of operation; operator and his assistants wash their hands first with soap, then with a five per cent. solution of carbolic acid, into which also the instruments are submerged. Catgut ligatures and silk, as prepared by Czerny, are employed. The wounds or incisions are first saturated with a three per cent. solution of chloride of zinc, and then wool, dipped in naphthalin, is laid in the wound, and a bandage applied over it; a

further layer of wool is covered by oiled silk; and, lastly, a second bandage covers in the whole.

The preparation of naphthalin wool is perfectly simple. The wool is first boiled in soap-ley, and then steeped in an ethereal solution of naphthalin. Anschütz and Djankonow prefer one part of naphthalin to four of alcohol, and four of sulphuric ether. The Russian surgeon employed this dressing for granulating surfaces in ten cases; five had various forms of chronic ulcer of the leg, one had a foul strumous ulcer on the chin; the four remainder had old lacerated wounds, one on the wrist, one on the thigh, one on the leg, and the fourth on the foot. All these cases looked very unfavourable when the treatment was commenced, and all the wounds rapidly became clean when dressed by this process, showing healthy granulations, and cicatrising at once. According to necessity, the dressings were changed daily, or left on as long as for five days; in twenty recent cases of lacerated wounds, removal of tumours, excisions and amputations, the results were admirable. In none of the above cases were there any signs of either absorption of naphthalin or irritation. In not one of the operation cases was there any appreciable rise of temperature. The secretions were never pent up by a layer of solidified napthalin as in Anschütz's cases. Dr. Djankonow particularly recommends naphthalin dressings for surgeons who, like himself, have to treat patients in hospitals deficient in funds, and an insufficient supply of nurses. We must observe that, in this country, many surgeons will attribute more than half the merit of Dr. Djankonow's treatment in operation cases to the use of the carbolised spray.

BANQUET TO THE MEDICAL OFFICERS OF THE EGYPTIAN EXPEDITION.

THE banquet to the medical officers of the Egyptian Expedition, an account of which we report elsewhere, was in every way a successful, as well as an interesting event. So distinguished an assembly of metropolitan medical men has never, within the recollection of any present, been gathered together. All the heads of the profession were present, and a great array of the most notable representatives of every department of the profession. From the provinces, also, there were such men as Acland of Oxford, Humphry of Cambridge, Wheelhouse of Leeds, Bartolomé of Sheffield, Wade of Birmingham, Waters of Chester, Teale and Taylor of Scarborough, together with many others of not less note, who came from great distances to testify their hearty concurrence in this demonstration of the sympathy of the medical profession with their brethren in the Army and Navy Medical Services, and to take part in what was regarded by all as a testimony of unity, good feeling, and common brotherhood, in all departments of the profession.

It was an unfortunate accident that Royal commands, at the last moment, carried some of the principal military guests, including His Royal Highness the Duke of Cambridge, Sir Garnet Wolseley, and Sir John Adye, to Windsor. The day had been arranged with their concurrence, at a date convenient to themselves, and their regret at being unable to be present was sincere and warmly expressed. Letters from them read at the dinner bore, however, the most cordial testimony to their high appreciation of the admirable conduct of the medical officers who had taken part in the Egyptian Expedition; and the speeches of Lord Morley and Mr. Campbell-Bannerman completely set at rest some of the very unfounded allegations which have most unjustly, during the last two months, found currency in the press. By common consent, controversial subjects were carefully avoided; nevertheless, some of the facts referred to by Surgeon-General Marston and other guests, who could hardly, perhaps, be expected to suppress some such reference to passing events and current statements, will be of value as documents in medical and public history in this connection.

It would not be right, in reference to this banquet, to omit to say how greatly the profession and public service are indebted to Sir William Jenner, Sir James Paget, and other distinguished members of the civil profession, who, from the very first, heartily adopted the proposal for this banquet, and, by their great public and professional influence, contributed to make it the great success it was; to bring together, by the influence of their kindness and their names, as well as by their active personal exertions, this distinguished gathering.

Nor would it be right to fail to pay a tribute to the generous sacrifice of time, and to the intelligent and most laborious exertions, of Mr. George Eastes, in rapidly arranging the details of a banquet which was carried out in a manner which gave the greatest satisfaction to all who were present. Willis's Rooms were filled to overflowing; and, had it been possible to accommodate all who applied, the numbers would have been still larger; as it was, the largest room in London available for the purpose was filled to its utmost limit.

DR. OLIVER WENDELL HOLMES, who is now in his seventy-fourth year, has resigned the chair of anatomy in Harvard University.

PRINCE LEOPOLD (Duke of Albany) has consented to preside at a public dinner in aid of the funds of the Ventnor Consumption Hospital.

DR. MANSON FRASER, one of the resident medical officers at the Metropolitan District Fever Hospital, is, we learn, the Howard Medallist of the Statistical Society for the present year.

OFFICIAL information received states that cholera of an epidemic character had ceased to exist at Mecca, although it is thought that sporadic cases may still crop out.

THE Khedive has nominated Dr. Grant Bey of Cairo, principal physician to the Egyptian railways, a Member of Council of Public Health and Hygiène.

ACCORDING to a telegram, received by the Sanitary Council from Dr. Chaffey, sanitary inspector at Djeddah, the cholera epidemic continues. Two steamers have sailed for Elwedj, with a thousand pilgrims on board.

THE Local Government Board have informed the Derby Board of Guardians that Dr. Barry, Medical Inspector of the Board, has been appointed to hold an inquiry into a case of alleged death from vaccination at Darley.

DR. GRANT BEY, who, on leaving Alexandria, ceased to be any longer a member of the Sanitary Board, has now been appointed a member of the Central Sanitary Board at Cairo. Dr. Grant Bey has also, we learn, been constituted Consulting Physician to Lady Strangford's Hospital in Cairo.

SIR STAFFORD NORTHCOTE is suffering from some debility of the heart's action, brought on by overwork. He started on Friday for the Mediterranean, for three months' holiday, in order to have the benefit of rest. Sir William Jenner is of opinion that he will completely recover with rest and quiet; and Sir Stafford is, we are glad to hear, already much improved in health since he has had respite from the fatigue involved in the laborious work and long sittings of the House of Commons.

MR. GEORGE GULLIVER, long known as a physiologist and surgeon of considerable eminence, died last week at his residence in Canterbury, at the age of seventy-eight. His most able and original researches on the blood constitute a landmark in the progress of human histology, and have become classical in medical literature throughout the world. We shall, next week, publish an obituary notice.

A REUTER'S telegram from Cairo, under date of November 21st, states that, from the 10th to the 20th, nine deaths occurred among the