

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, APRIL 11TH, 1868.

THE CASE OF THE IRISH DISPENSARY MEDICAL OFFICERS.

THE dispensary medical officers of Ireland are a very highly educated and able body of practitioners, who render to the state services which are always warmly acknowledged by ministers of the Crown and by members of the legislature, but which are ill remunerated, and which do not at present entitle them to any retiring allowance or pension when age, or sickness contracted in the performance of their duty, incapacitates them from further service. From a pamphlet which is reprinted from the *Journal of the Irish Medical Association*, we learn that the average remuneration of the medical officer is at the rate of fivepence each visit; and for this he is obliged to brave distance, weather, bad roads, and untimely calls, and must stop for no considerations, when he is summoned to the sick. In the city, where the distances are less, the numbers of patients are, on the other hand, greater; and in Dublin the medical officer receives something less than a penny for each attendance. There is also here an enormous amount of writing to be done; for the statistics of sickness are derived from the elaborate returns which the medical officers are required to furnish. A considerable increase might be made in the remuneration of the medical officers without any appreciable increase in the rates. A fraction over one farthing in the pound would double the pay of the twenty-six dispensary doctors of the two Dublin Unions. In answer to the plea for retiring and sickness allowances, it is said that the dispensary doctor does not give his whole time to his duties; but he certainly does give a very large share of his time to them, and, at every moment of his period of office, he must and does hold himself by day and night at the service of the state. There are many examples in which the state does not find it convenient to occupy and pay for the whole of its servants' time, but in which, nevertheless, since it retains a constant and permanent lien on them, and the right of calling upon them for constant services, and dismissing them for misconduct, it recognises the claims of long and meritorious service by a pension at its close. Not to pass out of the limits of our own profession, we may instance the case of Indian medical officers, who are allowed to hold lucrative civil appointments, and to take private practice, for which they are often placed in very advantageous positions, and are not thereby deprived of a right to handsome pensions.

Since 1851, when the rate of salaries was fixed, the cost of living has risen very greatly in Ireland. By a recent Act of Parliament, the additional duty is imposed upon the dispensary doctor of attending at the police-office, whenever required, to certify to cases of dangerous lunacy, "without fee or reward". In some of the Dublin districts, the medical officers have had to attend at the police-office to examine no less than three lunatics

a day. The dispensary medical officer must now obtain the double qualification and a midwifery diploma. As to vaccination, in England and Scotland, each successful case is paid at the rate of 1s. 6d. if performed within two miles of the residence of the vaccinator, 2s. 6d. when beyond that distance; in Ireland, the fee is 1s. The average receipts of each medical officer for vaccination in the year 1865 were £11. How much additional work this entails may be gathered from the statement of one gentleman that, in 1867, he travelled 832 miles to vaccinate 200 children, out of which number 150 were inspected as successful, yielding only £7 : 10 for the work. He further remarks that, in addition, he had no shelter provided, nor allowance made for horse or vehicle, which were indispensable to the performance of these duties. Registration—where the medical officer, as commonly happens, is also registrar—gives an average of £15 annually to each dispensary medical officer for very toilsome additional labours.

On the whole, the case is, we think, clear, that even as compared with their English brethren, who are badly off in these respects, the Irish Poor-law medical officers are overworked and underpaid. If the question arises, how this may best be combated, we meet with the practical difficulty that there are always plenty of competing candidates for the vacancies. The example of the Birmingham Sick Club Committee of the British Medical Association affords a pregnant lesson to the dispensary medical officers of Ireland of the true way to meet insufficient remuneration. Meantime, the Parliamentary Committee of the Association in London is in a position to afford them effectual assistance, if their interests were more directly represented by some one person who should be in frequent and immediate communication with them, and instructed to represent their interests. Every Branch is authorised to appoint a member to represent it on the Parliamentary Committee, and we should be glad to see the Dublin Branch make such an appointment. It might be useful, for these and other purposes, if the considerable number of members of the Association in Ireland should adopt local organisation in connexion with the Association, and institute Branches, such as are found to work so well for social, ethical, political, and scientific purposes in England. Full information for the purpose may be obtained of the General Secretary at Birmingham. At all events, we should close our ranks; *Fortior unitate* should be the watchword of our profession in the three kingdoms.

THEORIES IN THERAPEUTICS.

AT a moment of revived activity of investigation of the action and uses of drugs, it may be useful to inquire, what are the hindrances which prevent any marked advance of our knowledge in this direction?

The difficulties are partly dependent on the individual mind, partly in the indefinite nature of the subject. One person will be ready to accept as an established fact that which another, more sceptical, will not deem to rest on a sufficient basis. This facile acceptance as truth of what in reality is only assumption has brought discredit on the subject; for, when new facts are brought to light, either by a change in the views we take of disease, or by new applications of research, and when we find that, in a particular case, recovery is not due to a certain drug hitherto ordinarily credited with it, we are apt to rush into the opposite extreme, and, openly acknowledging disbelief in remedies, to preach up nature as the universal guide. But even then we may look at nature's workings from different points of view; thus, in typhoid fever some see in the diarrhoea a conservative process, and encourage it as far as possible; others aver that nature is exhausted by the evacuations, and that our object should

be to calm and soothe the tumultuous bowel. Thus, in medicine as in politics, it is not easy to see what is conservative.

The mind of one brought up in a narrow school of thought, will often cling with superstitious reverence to those drugs which recall to his memory his apprenticed youth; he will believe implicitly in their value as his fathers have done before him; he will refer to the experience of centuries, and smile with incredulity at the enthusiast who shall venture to doubt his experience.

If, however, we look carefully into the origin of the credit of those remedies so highly vaunted, we see that it is associated with error arising out of incorrect views of pathology, or false theoretical notions of their action on the system, perpetuated from generation to generation, until tradition has almost made the error sacred. Experience so tinctured is of little value; it looks at disease through coloured glasses, and ascribes to remedies a power which they do not possess.

To one who, taking a wider view of disease, tries with legitimate ardour to raise the veil from so much that is obscure, and to separate the real from the unreal, it will often happen that, disheartened at the prospect of seeing so many drugs valueless, in which he had been taught to put implicit faith, he will at last become sceptical, and believe only in the palliative, not in the curative power of remedies.

Between these types are various gradations. The faith of many men varies much with the prevalent opinion of the period, and they are wafted to and fro, dancing on the wave of fashion.

Apart from the obstacles raised by individual peculiarities, is the intrinsic difficulty of the investigation. Two methods naturally offer themselves; they are described as the positive and the negative. The latter is by far the easier and more reliable.

If, for example, we were to take two long series of some acute febrile disorder, as pneumonia; if we could place them as nearly as possible under the same conditions of nursing, ventilation, and rest, and take cases sufficiently numerous to lessen the chances of error incidental to such an inquiry; if a dose of some drug, say mercury, were given to each patient in one series throughout the course of the complaint, and if the other series had no medicine at all, the circumstances being as nearly alike in both sets of instances as possible, it would not be so very difficult to make out the action of the medicine. If, after taking the temperature in each case, the disease ran a shorter course in the one series than in the other, or the mortality were lessened, or the recovery were more rapid and complete when the medicine was given, we should be justified in ascribing to mercury some beneficial influence. If, on the contrary, the results were about equal, it would prove that, since the cases did as well without the drug as when it was administered, it had nothing to do with the recovery of the patient. This is what we call the negative method; it is, in fact, a study of the natural history of each disease.

More unsatisfactory is the positive method; for we may give a certain drug an indefinite number of times and believe it to be efficacious, but how can we possibly tell its exact use until we pretty accurately determine what course the disease will run without it? Yet applications of this method are of use. In the recent Gulstonian lectures, Dr. John Harley has made most interesting observations on some vegetable remedies. The physiological action is first noted, and then, when the medicine is given in doses sufficient to produce the characteristic symptoms, its use can be seen. By this method, too, many of the preparations in the *Pharmacopœia*, on which, doubtless, numbers have rested their experience, are shown to be quite inert and valueless. We venture to think that in this direction we must turn if we wish to advance in our knowledge of the action of drugs. The natural history of disease must be investigated; a definite and accurate account should be given with such aid as may be derived from the stethoscope, thermometer, sphygmograph, or other modern appliances, as well by noting the symptoms of the case. Then when a more exact history is obtained, we shall recognise the more easily recognised deviations from that type, and shall be able to see more readily if drugs are of value.

It will be objected that no two cases of the same disease are alike. We admit this; but, when we have studied the course of disease more

carefully, it will probably be found that there are not those great differences which are so generally maintained; and accurate observers will compare cases as nearly as possible alike.

In this inquiry, as in others, it ever will be the work of the few, not the labours of the many, to which we shall owe the great advance. It will be reserved for the man who, not altogether ignoring the past, brings to the question a mind unbiassed by theories, by examining the physiological action of drugs and by collating facts in a scientific spirit, to make more advance in pure therapeutics than by mere accumulations of opinions which possess no definite value. The experience of such an observer could be relied on, as any one could then judge for himself of the data on which the opinion rested. Then there would be removed from this subject that feeling of overweening faith on the one hand, and of scepticism on the other, and each would give way to a belief which must more and more gain ground, as it would rest on a surer and more scientific foundation.

MR. CAMPBELL DE MORGAN has received a just compliment from the Governors of the London Fever Hospital, who have elected him Consulting-Surgeon to the Hospital, in place of Sir W. Lawrence.

LORD STANLEY OF ALDERLEY has been added to the Committee of the House of Lords on Lord Devon's Poor Relief Bill, for improving the county workhouse infirmaries on the principles laid down by the Workhouse Infirmaries Association.

A REPORT from the Council of the College of Physicians recommends that in future all candidates for the Licence should produce certificates from a Privy Council vaccinator or appointed teacher in a medical school, testifying that they had performed the operation of vaccination, and were thoroughly skilled in it.

HEALTH OF SEAMEN.

MR. MAYO, Registrar-General of Seamen and Shipping, has completed a compilation of statistics, some of which have special reference to the sanitary conditions of our sailors at sea. These statistics record a total of 5,283 deaths during the past year, 2,370 of which were due to disease, 1,808 to wrecks, and 1,105 to fatal accidents of drowning. But the classification of diseases is so very loose, that it is, for all practical purposes, unreliable; and this not from want of any exertions on the part of Mr. Mayo, but because no system of nomenclature exists for the guidance of ship-captains in specifying causes of death. Is it not possible to append such a nomenclature to the official log, with plain directions for its use? or, better still, is it not within the compass? The *Ship-Captain's Medical Guide* (recently published under the authority of the Board of Trade) contains useful matter of this kind; and should not the compiler thereof be instructed to prepare such material for official sanction in the next edition? We entirely agree with those who think that the *permissive* clause of the Duke of Richmond's Act should be made *obligatory*; this being "really the most hopeful way to lessen mortality at sea".

NAVAL MEDICAL SERVICE.

THE Admiralty have, we regret to hear, thought it necessary to abolish one of the few appointments of Inspector-General of Hospitals which they have hitherto had it in their power to confer on the medical branch of the service; and, in doing so, they have inflicted personal injustice upon a highly esteemed medical officer, Dr. Stewart, who has been dismissed from his appointments at Plymouth Hospital. Already the naval medical service has a great deficiency of high-class appointments, comparatively with the army; and we cannot but fear that this further reduction of its few prizes will tend to keep the candidates back whom the dawn of a more liberal administration had recently encouraged to come forward in greater numbers than heretofore, although still to a degree quite inadequate to the wants of the service. We hope the Admiralty will see reason to speedily alter this decision.

INVALIDS FROM ABYSSINIA.

A CORRESPONDENT from Suez writes, under date March 27th, 1868:—The *Golden Fleece* has just arrived here from Annesley Bay, having on board 208 invalids of different corps, who are *en route* to England. The greater number of them are unfits, who are rejected on climatic grounds, or those in whom old Indian diseases were redeveloped; sixty-one of them, sent down from Senafé, having been there stopped, as unfit to endure the long march to Antalo. Beyond the former station, we have not any invalids on our list. There are about six ophthalmia cases, contracted up country; and several dysenteric and diarrhoea cases, with the same history; but the greater number date their diseases from India.—March 28th. The invalids started at 4.30 P.M. for Alexandria, where they embark on board the *Simoons* troop-ship. They are in command of Lieut. Downing, R.A., and in medical charge of Mr. Lavison Roch, staff-surgeon of this ship, assisted by Medical Purveyor Mr. Young, and a sergeant and three orderlies. The weakest of them have been selected to be put in American sleeping-cars attached to the Suez line, each man being able to lie down, which relieves the fatigue of the long journey. They are to be supplied with hot tea on the route, and ordinary medical comforts are sent with them.

THE EXAMINATIONS AT THE COLLEGE OF SURGEONS.

THE Examiners of the College of Surgeons, in anticipation of Mr. Paget's motion, for the appointment of Examiners in the scientific subjects who are members of the Court or Council, have invited all the Councillors to be present at the primary examinations this week at the College. They will thus be able to judge for themselves of the way in which these examinations are at present carried out. There is a good deal of fairness and some ingenuity in this notion. It may possibly affect the division on Monday.

THE THREE PLOTS.

ON Monday last, the Fellows of the College of Physicians re-elected Dr. Alderson as the President of the College, renewing the expression of their confidence, which during his year of office nothing had occurred to diminish. As on the occasion of the last elections at the College of Surgeons and at the Royal Medical and Chirurgical Society, a little personal conspiracy was hatched in the *Lancet*, and the fledgling was, with the usual tactics, let loose at the last moment, in the issue immediately preceding the election, and when it was hoped that it could not be publicly scotched. It is almost time that honourable men should disconnect themselves from this course of private intrigue and irresponsible calumny.

CHAMPAGNE FROM PETROLEUM.

It is no longer a secret of the chemist's laboratory that clear golden syrups can be made from starch and sulphuric acid; that delicious wines and brandies can be made from beet-root; that a barrel of peanuts can be transformed into excellent coffee; that lard can absorb an enormous quantity of water in certain conditions; that, in fact, there seems no limit to the adulterations that an intelligent and dishonest chemist can practise upon his fellow men. All these marvels of chemical science have in these latter days become degraded into mere tricks of trade, and their chief beauty is in their capacity to enable unscrupulous dealers to lighten the pockets and destroy the stomachs of the confiding and consuming public. Concerning the article of champagne, a writer in the *Cincinnati Journal of Commerce* tells us that it is made from a thousand different substances—even from refined petroleum. Yes, from the fiery benzole a sparkling, bubbling, foaming, champagne can be produced which will delight the eye, tickle the palate, gladden the heart momentarily—but quicken our paces toward the graveyard. This is a new use for petroleum, which those who have been experimenting with it as an agency for generating steam have little dreamed of. Who can say that the Pennsylvania oil territory, now considered mostly worthless, may not some day be regenerated into the great champagne-producing country of the world?

THE ARMY MEDICAL SCHOOL.

THE sixteenth session of the Army Medical School opened on the 1st instant, Professor Maclean giving the opening lecture. The Commandant, General Wilbraham, as usual, addressed the candidates after the conclusion of the lecture. The school is attended by thirty-nine candidates for commissions in Her Majesty's British Medical Service, and twenty candidates for commissions in Her Majesty's Indian Medical Service. Several medical officers already holding commissions are also going through the practical courses of instruction in the school as volunteers, the Director-General having sanctioned their attendance at Netley for this purpose.

THE COLLEGES OF SURGEONS AND PHYSICIANS.

A COMMUNICATION was read at the last meeting of the College of Physicians from the College of Surgeons, undertaking to receive the certificate of examination by the College of Physicians in medical subjects as sufficient for their diploma, so far as those subjects were concerned; but declining to institute a joint examination. A reply which had been prepared was ordered to be printed and circulated amongst the Fellows.

KING'S COLLEGE HOSPITAL.

ON Friday last, the Council of King's College Hospital proceeded to the election of two Assistant-Physicians, in the place of Drs. Duffin, John Harley, and Evans, whose tenure of office, which had been limited to four years under the previous arrangement, had expired. In accordance with the resolution adopted last year, when the subject of the tenure of the junior offices at King's College Hospital was reconsidered, the appointments now made will be permanent. They have been reduced to two in number. Dr. Duffin and Dr. Morris Tonge were elected to fill the vacant offices.

THE METROPOLITAN ASYLUMS BOARD.

DR. SIBSON and Mr. Holmes, who had rendered great services to the reform of the workhouse infirmaries by their zealous labours on Mr. Hardy's Cubic Space Committee, to whose report they contributed able and laborious appendices, have resigned the position which they had accepted as nominees of the Poor-law Board at the Metropolitan Asylums' Board, which is charged with the erection of the hospitals and asylums for the insane, imbecile, small-pox, and fever patients, who are to be charged on the common fund of the metropolis. The Metropolitan Asylums' Board had recognised the fitness of Dr. Sibson and Mr. Holmes to take part in their deliberations with authority, by electing them as chairmen of the committees specially charged with the arrangements for the sites and buildings of the fever and small-pox asylums respectively. This work is now far advanced; good sites have been secured, and excellent plans obtained at a very moderate estimate. They are compelled to resign their posts of public usefulness by the pressure of professional engagements.

SANITARY PUZZLES.

IN answer to Sir Jervoise Clarke Jervoise, who composed a puzzle on vaccination for the Vice-President of the Privy Council, out of a recent account of the Woolwich outbreak in the *BRITISH MEDICAL JOURNAL*, Lord Robert Montagu referred to the example of Dr. Hughes of Mold, who, as his valuable paper which we published last year showed, had stamped out the disease in one district; and he also pointed out to the honourable member that the gist of the paragraph was precisely opposed to the views which he was founding upon it. This thorn of the Privy Council, however, still adheres to the side of the Privy Council; and he has on the notice-paper, for a day not yet appointed, a motion of still more formidable complexity and incoherence. It is

“To move that an humble address be presented to Her Majesty, praying that she will be graciously pleased to cause such inquiry to be instituted into the spread of disease by infection (distinguished from contagion) as may tend to check legislation and action in cases unsupported by the evidence, which in times of excitement saves a people from the commission of great crimes or great follies.”

PROTOXIDE OF NITROGEN AS AN ANÆSTHETIC.

SUBSEQUENTLY to the operations at the Dental Hospital last described, this gas was administered to some patients at the Ophthalmic Hospital, Moorfields, for operations on the eye and eyelids. The operations were performed quite painlessly under its influence. At a meeting of the Odontological Society on Monday evening, a full discussion on the subject took place, which is reported in the BRITISH MEDICAL JOURNAL. Dr. Evans has presented a donation of £100 to the hospital towards the necessary apparatus and materials for the use of this anæsthetic there for the patients. Dr. Marion Sims of Paris reports some formidable operations successfully performed under its influence. It is understood that there will be no difficulty in obtaining the gas in a pure, and probably even in a portable form, if desired. Mr. Ernest Hart, availing himself of the known properties of the gas, proposes to obtain it in the liquified form, by which means twenty gallons of the gas may be compressed into a small-sized vessel, and readily carried about. In this way, it may, if necessary, be made pure and on a large scale, and carried about in steel cylinders for all surgical purposes.

ON THE INOCULATION OF TUBERCLE.

AT a meeting of the Pathological Society last Tuesday, Dr. Sanderson brought forward the results which he has obtained from experimenting on different animals with regard to the question of the inoculability of tubercle. Some time ago, as will be in the recollection of most of our readers, M. Villemin published a work in which he maintained the virulent and contagious nature of tubercle. Having inserted tuberculous matter under the skin, he found by experimenting on some rodents, that in due time tubercle was found in many of the organs of the body. Since then the experiments have been repeated with variations, and it has been made out that any source of irritation will cause in some rodents a deposition of tubercle: a thread passed behind the scapula of a rabbit subcutaneously will produce the same effects, whether it be previously soaked with tuberculous matter or not; and hence it results that M. Villemin's experiments have by no means established his views, seeing that similar results can be obtained from any source of irritation, and when no tuberculous material is used. Another fallacy arises, too, from arguing from lower animals to man. A seton may be passed through the neck, and the wound may be kept open and discharge for months, but the patient would not become tuberculous; while, if a rabbit were treated in that way, in a few weeks secondary abscesses would be found in the neighbourhood, and the nearest glands would be much enlarged. In a few months the characteristic deposit would be found in the internal organs. Dr. Sanderson stated briefly the chief changes which were found after inoculation. Often the lungs were studded with grey or yellowish-grey deposits, and these under the microscope were resolved into accumulations of nuclei around a bronchus, from proliferation of the cells in the peribronchial tissue, and the accumulation of epithelial cells in the surrounding air-vesicles. No obstructions were found in the small arteries, nor was any capillary embolism observed. The liver was enormously enlarged and uneven on its surface, sometimes being more than three times its normal weight. This increase seemed due to a vast growth of cells around the hepatic ducts, forming, as it were, cylinders; these cells were smaller than the liver-cells, and were derived probably from the connective tissue of the bile-duct. To this new formation Dr. Sanderson applied the term "adenoid tissue," as it was more allied to that of the cortical pulp of the lymph-glands than to any other structure. In the peritoneum, the tuberculous deposit was met with in the sheaths of the small arteries, and was made up of a great many nuclei, which sometimes accumulated on one side of the arterial twig and sometimes surrounded the vessel; in the larger arteries the tunica adventitia could be traced between the deposit and the vessel, and this tended to show that, although intimately connected with it, it is yet distinct from the arterial wall. In the pia mater, where this condition could be easily studied if present, no disease could be detected. These experiments showed the interesting fact that certain animals are very liable, when suffering from external irritation, to

have produced in their organs morbid products, to which we provisionally must give the name of tubercle; although, if we look more closely into the anatomical characters, we can see nothing more than a proliferation of connective tissue nuclei around a bronchus, or hepatic duct, or arterial twig. Whether this material be the same as what is found in man, or whether the two deposits be really separate and have only their histological characters in common, is a point which we cannot at present determine. According to Dr. Sanderson, the deposits in the lung and in the lymphatic glands and spleen proceed to caseation generally when they have existed for some time, resulting in vomicae or abscesses; but no such change is observed in the liver. Dr. Charlton Bastian was disinclined to look upon tubercle in man as identical with this so-called tubercle in the lower animals. From the great rarity of any deposit in the pia mater, from the peculiar change in the liver, and from its mode of origin, he considered it should not be too hastily declared that this condition produced in animals was really a true tubercular disease. Several microscopical specimens illustrative of the subject were shown, which Dr. Sanderson had brought forward together with many drawings and sections of various organs. All of them showed extremely well the changes which had taken place. Before the nature of tubercle can be decided, observation must be directed, not merely to its anatomical characters, but to other means of identification, especially to the clinical history, and the full investigation of the growth, progress, and final forms of the pathological product.

THE JACKSONIAN PRIZES OF THE COLLEGE OF SURGEONS.

ON Monday next the award of the Jacksonian prize essays will be made at the College of Surgeons; and the names of the successful authors—if any award be made—will be published. They are, of course, not known to the examiners until the award is made, when the sealed envelope is opened. There are, however, not many anxious hearts beating for the announcement of the decision, as we believe there is this year, as has frequently happened of late, only one essay sent in for each prize. It is much to be regretted that these prizes do not stimulate the ambition of our young surgeons and anatomists to a more satisfactory extent. Looking through the College calendar for the last year, it is lamentable to see that no dissertation has been received eight times for proffered prizes; in fact, nearly one half of the prizes offered have failed to stir up any one to write for them. Very often there has only been one candidate; and four times there has been no award. British surgeons do not seem to show much appetite for the kind of glory which is to be gained by writing prize essays.

THE REVIEW AT PORTSMOUTH.

UP to Wednesday, no answer had been received from Sir George Buller, by the volunteer medical officers at Portsmouth, in regard to the medical arrangements for Easter Monday. This is, no doubt, accounted for by the uncertainty as to whether the sham fight would take place. As it has been now definitely settled that the original programme is to be carried out, we hope the authorities will lose no time in seeing that proper arrangements are made to ensure the requisite attention to volunteers who may receive injury. Considering the large extent of ground over which the volunteers will manoeuvre, the arrangements will require to be on a more extensive scale than in former years. We doubt not that, should the War Office place the arrangements in the hands of Dr. Raper and the other local volunteer medical officers, who are well able to undertake them, there will be little ground for disappointment. In future years, we trust the Volunteer Medical Association will have succeeded in persuading the Government to set on foot a definite organisation, which will avoid the present uncertainty and chance of failure.

THE CORONERSHIP OF WEST MIDDLESEX.

DR. HARDWICKE announces in his *Journal of the Public Health*, that the contest is not yet ended, and that, under the soundest legal advice, and guided by former precedents, he is now taking steps to establish a scrutiny of the poll-books, from which it will be made manifest that he

has been elected to this office by a large majority of the freeholders legally entitled to record their votes at this election. Influential meetings, he states, have already been held at various towns in the western division of Middlesex for this object, and large sums have been contributed to meet the necessary expenses of the scrutiny. In fighting this second battle, Dr. Hardwicke feels that he is not only aiding himself to obtain a position which he has a right to claim, but he feels that he is fighting for the outraged independence of every freeholder of the county; and, in upholding the purity of election, he is not only supported by the members of his committee—the members of his own profession—but by the acclamation of every freeholder who recorded a vote in his favour. Meantime, Dr. Diplock has nine points of the law in his favour.

THE MEDICAL ACT.

A SHORT Bill for amending the Medical Practitioners (Colonies) Bill has been introduced into the House of Lords by the Duke of Buckingham. Its necessity arose from the fact that in the Medical Act, 21st and 22nd Victoria, cap. 29, the powers of the colonial legislature to make regulations on this subject had not been recognised. The result was a conflict between the Imperial Act and the existing law for Canada. The object of the Bill was to enable colonial legislatures to lay down regulations for medical registration within their own limits. The Bill was read a second time on Thursday last.

CAMBRIDGE COUNTY LUNATIC ASYLUM.

It is generally supposed that insanity is more prevalent in towns than in rural districts; but some of the purely agricultural counties figure highly in recent statistics, as appears from the following extract from the last Report of the Cambridgeshire County Asylum. The superintendent, Dr. M. Bacon, after speaking of the diminution in population in the county, and the high ratio of the insane, says:

“The equable life of the humble labourer does not, then, apparently exempt him from the penalties that attend a more ambitious career; and this is seen in the high position of some of the agricultural counties in the rate of insanity. Thus Cambridgeshire stands thirteenth in the catalogue of fifty-four divisions of England, one in every 421 of its population being insane, and having, as its superiors in misfortune, Wilts, Hereford, Bucks, Oxford, Leicester, Berks, Dorset, Herts, etc. This shows, too, the close relation of poverty to the rate of insanity; for in those counties in which there are the most insane, in them the pauperism is greatest. Comparisons between individual counties can never be made exact, because local circumstances have an unknown weight; but considerations such as the above may serve to show how the native insanity of a county is influenced by its material prosperity.”

MEDICINE AS A PROFESSION.

A RECENT writer in the *Spectator* says:—Medicine is in one respect the very best of professions. It is the only one in which a decent man with a conscience can be absolutely certain that he is doing good. Most things are uncertain in this world; but that it is good to make a man feel less pain, or to keep a sick child alive, or to help a woman in birth-pangs, is not, except to very crotchety or very peculiar people, uncertain. Medicine, however, though a very noble, is not a very great profession. Of all others, it has turned out the fewest men who were great in any way whatever outside of their own groove. It requires an exclusive devotion; has often a somewhat narrowing effect on the mind; and, for reasons which it is possible to explain, though impossible to justify, it does not enjoy anything like its proper consideration with the public. An average army surgeon must of necessity be the superior of the average officer of his regiment, being necessarily a man of some knowledge; and, whenever the question has come up, journalists and members of Parliament have always assumed that view with something of petulance; but it will be long before the army is of the same opinion. A great surgeon or physician in London may have any rank; but the country surgeon is not invited by men who invite his brother, the vicar, and is worse paid by half than his cousin, the local attorney.

LONDON MILK.

SECOND REPORT, WITH ANALYSES, OF THE MILK SOLD IN DIFFERENT PARTS OF LONDON:

Shewing the Degree and Money-value of the Adulterations practised.

WE again draw the attention of our readers to the quality of milk supplied to London, as exhibited by the appended analyses furnished to us by Dr. Divers, Professor of Chemistry at the Albert Veterinary College.

TABLE I.—*The Amount of Water, Dry Milk, and Cream per cent., the Specific Gravity, and where and at what Price bought.*

Samples marked.	Water.	Milk dried at 212 degrees Fahrenheit	Total.	Specific gravity at 60 degrees Fahr.	Percentage of cream by measure.	District or neighbourhood where bought.	Price per quart.
1	93.38	6.62	100.00	10.18	4½	Holborn.	4d.
2	89.13	10.87	100.00	10.29	8	Ditto.	4d.
3	96.05	9.95	100.00	10.27	7½	Ditto.	4d.
4	93.11	6.89	100.00	10.19	6½	Ditto.	4d.
5	90.31	9.69	100.00	10.27	6½	Drury Lane.	4d.
6	87.74	12.26	100.00	10.32	11	Ditto.	4d.
7	89.29	10.71	100.00	10.29	8	Ditto.	5d.
8	89.80	10.20	100.00	10.27	9	Ditto.	4d.
9	86.09	13.91	100.00	10.31	6½	Oxford Street.	4d.
10	”	”	”	10.27	7	Ditto.	4d.
11	89.95	10.05	100.00	10.28	5½	Ditto.	4d.
12	89.11	10.89	100.00	10.26	7	Ditto.	5d.
13	90.33	9.67	100.00	10.24	6½	Notting Hill.	4d.
14	90.03	9.97	100.00	10.25	6	Oxford Street.	4d.
15	87.70	12.30	100.00	10.31	7½	Ditto.	4d.
16	90.18	9.82	100.00	10.26	5½	Ditto.	4d.

The first eight were collected on January 1st, the last eight were collected January 15th.

Of these sixteen samples of milk, the sellers of the first eight, living in such districts as Holborn and Drury Lane, must depend largely for custom on the poorer classes. All but one dealt in other provisions, and most had poor looking shops. But one was evidently doing an active business, in which the sale of milk was a secondary matter, and had a smart shop. Samples 9 to 16 were obtained at larger and more pretentious dairies in neighbourhoods where well-to-do customers must be the rule.

If we compare the results recorded in the table of the examination of the milk procured in poor districts with the results of the examination of that procured in wealthier districts, we shall see that the poor are cheated more in one way, the rich in another—that, while the vendors to the rich deprive the milk more largely of its cream, the vendors to the poor increase the bulk of the milk by the addition of water rather than by removing the cream, for which they can have little demand. The first sample is an extreme instance of the mode of impoverishing milk in a poor district. This seems to have been performed by mixing a rather rich milk with not much less than its own bulk of water, and without removing any of the cream. This can be better seen by referring to Table II, which gives the particulars of the composition of this and five others selected from the different samples.

Two only, out of the sixteen samples examined, were sold at 5d. per quart; but in neither case did this increased charge secure to the buyer average good milk. When one of the samples at 4d. per quart was procured, the vendor mentioned that this would be found very good milk, but that he had a better quality at 5d. The latter was not taken; the former is numbered 8 in the table, and shows itself to be adulterated. If for 5d. this dealer sells genuine milk, we suppose we must acquit him of positive dishonesty, on the grounds that the two charges ought to make it manifest to the purchasers that the cheaper article is not good genuine milk. But what if the 5d. milk is little or no better than the 4d.? We regret that we are unable to give evidence on this point.

Samples 9 and 15 were obtained at first-class establishments at 4d. per quart; but, though in both cases they seem to have been derived from rich milk, the temptation to remove cream has been yielded to.