widely, revealing a dry surface covered with dirty-looking sloughs. The condition appeared a typical moist gangrene. The obvious obstruction to the venous circulation by the pressure of oedema might account for this condition, but a deeper origin I believed was present in the contracted arteries. It was only after amputation, apparently his only hope, had been refused by the patient, that a rational treatment by nitro-glycerine, suggested itself to me as a certain method of increasing the arterial inflow to the diseased part. That the venous obstruction would be overcome and the condition of stasis relieved was improbable. Nitro-glycerine 1ooth of a grain was given at 9 p.m. on December 23rd.

The vast improvement the following morning was apparent on December 24th, in the restored radial pulse on the affected side. The yellow sloughs had come away in the dressings. The wounds no longer gaped, while discharging freely a healthy-looking pus. The pallor and purple patches had cleared and sensation had returned completely. To describe the change as one from local death to life would be no exaggeration. It is needless to follow the subsequent history of this case, but it should be stated that necrosis of the index and middle fingers had already occurred, requiring their removal. Recovery was complete, the man returning to work in February the same year.

A brief account of the following case amongst others may be of interest.

A Chinaman, aged 60, suffering from a carbuncle on the neck, was treated by a crucial incision and scraping, under ether, the wound dressed with iodoform and gauze. After varied local treatment, the wound remained covered with a dry yellow slough, the skin and tissues around for an inch or more were swollen and indurated, and below was a chain of enlarged and tender glands. I gave tonics and stimulants as the patient was obviously weak and poorly nourished. The absence of any improvement after a week's treatment, the wiry, high tension pulse, suggested nitro-glycerine as a means of assisting the inflow and outflow of blood to the locally stagnant circulation. I gave the man two tabloids nitro-glycerine, gr. $\frac{1}{100}$, during the next twelve hours. On the following day there was a free discharge of pus from the wound, the slough having disappeared. The pulse was soft. On the succeeding day three tabloids were given. The base of the wound was now clear. The edges gave evidence of healing. My notes record that after giving the drug for ten days the wound had healed.

Not only in incipient senile gangrene, but in all cases of impaired circulation in which contracted arterial walls are present, nitro-glycerine should be of great value to the surgeon. Even when the arteries seemed to be normal, I have constantly used the drug with benefit in local congestion.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE PREVENTION OF ANKYLOSTOMIASIS.

SIR PATRICK MANSON'S suggestion in the BRITISH MEDICAL JOURNAL of November 5th of the use of tar in the treatment of ground itch of coolies is not altogether a new idea. It has been the common practice of medical officers of tea gardens in the Sylhet district for several years past to treat all early cases of the disease by the free application of Stockholm tar, and the result has been better than from any other treatment. It shortens the illness, checks the spread of the vesicles over the healthy skin, and prevents the large ulcers often seen in neglected cases, and no doubt it would act to a great extent as a preventive if it could be applied to the feet of all coolies before they went out to work. But that is just the difficulty, with Indian coolies at least. They will do nothing to assist and everything to thwart measures directed for their benefit. The tar and sand—sawdust would be very difficult to get in most tea gardens—would have to be applied at least once every day all through the rainy season, and that would be no small task with a working force of 500 and over, even with the active co-operation of the coolies themselves. Dipping the feet in phenyle, the wearing of shoes when working in infected localities, the use of trench latrines, and many other methods have been suggested from time to time and tried in different places, but none has really been successful, owing to the indifference, obstinacy, and obstructiveness of the people concerned. When they are ill they will come for treatment, perhaps, but not before. Anything that is exclusively for their own advantage they are ready to adopt; but anything that is partly for the benefit of their employer they will do little to advance, even if they do not actually resist it. It is this perverseness of nature that annuls all attempts at preventive measures amongst the natives of India, not only in small matters like the subject under discussion, but in vital matters, such as plague, cholera, and the like.

There is another plan of reducing the chances of infection from the larva of ankylostoma in infected ground—namely, by cutting down the tea bushes in an area round about the native lines, so that the coolies are compelled to go further afield, having now no shelter behind the thick bushes, and the infected plots will be exposed to the drying power of the sun. I have known of this plan being tried with success. I am not, however, trying to throw cold water on the suggestion made by Sir Patrick Manson, to whom all practitioners in the tropics owe such a debt of gratitude, but only trying to show how difficult it is to carry out these things with success.

Sylhet, India. A. B. DALGETTY, M.D., D.P.H.

GANGRENE OF THE SCROTUM.

I REPORT the following case because, in addition to its being one of a very rare character, I should like to know what course I ought to adopt in respect of it.

A. A., a shopkeeper, aged 35 years, unmarried and of good constitution, had never suffered from anything more serious than occasional dyspepsia. He was usually very temperate, but for three days during a feast in cold weather he drank a great deal of native wine. He was then taken suddenly ill with headache, rigors, and general *malaise*, and sent for me. He had a temperature of nearly 106° and a pulse of 125 to 130, but his chief complaint was of intense pain in the neighbourhood of the ischia. There I could find nothing, but I discovered that the left testicle was swollen. I prescribed certain antipyretics which I have found useful and an ointment of belladonna, and then left. In a very short time, however—within a few hours—I was again sent for. I then found the scrotum everywhere enormously swollen, oedematous, and dark. In addition it pitted on pressure, and when palpated fine crackling was clearly perceptible.

I at once made a number of free incisions with a bistoury, evacuating a quantity of frothy blood and serum. Compresses of glycerine of quinine were constantly applied during the next three or four days, and strong tonics administered, but by that time the whole of the scrotal tissues were gangrenous, and had commenced to separate; this separation I completed without the patient feeling anything at all. The temperature after this gradually fell to normal, but the pulse remained very rapid for several days later. The gangrene only extended slightly to the perineum and neighbouring parts. The net result is that, though the patient has recovered and the perineum is cicatrizing, the two testicles hang separate, supported only by their respective cords. They show some tendency to adhere to one another, but I should be glad of suggestions as to the best way in which to treat them. The occurrence of this rapid local gangrene of the gas type is remarkable, and I am quite unable to account for it.

Mytilene, Turkey. C. MOZOURELLI.

TREATMENT OF PHTHISICAL CAVITIES WITHOUT OPERATION.

WITHOUT entering into the question as to whether the pyrexia of pulmonary tuberculosis is or is not always the result of a secondary infection of the lungs by pyogenic micro-organisms, I think it will be agreed that when we find pyrexia along with a cavity in the lung, one possible explanation of the temperature may be found in the supposition that the contents of the cavity have become septic, and that the cavity is not draining freely. If this be the case, the removal of the septic matter becomes a question of first importance. Operative drainage of these cavities is a proceeding of such gravity that it occurred to me, some time ago, to try if the cavity could be emptied by merely placing the patient in a suitable posture.

An opportunity presented itself in the person of a male patient at the Ventnor Hospital. His temperature was about 102° F. every evening; he had great dyspnoea; he was extremely feeble, and did not seem to have a much longer time to live. The physical signs in the region of the angle of the left scapula pointed to the existence of a choked cavity, and the symptoms of the case suggested that the contents of the cavity were septic.

After two weeks had passed, during which the patient steadily lost ground, I removed his pillow and bolster and raised the foot of the bed 6 in., directing him to keep his head low. Nothing particular happened for about four hours. He then had a very violent fit of coughing which lasted quite half an hour. Being in a very weak state he became rather alarmed and was somewhat exhausted, but he had coughed up 4 oz. of sputum which differed from his expectoration at all other times in that it had a very offensive odour.

His temperature in the evening again reached 102° F., but after that it fell steadily to about 99° F.

The further progress of the case was exceedingly satisfactory. In two days he was out of bed, and in three weeks he walked downstairs. From that time onwards the dyspnoea improved, so that he could walk for increasing distances on the flat, he also rapidly regained strength. I heard from him, some months after he left hospital, that he was able to get about comfortably, his breathing had continued to improve, his temperature was normal, and he was feeling fairly strong and well.

When it is borne in mind that his temperature had been high for some weeks before admission to the hospital; that it continued so without improvement in spite of rest and careful feeding; that he coughed up 4 oz. of offensive sputum, his expectoration at other times not having this odour; and that the very marked improvement followed definitely from the date of treatment, I think we may fairly conclude that the improvement was directly due to the treatment adopted, and was not merely the result of the usual sanatorium treatment which he was also receiving.

The special advantages of this treatment are:

1. That it is easy to carry out.
2. That it does not entail any risk to the patient, either immediate or remote.

I am indebted to Dr. Ross for kind permission to publish this case.

S. P. POLLARD, M.B., B.C.Cantab.,
Late Assistant Resident Medical Officer to the Royal National Hospital, Ventnor.

CASE OF LANDRY'S PARALYSIS.

LANDRY'S paralysis is such a rare and peculiar disease that the following case may interest the readers of the BRITISH MEDICAL JOURNAL:

History.—The patient was J. D., aged 35, son of an agricultural labourer, and employed working on a small farm. His parents stated they had never known him to suffer from any previous illness. His present illness dated from the beginning of July. Until then he was a strong, muscular individual, of industrious habits and temperate, living in a cottage healthily situated. He took to bed July 9th. For some days previous to that date he had noticed that his feet felt benumbed and weak, yet continued at his work. On the morning of July 9th he went by car to a local fair; returning in the evening he had to be carried off the car, owing to muscular inability to descend. Next morning his lower limbs were completely paralysed, the paralysis extending and involving his hands, arms, and trunk.

State on Examination.—I saw him first twelve days later. His arms, hands, muscles of trunk, and lower limbs were paralysed; he complained of cardiac pain, was sweating profusely over head, neck, and face, the muscles of the limbs were perfectly flaccid; sensation very dull, but no absolute anaesthesia. Flexing the limbs caused a certain amount of pain, as also did firm deep pressure of muscles. Knee jerk reflex and also superficial reflexes lost. Bladder and rectum unaffected. General condition: Temperature 98°, pulse 84, thin and inclined to hardness. Heart sounds, both accentuated and almost of ringing quality; he complained of cardiac tenderness. Deglutition noisy and spasmodic; tongue furred, constipation absolute for some days; and urine normal. Over the mid-dorsal spine the patient complained of tenderness on pressure; this existed nowhere else. Ophthalmoscopic examination negative.

Progress.—The lower bowel was cleared by an enema, followed by calomel and a saline in the morning. The back was blistered along the whole length of the spine from seventh cervical to lumbar region. Liquid diet was ordered. The patient rested well that night, and next day, as the pulse was softer and fuller, the cardiac pain diminished and the varying quality of its beats less apparent, he was ordered liq. ext. ergot m xx every four hours. This had to be stopped after forty-eight hours owing to its increasing the blood pressure and on account of added cardiac distress. He was then put on a saline diaphoretic mixture given every four hours, and containing m xx of ferric chloride in each dose. It suited him well, and was continued for a week, the bowels being also kept open and the liquid diet continued. At the end of that time the cardiac distress had entirely passed away, and the patient was sleeping and resting well. There was now slight movement of right hand, and I ordered massage of the limbs twice daily.

Result—The patient liked the "massage," and under its influence the muscle tenderness disappeared. The "massage" was done by a big muscular individual, whom I instructed as the only available nurse. He continued it for a week, but during one sitting he rubbed the skin off the patient's thigh, and it was then discontinued; the curious point about it was that after each sitting the patient recovered temporarily a certain amount of power over his limbs. The skin abrasion healed readily, thus showing, with the absence of bedsores, that there were no trophic changes in the skin. The patient recovered gradually, and some two months later walked by himself into my surgery. He still had diminished knee-jerk, but the muscles were not wasted. Though he felt weak, he could walk a mile without fatigue.

Ardrahan. C. H. FOLEY, M.D.

A CASE OF MALIGNANT PUSTULE.

ON August 5th, W. R. W., a butcher, skinned a cow that had died suddenly after a short illness, afterwards proved to be anthrax. On August 12th, seven days after skinning the cow, he noticed a pimple on the right forearm; it itched intensely and bled freely. He poulticed it, and on August 15th showed it to a medical man, who told him he had anthrax, and must have the sore excised. Consequently he came to the Cottage Hospital that afternoon, and was admitted under my care.

On the flexor surface of the right forearm, about 4 in. above the wrist, there was an angry-looking pimple, not unlike a vaccination vesicle, the size of a sixpenny piece; the centre dark, nearly black; the area around the pimple for ¾ in. was indurated; the whole forearm was swollen, oedematous, and red; temperature 100.4°, pulse 80; feels quite well.

He was given chloroform, and a disc of skin 2 in. by 2 in. excised and the wound burned with Paquelin's cautery, and then powdered with pulv. ipecac. and dressed with cyanide gauze. He was given pulv. ipecac. gr. v and morphine gr. ⅛ every four hours.

August 16th. Temperature normal, pulse 72. Arm re-dressed. All oedema and redness of forearm had gone.

August 17th. The pulv. ipecac. stopped, as it made him sick.

August 22nd. The patient left the hospital, feeling quite well; the wound slowly granulated, and he made an uninterrupted recovery.

REMARKS.—The Clinical Research Association reported that it was a typical "malignant pustule," and numerous anthrax bacilli were present. Anthrax is rare in this district. The cow died after an illness of less than twenty-four hours, and the next day 10 pigs out of 20 in the same field were dead and the other 10 very ill, but all recovered. This shows how virulent the disease was; but the seven days elapsed before the man developed any sign, and then four days more before he was treated; his system was evidently beginning to be affected, as seen by the rise of temperature. In applying pulv. ipecac. I followed the method advocated by Mr. Davies Colley in his paper on anthrax in *Guy's Hospital Reports, 1890*, kindly lent to me by Mr. Cock, who first saw the patient, and diagnosed malady, and sent the case to the hospital.

Exmouth. R. STANLEY THOMAS, M.A., M.D., B.C.Cantab.

CASE OF VESICAL CALCULUS WITH SYMPHYSIOTOMY.

Z., a native girl, aged 6 years, came to me from a far outlying village. She had been suffering for two years and was very emaciated. The bladder was incompetent and the urine contained much pus. On examination with a sound, a rough stone was found to occupy practically the whole of the bladder. Lithotrity was impossible, as the stone was so large that not more than ½ oz. of lotion was retained when injected into the bladder. An attempt to remove the stone through the urethra after dilatation also failed, and also an endeavour to bring it out through the vaginal wall because the stone was larger than the outlet of the pelvis.

As it seemed to me impossible to perform a suprapubic lithotomy without opening up the peritoneal cavity, I performed symphysiotomy by the open method, hoping that the increased pelvic outlet would enable me to get it away; my hope, however, was vain, and after doing considerable damage to the soft structures of the pelvic outlet I gave up the attempt, and two days later removed the stone intact through the anterior bladder wall behind the symphysis. I had previously pulled the latter nearly 2 in. apart; the peritoneal cavity was not opened, but I am certain that it would have been but for the symphysiotomy. The bladder was thoroughly washed out and the outer coverings sewn up, the symphysis wired together, and a gauze drain inserted to the bottom of the abdominal wound, the vaginal wound being packed round a catheter down the remains of the urethra. The case progressed very favourably, and now after three weeks the abdominal wound has quite healed up; there is no pus in the urine, and the vaginal fistula is slowly healing. The stone was almost round, 2¾ in. in diameter, with a uric-acid nucleus, the substance being principally phosphates; even when outside the body sufficient grip could not be obtained to crush it with a lithotrite. It weighed 1,260 gr. Vesical calculus is very common here, but this is by far the most difficult case I have had. I should like to know in what way the case ought to have been treated. I had no assistance except an inexperienced native who gave the chloroform.

Shiraz, Persia. H. T. PALMER, M.R.C.S., L.R.C.P.

CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 83.

WOMEN MEMBERS OF FRIENDLY SOCIETIES.

B. asks: (1) Whether any friendly societies have female members; (2) what is usually charged for such members where the ages range from 16 years upwards, and where the male adult members pay 4s. per annum to the doctor.

*** (1) There are many friendly societies with female members; (2) such members are rarely, if ever, a source of profit to the doctor. Under no circumstances ought they to pay less than male members, and in order to permit of a slight chance of profit to the medical officer they ought to pay at least half as much again as the male members, and at the same time midwifery and illness connected with it ought to be strictly excepted and paid extra.

MEDICAL NEWS.

THE Harveian Society of London will hold a smoking concert at the Stafford Rooms, Titchborne Street, Edgware Road, on Thursday next, January 12th, at 8 p.m.

A PUBLICAN of Shefford, named Sladen, was on January 3rd, at the Guildhall, London, fined £20 and £3 15s. costs for sending thirteen pieces of tuberculous pork to the Central Meat Market for sale as human food.

SMALL-POX IN SCOTLAND.—During the period from December 16th to 31st, 1904, 11 cases of small-pox have been intimated to the Local Government Board. Of these, 3 were in Dundee, 3 in Falkirk, 1 in Glasgow, 1 in Coatbridge, 2 in the county of Stirling, and 1 in Argyllshire. Cases occurred at three new points during the period in question.

THE first three endowments under the Jessie Alice Palmer Charitable Fund of £1,000 each in memory of Jessie Alice Palmer have been made as follows: £1,000 to Westminster Hospital in recognition of the services to science of Dr. William Murrell, £1,000 to Queen Charlotte's Lying-in Hospital in recognition of the services to science of Dr. W. S. A. Griffith, and £1,000 to the British Home for Incurables.

THE opening lecture of the spring session of the North-East London Post-graduate College will be given at the Tottenham Hospital, on January 10th, at 4.30 p.m., by Mr. John Langton, F.R.C.S., Consulting Surgeon to the Hospital and to St. Bartholomew's Hospital. The subject of the lecture, to which all medical practitioners are invited, is: Points which should be considered in determining the prospects of the operation for the radical cure of hernia.

THE ROCKEFELLER INSTITUTE.—The corner stone of the Rockefeller Research Laboratory in New York was laid recently by Dr. Simon Flexner, Chairman of the Governing Board of the Institution, assisted by Drs. T. M. Pruden, T. Emmett Holt, and C. A. Herter. The foundation, it may be remembered, began with an initial endowment of £40,000, which has since been increased to upwards of £200,000; more is likely to follow as may be required.

SMALL-POX IN LANCASHIRE.—From the quarterly report of the Lancashire County Medical Officer we learn that during the year ended September 30th last, there occurred 371 cases of small-pox, with 20 deaths, in that county, the fatality being thus 5 per cent. During the last quarter of the said year there were 98 cases, with 3 deaths. Of these 98 cases, 79 were vaccinated persons (2 deaths of adults), and 19 were unvaccinated (1 death in childhood). All these cases but 2 were removed to hospital. Ten districts became free from infection, and 16 new districts were attacked during the quarter.

FRENCH SOCIETY OF MEDICAL HISTORY.—At a meeting of the Société Française d'Histoire de la Médecine, held on December 14th, 1904, the following were elected officers for 1905: *President:* Dr. E. Hamy, Member of the Institute of France and of the Academy of Medicine, and Professor at the Museum. *Vice-Presidents:* Dr. Gilbert Ballet, physician to the Paris hospitals and *professeur agrégé* in the Paris Medical Faculty; Dr. Paul Richer, Member of the Academy of Medicine, and Professor in the École des Beaux Arts. *General Secretary:* Dr. Albert Prieur. *Secretary:* Dr. Victor Nicaise. *Archivist and Librarian:* Dr. Beluze. *Treasurer:* M. Camille Vieillard.

CRETINISM AND GOÎTRE.—Professor Grassi of the University of Rome lately instituted, in conjunction with Dr. Munaron, a series of researches on cretinism and goître in the Valtellina district. According to a preliminary report of their results, the investigators have come to the conclusion that the cause of endemic goître must be sought for in poisons derived from a specific microbe, having its habitat not at first within the body of the patient but in wet soil. They believe that those poisons gain access to the human body by the alimentary canal by means of various substances, among which drinking water may be included.

A DIRECTORY OF SANATORIUMS.—The Committee on the Prevention of Tuberculosis of the New York Charity Organization Society and the American National Association for the Study and Prevention of Tuberculosis are about to publish jointly a directory of institutions and societies dealing with tuberculosis. It will form an illustrated volume of 270 pages. In it an attempt is made, it is believed for the first time, to present definite information of all the organized work on this subject which is being done in the United States and Canada. The book is divided into the following six sections: (1) Sanatoriums, hospitals, and camps; (2) special dispensaries; (3) the tuberculous insane; (4) tuberculous prisoners; (5) municipal control of tuberculosis; (6) association for the prevention of tuberculosis (including societies, committees and State commissions).

PLAGUE IN FOOCHOW.—Plague first visited Foochow in the summer of 1894, according to the British Consul for that port, but it has reappeared annually ever since that date with greater or less severity. During the past year, however, the epidemic was the mildest in type, the most restricted in extent, and the shortest in duration of any of its predecessors. At the beginning of July an outbreak of the disease occurred in two separate foci—in the heart of the city and in a village in Nantei, the island on which the foreign settlement is situated. It reached its height in the middle of the month, when the death-rate in the city was about 50 per day and in Nantei about 8. By mid-August the epidemic had practically ceased, and the disease did not make its appearance at any other place in the neighbourhood. In the districts lying to the south, however, between Foochow and Amoy, plague was more prevalent, and the duration of the epidemic more prolonged, but to the northward it never gained any footing. Plague has never travelled up the Min River, though cholera, which occasionally made its appearance, does so. Pagoda Anchorage, at the mouth of the river, where all the foreign shipping lies, had no cases of plague.

INTRAUTERINE RESPIRATION.—An obstetrical case of forensic interest has recently been reported by Dr. Wille (Ueber einen Fall von intrauterinem Luftatmen, *Zentralbl. für Gynäk.*, No. 20, 1904, p. 673) of Erlangen. The body of a fetus that had died from asphyxia due to prolapse of the cord was examined, and, to the surprise of the pathologists, both lungs were found to be distended with air. As the child had clearly died before delivery, no efforts were made to induce respiration when it was expelled. It was further made clear that there could have been no gases due to decomposition in the uterine cavity. Hence it was clear that the lungs had been filled by air inhaled in the uterus. From the moment that the membranes burst until the delivery of the child, no manipulations had been practised, not even any "taking of pains." Dr. Wille attributes the entrance of air in this case, first, to the fall of intra-abdominal below atmospheric pressure; secondly, to laxity both of the parietes and of the uterine walls marked in the patient; and, lastly, to imperfect closure of the os externum, due to the loop of umbilical cord which protruded from it for some time. Dr. Wille adds that much meconium was found in the respiratory tract, and this condition contributed to the asphyxia, which killed the fetus before it was delivered.

PARTNERSHIP INTRODUCTION.

HOPE asks: (1) What is exactly meant by a "partnership introduction to a practice?" (2) When does the ingoing partner pay the purchase money—at the beginning or the end of the introduction? (3) If the money be paid at the beginning of the introduction and before the expiry of six months, and the ingoing partner is not satisfied, can he get free from the arrangement?

*** (1) That introduction which is given by close professional connexion with a practitioner who has made or possesses a medical practice in any district. It is the duty of the latter to introduce his partner to his own patients, either directly, or indirectly by employing him to attend them in his absence. (2) It is usual to pay at least half the purchase money on signing the deed of partnership and the remainder after the expiry of a time settled in the deed. (3) Unless a special clause were inserted in the partnership deed to meet such a contingency there would be no means of altering the arrangement without the consent of the senior partner.

VALUE OF A SHARE.

SENIOR asks: (1) What is the value of a quarter share of an old-established non-dispensing practice in a good locality? (2) If the senior partner retires after giving an introduction of three years, what is the value to the junior of the remaining share? (3) Is it usual for the bookings to fall off at first after the introduction of a junior partner?

*** (1) It would not be possible to give a trustworthy estimation of value on such data. (2) It is impossible to say. When the senior took a junior partner he would, if he did what is usual, settle in the partnership agreement the terms on which he was to be bought out. (3) It is a very usual occurrence.

CONTRACTS NOT TO PRACTISE WITHIN AN AREA.

S. W. asks the following: A. and B. were partners under the usual conditions, with a penalty clause forbidding the outgoing partner to practise at any time within a seven-miles radius. A. ultimately sold his share to B., who in his turn after a lapse of years sold his share to C. C. now asks A. to join him in partnership. Can A. safely do so without previously getting B.'s consent?—that is, can B., if he chooses, proceed against A. under the penalty clause?

*** A. is legally bound by his agreement with B., and the latter might proceed against him for infringing it; but seeing that, according to the circumstances stated, B. has no interest in the practice in question, he would have great difficulty in proving damage by A.'s action, and the Court might refuse B. an injunction against A., leaving him to bring his action for damages if he thought fit. If, however, there is any likelihood of B. being averse to A.'s joining C., A. would be wise to consult an experienced solicitor before taking such a step, as he might be involved in serious costs.

ADVERTISING BY CARD.

Z.—The name of the person of whom our correspondent complains does not appear in the *Medical Register* for 1904. We will make further inquiries.

MEDICAL ADVERTISING.

W. S.—We have referred the newspaper cutting to the Ethical Committee.

AIRDRIE.—A correspondent, who does not authenticate the communication with his name, might bring the matter before the Division of the British Medical Association.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on December 14th, 1904.

Recognition of Teachers.

The following have been recognized as teachers of the University:—*London Hospital:* Dr. Reginald C. B. Wall, Clinical Medicine. *Guy's Hospital:* Dr. John Henry Bryant, Pharmacology (including Pharmacy and Materia Medica and Therapeutics); Mr. Gerald Siebel, Medicine; Mr. Louis Albert Dunn, Anatomy (provisionally); Sir Alfred Downing Fripp, Anatomy (provisionally). *St. Thomas's Hospital:* Mr. Edred Moss Corner, Surgery; Dr. Joseph John Perkins, Pharmacology (including Pharmacy and Materia Medica and Therapeutics) *Middlesex Hospital:* Dr. Robert Arthur Young, Pharmacology (including Materia Medica and Therapeutics). *Westminster Hospital:* Mr. Bertram Louis Abrahams, Medicine; Mr. Edward Percy Paton, Clinical Surgery. *Royal London Ophthalmic Hospital:* Mr. William Tindall Lister, Ophthalmology. *London (Royal Free Hospital) School of Medicine for Women:* Mr. Frederick Gymer Parsons, Anatomy (provisionally),

Regulations for the M.D. Degree (Branch III) for Internal and External Students.

It was resolved: "That in the regulations for the M.D. degree, Branch III, as set forth in the *Calendar* for 1904-5, vol. ii, page 418, and vol. iii, page 35 of the Medicine Section, there be substituted for the words, 'Two papers in mental diseases and psychology (one of which may be a case for commentary),' the following: 'One paper or case for commentary in mental diseases. One paper in psychology.'"

Lectures in Advanced Physiology.—A course of lectures on the therapeutics of the circulation will be given in the Physiological Laboratory by Sir Lauder Brunton on Tuesdays at 5 p.m., beginning on January 24th. The lectures are addressed to advanced students, and are arranged to meet the requirements of candidates for honours in physiology at the University. Any member of a London school of medicine, whether an undergraduate of the University or not, can obtain a card of admission on application to the Academic Registrar.

UNIVERSITY OF LIVERPOOL.

VICE-CHANCELLOR'S ANNUAL REPORT.

THE first annual report of the Vice-Chancellor of the University of Liverpool has just been published. The transition from a college to an independent University has naturally involved an immense amount of labour not of a strictly educational nature, and the professorial staff has had a large amount of organizing work to cope with.

Number of Students.—There has been an increase in the attendance of students in all the faculties except medicine, in which there has been some falling off as compared with the preceding year.

Degrees.—The new University offers *ad eundem* degrees to all graduates of Victoria University who studied in Liverpool, and 328 former students have already availed themselves of this privilege. Six practitioners have obtained the diploma in Tropical Medicine during the year, and one diploma in Veterinary Medicine has been conferred.

The Staff of the Faculty of Medicine.—The Faculty of Medicine has been increased partly by the establishment of new posts, partly by the addition of new members drawn from the staffs of the hospitals recognized for clinical instruction. The following new lectureships have been instituted: Dermatology, Leslie Roberts, M.D.; Laryngology, J. Middlemass Hunt, M.B.; Clinical Pathology, Ernest E. Glynn, M.B., M.R.C.P.; Neuro-Pathology, W. B. Warrington, M.D., M.R.C.P. Mr. W. Thelwall Thomas, F.R.C.S., Assistant Surgeon to the Royal Infirmary and Assistant Lecturer on Surgery, in recognition of his long services to the school and in the teaching of surgery, has been made a member of the Faculty.

New Diplomas.—During the year the University has established diplomas in Public Health, Tropical Medicine, and Veterinary Hygiene, and the first examinations for these diplomas have been held.

Benefactions.—Various benefactions are recorded. Mr. Ralph Brocklebank gave £100 towards the maintenance of the anatomical museum, and Sir Charles Petrie gave £500 for a refrigerating machine. Dr. G. G. Stopford Taylor has endowed a fellowship of £100 per annum for a period of three years, for the encouragement of research in dermatological pathology, and a similar endowment has been made by Mr. W. T. Thomas for the encouragement of research in surgical pathology. Dr. Alexander will continue the fellowship which bears his name for the coming year.

New Medical School Building.—The new medical school building has been completed, and provides a dissecting-room for women students and other additional quarters. It also contains a large theatre for the lectures on surgery, forensic medicine, and dental subjects, a room for the teaching of ophthalmoscopy, two large, well-lighted rooms for practical and operative surgery, a classroom for practical toxicology and pharmacology, a common room for the Faculty, and the Dean's office.

Finance.—The Council of the University have agreed to take over the financial administration of the Faculty as from October 1st, 1904. For many years the Faculty has maintained its financial independence, and, owing to the energy and ability of those who have managed its affairs, not without success. But with the establishment of the University, and in view of the larger burdens that will necessarily be incurred, it was felt that the time had come to place the Medical Faculty on the same footing as the others.

Deaths.—Sympathetic references were made to the loss the University has sustained by the deaths of the Rev. S. A. Thompson-Yates, Dr. Alexander Davidson, and Sir W. M. Banks.

TRINITY COLLEGE, DUBLIN.

THE following degrees were conferred at the Winter Commencements on Tuesday, December 20th, 1904:

Honoris Causa.—D.Sc.: Ronald Ross, C.B. *M.D., M.S.:* Fredericus Treves, C.B., K.C.V.O.

M.B., Ch.B., B.A.O.—R. Bailey, F. G. Bury, T. Creaser, G. A. Crowley, J. Cunningham, C. E. Fawcett, K. R. C. Hallowes, J. F. W. Leech, G. J. M'Ivor, A. A. MacNeight, R. S. Smyth, H. Stewart, J. H. C. Thompson, W. M. Thunder, T. J. T. Wilmot, T. Wilson, F. J. M'Auliffe (*in absentiâ*).

D.Sc.: C. J. Patten.

M.D.: F. J. Blackley, E. B. Booth, J. F. Dixon, J. A. Kennedy, R. S. Smyth, Rev. S. Synge, W. P. Tate, J. G. Wallis, C. W. Webb (*in absentiâ*).

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

MEDICAL ATTENDANCE IN VENEREAL DISEASE.

F. R. F. writes with reference to the question and answer under this head, published at p. 1779 of the BRITISH MEDICAL JOURNAL of December 31st, 1904, to suggest that orders for medical attendance by district medical officers are given because the applicant is believed to be destitute and unable to pay for attendance, and not as a reward for virtue or chastity. This being so, a medical officer refusing to attend—for example, a case of gonorrhœa—would be liable to have to defend himself before his Board of Guardians, or even to the Local Government Board. A contagious or infectious disease would naturally make a relieving officer stretch a point in favour of the applicant.

WIFE OF MEDICAL OFFICER OF WORKHOUSE AS GUARDIAN.

MILDENHALL asks whether there is any legal difficulty in the way of the wife of a medical officer of a workhouse becoming one of the Board of Guardians

*** We know of no enactment which would prevent the wife of a workhouse medical officer becoming a guardian, if qualified and properly elected, but we should expect that the Local Government Board would not be satisfied, and that it might then call on the husband of the lady guardian to send in the resignation of his appointment.