profession, and where profound learning is not so needful. To obtain a superior class of students, the Government must hold out peculiar advantages in their after-career; and the influence which highly-trained and educated medical men have in civilising the natives is one of the great inducements to Government to act fairly towards the profession. This is the experience of all connected with the College. In 1866, 42,000 patients were treated in the hospital, which is becoming exceedingly popular. The mortality amongst Christians was 9·76, natives 23·67, against 8·48 and 26·96 per cent. in 1865. The high death-rate is due to epidemic and endemic diseases, especially those of malarious type. The hospital itself is said to be insalubrious, and pyæmic diseases are almost always present in it. A committee has been appointed to inquire into its insalubrity, and will make its report shortly. His Excellency, after distributing the prizes, made some very complimentary remarks upon the high calling of the medical profession; and pointed out that the zeal and ability exhibited by its members played a prominent part in securing the reformation of the country.

We may as well add that the *Englishman*, in commenting upon the Report of the Government Charlotte Dispensaries of Bengal, urges the Government to carry out its favourite doctrine of "India for the Indians," by giving every encouragement to the spread of medical education; and states that the unsatisfactory condition of the dispensaries is to be attributed to no fault on the part of the officers of the medical department, for in almost every case the reports show that the doctors, both European and native, have worked heartily and successfully.

THE

CORK MEDICAL PROTECTIVE ASSOCIATION.

A MEMORIAL of the above Association was entered upon the minutes of the Medical Council on the 29th May, 1866, having arrived too late for consideration in connexion with the question of medical education. As it is expected that it will be again brought before the Council we call attention to its contents, as reflecting the opinions of an influential section of our Irish medical brethren. It urges—That registration must continue to be all but nugatory, unless the new legislation render it imperative on the Council to order, through duly authorised officers, the prosecution of all persons incurring the penalty specified in Clause 40 of the Medical Act, or that which may be substituted for it. That the important object of securing a sound and adequate education for all candidates for medical and surgical qualifications is not likely to be attained whilst the powers of the Council continue to be limited, as they are at present. And it suggests the expediency of the Council seeking for such a modification of Clause 41 of the Medical Act as will secure the prosecution of offenders against its provisions; but especially of seeking for the power to establish a uniform curriculum of studies, preliminary and professional, which shall be binding on all the educational bodies of the country.

EXTRAORDINARY MUNIFICENCE. — During the past week large sums of money have been left to some of our most deserving medical charities. Mrs. Mary Gregory has bequeathed free of legacy duty £5000 to the Middlesex Hospital. Miss Charlotte Rane, a former benevolent supporter of the Windsor Royal Infirmary, has bequeathed £500 to that institution. Mr. W. J. Hall, of Trinity-square, Tower-hill, eclipses all in the distribution of his wealth, having, in addition to equally large sums to other institutions not strictly medical, bequeathed £2000 each to the London Hospital, the Seamen's Hospital Ship *Dreadnought*, and the Lock Hospital; £750 to the Hospital for Consumption and Diseases of the Chest, Victoria-park; £500 each to the Tower Hamlets Dispensary and the Eastern Dispensary, in Leman-street, Whitechapel. Mr. Edmund Buckley, of Higher Ardwick, has bequeathed £500 to the Royal Infirmary, Manchester. We have here a grand total in one week of £13,750 bequeathed to some of our metropolitan and provincial hospitals.

Correspondence.

"Audi alteram partem."

HINTS FOR AN EFFICIENT VACCINATION BILL.

To the Editor of THE LANCET.

SIR,—Last week a deputation of medical officers of health attended before the Vice-President of the Privy Council to urge objections to the Vaccination Bill now before the House of Commons, and to suggest alterations and improvements. I believe that few in the profession, or among registrars, approve the Bill, or believe that it will, in fact, do much else than impede a thorough legislation on the subject. A section only of the profession, I am bound to own, some of the most distinguished, but still not concerned with the working of vaccination among poor people, has, I believe, produced the proposed Bill.

It was urged by the deputation that this country, which first received the divine gift (I may call it so?), has so far made the least successful use of it. If I were superstitious I should expect the gift to be withdrawn from this country; but, as it is never too late to mend, and as a good Vaccination Bill is not at all an impossible matter, probably the same tentative process which is now producing a Reform Bill might give us the materials for a good Vaccination Bill. At all events, I respectfully ask for a little space in THE LANCET, in which may be recorded the testimony of all professional workers in this department of preventive medicine.

Permit me to suggest some important outlines for the tentative process proposed:—

1st. That in England, as in other parts of the empire, the registration of births should be compulsory.

2nd. That a local authority should in every district be charged with the duty of vaccination—i.e., board of health, municipal authority, vestry, and the like, where such are; where such are *not*, a board of guardians. Such bodies to be the prosecutors.

3rd. That on appeal from district, as to neglect of local authority, Privy Council officers might for a time see the duty performed, and charge expenses to local authority.

4th. Local registrars to supply list of births in districts to local authority, and fill up a column to show that a form to parents containing names of vaccinators, and days for vaccination, with statement of the law and penalties, had been supplied. Registrar's duty to end here.

5th. All registered medical men might claim to be appointed public vaccinators. On being so appointed, to put up in a conspicuous place a tablet of uniform appearance to this effect, to be supplied by local authority. In this way people, however poor, might have a choice, and the Poor-law *taint* would be less injurious and obstructive.

6th. Certificates, generally a very useless trouble, to be as much as possible, perhaps altogether, dispensed with; the form, *vide* 14, and the arm, being probably sufficient.

7th. Vaccinator to fill up columns 1 to 7, *vide* 14, form annexed, and forward sheet to inspector in good time. Vaccinator's duty, if successful, to end here. Payment, for cases certified in col. 10, form annexed, only.

8th. Inspector—medical officer of health, if possible—to be appointed by local, with sanction of central, authority. Duty: To receive all lists sent to him by vaccinators; to inspect on proper days (one or two days per week might be made to suffice); to fill up cols. 8, 9, 10, 11, form annexed. Inspector to be paid for every case inspected, successful or not. As to col. 11, inspector is to take and have charge of lymph. I think his remuneration should come from the central authority.

9th. Three (?) first cases of death from small-pox in a district to be made the subject of inquest.

10th. Local authority to publish with its annual report an alphabetical list of successful vaccinations. This, compared with list (*vide* 4, *ante*), would show approximately all defaulters.

11th. Cases of fine children, with good arms, to be selected from among the *poor* for purposes of arm-to-arm vaccination. Certificate of excellence and a gratuity to be given.

12th. Local authority to obtain list of unvaccinated children (*immigrants*) by officer or local registrar, if he would undertake it. Special list and special reward involved.

13th. The present mode of gratuities for successful vaccination, amounting to £10,000, will, on this plan, be awarded to the uniformly successful vaccinators; on the present system, of a partial investigation by occasional visits of officers of Privy Council, it must be doubtful.

14. Form referred to :—

This of course does not exhaust, but it suggests. I ask those of your readers who believe the proposed Bill to be bad or insufficient, and that a better one may be had, to at once communicate their opinion to their respective parliamentary representatives, or to their friends in the House of Lords.

St. George's, Southwark, May, 1867. WILLIAM RENDLE.

No. . . . . Public Vaccination.						186 . . . . . District—St. George's, Southwark.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of Case.	Name.	Residence.	Age.	Date of Vaccination.	No. of Case from which Lymph was taken.	Signature of Vaccinator	Signature of Inspector.	Date of Inspection.	Successfully Vaccinated : i. e., 3 spots complete. Yes or No.	Specially recommended as Case for supply of Lymph. Yes or No.

IRELAND.
(FROM OUR OWN CORRESPONDENT.)

THE sudden death of Dr. Banon, Vice-President of the Royal College of Surgeons here, leads to complications in the annual election, which is to occur next Monday. The lamented gentleman would have attained the presidency, and Mr. Porter, who sat for years on the Council, the vice-presidency; but now that the intended president is removed by death the names of Dr. Adams, Mr. Hargrave, and Mr. Hamilton, as well as that of Mr. Porter, are mentioned for the vacancy. Mr. Rawdon McNamara seeks the vice-president's chair. Dr. Banon was one of the most universally respected of our profession. He held the surgeoncy of Jervis-street Hospital and the medical officership of the city prisons.

The novel epidemic recently alluded to in your columns has created the greatest interest. Three or four deaths in this city are weekly attributed to it. At first none recovered, but it has gradually lost its appalling fatality. Dr. Stokes's view that it is a malignant fever, and that the cerebro-spinal symptoms are merely secondary, gains ground. The most rapidly fatal case which has been noted died in five hours, but the majority do not sink till the third or fourth day. He names it malignant purpuric fever. It has invaded only those towns in Ireland which suffered from cholera, such as Dublin, Kingstown, Tullamore, Parsonstown, and Clondalkin. In the latter place cases occurred which were very closely allied to cholera, and were publicly reported as such. They occurred in a swampy, ill-drained spot a few yards from the canal, from which the water supply of a district inhabited by some 20,000 persons was drawn, but every care was taken to prevent contamination. It is worthy of note that in some cases no cerebro-spinal symptoms occur, in others they alone are present. In the cases in which extensive vibices or ecchymoses appear death is most rapid. We fear that no treatment as yet applied has influenced this fearful form of blood-poisoning, and if it be a precursor, as it was last year, of cholera, we have indeed reason to be alarmed.

Parliamentary Intelligence.

HOUSE OF LORDS.
MAY 23RD.

CONTAGIOUS DISEASES (ANIMALS) BILL.

ON the motion of the Duke of MARLBOROUGH the following were appointed to form the Select Committee upon this Bill :—The Lord President, the Lord Privy Seal, the Earl of Doncaster, Earl Spencer, Earl of Romney, Earl Granville, Viscount Eversley, Lord Boyle, Lord Walsingham, Lord Delamere, Lord Feversham, Lord Portman, Lord Stanley of Alderley, and Lord Egerton.

HOUSE OF COMMONS.
MAY 23RD.

THE CATTLE PLAGUE.

Sir J. HANMER asked the Vice-President of the Committee

of Council whether it was true that cattle from Germany brought into Hull and other eastern ports, so far from being slaughtered at those ports, were being surreptitiously mixed up with other cattle and carried about the country, to the great danger of other cattle.

Lord R. MONTAGU replied that he had heard it stated that German cattle were imported into Hull and surreptitiously taken inland, but he did know it officially. He fully believed it, however, for he was sorry to say that local authorities, even those nearer that House, were very lax in observing the law and co-operating with the Privy Council.

MAY 24TH.

CATTLE IMPORTATION TO IRELAND.

Lord NAAS, in reply to Sir H. W. Barron, whether it is intended to prohibit the importation of live stock into Ireland whilst the cattle plague continues in England, and whilst foreign stock are imported here from infected countries, said a prohibition had been already in force for the last year and a half, except cattle from Spain, which may come in under certain restrictions, and also from Scotland.

MAY 28TH.

DR. WARBOURG'S TINCTURE.

Sir R. ANSTRUTHER asked the Secretary of State for War what reports had been received as to the efficiency in cases of fever of Dr. Warbourg's tincture, and whether any steps were about to be taken to secure a supply of so valuable a medicine for the use of her Majesty's troops serving on foreign stations.

Sir J. PAKINGTON said there was no occasion to take any steps for securing a supply of the medicine for foreign stations, as under the present practice a supply was forwarded wherever application to that effect was made by the medical officer in charge. He was quite ready to produce the reports which had been received if the hon. member wished him to do so, but their general tendency was that Dr. Warbourg's tincture had not as good a curative effect as many other medicines less costly.

MAY 29TH.

SCURVY AT SEA.

Mr. Alderman SALOMONS asked the Vice-President of the Board of Trade what steps had been taken by the Board of Trade in consequence of the increased number of cases of sea scurvy admitted on board the *Dreadnought* from British ships, and of the representation made by the Committee of the Seaman's Hospital Society as to this disease being now almost exclusively confined to the mercantile marine of the United Kingdom.

Mr. CAVE said scurvy was caused, as the House knew, by want of vegetable acid, and had formerly prevailed on land, especially in garrison towns. It was not only unknown at the present day in the Royal Navy, but in the French mercantile marine, owing, no doubt, to the use of light wine and vegetables. By the Merchant Seamen's Act, 7th and 8th of Victoria, and the Merchant Shipping Act of the 17th and 18th of Victoria, captains of merchant ships were compelled to carry lime-juice, which is by far the best remedy yet known; and masters of ships were bound to serve it out after the crews have been ten days on salt provisions. During the passage of these Acts through Parliament the appointment of inspectors was transferred from the Board of Trade to local marine boards, and it appears from printed correspondence laid before Parliament last Session, that they decline to appoint any. The