result? Or should mercury be expected simply to control the successive attacks of which the total evolution of the disease is composed? In the first case, what should be the duration of the supposed radical cure? In the second, do the symptoms of whatever kind, either isolated or in groups, forcibly point, as soon as they appear, to the resumption of the mercurial treatment? What amount of confidence should be given to the agents of the local treatment used for certain forms or certain relapses of the disease? Should the treatment by cutaneous or subcutaneous absorption (Lewin's method), either generally or in some cases to be specified, be preferred to the usual treatment by means of the absorbing faculty of the digestive organs? What is the value, and what are the comparative indications of the preparations of mercury and iodine? Point out, by means of well-ascertained facts, what reliance the medical man can place on the use of mineral waters, and especially sulphureous waters, in the treatment of given forms of syphilis.

Seventh question: "On the Reorganisation of the Teaching of Medicine and Pharmacy in France."

Eighth question: "On the Practical Means of Improving the Condition of Medical Men, and of bringing this condition into harmony with the importance of the position they are expected to take in society." The committee would call attention to the following points:—1. Prevention of the illegal practice of medicine and pharmacy. 2. The institution of corporative commissions. 3. More equitable arrangements between medical men and benefit societies.

These questions will be treated in the order in which they stand upon the programme. Thus, the first question will be taken up on Wednesday, the 18th; the second on the 19th; the third on the 20th; the fourth on the 21st; there will be no meeting on Sunday except the importance of the agenda require it; the fifth on Monday the 23rd; the sixth on the 24th; the seventh on the 25th; and the eighth on the 26th. This document is signed by the president of the committee, P. Diday, and the secretary, A. Dron.

It will be seen, by a perusal of the questions and the comments accompanying them, that a large share has been granted to professional interests, surgery, and State medicine, whilst medicine proper is left rather in the background. Altogether, however, there is a vast field for exertion, both for the medical men of France and such professional brethren in this or other countries as may feel disposed to write essays or join in the discussions. One thing is certain, and that is the cordial reception which medical men from these islands will receive at the hands of our neighbours.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

At a meeting of the Council of this Association held on the 2nd inst., the following resolutions were unanimously adopted:—

1. That the system of Poor-law medical relief in England and Wales is in the highest degree unsatisfactory and urgently requires amendment.

2. That as the provision of drugs by the medical officer frequently places him in a delicate and false position by provoking a conflict between his interest and his duty, the extension of the dispensary system to all country towns and practicable rural areas would be most desirable; and that, as the excess of area in many rural and of population in many urban districts is very disadvantageous to the sick poor by precluding even the possibility of efficient medical attendance, such excessive districts should be reduced, and in no case allowed to extend beyond the limits already determined by the Poor-law Board—viz., an acreage of 15,000 in rural districts and a population of 15,000 in urban districts.

3. That it is desirable that the salaries of Poor-law medical officers should be placed on a uniform basis and revised triennially, so that the salaries may be estimated according to the average number of cases annually attended (due regard being paid to area); and that, as the duties of medical officers are essentially imperial, it is expedient that the whole of such salaries should be paid out of the Consolidated Fund instead of part only, as at present, or that

one-half should be paid from the Consolidated Fund and the other half from a rate distributed over a whole county.

4. That as the position of the Poor-law medical officer is not sufficiently independent of local influences to justify his appointment as sole health officer of his district, it is expedient that a superior health officer, debarred from private practice, and devoting his whole time to the duties of his office, should be appointed to act over a considerable area, the district medical officer standing in the position of deputy health officer only.

5. That pending the introduction of the dispensary system, which, if generally adopted, would amount to a virtual reorganisation of the service, all additional reports and duties to be required of district medical officers should be paid for on a basis to be determined by the Local Government Board.

6. That copies of these resolutions be sent to the medical press, to members of Parliament, and to the President of the Local Government Board.

Correspondence.

"Audi alteram partem."

THE CLINICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—In your annotation, headed "Clinical Society," in to-day's LANCET, I am reported to have slit up the urethra of one patient to "within a few lines of the meatus." Now, in the case referred to, I stated I had slit up the urethra to "within a few inches of the meatus," and not, as described by you, to within a few lines of the meatus.

The patient will be presented for examination at the next meeting of the Clinical Society, when you, Sir, will be able to judge for yourself.

It is only fair to Mr. Jonathan Hutchinson to observe that I did not quote his opinion in support of the operation, but merely to the effect that he considered a patient who passed his urine through a fistula in the perineum better off than one who micturated through a fistula in the rectum, and that I had gathered such opinion from a conversation I had with that gentleman in consultation on a case. Mr. Hutchinson had no knowledge of the cases I brought before the Society, and could not, therefore, have expressed any opinion.

I remain, Sir, your obedient servant,

Portman-square, March 30th, 1872.

W. F. TEEVAN.

* * We regret that our "lines," though few, have not "fallen in pleasant places"; but, as Mr. Teevan is positive that he spoke of inches, we willingly yield him as many as he chooses to claim. The name of Mr. Jonathan Hutchinson was mentioned in connexion with one of several classes of cases, quoted incidentally by Mr. Teevan in the course of the discussion, with the very proper and natural object of strengthening his position as to the "line of action" adopted.

THE "MEDICAL DECLARATION" CONCERNING ALCOHOL.

To the Editor of THE LANCET.

SIR,—With all respect to the leading members of the profession who have signed the "Medical Declaration" concerning the use of alcohol, it has occurred to me that, as regards young practitioners, this "Declaration" is calculated to deter them from using alcohol in proper doses in cases in which, in my opinion, it is urgently required. Under these circumstances, I send you the result of the use of alcohol in a very bad case of typhoid fever now under my care. A few days back I was called to see a tall, thin, delicate lad of fifteen years of age, suffering from typhoid fever, well marked: from inquiry, as well as I could make out, the disease had reached the tenth day. The treatment during that time had been occasional doses of aperient

medicine administered by the friends. The condition in which I saw the patient was one of great danger. I immediately, as far as diet was concerned, ordered milk, raw eggs, beef-tea, and brandy. This treatment has been continued ever since. He is now passing into convalescence, after taking twenty ounces of brandy every twenty-four hours since I saw him first. There is nothing new in this treatment, the majority of your readers will immediately declare. I admit it. But would every young practitioner brought in contact with such a case feel inclined to act as I have done, after the discussion which has recently taken place and the conflicting opinions which have been given? I maintain that I have been instrumental in saving this boy's life by the treatment I have adopted; and that unless I had used alcohol in the large doses I have done the benefit now resulting would not have occurred.

I have seen a great deal of typhoid fever in India, and I shall be borne out by Indian medical men when I say that a bottle of brandy in the twenty-four hours has very frequently been necessary to rouse the patient from the great prostration which exists in that disease there.

I do not write this to denounce the "Declaration," but to assist in showing the use of alcohol in proper medicinal doses in a certain disease.

I remain, Sir, your obedient servant,

Southsea, Hants, March 25th, 1872.

THOMAS DIVER, M.D.

THE SCOTCH POOR-LAW AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—The Bill introduced into Parliament by Mr. Crawford to amend the Scottish Poor-law Act, though it provides for the appointment of medical officers to all parishes, and fixes their salaries in an equitable manner, yet makes no provision for the superannuation of aged and infirm medical officers. We expected this would have been conceded to us since it has been to medical officers both in England and Ireland, and especially after what had been said in favour of it in Parliament by such members who supported the English Medical Officers' Superannuation Bill.

I would desire to bring this matter under the attention of Scottish Poor-law medical officers, and to urge them to petition that no Bill be allowed to become law which does not provide for the superannuation of aged or infirm medical officers. This object may be attained by the insertion of the words "medical officer" after "inspector" in the Superannuation Clause 37 of Part VII. General Provisions of Mr. Crawford's Bill. And I would further urge them to use their influence with their respective members of Parliament to get them to support the prayer of their petitions.

I am, Sir, your obedient servant,

A SCOTTISH POOR-LAW MEDICAL OFFICER.

March 28th, 1872.

PORTSMOUTH AND THE CONTAGIOUS DISEASES ACTS.

At a meeting of the Portsea Island Society for the Culture of Science and Literature, on Tuesday evening, Mr. P. D. Hopgood, resident surgeon of the Portsmouth Lock Hospital, read a paper on "The Operation of the Contagious Diseases Acts," and showed, from careful statistics, that there had been a marked diminution in the number of brothels and prostitutes, and especially among the younger girls. A discussion followed, in which several medical gentlemen took part. Dr. Garrington, the surgeon of the Portsmouth gaol, contended that this subject could not be brought too prominently before the public, and that medical men should not hesitate to speak out boldly. He expressed his belief that it would be Quixotic to hope to extinguish prostitution, and stated that he was strongly in favour of the Acts in their present state, and that, in his opinion, Mr. Bruce's Bill would not be productive of the benefits anticipated. He added that he had been informed by the police-inspector carrying out the Acts in Portsmouth, that when the women on the register heard that an alteration in the law was likely to take place, they spontaneously got up a petition that the law might remain as

it was, and forwarded it to Sir John Pakington for presentation. Dr. Cousins, F.R.C.S., called attention to the great decrease in juvenile prostitution which had resulted from the Act. In 1865, at Plymouth, there were 1770 prostitutes; of the above, 1249 were under the age of twenty-one, and 419 were under seventeen; but in 1870, there were only 553 prostitutes, and only one under seventeen. Dr. Miller, formerly physician at the Portsmouth Hospital, contended that if compulsory examination were struck out of the Act they might as well abrogate it altogether, for it would be a perfect dead letter. Mr. T. Cousins, clerk to the borough magistrates, stated that the latter had unanimously signed a petition in favour of the Act, and that the clerk to the Plymouth justices had applied for a copy of the petition, so that there was no doubt the magistrates of that borough would follow the example. A vote of thanks was accorded to Mr. Hopgood for his valuable statistics.

THE BAKER BROWN FUND.

The following additional subscriptions have been received on behalf of the above fund.

Amount previously advertised ...	£77 14 6	Dr. Thorowgood ...	0 10 6
Mr. T. H. Hills ...	2 2 0	Mr. Oscar Clayton .	1 0 0
Dr. Russell Reynolds	2 2 0	A Subscriber ...	0 5 0
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The honorary treasurers are Dr. Forbes Winslow and Dr. Charles Cogswell, to whom subscriptions may be sent.

Obituary.

DR. AUGUSTUS BOZZI GRANVILLE, F.R.S.

A VERSATILE and accomplished physician has just been lost to the profession in Dr. Augustus Bozzi Granville, who died at Dover on the 7th of March, in his ninetieth year. Dr. Granville was the third son of S. Carlo Bozzi, postmaster-general of the Lombardo-Venetian kingdom, in the capital of which he was born in 1783. His education was carried on first at Milan and then at Pavia, where he graduated as doctor of medicine. Shortly afterwards he set out on his travels, and, Ulysses-like, visited in succession the chief islands in the Tuscan and Ionian archipelagos, and made many observations, historical, artistic, and scientific. His next place of resort was Lisbon, where his opportunities of witnessing the British squadron induced him, in 1807, to become assistant-surgeon in that service, a position which he retained with much credit till 1813. Thereafter he removed to London with the intention of engaging in general practice, and with that object he took the diploma of the Royal College of Surgeons, and became a member of the Royal College of Physicians; while about the same time (1817) the Royal Society elected him a Fellow. Another step towards settling in London practice was to add, with the consent of the family and in legal form, his maternal surname of Granville to his own patronymic. The design of practising generally, however, he abandoned