

reluctantly accepted the certificates on preliminary education issued by other bodies than their own, the names of which appear to be approved by the General Medical Council, but has done so with considerable hesitation, inasmuch as this Council cannot learn that the General Medical Council has ever taken efficient means to ascertain the character of such examinations. . . . Until assured of the efficient and searching character of such examinations, this Council cannot see their way to adopt the recommendation of the General Medical Council, to the effect that this College should renounce its right to test candidates for its licence as to their preliminary knowledge by its own special Board of Examiners." With reference to the recommendation (β), the President and Council of the College "must decline to impose so invidious a task upon their examiners in professional subjects".

The Secretary of the Apothecaries' Hall of Ireland wrote: "I am directed by the Council of the Apothecaries' Hall to inform the Committee that they must respectfully decline to act upon the suggestions under the recommendation marked (β); and I am further to state that they are not at present disposed to transfer their right of examining medical students in the subjects of preliminary education to the national educational bodies, as suggested under the recommendation (γ), forasmuch as it would necessitate their lowering the standard of education and examination which they have required for the past seventy years."

The Registrar of the University of Dublin reported that the Board of Trinity College approved of the action of the Council with regard to the preliminary education and examination of medical students, and were prepared to co-operate in carrying out the resolution of the Council.

The University of London and the Medical Acts Amendment Bill.—On the motion of Dr. STORRAR, seconded by Mr. SIMON, it was agreed that the report of a Committee of the Senate of the University of London on the Medical Act (1858) Amendment Bill, adopted by the Senate of the University at its meeting on April 17th, be received and entered in the minutes. After an elaborate examination of Clause 14, the report stated:—"Your committee, while strongly objecting to those provisions of the Lord President's Bill which give to the Medical Council the power of framing examination-rules either for individual bodies or for conjoint schemes (as to which last they consider the existing powers adequate), not only concur in, but would greatly extend, the power given to the Medical Council in promoting such conjoint schemes; feeling assured that no amendment of the existing Act can have any other than a limited and imperfect action which does not provide for the institution of a uniform system of examination and certification in the three kingdoms, such certification being based on the highest attainable minimum for the 'double qualification'." With regard to the admission of women to the medical profession, "while fully agreeing with the principle already laid down by the Medical Council, adopted in the Russell Gurney Act, and sanctioned in the Bill of the Lord President, that no one of the medical bodies should be required to admit women within its pale, your Committee are strongly of opinion that to any general qualifying examination, whether instituted by a conjoint board of medical bodies or by the General Medical Council, women should have a statutory claim for admission; and that such women as pass that examination should thereby gain a title to be placed on the *Medical Register* as qualified medical practitioners, without being admitted either as graduates of any university or as members of any medical corporation".

Deferred Communications.—The following communications were referred to the Executive Committee.

1. A recommendation by the Executive Committee that the Cambridge higher local examinations be recognised.
2. A letter from the Secretary of the Queen's University in Scotland, asking information as to the meaning of the term "national educational bodies".
3. A letter from the Medical Alliance Association, asking the Council to hand over an amount equal to half of the penalties recovered in certain cases of prosecution of illegal practitioners.
4. Letters received from Mr. P. E. McKeon, asking whether, as a licentiate of the College of Physicians and Surgeons of Canada East, he could practise his profession in London.

Executive Committee.—It was moved by Dr. AQUILLA SMITH, seconded by Dr. A. WOOD, and agreed:

"That the powers and duties heretofore delegated to the Executive Committee be vested in the said committee until the next meeting of the General Medical Council."

Votes of Thanks.—It was moved by Dr. AQUILLA SMITH, seconded by Mr. TURNER, and agreed to:

"That the cordial thanks of this Council are eminently due, and are hereby tendered, to Dr. Andrew Wood for his services as Chairman of the Business Committee during the present session of the Council."

Dr. AQUILLA SMITH moved, Dr. ANDREW WOOD seconded, and it was resolved:

"That the thanks of the Council are due, and are hereby tendered, to the treasurers, Dr. Quain and Dr. Pitman, for their services."

It was moved by Dr. AQUILLA SMITH, seconded by Dr. ANDREW WOOD, and carried by acclamation:

"That the thanks of the Council are hereby cordially tendered to Dr. Acland, the President, for his efficient services during the present session of the Medical Council."

BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 27TH, 1878.

THE GENERAL MEDICAL COUNCIL.

THE members of the General Medical Council were this year called together at an earlier date than usual, in consequence of the introduction into the House of Lords of the Lord President's Bill to Amend the Medical Act of 1858. The discussion of this measure, and of questions immediately arising therefrom, occupied nearly the whole of the seven days' session of the Council: in fact, beyond some formal matters, little else was transacted.

After the President's address, the principal topic of which was the Medical Act Amendment Bill, there were laid before the Council important documents in regard to the Bill drawn up by the English Colleges of Physicians and Surgeons; and subsequently expressions of opinion on the measure were received from the Society of Apothecaries and the University of London. The *Senatus Academicus* of the University of Glasgow also sent a copy of a petition to the House of Lords in favour of the Bill. The Obstetrical Society of London, through its President, Dr. West, sent to the Council a letter with a copy of the Society's amended scheme for the education and registration of midwives; and Mr. Tomes, President of the Dental Reform Committee, forwarded a letter in reference to the Dentists' clauses of the Medical Act Amendment Bill and Sir John Lubbock's Dental Practitioners' Bill.

Before proceeding formally to examine the Lord President's Bill, the opinion of the Council was first sought on one of the most important subjects treated in it—the establishment of conjoint examining boards. The debate on this subject was opened by Dr. Humphry, representative of the University of Cambridge, who, on the first day of the session, proposed a resolution reaffirming the decision at which, by a large majority, the Council had arrived in 1870 in favour of the establishment of such boards. The discussion, which was commenced in the middle of the first day's sitting, was continued through the second day, and was not concluded till the middle of the third. The principle of conjoint examining boards was supported by the English and opposed by the Scottish members of the Council; and it may fairly be considered that the arguments against them were exhaustively set forth by the opponents of the resolution. The principal arguments which they adduced were, that uniformity of examination was not attainable, and even if attainable not desirable, inasmuch as it would tend to lower the standard of professional education; that the conduct of the examinations by a single board in each division of the kingdom would be a work of excessive difficulty; that an additional examination ought not to be imposed on the students of the Scottish universities, which bodies granted licences to practise in almost equal number with the Scottish corporations; that for many years the Edinburgh College of Physicians has held examinations for a double diploma in conjunction with the Edinburgh College of Surgeons and the Glasgow Faculty of Physicians and Surgeons; and that, by the establishment of a conjoint board in Scotland, the revenue of the universities, the greater part of which is applied to the improvement of the means of teaching, would be seriously impaired. These objections were met by the English members, who further objected to the permissive nature of the Bill in respect to con-

joint boards; while several of them called attention to the danger of Government taking the matter entirely into its own hands and instituting a "State examination" on the continental plan, thereby depriving the profession to a very great extent of its liberty of regulating its own affairs; and Dr. Humphry, in his reply, pointed out that the conjoint boards in Scotland and Ireland should be laid down precisely on the same lines as that for England, but that they should be adapted to the circumstances in each division of the kingdom. Ultimately, Dr. Humphry's resolution was carried by a majority of fourteen against ten; the majority consisting of the President, the whole of the English members of the Council, and two Irish members (Dr. Hudson, Crown nominee, and Dr. Leet, the representative of the Apothecaries' Hall in Ireland); and the minority being formed of the whole of the Scottish members and four out of the six Irish members.

This matter having been decided, Dr. Pitman proposed a resolution objecting to the provisions in Clause 14 of the Bill, which directs the General Medical Council to frame the examination-rules for such conjoint boards as might be formed. He argued that this duty would be better performed by the universities and corporations, who would probably, however, object to being deprived of power in this matter. The functions of the Medical Council should be that of superintendence and control, with the power of making representations to the Privy Council should the necessity arise for doing so. The motion was carried.

The Council considered the Lord President's Bill in committee of the whole Council during several days of the session. Clauses 1 and 2 were approved without discussion; but, on Clause 3, an amendment was proposed by Mr. Simon, and seconded by Dr. Humphry, reasserting the already expressed opinion of the Council on the subjects of conjoint boards and examination-rules. This amendment was carried by a majority of thirteen against ten. Except that the President did not vote on this occasion, the majority and minority consisted respectively of the same members as formed the majority and minority in the vote on Dr. Humphry's resolution.

In discussing the clause (23) of the Bill relating to Dentists, the Council expressed in general terms approval of the introduction into the Bill of provision for their registration; but disapproval of the proposal that the General Medical Council should be required to originate a scheme of examination-rules. In regard to the registration of foreign and colonial dental practitioners, the Council preferred the clause of Sir John Lubbock's Bill relating to that subject to the provisions of the Medical Act Amendment Bill.

With regard to the clauses providing for the recognition of colonial diplomas and degrees, some discussion took place as to the period of probation which should be required; and it was generally felt that ten years, as proposed in the Bill, was too long. Several motions and amendments were proposed; and ultimately it was decided to recommend the omission of all reference to the time during which a person has been in practice in a British possession after the granting of his diploma. Clause 6, relating to the registration of foreign degrees, was in substance approved. No discussion took place, nor was any proposal made, regarding the registration of foreign degrees obtained for ornamental reasons by British registered practitioners.

Clause 13 of the Bill, which provides that the powers of erasing names from and restoring them to the *Register*, was objected to, principally on the ground that the responsibility of deciding on a charge of "infamous or disgraceful conduct in a professional character" ought to lie on the whole Council, whose proceedings should be publicly conducted, as hitherto. A motion in this sense, asking the Lord President to amend Clause 13 accordingly, was adopted; and it was further agreed that it was desirable that the power of erasing the names of registered practitioners convicted of felony or misdemeanour might be deputed to a Committee of the Council—which might be the Executive Committee.

The discussion on the clause relating to the registration of midwives was prefaced by the reception of a deputation from the Obstetrical Society, consisting of Dr. West, the President, and several members,

who called the attention of the Council to the amended scheme drawn up by the Society, and explained their views. In the conversation on the subject, opinions were expressed on the part of the Society that the fee named in the Bill (£5) was too high; that locally conducted examinations and local registers would be sufficient, and indeed preferable to central examinations and a central register; and that evidence of good character should be one of the conditions of registration. The deputation having retired, the Council reaffirmed its approval of the general intention of the proposals of the Obstetrical Society with regard to the registration of qualified midwives. The provisions of Clause 24 of the Bill were then discussed, and generally approved, with the exception that it was considered that a central register of midwives was not necessary, but that local registers should be kept by the local authorities, copies being forwarded yearly to the Medical Council. The Council also expressed the opinion that an addition should be made to the clause, to the effect that none but registered midwives should be capable of holding public appointments. It was also agreed, with reference to the concluding portion of Clause 24, that the duty of prosecuting midwives for offences should devolve on the local authorities.

The portion of the Bill relating to female practitioners of medicine caused some discussion, which was, however, somewhat limited by the shortness of the time at the disposal of the Council for the present session. The opinion of the Council was expressed by a decided majority in favour of conducting the education and examination of females separately from that of males. It was also decided to recommend that the names of females who obtained qualifications to practise should be placed in a separate department of the *Register*; this not to imply any interference with legal rights. It will be remembered that colonial and foreign practitioners are also to be registered separately.

The remaining portions of the Bill received general approval. An objection was raised, however, to certain portions which appear to deprive the Scottish and Irish Branch Councils of the power of registration which they have hitherto—much to the convenience of the profession in the respective divisions of the kingdom—possessed; and it was agreed that the attention of Government should be called to the matter.

The resolutions of the Committee having been brought up, were formally adopted; and the Executive Committee was charged with the duty of arranging them and transmitting them to the Lord President of the Privy Council. Previously to the conclusion of the discussion on the Bill, a deputation consisting of the President, Dr. Humphry, and Dr. Andrew Wood, waited on the Duke of Richmond before the rising of the Houses of Parliament for the Easter vacation, and laid before his Grace the resolutions that had up to the time been passed.

In connection with the question of the amendment of the Medical Act, Dr. E. Waters, and several members of the Medical Reform Committee of the British Medical Association, had an interview, in the forenoon of the last day of the session, with the President and some members of the Medical Council regarding the subject of direct representation of the profession in the Council. A prolonged discussion took place, an account of which will be found at p. 616.

A resolution calling the attention of the Local Government Board to the alleged employment of unqualified persons as assistants by Poor-law medical officers in England, was proposed on the last day of the session by Sir Dominic Corrigan, and adopted.

A series of communications from the various medical authorities in reply to a letter addressed to them by the Executive Committee, with copies of resolutions passed during last year's session of the Council regarding the preliminary examinations of medical students, were ordered to be entered on the minutes; and several documents, for the consideration of which there was not time, were referred to the Executive Committee.

Having transacted some routine business, and passed the usual votes of thanks, the Council separated after a session of seven da

MEDICAL REFORM : DIRECT REPRESENTATION OF THE PROFESSION IN THE GENERAL MEDICAL COUNCIL.

IN a preceding number, we have demonstrated that it was mainly through the continued efforts of the Association that the Medical Act of 1858 became law, and that, after the failure of several ministers and members of Parliament, it was not until Mr. Headlam, acting for the Association, carried, on July 1st, 1857, the second reading of his Bill by a majority of one hundred and forty-seven, that Mr. Cowper-Temple took charge of a similar measure in the following session, and the Medical Act of 1858, with the concurrence of Mr. Walpole on the part of the Government, was successfully carried through both Houses of the Legislature and became law. As evidence of the recognition by the Government of that day of the important part played by the Association, the fact of the application by Mr. Cowper-Temple to the President of the Council of the Association for a personal interview, before deciding on the character of the measures to be introduced, was also recorded. A change of Government intervened, but the question of medical reform was not on that account again shelved; the vote taken on Mr. Headlam's Bill was held to be decisive of the necessity for legislation, and the Medical Act of 1858 was passed when the present Prime Minister was Chancellor of the Exchequer. The Medical Act of 1858 was never regarded as other than an instalment in the right direction, all that was at that time practicable; and the attempts at legislation which have since been made by the General Medical Council, by the profession as distinguished from the universities and licensing corporations, but above all by ministers of different Governments, prove the want of some further measure. Let us hope, as the Act of 1858 was passed when the present Premier was Chancellor of the Exchequer, so a really efficient measure of medical reform may become law under the Prime Minister who was the first on his accession to office specially to inscribe "Sanitary Legislation" on his banner—a measure in accordance with the enlightened experience of the profession, and one meeting the needs of the public.

The views held by the Association have always been openly set forth; and as stated in the number of the JOURNAL already referred to, an influential meeting was held in London in 1854, before the passing of the Medical Act of 1858, at which the four great principles on which medical reform was to be founded were laid down.

1. Uniformity of qualification.
2. Reciprocity of rights to practise.
3. Registration of qualified practitioners.
4. The government of the profession by representative councils.

The second and third objects—viz., reciprocity of rights to practise and registration of qualified practitioners—were attained and secured by the Act of 1858. The first and fourth objects yet remain to be realised. Uniformity of qualification has also met with general acceptance. The only means of effecting it are those advocated by the Association; that is to say, the establishment of conjoint boards of examination in each division of the kingdom on the principle of equal fees and equal examinations, which every person entering the profession must in the first instance pass. All who succeed in passing this examination will be at once entitled to be placed on the *Medical Register* as registered medical practitioners, qualified to practise all branches of the profession, and will then be at liberty to graduate at any university, or join any of the colleges, on fulfilling the requirements of the corporation they may desire to join. The formation and working of the conjoint boards of examination would necessarily fall under the supervision of the General Medical Council, which would thus, endowed with greater powers than it at present possesses, become virtually the governing body of the profession. This increased power to be granted to the General Medical Council leads up to the fourth prin-

ciple, for which the Association, supported by the profession, has undeviatingly contended; and—if the long and well thought out reasoning, or, if it be preferred, the instinct of the profession, has proved the Association right with regard to uniformity, reciprocity, and registration—the inference is that the instinct of the Association and the profession is equally unerring in its demand for representation in the General Medical Council.

Before the passing of the Medical Act of 1858, the then Medical Reform Committee was taken into council with the Government; and it is proved on unquestionable testimony that, in the conferences which were then held, the question of the direct representation of the profession in the General Medical Council was not only discussed, but that the non-existence of a *Register* of the profession was the reason why it was deferred. The late Mr. Southam, an active member of the Medical Reform Committee of that day, has more than once distinctly stated that it was only deferred on the understanding that, when the *Register* was formed, representatives on the General Medical Council should be accorded to the profession. The arrangement then arrived at was much in the nature of a compact; but it is on other grounds that the Association claims this representation.

First, the General Medical Council, as at present constituted, is imperfect and marred by anomalies. Its composition was simply the result of a compromise, and on that account, if on that alone, requires modification. In Scotland, the great Medical University of Edinburgh is linked with that of Aberdeen, only second to Edinburgh in importance, in representation, and both together send one representative to the General Medical Council. The University of Glasgow is, in like manner, linked with that of St. Andrew's in representation. On the other hand, the University of Durham, which exercises no important bearing on medical education, and which is dependent on Newcastle-on-Tyne for its medical school, has its own special representative in the General Medical Council. Again, the vote of the Apothecaries' Hall of Ireland counts equally with the vote of the Royal College of Surgeons of England, with its thirteen thousand members, in the decisions of the Council. The representatives of the University of Durham and of the Apothecaries' Hall of Ireland are not elected in the same manner. The representative of Durham is elected by a small number of graduates in medicine and a much larger number of clergymen; the representative of the Apothecaries' Hall of Ireland is nominated by a small number of shareholders, some of them women. The advantages attending variety of representation will doubtless be urged by some as a justification of these anomalies; but then comes the question, How can the presence of these representatives in the General Medical Council be defended when the important provincial school of Manchester, with its noble hospitals and great teaching endowments, the flourishing medical schools of Liverpool, Birmingham, Leeds, Sheffield, and Bristol have no voice in the Council?

These circumstances fully bear out the statement that the General Medical Council is at present marred by anomalies, and also imperfect as containing no representative of the profession and of the great provincial schools.

The next question to be considered is, whether the Council thus composed has worked as well as is desirable. Take only the question of medical reform; the necessity for an amendment of the Medical Act of 1858 has been admitted from the time of its enactment. It was always regarded as a preliminary measure. Admitting this, year after year the question of medical reform has been considered by the General Medical Council, and with what result? The Government of the country asked for the aid of the Council in regard to it. The General Medical Council has discussed it; the British Medical Association and the profession have demanded it, and now, after a period of twenty years, the Council has completely failed to arrive at anything approaching an united opinion. The profession has never wavered; year

after year, it called for the establishment of the conjoint scheme of examination unflinchingly, unswervingly, while the General Medical Council has hesitated and halted, and in its recent session, by the small majority of fourteen to ten, succeeded in carrying a vote in favour of it—a majority of four on a point with regard to which the profession has never doubted. Is not this an indication that the Council would be improved, and its efforts for good increased by the infusion into it of a just proportion of independent members having no corporate interests to serve, no fees of lecturers to protect: independent members elected by the general suffrage of the profession?

The plain question, Why has the General Medical Council experienced so much difficulty in settling so vital a point in medical reform? is at once explained by the undue preponderance of the representatives of the licensing bodies upon it. Seventeen members of the Council exclusively represent universities and corporations, and to many of these the granting of diplomas and the fees of professors and lecturers are the first consideration. An impression is entertained that the carrying out of the conjoint scheme may injuriously affect certain corporations and lecturers connected with them, and hence, it is maintained, the hostility of the representatives of such corporations to the conjoint scheme. The profession holds that an addition of independent members to the Council, elected by the profession as distinct from the universities and corporations, is the only means of balancing this too great influence.

Expression has been given to the opinion that the profession does not evince sufficient interest in the proceedings of the Council. This statement was made in the Council by Dr. Andrew Wood, and was one of the reasons urged by him for the admission of direct representatives.

The discussions of the Medical Council involve a considerable outlay. The President, in his opening address during the recent session, stated it to be about £400 for one day, or about £160 day by day. It cannot be denied that the length of the oft-repeated discussions on medical reform has been chiefly caused by those representatives who have been defending the corporations they represent against the supposed injurious effects of the establishment of the conjoint scheme. The richly endowed universities and corporations contribute nothing to the remuneration of their representatives on the Council. The expenses are entirely defrayed by the registration fees paid by the members of the profession. The Council commenced its labours on a sum of many thousands drawn from the members already in the profession at the passing of the Medical Act. On this ground, also, the profession founds one of its claims to representation.

The Council, as at present constituted, is at variance with the profession, and the Association is of opinion that this unnatural state of things would be changed by the concession of direct representation, which would introduce into the Council men free from all narrowness of spirit, possessing the confidence of those who selected them, and having the general welfare of humanity at heart. None are better judges than students of the merits of those who instruct them. Self-interest, material advantage, too often banish disinterestedness; but the members of the medical profession, in remedying the defects of examination and of education of which they are naturally cognisant, will be conferring an unalloyed benefit on the community.

The principle of direct representation is that which the Association has always advocated. Some have suggested that members of corporations should elect the representative of their corporations on the Council, as being more easily worked; they object to the number of the constituency if direct representation be carried out. The difficulty is in reality groundless, and certainly no greater in England, which would have the largest constituency, than in respect of the Royal College of Surgeons of England, which numbers some thirteen thousand members. The present representative for the University of Cambridge

is elected by all the graduates, numbering upwards of four thousand—a number far greater than that of the profession in Ireland and in Scotland.

The expense of election has also been urged against the proposal and that of a contested election of a representative of Parliament for any of the universities has been brought forward in illustration. The comparison, however, is far-fetched indeed; the representatives of universities in Parliament are men of high position in the world of politics, men looking for office under Government, and to whom a university seat is of the highest importance. There will be no such struggle for a seat at the Board of the General Medical Council, which offers no opportunity of a distinguished career, and which must always entail pecuniary loss, however much it may be prized as a mark of professional confidence. One thing is certain, that, with a constituency such as that which the medical profession will form, no noisy pretender, no vain self-assertor, will have a chance of election. The great provincial schools unquestionably afford an abundance of eligible candidates.

Space will not permit, on the present occasion, the details of the mode of election: they are fully set forth in the drafted Bill of the Association which has been placed before the General Medical Council. They are similar to a plan worked out in great measure with the late Mr. Graves and Sir J. Gray, M.P. for Dublin (who was also a medical man), and were adopted in a Bill drafted by the *Lancet*.

The Association claims the representation of the profession in the General Medical Council, first, as a right, and secondly, as a means of improving the composition and the working of the Council by balancing the undue preponderance of the licensing corporations upon it.

DISARTICULATION AT THE HIP.

TOWARDS the end of 1877, M. Verneuil communicated to the Academy of Medicine in Paris a paper on this subject, with remarks on the operative proceeding and mode of dressing. This paper became the starting-point of a long discussion, in which all the surgical celebrities of Paris have in succession taken part. Disarticulation of the hip, says M. Verneuil in his memoir, will always involve a grave prognosis on the one hand by reason of the dangers inherent to the condition which necessitate it, on the other by reason of the traumatic accident to which it is exposed by reason of the extent of the wound. "Death," he adds, "is sometimes immediate, on the operating-table itself; sometimes rapid in the first five hours; sometimes approximate within two hours. At other times, it occurs after the first seven days, or later. Early deaths are by much the most frequent, ordinarily caused by the hæmorrhage which precedes, accompanies, or follows the operation, and which proceeds not only from the femoral artery, but also from the branches of the gluteal and the sciatic arteries. Later deaths are most frequently the result of blood-poisoning." M. Verneuil then attempts to discover, first, what is the mode of operation most calculated to realise economy of blood; and, second, what is the mode of dressing which affords the best precaution against the accidents of infection. To reduce the loss of blood to its minimum, the best method, according to M. Verneuil, consists first in pushing back into the system the blood contained in the limbs by means of the elastic bandage; then removing the thigh as if one were proceeding to remove a voluminous tumour, by exposing and tying the principal vessels before dividing them. This method of proceeding was followed for the first time by M. Verneuil in 1864. To prevent septicæmia in its diverse forms, acute, chronic, or pyæmic, M. Verneuil considers it essential to prevent the discharges from stagnating in the wound, too favourably disposed to retain them; and useful, if it be possible, to prevent changes in those fluids. Primary union, adopted by all surgeons and held in view by all the inventors of operative methods, is, he considers, unfit to fulfil the two former conditions; it favours rather the alteration and retention of the fluids, even if only in the cotyloid

cavity. It ought, he advises, to be abandoned. For the same reason, M. Verneuil abandons the lateral oval proceeding, and the operation by the anterior flap, which favours retention of the fluids, and prefers an open wound largely exposed, such as he obtains by the "racquet" method. The following are the different stages of this procedure. In the first stage, an incision is made in the skin—a vertical incision from 2 to 2.4 inches, starting from a finger's breadth from below the crural arch; and from the inferior extremity of this is made an incision which crosses obliquely the external surface of the great trochanter, and is continued along the gluteal fold. The second stage consists of opening the sheath of the vessels; preventive ligature of the femoral artery above its bifurcation, and ligature of its two branches *en masse* to avoid the reflex hæmorrhage by anastomosis; and section of the veins between the ligatures. The third stage consists of section with the bistoury of the muscles of the anterior region. The vessels compressed in the muscular interstices are only divided after previous ligature. In the fourth stage, the joint is laid open. The fifth stage consists of division of the posterior muscles and of the vessels with the same precautions. The operation may be terminated in half an hour. The wound is open, and shaped like a hollow cone. As to dressing, M. Verneuil employs small squares of tarlatan soaked in water, on which are applied small feathery masses of charpie dipped in antiseptic liquids, which are covered with a thick layer of cotton-wool. The whole is kept in place by a piece of oiled silk as simply arranged as possible. The dressing (*à la Lister modifié*) is rearranged every morning.

All the surgeons who followed M. Verneuil in the discussion admitted the originality of his method. M. Roche, however, observed that Marcellin Duval had already previously substituted the bistoury for the knife; but his proceeding differed essentially from that of M. Verneuil, in that the vessels were not tied until after the operation. M. Terrillon preferred the external oval method; he compressed the aorta and tied the vessels as he proceeded with the section. M. Richet recommended direct compression of the open arteries by the aid of large sponges, soaked, if desired, in hæmostatic fluids. Two operations performed with these precautions—one in 1850, and the other in 1864—ended both successfully; whilst a first disarticulation, performed in June 1848, resulted in considerable hæmorrhage and the death of the patient in forty-eight hours. M. Trélat compressed the iliac and performed preliminary ligature, or prompt ligature of divided vessels, whilst an assistant compressed the whole base of the anterior flap. As for the posterior flap, "what prevents us," he asked, "from proceeding slowly and applying the hæmostatic forceps to every branch which gives blood?" M. Legouest had three times performed disarticulation of the thigh, and had assisted at an equal number of operations. The first of his patients died at the end of four months; the second, at the end of forty-eight hours; and the third, at the end of fifteen days. In the first and third operations, there was abundant hæmorrhage. M. Legouest advised the prevention of hæmorrhage from the femoral and its branches by employing the procedure by the anterior flap, and tying immediately the vessels which it contains. Having uncovered the articulation, he disengaged the head of the femur; and, separating it from the pelvis, he passed behind it the flat of the knife, so as to divide at the same time the posterior soft parts in front of the hands of an assistant who compresses them, stopping to tie the vessels as they are opened. Finally, M. Lefort was of opinion that the sometimes abundant hæmorrhage which often accompanies this operation is not the principal cause of the rapidly fatal result. This frightful mutilation, by cutting off almost a fourth in weight of the body, carries with the limb a quantity of arterial and venous blood greater than that of which even abundant hæmorrhage may cause the loss. This loss, added to that which occurs by the vessels which the surgeon opens, augments in a formidable proportion the gravity of the operation; and to this must be added the modification which must occur in the hydrostatics of the circulation by the removal of so considerable a part of the body. The relative benignity

of disarticulation in patients whose thighs have already been amputated at a more or less distant time, the successful employment of Esmarch's bandage, and the observations of Joseph Bell at the Royal Infirmary of Edinburgh, have led M. Legouest to insist upon this particular part of the question. The economy of blood deserves, then, the attention of all surgeons in performing coxo-femoral disarticulation; and it follows from the communications of all those surgeons, that it is absolutely indispensable to employ every means capable of lessening loss of blood either as a preventive or definitive means.

M. Gros of Nancy, in reviewing this long debate in the *Revue Médicale de l'Est*, which is the organ of the new University at Nancy, calls attention to the very complete memoir recently published on coxo-femoral disarticulation by Dr. Lünig of Zürich (*Ueber die Blutung bei der Exarticulation des Oberschenkels und deren Vermeidung*, Zürich, 1877). Dr. Lünig, he pointed out, had collected four hundred and ninety-seven observations on disarticulation of the hip, in which the mortality is as high as 70 per cent.; but it has been ameliorated of late years. It is greatest in operations performed for wounds by fire-arms, and hardly better in operations performed for ordinary injuries (71 per cent.); more favourable in operations performed for pathological lesions (42 per cent.); and most so in cases of reamputation (40 per cent.). In two hundred and thirty-nine operations having a bad result, and in which the date of death is exactly known, Dr. Lünig has noted that in 5 per cent. of the cases the patient has succumbed during the operation; in 12½ per 100, within one hour; in 26, within five hours; in 46 per 100, or nearly one-half of the cases, within the first day; in 57 per 100 of the cases, within forty-eight hours; and, finally, in 70 per 100 of the cases, before the fifth day.

THE old pupils and friends of Mr. Henry Spencer Smith have set on foot a movement to mark their affectionate sense of his long services at St. Mary's Hospital, and personal kindness to themselves, by a suitable testimonial of regard and affection. Mr. Juler of St. Mary's Hospital is the honorary secretary.

A FUND has also been commenced by the old pupils and friends of Mr. Edwin Canton at Charing Cross Hospital for a similar purpose, in connection with his retirement from office.

WE regret to hear this week of the death of Mr. Thomas Carr Jackson of the Great Northern Hospital, an active and able surgeon, who had achieved a good professional reputation and a large measure of success, and has died prematurely, with painful disease of the prostate and bladder, at the age of fifty-two.

MANY London men will also hear with great regret of the quite sudden decease of Mr. Arthur Noverre, a general practitioner in large fashionable practice at the West End, who had only comparatively late in life acquired his London connection, but had made himself more than usually liked and respected by his gentleness of character and the high professional standard by which all his opinions and actions were guided.

THE odour of iodoform is so pungent as to be an objection to its use for the purposes of treatment, in cases in which it has recently been recommended by writers in our columns. *L'Union Médicale* states that, on dissolving it in ether and applying to the diseased parts, on evaporation an odourless coating of iodoform is left.

A TRAMP in Pennsylvania has recently inoculated numbers of individuals with syphilis. He made a vocation of tattooing; and during the process, in order to wet his needles, put them into his mouth, which was full of sores. Measures were taken to have the man arrested, and he freely acknowledged that he was in the tattooing business, but did not know that he had done any harm.

THE *Canada Medical Record* mentions that Dr. Craig recommends a twenty-grain solution of chlorate hydrate for the painless removal of warts.

DR. J. DANIEL MOORE, of Lancaster, has been appointed Visitor of all Houses Licensed for the Reception of Lunatics within the West Riding of Yorkshire, in place of Dr. E. Denis De Vitre, who has resigned.

DR. DA COSTA of Philadelphia reports that he has used hypodermic injection of dialysed iron in chlorosis with most gratifying results. He injects fifteen to thirty minims of the pure liquid daily, with no bad effects whatever.

THE Pharmaceutical Society has just issued an excellent catalogue of their fine *Materia Medica* Museum; it is compiled by the curator, Mr. Holmes, and is full of useful material. Students (and lecturers) who have not always access to very complete collections in our hospital schools, will find the quality and arrangement of the specimens in Bloomsbury Square such as to amply repay study.

AT this week's meeting of the Clinical Society (Friday, April 26th), the following papers will be read: Dr. Tilbury Fox—*Cacotrophia Folliculorum*; Dr. Barlow and Mr. Marsh—*Ovariectomy in a Girl aged 12*; Mr. Barker—*Wound of an Abnormal Obturator Artery in an Operation for Femoral Hernia*; Dr. Barlow (for Dr. Sangster)—*Urticaria Pigmentosa* (living specimen).

CHLOROFORM IN LABOUR.

M. LUCAS-CHAMPIONNIÈRE, one of the younger generation of French physicians, who are freeing the school to which they belong from the reproach of neglecting the progress of the medical sciences and medical practice in other countries, has attracted much attention lately to the neglect of chloroform in labour by the French school of accoucheurs. Unaware of the absolute safety of chloroform anaesthesia in labour, demonstrated now in this country and America until it has become a commonplace of experience in untold thousands of cases, French accoucheurs have either ridiculed, denounced, or neglected this precious means of ease and safety, which has proved so immense a boon in easing the pangs of childbirth. French women have no reason to be thankful to them for this neglect. Dr. Campbell, in Paris, has in vain sought to urge the English practice upon the attention of the great body of French accoucheurs. M. Lucas-Championnière seems likely to be more successful; and his able advocacy, and the statement of his experience at the Hôpital Cochin, seem likely to popularise a practice which experience has rendered in other countries as general as it is safe and beneficent.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following are the names of members nominated by the Council, and proposed to the College for election to the fellowship: John Sykes, M.D. Edinburgh, Doncaster; Thomas Guy, M.D. Heidelberg; John Louis Wm. Thudichum, M.D. Giessen; Arthur Ernest Sansom, M.D. London; William Orange, M.D. Heidelberg, Broadmoor; Alfred Wiltshire, M.D. St. Andrew's; David Lloyd Roberts, M.D. St. Andrew's, Manchester; Charles Henry Ralfe, M.D. Cambridge; John Mitchell Bruce, M.B. London; William Henry Allchin, M.B. London; John Curnow, M.D. London; Alfred Lewis Galabin, M.D. Cambridge.

AN AFFLICTED POPULATION.

IN a report lately submitted to the Prefect of the Seine, the following startling disclosures were made. Amongst the population of France, which is estimated at 36,000,000, it has been discovered that there are 37,927 blind and 29,512 deaf and dumb; that is to say, there is 1 blind person to 950 inhabitants, and a deaf and dumb to 1,212. The proportion of lunatics is also considerable. Of 24,456 insane persons, Paris alone contains 7,333.

MEDICAL ETIQUETTE.

WE publish another communication from Dr. Abrath of Sunderland on page 632. In reference to it, we have only to repeat that the advertisement by a medical practitioner in a public paper of his private scale of fees and charges is opposed to the generally accepted notions of professional propriety in this country; and Dr. Abrath need only refer to the files of any medical newspaper, to make himself aware that such infractions of medical etiquette have not failed to be blamed when from time to time brought to editorial notice in respect to other persons and on other occasions. That such a practice would involve the striking off the *Register*, or taking away the licence of anyone who resorts to it, has not been suggested in these columns, nor has anything been said to warrant this suggestion. That is an extreme measure reserved for offences of a very serious grade indeed, and, so far as we know, has never been done except for an actual breach of the law of a flagrant kind, or for some most disgraceful professional offence. There is nothing to warrant any such suggestion in Dr. Abrath's advertisement, which, although it offends against accepted professional rules, and thus calls for reproof, is by no means of so serious a character as to justify any such action. We regret, therefore, if any one has distorted our censure of Dr. Abrath's advertisement into any such implication. Still more improper would it be to make any such suggestion to patients. We know nothing, however, of any quotations of our observations, or of Dr. Abrath's private affairs; and it is unnecessary to add that our comments, far from being "malicious", are made as a matter of editorial duty upon a public document, and in accordance with long accepted and time honoured rules in the profession. In mentioning the Council of the Apothecaries' Society or of the British Medical Association as a professional tribunal to whom we should willingly see Dr. Abrath refer the comments which we have made upon his advertisement, we added that we should willingly accept any other respectable professional authority, such, for example, as the Medical Faculty of his own University of Heidelberg; to whose judgment in the matter, if he chose to refer it, we shall be equally happy to give publicity. To the irrelevant matter in these letters, including Dr. Abrath's opinion of the British Medical Association, we need not refer.

MATERNAL AND FETAL MEDICATION.

THE influence on the infant of medicines, particularly narcotics, administered to the mother during pregnancy and labour, to which attention was directed at the last meeting of the Association by Dr. McClintock, has been the subject of discussion recently in America, and has called forth diverse opinions from men eminent in the profession there. The editor of the *Ohio Medical Recorder*, in referring to them, premises that some interesting experiments upon this same subject were made during the latter part of the year 1875, by Dr. Benecke (*Allg. Wien. Medizin. Zeitung*), with salicylic acid in half-drachm doses, administered shortly before and during labour. Among other results, he shows that "the interchange between the mother and foetus was very rapid". Salicylic acid was found to have passed into the foetal organism in forty minutes and appeared in the urine in two hours. (See *BRITISH MEDICAL JOURNAL*, December 25th, 1875, p. 786.) Other experiments had also been made by Gusserow with iodide of potassium, which seemed to prove that foreign substances easily pass from the maternal into the foetal circulation. On the other hand, experiments made by Spaeth and Schauenstein with mercury, and by Fehling with woorara, seemed equally to prove that medicinal substances do not reach the child through the placental circulation. The discussion above referred to related specially to narcotics as being of the greatest practical importance to the daily practitioner. Drs. Barker, Peaslee, and Luck, had used morphia extensively in midwifery practice, and had yet failed to recall any deleterious effects therefrom—indeed, Dr. Luck says, one patient took upwards of thirty drops of Magendie's solution on the day of her confinement, and for ten days previously, and the child was

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active and lively at birth. On the other hand, the experience of Drs. Thomas, Gillette, and others, was such as to warrant the conclusions "that morphia, when administered to the degree of producing its physiological phenomena in the mother, will invariably produce a relative condition of narcotism in the new-born infant"; and, if confirmed by further experience on the part of the profession, it ought to exclude morphia as a therapeutical resource in labour. Carefully prepared tables on the one side and on the other have been presented in the *American Journal of Obstetrics* by Dr. Luck and Dr. Gillette, showing great uniformity in the effects noted by each observer; but, singularly enough, entirely diverse the one from the other.

THE GERMAN SURGICAL CONGRESS.

THE seventh annual congress of the Society of German Surgeons commenced in Berlin on Wednesday, April 10th. The proceedings were opened with an address by Professor von Langenbeck, who, in the course of his remarks, said that the society now numbered two hundred and twenty-five members, sixteen of whom had recently joined. Three members had died during the year: Dr. Paul of Breslau, Dr. von Heine of Prague, and Dr. von Linhart of Würzburg. Professor von Langenbeck was re-elected President.

STATISTICS OF THE INSANE IN PRUSSIA.

IN 1876, according to the information furnished by fifty-two public and seventy-three private lunatic asylums, there were 20,115 insane persons in Prussia—10,754 males and 9,361 females. As regards the diseases, 24.7 per cent. were cases of secondary mental disturbance. Melancholia furnished 23.08 per cent., mania 19.94, paralysis of the insane 10.01, and delirium tremens 7.42 per cent.

YORKSHIRE ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

THE spring meeting will be held on Tuesday, April 30th, at the Town Hall, Easingwold, at 2 P.M., when the following papers will be read. 1. S. W. North, Esq., on the Registration of Disease; 2. E. B. Hicks, Esq., on a few matters of Sanitary Interest from a rural point of view; 3. Dr. H. F. Parsons, on Dangers to Rural Populations from the Excrement Disposal of Towns. The members will dine together at 4 P.M.

MEDICAL EVIDENCE IN COURTS OF LAW.

IN a case which is exciting a good deal of attention this week, arising out of an alleged assault upon a popular actress, Mr. Prescott Hewett was quoted in court as having requested that other evidence than his own might be taken, as he declined to appear as a witness in court. It is well known that many other surgeons of similar position to that occupied by Mr. Prescott Hewett, and equally solicitous of preserving professional reputation intact before the public, have for many years adopted a similar course. We do not remember to have seen, for instance, Sir James Paget, or Mr. Savory, or Mr. George Pollock, make any appearance as medical witnesses in contested cases. Of course it may be said, and will be said, that, for the purposes of justice, it is essential that expert evidence should be forthcoming; and that, if all medical men of high reputation were to adopt a similar course, the evidence forthcoming at railway and other cases would be often of a less satisfactory character than that which even now often proves the cause of much public scandal. The force of such an observation is undoubted, and this is a consideration not to be undervalued. On the other hand, under the present unsatisfactory conditions of the taking of expert medical evidence in courts of law, it may be doubted whether, if practical protests of this sort were pretty universal, it would not more effectually than any other course lead to the desired reform by which expert evidence should be taken in an impartial manner for the information of the court. Certain it is that judges and lawyers alike concur in estimating, as a rule, very cheaply the sort of medical evidence which is now so frequent in courts of law; nor do they hesitate, both officially on the bench and on public occasions, and in private, to express a strong regret for the sort of conflict which frequently

occurs before them, and their opinion that it does not tend to increase the respect entertained for the acquirements and impartiality of the members of the medical profession. The resolution taken, therefore, by such men as Mr. Prescott Hewett, Mr. Pollock, and Mr. Savory, to decline to give expert evidence, is readily understood, and will meet with a good deal of sympathy; and, if the example were more generally followed, although it might tend in the first instance to still further degradation of medical evidence in courts of law, it might probably, by that very fact, ultimately lead to very salutary reform.

EXTENSION OF THE PROVIDENT SYSTEM.

THE Charity Organisation Society has appointed an officer for organising the extension and promotion of Provident Dispensaries in the metropolis. In notifying this useful step, Sir Charles Trevelyan mentions that the services of this officer are available in forming new Provident Dispensaries, or in converting Free into Provident Dispensaries.

TO VEGETARIANS.

PROFESSOR GUBLER, in his recent researches as to the causes of cretaceous degeneration of the arteries, has made the very interesting discovery that a principal cause lies in a vegetable diet, and thus explains the frequency of cretaceous arteries among the French rural population at the early age of forty. This is the more important because it is well understood that "a man is as old as his arteries", and that chalky degeneration of the arteries is the most fatal kind of premature senility. Further proof he finds in the fact that the Trappists, who live exclusively on vegetable food, very soon show arterial degeneration. In districts where chalky soils load the drinking-water with earthy salts, a vegetable diet acts more rapidly in affecting the arteries than in regions of siliceous formation.

DEATHS FROM STARVATION IN LONDON.

A RETURN issued of cases in which coroners' juries have returned verdicts of death caused by starvation or accelerated by privation in the metropolitan district during the year 1877 shows that the total number of such deaths was seventy-one, of which forty-seven occurred in the central division of Middlesex, twenty-two in the eastern division, one in the city and liberty of Westminster, and one in the Greenwich division. No such deaths were reported in the western division of Middlesex, city of London and borough of Southwark, Duchy of Lancaster (Middlesex and Surrey), Her Majesty's Tower of London, the verge of the royal palaces, and the New Wandsworth Division.

THE LONDON FEVER HOSPITAL.

THE report of this hospital shows that, during the year 1877, 629 patients were treated, as against 730 in 1876. The mortality in all cases refers to patients treated to the termination of illness. Of scarlet fever, there were 406 cases, of which 31 died, or 7.65 per cent.; of enteric fever, 119 cases, of which 19 died, or 17.5 per cent. The low mortality of scarlet fever is, perhaps, to be explained by the comparatively large number admitted with this disease after twenty years of age, when it is less common to meet with fatal cases. Eight cases of typhus were admitted, of whom four died. Of measles, there were 56 admissions and two deaths; one or two cases of erysipelas febricula and mumps, and 45 cases of other disease. At the present time, when so much is being attempted in preventive medicine, one reads with regret the following extract from this report. "The number of admissions into the private wards set apart for patients of a higher position who are able to pay for their accommodation, was twenty-seven." These small numbers show that the advantages of this department of the hospital are still insufficiently known to the public and, we would add, to medical men. According to Rule 2 of the hospital, any person can be admitted on a certificate signed by any physician, surgeon, or apothecary, stating the disease to be fever of a contagious nature, or likely to become such. Fever and small-pox are now only too rife in London, and one cannot too strongly impress on medical practitioners

the fact that there is a hospital in London at which non-pauper cases of contagious fever can be treated, whatever the grade of society from which they come; and, were this once well known, we should cease to hear of epidemics of the more usual contagious fevers arising from servants and school-children being sent to their homes at a time when there is well grounded suspicion that they are sickening for, if not actually suffering from, a contagious fever.

A NEW, CHEAP, AND SELF-GENERATING DISINFECTANT.

UNDER this title, Dr. John Day of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison-germs of small-pox, scarlet fever, and other infectious diseases, a disinfectant ingeniously composed of one part of rectified oil of turpentine, and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power which is possessed by each of its ingredients of absorbing atmospheric oxygen, and converting it into peroxide of hydrogen—a highly active oxidising agent, and very similar in its nature to ozone. Articles of clothing, furniture, wall-paper, carpeting, books, newspapers, letters, etc., may be perfectly saturated with it without receiving the slightest injury; and when it has been once freely applied to any rough or porous surface, its action will be persistent for an almost indefinite period. This may, at any time, be readily shown by pouring a few drops of a solution of iodide of potassium over the material which has been disinfected, when the peroxide of hydrogen which is being continually generated within it will quickly liberate the iodine from its combination with the potassium, and give rise to dark brown stains. It may be applied with a brush or a sponge, or, if more convenient, as is the case with certain articles, such as books, newspapers, and letters, it may be simply poured over them until they are well soaked; they may then be allowed to dry, either in a warm room or in the open air.

RESPIRATION AT HIGH ALTITUDES.

AT a recent meeting of the Royal Society, Dr. William Marcet communicated a paper on "An Experimental Inquiry into the Function of Respiration at Various Altitudes". His experiments were mainly undertaken with the view of inquiry into the state of the respiration of tourists at various altitudes, and under the different circumstances met with on Alpine excursions. Pettenkofer's method was adopted in the estimation of carbonic acid, and the experiments were many in number. The ori-nasal mask worn to collect the air breathed out, and the India-rubber bags that received the breath, were described. Dr. Marcet confirmed previous experiments in the fact that the quantity of carbonic acid breathed out is greater after food has been taken; and in his experiments on respiration at high altitudes, he endeavoured to neutralise the effect of food by taking an early breakfast and a late dinner, and doing the climbing between the meals. Experiments were made at the Breithorn, 13,685 feet; St. Theodule, 10,899 feet; the Riffel, 8,428 feet; St. Bernard, 8,115 feet; and the Lake of Geneva, 1,230 feet. In experiments made while sitting, Dr. Marcet finds that there is an increase of carbonic acid breathed out as a person rises above the sea on a mountain excursion, and that this is due to the fall of the atmospheric temperature, and to the cold produced by increased evaporation from the body, arising from the diminished pressure of the atmosphere. In short, more carbonic acid is formed in the body to counterbalance the influence of cold from the causes just mentioned. If on ascending to a higher level we should find the same atmospheric temperature as we left at the lower station, still an increased amount of carbonic acid would be expected, on account of the cold due to the greater cutaneous and pulmonary evaporation. Dr. Marcet experimented in a similar manner while ascending hills. Walking up rapidly over rocks and grass patches yields most carbonic acid, the amount being 3.155 grammes per minute, which, he said, was attended with the inhalation of the largest volume of air breathed. Ascending quickly at the height of St. Theodule caused a considerable elimination of carbonic acid through the lungs, amounting to 2.972 grammes.

On the other hand, walking leisurely up-hill at the St. Bernard gave rise to the production of no more carbonic acid than quick walking on the level ground at that same station.

THE VITAL STATISTICS OF ITALY.

IN Italy during the year 1876 there were 225,000 marriages, 1,083,000 births, and 796,000 deaths, the population being 27,700,000 persons. Of the marriages, the largest number, compared with the population, occurred in the southern provinces, or *compartimenti*, in Basilicata, where there were 10 per 1,000, and Apulia, where the proportion was 9 per 1,000. In the province of Rome the number was the smallest—namely, 5.59 per 1,000, and after Rome in Sardinia, where it was 6.87 per 1,000. The fecundity of marriages stands, however, in inverse ratio to their number, being greatest in Rome and Sardinia, and smallest in Basilicata. In Basilicata, again, the fewest marriage certificates were subscribed by both parties—viz., only 3 per cent. In Rome 30 per cent. were subscribed, but education is most advanced of all in Piedmont and Lombardy, where 55 per cent. and 45 per cent. respectively wrote their names upon the certificate. Of cases in which neither the man nor the woman contracting could write, there were 80 per cent. in Basilicata, while there were only 13 per cent. of such cases in Piedmont, 24 per cent. in Lombardy, and 23 per cent. in Liguria. The percentage in Rome was 38. Education is, however, advancing in Italy as elsewhere; for while there were only 34 per cent. who could write their names on the marriage certificates in 1872, there were 37 per cent. in 1876. Of the births, the largest percentage of legitimate children occurred in Piedmont, Liguria, and Lombardy—viz., from 95 to 97 per cent. of all children born. The illegitimate numbered only 2.17 to 3.50 per cent., and the children exposed in Lombardy only .68, and in the other two departments about 1.30 per cent. In Rome, on the contrary, the percentage of legitimate births was smallest—namely, 81 per cent., and of illegitimate largest, 15 per cent.; but there were, again, only 3 per cent. of the children exposed, while in Sicily, for instance, 5 per cent. were exposed. In Sicily, while the number of illegitimate children born was 3,000, there were 6,000 exposed, so that 3,000 of these were recruited from those born legitimately.

LEGALITY OF POST MORTEM EXAMINATIONS.

A CASE has recently occurred in France, in which the right to examine a dead body without the consent of the relatives and executors has been brought as a question before a court of law. The widow P. died in the hospital of Montpellier. Her relatives desired to see the body, and they found that one of the feet had been cut off. The missing foot, at the request of the relatives, was produced and replaced on the leg of the corpse. In explanation, it was stated that the widow P. had died of a peculiar disease of great interest in a scientific point of view, and that the Professor of Pathology had found it necessary to make a necropsy and had removed the foot, as it was the seat of an inflammatory lesion the nature of which it was necessary to determine. The relatives of the deceased widow protested against these proceedings, and affirmed that from the date of the death they had given the sister of the ward notice that they would reclaim the dead body. They summoned Professor E., who had conducted the *post mortem* examination, before the civil tribunal, and claimed from him damages for his interference with the body without their permission. The civil tribunal, in an elaborate judgment, decided against the plaintiffs, and condemned them in the costs of the action, chiefly on the ground that, under an edict of March 1707, the bodies of persons dying in hospitals in which they have received gratuitous attendance shall be at the disposal of the professors for surgical and anatomical examination under certain restrictions. There was, further, no proof that the notice to the ward-sister had been communicated to the professor (*Chronique des Tribunaux*). As a rule, the hospital authorities in England claim a right to examine the bodies of those who have died in the hospital, not for the purposes of dissection, but to determine and explain the cause of death when this is absent. In some cases, the relatives sign a paper to this effect before the applicant is admitted as a patient. Such a right should in all cases be conceded.

SCOTLAND.

THERE were eighty-three deaths from measles and whooping-cough in Edinburgh during the month of March.

At a meeting of the St. Cuthbert's Parochial Board, last week, the Inspector reported forty-four cases of defaulters under the Vaccination Act, and the usual proceedings were ordered to be taken against them.

It is understood that Dr. Heron Watson, whose term of office as a Surgeon to the Edinburgh Royal Infirmary has expired, retains two wards as long as the present buildings are occupied. It is rumoured that the managers are about to appoint a third Assistant-Surgeon to the institution. The election is likely to take place shortly.

THE report, by the Medical Officer of Edinburgh, of the health of the city for the month of March shows that, during that period, there were no deaths from typhus, diphtheria, or small-pox, and only four from typhoid and seven from scarlatina. On the other hand, the deaths from measles were 60, and from whooping-cough 23. The total mortality from zymotic diseases was 96, or at the rate of 21 per cent. of the total mortality. The deaths from these diseases, for the quarter ending March 31st, were 251, or 18 per cent. of the total mortality, as contrasted with 78 deaths, or 6.78 per cent., in the corresponding quarter of last year. The total mortality of the quarter was at the rate of 26 per 1,000, the average for the past five years being 23.76. The death-rate during the same period was equal to an annual rate of 33.5 per 1,000 of estimated population.

ST. ANDREW'S UNIVERSITY.

THE ceremony of graduating those who have passed in Medicine and Arts took place on Thursday, the 18th, in St. Mary's College, St. Andrew's; Principal Tulloch presided. The following received the degree of M.D.: Oliver Codrington, Chatham; W. T. Colby, Malton, Yorkshire; A. Eteson, Watford, Herts; S. Grose, Staff-Surgeon R.N., Melksham, Wilts; F. Hall, Leeds; H. Hicks, Hendon, Middlesex; A. T. McGowan, Clifton, Bristol; W. Whalley, Bradford; H. Woolton, London; H. B. Wynter, Wandsworth. The following were presented with the degrees of M.B., C.M.: J. S. Mackay, Edinburgh; J. H. Rea, Belfast; J. Dearden, Church; C. P. Kempe, London.

DR. ALLEN THOMSON.

THE portrait of Dr. Allen Thomson, painted by Sir Daniel Macnee, P.R.S.A., was presented to the Glasgow University authorities, and a *replica* to Mrs. Thomson, by the citizens, in recognition of his services to science, before a large audience, in the Lower Hall of the University, on Wednesday, April 17th. In making the presentation to the University authorities, the Lord Provost remarked that Dr. Thomson, who had attained a place in the foremost rank of modern scientific men, had graduated at Edinburgh, his native city, forty-eight years ago; that he had been a professor, first in Aberdeen, then in Edinburgh, and lastly in Glasgow, for thirty years. During this long term of office, which had only expired on his retirement quite recently, he had taken an active part in all academic matters, as they might judge from the fact that he was selected to cut the first sod when the works connected with the new University were commenced; and he hoped he would take part in an equally interesting ceremony, when, through the princely munificence of the Marquis of Bute, the building should be completed. Principal Caird, in acknowledging receipt of the portrait, expressed the utmost gratification that the University authorities should possess this masterly work, which not only gave the form and features, but something of the mind and spirit of the man—something of the cultured intelligence, of the high bred wisdom, of the man of science; of the sagacity and ripe experience of one who was pre-eminently wise in counsel, and the no less genial, kindly, unselfish, and tried and trusted friend. In acknow-

ledging the present of the *replica*, Dr. Thomson expressed his great pleasure in having obtained the approbation of the citizens, his deep sense of the honour conferred on him, and his extreme satisfaction with the manner in which the portrait had been painted by his friend Sir Daniel Macnee.

MUNIFICENT BEQUESTS.

THE late Mrs. Bell of Balgray has left to the University of St. Andrew's the sum of £1,000, for the foundation of a Scholarship in Arts or Medicine, to be called the Patrick Kidd Scholarship, in memory of her father. The residue of the remainder of Mrs. Bell's estate, about £9,000, will be divided among the poor of certain parishes, the Dundee Royal Infirmary, and other charitable institutions, in the proportion of from one to three-tenths to each; the Infirmary receiving three-tenths. The residue of the estate of her sister, Mrs. Byers, to the same amount, is divided among similar institutions, among which the Perth Infirmary receives three-tenths.

EDINBURGH BOTANICAL GARDEN.

A REPORT for the year 1877, by Professor Balfour, the Regius Keeper of the Garden, has been issued recently. From it we learn that Inverkeith House, the future residence of the Regius Keeper, cannot be made habitable before the end of the approaching summer. A most important want in the house is a room for a library, especially botanical. The Keeper has still to complain of want of funds to carry on the ordinary work of the Garden; the total sum allowed annually for this purpose being £1,400: an extra sum of at least £300 annually is required for the ordinary working expenses of the Garden. There is no botanical garden of the same area, and used to the same extent for teaching purposes, which is kept up on so small an outlay. The accommodation of the students who attend the lectures on botany is still in the same inefficient state as it has been for some years. The class-room can at most accommodate 230, and last summer the number attending the class was 389. Petitions for increased accommodation have been, during three years, sent to the Office of Works, one of the petitions being signed by three hundred students of medicine. While the Professors of the Medical Faculty in the University are getting increased accommodation by the aid of a grant from Government, the Professor of Medicine and Botany, whose class last year was third highest as regards numbers, is compelled to lecture in an overcrowded room, the vitiated air of which is injurious to the health of both lecturer and pupils. The Garden stands in need of an aquarium and fern-house, in order to complete its means of teaching. The number of visitors to the Garden in 1877 amounted to nearly 80,000. The number of fresh specimens of plants used for lectures and demonstrations during the year was 48,820. Plants and seeds have been forwarded to thirty-five gardens at home and abroad.

IRELAND.

At a meeting of the Senate of Queen's University, held on Wednesday last, Dr. Duffey was appointed an Examiner in *Materia Medica*.

DR. STRAHAN, dispensary medical officer of No. 2 subdistrict, Belfast, having resigned, Dr. McKee has been appointed *locum tenens* until the vacancy is filled up. The election will take place on the first Monday in May.

DR. BLAQUIERE, who is the medical officer of the Ballynoe Dispensary District, Fermoy Union, was last week thrown from his horse, and sustained serious injury, several ribs being broken.

LIMERICK DISPENSARY.

At a meeting of the Dispensary Committee last week, an election for a dispensary medical officer to No. 1 District took place, in the vacancy occasioned by the resignation of Dr. Carey. There were two candi-

dates—Drs. Meehan and O'Connor—the latter gentleman being appointed by a majority of votes. Dr. Carey, who had served for forty-seven years, has been recommended for a retiring allowance equivalent to two-thirds of his late salary.

SMALL-POX IN LIMERICK.

THREE additional cases were admitted into the Workhouse Hospital last week, two of the patients being privates in the Royal County Limerick Fusiliers. As the barracks are very close to the workhouse, the regiment will be placed in tents at the King's Island, and their quarters at the Royal Barracks thoroughly disinfected.

STEWART INSTITUTION FOR IMBECILE CHILDREN.

At a meeting of the Managing Committee of this institution last week, Mr. Pascal P. Law handed over securities amounting to £835, making, with £3,165 given on February 25th last, the sum of £4,000, to form the nucleus of a fund for an additional wing to the new buildings, which will shortly be opened at Palmerstown, County Dublin. A bazaar in aid of the funds of the charity will be held early next month.

CORK STREET FEVER HOSPITAL.

At the meeting of the Managing Committee of this hospital last week, it was reported that the accommodation available for small-pox patients was virtually exhausted, there being one hundred and thirty-two cases of the disease, as well as twenty-eight fever cases, in the hospital. Fortunately, the Kilmainham auxiliary sheds are now ready for the reception of small-pox patients, either acute or convalescent cases. In this way, the pressure on the Cork Street Fever Hospital has, it will be observed, been timely removed. But only barely so; the Board of Guardians of the South Dublin Union having taken no satisfactory steps to fulfil their duties in providing hospital accommodation, until threatened with dismissal by the Local Government Board.

THE HOSPITAL FOR INCURABLES.

THE Misses Brooke, sisters of the late John Brooke, Esq., Q.C., whose liberality to the charitable medical institutions of Dublin has been noticed by us on former occasions, have given a sum of £500 to this hospital, in addition to a former contribution of £200 to the same charity.

ST. MARK'S OPHTHALMIC HOSPITAL.

THE bazaar recently held for the benefit of this hospital realised a sum of £518. Considering the number of bazaars for charitable purposes held about the same time in Dublin, this result must be looked upon as very gratifying and satisfactory. The Misses Brooke have also given a second donation of £100 in aid of the Building Fund of the hospital.

HEALTH OF DUBLIN: QUARTERLY REPORT.

In the Dublin Registration District, during the quarter ending March 30th, the births registered amounted to 2,526, being equal to an annual ratio of 1 in 31.1, or 32.1 in every 1,000 of the population; and the deaths registered to 2,460, affording an annual ratio of 1 in 32.0, or 31.3 per 1,000. The death-rate, it will thus be seen, was not much below the birth-rate; the former being 31.3 and the latter 32.1 in every 1,000; but it was, however, slightly less than the average rate of the first quarter of the last ten years. The deaths from zymotic diseases amounted to 431, the mortality from the seven principal being equal to an annual death-rate of 4.3 per 1,000 inhabitants. Of these, small-pox caused 57 deaths; fever, 69; whilst the deaths from measles and its complications, which had been very numerous throughout the greater part of last year, 147 having been registered in the December quarter, fell in the March quarter to 75, of which one-half were recorded in the month of January. Croup produced 33 deaths; scarlet fever, 20; diarrhoea, 33; diphtheria, 7; dysentery, 5; erysipelas, 3. One hundred and seventy-four deaths in children were ascribed to convulsions; and 107 deaths attributed to heart-disease. Diseases of the respiratory

organs (excluding phthisis) caused 660 deaths, or 27 per cent. of the total mortality. These deaths, owing to the prevalence of pneumonia, were 51 over the average in the corresponding quarter of the past ten years.

ARMY MEDICAL DEPARTMENT.

THE following memorandum, in reply to the late Secretary of State for War's circular to the Medical School, has been forwarded from the Professors of the School of Physic.

"At a meeting of the Professors of the School of Physic in Ireland, held in Trinity College on April 15th, 1878, it was resolved (in drawing up a reply to Mr. Secretary Hardy's letter of March 21st last) to mention the following as the principal reasons which prevent the students of Trinity College from competing in larger numbers for the Army Medical Service:—1. The feeling of distrust produced by the frequent changes in warrants and regulations has caused a reluctance on the part of the medical students of Trinity College to enter a service in which they are unable to calculate with certainty on their future career and treatment; 2. The recent short service system, by which a medical officer is liable to compulsory retirement at the end of ten years' service; 3. The disadvantage at which medical officers are placed, as compared with other officers, in respect to several matters, such as sick and ordinary leave, exchange, and barrack privileges. In addition to the foregoing reasons, the medical students of Trinity College are of opinion (whether rightly or wrongly the professors do not undertake to say) that the abolition of the regimental system has seriously diminished the social and other attractions of the service for candidates of liberal academical education.

"SAMUEL HAUGHTON, Medical Registrar."

THE RIVER LIFFEY NUISANCE.

WITH the return of dry and warm weather, the foul emanations and "abominable stench" from this open sewer are making its existence the subject of annually recurring complaint by, and discomfort to, the citizens of Dublin. The foreshore of the river was cleansed last in the spring of 1876. Lately, in the neighbourhood of the most frequented portions of the river, the lodgment of solid sewage-matter on the banks, especially during low tides, has become most offensive. This is chiefly owing, no doubt, to the works in connection with the widening of Carlisle Bridge now in progress, and by which there is much disturbance of the sewage caused. The projecting piers of another recently erected bridge higher up the river—the smaller bridge—also tend to cause an accumulation of sewage in the angles. We are glad to see that, on the motion of Mr. Gray, M.P., the corporation have directed the Public Health Committee to consider and report as to the best means of abating the present foul condition of the river, and have authorised the Committee to incur an expenditure not exceeding £200 for such temporary abatement of the nuisance as it may think advisable.

PHYSIOLOGICAL TEACHING IN DUBLIN.

At a meeting of the Council of the Royal College of Surgeons in Ireland last week, a resolution was adopted: "That steps be taken to obtain a change in the existing by-laws relating to physiology and surgery certificates." The subject was brought under the notice of the Council in consequence of an application from the Registrar of the Carmichael School of Medicine (Dr. Harvey), requesting that a certificate of attendance on a laboratory course of practical physiology should be accepted in lieu of one of the three winter courses of theoretical lectures in physiology required by the by-law. The question was referred to the Educational Committee to report as to what changes were necessary. As to the changes which we believe to be necessary, we have already clearly expressed our opinion in commenting on Dr. Harvey's letter to us on the subject in the JOURNAL of the 6th instant; viz., that a distinct course of practical physiology is a necessity of the improved teaching of the present day. Dr. Mapother's views, however, as to the teaching of practical physiology (*vide* JOURNAL, April 13th, page 551) will not, we believe, be shared in by any teacher who has had experience in conducting a practical class.

MEDICAL REFORM COMMITTEE OF THE BRITISH
MEDICAL ASSOCIATION AND THE GENERAL
MEDICAL COUNCIL.

ON Wednesday, April 16th, a number of the members of the Medical Reform Committee waited upon the President and several of the members of the General Medical Council, at an informal meeting held at 11 A.M. for the purpose of receiving them. The deputation consisted of Dr. Waters of Chester (Chairman of the Committee), Dr. Davey of Bristol, Dr. Wade of Birmingham, Dr. Stewart of London, Dr. Leech of Manchester, Mr. Wheelhouse of Leeds, and Mr. Nicholson of Hull.

The members of the Medical Council present were—Dr. Acland (President), Sir James Paget, Dr. Rolleston, Dr. Pyle, Dr. Storrar, Dr. Andrew Wood, Mr. Macnamara, Dr. Leet, Dr. Apjohn, Sir Dominic Corrigan, Dr. Quain, and Mr. Teale.

The PRESIDENT, addressing Dr. Waters, said: We have received this telegram from you, Dr. Waters, saying you desired to see the Council; and it has been laid before the Council. The Council have received two letters, written, it is supposed, by your colleagues.

Dr. WATERS: I am acting on behalf of the Medical Reform Committee; and, in writing the letter to the Council, I was fulfilling the instructions of the Committee, and, having full power to act for it, my letters were not read to the Committee.

The PRESIDENT: The Council requested me to ask, for its information, whom you represent. As, perhaps, your colleagues have not seen your letter, and they may like to hear it, I will ask the registrar to read the letter, because that will tell the gentlemen present what business has brought us together.

The following letter was then read.

"14, Nicholas Street, Chester, March 30th, 1878.

"Dear Dr. Acland,—In the present conjuncture of medical politics, I venture to submit to your careful consideration, as President of the General Medical Council, the Medical Acts Amendment Bill, approved and promoted by the British Medical Association. This Bill, amended as it would necessarily have been in its passage through the legislature, would, I believe, have been infinitely more acceptable to the profession and more beneficial to the public than the present Bill of the Government. I enclose with the Bill of the Association some of the reports of the Committee. The division of opinion between the General Medical Council and what is regarded as the profession in the matter of medical reform must be detrimental to the real interests of the profession which we all have so earnestly at heart. Is there no possibility of reconciling the different views held by each party, so that we might with one accord urge the Government to grant the prayer of the profession?" (Signed) EDWARD WATERS, Chairman of the

Medical Reform Committee of the British Medical Association.

"Professor Acland, M.D., F.R.S., Oxford."

The PRESIDENT: I received that communication from Dr. Waters, written as Chairman of the Medical Reform Committee of the British Medical Association; and, feeling that it was my duty to do everything that lay in my power to meet the wishes of the British Medical Association, I replied to it without expressing any opinion as to the contents of the letter, which spoke of divisions of opinion between the General Medical Council and what was regarded as the profession; and, without in any way committing the Council to acknowledge any such division of opinion, I thought it my duty at once to reply to Dr. Waters as follows.

"Oxford, April 3rd, 1878.

"Dear Sir,—I have to acknowledge the receipt of your letter on the subject of the amendment of the Medical Acts, together with the enclosures; viz., a Medical Bill (1876) and three other printed documents relating to changes in the Medical Acts. They shall all have my best attention. I trust with you that legislation may be able to rectify any anomalies or defects which can give just ground of dissatisfaction in respect of the Medical Acts. I am confident that you may rely on the best efforts of the Medical Council in endeavouring to ascertain what that legislation should be, and in seeking to bring about a successful issue. (Signed) H. W. ACLAND.

"E. Waters, Esq., M.D., Chester."

That letter, which was written by me in the absence of the Council, I think I may venture to say, expresses the feeling of the Council since it has met. The Council has now been engaged for several days in considering the best way of amending the Medical Act Amendment Bill. I pledged myself that in my judgment the members would do

so; and they have done so certainly this last week. Then I received another letter from Dr. Waters.

"Chester, April 9th, 1878.

"Dear Sir,—I thank you for acknowledging the receipt of my communication respecting the amendment of the Medical Acts. On behalf of my Committee acting for the British Medical Association, I have to express a hope that the opinion of the General Medical Council may be taken on the subject of the distinct representation of the profession upon it. The action of the Association since 1866, when a deputation on its behalf waited on the Council, proves that the Association is in earnest in its desire to obtain [it].

"(Signed) "EDWARD WATERS,

Chairman of the Medical Reform Committee.

"Professor Acland, M.D."

The Council decided at once to comply with the request of Dr. Waters, and expressed its readiness to answer any communication he might wish to send to the Council. We received the letter on Monday; and, unless the standing orders of the Council had been suspended, it would have been impossible to comply with the request therein contained, which was, that the Council should receive the members of (I suppose) this Committee before twelve o'clock on Wednesday. Unless the Council had considerably set aside the standing orders, that was impossible. This was done; and we were able to reply on Monday night that, although it was impossible for the Council to meet to-day before two o'clock, a greater part of the Council would be present to receive you. The following telegraphic message was sent in reply. "I cannot summon the Committee to attend a mere informal meeting."

That is how the matter stands. Having said this much to the deputation, I am sure those present desire to receive in the most open manner any communication which Dr. Waters or the gentlemen present desire to make.

Dr. WATERS: There is one element which I think it would be well to lay before the Committee, that is, the letter containing the resolution of the General Medical Council to which this telegram is a reply; and I should like the letter to be read. In the meantime, perhaps, Mr. President, I should like to ask the members of the Committee whether my communications with the General Medical Council, acting on behalf of the Medical Reform Committee, are not strictly in accordance with the lines of action laid down by the Committee in all our meetings. There have been meeting after meeting of the Medical Reform Committee, the members of which are busily engaged in responsible positions in different parts of the kingdom; and, as in the case of other bodies, so in this instance, a certain power is delegated naturally to the Chairman of acting on behalf of the Committee as circumstances may arise; but in all I have done I have the knowledge that I have only been doing precisely what the Committee had commissioned me to do.

The REGISTRAR then read the letter sent, with the resolution passed on the 12th.

Dr. WATERS: May I read the telegraphic reply? "I cannot formally summon the Committee to attend an informal meeting." In the resolution, as I read it, it appeared that the Committee was not invited to meet the General Council here present as a body, but that the Council had permitted the President of the General Medical Council, with such members as might be pleased to attend, to receive me or other members of the Committee; and therefore, of course, I could not formally summon the Committee to attend as a matter of duty at this meeting. I issued telegrams, and the result has been that several members from different parts of the country—Birmingham, Leeds, Hull, and other places—have attended to-day; but I think it right also to state that some members of the Committee in London—the ex-Presidents of the Association, the President of the Association, and the President-elect of the Association—taking into consideration the terms of the resolution, do not attend. They thought it was not a meeting of the General Medical Council as a body, but merely such portion of the General Medical Council as might be inclined to attend; and therefore I have to regret that on this occasion we only have a portion of the Committee present, while many of the ancient members belonging to it are absent.

Dr. QUAIN: Before Dr. Waters proceeds further, I should like to know what his request really was. It was, as I understood, that the Council should receive him at twelve o'clock, and at no other hour.

The PRESIDENT: Excuse me; before twelve o'clock.

Dr. QUAIN: I protest against such a request. Here is a body representing the most distinguished institutions of this country. The members have a fixed time for their duties, and a gentleman writes and says, "Receive me before twelve o'clock". Why, sir, courtesy should have made him ask, "When can you receive me?" I protest against this mode of procedure. I would say that for the

Council to be asked to wait on Dr. Waters in this fashion is an insult to the Council.

Dr. WATERS: I should be sorry if it be so understood. If any feeling be imported into this matter, it will very materially prejudice the proceedings of this day.

Dr. QUAIN: There is no personal feeling in the matter; but to sit here and be upbraided for not receiving Dr. Waters at a particular time, when the fault is entirely his own—

Sir DOMINIC CORRIGAN: I beg leave to say a word in reference to the observation that Dr. Quain has made. He has taken upon himself to speak for the Council, and says that an insult has been offered to it. I do not take anything that Dr. Waters has said as an insult to the Council.

Dr. QUAIN: I did not say so.

Sir DOMINIC CORRIGAN: As a member of the Council, I dissent from that statement of Dr. Quain. I have heard nothing to justify its being said that it is an insult to the Council.

The PRESIDENT: I am sure that, be the deputation a formal committee or an informal committee, be this a formal meeting of the Council or an informal meeting of the Council, all present desire that no personal feeling should be imported into the matter. Only it would be extremely desirable, before proceeding further, to consider what has brought us together. Sir James Paget and Dr. Quain himself, and several other members of the Council, have left their duties to-day at a time when they are not called upon by the rules of the Council to come, and wish all idea of personality of any kind to be entirely dismissed, and all idea of disrespect to the gentlemen of the deputation, and for this plain reason—which is the fact—that we set aside our standing orders to bring the matter in discussion before the Council; and, indeed, it was only by the courtesy of the Council towards the President that we were enabled to depart from our ordinary proceedings to consider the matter at all; and had we not done so, Dr. Waters would not have received an answer. And an answer to what? An answer to his request that we should receive him to-day before twelve o'clock. If the Council had not gone out of its usual way to comply with this request, the meeting could not have been held at all. Therefore, gentlemen, let us understand all round that the meeting is informal in its character, and I do not know of any similar proceedings being adopted during the whole twenty years of the existence of the Council. I, for instance, came up from Oxford this morning; so that all idea of discourtesy should be dismissed absolutely. Now, we will proceed to business. Allow me to say one thing, which will possibly set the matter straight. The first letter I received from Dr. Waters was answered in the heartiest way possible, that I was quite sure the Council wished to assist the whole profession, and Dr. Waters and all others who had the interests of the public and the profession at heart, in every way they could. We were meeting to discuss a particular Bill, and we have discussed that Bill for a week. In that Bill, there is no allusion to the subject which is referred to in the second communication—not even in the first, as brought forward by Dr. Waters. And we are met, I say, for a subject this morning, for the consideration of which we have not been summoned at all, because the particular subject brought before us this morning is not contained in our Bill. Having cleared up everything, we are quite ready now to enter fully into the subject brought forward by Dr. Waters.

Dr. WATERS: I am very sorry any remarks of mine should have excited so much warmth on the part of a member whom I personally know, and for whom I have a great regard.

Dr. QUAIN: I can but express my regret.

The PRESIDENT: I trust that the business will now be proceeded with.

Dr. WATERS: I wanted to explain why it occurred that certain members of the Committee were not present. I would say, with regard to the first communication to the President of the General Medical Council, that the Bill advocated by the Association was submitted to the General Medical Council for its consideration.

The PRESIDENT: I beg to ask to what Bill you allude. Is it the Bill you forwarded to me?

Dr. WATERS: The Bill of the British Medical Association—the proposed Bill.

The PRESIDENT: Has that been introduced into Parliament?

Dr. WATERS: It was read the first time in Parliament in the year 1873. It is not before Parliament now. The Bill embodies the principle to which the Association has pledged itself for years. It was read in the House of Commons in 1873. In that Bill, the very first provisions are as regards the representation of the profession in the General Medical Council; and as on that point there was a difference of opinion, so to that point the attention of the General Medical Council should be specially directed.

Dr. ROLLESTON: May I ask on what subject there was a difference of opinion?

Dr. WATERS: The representation of the profession.

Dr. ROLLESTON: Where was the difference?

Dr. WATERS: We have for many years back been before the General Medical Council, and we have suggested that the profession should have direct representation in the General Medical Council. The Council has never accorded that desire of the profession or of the Association.

Dr. ROLLESTON: Has it expressed any opinion upon it?

Dr. WATERS: The difficulty has been to obtain a collective opinion; the question has been shelved when brought before the Medical Council.

Dr. ROLLESTON: It has then been brought before the General Medical Council, but not in my time.

Dr. WATERS: Dr. Andrew Wood was a strong advocate for the representation of the profession in the General Medical Council. This being one of the main objects of the Bill of the Association, it was natural to suppose that the attention of the General Medical Council would be directed to it, in consequence of the letter from me as Chairman of the Medical Reform Committee.

Dr. QUAIN: When was the Medical Reform Committee appointed?

Dr. WATERS: It was appointed at Newcastle several years ago, after the withdrawal of the proposed Medical Amendment Act of the Marquis of Ripon. Before that time, the British Medical Association had simply what was called a Committee on Direct Representation, and that Committee was formed with the sole view of obtaining direct representation of the profession in the General Medical Council.

Dr. QUAIN: Did that Committee resign as the result of a subsequent resolution?

Dr. WATERS: It has never resigned.

Dr. QUAIN: Or any members of it?

Dr. WATERS: No members of it.

Dr. QUAIN: I understood that a resolution was carried at a subsequent meeting, and, as I read in the reports in the JOURNAL, several members of that Committee resigned, and Dr. Waters was one of them. I never read of the reappointment of the Committee.

The PRESIDENT: Perhaps I shall express the sense of the members of the Council present when I say that it would be very desirable, as Dr. Waters has requested us to come and hear his statement, that we should hear him in full. Notes should be taken of any question we desire to ask. Our position is this: that we have come here to listen to the communication and statements that Dr. Waters wishes to make.

Dr. QUAIN: It is very desirable to know by whose authority Dr. Waters speaks.

The PRESIDENT: No doubt, Dr. Waters will give us all the information we require; and if not, we will receive information by and by.

Dr. WATERS: We shall never get on really at this rate, if I am speaking of a meeting at Newcastle years ago, and then suddenly have to jump over an interval of time and come to the meeting at Manchester held last autumn. Dr. Quain has put a question, and I was answering him. I say, up to that meeting at Newcastle, from the time of meeting in Dublin, when the Committee was first appointed, there was simply in this Association a Direct Representation Committee, as it was termed. It had one object before it—to obtain a modification of the General Medical Council; and the Committee then, when the Bill of the Marquis of Ripon came before the Legislature, declined to accept that Bill because it did not concede what the Association prayed for, and believed to be, not its right, but the right of the profession. On the withdrawal of the Bill it was assumed by the Association—indeed, it was assumed by the members of the House of Commons at the time—that the Association had entered on a different phase; and, so far from being a Direct Representation Committee, it became converted into a Medical Reform Committee, and from the time of the meeting at Newcastle up to the present moment, it has been the Medical Reform Committee of the Association. I was Chairman of the Direct Representation Committee, and I have been Chairman of the Medical Reform Committee, and remained Chairman of that Committee without a break until the meeting last August in Manchester. The report on the Reform Committee was then brought forward as usual at the annual meeting of the Association, and it was read and accepted; but a member of the Association moved that, instead of simply going in for the whole broad features of medical reform, to which the Association has been pledged for forty-five years, the Association should simply go in for a Bill to enact penal clauses by which practitioners should be kept in what many members consider their proper places. As Chairman of the Committee, I resigned my post, and other members also resigned; and one gentleman, Dr. Stewart, is here to-day, who resigned on the occasion. Now to explain to Dr. Quain, the Committee is appointed from year to year

with power to add to its number. The Committee met. I was requested, though I resigned, to attend that Committee. I attended, and they begged me again to resume my place on the Committee. I hesitated, but, on representations made to me, I after a time resumed my place upon the Medical Reform Committee of the British Medical Association, and again became Chairman of that Committee, and in that capacity have acted ever since, summoning the Committee at such times as I thought right; and, indeed, I have summoned the members for to-day by special telegram, and the response of the Committee to my summons will satisfy Dr. Quain that there can be no doubt that, so far as any body can constitute me Chairman of that Committee, I stand here in that capacity. A crisis, as we believe, having occurred again in the matter of medical legislation, the Committee have had more than one meeting; it has had several meetings, and individual members of the Committee have taken action, and, in accordance with instructions given me, I communicated with the President of the General Medical Council. My object in doing so was to bring, if possible, united action between the General Medical Council and the profession. I believe in my heart and conscience, that there is no doubt that the Association represents the general body of the profession in this country. I believe, also, that this Medical Reform Committee, which has been appointed year after year now over a period of ten or eleven years, represents the views of the Association, and that, so far as any body of men can represent others, so does this Committee represent the Association in its collective capacity. I believe it also represents the profession, and that we have the voice of the profession of this country with us in the objects for which we are now striving. I should like to say that this Association, since the second year of its existence, has been busy in the matter of medical reform, and that it has continued to be so; that, indeed, to the Association is due the Medical Act of 1858. It is very natural for many people to think that the Association may not have played the part that we believe it has played; but, at any rate, it is certain that, in 1853, the Association drafted a Bill, regarding which Bill there waited on Lord Palmerston a deputation of numerous members of the profession. It was supported by members of Parliament, including many distinguished men, such as the late Mr. Macaulay and others; but it is not necessary to enumerate the names, because they are given in the JOURNAL of that date. In reference to that Bill, Sir Charles Hastings told Lord Palmerston that he went in for three things, viz., equal rights to practise throughout the United Kingdom—those rights have been given; the adoption of uniformity of qualification—unfortunately, uniformity of qualification has not yet been attained; and the adoption of the representative principle in the formation of the Council. Then there was the formation of a register. Now two of the objects for which the Association has striven have been obtained; that is, reciprocity, and next the register; but we have a far more important object, the having a good portal by which the qualifications of every man entering the profession shall be tested. I think that reciprocity without a good portal is conferring an advantage upon bodies, it may be, of a very inferior character, and so persons unfitted to practise the profession may, through the absence of uniformity, enter the profession and be registered as qualified practitioners and practise with impunity as regards the public generally. Now that uniformity not having hitherto been obtained, we have striven to reach it by the conjoint scheme of examination in each division of the Kingdom; and the Bill of the Marquis of Ripon gave us that. By the decision of the Direct Representation Committee, we were obliged not to accept it. Whether rightly or wrongly, we did not accept it; we were commissioned to obtain an object which was not conceded, notwithstanding the prayers of the Association, notwithstanding its representations to the General Medical Council; more than once we declined to accept it, and we did so for this reason, that we believed, if we accepted the conjoint scheme, the question of the general representation of the profession in the General Medical Council could not have been brought before the legislature. Now we still go in for the conjoint scheme, but we want, further than this, direct representation; and I think we may well come before the General Medical Council to-day to ask the members whether they do not think that there is some reason why the profession as a body should be represented in this General Medical Council. The objects of the Association are, uniformity of qualification; secondly, equal rights to practise throughout the United Kingdom; thirdly, the adoption of the representative principle in the formation of the Councils. At one time, it was thought there might be a Council in each division of the kingdom.

THE PRESIDENT: You are mentioning a Council in each of the three divisions of the kingdom. That idea has long ceased.

DR. WATERS: It has long ceased. If there were a Council in each division of the kingdom, then the profession should be represented in such Medical Councils; but now there is only one General Medical

Council, and we hold that in that Council the profession ought to be represented, and therefore, so far as the enactments are concerned, although instead of Medical Councils there is happily but one General Medical Council, still we hold to that great principle. That is a mere matter of detail; but we hold to the principle that the medical profession ought to be represented in the General Medical Council. Now I do not know whether it is necessary for me to go into all the arguments in favour of this.

SIR JAMES PAGET: I think I may say, for every member of the Council, that we have read them all. I should be ashamed of myself if I had not read them carefully.

DR. WATERS: Then I may assume that it will be admitted. But there is no doubt that the money paid as registration fees by the sixteen thousand or eighteen thousand members of the profession, when this Council was first formed, amounting to something like £36,000 or £40,000, constituted the bank upon which this General Medical Council commenced its general operations. From that day, there has been a registration fee exacted from every member entering the profession. We enter the profession, and are contented to pay it. Well, we feel that, if the working man be represented in Parliament, and if it be believed that the representation of the working man is a valuable addition to the legislature, surely educated members of the medical profession may safely be trusted with the election of representatives to the General Medical Council. I will not go through all these arguments; for, as Sir James Paget has said, they have been placed before the profession, and they will be continued to be placed before the public and the profession; but, as far as my experience goes, I do not meet with more than one or two persons who do not hold that the profession ought to be given direct representation in the Council. My object in submitting the Bill of the Association to the consideration of the Council was, that in its provisions were made for the direct representation of the profession; that the clauses were drawn and carefully considered; and that it is believed that, if those clauses be carried, then the work will be easy, and quite easy, and that there is really no difficulty in the matter; and it is with the view of drawing the attention of the General Medical Council to this question of medical representation on the General Medical Council that we wait upon you, sir, to-day. I would say the two points for which we are now contending are, first, representation of the profession in the General Medical Council, and next, the establishment of an uniform conjoint scheme of examination to be made compulsory for the kingdom.

SIR JAMES PAGET: Do you mean one for the whole kingdom, or one for each division of the kingdom?

DR. WATERS: One for each division of the kingdom. It is a matter of detail.

THE PRESIDENT: Are there any other members of the deputation who desire to offer any observations?

DR. DAVEY: I would beg leave to say a word or two. I conceive that the propositions put forward by our Chairman are exceedingly important; and I could hardly consider it possible that any gentleman of the Council sitting around the table can do anything else than concur in the opinions expressed by Dr. Waters, as to the due representation of the profession at large in the General Medical Council. It is a matter which appears so sensible, and must certainly so impress itself on the mind of each gentleman I address, that surely no objection can possibly be taken to the matter. I look with confidence to the general support of every one present, not only of each individual member of the Medical Reform Committee, but of each gentleman holding office and representing the General Medical Council; for the one portal system in so far as applies to each division of the kingdom—that is to say, a portal in each division of the kingdom—is a matter that must recommend itself also to the conviction and opinion of every gentleman competent to exercise his judgment. At the present time, we know very well that various gentlemen enter the profession very easily, and probably it may be considered that very easy entrance into the profession results from the fact of there being so many licensing bodies. I believe the existence of such a number of licensing bodies tends very much to disparage the medical profession in the eyes of the public; and that the interests of the profession, and the well-being of the public also, will be very materially promoted by the one portal system; and furthermore promoted by the introduction of a fair representation of the body of the profession into the General Medical Council. Such are my opinions; and I do not think there is any gentleman in this room who is really opposed to the opinions expressed so far by Dr. Waters and myself.

DR. WATERS: If I might be allowed one observation more, it is this. I believe the alternative has been submitted of what is called indirect representation; that is, that the members of every licensing body should have a voice in the election of the representative of that body in the

General Medical Council, and that that would be an improvement on our plan. After the greatest deliberation and consideration, we cannot come to that conclusion; we see no gain whatever that could be attained by it. If we take the profession in Scotland, it does not form a constituency as large as that which represents the University of Cambridge, where all the graduates have a vote in the election. Then, if we take England, where we have the College of Surgeons, we have, I believe, at least sixteen thousand members, and you have there an enormous constituency, at least as unmanageable as the whole profession of England. Then, again, many members of the profession are members of the Royal College of Surgeons and licentiates of the Apothecaries' Company, and graduates perhaps of some University; and I do not know that they are the better men because they have so many qualifications. It may be assumed that so many qualifications are taken with the view of impressing the public favourably; but they would either have to vote for the election of the representative of the several bodies to which they belong, or else they would have to make a selection. We think the simplest plan is that the profession should have its representatives, and that it should have the power of electing them; and, I believe, without that, the profession will not be satisfied. I may further say we have been issuing circulars lately, and we have had from all parts of the kingdom answers in favour of direct representation; and I do not see how it is possible for the General Medical Council to be at issue with the great body of the profession as to this matter.

Sir JAMES PAGET: I do not profess any opinion at all as to the question of direct representation, but I wish to ask a question with regard to the method of election. The election will be, of course, by proxy-papers to be sent to some central office. I do not know whether the Association would also recommend that it should be by ballot, that is, that the name of each ballot should be concealed at the same time that he voted by proxy. It would be necessary to be considered, because, so far as I know at present, that double manner of election does not exist anywhere. There is voting by proxy and voting by ballot; but I do not know whether, in any large matters, there are any instances in which ballot and proxy are both observed. I do not know whether the Reform Committee of the Association have considered that.

Dr. WATERS: The clauses which the Association has promoted are simply for election by voting-papers, and it seems to be a very simple means of accomplishing the desired end. The question of ballot never entered into our consideration.

Sir JAMES PAGET: Did it not? Is the name of the voter in every case to be given out as a person voting for this or that representative of the profession? That is a very important matter.

Dr. WATERS: So far, that is the arrangement proposed. It is not proposed that there should be ballot, but the question is not one of detail. The question is: Shall the principle be acknowledged that the profession, as a body distinct from the corporations, should be represented on the General Medical Council?

Dr. ANDREW WOOD: I would put it to Dr. Waters that, no doubt, it is a distinct principle; but, unless you can prove the details by which you are to carry out that principle, there is a difficulty in coming to a conclusion upon it. I am not giving an opinion upon it. I have my own opinion; but you said there are sixteen thousand electors in England. Now, do you propose that the sixteen thousand electors in England are to vote for the four, or are you to divide England into electoral districts? I would like you to direct your attention to that.

Dr. WATERS: That is a matter of detail. We go in for the principle. We have not thought, as far as we are concerned, of dividing England into electoral districts. We have done our best as far as our Bill is concerned, and we are sanguine that those principles for which we contend will triumph sooner or later. Two of the things for which the Association have contended have been granted; the third—the conjoint scheme—is on the point of being granted; and I believe the fourth will naturally follow, that is, a representative Council; but we do not imagine for an instant that any Bill can pass through Parliament without being more or less modified before it becomes law. The Duke of Richmond has brought the Bill into the House of Lords. I do not know whether he is sanguine as to its passing in its present shape, but it is certain that that Bill must meet with the strenuous opposition of the Association.

The PRESIDENT: I do not know whether you wish to go into the question, but can you say to what particulars in the Bill we are now all considering you object?

Dr. WATERS: We object to the permissive clauses and to the absence of representation.

Dr. ANDREW WOOD: Has Dr. Waters calculated what the expense would be of such a measure? I can tell him that, in order to obtain votes in the Universities in Scotland, at any rate, where there are, I think, two or three thousand electors, the expenses are so great

that it forms a very severe tax on the candidates—in fact, a man does not get in under two or three thousand pounds for these Universities. I observe in your Bill you state the expenses of the election are to be borne by the Council. Now, I just wish you to direct your attention to that—as to how those expenses are to be met, and whether you think such a tax upon the funds of the Council will not seriously interfere with their action?

Dr. WATERS: In the Bill it is very clearly stated that the Registrar in each division of the kingdom will have to issue circulars, and that he will receive those circulars, and that then the election will be decided by the votes in those circulars. For those expenses, the General Medical Council will be responsible, and they will be a trifle. They will be something like one canvass of the Medical Benevolent College at Epsom. We do not suppose, for instance, that we are going to have gentlemen standing up for seats in this Council who have a political career before them, as almost all the members for the Universities have, to whom the expense of an election for Cambridge, Oxford, or Edinburgh is a mere trifle. They would not regard it. They are perfectly satisfied to get, at whatever cost, a seat in the Imperial Legislature. We think that the expenses would be very trifling.

Dr. QUAIN: I wish to ask Dr. Waters whether he could not have had, in Lord Ripon's Bill of 1870, the compulsory clauses for conjoint examination, in addition to uniformity of practice, if he and the authorities he represents had not interfered to prevent that Bill from passing? And I would ask also, if he had not been offered a Select Committee to go into the question of direct representation?

Dr. WATERS: I answered that question in the observations I have already made. I said we were at the time not a Medical Reform Committee. We were a Committee appointed by the Association at Dublin, and secondly at Oxford, where the numbers were greatly increased; then at Leeds; and we were a Committee formed with a specific purpose—that of obtaining direct representation of the profession in the General Medical Council. We represented that to the Government at the time, and we told them we liked their Bill as far as it went, only in that respect we would modify it as far as regards the power given to the Privy Council over the General Medical Council; for, if we had direct representatives in the General Medical Council, then it would be a body entitled to the absolute confidence, not only of the Universities and Corporations and of the Government, but also of the profession. We thought it would be a Council—I must be pardoned for saying it—not sitting on a narrow basis; but a Council representing not only the Universities, but the public. Well, we had no power to accept the proposal on the part of the Council. I consulted with those gentlemen acting with me, and we had our amendments drawn, and we presented our amendments to the Government, but the Government would not receive them.

Dr. QUAIN: You were offered a Committee of the House of Commons to go into the whole question.

Dr. WATERS: That is perfectly true; but you must remember that Governments rise and fall, and we could not say whether that Government would be in existence in the following session or no. Then I put myself in communication with persons to whom I had access, and I spoke to a gentleman now dead, Mr. Glyn, the brother-in-law of the then Premier, and he told me we had done perfectly right in not accepting that offer of the Government.

Dr. QUAIN: Then we distinctly understand that, owing to the action of the Reform Committee, Lord Ripon's Bill was stopped; and I would ask, from that time to this, what has the Reform Committee done to advance the question?

Dr. WATERS: We have done our best.

The PRESIDENT: Dr. Quain has put a question to you, whether the Bill would have passed had it not been for the action of the Reform Committee.

Dr. WATERS: That I cannot say.

Dr. QUAIN: You take the credit for it.

Dr. WATERS: I cannot say.

Sir JAMES PAGET: I beg for myself to say that it should not be assumed that I or the whole body of the General Medical Council offer any decided opposition to direct representation. So far as I know, for many years past no opinion has been expressed on the matter; it has never been discussed since I have been a member of the Council. Now, the present Bill seems to be a piece of legislation not necessarily associated with the matter. It seems entirely open for the Medical Council to consider it fairly and dispassionately; only I may be allowed to say, when you talk of principles and details and all those matters, you are apt to suppose they are entirely distinct things. Now, many principles are made up of details, and every detail involves a great principle; therefore, whatever opinion you have to express in the matter as an expression of the profession to the General Medical Council, I should have to con-

sider whether the thing can possibly be worked—whether the details will not render the principle altogether impracticable. I do not say for a moment it is so, but, in regard to that one point about which I asked, it is very singular that a body interested in the matter could not have decided what would be the method of voting, because in the House of Commons that would be a direct question. Are we to have a system of voting combining the systems of ballot and proxy—that is to say, which reduce the responsibility of each individual voter to the lowest possible level? I do not say whether it is right or wrong, but that is a great principle in itself—the diminution of the responsibility of each separate voter by enabling him to vote secretly and by proxy. Proxy is excellent, and ballot is excellent; but, so far as I know, there is no instance in this kingdom where both are adopted. That is the principle to be decided by the Medical Council.

Mr. MACNAMARA: Is it not proposed to be by ballot?

Sir JAMES PAGET: By proxy.

Mr. MACNAMARA: But, would not proxy go directly against the ballot principle adopted by the House of Commons in its present state?

Dr. ANDREW WOOD: The Universities vote by proxy and not by ballot.

Dr. WATERS: Sir James Paget has directed a question to me. The answer is this: that the profession has gone in for voting by proxy, excluding ballot.

Sir JAMES PAGET: Excluding ballot.

Dr. WATERS: It is voting by proxy; but our object is to have everything fair and aboveboard.

Sir JAMES PAGET: Open vote?

Dr. WATERS: Open vote. That is the desire of the profession.

The PRESIDENT: I will make one observation on Sir James Paget's speech, and on one or two expressions that have fallen from Dr. Waters. Allow me to say this; and I will illustrate it by a letter which came to the office since the Council met, in which two distinct questions were put, which I had to answer. One is, what the Medical Council had ever done for the profession? and the other is, which member of the Council represented the profession? Well, I declined to give any answer to that in private; but I did give an answer in the Hall of the Apothecaries' Society—and the answer is a very simple one—that the Medical Council, appointed under an Act of Parliament to discharge special duties, has been doing its best for the profession. Whether it could have done better, is another question; but it has done its best; as an old member I may be allowed to say that, and I cannot allow, on behalf of the Council, any assumption that it has done otherwise. It is administering an Act of Parliament; and every gentleman on the Council is appointed to discharge that duty as well as he can. And then the second question, about which I think there is often a misunderstanding, is the supposition that there is no member of this Board that represents the profession. My answer in public before the Apothecaries' Society was this: "I should like the member of the Council to be named who would dare to rise in his place, and admit that he represents anything else but the profession, except it be the nation at large." It is often assumed that at this Council Board the sole motive is the representation of a particular body. I think that those who sit around this table, and during twenty years have seriously endeavoured to discharge the responsibilities put upon them, ought not to admit that; because, if they did, they would admit what was not really the case. We cannot receive any statements or representations admitting as a body that we desire less than any other of our brethren in the profession to discharge our duties, or that the whole motive power of this Council is for particular institutions and not for the country at large. I trust the Council will say I am right in saying this. With regard to the particular point Dr. Waters has brought before us to-day, I would only observe that we are called by the Government to give an opinion upon a certain number of clauses, and we are doing our best to do so. What is before the Council after two o'clock is the consideration of this document; and if this document or any other document come before us, it will be attended to with the same attention and sincerity.

Dr. QUAIN: There is nothing more important than the uniformity of examination; and I want to place the blame of not having that on some one, and that is on those parties who contrived to get Lord Ripon's Bill thrown out. That is distinct; and I do not think Dr. Waters will deny that the persons whom he represents were those who threw out that important Bill. I want simply to know what has been done since that time towards advancing any of the questions to which Dr. Waters has referred. Now, we are met again with the hope of getting another Bill, and very likely with the same result. I say, therefore, it is very much to be lamented if, for these past eight years, no actual step has been taken to promote this object. I know no step, except that a report was brought

before the meeting at Manchester, and that, by a majority so large and so decided that it led Dr. Waters and other members of that Committee to retire, the meeting on that occasion voted for, not this direct representation, but that the profession should be put on a proper footing with regard to quacks and quackery. When those gentlemen retired, the Association was content. It did not ask them to come back; but they very properly met and re-appointed themselves. I do not know that they did wrong; but they are not the voice of the British Medical Association, except indirectly. Well, since that meeting at Manchester, the voice of the Association has not been expressed. I believe the proceedings of the Association at Newcastle led to the retirement of some of its most distinguished members; but they have rejoined it in the hope that in future this important question should receive the support of the Association. I want it to be distinctly understood that the British Medical Association caused the rejection of the Marquis of Ripon's Bill. A Special Committee was offered, and one Government is bound by the acts of another.

Sir DOMINIC CORRIGAN: No, no.

Dr. QUAIN: Sir Dominic Corrigan's experience of the House of Commons has been greater than mine; but, if one Government offered a Select Committee to a public body to inquire into a public question, a following Government would never refuse it.

Mr. MACNAMARA: I would say a few words to Dr. Waters, and I am quite sure he will accept them in the spirit in which they are offered; and that is, that this Council, subject to the correction of the President, has been principally called together this session to consider the Lord President's Bill; and, as you have already stated, there is not one word as to direct representation in that Bill, nor has the Lord President asked us our opinion on that subject. As far as I understand, the session is coming to a close to-day. There is a great deal of very important matter still before us, to which the Lord President has directed our attention, and in reply to which he expects an answer. Now, if Dr. Waters could get the Lord President to direct our attention to direct representation clauses, there is no doubt that this Council should devote itself to it; but, unless it is brought in that substantial way before this Council, I think it is only my duty to tell Dr. Waters and the deputation present, that I cannot see how an answer can be given on the subject of direct representation at the present sitting of the Medical Council.

Dr. ROLLESTON: I would ask Dr. Waters upon what basis is this direct representation asked for? Now, there are two views, upon either of which a person has claimed, and may claim, to be represented. The first view is that of the University of London, that, by being represented upon a particular body, whether in the House of Commons or elsewhere, that body will be improved and made better and more efficient. That is one theory; that is Mr. Robert Lowe's view. Now, the other view is this: that whether persons by being added improve the deliberative body or not, if they have the right to be represented, it should be given to them. That is a totally different view from Mr. Robert Lowe's view. I think I have made myself plain. I have no doubt Dr. Waters will have made up his mind as to which of those two views for asking for a vote the British Medical Association thinks the more admirable. I should be glad to know, if he represents the profession as well as he represents the Association, upon which of those two views he will base his claim.

Mr. TEALE: I should like to ask Dr. Waters what the view of the Committee is on these two points, because it is when you come to details that you find difficulties in matters of this kind. Is it the opinion of the Committee that the present Medical Council should be added to, or that the members selected directly by the profession should displace an equal number of the Medical Council; and, if so, how is it to be decided which of the members of the Council go out?

Sir D. CORRIGAN: I think there is the *primâ facie* objection to the manner in which the present proceedings are conducted, that the questions all come from this side. That means that we are to conduct a cross-examination of the Committee waiting upon us, but there is no provision for their asking any questions at all. I do not think that is fair. I think if one side has a right to ask questions, the other side should have an equal right to do so.

Dr. WATERS: Perhaps, it would be convenient that I should answer the questions put, because they are all fresh in our minds, and I am sure there are other members of the Committee—at least, I sincerely trust there are—who will not refrain from the expression of their views on the matter, because of my having so frequently spoken. I should like to make a few observations with regard to what has fallen from Dr. Quain. He is very anxious to fix upon me—I do not know how I am so very important a person—the rejection of the Marquis of Ripon's measure. Well, I may say that I had very able coadjutors on that occasion.

Dr. QUAIN : I said you represented them.

Dr. WATERS : I may say I had very able coadjutors upon that occasion, and I consulted several distinguished members of this General Medical Council. When the notice of the second reading of the Bill was put down on the paper in the House of Commons, I received a letter from Mr. Macnamara—I hope I am not guilty of any breach of confidence in stating it—begging my immediate presence in London to oppose the Bill (I have his letter here), and I came up immediately. I travelled up with the late Dr. Hughes Bennett, who was a member of our committee at that time ; and very busy we were in the House of Commons. Mr. Macnamara was one of the most active opponents of the Bill. He induced his College on that occasion—or, at any rate, his College actually did so—to petition in favour of direct representation. The College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, did the same. I am speaking to the best of my belief. I do not know whether their object simply was to throw out the Bill ; but, at any rate, such was their action, and I did not stand alone in opposition to the Bill. As to my own personal feelings, that is quite another matter. I felt I was bound to oppose the Bill. I was not acting for myself ; I was acting for the Association with a distinct mission. Now, as regards Dr. Quain's glowing description of that meeting at Manchester where this resolution was passed, which, he says, represented the voice of the Association, the fact is that, at the fag-end of the meeting at Manchester, when there were not thirty-five persons present, an abstract resolution took the meeting by surprise. Now, we hold that a resolution passed without notice, and by such small numbers, cannot be taken as representing the voice of the British Medical Association. It certainly did not represent the voice of the Medical Reform Committee. Now, as regards Dr. Rolleston, he puts two questions to me : either I am to lay the claim for direct representation on the basis which Mr. Lowe assigns as a good ground for obtaining it, or else I am to look for it as a right ; and Dr. Rolleston says that I must accept one of these two views. I demur to that. I say the thing may be a right, and that the concession of the right by the introduction of members of the profession into this General Medical Council may not do the Council any harm. In my opinion, it will introduce into it an element which it does not now possess. I believe that the members around this board are not so acquainted with the needs and wants of the general practitioners of this country as is desirable for the good of the community.

Dr. ROLLESTON : Just specify those needs ; that is what I want.

Dr. WATERS : On that account, I say the introduction of this element will benefit the General Medical Council. I think also it is a right, because the body that finds the funds by which this Medical Council is enabled to meet at an expense of £400 a day, as the President told us in his address.

The PRESIDENT : Not £400 a day, but £400 if summoned for one day.

Dr. WATERS : Well, I say the body that finds that £400 which is spent in discussing the rival merits of various corporations, whether, for instance, bodies shall be merged or not, so as to form conjoint boards for examination, has a right to be represented. Therefore, when Dr. Rolleston wishes me to select one view, I select both as entitling us to direct representation on the Medical Council. I am free to admit that the time spent here to-day has been spent agreeably and, I believe, with profit, notwithstanding the unfavourable aspect of affairs at the commencement. Dr. Quain knows I have only one object to serve and no other. I do not wish to show any disrespect to the Council ; I am here simply to-day out of deference to the Council, and because I believe that the Council should move in this matter ; that, as the Council is at the head of the profession in this country, it ought to be made acquainted with the desire of the profession ; and that it should have, therefore, the opportunity afforded it of taking it into consideration. I hesitated about the step, because I did not want to trouble the Council too frequently ; but we have allowed several years to elapse without troubling the Council. It was years ago that we appeared before them, and we come before you to-day to ask you to consider this prayer of the profession. I am very glad to have been cross-examined to-day, if by my answers I can more clearly show what the Association wishes. As regards Mr. Teale's question, that is also a matter of detail. I believe it would be impossible to carry a Bill through the House which would not meet with a great deal of opposition as to representation. The view of the Association is, that it would be better not to increase the number of members of the General Medical Council ; that, as Edinburgh and Aberdeen are linked together, and only have one representative, there is no reason—I hope I shall not be deemed offensive—why the Apothecaries' Society of Dublin should have a representative to itself. I do not see why a single college should not have a representative in a city where the university of that

city—one of the most important colleges in the world as regards medical education—has a single representative. I think some of these colleges might be represented ; but it is not for us to court opposition ; we have had enough of it to contend with ; and therefore we go in for the principle of bringing in our amendments and proposing them. If members of the House of Commons or the House of Lords should think it desirable to link bodies in representation, all well and good ; we make no objection to that ; all we desire is that we should have one-fourth of the Council, and the Government one-fourth of the Council ; and that the universities and professions should form one-half of the Council ; and we think that by this the Council would be improved. That is the deliberate opinion we have come to. We do not say we are to disfranchise this or that body. Why should we ? But, if it be desirable to embody bodies in representation in the same way as Edinburgh has been linked with Aberdeen, well and good.

Dr. ANDREW WOOD : Has the Association laid those views before the Duke of Richmond ?

Dr. WATERS : Yes ; but he said nothing about the subject.

Dr. QUAIN : Dr. Waters has made use of a very remarkable phrase—"taxation". Now, I am not disposed to think that the fee for registration can in any sense be called taxation. A very great privilege is given for the fee paid for registration. How very different is the solicitor's annual licence ! A very considerable sum ; I do not know how much it is ; and what representation has the solicitor for the fee he pays ? It is simply a licence to practise ; and a gentleman comes here, and, under the law, he cannot practise without paying a fee of five guineas. I do not think that can be called taxation. It is a fee paid for the privilege given by the legislature for the right to practise everywhere ; and each of us is represented by the member in Parliament, who imposed this fee. If I have spoken so frequently now, it is because I have often talked over this subject with my friend Dr. Waters ; and probably I know as much about the whole question as many do. Why I was a little annoyed in the first instance was, that the Council should be blamed for not receiving this deputation at a particular hour, when I knew that the deputation was engaged at a meeting of its own body at two o'clock.

Dr. WATERS : I most distinctly disclaim it. I said so once before, and now I rise again and say, I am here out of deference to the General Medical Council.

Dr. QUAIN : If that be the case, and Dr. Waters did not, as I understood he did, find fault with the Council for not receiving him, I am exceedingly sorry I made some of the observations I felt it my duty to make ; but I was under the distinct impression that Dr. Waters said the Council would not receive him.

Dr. STORRAR : I am exceedingly desirous to be perfectly clear as to the present relations between this deputation and ourselves. With regard either to the matter or the manner of Dr. Waters, I am sure I can have nothing to criticise. His intelligence and graciousness of manner under very trying circumstances really command my thorough respect. At the same time, I think that, in so important an interview as this, it is necessary that we should be quite clear as to our mutual relations. Now, as I understand, the gentlemen here before us are not the Committee of the British Medical Association, but they are members of that committee only, and the committee, as a committee, decline to come here.

Dr. WATERS : I wish to explain the absence of a few members of the Committee. I have found myself supported almost beyond my expectations, considering the shortness of the summons and the distance those gentlemen have had to travel. I was agreeably surprised when I found myself accompanied as I have been to-day. The other members of the Committee are not here, simply through a misunderstanding. It was supposed that it was rather an invitation to me personally than to the Committee ; but I think that matter has been put right.

Dr. STORRAR : I confess I understood from Dr. Waters that there were certain gentlemen belonging to this Committee who declined to be present at this meeting, in consequence of the objection they raised to the manner in which they were to be received. The consequence is, we can hardly look upon the gentlemen before us as representing the whole Committee. Another remark I have to make is this. I desire emphatically to say that I express no opinion as to the views that have been expressed upon the subject of direct representation. I would wish to look upon this as an open question to be very dispassionately considered ; but what I want to know is, how far Dr. Waters is technically accurate in representing the opinions of the British Medical Association upon this point. He acknowledges that it was mainly due to the efforts of the British Medical Association that Lord Ripon's Bill was defeated. Now, it does not appear to me that any very strenuous efforts have been made by the British Medical Association from the

time of the rejection of Lord Ripon's Bill up to the present time to promote these views of direct representation; and it seems to me that there is a missing link in what we hear as regards the meeting in Manchester last year. It seems that this question of direct representation dropped out altogether. The link was broken for the time. I am accustomed, in the University of London, to deal with the great difficulty of meetings falling away towards the end; but, whether they fall away towards the end or not, the bodies are equally bound by the votes of that meeting; and the simple fact is that the question of direct representation dropped and merged in the question of strengthening the penal clauses of the Medical Act, as I understand. I know nothing but what I have heard in this room. If it did not mean that, why did Dr. Waters retire from the Committee? Dr. Waters seems to have been so much impressed with what happened at the meeting, that he withdrew from the Committee altogether, and then, under influences which one can quite understand, highly honourable to the Committee and highly honourable to Dr. Waters, he was induced to resume his place on the Committee. At the same time, I cannot help feeling that in the unity of this history there is a link missing, and we have a difficulty in actually seeing the British Medical Association before us in regard to this question. I say this, because I think it is necessary to the proper understanding of our position. I do not enter into the question of direct representation. There is a very great deal to be said in its favour, and I hope it will not be understood that I am saying one word at the present moment hostile to the principle; but I felt that this conference would not be complete without our understanding what our mutual relations were, and what was the defect, if defect there be.

Dr. WATERS: I shall be very happy to explain. At the meeting at Manchester, the report of the Medical Reform Committee was brought forward and carried. Then came a resolution, and that resolution was that, considering the difficulties attending legislation on private matters—and we are all acquainted with those difficulties—it would be better not to go in for the broad features of medical reform, but that the Committee should be instructed to frame a small Bill, in the absence of the ability to carry the greater measure, which would secure the general practitioner from the loss he sustained through irregular practitioners. I had a special objection to committing myself to go in for a Bill of that character; and this Council, knowing how difficult it is to carry any private measure through Parliament without the direct sanction of the head of the Government, will easily understand that I did not go in for that one private Bill. I would not disregard the interests of the general practitioner. I think, in his hard work, he well deserves the protection the law can throw over him; but I would not have to do with a Bill expressing that one feature only. On that ground, I retired from the Medical Reform Committee. The remaining members of the Medical Reform Committee met in London, and I was invited to attend. I thought it right and proper to attend, and the representations then made to me induced me to resume my seat at the Medical Reform Committee. In that position, I was authorised to communicate with various members of Parliament with whom I had previously been in communication, and I loyally submitted to those gentlemen—some of the most influential in the House—the measure proposed by the resolution at Manchester, and the reply I met with was that it would be fatal to the influence of the Association if we went in for that one point alone. Now, as regards the absent members of the Committee, I may say we met at Dr. Stewart's house; indeed, to his hospitality we are indebted for spending a delightful evening together, and those gentlemen who are absent stated that it was unnecessary for them to be present, because they entrusted the expression of their views entirely to me. I should not wish to repeat this, but I think it is essential in reply to Dr. Storrar. We are entirely agreed; we have no point of difference; and they knew, though their absence would diminish our numbers, it was safe to entrust the expression of their opinions to me. It is in that way I am here, with the other members, as representing the Medical Reform Committee.

Dr. PVLE: I should like to ask Dr. Waters whether the feeling of the profession is not more in favour of having a Bill that would deal with the penal clauses and give them protection, than of direct representation on the Council.

Dr. WATERS: I cannot say I think so, because I do not think so. When the meeting was almost broken up at Manchester, a resolution was suddenly brought forward and carried. There had been seven hundred or eight hundred members present; but the resolution was passed at the end of the meeting, and cannot be said to represent the opinion of the British Medical Association.

Sir D. CORRIGAN: I have very few remarks to make. I think the great question before us to-day has been the direct representation of the profession on the General Medical Council. I think we have

shunted that question. Every speaker who has risen has declared that he would not give an opinion upon it. Now I will give an opinion upon it; and I must say that I do not think that the Council, as at present constituted, does represent the profession. As every one is entitled to give his opinion, I will give mine. I do not think this Council represents the profession of the United Empire. It represents corporations; it represents universities in which the profession plays a very small part and has very little influence indeed. I will not go beyond the university which I myself represent—the Queen's University in Ireland—and I say that I do not represent the profession. I am the representative of the Queen's University, and I am expected to advocate the interests of that university, but that is not the profession. How is the representative elected? He is elected by men who may happen to be medical men; that is a matter of chance. There is no positive connection between them and the work of the profession throughout the country, and when once a graduate gets a degree he is left to shift for himself, to exercise any little influence he has or not, but he has no voice in the management of this Council as to the wants or needs of the profession. I must, therefore, repeat what I said, that I think this Council requires to be amended by the introduction of direct representatives of the profession. I do not see any difficulty in it. I think a professor of an university is very much like a man in the middle of this table, or in the middle of a circus; he sees the university and the walls around it, but he sees little or nothing outside. Universities are very little better than the monasteries of old days; and I recollect, when I was President of the King and Queen's College of Physicians, and was engaged in the reform of the profession in Ireland some years ago, the appeal that was made to me was, "Oh, Mr. President, whatever you do, remember this; take care of the poor professors". That was the first object. The next was to look at the interests of the profession at large. I shall sit down, merely stating that I am an advocate for the direct representation of the profession; in what proportion I do not know, or how the particular details are to be managed; but I think it is not a question which the Council ought to shunt.

Dr. STORRAR: I must apologise for one word more. I should not have said it but for what Sir D. Corrigan has just said. I entirely dissent from some of the views which he has expressed. I represent an university, and I wish to make it distinctly understood by the gentlemen present what the position of an university representative is. It was not provided by the Act that he should be a member of the profession. If you look to section seven of the Medical Act, you will there see these words: "Members of the General Medical Council representing the medical corporations must be qualified to be registered under this Act". Now I happen to be a medical graduate and to be registered under this Act, but it would have been competent under this Act for the University of London to have sent a lay man to represent the University. This was done for an intelligent object. The view that was taken by the framers of this Act was that not only was the profession to be represented, but that the intelligent public should be represented; and I am here as the representative not only of the University, but of the public.

Dr. STEWART: I was one of those who resigned after the Manchester meeting; but, as it happens, my resignation was never accepted. I have received my summonses ever since, and have been looked upon as a member of the Committee. It is very important that the Council should understand why nothing has been done during the last eight years. Some of the most influential members of the Medical Reform Committee—among them our late much-loved friend Dr. Sibson—begged that the Committee might take no steps lest they should interfere with the success of the projected conjoint scheme of examination for England. Simply and solely in deference to them we have refrained from doing anything since then. We have, in fact, postponed our claim, which we consider a very strong one, for direct representation, in order that the efforts of the different corporations and universities in England might have fair play without any interference, in order to carry out the conjoint scheme.

The PRESIDENT: If no gentleman desire to make any further remarks, I beg, first of all, on behalf of the Council, to thank the deputation for coming here to express their views. I must recall your attention to the nature of this interview. The members of the Council, in obedience to the request of Dr. Waters of Chester, have met in the only way which he allowed as possible; namely, before twelve o'clock this day; and we have met, under those circumstances, in large numbers. We have met to receive the expression of your opinion, in order that we may deliberate upon it (not in the Council, for we are not now in the Council), and take such further steps as we can. I think I gather, as a matter of fact, that the chief object of the whole of the statements and arguments to which we have listened has been to let the

Council know what those whom you represent, whether this committee or that committee, or the British Medical Association, think of the constitution of the Medical Council. That Council is constituted in a particular way under the Act; it can act in no way except under that Act of Parliament, and can consist of no other persons than those whom the Act provides. They are discharging the only duty which they can discharge, and they are constituted in the only way in which they can be constituted. You, gentlemen, think the Council should be constituted in some other way, and that way seems to be this: that one-fourth of the Council should consist of persons elected by the medical profession, one-fourth be appointed by the Government—Crown nominees, and one-half be elected by the universities and corporations. That is your proposal, and I would venture to ask one question: Whether those whom you represent consider that the numbers of the Council, as a whole, are the numbers which you desire; whether, in the event of the entire reconstruction of the Council—and this is a most important question—it still should consist of twenty-four, or whether the numbers should be enlarged or diminished. That is the only question I venture to ask.

Dr. WATERS: We are satisfied either with the same number or with an increased number, or indeed with a diminished number; but we hope that that proportion which I have submitted to you will be preserved.

The PRESIDENT: Then the actual numbers of the Council are, in the opinion of those whom you represent, of no consequence one way or the other.

Dr. WATERS: We do not lay stress upon them. We do not say they are of no consequence.

The PRESIDENT: I need hardly remind either the members of the Council, or the members of the whole medical profession, of the principle upon which this Council was originally constructed. It is very important, in mere justice to the medical profession and to the public, and to ourselves, to bear in mind that the number of the present Medical Council was unavoidable, according to Mr. Walpole's and Mr. Cowper-Temple's view that every one of the corporations and universities should be represented, *plus* six Crown nominees. But you do not desire that number to be enlarged, and you do not ask it to be diminished; but the point is the proportion. I only wish, in conclusion, that we should bear this in mind—and I address this rather to the gentlemen who have favoured the Council with their presence to-day—that the Council are all keenly alive to the extreme importance of the duties which they have to discharge and endeavour to discharge; and that nothing would please them more than to learn how to do their work better, and for this obvious reason, that they have the work to do. If the Council can be in any way made a body to do its work better, surely all the members would desire it; and the only question is how. I am not authorised to make any remark at all. I cannot speak on behalf of the Council in any sense; but I must refer to one thing: that we are met this session to consider a particular Bill; that this is the seventh day of our sitting; and that I am not at present in a position to say whether it will be possible or not for us to go into the question of direct representation this session. I wish it to be understood that, if this matter cannot be discussed at the Council, it will be from no feeling of disrespect for the gentlemen present, or for the British Medical Association, nor from indifference to the subject, or want of conviction of its importance. We are met to consider this Bill, and whether or no this subject can come forward for deliberation by this Council I really cannot say. I think I may take upon myself to thank Dr. Waters and his colleagues for so frankly and fully laying this subject before us.

Dr. WATERS: I should like, on behalf of the deputation, to express our thanks to the President and the Council for the kind consideration they have given us at this meeting. I should have liked very much to have parted from them with a question as to what answer I am to give the absent members of my committee, just as I was asked what answer the Duke of Richmond gave to me; but I will forbear to put that question.

The deputation then withdrew.

THE MEDICAL ACT AMENDMENT BILL.

THE following circular has been issued by the Medical Reform Committee:

Queen's Hotel, Birmingham, April 2nd, 1878.

Dear Sir,—A crisis, as you are aware, has arrived in regard to medical reform, and the action of the British Medical Association and of the profession is imperatively required to frustrate the passing of a

Medical Bill which does not embody the principles for which the Association and the profession have for so many years contended.

Under these circumstances, we urge upon you the importance of petitioning the House of Lords to prevent the passing of this or any Bill which does not recognise these great principles.

With that view, we forward a form of petition for your guidance.

Unless the petition be written on one side only of a sheet of paper it will not be received.

The petition may be forwarded for presentation to any local peer; to the General Secretary of the Association; or to Dr. Waters, Chester.

EASON WILKINSON, M.D., F.R.C.P., President of the Association.

RANDLE WILBRAHAM FALCONER, M.D., LL.D., etc., President-Elect and President of the Council.

CHARLES CHADWICK, M.D., F.R.C.P., Ex-President of the Association.

ALFRED BAKER, F.R.C.S., Ex-President of the Association.

MARTIN DE BARTOLOMÉ, M.D., F.R.C.P., Ex-President of the Association.

W. F. WADE, M.D., F.R.C.P., Physician to the Birmingham General Hospital, etc.

BALTHAZAR FOSTER, M.D., F.R.C.P., Physician to the General Hospital, Birmingham.

ALFRED CARPENTER, M.D., Lecturer on State Medicine, St. Thomas's Hospital.

EDWARD WATERS, M.D., F.R.C.P.E., Chester, Chairman and Convener of the Medical Reform Committee, and Ex-President of the Association.

Form of Petition.*

The following form of petition was suggested. It must be written and not printed.

Unto the Right Honourable the Lords Spiritual and Temporal of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

The humble petition of the undersigned, registered medical practitioners, residing in _____ and its neighbourhood, sheweth—

That the Medical Profession, as distinct from the Universities and Corporations, has for nearly fifty years contended for medical reform, and contributed greatly to the passing of the Medical Act of 1858.

That a Bill, intitled an Act to Amend the Medical Act, 1858, has been brought into your Right Honourable House.

That, in that Bill, no provision is made for the introduction of direct representatives of the profession in the General Medical Council.

That the Bill does not provide compulsory enactments for the establishment of a conjoint board for the examination of medical candidates in each division of the kingdom, on the principle of equal fees and equal examinations; and that such enactments are indispensable, in the interests of the public, to abolish the competition downwards in the granting of medical licenses and diplomas.

Your petitioners pray your Right Honourable House not to pass that, or any other Bill, unless provision be therein made for direct representation of the profession in the General Medical Council, and for the compulsory establishment of conjoint boards of examination, on the principle of equal fees and equal examinations in each division of the kingdom.

And your petitioners will ever pray, etc.

An attempt has been made by the Medical Reform Committee to forward the above letter and form of petition, though without complete success, to every member of the profession in the United Kingdom, together with a circular asking for the plain answer "Yes" or "No" to each of two questions.

1. Are you of opinion that the medical profession should be directly represented in the General Medical Council?

2. Are you of opinion that the establishment of a conjoint board for the granting of licences to practise all branches of the profession should be made compulsory in each of the three divisions of the kingdom?

The members of the Committee whose names are attached to the above letter were unanimous as to the importance of this canvass of the medical profession, and urge the members of the Association to send in their answers and to use their influence with those who are not members to do likewise.

Petitions should be written on one side of an open sheet of foolscap

* Instructions for the Proper Preparation and Execution of Petitions.—Every member of Parliament presenting a petition to the House must affix his name at the beginning thereof. Every petition must be written, and not printed or lithographed. Every petition must contain a prayer. Every petition must be signed by at least one person on the skin or sheet on which the petition is written. No letters, affidavits, or other documents, may be attached to any petition. No erasures or interlineations may be made in any petition. No reference may be made to any debate in Parliament.

and signed at the foot of the petition on the same side of the same sheet by at least one person. Any further number of names may be subsequently added by joining additional sheets. The petitioners should append their qualifications and appointments.

HARVEY TERCENTENARY MEMORIAL FUND.

THE amount subscribed to the Harvey Memorial Fund now exceeds £1,400. We last week noticed the circumstance that the Fellows of the Royal College of Physicians of London had subscribed £105; we to-day hail with equal satisfaction the fact that the Council of the Royal College of Surgeons of England on Thursday last contributed £105 to the fund. The Executive Committee cannot, however, as yet desist from their endeavours to add to the fund, but they are desirous of closing it at as early a date as possible. We are asked again to request the members of the profession who have not hitherto contributed to this object to kindly send their donations at once to either of the hon. treasurers (Sir George Burrows, Bart., or Mr. Prescott Hewett), or to either of the hon. secretaries (Mr. Geo. Eastes, M.B., 69, Connaught Street, Hyde Park Square, London, W.; or Mr. W. G. S. Harrison, B.A., Town Clerk, Folkestone), or to pay them into the account of the Harvey Tercentenary Memorial Fund at the Western Branch of the Bank of England, Burlington Gardens, London, W. Subscriptions from five shillings upwards will be very acceptable.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Dr. Reliquet's Work on the Urinary Organs.—Alterations in the School of Medicine.—Teaching of the Deaf and Dumb.—Digitalis.—Society of Professional Ladies.—Death of M. Roubaud.

ABOUT ten years ago, Dr. Reliquet published a treatise on the surgery of the urinary organs, which met with great favour with the medical public. He is now putting together the lectures he has since delivered at the École Pratique. They are being published in parts. The first part of the work, entitled *Lectures on Diseases of the Urinary Passages*, has just appeared. In his first lecture, the author treats of micturition, which function he divides into three stages or acts. The first stage consists in the filling of the bladder with urine, which he terms the normal retention of urine. The second stage begins with the sensation of the necessity for urinating; and the third completes the act by emptying the bladder. The mechanism of these different stages is fully explained; and the author follows this by considerations of the function of micturition in children and in women. Most medical men must have remarked that women retain their urine much longer than men, and I have known some women who could do so for twelve hours without inconvenience. This power of resistance is explained by Dr. Reliquet to be due to the peculiar structure of the female urethra, which is entirely surrounded by muscular fibre, from the neck of the bladder to the meatus, which latter is the only part of the canal devoid of muscular fibre; and this constitutes the great difference in the structure of the male and female urethra. But, while the power of retaining the urine is so marked in women in the normal condition, the slightest pathological cause is often sufficient to excite a frequent desire in them to micturate. This morbid tendency sometimes extends to incontinence, and even the act of laughing is sufficient to cause in women an involuntary emission of urine—a circumstance rarely or never met with in men in any condition. Dr. Reliquet next treats of the influence of the will on the act of micturition, the state of antagonism or opposition that exists between the bladder and the urethra, and the innervation of the urinary bladder. In the following lecture, the author considers the various causes that may prevent the normal emission of urine, which he groups under the head of Spasms of the Bladder and of the Urethra. Here, I must confess, I cannot follow the author, as he places under the term spasm, as the proximate cause of obstruction, the various morbid conditions that play a part in the etiology of the retention of urine. The greater portion, he states, of patients labouring under affections of the urinary passages present, in a more or less marked degree, phenomena of a spasmodic character, superadded to the lesion already existing, which derange the function of micturition. This is, so far, sufficiently intelligible; but when he asserts that spasm is the immediate cause in every case of retention of urine, even when there is some organic lesion present, either in the neck of the bladder or in the

urethra, I do not think he will find many surgeons agree with him. The *brochure* under notice concludes by some remarks on the action of chloroform on the urethra and bladder. The author states that the complete action of this substance on the sensibility of the urethra stops at the neck of the bladder, when the latter is the seat of local irritation; in the female, the action of the anæsthetic on the urethra is complete. As for the bladder, the inhalations, far from diminishing its sensibility, appear, on the contrary, to increase it, when it is the seat of some lesion; but, when healthy, the bladder dilates under its influence.

The School of Medicine is undergoing complete transformation. It is to be considerably enlarged, to about three times its present size, and it is to have a new front, monumental of its kind, facing the Boulevard Saint-Germain, also recently opened. The houses around the old building have all been pulled down, so that it will be completely isolated. The École Pratique also is to be considerably enlarged and improved. The cost is estimated at 4,000,000 francs (£160,000), and the buildings are to be completed in three years.

One of the most interesting proceedings one can witness in social life is the education of the deaf and dumb. For some time, the language by signs was the system in vogue in France; but, of late years, this is being replaced by what is termed the "visible speech method", not that which is known as the German method, but that introduced into France about the end of the last century by Rodrigue Pereire, one of the ancestors of the great bankers of that name. It consists of educating the pupils to imitate the various movements of the lips, throat, tongue, and teeth which are produced in speaking; and in order to give the subject an idea of the sound accompanying each letter or word, his hand is first placed on the tutor's throat while the latter is in the act of articulating aloud, and then on his own, which he is taught to imitate. He thus feels the sounds, as it were, and pronounces words which he cannot hear himself. This method is utilised even for the education of young children who are gifted with speech.

A very interesting discussion lately took place, at a meeting of the Société de Thérapeutique, on the therapeutic influence and mode of administration of digitalis in disease. Most of the speakers gave the preference to a cold infusion of the leaves over any other preparation, and were almost unanimous in condemning digitalin as being dangerous and unreliable, as it does not possess the diuretic properties contained in the leaves. Dr. Héraud, who brought the subject to notice, recommends the following preparation: Macerate, for twelve hours, twenty-five centigrammes of the powdered leaves of digitalis in two hundred grammes of cold water. This is then strained, and the patient is directed to take it in five or six doses, in the twenty-four hours, at some distance from meals. This dose, he said, should never be exceeded, if we wish to avoid its poisonous effects; and the quantity he prescribes is quite sufficient to produce the full therapeutic action of the drug, beyond which it is needless to push it. Dr. Héraud considers digitalis one of the best diuretics known in affections of the heart; whereas it is useless where there is no cardiac lesion, as, for instance, in cirrhosis, albuminuria, etc.

A certain number of ladies in Paris, of different nationalities, are endeavouring to get up a society for the benefit of their own sex, the object of which, as the prospectus declares, is to facilitate the study of medicine and of other arts among themselves, and at the same time to render their relations with one another more intimate and useful than at present obtains among them. The Society, which is designated "Société des Femmes Professionnelles", is to meet once a month, and is to be composed of a committee of seven members: president, vice-president, treasurer, secretary, and three other members, chosen by the society. Ladies registered as students of a college or university, those destined for literary instruction or the arts, or those belonging to any of the liberal professions, are eligible as members.

I regret to have to announce the death of Dr. Felix Roubaud, who, with M. Simmonet, whose death was noticed in the JOURNAL about two months ago, founded the *France Médicale*, one of the leading medical journals of Paris. Dr. Roubaud was born in 1820, and took his degree in 1844, when he selected for his inaugural thesis "The Passions". He was of a very active turn of mind, and looked much older than his years. He was the author of several works; but he was more given to politics than to medicine, which contributed not a little to his ill success as a practitioner.

TESTIMONIAL.—THE inhabitants of Belper have, at the instigation of its leading inhabitants, generously subscribed to a testimonial fund in favour of Mr. Johnston, who, for a period of more than twenty years, has practised at Belper. The money raised was expended in a brougham, which was publicly presented to Mr. Johnston on Saturday week, accompanied by many gratifying demonstrations of esteem.