side of the human body. Elasticity, to this extent, of a provisional hypothesis has been necessary for the reason that, in the present state of our knowledge, certain cases and groups of cases of diarrhoea, not distinguishable from epidemic summer diarrhoea, have now and again been found to possess the faculty of being directly communicable from person to person."

Upon the results of his inquiry, Dr. Ballard bases some practical suggestions to sanitary authorities, the aim being to prevent the fouling of the soil with matters out of which the material of diarrhoea can be produced, to secure domestic cleanliness, dryness and cleanliness of the soil, lowering of ground water, prevention of rise of ground air, the free movement of air, protection of food from infection, due regulation of sewers, etc.

In studying the pathology of diarrhoea, Dr. Klein has been associated in the investigation, and some very important observations have been made. In the bodies examined of infants dead of diarrhoea, there were marked pathological changes not only in the intestines, but in all the viscera, and not alone in the viscera of protracted cases, but in those of infants the total duration of whose illness had not exceeded twelve or fourteen hours. For the most part the intestines were empty, or only contained a little yellow faecal matter, or a little opalescent mucoid fluid, or the surface was coated with some thick creamy catarrhal exudation. The amount of obvious hyperæmia of the mucous membrane of the stomach and intestines varied; sometimes there was observed some follicular ulceration, both in the small and large intestine. Generally there was more or less inflammatory thickening of the mucosa, and even in the cases of only a few hours' duration, denudation of the epithelium, both of the stomach and intestines. Now and then ecchymoses were seen, or even a little blood effused into the alimentary canal. The solitary and agminated glands of the small intestine were mostly prominent; the mesenteric glands were enlarged. The condition of spleen varied; it was sometimes congested, or exhibited hyaline degeneration of the arteries, or swelling of the Malpighian corpuscles with degeneration of the central portion of them. The condition of the liver varied. It was either congested, or pale and bloodless, the former condition prevailing in the cases of short, and the latter in those of longer duration; but in every case examined there was one invariable condition, namely, fatty degeneration of the liver cells, slight in cases of short (only a few hours) duration, but pronounced and extensive, or complete in all parts of the organ, when the illness had been protracted. The kidneys, even when normal to the naked eye, were invariably found to be diseased when examined microscopically, showing inflammatory and degenerative changes, intense glomerulo- and parenchymatous nephritis being demonstrated even in cases of very short duration. The lungs, although they might be in parts collapsed, presented marked evidence of acute catarrhal or catarrhal and interstitial pneumonia. The blood may be inspissated and coagulate imperfectly. There was nothing in Dr. Klein's microscopical investigations of the tissues, blood, or excreta to indicate that in the cases which furnished the organs, blood, or excreta sent to him, the malady was due to any micro-organism developing within the alimentary canal, or permeating any of the tissues; but it must not be therefore inferred that a specific micro-organism may not in some instances be present and even undergo development and growth within the body.

Commenting upon the fact that epidemic diarrhoea implicates the kidney as well as the intestinal canal, and in a manner similar to that in which scarlet fever implicates it, Dr. Ballard observes that probably in most cases of diarrhoea that recover, the morbid condition of the kidney clears up, as it does in most cases of scarlet fever that recover; but, just as in other cases of scarlet fever that recover from the immediate illness, the foundation of chronic disease of the kidney may have nevertheless been laid—disease which may, perhaps under the designation of one of its secondary results, prove ultimately fatal, or which may give a fatal tendency to some future illness from which a patient would otherwise be expected to recover—so it may also be with the kidney affection (similar in character) which is associated with diarrhoea. Indeed, it is not improbable that a previous attack of diarrhoea may have been the origin of many a case of chronic Bright's disease which, so far as the patient's medical history is concerned, has appeared inexplicable. As regards nosology, Dr. Ballard considers diarrhoea to be a general disease of specific character, to which a distinct and specific name other than "diarrhoea"—the name of only one symptom—ought to be attached.

We have only been able to refer to a few of the more salient

points in this able report. The whole volume deserves to be carefully studied by medical practitioners.

We must defer till a future occasion a notice of Dr. Longstaff's interesting and suggestive paper on the Geographical Distribution of Diphtheria.

MEDICAL PARIS OF TO-DAY.

By ERNEST HART.

XVII.

The Institution at the Bicêtre for the Training of Backward, Epileptic, and Idiot Children: the Gymnasia: the Buildings: the Gardens: the Minor School and Major School: the Workshops: the Material and Methods of Instruction: the Isolation Pavilions: Results Achieved: the Museum.

THE Hospice de Bicêtre, of which I have already spoken in connection with the wards of M. Déjerine, is otherwise interesting in respect to its general dispensation, and especially to the service of Dr. Bourneville and the school for the training of backward, epileptic, and idiot children. Rarely have I been more interested than in the course of a long visit which I paid to this institution with Dr. Bourneville, to whom a great debt of gratitude is due for the humane, intelligent, and persevering manner in which he has used his influence as a leading member of the Municipal Council of Paris, and as a Deputy, to secure the establishment in this great hospice of a model institution for the training of those lamentable waifs and strays, the disinherited children of civilisation, afflicted by Nature, and too often disowned and neglected by society. I am sure that a short account of the arrangements which are there carried out will be interesting to all who sympathise with this lamentably suffering class; and, if there be any who fail to do so, it must be from my want of skill in telling the story.

The vast establishment of the Hospice de Bicêtre occupies a total superficies of 215,756 square yards. The surface built over extends to 21,285 square yards, without including the new buildings for children, of which I shall particularly speak. The establishment is completely isolated. The total population on January 8th was 3,312 persons, including 1,886 aged and bedridden inmates, 1,002 insane and epileptics, 424 members of the staff, and their families.

The section of the hospice of which I am about to speak to-day is the children's division.

The section devoted to children occupies a rising ground towards the west, overlooking the valley of the Bièvre and the commune of Gentilly. It is entered by a path, on the left of which is an intervening room for the families of the children. In the first court is established the open gymnasium, and here also is the closed gymnasium, and seven workshops—carpenters' shop, blacksmiths', basketworkers', strawworkers', for sewing, rope-making, brushmaking. This court is bounded on the west by the children's refectories. The second court, called the *cour des écoles*, is bounded by the other façade of the refectories and the wards devoted to the treatment of children of uncleanly habits, schools, and baths. On the left, we come, as we descend, to four pavilions, which are placed in parallel lines, used as dormitories; and on the right another pavilion used as a dormitory, of which three more remain to be built. Behind is the infirmary, and the isolation pavilion for contagious diseases, which is in course of construction, and a pavilion containing cellular chambers of isolation for choreic and violent children. These four latter pavilions constitute, in some sort, the hospital of the section. Schools, refectories, and workshops constitute the scholastic services and that of technical teaching. All the spaces between these isolated buildings have been transformed into gardens, which are available for object lessons. The first, the geometrical garden, in which the green shrubs are cut into the shape of cones, cubes, pyramids, etc.; secondly, the garden of surfaces, small grass plots, bordered with box, in the form of triangles, squares, parallelograms, etc.; thirdly, the garden of named flowers; fourthly, the kitchen garden, with named fruit trees. There is also a field of named cereals and forest plants; and, lastly, a small wood planted with various well-known trees duly named, and which extends to the extremity of the sections.

All the buildings are on one floor, except that for the uncleanly children, which has an upper story, and thus provides two rooms, one to be in use while the other is evacuated. The constructions

are in iron, brick, and tile; the foundations in courses of stone separated by brick. In all the sections the closets are of the most approved English patterns, polished wood-work and water-trapped, their ventilation being kept active by exhaust pipes, in which a gas-jet burns night and day. Their construction is excellent and the superintendence active, so that all the closets I found in the most perfect condition of cleanliness and propriety. There is a well-devised service of barbers' shops, foot baths, and shoe room. The whole of the accessory services are arranged with extreme neatness and forethought, and are kept beautifully clean.

The service for the imbecile, epileptic, and backward children, under the charge of Dr. Bourneville, is divided into three groups: first, imbecile, uncleanly children, whether epileptic or not, but invalid; secondly, imbecile children, uncleanly or not, epileptic or not, but valid; thirdly, cleanly children, valid, imbecile, backward, epileptic, and hysterical or not.

The first group—children who are imbecile, uncleanly, epileptic or not, but invalid—is subdivided into two categories: the first is composed of uncleanly children who are for the most part susceptible of amelioration; the other of children quite incurable or suffering from epilepsy or meningo-encephalitis, and who have become uncleanly under the influence of congestive attacks. The latter can only be the subject of hygienic care; the former are exercised and taught to hold themselves properly in standing by the aid of parallel bars (Fig. 1); to walk either by the attendant

Fig. 1.

holding them under the arm or by the hand, or by use of the wheeled carriage. They are trained to be cleanly by being placed at regular hours on the closet, and they are also taught to use their hands to feed themselves. An effort is made to cure dribbling of saliva, which is so frequent among a great number of them, by making them hold between their lips little sticks of variable diameter, in order to excite the contractility of the orbicular muscle of the lips. As soon as these children can walk alone they are sent to the minor school. Except during the too short space of time—too short, I fear, chiefly from the insufficiency of the number of attendants and from the refusal of the administration to furnish an adequate supply—during which these children are practised in walking, they remain seated on little stools pierced with a large hole, below which is placed a pottery vessel, which slips into the groove; these stools are covered with a circular cushion (Figs. 2 and 3.)

The imbecile children, whether cleanly or not, epileptic or not, and valid, who constitute the second group, frequent the minor school (*petite école*), which is exclusively in female charge. All these children are exercised in the minor gymnastics of the Pichery system, which uses only rope ladders and spring tubes, and by an ingenious system of exercises allows the muscles of the body to be brought into use successively and without danger; they have object lessons and walks, during which questions are asked. The education of the senses forms the basis of the teaching. The material employed includes a box for object lessons, pictures representing animals, trade occupations, etc.; the boxes in compartments containing fruits, grains, vegetables; cardboard alphabets with letters as large as possible, the consonants in black, vowels in blue, figures

in black and red; various toys such as skittles, balloons, hoops, tops, racquets, etc. M. Bourneville has had constructed a little box, framed in twelve compartments; on the vertical side, facing the child, figures 1, 2, 3, up to 12, are placed in succession. The

Fig. 2.

child finds in the box little sticks, and learns to put the number of sticks corresponding to the figure in each division of the frame. M. Bourneville has also had a book made, containing patterns of various textiles and stuffs, so as to teach children to distinguish them by the eye and by the touch. Of late years the apparatus has been enriched by a great many objects, such as a little platform stool to teach children to go up and come down the steps, or to jump

Fig. 3.

them; secondly, twenty rules with 5, 10, and 15, up to 100 centimètres in length, to give the children notions of length; thirdly, solids in wood, of three dimensions (spheres, cubes, cylinders, cones, prisms), arranged so as to teach these figures to the children, and also to enable them to distinguish differences of volume; fourthly, a tablet of surfaces, in which are hollowed out a triangle, a square, a rectangle, a trapezium, a circle, and on which analogous figures can be applied (Fig. 4); fifthly, little barrows, which teach the children to draw and push; sixthly, wooden letters, of 7 centimètres, which can be placed on printed letters of the same dimensions, which are stuck on to cardboard. There are also little sticks, boards, balls of different diameters, to educate the sense of touch; little bottles of scented substances of different kinds, for the education of the sense of smelling, and little apparatus for teaching them to lace, to knot, to button, etc. In short, these children are taught patiently, scientifically, progressively, intelligently, and successfully to eat with cleanliness, to wash themselves, to dress themselves, to undress, to button, to lace, to polish, to brush, to use the broom, etc., to know the objects that

surround them, to distinguish forms, colours, etc. Only the most advanced can be taught to read, to write, and to count; when they have acquired a certain intellectual and physical development they pass into the first category, and follow the training of the major school.

Fig. 4.

The major school (*la grande école*), directed by a male teacher, is frequented by children of the third group who are cleanly and valid, whether imbecile, epileptic, hysterical, or not. The scholastic material comprises the greater number of the objects employed in the minor schools and those which are ordinarily in use in schools. The teaching is throughout based on object lessons, whether in the class-room, or in the gardens of the section, or in the cereal fields, or in the little plantation which runs behind the infirmary. M. Bourneville has had the ground got ready, on which are about to be erected the three last pavilions for use as dormitories, and has had sown here in beds corn, maize, rye, barley, oats, lucerne, poppy, hemp, millet, etc. The children are taken there in series, and they assist in the different operations of growth, in the sowing and in the picking. The masters and mistresses give them explanations, and put questions to them upon what they see done before them. Many of the children of the major school have, at the end of some years' teaching, received certificates of instruction, and one of them arrived at quite a high place. A magic lantern, amusements, and juggling are given from time to time in the covered gymnasium. The children of the major school and those of the minor school who are cleanly take walks outside the grounds under the conduct of their masters and mistresses, and from time to time are sent into Paris, to the Jardin des Plantes, to the Luxembourg, to the Palais de l'Industrie, to the Jardin d'Acclimatation, etc. The masters and mistresses employ these visits also for the purpose of giving some instruction.

In the course of my visit to the school I saw some very interesting documents which afford the means of determining progress in the children: first, a book of photographs. The child is photographed on its arrival, and then every year or every two years afterwards, or when any important changes occur in its situation, for example, if the uncleanly child, uncleanly on its entry, has become cleanly so that it can be supplied with trousers. Secondly, a little book belonging to each child in which every month or every two or three months, according to the degree of instruction, the children write or make figures or additions, so as to allow of comparison from one year to another.

Technical Teaching.—Technical teaching, or what is called here professional instruction, is given in the workshops, which are established in the building of which I spoke above (Fig. 5). This

building has a rectangular form, and faces the gymnasium of the section, which is 29 yards long, 15 wide, and 15 high. At either end are annexes, containing the closets. It includes a basement containing the cellars and stores, a ground floor, and a first floor for workshops. In the top storey are arranged rooms occupied by the superintendent of the section and his subalterns. It is built of brick and iron. The workshops are profusely lighted and ventilated.

The Ground Floor (Figure 6).—At the centre entering from the court are the vestibule and staircase; on the right, occupying the whole width of the building, is the carpenters' shop; on the left, separated by a corridor, is the workshop for basket chair making, and the ironworkers' shop. Between these two shops are two mattresses rooms for the reception of patients seized with fits of violence, or who need to be rested after such attacks.

The First Floor (Figure 7).—This includes, on the right, looking over the gymnastic court, the tailors' workshop with a mattress room, and the office of the manager, behind a shoemakers' shop, and on the left two other workshops, one for brushmaking and the other for minor printing. To each workshop are attached closets arranged in the English fashion, and kept with great cleanliness.

The workshops have, I find, been occupied, according to the figures given me during the year 1888, by 182 children, arranged as follows:

	Number of Apprentices.		Value of Work Done.
Carpentering	34	...	6,467.80
Blacksmiths' work	17	...	4,568
Basket making	11	...	550.60
Restuffing	14	...	67
Sewing	70	...	5,417.70
Shoemaking	34	...	2,412.65
Brushmaking	2	...	—
Total	182	Francs	19,483.75

The branches are divided into two groups, the one going to work in the morning, the other in the evening; in order that they may participate in all the scholastic instruction, the order of the series is inverted each week, that is, the morning series becomes the evening series at the end of eight days. The young workers receive every Saturday rewards varying from 10 to 40 centimes, which they are allowed to spend on their days for walking out. For this purpose every week a sum of 15 francs is put at the disposal of the masters by the administration.

The value of the work of the children each year exceeds the annual cost resulting from the salaries paid to the workmasters, and consequently gives a surplus which steadily increases. Besides this consideration, which has a certain value, there is one which is of primary importance, that is the utility of the technical teaching given to these unfortunate children. This enables a certain number of them to learn a trade which, on leaving the establishment, puts within their reach the power of earning their living. Some of them have already quitted the asylum, and are receiving suitable employment. It assists in giving to a larger number of children the means of lessening in a variable proportion the sacrifices which society imposes upon itself for them. Thus, there are in the sewing shop 22 hemiplegic children, that is unfortunately condemned almost certainly to pass all their existence in the asylum. Many are already good tailors, and others will become so when they have passed into the adult wards, if they are still subject to fits, or into other divisions of the asylum, if they are free from them; they can continue to work in the workshop as in the house, and their product will compensate in part during the long series of years, the expenses of their maintenance, at the same time that it will furnish them with some variety and interest in their lives, and give them some personal resources for the purpose of amusement and pleasure. As far as possible, the children themselves are allowed to choose their occupation. Preferentially, the most intelligent are sent to the carpenters' and blacksmiths' shops, and the weakest to basket making and to stuffing. Hemiplegic children are naturally sent to the sewing room. Where imbecile children are concerned, the work does not at first occupy more than half an hour, and then the duration of their manual labour is progressively increased.

In 1887 was opened the isolation pavilion for contagious diseases (Fig. 8). It is situated on the north-west of the workshops, gymnasium, etc. It is completely isolated from the other buildings, but nevertheless it is not far from the building for the in-

Fig. 5.

valid, uncleanly, epileptic, and demented children, nor from the infirmary, which is about twenty yards distance from it. Like other building sections it is constructed of iron and brick, and the divisions are glazed to allow of the most perfect surveillance.

From the declivity of the soil in this situation, the pavilion has

and on each side of this closets (Fig. 9). A large longitudinal lobby, interrupted by the superintendent's room, ends at each extremity with a large window. On its west side, on the left and on the right, are two dormitories, each containing five beds. On the east side, on the left and on the right staircase, are three

Fig. 6.

had to be constructed with a basement, so that the wards for the patients are, so to speak, on the first floor. It is divided into two parts, separated from each other by a central part, which includes the staircase, the superintendent's room, offices, and a bathroom,

rooms with one bed each, and which only open on a projecting gallery covered with glass, which extends on the east face of the pavilion, so as to obtain the most complete isolation. By an ingenious arrangement, the glazing of this gallery, while afford-

ing sufficient shelter, does not interfere with the ventilation of the rooms (Fig. 10). The ceiling of the patients' rooms, as well as the walls, other than the glass divisions, are in polished stucco; the angles are rounded, and the floor is in hard pottery, so that the whole may be effectually kept clean by washing. In each room and in each ward there is a movable valve which serves for getting rid of the water after washing of the surfaces. The rooms are well heated by two *calorifères*. Ventilation is effected by the free admission of air in tubes placed in suitable number in

with cement to facilitate their thorough cleansing. The linen is received in a hollowed stone receptacle, which is filled with carbolised water. The linen room is permanently ventilated by a ventilating pipe, which rises above the roof. A special reservoir, of a capacity of 3,000 quarts, receives the water destined for the service, and all the pipes for distribution start from this reservoir. The different parts of this pavilion are lighted with gas.

The general plan of the children's section (the choice of situa-

Fig. 7.

each apartment, and which end in a large central vertical chamber, through which passes the chimney of the heating furnaces. A crown of gas-jets placed in this chamber allows a quickening of the draught, and consequently facilitates frequent renewal of the air in the rooms and in the wards. The dormitories of five beds are provided with a marble washing-bench composed of three turning basins in porcelain. They have each 150 cubic metres of air.

tion, the nature of the construction, the organisation of the different services) has been made by M. Bourneville, and the technical part by M. Imard, inspector, and M. Gallois, architect. Thanks to their thorough cordial mutual understanding, this work has been carried forward promptly and successfully. It is to be hoped that the administration will hasten to finish it. Its completion will be an honour to itself, and a great benefit to the numerous category of children reputed incurable.

Fig. 8

Each isolation chamber includes a fixed washstand in pottery; it has forty-eight cubic metres of air. The linen is thrown into a special apartment through two openings, placed near the closets, and as far as possible from the habitation of the patients. The floor of this room, and the lower part of the walls, are covered

My journey through the asylum of Bicêtre ended by a visit to the museum, which M. Bourneville has organised of late years, but I fear with insufficient resources at his disposal. This museum is annexed to his service, and it is assuming from year to year more and more importance. It is enriched by the following means: when a child

dies, the head is moulded, the necropsy is made, and the skull-cap preserved; sometimes the limbs, where they offer any interesting peculiarities, such as malformations, etc. If the child is not claimed by its family, the whole of the head is preserved; the brain is photographed, and the photographs are included every year in an album. All the observations of death are also brought together, and every year, with the aid of the *internes*, M. Bourne-

necessary to complete the observations; and as the skull-cap has been preserved, the authenticity of the result is secured. In the case of patients who have had infantile paralysis, M. Bourneville takes the entire skeleton, so as to be able to compare the disturbance caused by the cerebral lesion in the development of the osseous system. At the close of the year 1887, the museum list included:—

Fig. 9.

ville publishes a full report of the service, including two parts, one part administrative, in which he describes the ameliorations realised during the year (the improvements introduced into the teaching, the statistics, movement of population, deaths, *personnel*, etc), and a part including memoirs, notes, reports of cases, *clinique*, therapeutical observations, and pathological anatomy. For the

Busts and plaster casts	...	...	161
Various plaster moulds	...	...	24
Complete skulls	...	...	25
Skull-caps	...	...	156
Brains of idiots and epileptics (adults and infants)	...	...	162

besides several entire skeletons, bones, and various anatomical preparations, fetuses, etc. All the photographs and all the observations of the cases of patients deceased being brought together each year, it follows that the pathological preparations, skulls, busts, etc., have their complete history, and are capable of serving for serious researches. The statistics which I have just given, and which only go back fifteen months, show that in a very few years there will be here a museum which is probably without a rival.

I cannot conclude this imperfect outline of impressions derived from a rapid visit to this most important and interesting establishment without expressing warm admiration of the extreme devotion, industry, humanity, and skill which Dr. Bourneville has devoted to its development and its control, and without paying a tribute of respect and admiration to the superior administration, which has, however imperfectly and tardily, nevertheless effectually and with continually increasing zeal, seconded and carried out the impulse of his generous and devoted initiative. The institution, I am sure, will be visited with the greatest interest and profit by all those persons who are interested in the important humanitarian effort which is here successfully represented.

THE ROYAL COMMISSION ON VACCINATION.

MR. RITCHIE, in replying to a question put by Mr. Picton in the House of Commons on Monday last, said he was not yet prepared to state the names of the proposed Commissioners. The announcement which had been circulated in various journals, purporting to give the names, was unauthorised and absolutely incorrect. But the proposed reference was to the following effect: The Royal Commission is to inquire and report as to (1) the effect of vaccination in reducing the prevalence of, and mortality from, small-pox; (2) what means, other than vaccination, can be used for diminishing the prevalence of small-pox, and how far such means could be relied on in place of vaccination; (3) the objections made to vac-

Fig. 10—Section of the isolating pavilion.

last three years M. Bourneville has obtained from the Prefecture of Police authorisation to go to the cemeteries in which have been interred the patients who have died in the wards, and to take from the skeleton such parts, especially the head, as are

cination on the ground of injurious effects alleged to result therefrom, and the nature and extent of any injurious effects which do, in fact, so result; (4) whether any, and, if so what, means should be adopted for preventing or lessening the ill effects, if any, resulting from vaccination, and whether, and, if so, by what means, vaccination with animal vaccine should be further facilitated as a part of public vaccination; (5) whether any alteration should be made in the arrangements and proceedings for securing the performance of vaccination, and in particular in the provisions of the Vaccination Acts with respect to repeated prosecutions for non-compliance with the law.

ASSOCIATION INTELLIGENCE.

PROCEEDINGS OF COUNCIL.

(Continued from page 967.)

At a meeting of the Council held at the offices of the Association 429, Strand, W.C., on Wednesday, April 17th, 1889,

Present.

Dr. T. BRIDGWATER, President of the Council, in the chair.

Professor W. T. GAIRDNER, M.D., Glasgow (President).

Mr. C. G. WHEELHOUSE, Leeds, President-Elect.

Dr. HOLMAN, Reigate, Treasurer.

Dr. A. BAMPTON, Ilkley.
Dr. H. BARNES, Carlisle.
Dr. G. B. BARRON, Southport.
Dr. J. S. BRISTOWE, F.R.S., London.
Dr. A. CARPENTER, Croydon.
Surgeon-Gen. W. R. CORNISH, London.
Dr. J. WARD COUSINS, Portsmouth.
Mr. T. W. CROSSE, Norwich.
Dr. G. W. CROWE, Worcester.
Dr. A. DAVIDSON, Liverpool.
Dr. P. M. DEAS, Exeter.
Mr. JOHN DIX, Hull.
Dr. J. L. H. DOWN, London.
Dr. D. DRUMMOND, Newcastle-on-Tyne.
Mr. GEORGE EASTES, London.
Sir B. WALTER FOSTER, M.D., M.P., Birmingham.
Dr. J. H. GALTON, London.
Dr. C. E. GLASCOTT, Manchester.
Dr. BRUCE GOFF, Bothwell.
Dr. W. C. GRIGG, London.
Dr. T. W. GRIMSHAW, Carrickmines.

Mr. JAMES HARDIE, Manchester.
Mr. G. F. HODGSON, Brighton.
Mr. T. V. JACKSON, Wolverhampton.
Mr. T. R. JESSOP, Leeds.
Dr. W. M. KELLY, Taunton.
Mr. H. R. KER, Halesowen.
Dr. W. G. V. LUSH, Weymouth.
Dr. J. MCINTYRE, Odiham.
Mr. C. MACNAMARA, London.
Mr. W. JONES MORRIS, Portmadoc.
Dr. F. NEEDHAM, Gloucester.
Dr. C. PARSONS, Dover.
Dr. R. SAUNDY, Birmingham.
Dr. A. SHEEN, Cardiff.
Mr. S. W. SIBLEY, London.
Dr. E. M. SKERITT, Clifton.
Dr. W. STRANGE, Worcester.
Mr. T. SYMPSON, Lincoln.
Mr. J. TAYLOR, Chester.
Dr. T. W. TREND, Southampton.
Mr. F. WALLACE, London.
Dr. EDWARD WATERS, Chester.
Dr. W. WEBB, Wirksworth.
Mr. A. WINKFIELD, Oxford.

The minutes of the last meeting having been printed and circulated, and no objection taken, were signed as correct.

Read letters of apology for non-attendance from Dr. Mackenzie Booth, Mr. Evan Jones, and Dr. Withers Moore. Apology also received from Mr. Husband, who was absent from illness.

Mr. Taylor, of Chester, offered to the Council an engraving of a painting by the late Mr. Frank Holl of Dr. Edward Waters.

Resolved: That the engraving of the portrait by Mr. Holl of Dr. Waters, and presented by Mr. Taylor, be accepted by the Council, with the warm thanks of the Council to Mr. Taylor for his gift.

In reference to Minute 1554 of January 16th last, read letter from Dr. Von Bergmann (see JOURNAL, page 153).

The correspondence with certain signatories to a Memorial,

and Resolutions of Branches, all of which appeared on the Agenda, and which had been circulated amongst the members of the Council, were taken as read, and ordered to be entered upon the minutes (see JOURNAL, p. 619).

Resolutions passed by Branches after consideration of last memorial, namely, from the Thames Valley, Dublin, Worcestershire and Herefordshire, South-Eastern Council; East and West Kent, East and West Sussex, and East and West Surrey Districts of South-Eastern Branch; Yorkshire, East York and North Lincoln, South-Western, and Birmingham and Midland Counties Branches.

Read Report of Journal and Finance Committee, of which the following is a copy:

REPORT OF JOURNAL COMMITTEE.

Read correspondence between President of Council and Treasurer, and Dr. Allchin and others, relating to a circular of which a copy has been published in the JOURNAL of March 16th, 1889.

The Journal Committee report thereon that they desire to express their approval of the letters of the President and Treasurer, and that they forbear any further comment upon the attitude adopted towards the elected representatives of the Association in not first approaching the Council before issuing the circular in question. The Council and the Journal Committee have always been willing to listen to all suggestions; they regret, therefore, the more that the signatories of this document did not address themselves directly to them in the first instance. The questions at issue are questions of administration with which the Council and Journal Committee are especially charged, and as to which they exercise great care.

Many Branches have passed resolutions which are appended to this report, and which, by refusing to deal with the subject until it has been considered by the elected representative Council, sufficiently confirm the position assumed in this respect by the honorary executive officers. The Committee, however, dismiss this subject from further consideration, as they desire to approach the suggestions made wholly without prejudice.

They have to point out that the document has been drawn without due reference to, and apparently in ignorance of, the actual constitution of the Association and its relation to the JOURNAL. It sets out by stating that each member of the Association is individually responsible for all that appears in its pages. This statement, which furnishes the basis of the subsequent suggestions, is, however, entirely at variance with article 9 of the Memorandum and Articles of Association, which expressly states that the Editor shall be responsible for all that appears in its pages, except such matters as may be printed by direction of the Council. This has been the rule of the Association ever since the JOURNAL has been published. It is a responsibility subject to the control of the Council and Journal Committee. At the revision of the constitution of the Association, when incorporated, this principle was expressly declared and reaffirmed.

The circular makes two main proposals—1, that all articles in the JOURNAL should be signed; and, 2, that advertisements should be more rigidly supervised.

SIGNATURE OF ARTICLES.—As regards the suggestion in the circular that all articles contributed to the JOURNAL should be signed, the Journal Committee are of opinion that this cannot be done. There are upwards of 140 members of the editorial staff of the JOURNAL, and in each issue the editorial writers number between 30 and 40. Many of these contributors are of great standing in the profession; others hold high official positions in the various universities, corporations, and colleges, and in the hospitals and schools throughout Great Britain, in the several Government offices and in the public services. Their contributions to the JOURNAL, published under the protection of the editorial responsibility, are frequently of vital importance, especially to the members of the military, naval, public health, poor-law, and other official medical services, as well as to the profession at large. To compel signatures to be appended would be to cut off a large proportion of these communications and contributions, so important to the interests of the Association and the profession; it would