

cases. He had taken out the drainage-tube on the fifth day, but subsequent retention of serum had given trouble. In a similar case, he would keep the drainage-tube longer in.

Tumour of the Thigh.—Mr. BELL showed a specimen of tumour of the thigh. He had seen the patient six months ago, who told him that it had been proposed at a hospital in London to lay open and scoop out the growth. He himself advised amputation; but the patient would not hear of it, and put himself under the treatment of a gentleman in the west of Scotland, who diagnosed exostosis of the tibia, and said he would remove it by means of belladonna and iodine. When the patient came back, Mr. Bell still advised amputation, and performed it at the hip-joint. The patient was making a good recovery, his wound being antiseptic and nearly healed.—Dr. WYLLIE said that the tumour was fibrous, with osseous and calcareous trabeculae, which had large encapsuled cartilage-cells. At the surface, there were many large cells, like those of the cartilage of incrustation in a joint. The tumour was, therefore, fibromatous and enchondromatous. The microscopical preparations he showed had been decalcified with picric acid, which also stained them, and, in addition, stained with logwood.—The PRESIDENT said that the case of injury to the elbow-joint came under his care a week after the accident with a splint on and the arm nearly straight. He took this off, put on a figure-of-8 bandage, and tried careful movement, but without any good effect. To save himself trouble, he had asked Mr. Bell to operate. The case was a peculiar one, and, if he had been in any way to blame for the result, he would have excised the joint himself, so as to keep it quiet. He had seen the patient whose leg Mr. Bell had amputated at the hip; he had a slow pulse, a clean tongue, and indeed showed no evidence of having undergone any operation.—Mr. CHENE congratulated Mr. Bell on his case as the first one where, in a hip-joint amputation, antiseptics had been successfully carried out. Much of the good result had been due to bringing the drainage tube out at the outer angle of the wound and accurately closing the incision near the anus. In regard to the elbow case, he mentioned that, within the last three years, he had treated injuries at the elbow-joint by attaching a weight of three or four pounds at night, so as gradually to bring the arm into full extension, and making the patient wear an elastic band during the day to get flexion as gradually. There was at present in the clinical wards a case of excision of the elbow, a bad one to begin with, where a very good result was being attained by this method. Dr. Gillespie's case was certainly a very peculiar one, and the result was probably unavoidable.—Mr. BELL replied.

Fracture of the Neck of the Humerus.—Dr. FINLAY showed a specimen of fracture at the anatomical neck of the humerus. The patient had also received other fatal injuries.

Cystic Calculus.—Dr. FINLAY showed a cystic oxide calculus passed from the urethra.

Tetanus.—Dr. WYLLIE showed a specimen in connection with the pathology of tetanus. The patient was a man aged 56, in Dr. Watson's wards, who, three weeks before, sustained a lacerated wound of the back of the hand. It healed kindly and without any trouble. The tetanus began last Thursday by lockjaw and in difficulty in deglutition and in respiration. He died next day. There were also symptoms of double pneumonia at the base. On *post mortem* examination, nothing abnormal was found in the brain and spinal cord, except some excess of hypostatic congestion in the latter. On dissecting the skin from the back of the hand, they found the wound almost entirely healed, unless at its middle third. The dorsal cutaneous branches of the radial and ulnar nerves were found below the cicatrix in the midst of indurated subcutaneous tissue, in which, on examination, were found woody tissue; viz., trachenchyma, cellular tissue, and chlorophyll. It was by their irritation that the tetanus had been caused. One curious point was, that the foreign matter so retained should have led to induration rather than to suppuration.

Encephalic Disease.—Dr. WYLLIE showed a specimen of the pons Varolii and medulla oblongata of a patient who died on March 10th. The pons was smaller than usual and somewhat atrophied, consequent on atrophy of the commissural fibres between the middle lobes of the cerebellum. On the left, there was a cyst with the nerve-texture around it wanting its coarsely granular nature. This had resulted from plugging of the basilar artery in its upper half. On section, half a dozen small channels could be seen in the artery so plugged. Six years before his death, the patient had hemiplegia, but no unconsciousness. The basilar artery had probably been plugged by an embolism from an aortic aneurism, and accordingly there were anæmia, hemiplegia, and subsequent atrophic changes. One curious and important fact was, that an artery once plugged may have its lumen again partly restored.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1877.

SUBSCRIPTIONS to the Association for 1877 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, OCTOBER 13TH, 1877.

SYPHILIS AND ANTHROPOLOGY.

AT the recent meeting of the French Association for the Advancement of Science, at Havre, Dr. Parrot communicated an important paper on the cranial deformities caused by hereditary syphilis. The form of the cranium, he said, is either normal or abnormal. The former results from the physiological evolution of a determined hereditary type; the latter, or deformities, are either artificial, that is to say, produced purposely immediately after birth in order to give the cranium a particular form, or they result from disease. Pathological deformities have been little studied, and scarcely ever by the aid of clinical observation and pathological anatomy. Those which are produced by hereditary syphilis are among the most frequent and the most characteristic, although not till now recognised. Syphilis attacks, in the different parts of the body, the connective tissue, and more particularly the osseous system, into the structure of which connective tissue enters so largely. The bones are affected whenever the disease attacks any other part, or they may be separately diseased. Their lesions are so characteristic that they suffice, the moment they are seen, to satisfy the observer if hereditary syphilis have or have not existed in the subject to whom the bones belonged. They consist in ulcerations or osteophytes; the latter are alone interesting as regards deformities of the skull. They have a distinct location, appearance, and structure. They are found in the form of lenticular plates, more or less large and thick, on the surface of the cranium, in the peribregmatic angles of the frontal and parietal bones. Thence they may extend to other parts of the vault of the skull, excepting always the frontal and parietal protuberances. During the progress of the disease, the parts first invaded become considerably thickened, and finally two tuberosities are seen along the coronal suture, and two others on the parietal bones bordering the sagittal suture. These elevations are separated from one another by deep grooves; whence result a form and an appearance of the skull truly typical, and which only hereditary syphilis can produce. The elevated portions are distinguishable from the rest of the healthy bone by the existence of pores on the surface, by vascular grooves, and by their structure; for they are formed by osseous tuberculae and medullary spaces perpendicular to the surface of the normal bone. Besides, the histological characters differ essentially from those of healthy bone. Often, by the extension of osteophytic layers to the sutures, these are prematurely united, and thus, not only an arrest in the development of the cranial cavity may be caused, but also of the brain itself. These cranial marks of hereditary syphilis are indelible.

The skull of a young Indian of Pernambuco, eighteen years of age, and dead of marsh fever, presented all the characteristics previously indicated on the parietals, which were thickened at the site of the lesion by twenty millimètres. They are also found long after death, and are incontestable witnesses of syphilis. In the two skulls of children given to the Institute of Anthropology by M. Destruces, and procured by Guayaquil from the sepulchres of a period anterior to the arrival of the Spaniards in the New World, there exist lesions identical with those which M. Parrot has observed in extreme youth; and in the two skulls of adults in the collection of the Museum, procured one from Africa and the other from the environs of Lima, may be observed the typical deformi-

ties of ancient hereditary syphilis. Both came from sepulchres much anterior to the conquest. The last-named skull has a thickness of thirty-eight *millimètres* at the level of the parietal tuberosities, whilst in other parts it is but ten *millimètres* thick.

From the foregoing, then, M. Parrot concludes :

1. That hereditary syphilis deforms the skull in a typical and indelible manner.
2. That syphilis existed in Peru and Guayaquil before the discovery of America.

Dr. Lunier remarked that the excellent paper of M. Parrot had cleared up certain difficulties which had embarrassed the study of deformities of the skull. Thus, in artificial deformities, certain unilateral deformities had not been explained; these are, however, very well understood as a consequence of syphilitic deformities. To the examples given by M. Parrot of the Peruvian skulls previous to the arrival of the Europeans, which bear nevertheless traces of syphilitic deformity, M. Broca had added another, the skull of a child of Arica (Peru). In this skull, which belongs to the Museum of the Anthropological Society, it is seen very well how the pathological deformity or alteration had prevented artificial deformity from being produced, though it had already been begun. *A propos* of syphilis in America before the arrival of the Europeans, Dr. Dally did not know of any traveller or ancient chronicler who had mentioned syphilis in North America or in Mexico before the Spanish invasion.

M. de Quatrefages remembered that M. Jourdanet and Boussens de Beaubourg had ascertained the existence in Mexico of syphilis previous to the arrival of the Europeans.

Dr. Bertillon confirmed the statement of M. de Quatrefages.

M. Jourdanet cited two ancient authors who both remark on the existence of syphilis among the Mexicans as well as the Europeans. M. Broca has established that syphilis existed in Europe, particularly in the Middle Ages, long before the discovery of America; but this fact does not give a reason for believing that it did not exist also in America before the arrival of the Europeans. Men having analogous, almost similar, constitutions, it is possible for a disease to take birth at two different points. It is this bifurcation which explains why the partisans of the two different opinions—the importation of syphilis from America into Europe on one side, and the importation of this disease from Europe to America on the other—have both excellent reasons to bring forward.

Drs. Gibert and Lagneau remarked that the new views expounded by Dr. Parrot are opposed to those which have been hitherto sought. In fact, M. Parrot, in one hundred and sixty syphilitic children observed, had found that all, with the exception of two, presented osseous lesions. Formerly, it was admitted that the characteristic of hereditary syphilis was the existence of lesions of the viscera. Osseous lesions were given as exceptions. Dr. Gibert of Havre, who had had through his hands more than one thousand five hundred syphilitic children, did not see how it was possible to distinguish the lesions of hereditary syphilis from those of rickets.

M. Parrot replied that, under the name of rachitism, all osseous changes of youth had been classed. A work of separation and classification is needed. It was this work he had already commenced by separating what belonged to hereditary syphilis, a disease which was well defined and could be studied in a special manner. M. Lagneau, *à propos* of artificial deformities, remarked that they are produced among a mixed people, and that their end in the socially inferior race is to approach the superior race, and in the latter to exaggerate its distinctive characteristic and to differentiate it more and more from the inferior race.

M. Parrot's observations have both a scientific and anthropological interest; for the present, however, we fail to see that he has succeeded in establishing any typical syphilitic lesion. Competent anthropologists and pathologists, however, such as M. Broca and M. de Quatrefages, would not be likely, we imagine, to give serious attention to a differentiation which did not at least appear to have seriously special charac-

ters by which to maintain itself. Either M. Parrot has discovered a scientific mare's nest, or he has made an extremely interesting and important contribution to pathology and diagnosis. We hope that the latter alternative may prove to be the correct one; in any case, it is desirable that attention may be given to the views which he has expressed.

PRIMARY EDUCATION: ITS SANITARY AND MEDICAL ASPECTS.

THE State has decided that every child above the age of five years shall be educated, and public opinion strongly supports such a resolution. Many problems suggest themselves in developing this principle, and some appear, as yet, hardly to have been grasped either by our school-boards or by the public. The general consideration of primary education is one which at all times justly occupies the public attention, as affecting the social and moral wellbeing of the nation; and it must frequently, in some of its phases, come prominently before the members of the medical profession. We propose to consider briefly some of the sanitary and medical aspects of primary education, as exercised for the benefit of the various classes of society. We do not intend here to deal with the purely intellectual and moral aspects of the subject; but to start with the assumption that the education of the young is intended to cultivate and develop all their powers, with the object of fitting them hereafter to enter with success upon the avocations of social life as men and women.

It must be at once evident that there are many sanitary and medical factors in the educational problem, that should be well understood by the directors and teachers of our schools. It is to be feared that, in many instances, both among high and low class schools, the primary principles regulating the physical and mental health of the young are but little understood. It is too commonly assumed by the director of education, that the various subjects who pass through his system of training are all alike; and allowance is not sufficiently made for the various conditions of mental power and development, and defects in the physical condition. It appears to be a thing almost unheard of for a schoolmaster, who finds a child passionate, excessively restless, and fidgety, or given to fits of abstractedness, or frequently complaining of "being poorly", to consider what physical or moral causes may produce these conditions; and, in schools for the lower classes, cases of starvation and palpable disease are comparatively seldom detected by school authorities, and brought under suitable treatment. We have often met with cases of children, from five to ten years of age, who were at times physically unable to attend to their school lessons on account of sick-headaches then developing; but the teachers would not believe there was anything amiss, although the facial expression and family history clearly showed that inherited migraine was threatening.

We lately had our attention drawn to a little boy, eight years of age, bright and intelligent in appearance. His parents were both dead; his mother died insane; and he was living with his grandmother. Though generally affectionate and good tempered, he was liable to such strong and sudden outbursts of passion as to be uncontrollable both at home and at his day-school. From the latter he had been withdrawn as unmanageable. When removed for a month to the country, his health improved and the quasi-epileptic seizures subsided, but returned when he was again brought to London. The boy has had a few convulsive epileptic fits, and his younger sister also. The child is now neither being educated nor properly controlled; and although at present harmless, he is likely, on arriving at manhood, to prove dangerous to the community.

Should not the professional educator be aware of the commoner forms of cerebral and mental defect in young people, in order that he may bring them under the best methods of training and treatment? We do not wish in this matter to throw blame upon any, but to point out the advantage that would probably accrue to the teacher, to society at large, and to our profession, from a more intimate mutual acquaintance

with the organisation of young people, as we respectively see it from our various points of view.

The schoolmaster complains that a child is "absent minded" at times, thinking about other things, as he believes, though working well at lessons. Careful observation and inquiry, with a knowledge of the family history, indicate an inherited neurotic temperament and an exhausted or overworked brain, as indicated by restless sleep, talking, and grinding of the teeth at night, etc. Does the schoolmaster understand that such a condition may indicate an overwrought brain, or still more serious changes? A boy in such a condition, especially at a boarding-school, calls for careful observation. These symptoms may result from want of sleep, or from some unsuspected source of anxiety or fear; more often they are due to the want of proper and active recreation. Does the master observe the child during his play and during his sleep, and talk to him kindly for the purpose of inquiry to ascertain his mental state? We fancy many children, in such a nervous state, pass through times of untold misery without being able to express their feelings. Yet, we maintain that it is only by the knowledge thus gained that the master can know how best to educate the child. It is certain these cases may be improved and strengthened by wise education and constant employment; and young people of mobile nervous system frequently develop into the best or worst adults, which adds an additional interest in studying such cases, and in obtaining for them the best educational advantages.

We have several times met with cases of slight chorea, where the child had been in trouble at school because he "would not keep quiet"; the schoolmaster not suspecting that he had to deal with a case of brain-disease.

Various matters connected with the primary signs of disease, questions of diet, ventilation, and hygiene, together with the prevention of the spread of disease, have a marked bearing upon the problem of primary education; but we have not space to deal with these questions here.

All these remarks lead us to the conclusion, that it would be well for all parties if we had a more thorough acquaintance with children as they present themselves to the practitioner and to the schoolmaster respectively. The practitioner should endeavour to acquire some knowledge of the processes of education, and should seek to impart knowledge to the schoolmaster how he may early detect cases requiring special or medical attention.

VACCINATION.

IN spite of the weekly returns of the Registrar-General, which constantly call attention to the fact that a large proportion of the deaths from small-pox occurs in unvaccinated persons, and this chiefly during the first five years of life, there are still many who object to vaccination, and distort returns relating to it in such a way as to make it appear that vaccination favours rather than prevents the occurrence, and therefore the mortality, of small pox. Their chief objection to vaccination is probably the fact that it has been ordered by law, or, in other words, has been made compulsory. A second objection is the possibility of inoculating diseases other than vaccinia at the time of vaccination. Thirdly, vaccination is said by its opponents to be not free from danger either to life or otherwise. Knowing as we do that vaccination, in a very large number, probably the majority, of cases, protects from small-pox, and that, in the remainder, it mitigates the severity of the disease; and knowing also that even those people who recover from a severe attack of small-pox bear for the rest of life the marks of the illness through which they once passed—be these pitting, loss of sight, scars of abscesses, etc.—we have a right to ask the so-called anti-vaccinator not to urge the careless or indifferent to neglect a protection which is valuable as regards life, and also as regards the suffering and disfigurement of a loathsome and fatal disease. We do not say that vaccination is entirely preventive of small-pox, nor that it prevents the illness in certain cases from being severe, nor do we say that

it is in all cases absolutely protective of life; but we have ground for saying that vaccination is now-a-days the only measure available for mitigating the severity of this disease. In any two special cases, it may be that the unvaccinated patient will suffer from the milder form of the disease, whereas the vaccinated patient will suffer from the severer form; but, if the vaccination of this latter patient be of fair quality and quantity, the probability is that he will recover, even though marked by the disease; but, were the severity of the cases reversed, the result as regards the unvaccinated patient would be almost certain death. Even *revaccination* is not absolutely preventive of small-pox. During the present epidemic, we have seen one person suffering from small-pox after revaccination. In this case, it was successfully performed at the age of 45, and this patient had a mild attack of small-pox at 60, from which she made a good recovery. We have even heard of a case in which the first symptom of small-pox occurred on the eleventh day after the successful revaccination, *i.e.*, at a time when the individual would ordinarily be considered free from danger of small-pox. The total mortality from small-pox during the present epidemic will be about 19 per cent. In unvaccinated infants it is about 95 per cent., and the mortality of unvaccinated persons of all ages is about 44 per cent. In the imperfectly vaccinated, the mortality is 12 per cent., whilst amongst people bearing good marks it is only 2.3 per cent.

It is said that, by using vaccine derived from the calf, one will get rid of one of the objections to vaccination as at present performed. Even if this practice be carried out, the objection may still be raised that one might at the same time inoculate other diseases. Why not syphilis? And certainly why not foot-and-mouth disease—a disease which is said to show itself in man with a vesicular eruption, or even some of the more serious forms of disease (*e.g.*, malignant pustule) so fatal amongst cattle? Because syphilis is sometimes contracted by medical men when attending maternity cases, or because women die in child-bed, do medical men object to attend labour cases, or do women object or cease to bear children? The mortality after childbirth is greater than that from vaccination, and yet women look on childbirth as a trifling matter. It is possible to inoculate syphilis at the time of vaccination, but the number of undoubted cases is small. Mr. Hutchinson, in his evidence before the Vaccination Committee of the House of Commons in 1871, stated that, in spite of his knowledge of the inoculation of syphilis, he was in favour of vaccination. Anti-vaccinators, and unfortunately some medical men, are too ready in saying that eruptions occurring after vaccination are syphilitic, and they are equally ready in stating that these eruptions are caused by syphilis inoculated with the immediately preceding vaccination, even though there be not the slightest evidence that the so-called syphilitic eruption was brought about in the way they mention, or that it was syphilitic at all.

As at present performed, vaccination is imperfect, either in its quality or its quantity, or in both. Comparatively few people are admitted into the small pox hospitals with undoubted small-pox who show evidence of good vaccination in three or more places; and, if three good marks are visible on any patient, death is extremely rare. In respect of the age at which vaccination is performed, *it is unfavourable, since it coincides with the time of appearance of specific eruptions; and, moreover, it is performed at a time when mothers too often begin to give the infant other food than breast-milk, a circumstance which favours the development of non-specific eruptions.* If one postponed the vaccination until the child were thirteen months old, there would be urgent reason for vaccination being compulsory, and for its being performed in spite of the opposition of parents and others, seeing that the folly of one individual would be able to give small-pox to a number of infants, who would die at the rate of 95 per cent. It is forgotten by some, and unknown to others, that, for vaccination to be successful, one ought to produce an illness, and that this very illness is the first evidence of the success of the operation. In addition to the fact that people are ill after vaccination, it is important to bear in mind that people die after

the operation, if not from the disease itself, at least from its sequelæ, notably erysipelas. Allowing that the mortality after vaccination is equal to that of inoculated small-pox (viz., 3 per 1,000), vaccine inoculation is preferable to small-pox inoculation. Small-pox produced by inoculation may spread the disease indefinitely, which does not happen with vaccinia. Vaccination, as at present performed, is not preventive of small-pox. Successful vaccination is, with very rare exceptions, protective of life, and against the more severe sequelæ, except erysipelas. After puberty, however, vaccination loses the whole or a part of its protective power, and this also applies to revaccination performed before puberty. For vaccination to be effectual through life, it should be repeated after puberty, no matter what was the condition of the primary vaccination; and, judging from the statements from the small-pox hospitals, one will then be justified in saying that the occurrence of small-pox in a severe form is impossible, unless the patient, at the time of revaccination, be incubating small-pox.

DR. SCRIMSHAW, Medical Officer of Health, has reported to the Rural Sanitary Authority of Crickhowell an epidemic of typhoid at Llanelly, due to the infection of the milk-supply.

THE Harveian Lectures for the present session will be delivered in December by Dr. Graily Hewitt, on "The Mechanical System of Uterine Pathology".

UNDER the direction of the Trades Guild of Learning, a course of twelve lectures on "Life and Health" will be delivered in the Town Hall, Shoreditch, by Dr. B. W. Richardson, F.R.S., commencing on Monday evening next, at 8 P.M., to be continued on subsequent Tuesdays and Fridays. A large proportion of the seats will be reserved at a nominal charge, so as to bring the instruction within the reach of the poorest.

CONTAGIOUS DISEASES ACTS.

THE official return of the number of men admitted in 1876 for these diseases in the districts where the Acts are in force shows a further improvement in the health of the troops quartered therein on their state in previous years; whereas, in the districts where the Acts do not prevail, the health of the troops has undergone no steady improvement. In the protected districts, 33 per 1,000 of mean strength were sent to hospital for primary venereal sore; and, in the unprotected districts, 82 per 1,000 mean strength, or two and a half times as many. In the returns for gonorrhœa, the difference, though considerable, is not so marked; 68 per 1,000 from the districts under the Acts, against 89 per 1,000 from the districts where the Acts are not in force. Examination of the tables for ten years—1867-76—makes very manifest the gradual and steady decline of disease which has taken place at the stations under the Acts. At the stations not under the Acts, the amount of disease has varied much during the past ten years, now greater, now less, but on the whole only slightly, if at all, diminishing in a permanent manner. To illustrate the effect of the Acts in restricting contagion, a simple calculation from these data shows that, had the Contagious Diseases Acts been repealed last year, as Sir Harcourt Johnstone proposed, and intends to propose again next session, instead of 1,600 men, 4,000 would have been disabled of the 49,000 who now, luckily for themselves and the country, are quartered in the protected districts.

GRAVE MORTALITY OF CRIMINAL LUNATICS.

WE have received a copy of the last Annual Report of the Convict Prisons. We regret to find that the report which relates to criminal lunatics is so defective as to call for severe animadversion. In the main report, at page x, the question of the rate of mortality is touched upon; and the death-rate, with respect to the men, is stated to be 11.76 per thousand. Nothing, however, is said about the women. On searching up the figures in the Appendices, we find that amongst the women the death-rate amounted to 19.24 per thousand. This is a

very high rate of mortality, and some explanation ought to have been given; but nothing is said anywhere about it. In searching for some notice of this difference in the death-rate between the men and the women, we find that none of the medical reports or statistics are signed. The medical officers of the different prisons appear to make annual reports; but the board of directors only publish as much, or as little, as they like of these reports, and they publish them without the names of the writers of the reports. In this way, the board of directors make themselves responsible for the medical details, and, at the same time, offer an affront to the medical officers. It is true that the governors and chaplains are treated in the same way, but that does not mend the matter. We find, upon looking at the former volumes of the Reports, that this plan of suppressing a portion of the reports of the medical officers only commenced in 1871. If the directors cannot trust their medical officers to write reports, there ought to be a chief medical officer to superintend the medical work in all the prisons, and to furnish annually a digest of the medical statistics for publication. The present method of preparing the statistics of criminal lunacy is far from creditable or satisfactory.

THE TREATMENT OF LUNATICS.

BEFORE the Devizes magistrates, on Thursday week, Thomas Hiscock, an attendant at the Wilts County Asylum, was summoned for assaulting an escaped inmate named John Wright. The case was watched by the medical superintendent, Dr. Burman, on behalf of the Wiltshire magistrates. The evidence showed that, on the previous Friday, a lunatic wearing the asylum dress was seen in a field by a farm bailiff named George Stone. An attendant named Day was holding him down on the ground. Day said: "I have got the fellow now. Have you seen my mate coming?" The lunatic was making no resistance. Day blew his whistle, and the defendant on coming up said to the patient: "You shall rue for this." He then caught hold of his head, and jammed it against the ground seven or eight times. He held him by the collar with one hand, and by the hair of the head with the other. The lunatic was quite harmless. Defendant twisted his handkerchief round the patient's neck five times. The patient could hardly breathe and fell down. Defendant jerked at the handkerchief three times, saying: "Will you run away now?" and the lunatic said "No". An attendant got a bunch of grass and wiped the blood from the patient's face. It transpired that the patient had escaped, and that the two attendants, Hiscock and Day, were sent after him. The patient was mounting a bank, when Day pulled him back and they fell in the stubble. Dr. Burman stated that the lunatic, six feet two inches in height, was a strong and powerful man, and scaled a wall seven feet high. It was stated he started with a stone in his pocket handkerchief. Day in his evidence said there was a good deal of blood about the patient's face, coming from his nose, which they washed off at the engine tank. He was aware that it was against the rules to strike patients or use violence towards them. Dr. Burman pleaded for leniency on the part of defendant, who had been four years in the asylum, and who would now lose his place. Defendant was fined £2 and costs; he had rendered himself liable to imprisonment or a fine not exceeding £20. The fine was paid. We doubt the advisability of the intervention of the superintendent in pleading for leniency to an attendant who employs violence towards an escaped lunatic.

A RAILWAY SANITARY SERVICE.

WE have before us two interesting annual reports, for the years 1875 and 1876, of the working of the sanitary service of the Hungarian state railways. They are issued by Dr. Lewis Gróz, the medical director of the service, and are striking, as showing how thorough and complete the medical equipment of this service is in a part of the world where Britons are apt to fancy that institutions superior to their own can hardly exist. All the Hungarian lines are under the control of a properly equipped medical service, which is directed by Dr. Gróz, and which, in extent and completeness, leaves hardly anything to be

desired. Under him as a head are placed thirty-four medical officers, each in charge of his own division of the lines; and to each of these is joined an apothecary, who supplies the materials and prescriptions required by his medical officer. These officials are not exclusively attached to the railway; they are, in fact, the doctors and druggists practising in the locality; two to six stations, with, on an average, 37.5 kilometers of line, being the limit of the territory of each. The medical officers each receive for their service a yearly honorarium of from 200 to 1,000 florins, and have charge of a number of individuals (railway employes and their families) ranging from 102 to 1,922. The railway employes on the lines and in the factories form a Society for the Aid of the Sick (Krankenunterstützungs Verein), consisting of 19,798 members, contributing funds amounting in 1876 to 108,895 florins 23 kreutzers, or between £10,000 and £11,000, for aiding the sick and infirm. The amount of good done can be estimated from the fact that in 1876 there were 12,408 cases of sickness treated, at a cost of 28,377 florins; while 15,094 florins were spent in assisting 666 cases of child-birth. These reports contain minute details of everything connected with the society, but are not such as would be of so much interest as to warrant their reproduction. The reports themselves are models of clearness, conciseness, and care, and reflect the greatest credit on their author.

OLD PRESCRIPTIONS.

THE making up of old prescriptions has just been legally interdicted to druggists in Germany in all cases in which the prescription contains any powerful drastic, emmenagogue, emetic, or narcotic component, unless the practitioner who originally wrote the prescription sanctions its reproduction by a written order. It would be well if so sensible a regulation were adopted in this country, where patients not unfrequently lend their old prescriptions to their friends for maladies quite other than the specific ones for which they were ordered, to the detriment both of the profession and the public.

LAUNDRY REFORM.

IT is now some years since the attention of the profession was directed to the spread of infection which undoubtedly occurs through the ill-regulation of laundry arrangements. Among the most prominent and carefully worked out proofs of the diffusion of contagion through the laundry were those furnished by Dr. Heslop of Birmingham. In the examination of prevalent scarlatina in the Children's Hospital at Birmingham, in the course of an able and conclusive investigation which he published at the time, Dr. Heslop showed that scarlatina was spread in the wards through the infection brought by the linen returned from the laundry; and the arrangements which he set on foot for separating infected and clean linen when sent to the laundry had the result of stamping out the succession of small epidemics which had previously prevailed. Dr. Jones of St. George's Hospital established in the same way, and by a convincing inquiry, of which we published the details at the time, and which is described at length in the *St. George's Hospital Reports*, that it was through the means of linen from an infected laundry that small-pox was introduced into St. George's Hospital and a severe epidemic lighted up. Among the papers of the Local Government Board may be found the records of a local epidemic of zymotic disease traced to like causes by one of the Inspectors of the Board. Much discussion has been excited by the publication of these facts, and medical officers of health have many times called attention to this serious source of public danger. Three years ago, Mrs. Lankester, the widow of Dr. Edwin Lankester, F.R.S., Coroner for Central Middlesex and Medical Officer of Health for the parish of St. James, proposed to establish a laundry company, at which requisite means should be taken for separating infected linen and the linen of sick rooms generally from the linen of households free from disease, and for applying to the laundry business the appliances of sanitary science and the organisation which capital can command for the purpose of improving the arrangements for washing linen. The

prospectus for the purpose was printed and circulated, having as its object the provision of laundry accommodation in the metropolis, with the view of prevention of disease and the proper and healthy regular performance of laundry work under improved conditions of convenience to householders and excellence of method. The project found considerable support, but it was not at the time found possible to secure adequate means for launching the enterprise of which the outlines were sketched. Recent publications have again brought this subject under public notice, and this time the oft-repeated warning has at least attracted to itself sufficient attention to make it probable that such an enterprise, vigorously conducted, will secure a large amount of public support. We have before us a renewed and revised copy of Mrs. Lankester's former prospectus, with all the machinery required for the purpose of carrying it into effect. Among the directors, we find the names of Dr. Alfred Carpenter and Dr. Corfield, affording guarantees that the sanitary side of the enterprise will be fully considered and adequately dealt with. The secretary of the new company is Mr. F. S. Schutze; the offices, 3, Lombard Court, Lombard Street. We wish this undertaking a large measure of success, for there can be no doubt that it is one of much public utility, and is, in fact, urgently called for in the light of the facts which sanitary science has disclosed during the last decade.

REMOVAL OF PATIENTS BY THE POLICE.

AT the inquest on the man Chalkley, who died after removal from St. Bartholomew's Hospital, having been erroneously charged with a burglary in the City Road, the jurors returned a verdict, in the course of which they expressed the opinion "That Detective Allingham was greatly in fault in removing the deceased from the hospital against the advice of the medical officer, and that the treatment of the deceased as a prisoner, whilst in the hands of the police authorities, was calculated to retard his recovery. They further suggest that more caution should be observed in the removal of prisoners from hospitals, and that a written order for that purpose from the hospital authorities should be obtained". In both of these opinions we concur. The resident medical officers and managers of hospitals cannot be too cautious in declining to allow their medical knowledge of what is consistent with the safety, or even benefit, of patients so charged to be overruled by the police officers. It is the duty of the police to leave the patient in the hospital so long as the medical officers consider that his presence there is necessary for his safety and physical recovery. While in hospital, he is of course subject to the surveillance of a police-officer detailed for the purpose. Any undue complaisance on the part of a medical officer in allowing such a person to be removed before his state of health fully justifies it, is likely to be visited with severe censure by any jury to whom the matter is subsequently submitted, especially if a fatal event should follow his removal.

THE LIBRARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the recent Conference of Librarians in London, Mr. B. R. Wheatley, librarian of the Royal Medical and Chirurgical Society, read a paper called "Hints on Library Management so far as regards the Circulation of Books". His own library might be regarded, he said, as a completed section of a great public library, and on a scale which would give a million books to the general library, and of which it might be considered to be part. It is a lending library, affording facilities for pursuing studies in the quiet hours of the night which no mere reference library could give. Of course, a printed catalogue is the cornerstone of the system of a lending library. The Royal Medical and Chirurgical Society have had a printed catalogue for half a century, and send out every year printed slips of additions to be inserted in the catalogue. There is also issued for the convenience of members a printed list of subjects. Members send notes hurriedly for books, and it is of the greatest importance to have the books always in their right places, in order to be found at once. Periodicals are kept for reference

unbound, and are accessible at once upon publication. There are laws as to the number of books allowed out at a time and the time when they are to be returned; but these laws are not stringently enforced unless other members want the books. The Society does not adopt that very aggravating form of management which requires all books to be sent in by a certain day under a heavy fine at the period of the closing of the library. When a book is required which is out, notice is sent to the member retaining it, and it is usually obtained at once. The autumn closing of the library is thus rendered less trying to the patience of such of the members as have to remain in London during that time, and who are then most inclined and most able to devote much of their time to reading and study. The library maintains friendly relations with the Royal College of Surgeons, and as in that library books are not allowed to circulate, the two libraries in a great measure supply each other's deficiencies. A great trouble is the loss of books—an unavoidable evil. Books are frequently mixed with their own in the private libraries of borrowers, and the terrible domestic operations of cleaning and "tidying" produce the certain effect that some books will with difficulty again be met with. Some books are lost temporarily, some permanently, and replaced at the expense of the losers. The books have been known to travel, by inadvertence, in the hands or the trunks of members or their friends, to the Antipodes and back again. Although thirty books a year are temporarily lost sight of, only six have disappeared entirely in the last twenty-five years.

STARVATION OR DISEASE.

DR. HARDWICKE has completed, this week, an inquest concerning the death of Joseph De Rider, an infant eleven weeks old, who died under circumstances which led to the suspicion that death might have resulted from culpable negligence. The infant was brought as an out-patient to St. Bartholomew's Hospital on September 25th, and was seen by Mr. Herbert Weiss, house-surgeon, who found a rash, apparently specific, on the child's nates, with a mucous tubercle near the anus; scars were also seen near the angles of the mouth, the complexion was dull, and the face wizened. The child was treated as a case of congenital syphilis, and grain doses of grey powder were ordered to be taken every morning. The next day the same woman came to the hospital to say the child was dead, and to ask for a certificate; the house-surgeon accordingly wrote a certificate stating that the child had suffered from congenital syphilis, and was said to have died of convulsions. It subsequently appeared that, after the visit to the hospital, the child was taken worse, and Dr. Slater of Thornhill Square was called in to see it; when he arrived, however, the child was dead. Dr. Slater made a *post mortem* examination; the body was greatly emaciated, weighing only 5 lbs. 7 oz; no trace of disease was found in the examination, and the mesenteric glands were healthy. Dr. Slater formed the opinion that the child had died of starvation, and communicated with the coroner. At the adjourned inquest, Mr. Weiss gave evidence as above, and the jury, in their verdict, did not throw blame on any one. The conflicting medical opinion was as to whether the condition of the child might be due to syphilis or must necessarily be due to starvation. The evidence of Mr. Weiss, who saw the child during life, appears conclusive as to the presence of syphilis; and it is highly probable that in such a case no signs might be found after death indicating this disease to a medical man who had not seen the child during life. In an adult subject, it is very difficult in some cases to establish the fact of death from starvation by a *post mortem* examination; and in infants the difficulties are much greater. We cannot but think that there are many objections to giving medical certificates of death otherwise than on the printed forms supplied by the registrar; and the giving of certificates of death, under any circumstances, for out-patients, without a *post mortem* examination, is always likely to lead to abuse, although, under the present arrangements of out-patient departments, the practice cannot be always avoided.

THE MEDICAL SOCIETY OF LONDON.

THE one hundred and fifth Session of the Medical Society of London will open on Monday next, the 15th instant, with a short address by the President, Dr. George Buchanan; after which, Dr. P. M. Braidwood of Birkenhead will read an epitome of his Fothergillian Essay on Pyæmia, for which the Gold Medal of the Society was awarded. Numerous specimens prepared by the author during his recent researches will be shown under microscopes; and a case containing portions of viscera showing secondary abscesses will be exhibited.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of the twenty-second session was held at the Royal Kent Dispensary, Greenwich Road, on Friday, October 5th; Dr. Creed (President), in the chair. The following members were elected officers for the Session 1877-78:—*President*: W. Johnson Smith, F.R.C.S.E. *Vice-Presidents*: John Prior Purvis, M.R.C.S.E.; Arthur Roper, M.R.C.S.E. *Council*: John Anderson, M.D.; Hughes G. Cable, M.R.C.S.E.; Thomas Creed, M.D.; Ralph Gooding, B.A., M.D.; H. W. Jackson, M.R.C.S.E.; William Lockhart, F.R.C.S.E.; Frederick Moon, M.B. *Treasurer*: Prior Purvis, M.D. *Secretary*: Harry Knight Hitchcock, M.D. *Librarian*: J. B. Saundry, L.R.C.P., M.R.C.S.E. Mr. William Johnson Smith, F.R.C.S., then took the chair vacated by Dr. Creed, and proceeded to deliver a very interesting inaugural address, chiefly alluding to pyæmia and typhoid fever.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THE annual meeting of this Society was held in the library of the Newcastle-on-Tyne Infirmary on September 27th, 1877; Mr. G. B. Morgan, President, in the chair. The report of the Committee was a highly satisfactory one, and stated that, "during the session 1876-77, nineteen papers were read, fifty pathological specimens were exhibited, and fifteen patients were introduced at the meetings". The present number of members is one hundred and sixty-one. The following is the list of officers for the ensuing year:—*President*—Mr. J. B. Morgan, Sunderland. *Vice-Presidents*—Dr. Armstrong, Newcastle; Mr. S. W. Broadbent, South Hetton; Dr. Burnup, Newcastle; Mr. Hawthorn, Newcastle. *Secretary*—Dr. Byrom Bramwell, Newcastle. *Committee*—Mr. H. E. Armstrong, Newcastle; Dr. Arnison, Newcastle; Mr. Carr, Newcastle; Dr. Denham, South Shields; Dr. Eastwood, Dinsdale; Dr. Frain, South Shields; Dr. Hume, Newcastle; Dr. Page, Newcastle; Dr. Philipson, Newcastle.

POISONING BY YEW.

PARTICULARS of the case of fatal poisoning by yew which occurred at Hampton Wick appeared in the JOURNAL of September 8th. The prisoner has been acquitted at the Central Criminal Court of the charge of murder, but pleaded guilty to being party to the administration of a noxious drug to the deceased. Witnesses were called to prove the general good character of the prisoner. Mr. Justice Hawkins said it was well the public should know that, if they were parties to the administration of a noxious drug for a felonious purpose, they were liable to the most serious consequences; but, considering all the circumstances of this case and the high character the prisoner had received, and also believing that he had acted in ignorance of the law and with a view to save his wife, he thought the justice of the case would be met by a sentence of eleven days' imprisonment.

THE PUBLIC HEALTH.

THE return of the Registrar-General states that during the week ending Saturday, October 6th, 5,711 births and 3,149 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,562. The mortality from all causes was at the average rate of 20 deaths annually in every 1,000 persons living. The annual death-rate was 15 per 1,000 in Edinburgh, 22 in Glasgow, and 25 in Dublin. The annual rates of mortality per 1,000 last week in the twenty English towns, ranged in order from Leicester 13, to Wolverhampton 26. The annual death-rate from the

seven principal zymotic diseases averaged 2.9 per 1,000 in the twenty towns, and ranged from 0.9 and 1.4 in Leicester and Sunderland, to 5.7 in Plymouth and Wolverhampton, and 6.3 in Salford. Small-pox caused 14 deaths in London, but no death was referred to this disease in any of the nineteen provincial towns. In London, 2,420 births and 1,308 deaths were registered. The annual death-rate from all causes, which in the two previous weeks had been equal to 17.4 and 18.3, further rose last week to 19.3. The death-rate during the thirteen weeks of last quarter averaged only 19.3 per 1,000, which was 3.0 below the average rate in London in the ten preceding corresponding quarters, and was considerably lower than the rate in the summer quarter of any year since 1860, when it was only 18.5 per 1,000. In Greater London, 2,947 births and 1,530 deaths were registered, equal to annual rates of 35.2 and 18.3 per 1,000 of the population.

TEMPERANCE DRINKS.

"THE Managing Director" writes from Haverstock Hill: "May I be allowed to inform the friends of temperance that Mr. Walter's suggestions made in his speech at Reading have been partly anticipated by the Southern Committee of the Church of England Temperance Society, who have turned their attention to the production of a substitute for alcoholic liquors and of a superior class of temperance drinks, and although they are unable officially to undertake the work, the result has been the creation of a 'National Temperance Beverage Company (Limited)'—a small private company that has purchased 'Larmuth's patents', and will introduce the new beverages in a few days."

POISONED BY NICOTINE.

MR. WILLIAM CARTER, coroner, held an inquest on Saturday last, at the Pencutters' Arms, Lambeth, into the circumstances attending the death of James Shore. It appeared that the deceased was fourteen years of age, and resided with his parents at No. 9, Grove Place, Waterloo Road. For some time past, he had been in the habit of smoking tobacco to such an extent as to make him delirious. On Wednesday last, he complained to his mother of feeling unwell. On being questioned, he said that he had been smoking all the morning, and he then felt a most urgent pain in his chest. The deceased was put to bed; and on the following morning he was found dead. Death was considered to have resulted from nicotine, and a verdict to that effect was returned; but it would be interesting to have a more detailed medical report of the symptoms and *post mortem* appearances.

ANOTHER MEDICAL CORONER.

OWING to the sudden and lamentable death of the late Mr. John Ness, surgeon, Helmsley, Coroner for the Pickering District of the North Riding of Yorkshire, the Chancellor issued a writ for the election of a coroner. There were two candidates for the vacant office: Mr. Arthur Wood, surgeon, Kirby Moorside; and Mr. Arthur H. Jackson, solicitor, Malton. Through the unanimous support of the freeholders given to the former gentleman, the latter retired, leaving the vacant office uncontested. Mr. Arthur Wood was elected coroner for the Pickering District of the North Riding of Yorkshire on Friday, the 5th instant.

LONDON WATER-SUPPLY.

DR. FRANKLAND reports, as the result of his analysis of the waters supplied to the metropolis and some of its suburbs during September, that, taking unity to represent the average amount of organic impurity in a given volume of the Kent Company's water during the last nine years, the proportional amount of such impurity in an equal volume of water supplied by each of the other companies, and by the Tottenham Local Board, was: Tottenham 0.4, Kent (Deptford Wells) 0.8, Kent (Crayford Well) 0.8, New River 1.0, East London 1.9, Colne Valley 2.0, Grand Junction 2.7, West Middlesex 2.8, Chelsea 3.9, Lambeth 4.4, and Southwark 4.8. The Thames waters supplied by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth Companies

showed much greater pollution with organic matter than in July or August. The Grand Junction Company's water was turbid from inefficient filtration. The proportion of organic impurity showed a marked excess in the Lambeth and Southwark Companies' waters. The Lea waters supplied by the New River and East London Companies were of superior quality, and had been efficiently filtered. The Kent and Colne Valley Companies and the Tottenham Local Board delivered deep well water of the usual excellent quality; the Colne Valley Company's water was softened by Clarke's process previously to delivery.

HOLBORN UNION INFIRMARY AT HIGHGATE.

THE foundation-stone of the new infirmary in connection with the Holborn Union has been laid by Mr. William Sandland, the Chairman of the Board of Guardians, on the site at Highgate Hill, lying to the west of the Archway Road. The building, when completed, will accommodate six hundred and twenty-five patients, and will be especially devoted to acute cases of disease. The contract of Messrs. Freeman and Burt, Grosvenor Wharf, Westminster, was accepted by the Government Board in June last, and the building must be completed in eighteen months from that date. The contract price is £64,000.

CYSTS OF THE THYROID.

THE proceedings of the medical section of the Havre Congress included little of practical interest. M. Ollier directed attention to his method of treating thyroid cysts, which consists in cutting upon them, and applying caustics to produce sloughing of the wall, and subsequently using antiseptic injections, with drainage of the cavity of the cysts. His success does not, however, appear to have been as great as that of Lennox Browne and Morell Mackenzie in this country, although the method is an undoubted advance upon the tedious and painful proceeding of Bonnet of Lyons, who used to apply caustics to the skin and burn his way into the cyst: a practice still in vogue in France since the time of Maisonneuve.

COUNTER PRESCRIBING.

AT the last Pharmaceutical Conference, Mr. S. R. Atkins read a paper on this subject, in which he observed that the relations between pharmacists and the medical profession are not at the present moment in a healthy condition. The extreme behaviour of the extreme section of either party has imperilled that respect and confidence which ought to exist between them. Chemists, he says, "stand charged with counter prescribing; to a certain extent they admit the charge, and plead justification; they do not deny that there are chemists who are in the habit of encroaching on the functions of the medical man". With such practices they have nothing to do; but, he says, "they are careful to defend, as their just and inalienable right, that simple and moderate counter prescribing which has grown up without legal enactment, and, as they believe, contrary to none, but which is embedded in the habits and interests of people; and they contend for the practice of prescribing across the counter for simple ailments". He offers the following counsel to his brother pharmacists: "We have, by a combination of firmness and conciliation, to convince the public and the profession that all we desire is fair play. In order that we may accomplish this, we must be prepared to invite the most thorough inquiry; there must be no back-parlour consultations, no minor acts of surgery, no semi-professional visits, in short nothing in excess of that ordinary counter practice the meaning of which we all recognise, however difficult the exact definition of the same may be. Such rights must be defended with the united strength of the entire body of the chemists throughout the kingdom. Time is assuredly on our side. Should a hasty decision adverse to our claims be snatched on *ex parte* evidence, or even on the legal interpretation of a statute that ought long since to have been swept away, such an event will prove no permanent disaster, but only hasten the conclusion we desire. One really good case, well argued before an intelligent jury, must secure a verdict in our favour, and definitely settle the question." Mr. Atkins, however, we may ob-

serve, does not appear to have any authority for the views which he expresses. The subject seemed to be considered so thorny an one, and likely to excite so much difference of opinion at this Conference of presumably the most respectable and accomplished members of the pharmaceutical body, that all discussion was prohibited; and it was pre-arranged that the paper should be read, and that the Conference should not debate it, but proceed to the next business.

QUACK PAMPHLETS.

MR. CHARLES EDWARD CRAWFORD MERRINGTON, a barrister-at-law, at present residing at Ventnor, was summoned before the Newport (Isle of Wight) county magistrates for an assault on Sidney Axhorn. The complainant was engaged by a quack doctor of Ryde to distribute objectionable medical pamphlets, and the defendant, having observed him giving them away to ladies, young girls, and children, struck him several blows with a stick, and finally knocked him down. The Bench, after regretting that the law did not give them power to prevent the circulation of such pamphlets, convicted Mr. Merrington of the assault, and fined him £4 : 0 : 6, including costs. The course taken by Mr. Merrington was one which is not altogether original or praiseworthy. If every man were to take the law into his own hands in this way, the ultimate result would be an increase of brutality and crime, rather than a diminution. We believe, however, that the magistrates underrated the powers of the law, and that both Axhorn and his employer could and ought to be prosecuted and punished under Lord Campbell's Act.

QUININE FOR THE RUSSIAN ARMY.

AT a recent meeting of the "Kieff Quinine Committee", the secretary stated that 1,460,000 portions of quinine had been despatched to the Russian army up to the beginning of September, causing an outlay of 30,000 roubles (£3,400) on the part of the association. A letter from General Nekopitchensky was read, in which the Grand Duke Nicholas thanked the committee for its assistance, and stated that 100,000 portions of quinine solution were found to be the necessary quantity of tonic required by a *corps d'armée* every month. On the motion of the chairman, it was thereupon agreed to expend 10,000 roubles more in the purchase of Peruvian bark for the army, and to urge the formation of quinine committees in other Russian towns.

SCOTLAND.

DR. J. PINKERTON, Senior Resident Physician at the Royal Infirmary, Glasgow, accompanied by Dr. Denniston, Greenock Infirmary, left last week for Erzeroum, under the auspices of Lord Blantyre.

MR. W. DITTMAR, Lecturer on Chemistry, Anderson's College, Glasgow, has been appointed additional Examiner in Chemistry for graduation in Medicine in the University of Edinburgh, in succession to Professor Dewar of Cambridge University, resigned.

LAST week, a chemist in Glasgow was charged with having sold impure citrate of magnesia, which, according to the analyst, contained lead. The chemist stated that it was impossible to manufacture the substance without some quantity of lead. The Procurator Fiscal stated that the object of the prosecution was to compel some alteration to be made in the manufacture of the article. The decision was delayed.

ON Saturday last, a Conference of Dentists was held in Edinburgh, in connection with efforts that are being made for uniting the dental profession under one common designation, obtaining for it a definite legal position, and increasing educational facilities for the dentists of the future. There was a large and influential attendance from all parts of the country. Mr. Tomes, F.R.S., of London, was in the chair, and resolutions were adopted in favour of the objects for which the meeting had been convened.

AT a meeting of the managers of the Edinburgh Royal Infirmary, held on Monday last, Dr. Angus Macdonald was elected Ordinary Physician for Diseases of Women, in place of Dr. Matthews Duncan, resigned. At the same time, Dr. Brakenridge was elected an Ordinary Physician in place of Dr. Haldane, whose term of office has expired. This leaves a vacancy for an Assistant-Physician. This vacancy, for which there are several candidates—namely: Dr. Affleck, assistant to the Professor of Medical Jurisprudence; Dr. Moinet, one of the lecturers on *Materia Medica* in the Extramural School; and Dr. Smart, late Lecturer on Physiology in the Extramural School—will be filled up on Monday, October 22nd.

THE following legacies of £100 and upwards have been paid to the Edinburgh Royal Infirmary during the financial half-year just closed. By W. Baillie, to account of residue of his estate, £3,500; by Peter Redford Scott of Redford Hill, £2,000; by S. Duncan, Leith, £100; by H. C. Barlow, M.D., Newington Butts, £100; by Thomas Grindlay, a further sum from his estate of £157; by James Whitelaw, Edinburgh, £180; by Alexander Johnston, merchant, Stirling, £1,285; by Daniel Kidd, merchant, Mark Lane, London, £500; by William Fair, Seton Place, additional to £450 received in 1874, £30; by James Mitchell of Kincairney, £1,012; making, with smaller sums, in all £8,900 in round numbers. The amount received during the previous half-year was £7,291; making the gross amount during the past financial year to be £16,190.

HEALTH OF LEITH.

THE Registrar's monthly and quarterly returns show that, during September, typhoid fever has been prevalent in the burgh. Thirty-one new cases, twenty-five in South Leith and five in North Leith, have been reported by the medical practitioners. The general death-rate, however, during the month has been very low, having only reached an annual rate of 13 per 1,000 living. During the quarter, 225 deaths have been registered, being at the rate of 18 per 1,000.

THE GLASGOW ROYAL INFIRMARY AND ITS NURSES.

THE West of Scotland Protestant Association has recently written to the Secretary of the Glasgow Royal Infirmary, calling attention to the alleged preference which seemed to be shown to Roman Catholic nurses in that institution, and asking that an investigation into the circumstances should be made. The Secretary of the Infirmary replied to the following effect: "The managers have pleasure in testifying to the absence of any attempts on the part of the nurses to influence patients in matters of religion, and to an earnest desire on their part to strictly confine themselves to their official duties.....but the managers will be obliged if you can furnish them with a good supply of women of the persuasion indicated by the name of your Association, and who would act consistently with their profession." The Association has since instituted an inquiry themselves; and in a report of considerable length, which they propose sending to the managers of the Royal Infirmary, they allege that there are no fewer than thirty-six Roman Catholic nurses in the institution, being nearly the total number; and that, in addition, the apothecary-woman, the serving-woman, the bed-woman, and the cook are Roman Catholics, while the matron is "notoriously of Popish leanings". The report concludes by expressing the hope that the managers will take immediate steps to put an end to this state of things, and thus prevent an agitation which must prove hurtful to the institution.

UNWHOLESOME FOOD.

THE CONVICTION was lately obtained at the Central Police Court, Glasgow, of a tradesman for having exposed for sale, and having actually sold, some pork-ham which was unsound and unfit for human food. The ham had been purchased by a girl for her landlady. The woman found the ham unsound, and returned it to the shop; the tradesman refused to change it, and the woman wisely handed it over to the sanitary authority. Dr. Russell, medical officer of health, gave evi-

dence that the ham was putrid and would most likely act as an irritant poison. In some cases, death had been known to occur from the irritant action of meat in such a condition. The defendant was fined £5. It is much to be wished that, in all poor localities, the inhabitants themselves would report to the proper authorities any cases in which there is reason to suspect that unwholesome or adulterated food is supplied. No portion of the community has a greater interest in the due execution of the laws for preventing the adulteration of food than the poorer classes, and they should be taught to help themselves.

ANDERSON'S COLLEGE, GLASGOW.

AT the quarterly meeting of the Trustees of Anderson's College, an offer was made by Mrs. Hennedy to transfer to the College the herbarium and collection of diatoms which belonged to the late Mr. Hennedy. The authorities of the College accepted the donation.

PRESENTATION TO DR. ARROTT OF DUNDEE.

A PRESENTATION has been made to Dr. James Arrott of Dundee by a large number of friends, including many of the leading citizens of Dundee, in recognition of his worth, his high standing as a medical man, and his valuable services to the community. Dr. Arrott is the oldest medical man in Dundee, and is Physician to the Royal Infirmary. The testimonial consisted of Dr. Arrott's portrait, accompanied by a handsome purse.

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

AT a meeting of this Corporation, held on the 1st instant, the following office-bearers were elected for the ensuing year, namely:—*President*: Andrew Buchanan, M.D. *Visitor*: R. Scott Orr, M.D. *Treasurer*: John Coats, M.D. *Honorary Librarian*: James Finlayson, M.D. *Vaccinator*: Hugh Thomson, M.D. *Councillors*: The President, *ex officio*; the Visitor, *ex officio*; the Treasurer, *ex officio*; J. G. Fleming, M.D.; Henry Muirhead, M.D.; J. D. Maclaren, M.D.; James Morton, M.D.; Andrew Fergus, M.D. *Board of Examiners*: R. Scott Orr, M.D., Medicine and Materia Medica; James Dunlop, M.D., Clinical Surgery; Alexander Patterson, M.D., Clinical Surgery; P. A. Simpson, M.D., Medical Jurisprudence; James Dunlop, M.D., Surgery and Surgical Anatomy; Joseph Coats, M.D., Physiology; Alexander M. Buchanan, M.D., Anatomy; H. C. Cameron, M.D., Surgery and Surgical Anatomy; Eben Watson, M.D., Physiology; J. G. Wilson, M.D., Midwifery; Matthew Charteris, M.D., Clinical Medicine; R. Scott Orr, M.D., Clinical Medicine; James Morton, M.D., Surgery and Surgical Anatomy; Robert Perry, M.D., Chemistry; A. Wood Smith, M.D., Medicine and Materia Medica; H. C. Cameron, M.D., Clinical Surgery; James Morton, M.D., Clinical Surgery; William MacEwen, M.D., Medical Jurisprudence; Alexander Lindsay, M.D., Chemistry; James Finlayson, M.D., Clinical Medicine; J. D. Maclaren, M.D., Clinical Medicine; R. D. Tannahill, M.D., Midwifery; Mr. H. E. Clark, Anatomy. *Examiners in Arts*: James B. Russell, M.D.; John Pirie, M.D. *Secretary and Librarian*: Alexander Duncan, B.A.

WASTE OF WATER.

AMONG the other interesting papers read in the Health Section of the Social Science Congress at Aberdeen, was one by Mr. Boulton, C.E., Aberdeen, on the Waste of Water in Towns, which shows up, perhaps to an exaggerated degree, a very common evil, and one which might very easily be lessened or altogether got rid of. His observations referred almost exclusively to the Aberdeen water-supply. He stated that the consumption for the present year was almost forty gallons per head *per diem*. He believed he spoke within the mark when he said that at least one-half of this, or 1,800,000 gallons per day, was wasted. He attributed this waste to defective pipes and taps, and to carelessness and thoughtlessness. The people thought their water-supply was inexhaustible and unlimited, and forgot that they had to pay for new works which might be necessary through the evils caused by waste. He suggested that School Boards might cause instruction to be given

in sanitary matters. In the discussion which followed the reading of his paper, several suggestions were thrown out as to the best means of preventing such waste, but none of them were of a sufficiently practical nature to meet with general acceptance.

DUNOON CONVALESCENT HOME.

THE annual meeting of the subscribers to the Convalescent Home at Dunoon was held on Monday week in Glasgow, when a highly satisfactory report was presented. It stated that at the date of last report 138 convalescents remained in the homes, and since then 1,849 had been admitted, being 185 in excess of the number admitted last year. Of the total number, 1,646 were perfectly restored, 71 were very much improved, 18 were partially benefited, 107 did not improve, 3 died, and 142 were now in the homes. The number admitted during the past eight years had been 10,309. About £2,000 had been expended for provisions, groceries, and medicines; no debt had as yet been incurred. The balance-sheet showed considerable improvement in annual subscriptions, and the industrial classes had helped more liberally than in any former year. Two months ago, an appeal was made for a building fund: £500 had been received, but ten times that amount was required, as well as increased subscription for the additional convalescents. There was a balance of £120 on the right side in the account of the annual expenditure.

DEATH IN A POLICE-CELL.

A WOMAN aged 34 was lately apprehended by the police, while intoxicated, and locked up in the police-cell at Kilmarnock. Another woman was also confined in the same cell. When the constable entered the cell the next morning, the second prisoner told him that she had been unable to make the woman speak. Further examination showed that she was dead, and blood was found oozing from the mouth and nose. The deceased had been frequently sent to jail, and had been liberated only the week before after undergoing a term of imprisonment. It was stated that the woman was in weak health, and had been in the habit of taking large quantities of laudanum.

IRELAND.

THE degrees of the Queen's University in Ireland were conferred on Friday, at Dublin Castle.

AT a recent meeting of the guardians of the Rathdown Union, it was announced that Dr. Thomas Darby, visiting surgeon, had resigned, and deep regret was expressed by several guardians on losing the services of so eminent a practitioner.

TWO deaths having recently taken place in Dublin, in which the parties were choked by a piece of meat sticking in their throat, Dr. Beveridge, R.N., writes to one of the local papers to state that a well-authenticated case of recovery from choking under similar circumstances has been detailed; the guiding principle, with the view of expelling the foreign body, being the induction of reflex action, by "blowing in the ear".

WE understand that Dr. J. Cunningham, the accomplished Demonstrator of Anatomy in the University of Edinburgh, is a candidate for the Chair of Anatomy and Physiology in the Queen's College, Galway, now vacant by the appointment of Professor Cleland to the Chair of Anatomy in Glasgow. Dr. Cunningham has very high qualifications for the post, as the list of his published papers sufficiently indicates. The office is in the gift of Sir Michael Hicks Beach, the Secretary for Ireland.

SURGICAL SOCIETY OF IRELAND.

THE election for Council of this Society will take place on the first Monday in November. The members of Council are elected by ballot, Fellows of the College of Surgeons or of the College of Physicians being alone eligible to vote.

DUBLIN ORTHOPÆDIC HOSPITAL.

AT the last monthly meeting of the Committee of this institution, the desirability of erecting an infirmary upon available ground at the rear of the hospital was discussed; and it was resolved that tenders for that purpose, as well as for some necessary sanitary alterations, should be invited. A bazaar in aid of the funds will take place on November 29th.

RATHDOWN HOSPITAL.

MR. O'BRIEN, Local Government Board Inspector, last week, drew the attention of the Board of Guardians of this Union to the want of suitable attendance on the female sick in the workhouse. It appears that there were 347 patients on the books of the medical officer, excluding the patients in the fever hospital; and for the care and supervision of that number, there was only one nurse, who also acted as midwife, and was only assisted in the numerous and important duties which she was called on to discharge by an old woman of advanced years. In the male department, the nurse had no assistant, although the wardmaster was supposed to look after the male sick, but could not efficiently do so considering the other duties which he had to discharge. The guardians have postponed the consideration of the matter for a few weeks; but it is obvious that it is their duty to appoint a second nurse to the female department of the workhouse, as she is urgently required, especially at night time, to assist the sick and infirm.

AMBULANCES AT POLICE-STATIONS.

AT a meeting this week of the Corporation of Dublin, a communication was received from Colonel Porter of the Royal Engineers' Office, suggesting that ambulance litters should be supplied to the principal police-stations in Dublin, for the conveyance of persons injured by accident or otherwise. The form of litter Colonel Porter recommends is one patented by the Order of St. John, which he considers the most suitable for the purpose, and which can be obtained for £15. He points out the great advantage of it over the present mode of conveying cases of accident which would be derived from the use of these litters.

HOW CONTAGIOUS DISEASES ARE SPREAD.

AT a recent meeting of the Executive Committee of the Dublin Sanitary Association, attention was drawn to a letter in one of the Dublin newspapers, complaining that a child suffering from whooping-cough was twice conveyed in a tram-car on the 24th ultimo, notwithstanding the remonstrances of the passengers, and requesting to be informed of the law on the subject. It was resolved by the Association to bring the matter before the Public Health Committee, transmitting extracts from the sanitary laws now in force in this country, recommending that copies should be posted in all public conveyances. These show the penalties for parties acting in similar cases, and, when the law on the subject is better known by the public, we trust we shall hear of fewer cases of this kind, which are much more frequent than many fancy.

QUEEN'S UNIVERSITY IN IRELAND.

A MEETING of Convocation of this University was held, last week, at Dublin Castle, presided over by Sir Dominic Corrigan, Vice-Chancellor. The report of the Annual Committee referred to the propriety of granting to the University representation in Parliament, the necessity for this becoming more apparent every year, and the Committee trust that ere long it will be granted, as the right of the University to representation has long been admitted by many leading statesmen in the United Kingdom. Sir Robert Kane, in moving the adoption of the report, alluded to the want of proper accommodation in Dublin for the carrying on of their business. It had always been the intention of successive Governments to provide a centre in the city for the action of the Queen's University, but the carrying out had been postponed; and now that their offices were removed from Dublin Castle, he trusted that they would not cease to press upon the authorities the propriety of erecting suitable buildings in a central position. Dr. H. Jones of

Cork, who had a notice question in reference to opening medical lectures to females, was unable to be present, and another member moved the resolution, although he had no sympathy with Dr. Jones on this subject, but thought it desirable to have the matter discussed. The resolution was seconded, but was ultimately withdrawn. The Annual Committee for the ensuing year having been balloted for, the meeting terminated.

SUICIDE: EXTRAORDINARY POSITION OF THE BODY.

A RETIRED pipe-maker, residing in Dublin, about sixty years of age, had been missed from his lodgings about six weeks before the discovery of his body under the following circumstances. In a darkened loft, at the back of his lodgings, the body was found, reduced to a mere skeleton. It was identified by property attached to it. Mr. Richard Egan made a careful examination. The contents of the chest and abdomen were completely dried up into shreds and minute particles of spongy matter. The position of the body was most easy and natural; it was that a weak and tired man would assume when at rest, and afforded evidence that no struggle had preceded death; it was particularly noted that one hand, which hung down, was pronated, the most natural position during life. There seemed no doubt that the man assumed this position, and remained in it till he died. The skull was supported by the right hand, which lay on the right knee; probably the head hung forward, and, by its weight, gradually severed the decaying muscles and ligaments that fixed it to the spine, and then slipped down the right arm and fell to the position where it was found. The advanced state of decomposition, six weeks after death, appeared to be due to the warm atmosphere of the loft. It appeared from evidence that the deceased abstained from food for a period of five days on a former occasion.

THE PATHOLOGY OF MEAT.

THE Irish Cattle Trade Association have published a report prepared for them by three gentlemen in reference to the question as to whether the flesh-meat of animals suffering from pleuropneumonia is injurious or not. The report was drawn up by Dr. Macalister, a lecturer on zoology; Dr. Reynolds, a professor of chemistry; and Mr. Macnamara, one of the surgeons to the Meath Hospital. They state that the disease is a local one, and, though contagious, yet is limited, as far as its specific nature is concerned, to the lung affected; that, on carnivores in the Zoological Gardens, the meat has produced no perceptible effects; and that there is no case on record wherein the flesh of cattle slaughtered while suffering from pleuropneumonia in any stage has ever been proved to give rise to disease in man. They believe that the consumption of the flesh of cattle slaughtered in the early stages of pleuropneumonia is perhaps harmless, and the destruction of such meat a wasteful expenditure of a material which is capable of supplying a perfectly wholesome animal food. Further, that the same remarks apply to the fresh and unchanged meat of animals which have been slaughtered in the earlier period of the second stage of the disease, as the negative evidence on this point is as strong as in the case of the meat of animals in the first stage; but they are not prepared to advocate the use of the flesh of animals markedly reduced in condition. It follows that they recommend that the flesh of animals slaughtered during an attack of pleuropneumonia may be safely consumed; and that such meat is not sensibly less in nutritive value than that of other animals unaffected by any disease; but they consider that it is of lower quality, owing to its greater tendency to undergo change, a tendency, however, which may be diminished considerably by exercising greater care than ordinary in bleeding the animal. It seems to us that, whatever discrepancy of opinion may exist about the suitability or injuriousness of meat in the first stage of pleuropneumonia, but few practitioners will assert that, in the second stage of the disease, in which the lungs are usually much increased in size, partially hepatized, and sometimes more or less infiltrated with pus, the flesh of animals in such a condition is non-injurious.

THE SICK AND WOUNDED IN THE RUSSO-TURKISH WAR.

WE have received copies of two long series of reports furnished to the Stafford House Committee by Mr. Barrington Kennett and the Surgeons of the various sections organised by that Society. We regret that want of space will not permit us to publish more than the following abstracts of those reports.

Writing from Constantinople on the 12th September, Mr. Kennett says:—All our sections have been hard at work since my last report. At one time, three sections were at work upon the field. On Sunday afternoon, I rode to Therapia and paid a visit to Mr. Layard, who had written to say that he wished to see me about that extremely unjust attack on Ahmed Vefyk Pasha contained in the *Times* of the 30th of August. It is difficult to understand how the correspondent can justify his statement with regard to Dr. Casson. He entirely ignores the help that the Stafford House has given to Dr. Casson's section, and encloses Dr. Casson's own letter as his authority. Unfortunately for him, Dr. Casson acknowledges most of the help that he has received from Stafford House in that very letter. Our soup-kitchens at Tchorlon and Constantinople work very well; and every two or three days trains full of wounded are supplied with nourishment, of which they are in such need. At the last two arrivals of wounded, Nouri Pacha, President of the Medical Council of the War Office, and other members of the Council came down to inspect our arrangements, and they one and all expressed themselves highly satisfied. It was difficult to make the wounded men believe that it was the Stafford House Committee which was providing them with soup, coffee, tobacco, etc.; they think that no one but the Sultan could supply them with such good things. At Constantinople, the cost per head for soup, coffee, bread, and, if necessary, milk, is one piastre and a half (threepence), all included. At Tchorlon, it is slightly more. My original opinion was that the greatest want which would be most probably experienced by the Turkish ambulances was that they had no proper organisation for transporting wounded on a large scale, and that we ought to come to their aid in this branch of their ambulance service. The transport services already in work are doing excellent service. Dr. Barker has just arrived with a train of four hundred and one wounded. Four wagons of the train were fitted up with eight beds each for the most seriously wounded. The train was accompanied by the special ambulance brake-van of Stafford House. At Adrianople, every man's wounds were dressed, and the worst cases were dressed again to-day by Dr. Barker and his staff. The whole of the wounded received soup and other refreshments at the Stafford House soup-kitchen establishments at Tirnova, Tchorlon, and Stamboul.

g. Extract of a Report by Dr. Stoker, dated Karabunar, August 23rd.—On Monday, the 21st August, 1877, with the wagons, etc., mentioned in Report 1, I left Adrianople for Hain Boghaz. I thought it best to go all the way by the carriage-road, and not part of the way by railway, because it was necessary to test exactly the capabilities of our transport in crossing a rough country, and this before any sick or wounded had been received. Up to the present, all has gone well. To-morrow early we shall arrive at Yeni Zaghra, where I will make all inquiries which will influence our further movements.

h. Extract of a Report by Dr. Stoker, dated Philippopolis, September 3rd.—On the 23rd August, I arrived at Yeni Zaghra, where I learned from the military commander that Suleiman Pacha had left Hain Boghaz five days before, and was now attacking the enemy in the Schipka Pass, so I determined to go to Eski Zaghra, and from there to Kesanlik. I rode on in front to secure lodging, etc., for the horses. On entering the town, I was obliged to dismount and lead my horse; the streets were so strewn with wounded, dead, and dying, to whom it seemed not the slightest attention was being paid. I saw the head of the medical staff, who told me that there were only four doctors and surgeons to attend nearly six thousand wounded. We set to work at once, and dressed fifty cases before the night closed in. The next day, Dr. Weller stayed in Kesanlik, and dressed with his own hands over one hundred cases, and went to the camp with ten wagons and brought back thirty serious cases. The horses were very fatigued, so he was obliged to rest them the next day; while Dr. Weller and myself spent all day dressing the wounded. We performed three capital operations and innumerable small ones. I got fifty bullock-wagons from Suleiman Pacha, and started the next day for Philippopolis with two hundred and fifty wounded. For the most part, it was impossible that we could change their dressings every day; but we did as many as we could. On the third day, we arrived at Philippopolis. There was some diffi-

culty in finding a place to put the wounded in, as no preparations had been made. The Pacha seemed to think it was my duty to find a place for my wounded; but that was clearly beyond my duty, so I requested him to do so. At length, a place was found, and the wounded deposited. I telegraphed to Mr. Kennett for twenty pairs of *cacolets*, and purpose bringing ten or twenty more wagons. [Note.—I sent all I could spare, three pairs.—V. B. Kennett.] I have established two stopping places on the road, and arranged with the head man in each of these villages that, when I send him word, he will have sufficient food ready for the number I name as about to arrive. There is an urgent need of doctors here and at Kesanlik. I beg to call the attention of the Committee to the excellent manner in which Dr. Weller and Lieutenant Banfather have performed their arduous duties.

i. Extract from Dr. Busby's Letter, enclosed in a letter, dated Varna, September 4th, 1877.—We have about two hundred and eighty wounded through our hands. Our twenty arabas worked very well, removing the wounded from the field and taking part in the transfer of them to Rasgrad.

k. Extract of a Letter from Mr. Pratt, dated Schumla, September 1st, 1877.—In accordance with Mr. Barrington Kennett's request, I left Constantinople with medicine stores for Varna, accompanied by Drs. Beresford and McQuean. Mr. Young very kindly gave us a passage on board the National Aid Society's steam-ship *Belle of Dunkerque*. I found the Varna Hospital, under Drs. Cullen and Konvaros, in every way satisfactory; but at that time the wounded had been sent by the authorities. On August 31st, I saw Raouf Pacha, who at once telegraphed that wounded should be sent from Rasgrad, which wounded came down the line at last with many others, under the charge of Dr. Hayes. The authorities at Schumla and Prince Hassan having requested the formation of a Red Crescent transport, Dr. Hayes and myself thought it better to send his Varna transport to the front; and, M. Court having most expeditiously placed at my disposal twelve horses, I formed a small transport, which left Varna August 26th, and arrived in camp at Schumla at 11 P.M. on that day. It consists of two surgeons, nine wagons, twenty *cacolets*, brancards, and mattresses, etc., and eighteen men. I am much indebted to M. Court for his courtesy and promptness in providing *cacolets*, horses, and Dr. Hayes for his advice and the energy he displayed in making the necessary arrangements. After waiting Monday for orders, we proceeded at 5 A.M. on Tuesday, August 28th, to Eski Djuma; and on the road thither overtook his Excellency Mehemet Ali Pacha, who most courteously requested that we should diverge to Yenikieui, where we arrived on Wednesday morning. The village of Yenikieui having been evacuated by the Russians four days previously and the houses empty, we made what arrangements were possible for receiving wounded. Several Russian positions were captured the next day; and Messrs. Beresford and McQuean assisted Dr. Crookshank (National Aid Society) in dressing wounds on the battle-field. There were nine sick and wounded at Yenikieui; and, as there was no hospital accommodation for them, I took them to Eski Djuma, arriving Thursday morning. The Government Hospital is inadequately provided in every respect; it is in the Bulgarian school—gangrene, fever, and healthy wounded are side by side.

l. Extract from a Letter from Dr. Hayes, dated Varna, August 30th, 1877.—As regards the Rustchuk Hospital, I have sent on there what I could find of the things they required. I made a careful inspection of Ohannes Bey's military hospital at Rustchuk; and, though only a temporary one of wood, it has room for five or six hundred beds, and is well organised in all its details except sanitary matters, which are generally much neglected by the medical officers of the Turkish army. There were about five hundred sick there; but none of them (or rather very few) looked really ill. At Schumla, there is a very large military hospital, in which, at the time of my visit, there were one thousand two hundred and ninety-nine sick, including one hundred wounded. The hospital makes up two thousand beds, and there are other buildings in the town which can be adapted to hospital purposes. I have had curtains made and rings fixed in the railway carriages to place beds on for wounded. Yesterday evening, ninety-four sick arrived from Rasgrad; the military authorities were more on the alert this time than last, but they had only a few miserable carts, so they actually took hold of the town carriages, forcing the people that were in them and their luggage to get out, and then they placed sick vermin-covered soldiers in them. For this there was no excuse as almost all the sick were in a condition to have waited an hour or two without harm. I sent the only two really bad cases in one of our carts, and the stretchers had only to be used for one man. The Stafford House stores, of which we have got some, and which we guard, are really beautifully packed. Still, there is a lack of those useful astringents catechu and rhattany.

p. Extract from a Letter from Dr. Hayes, dated Varna, 10th Sep-

tember, 1877.—On September 4th, sixty-five wounded came in by train; and, on the 6th, fifty-six wounded and sick came. On the evening of the 7th, I started for Rasgrad; and on the 8th, at Rasgrad, superintended the placing of two hundred wounded in the train, and escorted them to Varna, and supervised their removal to hospitals here. On the 9th, five hundred and fifty-three wounded arrived here by train, escorted by one of my transport people. I was at the station, and supervised their removal to hospitals. I am informed that above one hundred and twenty more will arrive this morning. On all occasions, wagons and bearers have attended and rendered good service in removing the most severely wounded. I have given instructions to have soup ready at Sheytandjik for those coming from Rasgrad. The railway authorities continue to afford us every facility in their power.

m. Copy of Dr. Bond Moore's Letter, dated from Adrianople, September 8th, 1877.—Everything is going on now pretty smoothly, quite as well as we ought to expect perhaps, all things considered. I cannot make you a report as to work done very well; for the patients are moved so often that it is next to impossible to keep a list of them. And it is in this way. A batch of weary, wet, but slightly wounded arrive with six or eight days' interval of dressing. We take them in, give good food, warm beds, and clean dressing for two or three days, when they are fit to go on to Constantinople and make room for the most urgent cases. A young Englishman has telegraphed me from London, offering to pay his own passage and expenses if I take him as dresser. I have replied "Yes". Scudamore and Cowan are of great assistance to us, and to-day a French officer who speaks English fluently has offered himself gratuitously. I want urgently splints, marine liut, and carbolic acid and dressing-cases to dress amputations with, so as not to communicate erysipelas to them by the use of dirty worn instruments; two will suffice.

n. Extract from Letter from Dr. Moore, dated Adrianople, September 10th, 1877.—At present, I want nothing very urgently in the way of stores beyond bandages, marine lint, carbolic acid, etc., all of which I wrote for on Friday. The blankets will be very acceptable. I have not yet received them; but M. Morrisett, who is very useful, has gone down now (6 A.M. Monday) to the station to see after them. Yesterday, I cleared out every patient able to go, leaving about fifty-nine only; these I have put in the corridor, and thrown the wards open for ventilation and whitewashing, etc. A month's such work in pus as they have had needs rest, and on Tuesday we fill again. My little children patients at the other hospital are all doing well. The Sultan's aide-de-camp visited us on Saturday, and caught us hard at a "bullet in the knee-joint", which luckily we extracted before he left; he expressed much satisfaction. Temple Bey came on Thursday, and I am happy to say that, in his presence, after he had stated his opinion that it was impossible, McIvor and I removed a shoulder (shot high up), I controlling the artery and McIvor the knife. [Note.—Mr. Moore has been requested by the authorities to proceed to Philippopolis and select some severe cases for Adrianople Hospital. I have telegraphed to him permission to accept this responsible mission.—V. B. Kennett.]

o. Extract from Dr. Neylan's Letter, dated from Philippopolis, September 4th, 1877.—As I telegraphed, we arrived safely here on the 2nd instant, and immediately went to work to try and spur the authorities to have some systematic arrangement in the management of the cases. We found that the wounded, to the number of two thousand, were distributed in thirty buildings in various parts of the city. At first sight, it seemed almost hopeless to attempt any system, as serious and trivial cases were being removed at random, these places being filled in the same manner. I found that some good work was being done by the local doctors (principally Greeks); but the Turkish were as usual both incompetent and negligent. At a meeting convened by Ibrahim Pacha of the various doctors, it was suggested by him, and agreed to by the others, that I should have the superintendence of all the wounded, assisted by my colleague Dr. Menassian; and that all cases of neglect on the part of the Turkish doctors and dressers, if reported by me, would receive severe and, if necessary, capital punishment. As a first step, I reduced the number of temporary hospitals to nine. This I effected by visiting all the occupied buildings, and sending six hundred of the less seriously wounded to Constantinople. The very serious cases were sent to two large schools, to be under my own immediate supervision and charge. The other seven hospitals are placed in the charge of the various local surgeons under my inspection. Seven hundred more wounded are expected from Kezanlik to-day, and I see no immediate prospect of reducing the number occupying this place below one thousand six hundred. We have already had four major amputations and numerous minor ones. We have used all the splints bought from the stores. More are urgently needed, particularly Liston's and McIntyre's splints, together with carbolic acid, as

we are completely out of it. It seems to me that more assistance is required here than at any other place near the front. The wounded have all to pass through here from Schiplka, and are in a dreadful condition after a long and rough journey in arabas. Hundreds must necessarily be left totally uncared for, unless we receive more help. I think two more surgeons would be sufficient; but dressers (say half a dozen) would effect a complete change in the present aspect of the place. The other surgeons sent out in this direction, being employed solely in the transport of wounded, are not able to give any assistance whatever, and I think it is by a concentration of forces here that most benefit will accrue to the wounded. [Note.—The Brothers Colley, who were appointed by me to assist Dr. Neylan, and who were most useful in dressing, etc., speaking Turkish well, have both been taken ill, no doubt, from overwork. I am sending others to fill their places.—V. B. Kennett.]

Writing on September 14th, 1877, Mr. Kennett says:—I enclose you some extracts of reports received since my last. I shall write you fully next week on money matters, sending you detailed accounts and estimates to the end of August. I am practising every economy, but my estimates cannot be kept below £1,000 per month, and, if I am to back up Lord Blantyre's men, my outlay must be more. I have to give up a splendid service which I was organising for removing the heavily wounded from Philippopolis to Constantinople for want of funds. I hope that you can put this before the Committee. Would not some member of it subscribe a few hundreds straight off for this special object? It is such a pity that I have to reduce my operations at this critical moment simply for want of funds. Our sections are doing capitally, working on the field, while the transport services attached to them remove the wounded to the line; they are here taken up by Hayes.

q. Extract from Colonel Coope's Report of one of the Distributions at the Constantinople Soup-Kitchen, showing the System on which it is Worked.—[Note.—Nearly three thousand wounded have been received in all, and received soup, coffee, tobacco, etc., at Tchorlon and Constantinople.—V. B. Kennett.]—Pera, August 31st, 1877.—I attended at the terminus of the Adrianople railway to-day to receive a train of wounded soldiers from the front, expected to arrive at 12.30 P.M., and to organise a system for distributing to them quickly, between the time of their arrival and their transhipment for Scutari, certain refreshments supplied by me from the funds of the Stafford House Committee. I brought with me a body of zaptiehs (gendarmes), and these men I told off, so that each should take charge of a carriage immediately on the arrival of the train, count the number of wounded it contained, and when the provisions were properly issued, see that those who were unable to feed themselves were cared for. The station-master, from whom I received every assistance, kindly showed me the exact spot and line of rails on which the train would be drawn up, and at a central point were placed two large cauldrons of hot soup, which was ladled into large bowls, each containing sufficient for twenty men; these bowls were then taken up by a fatigue-party of soldiers, who were extended along the line, so that a bowl would rest opposite each carriage on the arrival of the train, and, the instant the train stopped, would be deposited in that carriage; at the same time, two gentlemen commenced from each end of the train distributing small loaves of bread, being informed by the zaptieh in charge of each carriage how many men it contained; another gentleman took charge of the tobacco and another of the coffee. Thus, in a very few minutes, seven hundred and nine wounded soldiers had been served with soup, bread, tobacco, and coffee. This system seemed to me to work thoroughly, and I can recommend its adoption in other places.

r. Extract of a Letter from Dr. Neylan, dated Philippopolis, September 8th, 1877.—I am getting on very well here, and have introduced something like order into the management of affairs; and I think I may say now that every man receives some amount of attention. Two buildings which are under my special care, and contain together one hundred and thirty beds, are filled with the gravest cases. I have an operating-room properly fitted up, and I order all the cases for operation in other buildings to be sent there, that I may see everything go right. I have shared my instruments with the Red Crescent men, who arrived here utterly destitute (surgically speaking). I do not think any more surgeons are required here. Menassian is working very well; he has to-day taken an inventory of the wounded to be sent to Barker. I do not now allow any cases but trivial ones to be removed. I visit all the hospitals to see serious cases, as I have received absolute authority by the commandant here. Five hundred wounded arrived yesterday; they have been all attended to; and two hundred of the lighter cases will be sent to-day to Constantinople. The wounded brought here by the ambulances of the societies are well attended to, but those brought by the Turks are in a dreadful condition. I have

had ten large operations, and expect to have several more to-morrow. I think there must by this time be plenty of men employed in transport work in this direction. I have given Mr. Calvert some stores for the Bulgarian women and children who are wounded here. They number forty. I want waterproof sheeting and drainage-tubing very much. A couple of pocket cases of instruments to give to the local doctors here would be well bestowed, also morphia-solution for injection. In fact, any stores you may send here, if they are not required by me, can be given to the ambulances. Stoker has started again for Kezanlik. Every train of wounded leaving here for Constantinople shall for the future have a surgeon and dresser, with necessary dressing and appliances. I have made arrangements with the authorities here, and they promise that it shall be so. I have an intelligent man to take the train following Barker.

s. *Extract from a Letter from Dr. Cullen*, dated Philippopolis, September 10th, 1877.—Ahmed Vefyk Pacha received me very cordially, and, when I had explained my mission to him, and asked for an order for wagons and *zaptiehs*, he sent for an officer, to whom he said:—"Take this gentleman to the Pacha, and say they are to give him everything he asks for." I then proceeded to the Council, and my mission was made known to them, the name of the Stafford House Committee being particularly mentioned. I received a document after waiting some time, which I was informed was an order to give me all I wanted, always understanding that it was paid for. I duly received the bale of blankets and stencil plates.

t. *Extract from a Letter from Dr. Menassian*, dated Philippopolis, September 10th, 1877.—When we came, we were introduced to a local practitioner by the Consul to show us the hospitals. He works with us every day, and is the only person who performs operations; the Turkish doctors rarely have done or do anything of the kind now. We went through some of the buildings, and could see none but a few Turkish dressers to attend the patients, some not having been dressed for days. We were told there were about 2,000 wounded, some in buildings in different parts of the city, the Bey, the Turkish head doctor, himself not knowing where they were. We at once made it a point to diminish the number here as fast as possible, and try to dress the severe cases. The Bey I speak of, who ought to act as a medical director here, has not the first idea in his head about the management of a number of hospitals, or directing surgeons and dressers, who are quite as stupid about their work and as careless. I could see that two of us could not attend over 1,000 cases every day, besides attending to those that are arriving and those going away; and, therefore, tried to confer (Dr. Neylan and myself and the civil surgeons) with the Bey to make out a list of large buildings, collect the wounded into them from all parts of the city, assign a physician and a dresser to each hospital, we taking the most central building, where we can have an operating-room to perform operations, attend to the severe cases in the different hospitals, and see to other business; for, as I have remarked, the Bey can actually do nothing in the way of directing the work, and all we say is always "Very good" and "All right" and he "Shall have it done so"; but, unless I continually run after him, there is nothing done. When we came to make a list of Turkish doctors and dressers, we then found that there were six or seven doctors and as many dressers, who, not being properly directed by the would-be medical director, were taking it easy; and I had seen none of the doctors until I told the Bey to get them all together and assign them to hospitals. The so-called doctors, however, are of no better service to us than so many additional dressers; we have to look after them to get even the dressing done. I should have mentioned that we met Ibrahim Pacha, the commanding general here, the day we arrived, and the next day the second in command, Rifaat Pacha, who gave the power to us Stafford House surgeons to oversee the work to be done here, and report any one who neglects duty, etc. I think the Bey did not like it very well; however, I smoothed the matter over by telling the Bey that we had better come together every day and confer about everything there is to be done. There were about fifteen or sixteen buildings, and we could only have a physician and a dresser for two buildings. In this way, we had the work more or less under control, although still matters were in a confused state on account of irregularities. For instance, we sent about 300 wounded to the station one day to go to Constantinople by the Pacha's orders; but the train not leaving that day, the men had to sleep that night at the station, and we only heard of it the next morning, when the Pacha sent to us for three or four dressers to go to the station to dress the wounded. Such irregularities, and many others too numerous to mention, are enough to prevent us from establishing order and a system of administration; but I am trying to see if I cannot get enough ideas into the Bey's head to have the hospitals directed from a central office; to hold the doctors in charge of hospitals responsible for their work; have them report to us any cases for consultation in time for

operations; make out morning reports, etc.; so that we may not be obliged to run all over the city every day and spend our time in vain, but be able to do more in less time; for, unless we have some system, the Turkish doctors being always anxious to get away from work, and at the same time ignorant in the profession, the men will suffer from want of care. Since we came, two Red Crescent surgeons came to remain here, one of whom went back to Constantinople to-day, his wife being ill. Other physicians came belonging to the army, two of whom asked the Bey to give them an hospital for the sick, of which there is one here; the other two having each an hospital for the wounded. Also some additional Turkish dressers have come, and we now have just about a doctor and a dresser to each hospital, although none that are very competent, with the exception of Dr. Vlashon, the civil physician here, and one or two others. The rest will do for dressers. A number of operations have been performed since we came, and there is a good deal to be done yet, even if we do not have additional wounded coming. About 450 came two days ago, and we shall send down with Dr. Barker to-day about 200. We shall then have about 600 severe cases left here, although I am not sure about the exact number, for our doctors have not yet all of them learnt their A B C about sending reports, etc. I have done a good deal of this kind of work, but never had such experience as this before; I mean the way in which Turkish army doctors manage things by not managing at all.

At page 545 of to-day's BRITISH MEDICAL JOURNAL, we also print a letter from our Special Correspondent with the Turkish Army in Armenia. These two sets of reports will keep our readers *au courant* with the latest advices by letter from the Turkish side at the seat of war.

From the Russo-Roumanian side, we are glad to know that the English Aid Societies are opening an English hospital at Bucharest for the wounded. It will be under the professional charge of Dr. Maiver, an English physician long resident in Roumania. Miss Mansfield and Mrs. Maiver are actively engaged in superintending the preparations for the reception of patients; and two English surgeons are daily expected to assist Dr. Maiver. The Roumanian hospitals at Bucharest are well fitted up, and the patients carefully nurtured. The hospital of the Princess of Roumania, on October 7th, had fifty-six patients, all bad cases, selected by Her Highness on account of the severity of the wounds.

Mr. Lloyd, of the National Aid Society, has left for London. General Richter, the President of the Russian Red Cross Society, called upon Mr. Lloyd last week, and thanked him very warmly for the timely aid sent by his Society, desiring Mr. Lloyd to convey to the Society and the English people the sincere appreciation felt by all his fellow-countrymen for their generous sympathy and aid to the Russian wounded.

Dr. McNalty arrived at Bucharest on October 8th, accompanied by Mr. Edward Pattison and Mr. P. B. Conolly, both of the Charing Cross Hospital. Dr. McNalty had considerable experience, under the National Aid Society, in the Franco-German war, and relieves Mr. Lloyd, who was preparing to leave for England. Mr. Lloyd has made arrangements for sending supplies to the Roumanian Hospitals at Turn Magurelle. The field and the transfer hospitals at Simnizza, Fratesti, and Turn Magurelle are the establishments chiefly needing assistance in the way of supplies.

Mr. Lewis Farley, the Secretary to the Sick and Wounded Russian Soldiers' Relief Fund, reports that the Rev. Mr. Lamson had left London *en route* for the seat of war, taking with him a supply of money, blankets, flannel vests, woollen stockings, etc.; and that Dr. George H. Lamson has also left direct for Bucharest with a supply of medical stores and surgical instruments.

In view of the pressing needs of the sick and wounded, his Committee has resolved to solicit contributions of blankets, warm dressing-gowns, flannel vests, woollen stockings, lint, bandages, etc., which may be sent to No. 9, Great Winchester Street, E.C. (Mr. John Sands). Lady Lycett, Mrs. Hamilton Fletcher, Mrs. John Draper, Mrs. Horace Philbrick, and Miss De Winton having kindly undertaken the charge of their reception, solicit the co-operation of ladies in London and the provinces in this work.

The Committee of the Russian Sick and Wounded Fund, at a meeting held on Wednesday last, unanimously resolved:—"That Dr. Sandwith be requested to make immediate arrangement for the services of a certain number of doctors and dressers at the seat of war; and that he be further requested to arrange, in conjunction with Sir Henry Have-lock, M.P., a system for the distribution of medical and other stores to be subsequently despatched." In accordance with this resolution, Dr. Sandwith, who may be seen at the Athenæum Club, is prepared to engage four or five young surgeons or advanced students to accompany him at once to Bucharest. They must come well recommended, and

be prepared to stay until the end of the war. Their fare to and from Bucharest will be paid; a surgical outfit provided for them; and a sum of £1 *per diem* paid, for which they will have to find themselves in board and lodging. That there is ample field for their services, all reports from Roumania and the South of Russia fully testify. From amongst several of these accounts, we choose the following, which is one of the most recent, and which gives a description of the state of affairs at Odessa on September 28th. "In my last letter, I informed you that 500 more sick and wounded Russian soldiers were expected here from the Danube next Sunday. I believe they are still to come, but in the meantime 500 more have arrived. That will make the total number brought here within ten days 2,500. Comparatively few of these latter arrivals are wounded. Most of them are sick, the majority suffering from fever. Hence it may be inferred that the climate of the Danubian shores commences to affect a certain percentage of the Russian army. As regards the wounded, it is probable the worst cases do not come here, Odessa being five or six hundred miles by land from the seat of war. The poor fellows have to be conveyed in ambulance waggons or country carts over rough, almost impracticable roads, from the spot where they fell to and across the Danube, and thence by railway, often in goods waggons, lying on straw, to their destination. Odessa, however, is not always that much-to-be-desired spot, for many of the invalids are conveyed on by sea to Kherson or Nicolaieff. Two hundred and fifty of those brought here on Wednesday were taken to the latter port by the steamship *Grand Duke Constantine*, and 100 of those that preceded them were transported on Tuesday to Akerman, on and near the mouth of the Dniester. They were taken in some small steamers more like tugs, under the command of Admiral Tchikatchoff. Several corn magazines in this town are being fitted up to receive patients. The members of the Odessa branch of the Red Cross Society may be said to work night and day. The lady members are engaged at the central depôt frequently till midnight, cutting linen for bandages and doing other kinds of work for their poor sick and wounded countrymen."

NOTE ON THE PHYSICAL CONDITION OF W. GALE AFTER A WALK OF 1500 MILES IN 1000 HOURS.

MR. F. J. GANT, F.R.C.S., Surgeon to the Royal Free Hospital, communicates the following report.

On October 6th, 1877, the final day of William Gale's unprecedented pedestrian feat, I visited him on his leaving the track at 3.24 P.M. He complained of feeling very cold, and his hands and arms were quite cold up to the elbows. In the recumbent position, the pulse at the wrist was 80, having risen from 70 at 10.30 P.M. on the previous night; but the pulse-wave had now become very weak and irregular, and the arterial tension was very low. This state of collapse might have been partly due to his having imprudently indulged in a cold-slucing bath, over the head and shoulders, thus affecting the heart's action, an hour before I saw him. I immediately administered a cup of brandy and egg mixture, and had the hut in which he lay cleared of all persons, except his brother and sister. In about ten minutes, some reaction commenced, and he turned on his right side, and slept for a quarter of an hour, or until the time-bell rang, when the track-attendant entered and woke him. He very readily got up, and, after walking his usual mile and a half, he had somewhat revived, and said that he then "felt the blood circulating". I gave him, however, some more egg-nourishment, with a little brandy—he dislikes all alcoholic stimulants—and sent a message requesting the brass-band to stop making a noise, that he might sleep again. But Morpheus refused all solicitation to return. On leaving the hut for the last heat, I expressly enjoined him, and he promised, not to spurt for the gratification of the unthinking vast concourse of people around the track, and who thronged the windows and roofs of the adjoining houses. But, after one or two laps, I looked out and saw him walking at quite six miles an hour, responding yet more and more to the roars of applause, and thus he completed the last mile of the fifteen hundred.

A few minutes afterwards, his physical and mental condition were as follows. He was sitting, until I laid him down, on the couch used as a bed; the head and chest were bathed in a clammy sweat, and the pulse had risen to 88; was fairly strong and quite regular, but very compressible. The heart's action corresponded, being strong and regular, and there was no murmur either at the base or apex. The temperature, as indicated by the thermometer in the mouth, registered 106.1 deg. Some slight congestion of the palpebral conjunctivæ might be observed; but the pupils were not dilated, and responded to the influence of light. He was quite rational and calm; the expression of his face was not haggard, nor was there either pallidity or suffusion,

the skin having the brownish red appearance produced by exposure to the sun and air. He looked drowsy, and readily dropped asleep, but awoke as readily. Such being the only notable particulars with regard to the general condition, little was discovered on inspecting the limbs. The calf of the left leg presented a large varicose patch, the external saphena vein having become dilated and tortuous into an eel-like form. Just below the knee, a much dilated sacculus of the vein threatens to burst. This state, of which there was, I understand, scarcely a trace at the beginning of the walk, had been increasing daily for the last two weeks; and, by my request, a strong elastic stocking was worn with great comfort; indeed, but for the relief thus obtained in walking, and the sleep thus procured, I have no doubt that Gale could not have accomplished his arduous undertaking. Beyond this lesion, the legs were sound, there being no œdema and no swelling of the knees or ankle-joints. There had been no painful spasmodic affections, which so much embarrassed Captain Barclay in his famous, but far less formidable, feat. Lastly, the feet were sound, without blister or abrasion. The toes have the marked retroversion often seen in pedestrians; and, after twenty years of previous successes, this sign characterises the feet of the champion of the "cinder-path".

THE DISSECTING ROOMS.

AS will be seen from the following reports, the students of the present day are usually well provided for so far as the supply of subjects for dissection is concerned. There is none of that waiting for a "part" which was a crying evil less than fifteen or even ten years since. The modes of preservation adopted vary at the different schools, but the result attained is generally quite successful for the purpose of presenting men with parts upon which they can go to work on the morrow of the "introductory".

St. Bartholomew's Hospital.—The session began with twenty-one subjects in the deadhouse. They were all preserved with Garstin's Fluid.

Guy's Hospital.—Twenty-eight bodies had been got ready for October 1. Most of these had been prepared as long ago as June or July by the method introduced by Mr. Howse and described by him in the *Guy's Hospital Reports*, vols. xvii and xx. It consists of first injecting a quart of watery solution of arsenic, then a quart of an arsenical solution of the same, whilst finally eight quarts of ordinary glycerine are injected. The bodies soaked over with glycerine are then sealed in mackintosh and placed in ordinary shells. The general result has been extremely good, the few exceptions being those of bodies parts of which had become decomposed before they could be injected, or which had subsequently, from some accident, become desiccated. It is noteworthy that bodies prepared by the above method admit of being injected with paint three or four months after their first preparation.

King's College.—At the commencement of the session, there were six subjects, which had come in at varying periods since early in June. They had been preserved by Stirling's process, as employed for some years past, and as is usually adopted at the University of Edinburgh. The results have been quite satisfactory, and all the senior students have already been supplied with parts for dissection.

Middlesex Hospital.—Of four subjects, three are now undergoing dissection. No. 1 was received on July 16th; No. 2 on July 21st; No. 3 on July 24th; and No. 4 on September 25th. They were all injected from the aorta. Each body was first injected with at least 10 pints of a solution containing 1 lb. of arsenic and about 6 oz. of carbonate of potash. About one-third of this solution was injected very slowly by means of hydrostatic pressure. The solution being raised about four feet above the level of the body on the fourth day the "paint" was injected as usual. The whole body was then carefully covered by means of bandages soaked in carbolic oil, and was subsequently kept in a cool damp chamber. Although decomposition had fully set in, in one body, which was green and offensive before injection, it, like the rest, is sweet and in good condition for dissection.

St. George's Hospital.—There were six subjects in the dissecting-room at the commencement of the session. The arteries had been injected when they first came in through the aorta, and the bodies were then kept in a preservative fluid till the session began.

St. Mary's Hospital.—At the beginning of the session, there were two bodies in the dissecting-room. They had been preserved for nearly a month in the following way:—The stomach, small intestines,

and spleen were first removed; then the abdominal cavity was filled with cotton-wool saturated with a mixture of four drachms of carbolic acid to one pint of methylated spirit. The extremities were wrapped in separate pieces of cotton-cloth dipped in spirit, and the whole tightly bound up in mackintosh. The arteries were injected first with a saturated solution of arsenious acid in boiling water, and then, whilst this was still warm, a mixture of size, vermilion, and plaster of Paris was thrown into them. The result of this method of preservation was most satisfactory, the bodies being in quite as good condition for dissecting as when they were brought in. The skin was firm and dry, and the cuticle had not separated.

Westminster Hospital.—As the Westminster Hospital has been undergoing considerable alterations and extension during the past summer, the authorities were not able to receive subjects as usual. There was, however, one body for October 1st, which had been preserved in salt-solution for a few days previously.

THE ENTRIES AT THE MEDICAL SCHOOLS.

It is impossible as yet to ascertain with positive accuracy the number of students who are intending to enter the various English Medical Schools during the present session. It is believed, however, that the number is above the average of recent years. At the Royal College of Surgeons, the number of gentlemen who had registered on Thursday afternoon was 1,290, and registration will not cease for a few more days. We have attempted to arrive at the number of "freshmen" by obtaining returns from the Deans of the several schools, metropolitan and provincial; but here we are beset with the query as to what constitutes a "freshman". Some schools return as "new entries" the total number of men studying for the first time within their walls, even although those gentlemen may have already passed one year of study at another metropolitan or provincial school, or may have entered for only a few of the lectures and demonstrations of the school. We have endeavoured to eliminate errors of this description by giving all the particulars sent to us respecting the entry of first year's men which had taken place on Wednesday evening, October 10th. At St. Bartholomew's, the number of students "entered" for the present session is 153; at Charing Cross Hospital, the new entries number 34 for the full period and 3 occasional students; at Guy's, there are 114 new entries, all told; at King's College, about 40 is the number of new entries; at the London Hospital, the number of entries is as follows—full entries 42, partial entries 18, in all 60; at the Middlesex Hospital, there are 49 new students, 5 of whom are occasional students, *i. e.*, have only entered for one or two classes; at St. George's, the number of students who have entered is 41; at St. Mary's, there are 23 October entries, together with 11 of last summer session, some of whom will register as second year's men; at St. Thomas's, the new entries amount to 67, of whom 47 are first year's men; at University College, the entries in the medical department are 61; and at the Westminster Hospital the number of new entries is 10. At Bristol Medical School, the number of new students is 10, the total number of students (old and new) being 42; at Leeds, the new students who have already entered number 37; and at Owens College, Manchester, there are 143 students, of whom 49 are first year's men.

PRIZES IN THE MEDICAL SCHOOLS.

The following are lists of the successful candidates for prizes in the various Schools during the Session 1876-77.

ST. BARTHOLOMEW'S HOSPITAL.—*Lawrence Scholarship and Gold Medal*, no candidate; *Brackenbury Medical Scholarship*, W. L. Heath, P. A. Steedman (equal); *Brackenbury Surgical Scholarship*, G. O. Mead; *Senior Scholarship in Anatomy, Physiology, and Chemistry*, R. Gill; *Open Scholarship in Science*, A. M. Marshall, S. Nall (equal); *Preliminary Scientific Exhibition*, E. Clarke; *Jeaffreson Exhibition*, W. J. Collins; *Kirk's Gold Medal*, W. L. Heath; *Bentley Prize*, W. S. A. Griffith; *Hichens Prize*, W. Wickham; *Wix Prize*, not awarded; *Practical Anatomy, Senior*: Foster Prize—1. A. A. Bowly; 2. G. E. Fooks, C. C. Shepherd (equal); 4. H. C. Nance; 5. H. T. Preston; 6. A. J. Wharry; 7. M. Pearlless; 8. W. T. Freeman. *Practical Anatomy, Junior*: Treasurer's Prize—1. J. Barratt; 2. J. E. Risk, W. T. Wyatt (equal); 4. J. Harper, R. Jones, S. Westcott (equal); 7. E. Clarke; 8. C. S. Spackman.

CHARING CROSS HOSPITAL.—*Llewellyn Scholarship, Governor's Clinical Gold Medal, and Pereira Prize*, John Brown. *Golding Scholarship*, H. G. Jacob. *Anatomy (Senior)*—Silver Medal, H. G. Jacob; Certificates, R. W. Oswald and Chas. Curde. *Anatomy (Junior)*—Bronze Medal, Jas. Turton; Certificates, J. S. E. Cotman and Martin Henry. *Physiology (Senior)*—Silver Medal, H. G. Jacob; Certificates, W. H. Day and R. W. Oswald. *Physiology (Junior)*—Bronze Medal, C. R. Crane; Certificates, Jas. Turton and J. S. E. Cotman; *Chemistry*—Silver Medal, H. F. Corbould; Certificates, C. R. Crane and J. C. Culling. *Medicine (Senior)*

—Silver Medal, John Brown and A. W. D. Leahy. *Medicine (Junior)*—Bronze Medal, T. M. Hughes. *Surgery (Senior)*—Silver Medal, R. C. Rowbotham; Certificates, A. W. D. Leahy and John Brown. *Surgery (Junior)*—Bronze Medal, T. M. Hughes; Certificates, H. G. Jacob and Chas. Curde. *Botany*—Silver Medal, Charles Curde; Certificate, F. J. Grindon. *Materia Medica*—Silver Medal, H. G. Jacob; Certificates, T. M. Hughes and F. W. Brookes. *Midwifery*—Silver Medal, John Brown; Certificate, Henry Hoole. *Forensic Medicine*—Silver Medal, John Brown. *Pathology*—Certificate, John Brown; *Practical Chemistry*—Silver Medal, S. Nockolds; Certificates, Charles Curde and W. H. Day.

ST. GEORGE'S HOSPITAL.—*William Brown £100 Exhibition*, H. Blake; *William Brown £40 Exhibition*, — Dunbar; *Brackenbury Prize in Medicine*, F. Goodchild; *Brackenbury Prize in Surgery*, G. R. Turner; *Sir Charles Clarke's Prize*, F. G. Baker; *Bradie Prize in Surgery*, and *Dr. Acland's Prize*, G. Harris; *Henry Charles Johnson Prize*, C. Branson; *Treasurer's Prize*, G. R. Turner; *Thompson Medal*, F. Goodchild; *Third Year's Proficiency*, T. T. Hay; *Second Year's Proficiency*, F. C. Fisher; *First Year's Proficiency*, C. Weber.

GUY'S HOSPITAL.—*Treasurer's Gold Medal for Medicine*—Peter Horrocks. *Treasurer's Gold Medal for Surgery*—George Wright. *Third Year's Students*—George H. Russell, First Prize, £40; Wm. D. Hartley, Second Prize, £35; Thos. B. Wally, Certificate. *Second Year's Students*—Beavan N. Rake, First Prize, £25; John S. Crook, Second Prize, £10; Harold B. Flanagan, Certificate. *Sands Cox Scholarship*—Leovard C. Wooldridge. *Michael Harris Prize*—H. E. B. Flanagan. *First Year's Students*—Wm. E. Starling, First Prize, £50; Wm. E. Fielden, Second Prize, £25; John W. Sanders, Third Prize, £10 10s; Richard Scott, Edwin A. Starling, Lawrence W. K. Phillips, and George R. Marsh, Certificates. *Entrance Examination in Classics, Mathematics, and Natural Science, October 1876*—Wm. E. Fielden, First Prize, £60; John W. Nicholson, Second Prize, £30; R. A. Milligan and Edgar Elliot, Certificates.

KING'S COLLEGE.—*Scholars*—Frederick Willcocks, Senior; Greville Matheson McDonald, Second Year; John F. W. Silk, Greville M. McDonald, and Jas. Balls Junior, 1876; Cecil W. Cunningham, John A. West, and Chas. N. Cornish, Warneford, Class 1; Frederic H. Norvill, Science (Clothworkers' Company). *Winter Session, 1876-77*: *Jelf Medal*—Harold G. Taylor. *Warneford Prize*—Thomas W. Coffin. *Divinity*—Richard A. Billiard and Frederic H. Norvill, Second Year; George W. Parker and Alexander S. Kenny, First Year. *Anatomy*—Norman Dalton, Prize; Denis McDonnell, James Balls, John Davidson, and Fredk. T. Hebb, Certificates. *Physiology*—Denis McDonnell, Prize; John F. W. Silk, Certificate. *Chemistry*—John F. W. Silk, Prize; James Balls and Denis McDonnell (equal), Certificates. *Medicine*—Charles E. Baddeley, Prize; Thos. F. Clarke and Theodore F. Adolphus, Certificates. *Clinical Medicine*—Thomas F. H. Smith, Prize. *Surgery*—Thomas F. H. Smith, Prize. *Clinical Surgery*—Walter J. Milles, Prize; Thomas W. Coffin and Richard E. Schlesinger, Certificates.

LONDON HOSPITAL.—*Clinical Medicine*—£20 Scholarship, A. S. R. Oxley; Honorary Certificate, A. Bennett. *Clinical Surgery*—£20 Scholarship, J. T. Fox; Honorary Certificate, F. B. Fisher. *Dressers' Prizes*—£15, G. E. H. Sargent and A. Higgs; £10, L. E. Pritchard and L. N. Walker; £5, P. Brown and J. W. Lynch. *Entrance Science Scholarships*—£60, A. H. S. Lucas; £40, Lloyd Francis. *Buxton Scholarships*—£30, F. G. Stonham; £20, J. Hutchinson. *Human Anatomy*—£20 Scholarship, F. G. Stonham; Honorary Certificate, A. H. S. Lucas. *Anatomy, Physiology, and Chemistry*—£25 Scholarship, A. Higgs; Honorary Certificate, L. E. Pritchard.

ST. MARY'S HOSPITAL.—1876: *Open Scholarship in Natural Science*, A. W. Smith; *Extra Scholarship in Natural Science*, R. E. G. Cuffie; *Exhibition in Natural Science*, G. C. R. Bull; *Scholarship in Classics and Mathematics*, A. Benson and H. L. Roche. 1876-77: *Scholarship in Anatomy*, G. H. Hetherington; *Prosectors*, D. A. Fraser and C. F. Seitz. *Summer Session, 1876*. First Year: *Materia Medica*—Prize, W. H. T. King; Certificates, A. Baird, A. C. Bridges, and J. Tucker. *Botany*—Prize, R. N. Hormazdi; *Practical Chemistry*—Prize, H. G. Hill; Certificates, C. D. Adam, A. Baird, W. H. T. King, and K. Millican. Second Year: *Midwifery*—Prize, H. Seager; Certificates, W. L. Cox, G. H. Hetherington, L. C. N. Nicod, and H. Pearce. *Medical Jurisprudence*—Prize, W. Pearce; Certificate, W. L. Cox. *Winter Session, 1876-77*. First Year: *Anatomy and Histology*—Prize, C. G. Havell; Certificates, H. F. Parsons, J. Tucker, J. P. B. Wills, J. A. Webster (Anatomy), and R. E. G. Cuffie, R. N. Hormazdi, A. H. Profit, and L. E. Wood (Histology). *Chemistry*—Prize, L. E. Wood; Certificate, R. E. G. Cuffie (first in Examination, but disqualified for Prize as Scholar in Natural Science). Second Year: *Anatomy and Physiology*—Prize, A. Baird; Certificates, A. C. Bridges, H. G. Hill, W. H. T. King, J. E. Lane, and H. B. Runnalls (Anatomy). Third Year: *Medicine*—Prize, A. E. May; Certificate, W. W. Edwardes. *Surgery*—Prize, W. W. Edwardes and A. E. May. *Pathology*—Prize, G. H. Hetherington; Certificates, W. W. Edwardes and A. E. May. Third and Fourth Year: *Clinical Medicine*—Prize, A. B. Prowse; extra Prize, J. S. Scriven. *Clinical Surgery*—Prize, J. S. Scriven; Certificate, A. B. Prowse.

MIDDLESEX HOSPITAL.—*Broderip Scholarships*—1. E. A. Fardon; 2. T. F. Pearce. *Murray Scholarship*—F. Bellaby. *Governor's Prize*—Leonard Hine. *Clinical Prize*—R. M. Webster. *Medicine*—T. Jackson and T. F. Pearce (equal). *Surgery*—J. T. James. *Practical Surgery*—T. Jackson and T. F. Pearce (equal). *Pathological Anatomy*—T. F. Pearce. *Anatomy*—J. T. James. *Physiology*—J. T. James. *Chemistry*—A. Wheeler. *Dissections*—E. P. Griffith. *Midwifery*—C. Wells and J. T. James (equal). *Medical Jurisprudence*—J. T. James. *Materia Medica*—A. Wheeler. *Botany*—M. Jackson. *Practical Chemistry*—A. Wheeler. *Practical Physiology*—Pa mer. *Psychological Medicine*—J. T. James. *Medical Society's Prizes*—E. A. Fardon and R. M. Webster. *Entrance Scholarships, October 1876*—1. M. Jackson; 2. G. Charlesworth, B.A., and C. D. Davis (equal). *Certificate of Merit*—H. Cooper Rose. *Certificates of Honour (Clinical Medicine and Surgery)*—A. McCausland, L. Hine, T. Jackson, J. McD. Stewart. *Medicine*—L. Hine, E. A. Fardon, R. M. Webster. *Practical Surgery*—L. Hine, E. A. Fardon, A. McCausland, R. M. Webster. *Pathology*—E. A. Fardon, T. Jackson, L. Hine. *Anatomy*—E. E. Griffiths, C. Lucas, — Wells. *Physiology*—L. Matheson. *Practical Physiology*—Bray. *Chemistry*—M. Jackson. *Practical Chemistry*—Palmer, — Hepburn, — Davis; Bray. *Midwifery*—E. W. Alden, C. Lucas. *Forensic Medicine*—E. W. Alden. *Materia Medica*—Bray, — Palmer, — King. *Botany*—Wheeler, — Davis, — Palmer, — Bray. *Psychological Medicine*—Wells.

ST. THOMAS'S HOSPITAL.—*Summer Session, 1876.—First Year's Students*—H. A. H. Fenton, £15 and Certificate; Takaki Kanehiro, £10 and Certificate; T. D. Savill, £5 and Certificate; Ho Kai, A. Purkiss, F. W. Lerew, and A. V. Bernays, Certificates. *Second Year's Students*—W. F. Haslam, £15 and Certificate; R. P. Smith, £10 and Certificate. *Winter Session, 1876-77.—Entrance Science Scholarships*—R. J. Williamson, £60 and Certificate; H. N. Holberton, £40 and Certificate. *First Year's Students*—W. A. Duncan, William Tite Scholarship, £30 and Certificate; H. N. Holberton, £20 and Certificate; W. W. Webber, £10 and Certificate; A. B. Carpenter, Certificate. *Second Year's Students*—A. Newsholme, College Scholarship of £42 and Certificate; Takaki Kanehiro, £20 and Certificate; C. A. Ballance, £10 and Certificate; T. D. Savill and Ho Kai, Certificates. *Third Year's Students*—S. J. Taylor, Musgrave Scholarship, £42, and Certificate; S. J. Taylor, £20 and Certificate; S. A. Crick, £15 and Certificate. *Physical Society's Prizes*—G. H. D. Gimlette, Third Year's Prize and Certificate; C. A. Ballance, First Year's Prize and Certificate. *Anatomical Assistants*—Hutton Castle, W. F. Haslam, H. J. Michael, and R. P. Smith, Certificates, *Prosectors*—T. L. Laxton and G. S. Hatton, Prizes and Certificates. *Resident Accoucheurs*—Wm. Morgan, T. Milman, M.D., B. Pitts, M.B., and R. Maples, Certificates. *Solly Medal and Prizes*—W. H. Battle, Medal and £15; C. W. de Lacy Evans, Medal and £5. *Surgery and Surgical Anatomy*—H. U. Smith, Cheselden Medal. *Practical Medicine*—G. B. Longstaff, Mead Medal. *House-Physicians*—B. Pitts, R. Maples, C. C. Smith, and W. Edmunds, Certificates. *House-Physicians*—T. Twining, M.B., J. F. Nicholson, J. R. Leeson, and W. H. Page, Certificates. *General Proficiency and Good Conduct*—C. E. Sheppard, Treasurer's Gold Medal and Certificate.

UNIVERSITY COLLEGE.—*Winter Session, 1876-77.—Physiology*—Gold Medal, Bilton Pollard; 1st Silver, equal, Francis Gotch, V. A. H. Horsley, W. R. Parker; Certificates—5. A. Atmaram; 6. J. E. Hine; 7. R. Spence Walton. *Anatomy*—Gold Medal, C. J. Bond; 1st Silver, P. E. Shearman; 2nd Silver, John Edward Hine; Certificates—4. James Isaac Paddle; 5. A. E. Permewan; 6. W. H. Neale; 7. A. E. Buckell; 8. F. H. Saunders; 9. G. E. Twyman; 10. H. P. Miller; 11. H. Warburton. *Junior Class—Silver Medal*, Henry Maudsley; Certificates—2. R. H. Firth; 3. James Norie; 4. H. R. Gately; 5. A. W. Dingley; 6. D. W. Donovan; 7. H. W. Newsholme; 8. E. D. Evans; 9. T. W. J. Allen; 10. William Clarke; 11. C. J. Pike. *Chemistry*—Gold Medal, J. Sakurai; 1st Silver, C. W. Watts; 2nd Silver, Charles E. Cassal; Certificates—4, equal, P. N. Bose of Calcutta, A. G. Bourne, John Hodgkin, A. H. Mason; 5, equal, S. H. C. Martin, W. N. Macartney; 6, equal, R. T. Plimpton, E. M. Crookshank, F. M. Young, L. H. Edmunds; 7, equal, H. Kurobe, H. E. Harrison, Theodore Beck; 8, equal, J. R. Day, A. J. G. Barker, Richard P. Roberts, Edwin Devis; 9, equal, S. J. Hickson, L. A. Lawrence, J. S. McDonagh; 10, equal, George Patterson, Howard Downes, H. W. Newsholme, Henry G. Blyth, S. C. Hill; 11. S. F. Sainsbury. *Medicine*—Gold Medal, F. L. Benham; 1st Silver, N. S. Whitney; 2nd Silver, R. S. Miller; Certificates—4, equal, W. Gristock, H. Yoshida; 6, equal, A. H. Robinson, H. R. Dale; 8, Brian Ridgen. *Surgery*—Gold Medal, G. C. Henderson; 1st Silver, J. P. A. Gabb; 2nd Silver, J. S. N. Boyd; Certificates—4, equal, R. S. Miller, J. R. Salter, K. R. Smith, W. S. Tuke; 8. H. Yoshida; 9. H. R. Dale; 10. Brian Ridgen. *Practical Physiology*—Gold Medal, W. H. Neale; 1st Silver, V. A. H. Horsley; Certificates—3. C. J. Bond; 4. James Isaac Paddle; 5. Bilton Pollard; 6. W. R. Parker. *Comparative Anatomy and Zoology*—Gold Medal, S. J. Hickson; 1st Silver, equal, E. W. von Tunzelmann, Alfred G. Bourne, W. G. K. Barnes; Certificates—5. E. M. Crookshank; 6. Howard Bendall; 7. Charles Downing; 8. H. Champ. *Clinical Medicine: Fellowes Medal*—Gold, Richard S. Miller. *Junior Class: Fellowes Medal*—Silver, Alfred A. Lendon; Certificates—2. J. E. Neale; 3. J. H. Oldroyd; 4, equal, W. Boulting, K. R. Smith; 6. H. R. Dale; 7, equal, C. M. Maxwell, Dawson Williams; 9. J. E. Bullock; 10. J. M. Biggs. *Brace Medal*—G. C. Henderson. *Cluff Memorial Prize*—William Banks. *Summer Session, 1876-77.—Midwifery: Senior Class*—Gold Medal, D. F. Dymott; Silver Medal, K. R. Smith; Certificates—3. N. S. Whitney; 4. W. S. Tuke; 5. Dawson Williams. *Junior Class—Silver Medals*, equal, C. J. Bond, J. F. Eason; Certificates—3. J. T. Mitchell; 4. A. E. Permewan; 5. A. Warburton; 6. J. H. Fialho; 7. W. F. Thomas; 8. A. J. M'C. Routh; 9. E. W. W. Farmer; 10. G. E. Twyman; 11. George Serjeant. *Pathological Anatomy: Filtiter Exhibition of £30*, W. S. Tuke; Silver Medals, equal, J. S. N. Boyd, W. S. Andrews; Certificates—4. J. E. Neale; 5. Dawson Williams. *Practical Chemistry (Senior Class)*—Gold Medal, James Isaac Paddle; 1st Silver, F. W. Mott; 2nd Silver, Henry Maudsley; Certificates—4. R. B. Yardley; 5, equal, P. E. Shearman, W. M. Hope; 6, equal, T. Hoskin, Donald T. Hoskin; 7, equal, J. E. Squire, H. M. Murray, R. Pratt; 8. A. E. Buckell; 9, equal, A. W. Dingley, D. W. Donovan, Ernest A. Parkyn; 10, equal, M. F. Sayer, R. S. Walton. *Junior Class*—Gold Medal, A. G. Bourne; 1st Silver, Wm. Case; 2nd Silver, Howard Bendall; Certificates—4. T. W. J. Allen; 5. E. Cotterell; 6. M. J. Jackson; 7, equal, J. J. Fletcher, P. G. Hullard, F. G. Morris; 8, equal, L. A. Lawrence, W. F. R. Weldon, H. W. Newsholme, R. P. Roberts; 9, equal, L. H. Edmunds, H. V. Knaggs; 10, equal, Lionel P. Purton, E. M. Crookshanks, F. Weck, H. E. Harrison; 11, equal, W. Clark, C. J. Pike, A. J. G. Barker; 12, equal, A. A. Carr, H. H. Crawley, P. F. Moline, E. Laurent; 13, equal, L. E. Shaw, S. A. Russell, W. S. Barnes, J. W. Inger, S. C. Hill; 14, equal, J. G. L. Stephenson, R. H. Firth, S. H. C. Martin, C. Vise, T. Beck, W. H. Evans; 15, equal, H. E. Williams, F. G. Penrose. *Materia Medica*—Gold Medal, Bilton Pollard; 1st Silver, equal, R. H. Firth, Henry Maudsley, L. C. Ponsford; Certificates—5, equal, T. Hoskin, C. B. Hill, E. Cotterell, H. M. Murray; 9. M. F. Sayer; 10, equal, G. R. Matheson, James Marshall, T. W. J. Allen. *Medical Jurisprudence*—Gold Medal, Kenneth R. Smith; Silver Medal, C. J. Bond; Certificates—3. J. H. Fialho; 4. W. D. C. Williams; 5. E. W. W. Farmer; 6. Nemours Jean-Louis. *Botany*—Silver Medal, P. N. Bose. *Hygiene and Public Health*—Silver Medal and Prize, Dawson Williams; Certificates—2. R. W. Greenish; 3. W. S. Tuke; 4. J. Sakurai. *Ophthalmic Medicine and Surgery*—Silver Medal, H. Ridley Dale; Certificates—2. J. B. Knobel; 3. H. Yoshida. *Clinical Medicine (Junior Class)*—Prize, L. E. Williams; Certificates—2, equal, N. S. Whitney, A. Warburton; 4. A. Blair; 5. J. T. Mitchell.

WESTMINSTER HOSPITAL.—*Entrance Scholarships*—(Fence) D. E. Mortimer; (Houldsworth) J. W. Batterham. *Mr. Davy's Prize for Diligence in the Dissecting-Room*—C. Glassington and W. H. Quicke (equal). *Exhibition in First Winter's Subjects*—J. W. Batterham; obtained Marks qualifying for Exhibition, W. H. Quicke. *Scholarship in Anatomy and Physiology*—A. H. Bampton and A. M. Davies (equal). *Frederic Bird Prize and Medal*—W. J. Foster and W. J. Quicke (equal). *Chadwick Prize*—No competitors. *Class Certificates: Junior Anatomy*—1. W. H. Quicke, J. W. Batterham, and C. Glassington. *Junior Physiology*—1. J. W. Batterham and W. H. Quicke; 2. A. W. Veness and Charles Glassington. *Chemistry*—1. J. W. Batterham; 2. W. H. Quicke. *Senior Anatomy*—A. H.

Bampton and A. M. Davies (equal), and John Smith; 2. G. Gubbin and Sydney Smyth (equal), and G. H. Butler. *Senior Physiology*—1. A. H. Bampton, G. H. Butler, and A. M. Davies (equal), and G. Gubbin; 2. J. Smith and S. Smyth (equal). *Histology*—1. A. M. Davies, G. H. Butler, A. H. Bampton, and Sydney Smyth.

BRISTOL MEDICAL SCHOOL.—*First Year's Prize*, William A. Day and Thos. A. P. Marsh; *Second Year's Prize*, not awarded; *Third Year's Prize*, Geo. M. Smith; *Prize for Practical Anatomy*, Campbell L. Young.—ROYAL INFIRMARY. *Suble Medical and Surgical Prizes and Gold Medals*, Wm. R. Williams; *Clark Prize*, George M. Smith.—GENERAL HOSPITAL. *Lady Habersfield's Prize*, T. Chalmers Norton; *Sanders Scholarship*, not awarded; *Clarke Scholarship*, F. T. B. Logan and John H. Parry.

LEEDS SCHOOL OF MEDICINE.—*Winter Session, 1876-77.—Surgeon's Prize (Clinical Surgery)*—1st, value £10, W. S. Porter. *Medicine*—Medal, J. H. Thorp; Certificate, E. P. Pickersgill. *Surgery*—Medal, R. B. Morley; Certificate, Godfrey Carter. *Anatomy (Senior)*—Medal, J. W. Oglesby; Certificate, Norman Porritt. *Anatomy (Junior)*—Medal, J. H. Oates; Certificate, J. C. R. Husband. *Physiology*—Medal, J. W. Oglesby; Certificate, N. Porritt. *Physiology (Book Prize)*—W. M. Hurtle. *Chemistry*—Medal, Joseph Harrison; Certificate, J. H. Whitlam. *Summer Session, 1877.—Thorp Prize (Forensic Medicine)*—2nd, value £6, N. Porritt; 3rd, value £4, J. W. Oglesby. *Forensic Medicine*—Medal, N. Porritt; Certificate, J. W. Oglesby. *Midwifery*—Medal, J. W. Oglesby; Certificate, W. M. Hurtle. *Materia Medica*—Medal, J. Peché; Certificate, Walter Spencer. *Botany*—Medal, T. H. Smith; Book Prize, Walter Spencer. *Practical Chemistry*—Medal, J. Harrison and Walter Spencer (equal); Certificate, J. Peché.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—*Winter Session.—Third Year Subjects (Medicine, Surgery, and Pathology)*—W. T. Clegg, Silver Medal; Thomas Bickerton, Bronze Medal. *Second Year Subjects (Advanced Anatomy and Physiology)*—R. Bredin, Torr Gold Medal; J. D. Hayward, Bronze Medal; A. C. Rich and A. Meeson, Certificates. *First Year Subjects (Elementary Anatomy and Physiology, and Chemistry)*—R. Honeyburne, Bligh Gold Medal; D. Collingwood, Bronze Medal; W. Renner and F. J. Laimber, Certificates. *Summer Session: Junior Subjects (Botany, Materia Medica, and Practical Chemistry)*—J. H. Rhodes, Silver Medal; F. J. Laimber, Bronze Medal; R. W. Barrow and D. Collingwood, Certificates. *Comparative Anatomy and Zoology*—T. M. Porter, Prize; Histological Prizes, G. Rice and J. D. Hayward. *Royal Infirmary Clinical Prizes*—Physicians' Prize, W. T. Clegg; Surgeons' Prize, Huey. *Students' Debating Society's Prizes*—1st Essay, R. Bredin; 2nd, C. Steele; 3rd, G. Harrison; *Clinical Reports*, W. T. Clegg.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.—*Winter Session, 1876-77.—Anatomy*—Medal and 1st Certificate, H. T. Bowman; 2nd Certificate, J. R. Dodd. *Dissections*—Medal and Certificate, T. C. Squance. *Physiology*—Medal and 1st Certificate, J. R. Dodd; 2nd Certificate, T. C. Squance. *Chemistry*—Medal and 1st Certificate, W. G. Black; 2nd Certificate, J. F. Mackenzie. *Surgery*—Medal and 1st Certificate, T. G. Ainsley. *Medicine*—Medal and 1st Certificate, Mark Malvin; 2nd Certificate, Lewis Eastwood. *Summer Session, 1877.—Chemistry (Practical)*—Silver Medal and 1st Certificate, T. Babst. *Botany*—Silver Medal and 1st Certificate, T. Babst; 2nd Certificate, John F. Mackenzie. *Materia Medica and Therapeutics*—Silver Medal and 1st Certificate, Lewis Eastwood. *Midwifery*—Silver Medal and 1st Certificate, T. C. Squance. *Medical Jurisprudence*—Silver Medal and 1st Certificate (not awarded). *Pathological Anatomy*—Medal and 1st Certificate, C. M. Goyder. *Practical Physiology*—Silver Medal and 1st Certificate, J. F. Mackenzie; 2nd Certificate, W. G. Black.

SPECIAL CORRESPONDENCE.

THE TURKISH ARMY IN ASIA.

[FROM OUR OWN CORRESPONDENT.]

Head-Quarters of Ahmed Muhktar Pacha.

AFTER a careful examination of the resources of this army, one cannot fail to be convinced that, without a thorough reorganisation of the Army Medical Department, very little indeed can be done to put it at all on a par with that of any other civilised country in the world. First and foremost, the want of transport is in itself fatal to any effectual work. On every hand, you will be told that they have not means of transport for warlike stores, guns, and ammunition. So, in this country at any rate, where medicine and surgery are looked upon as necessary concessions to the professed civilisation, but are considered by nine-tenths of the population merely as a species of sorcery or magic, entirely subservient to that almighty regulator of Ottoman affairs, *Kismet*, it is hardly to be wondered that any efficient means of transport for the wounded or sick soldiers should be a thing never once thought of by those who are responsible for the management, or rather mismanagement, of this campaign. After an engagement, as a rule, the wounded man, when he can "pull himself together", makes off, as well as he is able, to the nearest town, which may be, take, for example, Kars in this instance, eighteen long, very long, miles away. How these men do contrive to get to towns and villages after being wounded as they are is a thing almost incredible. A compound fracture of the ankle, for instance, I can say of my own knowledge, in more than one case, does not prevent a Turkish soldier from finding his way to where he thinks help may be obtained, let the distance be what it may. The idea of waiting on the field till a party of "sick-bearers" may come with proper appliances for his removal, seems never to enter his head; and perhaps it is as well that this is so, for I fear that wait as long as he might, such help would never come. There is