

seven whole squares will give the diameter of the field required (see Fig. 3). By a suitable eyepiece and a $\frac{1}{2}$ in. objective, it is quite easy, by moving

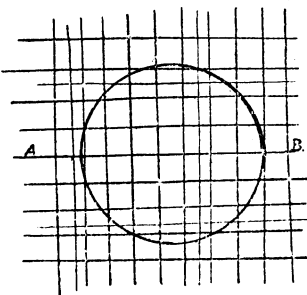


Fig. 3.

the draw-tube up and down, to arrange a field with a diameter of just $7\frac{1}{2}$ squares; this having been found, it is only necessary to make a mark on the draw-tube, and the arrangement can be used without any further calculation beyond counting twenty fields, with a dilution of 1 in 20, and adding two cyphers to the number so obtained.

Dr. A. E. Jones uses a field with a diameter of $6\frac{1}{2}$ squares, the capacity of which is $1\frac{1}{8}$ c.mm. Twenty-five fields are counted, and with a dilution of 1 in 20 it is only necessary to multiply the number obtained by 100.

Arrangements suitable for any number of fields or any dilution of blood can be contrived on the above plan, or that described by Professor Grünbaum; these methods are much more quickly performed than those involving the use of squares, and require no complicated calculations. As it is not necessary to restrict the count to the ruled spaces, a much larger area can be searched than by any other method.

In cases of marked leucocytosis, when the red cells and leucocytes are counted in the same slide, the red cells are counted by using the ruled squares, and the leucocytes by the "field" method.

Now that easier and more rapid methods of enumerating leucocytes are available, it is to be hoped that in all diseases of the blood leucocyte counts will be more frequently repeated than has previously been the case, for the results of isolated examination are most misleading.

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MEMORANDA:

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

OVAROTOMY IN A CHILD.

THE unusually early age of the patient—she was only 11½ years old—impels me to report this case, to which I was called in consultation by Dr. McCandless, of Rathfriland. She had a temperature of 101° F., and was suffering from colic in the lower part of the abdomen with gastro-intestinal disturbance. These symptoms she had complained of more or less for the previous five months, but they had become much aggravated during the last few days with the elevation of the temperature. There was an obvious fullness of the hypogastrium and a tumour was plainly felt extending above the umbilicus, dull, fluctuating, very tense, and with clearly defined outlines. There was no dullness in the flanks, and the tumour was unaltered on evacuating the bladder. There was a tuberculous family history, and it was only this fact, coupled with the youth of the patient, who had shown no signs of early puberty, that cast any doubt upon the diagnosis of a frank ovarian cyst. I urged an immediate operation, as the patient was in a serious condition, but it was impossible to secure an experienced surgeon, as her people were of very humble means and lived far away from the hospital, so that I had to undertake it myself. I did so with some diffidence, as neither the surroundings nor our equipment were ideal; but I had the

advantage of valuable assistance from my friend, Dr. Radcliffe; and Dr. McCandless gave chloroform.

On opening the abdomen the tumour was found beneath the omentum; it had a smooth surface, was very tense, and filled the lower half of the abdominal cavity. On puncturing with a trocar about 1½ pints of slightly blood-stained fluid escaped. The cyst was then found to spring from the left ovary; a few recent adhesions to the intestines were easily separated by the fingers. The appendages on the left side were removed along with the tumour. The right ovary appeared healthy and was left. On opening the tumour a mass of hair presented, revealing a dermoid cyst, this, I suppose, accounting for its development at so early an age.

The patient stood the operation well, although it was rather prolonged (one hour and a half), and made a good recovery. I removed the stitches ten days later, and the wound was quite healed. The little girl is now running about and seems perfectly well.

Banbridge, co. Down.

J. HOPE REFORM, M.D.

SUCCESSFUL HERNIOTOMY IN A WOMAN AGED 86.

I HAVE read in the *BRITISH MEDICAL JOURNAL* of January 28th, p. 183, the case related by Mr. James A. Watts. Perhaps the following would interest your readers.

When I was *interne* at St. Antoine Hospital, Paris, on July 7th, 1899, I performed a radical cure of strangulated inguinal hernia in a woman aged more than 86. The hernia had been irreducible for two days, and the patient was in very low condition. Cocaine was injected locally and the operation performed rapidly; all was done in thirteen minutes, stricture divided, sac opened, ligatured, and cut off, and the inguinal ring and skin sutured. The cicatrization was perfect eight days after without complication.

I insist upon the necessity to operate rapidly, and to use cocaine in such cases when patients are in a precarious condition.

Nice.

JACQUES VAILLANT, M.D. Paris.

INCUBATION PERIOD OF MUMPS.

I AM induced to publish the following note, because, in that valuable publication *Code of Rules for Prevention of Infectious and Contagious Diseases in Schools*, the quarantine period of mumps is given as twenty-four days. No doubt there are many practitioners, like myself, who have regarded the periods of isolation and incubation of infectious diseases therein contained as authoritative and reliable:

On December 9th Miss E. L. was exposed to the infection of mumps by a child. On December 29th her brother was at breakfast with her. He left the house, and did not return till December 31st, and saw her no more, for on the former date she went to bed with an attack of mumps, for which she was isolated. On January 23rd, in the evening, at a theatre, the brother felt slightly ill with a little headache. He was expecting the disease, but as he had no pain at the side of the jaw he concluded he had a "chill," which, in the form of influenza, was prevalent at the time. On January 24th he had slight pain and tenderness on the right side, which developed into a typical attack of mumps. This history shows that at the extreme end of twenty-five days the attack commenced, though it could not be recognized as mumps till the twenty-sixth day. I have looked up the length of the incubation period in such books as I have at hand and find that in Bain's *Textbook* and Holt's *Diseases of Children* it is given as twenty-five days; while Donkin's, Money's, Jacobi's, and Thomson's treatises give three weeks as the limit.

Sevenoaks.

JAMES E. BLOMFIELD, M.A., M.B. Oxon.

ILLNESS FOLLOWING A TICK BITE.

SHORTLY after my arrival in East London in 1903 I noticed a very painful mark on my upper right arm. It resembled a flea bite, but was bigger, and was excessively tender. A friend told me it was a tick bite. A day or so later the glands in my right axilla became very painful—excruciatingly so. Examination showed no redness of the skin, but enlargement and excessive tenderness of the glands. Two days later I felt very ill. My temperature was 102°. For about a week I was indisposed. My illness was somewhat peculiar. Every morning on waking, and up till about 2 p.m., I felt splendid. Then my temperature went up to 101° or 102°, and I felt wretched. By evening, in addition to temperature, I had an excessively stiff, sore neck. The pain in the neck radiated from enlarged painful post-cervical glands. I made an excellent recovery, and have not since suffered in a similar fashion. Occasionally

I have noticed headache, which I can trace to painful enlarged glands behind the sterno-mastoid muscle.

I have seen several such cases since in my practice. It is recognized here that newcomers are liable to this form of sickness, and they are warned accordingly.

The treatment seems to be that the bite be kept as clean and aseptic as possible. If this be not done severe suppuration may follow in the inflamed glands.

I have laid emphasis on the excessive tenderness of the bite and of the enlarged glands.

East London, Cape Colony.

CHAS. J. HILL AITKEN, M.D.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

GOVAN FEVER HOSPITAL.

PERFORATED ULCER IN A CHILD AGED 7: OPERATION TWENTY-THREE HOURS LATER: PNEUMONIA: RECOVERY.

(Under the care of JOHN PATON, M.D., late Resident.)

M. W., a girl aged 7, was admitted on September 13th, 1904, suffering from enteric fever. On admission temperature was 103° F., pulse 110 ap., and tongue was furred. There were no spots nor apparent splenic enlargement. The abdomen was slightly distended, tympanitic. The heart and lungs were normal.

History.—The patient had been feverish for about a week before admission, and had suffered from diarrhoea for three days.

Progress of Case.—After admission the temperature came down to 101°, and looseness of the bowels did not continue. At 1 p.m. on September 16th the nurse in charge reported that the child had just had a rigor, and was complaining of abdominal pain. On examination the rigor had passed off and the pain was not severe. There was, however, a slightly pinched look; the pulse had risen to 130, and the temperature to 104°. There was general tenderness of the abdomen, and slight rigidity of the muscles to palpation in the hypogastrium. Moreover, the nurse stated that she had administered a teaspoonful of castor oil the previous evening, as the bowels had not moved for a day, and that the bowels had moved four times just before the rigor occurred. From these circumstances I considered that perforation had occurred, but as there was no absence of liver dullness, opinion on the subject was divided. In the evening the pulse varied from 130 to 140, and there was slight encroachment on the liver dullness. Operation was still delayed. On the morning of September 17th the pulse was 150, and the temperature about 100° F. Constant vomiting had set in about 8 a.m., and the vomit examined about 9 a.m. was thin, yellow, and of feculent appearance, but without odour. The abdomen was markedly distended and tympanitic, and the liver dullness completely obliterated. The patient looked collapsed, and, as the bowels had not moved, enemata were administered, without, however, producing any result.

Operation.—I operated at noon, Dr. Allan giving chloroform. On making a small incision into the abdominal cavity a large quantity of free semipurulent fluid escaped; the intestines were covered with lymph. A perforation of small size was found about a foot from the termination of the ileum, which was markedly congested and somewhat collapsed. The perforation was single, on the free border, and readily found. As it appeared to be a perforation of a small follicle it was tucked in with a few Lembert sutures. The intestines and abdominal cavity were cleansed with salt solution as thoroughly as possible and drainage tubes inserted to the pelvis. The abdominal wound was closed with two rows of sutures. The operation lasted about half an hour, and by that time the patient was almost pulseless.

After-history.—The change in the patient's condition after rallying was marked. Vomiting ceased and the pulse improved, being in the evening 120 and of good volume. Rectal feeding every two hours was resorted to, with sips of lukewarm water by the mouth. Vomiting occurred once, twelve hours after the operation, and on two occasions on September 23rd, six days later. Recovery was interrupted by a severe attack of acute lobar pneumonia, the first symptom of which appeared on September 28th, eleven days after the

operation. This rapidly spread from base to apex of the left lung, sending the pulse up to over 140, and for some days the patient's condition was desperate. There was no symptom, however, of pleural effusion, and the patient gradually pulled through, although the lung resonance was impaired and the left lung did not expand so well as the right for several weeks. After the operation rectal feeding alone was kept up for ten days, and the pelvic drain could not be removed for nearly a fortnight.

REMARKS.—The case is remarkable for the extreme youth of the child and her tenacity to life, bearing out the fact that recovery after perforation is more likely in young patients than in old. Perforation in children is very rare, and at the time of operation no hope of recovery was entertained. I am indebted to Dr. Allan for permission to publish the case.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH: COVENTRY DIVISION.

Coventry, January 5th, 1905.

T. WEBB FOWLER, M.B., in the Chair.

Specimens.—Mr. W. E. BENNETT showed three appendices removed by operation, and detailed the peculiarities of the cases.—Dr. HARMAN BROWN exhibited a specimen from a case of placenta praevia in which the fetus came through a rent in the centre of the placenta.—Dr. HAWLEY showed a specimen of large multiple fibroids of the uterus.—Drs. WEBB FOWLER, MILNER MOORE, DAVIDSON, and WEBSTER took part in the discussion of the specimens.

The Diagnosis and Treatment of Typhoid Fever.—Dr. J. ORTON read a paper on this subject. Having explained the scope of his paper, and passing on to the history and definition of the disease, he expressed his opinion that each case arose from infection proceeding from a pre-existing one, although it might be impossible with the means at our command to establish the direct connexion. He enumerated the various diseases with which enteric fever might be confounded, mentioning meningitis, cerebro spinal meningitis, acute general tuberculosis, tuberculous peritonitis, pneumonia, pyaemia, septicaemia, malignant endocarditis, and trichinosis. Widal's reaction was fully described, and Dr. Orton stated that he had had rather unfortunate experiences of the method. After explaining the way the reaction was carried out, he said that theoretically the reaction should always be positive with a young typhoid culture and the serum of a patient whose blood had been sufficiently immunized by the typhoid virus, but many fallacies were possible. The reaction might not develop until the relapse, often not before the tenth day, so that two, three, or even four tests should be made at intervals of a few days before one could be sure of a true negative reaction. Again, if the case was a very severe one, and the blood had not become immune, one got a negative reaction. On the other hand, a positive reaction might be given when the patient had not got enteric, but had had it many years previously. Osler said "it may be present even twenty or thirty years subsequent to an attack of fever." So Dr. Orton took it they were faced with the following summary. Reaction negative meant: (1) The patient had not got enteric, or (2) he had got it, but reaction had not had time to develop; (3) he had got it, but was probably going to die. Reaction positive meant either that the patient had got it or he had had it some time in his life. The various distinctive symptoms of enteric were then briefly noticed: early epistaxis, the ascending fever, dicrotic pulse, and especially the rash—the most valuable single sign; bronchitis was mentioned as a very frequent sign; the absence of diarrhoea in whole epidemics was remarked, and, in regard to prognosis, the presence of numerous sudamina which occurred irrespective of any tendency to perspiration, Dr. Orton had known of good omen in many a severe case where the chances seemed against the patient. Various differential symptoms between enteric and the other diseases enumerated were run over, the difficulties of discriminating between tuberculous meningitis and enteric being especially insisted upon, also those cases of pneumonia which persisted beyond the time when the crisis was expected, and doubt was entertained whether the disease was not after all enteric. In treatment, general management and diet were first spoken of. Under the head of the former,

ST. THOMAS'S HOSPITAL.

Direct Cash Payments to School.

The Hospital paid for the School in 1903 :

For fuel and lighting	...	...	...	£567	8	7
For repairs	...	...	...	...	220	17 4

£788 5 11

The Hospital also paid the rates and taxes of the School buildings, which are included among the general rates and taxes of the Hospital and are not separately assessed.

School Buildings and Land.

The buildings originally allotted to the School, and which the School occupies rent free, belong to the Hospital.

The Hospital pays the cost of keeping the School buildings in repair.

Museum, Library, and Laboratory Maintained by Hospital.

The Hospital maintains a museum which is housed in the Medical School buildings and which, with its contents, is the property of the Hospital. The cost of maintaining this museum, including salaries, was, in 1903, £344 18s.

The Hospital partly maintains a library, which is housed in the Medical School buildings, but which, with its contents, is the property of the Hospital. The cost to the Hospital of this library was, in 1903, £120.

NOTE.—New books are bought by the Medical School with School funds and put in the library; they then become the property of the Governors.

The Hospital maintains a pathological laboratory to complete the work done in the post-mortem room. The expenses of this laboratory (apart from the post-mortem room itself) including the salary of the pathologist, amounted, in 1903, to £344 38s. 11d.

NOTE.—The post-mortem room is provided in the School building.

Payments by School to Hospital.

Additions to the original buildings allotted to the School by the Hospital have been made, and stand on land belonging to the Hospital. The cost of these buildings amounted to £15,656 178s. 2d. This sum was lent to the School by the Hospital, and the School pays to the Hospital interest at the rate of 3 per cent. on the above-mentioned sum, namely, £469 148s. 0d.

In addition, the School also pays a sum of £320 per annum as a sinking fund, established with a view to repaying to the Hospital the above-mentioned capital sum of £15,656 178s. 2d., so that if this sinking fund is maintained until the capital sum is paid off, the School, at its own expense, will have paid for the new buildings, which, being on Hospital land, are the property of the Hospital.

UNIVERSITY COLLEGE HOSPITAL.

School Accommodation in Hospital.

The Hospital provides a lecture theatre which is used by students and nurses working in the Hospital; also a common room and cloak room for clerks and dressers. The expense of this accommodation is not separately ascertained.

Laboratories, etc., Maintained by Hospital.

The Hospital maintains a clinical chemical laboratory and a clinical bacteriological laboratory for completing the investigation of cases in the Hospital. The expenses of these laboratories are not separately ascertained. The salary of the pathologist is £150 per annum.

Payments by School to Hospital in 1903.

The pharmacy fees of students are paid over by the School to the Hospital, and the amount is divided equally between the Hospital and the pharmacist who instructs the students in the Hospital. These fees in 1903 amounted to £70 78s.

WESTMINSTER HOSPITAL.

Direct Cash Payments to Schools.

The Hospital contributed to the School in 1903 :

For general purposes	...	...	...	£420	0	0
For museum	...	...	...	52	10	0
For prizes	...	...	...	20	0	0

£472 10 0

School Buildings and Land.

See below—Payments by School to Hospital.

Maintenance of Laboratory by Hospital.

The cost, including salaries, of the clinical laboratory, was, in 1903, £323 18s. 4d.

Payments by School to Hospital.

The School buildings, which, with the land on which they stand, cost the sum of £13,856 98s. 7d., were built in part with the proceeds of an appeal to the public to provide money for building a new school and for adapting the space previously occupied by the old school in the Hospital to the purposes of the Hospital, and in part by the money of the Hospital. They are the property of the Hospital. The Committee are informed by the authorities of the Hospital that a rent of £160 per annum is paid by the School to the Hospital, such rent having been fixed by the Governors as a fair and just arrangement having regard to all the circumstances.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

THE deaths from plague in India during the weeks ending January 14th and 21st amounted to 24,385 and 28,104 respectively. The principal figures during the two weeks in question were: Bombay, 192 and 261; Bombay Districts, 2,886 and 2,952; Calcutta, 33 and 64; Bengal Districts, 3,318 and 3,808; North-West Provinces and Oudh, 11,777 and 12,435; Punjab, 5,569 and 5,606; Rajputana, 352 and 633; Central Provinces, 444 and 498; Hyderabad State, 399 and 597; Madras Districts, 341 and 509.

Complaints of scarcity of labour in the Punjab, which have lately been heard of, speak forcibly of the ravages committed by plague in that district.

SOUTH AFRICA.

No fresh cases of plague and no deaths from the disease are reported from any part of Cape Colony for the week ending January 21st. At Port Elizabeth the plague hospital is empty; at East London 3 cases of plague remained under treatment on January 21st. Rats and mice suffering from plague continued to be found in Port Elizabeth and East London.

MAURITIUS.

During the weeks ending February 9th and 16th the fresh cases of plague numbered 5 and 6, and the deaths from the disease 2 and 5 respectively.

HONG KONG.

During the weeks ending February 4th and 11th the fresh cases of plague numbered 4 and 3, and the deaths from the disease 4 and 3 respectively.

RUSSIA.

Between January 5th and 11th 14 cases of plague occurred in the Province of Viatka. The plague has disappeared from the Western Cossack Province.

SIAM.

Between December 2nd and February 3rd 2 fresh cases of plague are reported from Bangkok.

BURMAH.

According to a telegram dated Rangoon, February 11th, there are 4 cases of plague in that city.

ADEN.

During the week ending January 21st 110 new cases of plague were reported at Aden, with 83 deaths.

BRITISH EAST AFRICA.

Between January 5th and 12th 9 fresh cases of plague and 8 deaths from the disease are reported from Port Florence.

EGYPT.

During the week ending January 28th 2 fresh cases of plague occurred at Suez.

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 91.

THE GRIFFITHS TESTIMONIAL FUND.

DR. A. P. FIDDIAN (23, The Walk, Cardiff), Treasurer of this Fund, has received the following further subscriptions:

Amount previously acknowledged	...	...	£	s.	d.
Dr. W. M. Harman	...	...	38	15	0
Dr. Edward L. N. Hopkins	...	...	1	1	0
	...	...	0	10	6

Dr. Harman, in sending his cheque, added: "I think this is an additional reason for all the Divisions instructing their Representatives to vote at the annual meeting in Leicester for the British Medical Association taking up medical defence."

The object and particulars of the fund were stated in our columns of January 21st, 1905, p. 160.

MEDICAL SOCIOLOGY.—A Society for the study of questions of social medicine and hygiene and medical statistics was formally constituted in Berlin on February 16th at a meeting attended by a large number of medical practitioners, political economists and sociologists. Professor Mayer, of the Imperial Statistical Bureau, Dr. Dietrich, of the Russian Cultus-Ministry, and Professor Lassar were elected Presidents. Dr. Rudolf Lennhoff, editor of the *Medizinische Reform*, and Dr. A. Grotjahn, medical editor of the *Jahresberichte für soziale Hygiene und Demographie*, were appointed Secretaries; and Dr. Georg Heilmann, of the Statistical Office of the City of Berlin, Treasurer. The membership of the new Society already amounts to eighty-nine, and includes medical practitioners, official statisticians, and persons interested in social politics.

MEDICAL NEWS.

INFLUENZA has been rife for some time in Rome. Among the sufferers is the Prime Minister, Signor Giolitti, and so many legislators are ill that the Chamber of Deputies has suspended its sittings.

THE late Mrs. Mary Worthington, formerly Vice-President of the Union of Manchester University Women Students, left the sum of £1,000 to Owens College, and a similar amount to the Manchester College, Oxford.

FRENCH CONGRESS OF MEDICINE.—In order to avoid clashing with the International Tuberculosis Congress, which is to be held this year in Paris from October 2nd to 7th, the Organizing Committee of the French Congress of Medicine has decided to change the date of meeting from October 2nd, 3rd, and 4th, to September 25th, 26th, and 27th.

TYPHOID FEVER AT LINCOLN.—There seems good reason to hope that the epidemic of typhoid fever in Lincoln is coming to an end. The number of notifications last week fell to 106; no case was notified on February 19th, but a few notifications were received on February 20th. The number of deaths down to midday on February 20th amounted to 55. In the table of cases published in last week, page 378, the heading of a third column should have read, "Total since December 1st" and not "December 31st" as printed.

SOCIETY OF MEDICAL PHONOGRAPHERS.—The January number of the *Phonographic Record of Clinical Teaching and Medical Science*, which is now issued quarterly instead of monthly as formerly, contains a paper by Mr. C. W. Cathcart dealing with the subject of recent methods of diagnosing the relative conditions of the two kidneys in surgery, which is well worth study, and one by Sir William Gowers on syphilitic disease of the brain. The number also contains the annual report of the Honorary Secretary, Dr. Fletcher Beach, of the Society of Medical Phonographers, which shows that, although the Society is doing good work, it is in want of new members, who may be either qualified medical men or students.

THE COLONY TREATMENT OF EPILEPTICS.—A Bill has been introduced into the New York Legislature, making an appropriation of £18,000 for additional cottages for patients in the Craig Colony for Epileptics. The number of epileptics in the colony at present exceeds 1,000, and there are more than 700 applicants on the waiting list who cannot be admitted for want of room. If the amount asked for is granted, accommodation for 200 additional patients can be provided. The per capita cost of instruction is fixed by law not to exceed £90. A new feature of the work at Sonyea that is about to be established is a special building for epileptic children under 5 years of age.

RUSSIAN UNIVERSITIES.—The festal celebration arranged in honour of the one hundred and fiftieth anniversary of the foundation of the University of Moscow, which fell on January 25th, was postponed on account of the disturbed state of the political atmosphere. At the beginning of the present year the total number of students was 5,489; of these 1,349 belonged to the Faculty of Medicine. The teaching staff comprised 72 ordinary and 17 extraordinary professors; of the former category 25, and of the latter 9, belonged to the medical faculty. The University of Charkoff completed its first century of existence on January 27th, but, as at Moscow, the anniversary was allowed to pass without formal celebration. The number of students is 1,486.

CREMATION IN FRANCE.—The report recently presented by MM. Georges Salomon and Bourneville to the Société pour la Propagation de l'incinération states that the number of bodies cremated in France increases year by year. The total number of cremations carried out in Paris from August 5th, 1889, when the method first came into use in France, to December 31st, 1903, is given as 67,286. Whilst the total for 1890 was 3,388 that for 1903 was 6,654. It must be pointed out, however, that these figures, taken at their face value, give a very misleading impression as to the progress of cremation in France. In one-half of the total number of cases, the remains cremated were limbs and other fragments of humanity from the hospitals, and of the other half a large proportion consisted of stillborn children and fetuses. Of cremations in the proper sense the total number was 3,151; the number of dead persons whose bodies were disposed of in this manner, which was 46 in 1889, rose in 1903 to 306.

NURSES' CO-OPERATION.—From the report of the committee of management of the Nurses' Co-operation, 8, New Cavendish Street, W., for the year 1904, we gather that the number of members who now receive their own earnings less only 5 per cent. for the expenses of administration is 337; the rest, 177 in number, pay 7½ per cent. The balance of the income of the general fund over expenditure was £854. The committee has adhered to its resolution merely to fill up vacancies caused by resignations and not to add to the total membership.

AN ISLAND FOR CHRONIC DISEASES.—Dr. William T. Councilman, of Harvard Medical School, has recently suggested that Long Island, in Boston Harbour, should be devoted exclusively to the care of chronic cases of disease. There is at present on the island a hospital of 300 beds. By removing the paupers now housed on the island their dormitories could, it is pointed out, readily be remodelled into wards providing accommodation for 400 other chronic invalids, and additional buildings could be erected and maintained at moderate expense. The main purpose of this change would be to furnish some adequate care for tuberculous patients, a class said to be now almost wholly neglected by the authorities of Boston City.

REQUESTS TO HOSPITALS.—The late Mr. F. D. Mocatta, of Connaught Place, Hyde Park, has left nearly £30,000 to charitable institutions, including several hospitals, but excluding such of them as employ the system of electing those to be benefited who obtain the votes of subscribers, and not according to the merits of each case. Among other bequests are £500, with a further £1,000 subject to a life interest, to the London Hospital; £500, and a further £500 subject to a life interest, to the Metropolitan Hospital; £300 to the Mount Vernon Consumption Hospital; £200 each to University College Hospital, Middlesex Hospital, Poplar Hospital, London Fever Hospital, City of London Hospital for Diseases of the Chest, and the Chalfont Colony for Epileptics; £100 each to St. Mary's Hospital, St. George's Hospital, St. Thomas's Hospital, East London Hospital for Sick Children, and the Ventnor Consumption Hospital; and £50 to the Queen Charlotte's Lying-in Hospital.

ASSOCIATION OF MEDICAL DIPLOMATES OF SCOTLAND.—The inaugural dinner of the Association of the Medical Diplomates of Scotland was held at the Trocadero Restaurant, London, on February 14th, with the President of the Association (Dr. C. St. Aubyn-Farrar) in the chair. After the toast of "The King, Queen, and Royal Family" had been duly honoured, Sir J. A. Clark, in responding to the toast of "The Navy, Army, and Auxiliary Forces," proposed by Mr. Noble Smith, suggested that the medical profession might help the Army Medical Services by organizing in time of peace some system by which the civilian medical element might the more readily help the military element, so that in time of war efficient help would be available. Colonel J. Anderson, I.M.S., and Brigade-Surgeon-Lieutenant-Colonel E. J. Hunter, V.I.B., also acknowledged the toast. The Chairman then proposed the toast of "The Association of Medical Diplomates of Scotland." He said the idea of forming the Association only occurred some months ago, but it had met with a ready response. The authorities at Edinburgh and Glasgow welcomed the formation of the Association; the number of members was increasing rapidly, and the Association was prospering. One of its objects was the redress of grievances, and the authorities at Edinburgh and Glasgow had promised that anything reasonable that was put before them would be granted. The Royal College of Surgeons of Edinburgh had authorized its licentiates to wear the gown which he, the chairman, was wearing, and he explained that it was the first time the gown had been seen in public. Dr. Euphemia Stoker responded to the toast, as did also the honorary secretary of the Association, Dr. David Walsh. He announced that 138 members of the Association were already enrolled. It was estimated that in London there were 830 medical diplomates of Scotland; in the rest of England, 3,280; in Wales, 298; in Scotland, 600; and in Ireland, 500. He hoped by the influence of the Association that the Royal College of Surgeons of Edinburgh would change the name of licentiate to that of member. The toast of "The Visitors" was proposed by Dr. F. Powell, and acknowledged by Dr. E. Snape and Dr. F. J. Waldo. Dr. C. O. Hawthorne proposed the toast of "The Council and Officers of the Association," and Mr. Sydney Stephenson responded.

UNIVERSITIES AND COLLEGES.

CAMBRIDGE UNIVERSITY.

DR. A. HILL, Master of Downing College, has been appointed a Representative Member of Girton College for three years.

Candidates for the Huddersfield Lectureship in Special Pathology are requested to send in their applications, with statements of their qualifications and testimonials, to the Vice-Chancellor not later than Tuesday, March 7th.

J. J. H. Teall, M.A., of St. John's College, has been approved for the degree of Sc.D.

The following degrees were conferred on Thursday, February 16th:—*M.D.*: T. W. Parry, Joh. *M.B.*: F. S. Kidd, Trin.; A. G. Harvey, Joh.; R. G. Wills, Joh.; E. M. Brown, Pemb. *B.C.*: L. Courtauld, Trin.; A. G. Harvey, Joh.; R. G. Wills, Joh.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

THE Court of the Worshipful Company of Fishmongers has granted a sum of £1,000 towards the funds necessary for the incorporation of University College in the University of London. By this grant the amount still required to complete the funds necessary for incorporation is reduced to £17,000, a total of £183,000 having now been raised for this purpose.

The Bill for the transfer of the College to the University was approved at the annual general meeting of the College on February 22nd.

The Chair of Pharmacology.

The Council have appointed Dr. A. R. Cushny, of the University of Michigan, United States of America, to the Chair of Pharmacology and Materia Medica. Towards the institution of this Chair, Mr. H. S. Wellcome has subscribed the sum of 100 guineas and Mr. Michael Carteighe £300. Further funds are required for the complete endowment of the Chair.

The Holme Professorship.

The Council having received Dr. F. T. Roberts's resignation of the Holme Professorship of Clinical Medicine and of the office of Physician to the hospital, adopted a resolution placing on record their high appreciation of the services he has rendered to the college and hospital during his long connexion with them, and of the distinction he has conferred upon the Chair he has held.

UNIVERSITY OF LIVERPOOL.

Post-Graduate Course.

Six demonstrations in Ophthalmology and four in Otology will be given by the members of the staff of the Liverpool Eye and Ear Infirmary, commencing on February 24th, at 8 p.m. Further particulars can be obtained on application to the Secretary of the Medical Board, Liverpool Eye and Ear Infirmary, Myrtle Street, Liverpool.

UNIVERSITY OF GLASGOW.

THE list of Honorary Degrees to be conferred at the graduation ceremony on April 18th has just been published. Among the recipients of the degree of Doctor of Laws (LL.D.) are: Alex. Crum Brown, M.D., D.Sc., F.R.S., the Professor of Chemistry in Edinburgh University, and Sir William Whitla, M.D., Professor of Materia Medica and Therapeutics, Queen's College, Belfast.

TRINITY COLLEGE, DUBLIN.

Final Examination in Medicine—Section B.—The following candidates were approved at the Hilary Term examination:

W. F. Samuels, Madeleine S. Baker, W. C. MacFetridge, J. H. Waterhouse, T. T. H. Robinson, G. S. Walton, C. H. M'Comas, E. D. Atwell, C. A. Boyd, J. B. B. Whelan.

Midwifery.—R. Magill, M. J. M'Auliffe, G. E. Nesbitt, C. Scaife, E. G. Scroope, J. A. Pringle, J. W. Burns, J. W. Houston, R. Kelly, R. A. Askins.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Charter Dinner.

THE Charter Day dinner of the Royal College of Surgeons, postponed owing to the temporary indisposition of His Excellency the Lord Lieutenant, will take place this (Saturday) evening in the new hall of the College.

SOCIETY OF APOTHECARIES OF LONDON.

FEBRUARY, 1905.

THE following candidates have been approved in the subjects indicated: *[Surgery]*—H. H. R. Bayley, J. A. Beeley, J. A. Davies, J. L. Sells, J. R. W. Taylor, J. C. Thorburn, J. P. L. Wadrey.

Medicine.—J. A. Beeley, J. B. Bradley.

Forensic Medicine.—A. Beeley, H. A. Browning, C. F. Kernot, P. C. W. Laws, W. A. T. Lloyd, J. A. R. Wells.

Midwifery.—A. Beeley, A. J. K. Brayton, O. P. N. Pearn, I. C. Thorburn, J. H. Wolfe.

The diploma of the Society was granted to the following: H. H. R. Bayley, R. W. Taylor, and J. H. Wolfe.

* Section II.

† Section I.

‡ Section I and II.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL CERTIFICATES FOR SCHOOL CHILDREN.

A CASE was heard at Tunstall before Mr. Harold Wright, the Stipendiary for the Potteries, which is of some general interest as raising the question of the circumstances under which medical practitioners should give certificates which are likely to be used as evidence in Courts of Law. Isaac Bailey was charged with not sending his step-daughter, aged 13, to school; the girl had been absent from school 111 times between October and January and had been employed as a domestic servant, but on October 30th she was examined by a medical practitioner who found her

to be suffering from anaemia, and on November 11th she was examined by another doctor who certified that she was unable to attend school as she was suffering from a slight fever. Eight days after she went into domestic service and had been there since. On January 19th the former of the two doctors issued a certificate that she was unable to go to school, and another on February 8th in which he stated that he had examined the child on October 30th and found her to be suffering from anaemia, adding that the certificate was issued in the place of one that had been lost. The case had been adjourned for the attendance of the medical man who, on being called as a witness, said that he had examined the girl on October 30th and in January in consequence of what had been said to him by the mother he gave the certificate referred to, thinking he was justified in doing so as the condition of the girl would not have been likely to change; he had given the certificate without seeing the girl. In reply to the stipendiary the witness said that he knew that such certificates were accepted by magistrates as meaning that the doctor had seen the child at the time he gave the certificate. Stipendiary: You knew the certificate would make me believe that you saw the child when you wrote it? Witness: I did not think there would be any bother over it. I thought the child was as the mother told me. The Stipendiary said the case was serious. With regard to these certificates he relied absolutely upon the medical profession and he had never before had his trust upset in any way by a member of that profession. He had taken these certificates as an absolute defence to any charge of not attending school because he took it for granted that the medical man had seen the child. Therefore it was shocking to him to find a medical witness who acknowledged that there were two certificates issued by him containing what he did not know was true of the health of the child when the certificates were granted.

BIOGRAPHIES AND PORTRAITS OF MEDICAL MEN IN THE LAY PRESS.

MEMBER FOR OVER THIRTY YEARS asks whether it would be strictly in accordance with etiquette if he acceded to the request of the Editor of the *First Aid* monthly journal to publish his portrait, together with a short biography?

* * The publication of biographical notices and portraits of medical men in the lay press is objectionable as savouring of advertisement.

IS IT RIGHT TO APPLY FOR AN APPOINTMENT WHICH IS NOT VACANT?

ETHICS.—It is a general rule that no one should apply for an appointment until the vacancy is declared.

ATTENDANCE UPON THE RELATIVES OF MEDICAL MEN.

BONANZES asks whether he would be justified in charging for attendance upon the wife of the rector of his parish, the lady being the daughter of a neighbouring medical practitioner?

* * As the fee would presumably be paid by her husband, our correspondent would be quite justified in charging for his services.

S. B. M.—(1) A medical practitioner has only a reasonable claim to gratuitous attendance when the fees would come out of his own pocket. As in this case the father left more than sufficient property to pay all his debts, our correspondent is quite entitled to be paid his account.

(2) The request of the executors to be furnished with particulars of the account is, however, quite reasonable.

DENTISTS AND ANAESTHETISTS.

M. B., C. M. asks whether dentists can legally administer any anaesthetic?

* * It is very common for dentists to administer gas, which is relatively safe. Our correspondent should come to an understanding with the dentist, and give each patient a letter of introduction. If he has not done this, it is quite possible the dentist did not know who had sent him the cases.

VALUE OF A PRACTICE.

MR. PERCIVAL TURNER writes with regard to an answer in our columns of last week as to the value of a practice, that such a practice would easily sell at about two years' purchase, as hundreds of well-qualified men with capital are vainly seeking good investments.

* * If the last fact be true, the purchase value of all practices would tend to rise, and, as an expert in negotiating such sales, Mr. Turner's opinion is of considerable value. In the practice referred to it is to be noted that the gross income is no more than £650 per annum, of which £200 is derived from an appointment. If the sale were to be conditional on the transfer of this appointment, a two years' purchase might be reasonable enough; but taking into consideration the possible loss of this appointment, and that the purchaser then would be buying a practice of only £450 per annum, in a locality where there is a good deal of opposition; and not forgetting the fact that the inquirer says nothing as to the expenses involved in carrying on the practice, it is by no means certain that the answer we gave is an unreasonable one.

THE PATIENT'S CHOICE OF MEDICAL ATTENDANT.

DUBIOUS writes: While Dr. A. is away from home, having met with an accident, a patient of his sends for him, and being told he is away, instead of asking Dr. A.'s locum to go, sends for Dr. C. When Dr. A. comes home he finds Dr. C. is still in attendance. What should Dr. A. and Dr. C. respectively do?

* * C. should suggest to the patient that he should retire in favour of A., but if the patient desires him to continue his attendance he should do so to the end of the case. C. was not A.'s substitute, and is under no ethical obligation to retire. A. should wait until he hears from the patient.