The subsequent treatment should be guided not by the number of grains given, but by the effect which the remedy has on the complaint. As soon as the disease ceases to retrograde, I augment the dose with the best possible effect. When the preparations of iodine and potash cease to benefit the best patient, I add bromide of potassium, not in combination with the iodide, but prescribe it at a different time of the day. It frequently happens that we succeed in curing the disease with these salts, but if the complaint be very persistent, if relapses occur after short intervals, I no longer hesitate to give mercury, and my hearers may be glad to learn what are the indications we follow in the administration of the remedy.

Treatment with Mercury.—As a general rule, it must be admitted that mercury is not required in the treatment of the advanced stages of constitutional syphilis. In fact, we attempt to cure our patients without resorting to the mineral. On the other hand, there are many instances in which the recovery hangs fire; the patient ceases to improve even under large doses of iodine. The disease becomes stationary. Yet such are the objections of some practitioners to a course of mercury, that, in spite of the recrudescence of severe symptoms, the anti-mercurialist will not give mercury in any form. This is an error of the day. The rule which experience teaches us is that, if a relapse occur, or if the progress of recovery be arrested, after the various preparations of iodine have failed, some of the mercurial preparations must be had recourse to, judiciously given and closely watched. In some cases, friction with mercurial ointment will be most beneficial; and I must admit that in England I find the old plan of rubbing in mercury answer better than almost any other that I am acquainted with. There are those who employ fumigations. M. Ricord is very partial to a prescription combining biniiodide of mercury, iodide of potassium, and sarsaparilla. In these stages, the writers of the last century had a high opinion of corrosive sublimate; but this irritant poison has fallen into disuse in modern practice. Those of my hearers who are acquainted with the writings of the older authors on syphilis need not be reminded of the almost miraculous recoveries detailed after giving mercury, long before iodine was known; and it is stated that the patient never had a relapse. These old writers, however, omitted to state how often the remedy not only failed, but brought the patient to an early and untimely grave. I can bring to my recollection many instances which, I have every reason to believe, died from the administration of mercury given on the old plan, and which would now be rescued by the mercury being preceded by the different preparations of iodine.

If mercury be found beneficial, as I am sure it will be, if judiciously given and carefully watched, the symptoms of syphilis subside, and the preparation should be persisted in till every vestige of the disease disappears. The dose required is sometimes surprisingly small. I have known obstinate symptoms, which have withstood iodine, disappear in a week. In a case now under my care, of syphilitic nodules of the testis, a six weeks' course of frictions has been required to enable the testis to recover its former elastic feel, and its functions are now performed satisfactorily. It is singular to notice in these cases how the general health improves under mercury. The patient loses the habitual earthy expression, becomes florid, and gains flesh; his spirits improve as the local affection declines, and he ceases to be liable to relapses.

Such, then, is the course of syphilis, and we must admit that it is a very serious complaint; and the few minutes that are left to me cannot, I think, be better employed than in stating that, according to a recent return of the Registrar-General, the deaths of twelve infants and of one adult were directly referred to syphilis, showing an excess of five upon the corrected weekly average. Without an intimate acquaintance with the laws of syphilis, no one can venture to legislate on what are now popularly known as "Contagious Diseases."

The passing of the Acts bearing on these diseases must be attributed to the attention which has been called to the frequency and severity of syphilis. On sanitary grounds, 2,700 medical men have, during the last session, urged on Mr. Bruce the continuance of these Acts. In fact, no one now contests the beneficial influence of their operation on public health—the evidence we have brought together on this subject is overpowering; but we as medical men, and this Association more especially, have still a great task before us. We cannot conceal from ourselves that, if we wish to carry out our views, we have strong moral prejudices still to overcome. Granted (say our conscientious and well-intentioned opponents) the advantage on sanitary grounds, still we object to the Contagious Diseases Acts, because we fear we shall lower the high standard of English morality. I can only repeat what I have stated elsewhere: that if I thought the existence or the extension of the Acts would have such an effect, I for one would have long ago ceased to agitate this question; but the more the various bearings of this international question are considered, the more the ablest men of the day

are convinced that the Contagious Diseases Acts have a moral tendency. I hope that they will be more thoroughly year by year carried out, notwithstanding all the clamour that has been raised against them; and I have no hesitation in asserting that, the longer these Acts are in operation, the more beneficially will they be found to act on the morals as well as on the improved sanitary condition of our population. Our French *confrère* will, I hope, on his return to Paris, be able to tell his compatriots that the English sailor is gradually ceasing to be the disseminator of that foul scourge syphilis. The day is at hand, I hope, when foreign precautions against syphilis will not be defeated by the influx of diseased British sailors into foreign ports, because a minority of well-intentioned but narrow-minded English men and women refused to sanction the examination and seclusion, when found diseased, of common prostitutes. I hope to see the day when this disease (the ravages of which we have been describing) should be stamped out. This almost total extinction has been found successful at Malta, and, on a small scale, syphilis has been banished from the garrison at Colchester. It has diminished in all our large garrison towns where the Acts have been in operation; and I am pleased to hear that in the Lock Hospital of London, which at one time had not beds enough to accommodate the Government patients, there are not sufficient women to fill the wards appropriated to these cases.

But differing as we do about the benefits of the Contagious Diseases Acts, all are agreed that the agitation to which they have given rise must be attended by ultimate benefit; not the least of which is that the public women of England will be no longer allowed to disseminate a disease, the consequences of which I have, I fear, but feebly described in this paper.

THE TREATMENT OF SYPHILIS.*

By M. P. RICORD, Paris.

I MUST thank you very much for the reception you have accorded to me, and I am deeply gratified at finding that my name and reputation are known to you. I have not prepared anything to say, and I did not intend to speak; but Mr. Acton caught me, and has forced me to speak. It is a trick. I came here to listen, and not to speak—to learn, and not to teach; but, if I am to speak, it will be little, after what Mr. Acton has said; for he has entirely given my views on the phases of syphilis, on the peculiarity of symptoms, and on the manner of treatment.

There is one question which comes before the medical man very frequently: Can syphilis be cured radically? That is the question which we will consider. There is an immense quantity of venereal disease cured—clap, swelling of the glands, soft chancres, warts—all these "accidents", not belonging to syphilis, and not associated with secondary symptoms, being radically cured. Since these have been distinguished from real syphilis, there have been great differences in the treatment of them, and they have been radically cured. Doubts have been raised whether real syphilis can be radically cured; and those doubts are not new. Mercurialis thought that it was liable, even after the lapse of years, to break out again; and the doubts remain in the minds of many whether it can be cured radically, or whether it can be cured only temporarily. Well, that doubt may remain until I establish before you that the law regarding syphilis is the same as the law regarding the small-pox, measles, and such like. You can have at the one time only one small-pox, only one cow-pox; and as, just so long as the cow-pox influences the system, you cannot have another small-pox or another cow-pox, so in syphilis; for, as long as the patient is suffering under the syphilitic diathesis arising from an indurated chancre, he cannot have another indurated chancre. The application of this law is that, while a man is suffering under the effects of secondary symptoms, he cannot have a chancre of an indurated character; so that if you want to know whether the system of a man is altogether free from syphilis, you can do so by inoculating him with an indurated chancre; if it take, he was free; if not, he was insusceptible. That is a great point to be reached in the science of medicine. I say, and say distinctly, that syphilis can be radically cured.

Now as to the case of syphilis in the first stage—the primary sore. You have first to find if this be really the hardened chancre, and it comes with the swelling of the glands; but with it the glands never suppurate. I at once institute the mercurial treatment. Now, there is one point here upon which there is a difference of opinion, for some think that you cannot prevent the secondary symptoms; but I say that if the treatment be well done and soon done—and this is most important—you can prevent the first bursting out of the secondary symptoms.

* Speech in the Surgical Section, August 9th, 1872.

Why it is not prevented is, that the treatment is applied too late in the first instance, and the secondaries often come before the treatment of the primary is commenced. But if you make the treatment of the primary early and effective, the secondary will not appear; I can give you warrant for that. The best treatment for the secondary symptoms is the mercurial, and it must be continued and continuous. In Germany, and in other places as well, the treatment of the secondary symptoms is not continued long enough. You should choose a treatment which does no harm to the constitution, and continue it for five or six months, and you will have very few cases of relapse; and, after the mercurial treatment is finished, go on for another six months with iodine. When a person comes to me, I tell him that he will have to continue under treatment for twelve months. If he will, he will; but if not, then I say at once "good bye." But then, you know, there are complications. The treatment I have given you is for syphilis arising in a person who is otherwise healthy, and there is then but one enemy to fight against. But in other cases you may have, in addition, scrofula, or an otherwise bad constitution. Well, then the case is not the same; for many of these constitutional disturbances are interfered with by the syphilitic treatment. In many of these cases, the syphilis is the second thing to look at, and you must begin with the constitutional disease first; you must attack the strongest enemy first, and he sometimes waits until you come to him before he opens his attack. Then you must come on gradually with your syphilitic treatment; and that which I prefer in complicated cases is iodide of mercury, which causes little diarrhoea. One capital treatment is that of rubbing in—it is easy and effective. But there are cases in which the rubbing cannot be employed. In the next stage, I employ iodide of potassium. I use large doses of this, up to 60, 70, 80, and 100 grains a day, and even more. I have made experiments with this; and I have found that, half an hour after the dose has been given, it has passed through the urethra; and it is in reality a sort of broom to the blood. The supply must be kept up. In secondaries, a treatment partially of this iodide and of mercury has its advantages. I have had the potassium stop doing good, and I have gone back to the mercury with good results. That is what Mr. Acton has said, and I quite agree with him. When syphilis has lasted a long time, and has had great effect upon the constitution, it somehow disappears, and leaves the patient suffering from a complication of diseases which may have been existing before. Well then you must stop all syphilitic treatment, and repair the deterioration of the blood by iron and bark. Mr. Acton spoke about the use of bromide of potassium; and I agree with him in its use, for it is a splendid remedy for a complication of syphilis in some cases—in syphilitic diseases of the brain and nervous system; but you cannot depend upon it as an antisiphilitic remedy.

Now I would impress upon you that you can tell your patients that this terrible disease can be radically cured if they have the courage sufficient to go through the treatment, and their physician have the courage to go through it with them. I again thank you for the cordial reception you have given me.

REPORT OF COUNCIL.

*Presented and adopted at the Annual Meeting, August 6th, 1872.**

YGR Council are happy to meet you in this important centre of manufacturing industry, remembering, as many do, the successful meeting of the Association held here in 1856. Last year, the magnificent scenery and attractive influences of Devonshire and Cornwall drew together a large number of members, who, after transacting the business of the Association, and listening to addresses of no ordinary merit, were enabled to avail themselves of the courtesy of the military, naval, and civil authorities of Plymouth and Devonport, and to visit scenes unsurpassed in natural beauty and historical interest, especially to the medical visitor. This year, we meet in a locality made important by the energy and enterprise of man, and from which have sprung many distinguished cultivators of medical science and art.

At the annual meeting in 1871, there were on the list 4,403 members. There are now 4,700 members—an increase indicating the continued progress of the Association.

The Treasurer's accounts for 1871 have been audited by Dr. E. L. Fox and Mr. Major, the public auditor, and were published in the JOURNAL (April 20th, 1872), by which it was seen the liabilities exceeded the assets by the sum of £314 : 17 : 10. Your Council, however, believe that by the improved business arrangements inaugurated at the last annual meeting such balance will be speedily wiped off, and the financial position of the Association be brought to a more satisfac-

tory condition. The General Secretary has hitherto had much to contend with in reducing the business of the JOURNAL Office into more complete working order, but your Council believe that in a short time the necessary changes will have been completed, and a more simple and effective working of the business affairs of the Association secured. The experience of the past year fully justifies the necessity for the changes made at the last annual meeting in the secretarial department. Your Council feel, however, that it is due to Mr. Ernest Hart, the able editor of your JOURNAL, to recognise gratefully the voluntary supervision which he gave to the business management, as distinguished from the duties of editor, previously to the appointment of a General Secretary resident in London, and venture to express a hope that some acknowledgement of those voluntary services will be voted by the members present at the annual meeting.

The Poor-law Committee has, on several occasions, had the opportunity of effectually acting in behalf of the interests of the Poor-law medical officers of Great Britain and Ireland. It has co-operated with the Poor-law medical officers of England in determining the kind and degree of protection which shall be demanded for Poor-law medical officers when called upon to assume health-functions under the Public Health Bill; and, in a deputation to Mr. Stansfeld, the President of the Local Government Board, elicited from him satisfactory assurances, both on this subject, and as to the intentions of the Board to extend the Poor-law dispensary system in this country, and to readjust districts on a more equitable footing.

The subject of the working of the Superannuation Act for Medical Officers is under the consideration of the Committee, and the necessary steps are in progress to move the Government towards obtaining a more liberal interpretation of the provisions of the Act from various boards of guardians.

The Medical Reform Committee has suspended its labours during the past session of Parliament, in order not to embarrass the General Medical Council, the Universities, and Corporations, in their efforts at reform and in their action to realise conjoined boards of examination for admission into the profession in the different divisions of the kingdom. The Report of the Committee will be submitted to your consideration.

The Committee on Parliamentary Bills has given careful consideration to various measures of professional importance, in the course of their passage through the legislature. A report will be presented by the Secretaries, which will show the valuable work that it has accomplished.

During the past year, and especially during the last six months, the labours of the Joint Committee have been constant and very arduous. By deputations to the President of the Local Government Board, by correspondence and frequent conferences with members of the House of Commons, and by urging the branches of the Association to use their influence with their representatives, they have endeavoured, but as yet in vain, to secure the adoption of such amendments as would make the Public Health Bill in reality what it is only in name. A provisional report will be given in by Dr. Stewart, and it is hoped that a full and free expression of the opinion of the Association will be elicited, for the guidance of the Joint Committee in their future proceedings.

The Therapeutical Committee has not been able to pursue its investigations this year, in consequence of the enforced absence from Edinburgh of Professor Hughes Bennett, through ill-health.

The Committee on the Registration of Disease will present a report. It is urgently necessary that the Association should continue their exertions to obtain a satisfactory system of registration of sickness. Although weekly returns of disease are still made by the Manchester and Salford Sanitary Association, and by Dr. Whitmore, of St. Marylebone, your Council regret to notice the partial cessation of the very complete records of sickness obtained by Dr. Hill, of Birmingham; and, as was mentioned in the report for 1871, the records were last year discontinued in Newcastle-on-Tyne. This failure of two of the most important voluntary efforts in the kingdom is a further proof of the necessity of establishing a national system of registration at the public expense.

Dr. Steele has given notice of the following alterations in the Laws.

That Laws 15 and 16 be so altered as to read as follows.

1. The subscription to the Association shall be one guinea *per annum*, which shall entitle each member to receive the publications of the Association for the current year. The subscription shall date, and be considered due in advance on the 1st of January in each year, except in the case of a member admitted on or after the 1st July, when the subscription for such part of a year shall be half a guinea in advance.

2. Any member whose subscription shall not have been paid on or before the 31st December of the current year shall be suspended from

* The copy of the report which was published in last week's JOURNAL was not quite complete. We therefore reprint it.

all privileges of membership; and at the end of the succeeding year, if the arrears be still unpaid, he shall cease to be a member, and shall be ineligible for readmission until he shall have paid all arrears due at the period of his suspension.

3. Any member wishing to withdraw from the Association shall give written notice of his intention to the General Secretary on or before the 1st December of the current year; and neither withdrawal, suspension, nor erasure of a member's name from the books of the Association, shall be deemed either in honour or equity to relieve such member from his liabilities to the Association.

Your Council believe the proposed alterations will not only conduce to a more regular payment of subscriptions, but will also secure the return of many members, who, under the present law, are deterred from rejoining the Association.

A communication has been received from the honorary secretaries of the Harvey Memorial Committee: and your Council recommend to the members of the Association the propriety of warmly supporting the objects of the Committee.

Your Council regret that no Essays have been received for the Hastings Prize Medal for 1872.

The thanks of your Council are specially due to the Honorary Secretaries of the Branches for the very effective working of their respective Branches.

Your Council have viewed with very great satisfaction the formation of a new Branch in Scotland, the Aberdeen, Banff, and Kincardine Branch, which has entered at once upon a promising career of energy and success; and strongly recommend the Irish and Scotch members to form Branches, and thus connect themselves more closely with the Association.

Your Council have to lament the loss which the Association has sustained by the death of several valued members. Dr. Beatty of Dublin, by his genial courtesy, kindly disposition, and high professional reputation, was endeared to all who knew him; and Mr. Clayton of Birmingham was for many years one of the most active and useful members of the Committee of Council, and the Association has sustained a great loss in the removal of one who spared neither time nor energy when its interests were concerned, and whose presence at this meeting was looked forward to by his many friends as one of its greatest attractions.

W. D. HUSBAND, *President of Council.*

REPORT OF THE MEDICAL REFORM COMMITTEE.

Presented and adopted at the General Meeting, August 8th, 1872.

THE Medical Reform Committee, reappointed at Plymouth, in August, 1871, in submitting their present report to the Association, have chiefly to set forth the reasons and circumstances which have influenced them to suspend during the past year their previous active exertions. Your Committee have in no degree faltered in their zeal for the cause entrusted to them. They have been simply pursuing the course followed by the committees which have preceded them, in never opposing any practical measure of reform which did not clash with the principles to which the Association is committed by resolutions voted at their annual and special meetings since that held in Chester in 1866. Your Committee, soon after the meeting at Plymouth, became aware that serious efforts were being made by several of the most important of the medical corporations to combine for the examination of candidates for the medical profession. Already, in January, 1871, three English corporations, the Royal College of Physicians, the Royal College of Surgeons, and the Apothecaries' Society, had agreed to combine and appoint a joint board to examine and license candidates to practise medicine, surgery, and midwifery. The attempt, which was inspired by the General Medical Council, was not successful, and the last annual meeting still found the United Kingdom encumbered, as at present, with nineteen corporate bodies, each empowered to grant one, and some two and even more separate qualifications, any one of which qualifications entitled the possessor to be placed on the *Medical Register*. Your Committee, having ascertained that strenuous efforts were again being made, not only in England, but also in Ireland, to amalgamate the corporations for the purpose of forming a national board of examination in each division of the kingdom, and thus to make an approach to one system, deemed it right not to embarrass their proceedings by any independent attempt at legislation. Your Committee have reason to know that these spontaneous efforts on the part of the corporations have been favourably regarded by those members of the Legislature who supported the plans of the Association, and they sincerely hope these efforts may be brought to a successful issue. The history of the progress of Medical Reform during the past six years has confirmed the conviction of your Com-

mittee that, in the default of the Government taking up the question, the British Medical Association—yearly growing in numbers, and now fast approaching 5,000 members, an Association unprecedented in its power of welding the profession into one united whole—is the only body truly representative of the profession able to solve the question of Medical Reform, and to carry it to a successful issue.

EDWARD WATERS, M.D., *Chairman.*

REPORT OF THE JOINT COMMITTEE ON STATE MEDICINE.

Presented and adopted at the General Meeting, August 8th, 1872.

SINCE the last meeting of the British Medical Association, when an elaborate report of the position of the public health question was brought before the Association, the introduction of the Public Health Bill, (1872) by Her Majesty's Government, has engaged the earnest and continuous attention of the Joint Committee. In that measure the cardinal principles laid down by your Committee as essential to any well-considered scheme of reform of the laws relating to the public health, and of the authorities by whom such laws should be administered, have been entirely ignored. No attempt has been made to consolidate or amend existing laws, and the bill, which has been carried through the House of Lords without even a pretence of discussion, contents itself with reconstituting the existing sanitary authorities. It leaves the urban authorities as they were; and, while it makes a new uniform system between urban and rural districts, constitutes such portion of the Union as does not include any urban district into a rural district, presided over by such portion of the Guardians as does not include representatives from any urban portion of the Union. It further proposes to vest most important centralising functions in the Local Government Board, who are to appoint inspectors, not necessarily medical, who will have the power to supervise, and to a large extent to control the action of all those newly-constituted boards. Medical officers of health are to be appointed in every such district, in the first instance for a period not exceeding five years, and their salaries may be partially paid out of the Consolidated Fund. Your Committee have, on two occasions, had interviews with the President of the Local Government Board, and have pointed out to him their grave objection to this, which they could not but consider a most inefficient and faulty scheme. They feel that the medical profession is under much obligation to those members of Parliament, who exerted themselves to effect such amendments in the Bill as would have made it more worthy of the support of sanitary reformers. They would especially mention Dr. Lyon Playfair, Mr. Dalrymple, and Mr. Corrance, the first of whom exposed (on April 5) the serious radical defects of the measure; while the second placed on the votes of the House of Commons a series of amendments calculated to secure a more uniform constitution of local authority, and the creation of new county authorities; and the third courageously pressed to a division his important amendments having the same object. Many serious defects of the measure were also ably pointed out by Lord Robert Montagu, Sir Michael Hicks Beach, Mr. Ward Hunt, Mr. Goldney, Dr. Brewer, and Dr. Lush. Extended areas of local government intermediate authority, a local elected authority, representing both property and payment of rates, consolidation of medical and sanitary functions within each unit of area for administration, including a thorough and comprehensive regulation of sickness, efficient officers, special medical talent of a high order, and adequate protection for all officers in the discharge of their duties, were the great considerations continuously urged by your Committee on the Government—they regret to say, without effect. They feel that a local authority elected every year, and already fully occupied with important statutory duties, was at once too busy and too much under obstructive control to be useful as a guardian of the public health. They felt that while the Union might be most convenient, something more was wanted for efficient action and control, and it has been seen by all parties that eventually there must be constituted a County Board, and, in some cases, a water-shed authority, before really efficient action can be secured. The employment of the Union medical officer as the medical officer of health is a necessity, so far as the discharge of certain indispensable functions is concerned; but your Committee feel that they would be doing injustice to those gentlemen, as well as to the importance of the new duties they will be called upon to discharge, unless they urged the appointment in every county of one or more chief medical officers of health, to whom these gentlemen could act as deputies, and who would take the odium and the responsibility of carrying out the health statutes without the risk of loss of private practice, or fear of provoking the opposition of persons of wealth and influence. And while in the first bill of the Government the Medical Officer of Health was effectually protected

against any unfair treatment, both as to his salary and tenure of office, his position being controlled by the Local Government Board, in the Bill, as amended, this protection is wholly abrogated and destroyed, as it is entirely at the option of Boards of Guardians whether they invoke assistance from Imperial funds, in which case alone the Local Government Board can interpose. However inadequate, therefore, may be the salary, however arbitrary the treatment of the new sanitary boards in rural districts, the medical officers of health are practically without remedy or redress. Though the labours of your Committee have hitherto apparently had but little effect in controlling the action of the Legislature in the settlement of the first part of this great question, they cannot forget that the larger measure promised by Her Majesty's Government, namely, the amendment of the law itself, and the probable amendment of this statute, will fall to be considered in the next session of Parliament. They would, therefore, beg leave to suggest to their successors, if the Committee shall be continued, the extreme importance of collecting particulars of information relating to medical appointments under the new Act—namely the area and population of each district committed to a medical officer of health, specifying whether he receives the appointment as a Poor-law medical officer or not, the amount of his salary or remuneration for sanitary duties, and the conditions of his appointment.

A. P. STEWART, M.D.

REPORT OF COMMITTEE ON THE REGISTRATION OF DISEASE.

Presented at the General Meeting, August 8th, 1872.

AT a general meeting of the Association, held in Plymouth, on August 10th, 1871, the following resolution was unanimously passed: "That this Association, whilst it gratefully acknowledges the favourable receptions accorded to its views on the subject of the registration of disease both by the Government and the Royal Sanitary Commission, desires to urge the importance of making the returns accurate and immediately available in the localities from which they are procured, and therefore points out the need of a superior health-officer in every area of sufficient size, by whom, amongst other duties, the returns could be collected and immediately applied to the wants of the districts." In the now unsettled condition of sanitary legislation, your Committee are unable to do more than repeat their recommendations; but it is the more necessary to do this, and to keep the subject before the attention of the Association, since neither in Sir Charles Adderley's Bill, nor in Mr. Stansfeld's original measure, was there any adequate provision made for the registration of disease attended at the public expense; and in the amended Public Health Act, which has now passed through Parliament, no reference whatever is made to the subject. It is, therefore, necessary that the Association should continue their exertions to obtain a satisfactory system of registration of sickness; and, in order to obtain that object, your Committee recommend that next session a further memorial on the subject should be addressed to the Government and Parliament. Although weekly returns of disease are still made by the Manchester and Salford Sanitary Association, and by Dr. Whitmore of St. Marylebone, we have to notice the partial cessation of the very complete records of sickness hitherto obtained by Dr. Hill of Birmingham. As was mentioned in the Report for 1871, the weekly returns of disease were last year discontinued in Newcastle-on-Tyne. This failure of two of the most important voluntary efforts in the kingdom, from the extreme difficulty of obtaining returns from the contributors, is a further proof of the necessity of establishing a national system of registration at the public expense.

ARTHUR RANSOME, M.D.

REPORT OF THE POOR-LAW COMMITTEE.

Presented and adopted at the General Meeting, August 9th, 1872.

THE Poor-law Committee have, throughout the year, held frequent and close communication with the Poor-law Medical Officers' Associations of England and Ireland, with a view to render assistance in improving the administration of medical relief in the two countries, and of redressing the grievances of the Poor-law medical officers. After various conferences with the Council of the English Poor-law Medical Officers' Association, the Committee went in joint deputation to Mr. Stansfeld, the President of the Local Government Board, with the main objects of asking for the Poor-law medical officers of Great Britain, that they might, on the one hand, be invested with the preventive functions of health-officers, for which their curative duties, their training, number, and localisation eminently fitted them; and that they

might be properly protected in the discharge of their functions, and adequately remunerated for their labours. With this view, they asked that the appointments should not be subject to the sole control of the small local bodies; that the salaries should be fixed, and the duties arranged, with the necessary assent of the central authority; and that one-half of the charges should devolve upon the Consolidated Fund. These views Mr. Stansfeld accepted, and has acted upon them in committee. Your Committee regret that the Government have not afforded to the Poor-law medical officers the further protection which would have been accorded by the creation of a county medical officer acting over large areas, to whom they should report, and whose position would be one of complete independence and free from any conflict of interests; they hope still to see such appointments made, but they regard the attribution of preventive functions as medical officers of health to Poor-law medical officers as an important advance in the right direction, as likely largely to conduce to the diminution of epidemic and preventable diseases, and of tending also to place that important body of medical men in a position of increased honour and usefulness. They feel satisfaction that the efforts of the Committee have conducted to this end. The Committee have once more directed the attention of the President of the Local Government Board to the unequal, and in some cases unjust, distribution of districts, and the excessive area and population of many of them. He has promised to take the matter into consideration, and endeavour to rectify avoidable inequalities. Other matters which have occupied, and will continue to occupy, the attention of the Committee are the extension of Poor-law dispensaries, so as to lessen the burden of labour and to remove the cost of drugs and dispensing from Poor-law medical officers. The principle has been admitted. It has been carried into large and successful operation in the metropolis and great towns, and the time has, we believe, arrived for a general application of it throughout the kingdom. There have been several cases in which guardians have wholly refused, and others in which they have greatly reduced, the superannuation allowances, which by a recent permissive Act they are now authorised to allow their medical officers at the close of a long period of faithful and laborious public service. There is no legal remedy for this: but a suitable circular letter from the Local Government Board to the Boards of Government on the spirit and purpose of the Act would have a beneficial effect; and it is desired that members will forward to the Committee facts of an affirmative as well as of a negative character, bearing upon the working of the Act, in order that the Committee may have full data upon which to proceed in making representations to the Local Government Board.

August 8th, 1872.

ERNEST HART, *Chairman*.

REPORT OF THE COMMITTEE ON PARLIAMENTARY BILLS.

Presented at the General Meeting, August 9th, 1872.

YOUR Committee beg to report that they have continued during the present year to watch over the course of all measures introduced into Parliament affecting medical interests, or touching matters in which the knowledge and influence of the medical profession might usefully be brought to bear on behalf of the health and welfare of the public.

The most important of such measures was the Public Health Bill. The Association having the advantage of the services of a State Medicine Committee, whose efforts first procured the appointment of the Royal Sanitary Commission, and who have been the prime agents in obtaining sanitary legislation for the country, your Committee have thought it their duty to act strictly in accord with that committee, and have consulted them upon all occasions in reference to the provisions of the Bill. They have taken means to make apparent to the Government of the day the very great political influence which this Association is able to exercise—and justly to exercise—in such matters as this, upon which it brings to bear the full weight of intelligence and the local power of the most eminent physicians and practitioners throughout the kingdom. Communication was had with the secretaries of the Branches and with leading members of the Association; the arguments and conclusions of the Joint State Medicine Committee of the Birmingham, Midland and South Staffordshire Association were widely circulated through the BRITISH MEDICAL JOURNAL, and in separate sheets; the political influence of the branches was spontaneously and energetically exerted in drawing the attention of members of Parliament to the issues raised; and so large an amount of political power was developed in the Parliamentary conferences and deputations that followed, that Ministers became aware that the fate of the Bill was in the hands of the Association. Of this the President of the Local Government Board was aware, and at any time during the earlier progress of the measure

it was in the power of your Committee to arrest it or prevent its passing into law. Of the ultimate character which the Bill assumed, the report of the State Medicine Committee speaks more fully. It is only necessary here to state that, although dissatisfied with the higher administrative machinery, and disappointed with the narrow and maimed scope of the measure in the ultimate shape which it has assumed, your Committee did not feel justified in preventing its enactment, or in urging to a division amendments which, in fulfilling their views of its proper shape and provisions, would have proved fatal to its progress according to Parliamentary rules. They, therefore, confined their action to strongly and repeatedly urging upon Mr. Stansfeld the necessity of strengthening and making more apparent the powers of the Government under the Bill to unite districts so as to afford an adequate area; to provide for and favour the appointment of a joint medical officer over a large area by the several urban and rural authorities; to protect the medical officers of health as to tenure of office and remuneration, by providing that half their salaries may be paid out of the Consolidated Fund, and that they shall not be removable except on grounds satisfactory to the central authority, and that area and salary shall be subject to the like protective supervision. They attach further great importance to the introduction of the amendment deputed powers of the new sanitary authorities to special committees, which will include a proportion of *ex officio* guardians. In all these respects they made urgent representations to Mr. Stansfeld, and they feel bound to recognise the candour, courtesy, and painstaking attention with which they were received. Mr. Stansfeld, and more recently Mr. Gladstone, have announced themselves in favour of the county organisation. There is reason, therefore, to believe that the principles of sanitary administration advocated by your Committee will be finally adopted, and much important Parliamentary labour in this direction lies before the Association.

The attention of the Committee has been given to the Mines Regulation Bill and the Masters and Servants (Wages) Bill. Their representations as to the necessity of continuing to allow deductions for medical payment were favourably reported upon by the Committee of the House of Commons.

The Infant Life Protection Bill—a measure mainly founded upon the inquiries instituted by the BRITISH MEDICAL JOURNAL, and upon the subsequent efforts of the editor and Mr. J. Brendon Cugven, has been introduced into the House by Mr. Charley, aided by Lord Shaftesbury, who first interrogated Ministers at the time of the publication of the reports in the JOURNAL, by Dr. Playfair, and by Dr. Brewer. This most useful measure has passed into law, and it will afford to medical men the opportunity of interfering successfully to save life, to avert disease, and to arrest crime in a large class of cases in which they have hitherto been helpless and distressed spectators of excessive mortality and scarcely cloaked wrong-doing.

Other measures, such as the Registration of Births Bill and the Local Government (Ireland) Bill, have also received attention. Some of these will form the subject of future comment.

The Committee believe that the functions entrusted to them are of high importance to the public and the profession, and that the usefulness of the Association is largely exemplified in their active development. They trust that the Branches of the Association will continue to take an active share in their proceedings, and that the country representatives will, in an increasing degree, give their continued assistance.

August 7, 1872.

ERNEST HART, *Chairman*.

DIGITALINE.—The discovery of a pure and crystallisable alkaloid which shall possess the active properties of digitalis has long been a *crux* for organic and pharmaceutical chemists. Recently, after many abortive efforts and long and tedious essays, M. Nativelle, in response to the challenge of the French Academy of Medicine, lodged a claim of having succeeded in producing digitaline as a crystalline and definite alkaloid possessing all the active properties of the plant. He deposited specimens of the substance and described his process. M. Buignet and others reported favourably, and some lofty poems were sung over the accomplished success of the able French chemist. Subsequent investigations, however, have thrown doubt upon the value of M. Nativelle's process and his crystals. MM. Nativelle and Buignet had affirmed that crystallised digitaline is only procurable by alcoholic treatment to the exclusion of watery modes of exhaustion, and that in the digitaline of the *Codex* there was no trace of crystallised digitaline. Dr. Blaquart, however, in a thesis read this week before the faculty, declares that the process of M. Nativelle fails to give more than the most indefinite and scarce results: the crystals are not homogeneous; attempts to procure them commonly fail, and only a few crystals could be procured from thirty pounds of digitalis. He is able to procure crystals with greater facility, of the same character, from the digitalis of the *Codex*.

FORTIETH ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION.

Held in BIRMINGHAM, August 6th, 7th, 8th, and 9th, 1872.

THE following is the list of names of those members of the Association and visitors who entered their names at the Reception-Room at Birmingham.

Acton, W., Esq., London
 Adams, E. D., Esq., Bungay
 Adams, William, Esq., London
 Adkins, Harry, Esq., Meriden
 Adsetts, T., M.D., Royal Artillery
 Alexander, Wm., M.D., Halifax
 Allcock, Annerley, Esq., Smethwick
 Althaus, Julius, M.D., London
 Andrew, Edwyn, M.D., Shrewsbury
 Archer, John, Esq., Edgbaston
 Arlidge, J. T., M.D., Newcastle-under-Lyme
 Armstrong, John, M.D., Gravesend
 Ashford, Edwin C., Esq., Bridgewater
 Askwith, R., M.D., Cheltenham
 Atchison, T., Esq., London
 Atkinson, Jas., Esq., Crewe
 Atwell, G. H., Esq., Altrincham
 Baker, Alfred, Esq., Birmingham
 Baker, J. Wright, Esq., Derby
 Baker, R. L., Esq., Leamington
 Ball, Ancell, L.R.C.P. Ed., Spalding
 Ballard, Thomas, M.D., London
 Barclay, John, M.D., Leicester
 Barkus, Benjamin, M.D., Gateshead-on-Tyne
 Barlow, Charles, Esq., Birmingham
 Barnes, Henry, M.D., Carlisle
 Barnes, Robert, M.D., London
 Bartleet, T. H., Esq., Edgbaston
 Bassett, John, Esq., Birmingham
 Bastian, H. Charlton, M.D., F.R.S., London
 Beales, Robert, M.D., Congleton
 Beckingsale, D. L., M.B., Isle of Wight
 Begley, W. C. M.D., Hanwell
 Bellot, W. H., Esq., Leamington
 Bennett, Henry, M.D., London
 Bennett, F. I., L.R.C.P. Ed., Droitwich
 Bennett, L.M., Esq., Winterton
 Berns, A. W. C., M.D., The Hague, Holland
 Berry, Samuel, Esq., Edgbaston
 Birt, George, Esq., Stourbridge
 Black, W. S., Esq., Edgbaston
 Blaikie, Robert, Esq., Oswestry
 Blake, V. W., Esq., Birmingham
 Bodington, G. F., M.R.C.P., Sutton Coldfield
 Bogue, R. G., M.D., Chicago, Illinois
 Bolton, John A., M.D., Leicester
 Borough, Frederick, Esq., Derby
 Bott, T. B., M.D., Bury
 Bourne, T. S., Esq., Kenilworth
 Bracey, Arthur, Esq., Birmingham
 Bracey, Charles J., M.B., Birmingham
 Bradley, J. P., Esq., Birmingham
 Bradley, S. M., Esq., Manchester
 Braidwood, P. M., M.D., Birkenhead
 Braithwaite, James, M.D., Leeds
 Briggs, H. M., Esq., Birmingham
 Britton, W. S., Esq., London
 Broadbent, S. W., Esq., Durham
 Broadhurst, J., Esq., Lancaster
 Brodhurst, B. E., Esq., London
 Brookes, A. G., Esq., Shrewsbury
 Brown, C. F., Esq., Leamington
 Browne, J., Crichton, M.D., Wakefield
 Browne, H. L., Esq., West Bromwich
 Bryan, Edward, Esq., Idle, near Leeds
 Bryan, John M., M.D., Northampton
 Buck, J. R., Esq., Inkberrow
 Bullus, Wm., Esq., West Bromwich
 Bunch, John James, Esq., Wolverhampton
 Burd, Edward, M.D., Shrewsbury
 Buxton, T., Esq., Fazeley
 Campbell, R. L., M.D., Stourbridge
 Carden, H. D., Esq., Worcester
 Carnegie, J., M.D., Chesterfield
 Carter, Graham A., M.D., Lichfield
 Ceely, Robert, Esq., Aylesbury
 Chadwick, Charles, M.D., Leeds
 Chambers, T., M.R.C.P., London
 Chavasse, J., Esq., Birmingham
 Chavasse, Pye, Esq., Edgbaston
 Cheshire, Edwin, Esq., Birmingham
 Clark, Alfred, Esq., Twickenham
 Clark, James, M.D., Chasetown, Walsall
 Clarke, J. Lockhart, M.D., F.R.S., London
 Clarke, William H., L.R.C.P. Ed., Stratford-on-Avon
 Clendinnen, W. Ellis, Esq., Market Drayton
 Clouston, T. S., M.D., Carlisle
 Coleman, J. M., M.D., Wolverhampton
 Cooke, Francis, M.D., Cheltenham
 Cooke, John, M.B., Tettenhall, Wolverhampton
 Cooper, Frank W., Esq., Leytonstone
 Cope, George A., Esq., Etwell
 Copeland, W., Esq., Durham
 Copeland, William, jun., M.B., Durham
 Corbin, M. A. Bazille, Esq., Guernsey
 Cordwenter, George, M.D., Taunton
 Cornhill, J., Esq., Birmingham
 Corner, F. M., Esq., London
 Cossar, Thomas, M.D., King's Lynn
 Cowell, George, Esq., London
 Craighead, Robert D., M.D., Indianapolis, U.S.A.
 Crespi, Alfred J. H., Esq., Edgbaston
 Cresswell, Pearson, R., Esq., Dowlais
 Cripps, Edward, Esq., Cirencester
 Crossby, H. E., M.D., Nice
 Cullingworth, Chas. J., Esq., Manchester
 Curry, Wm., Esq., East Rainton, Durham
 Darnell, George, R., Esq., Henley-in-Arden
 Davey, J. G., M.D., Northwoods, Bristol
 Davidson, Alex. D., M.D., Aberdeen
 Davies, Andrew, Esq., Swansea
 Davies, H. N., Esq., Cymmer, Pontypridd
 Davies, John, M.D., Ebbw Vale
 Davies, J. S., Esq., Oswestry
 Davies, John Birt, M.D., Edgbaston
 Davies, Robert Alex., M.D., County Asylum, Lichfield
 Dawson, W. H., Esq., Malvern
 Day, Henry, M.D., Stafford
 Demarquay, M., Paris
 De Muralt, William, M.D., Zurich
 Denham, J. S., M.D., South Shields
 Denne, Henry, M.D., Birmingham
 De Renzy, A. C. C., Esq., Lahore, India
 Dewes, Edward, M.D., Coventry
 Dickinson, J. Thompson, M.B., London
 Dixon, Joseph, Esq., Brighton
 Dobell, Horace, M.D., London
 Dolman, A. H., Esq., Derby
 Downs, William, Esq., Handsworth
 Drage, Charles, M.D., Hatfield
 Drexler, E., Esq., Winsor Green
 Drummond, A. M.B., Birmingham
 Duke, A., M.D., Rugby
 Dunn, Frederick, Esq., Wolverhampton
 Dunn, Robert, Esq., London
 Dyke, T. J., Merthyr Tydfil
 Eames, Henry, M.D., Dublin
 Esby, W., Esq., Darlington
 Eastwood, J. W., M.D., Dinsdale Park, Darlington
 Ebbage, Thomas, Esq., Leamington
 Edington, Robert W., Esq., Birmingham
 Edwards, John, M.D., Sparkbrook
 Edwards, M. J., M.D., Ynisher, near Pontypridd
 Elkington, George, Esq., Birmingham
 Elliot, Robert, M.D., Carlisle
 Elliott, William, M.D., Sowerby Bridge
 Evans, A. P., Esq., West Bromwich
 Everett, D., Esq., Worcester
 Falconer, R. Wilbraham, M.D., Bath
 Farquharson, Robert, M.D., London.