carried on, he speedily reverted to his former condition as soon as these methods could no longer be pursued. When the stomach was explored the explanation of this state of affairs was obvious. The pylorus was so contracted that food could only with great difficulty be made to pass through it.

The second case, when it was explored, exhibited much the same condition as the first, but illustrates in addition the possibility of rupture in these long-standing cases of ulceration, and the dangers to life which such patients may encounter in addition to the pain and inconvenience which they suffer.

The third case is especially instructive, as it affords evidence of a simple ulcer with surrounding inflammatory trouble becoming the seat later on of malignant disease, and emphasizes the great difficulty which must always exist in deciding from mere inspection and touch whether such a case is innocent or malignant in character.

It is undoubtedly difficult at the present time to speak with certainty on the indications for operative treatment in these cases of severe indigestion. The class of case to which I am referring owes its symptoms to the fact that the stomach is crippled and the pylorus obstructed. When this is the case, whether the obstruction is due to cancer or not, the stomach should be explored and the pyloric obstruction, if possible, removed. If removal of the mass is impossible an almost immediate relief can be obtained by having recourse to gastrojejunostomy.

REFERENCE.

1 Vol. i, 1905, p. 123.

MEMORANDA:

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

OTOLITH REMOVED FROM THE EXTERNAL AUDITORY MEATUS.

A. L., aged 30, female, consulted me on account of extreme tinnitus aurium and deafness. She stated that she had been slightly deaf since a child, but during the last two years the deafness had become very much worse and the noises in her head unbearable. Two years ago she consulted a medical man about her ears and underwent treatment for a month; since then she has received no treatment. She has had slight discharge at times from the left ear.

On the right side the external auditory meatus was quite clear; the membrana tympani was opaque, thickened, and retracted, but there was no discharge.

On the left side the external auditory meatus was entirely blocked, so that the speculum could not be used. With a probe a hard substance was felt, filling the meatus. Repeated syringing failed to move it. After separating it all round the meatal margin with a thin probe I extracted with forceps a cone-shaped foreign body. All that could be seen after removal was a bed of granulations, which bled freely. I sent this specimen to the Clinical Research Association and received the following report:

The otolith was found by microchemical methods of analysis to consist of epithelium and waxy material, with calcium phosphate and carbonate and traces of triple phosphate. No nucleus of any foreign material could be found. The otolith weighed 4½ gr.

The patient came to see me a few days after removal of the otolith; the granulations were discharging a little pus. She stated that the noises in the head were much better, but there was no alteration in her hearing. She also stated that she had no idea that there was anything in her ear before coming to see me.

Unless I am mistaken, this is a unique case, as I have never seen any publication on otoliths.

H. J. GODWIN, M.B., B.S., F.R.C.S.,
Surgeon to the Royal Hants County Hospital, Winchester.
Winchester.

BREECH PRESENTATION COMPLICATED BY SPINA BIFIDA AND HYDROCEPHALUS.

ON February 1st I was called to see Mrs. C., aged 41, in labour. She had previously been delivered of four healthy children, both the labours and presentations being normal in all respects. The last confinement took place seven years ago. I found the os about three-quarters dilated. The membranes had ruptured some hours previously. The breech was presenting. All went on well till the breech and legs had been born. A few weak pains sufficed to expel the body of the child another few inches—sufficient, at all events, to bring to view the commencement of a spina bifida. Then the pains ceased altogether. I waited in vain for three-quarters of an hour for another. I then examined the abdomen, and found that the uterus had not diminished in size to any appreciable extent. My first thought was that it was a case of twins, and that the second child was obstructing the delivery of the first.

I gave chloroform, and introduced my hand and arm into the vagina and uterus, and found the latter occupied by an enormous hydrocephalic head. I had no perforator with me, but determined to try ordinary domestic sharp-pointed scissors. The head was high up, and the vagina, being already obstructed by the body of the child, and the scissors rather short, it was a very difficult business to direct the scissors with the left hand and puncture with the right. After many attempts I succeeded in perforating at the nearest possible point, and with my left hand in the uterus squeezed as much fluid as possible out of the hydrocephalic head. I then inserted my left forefinger in the mouth, and, with my right index and middle finger on the shoulders of the child, pulled hard and delivered. The uterus contracted at once and very soon expelled the placenta. The spina bifida was of the syringomyelocele variety. It was covered not by skin but by a thin translucent membrane. It was quite flat and bleeding, and had the appearance of a large broken blood blister. It involved practically the whole of the dorso-lumbar region. In length it measured 4½ in., in breadth 2 in. The appearance of the head was that of a large bag of bones. I took a measurement of where the maximum vertico-mental measurement ought to be and found it 10 in. In other respects the child was normal and well developed. The mother, so far, is doing well. It is interesting perhaps to note that five years ago I had to perforate the after-coming head for the same reason (hydrocephalus).

Alfreton. F. M. BINGHAM, M.R.C.S., L.R.C.P.

THE TUBERCULOUS MONKEY AS A PET.

A POSSIBLE and unsuspected source of tubercle infection came under my notice recently in Sierra Leone. A soldier asked my laboratory attendant to make away with a pet monkey which had been a long time sick and which he wished to have put out of its misery. I took the opportunity of making a *post-mortem* examination. I found the monkey suffering from disease of the lungs, intestines, and mesenteric glands, the disease being most advanced in the abdominal parts. Staining showed plenty of tubercle bacilli.

Monkeys are not common enough at home to make this matter of any importance, except in "Zoos," where many of these animals I understand die of consumption; but barracks and private houses abroad are always well supplied with monkeys. It is evident that they may be a source of danger to man. This particular monkey had been a station hospital pet. There were tuberculous cases in the hospital. It is quite possible the monkey contracted the disease from one of them. Obviously the precautions which were taken to disinfect sputum, etc., of the men were not of much utility while the monkey was shedding bacilli around. We are more nearly related to the monkey than to the cow, and there can be little doubt that human and monkey tuberculosis are identical.

F. W. SMITH, L.R.C.P.I.,
Woolston, Hants. D.P.H.Durh., D.S.O., Major, R.A.M.C.

SURFACE MARKING OF THE CHEST.

I QUITE agree with Dr. J. L. Rentoul[1] that the old regional divisions of the chest are almost useless, and I would like to draw his attention to a new regional chart which will be found illustrated in the third edition of my *Index of Symptoms*. I was struck by the resemblance of the ribs and spaces to degrees of latitude, and I proceeded to form degrees of longitude by adapting the columns between well-known vertical lines such as the mammary, the sternal, and the parasternal. Each rib bears its number, each space its number with an "x" added. On the other hand, the vertical columns are *lettered*; thus, that between the mammary and the parasternal line is the "internal mammary column" (I.M.). The intersection of column and zone forms the new region, each region having the number and letter of its congeners — for example, the normal position of the heart's apex is I.M. 5x left, since it is in the fifth interspace and within the internal mammary column. I claim that these new regions are small enough to

1 BRITISH MEDICAL JOURNAL, January 28th, 1905, p. 184.

be really useful, and, since they can be expressed by a formula, are handy for note-taking and easy to remember.

London, S.W. R. W. LEFTWICH, M.D.

THE TWISTING OF THE FUNIS.

THE memorandum by Dr. Dukes in the BRITISH MEDICAL JOURNAL of January 14th ends by a query whether the child is not injured by the twisting of the funis. The following case bears somewhat on the subject.

In December, 1897, I attended a young woman prematurely confined at about six and a half months. It proved to be a case of twins, and I was struck by the great difference in the appearance of the cords. That of the first showed little sign of twisting, whilst that of the second child, born about an hour later, was twisted to a very marked degree. Both children survived their birth only a few hours, but the first—that is, the one with slight twisting of the cord—lived nearly twice as long as the second.

At the time I asked a senior fellow practitioner if there was any connexion between the degree of twisting of the funis and the duration of the extrauterine life, but he could not tell me.

Belfast. VICTOR G. L. FIELDEN, M.B., B.Ch.

THE GUAIAC TEST.

TWO methods of applying this test for haemoglobinuria are usually taught. In one the tincture of guaiacum is shaken up with the urine and then the ozonic ether is layered on top. In the other, ozonic ether is first shaken up with the urine, then the guaiacum is added and mixed by further shaking. I have found a combination of these two methods more delicate and more rapid than either of them alone. A few drops of ozonic ether are shaken up with a drachm or so of urine to dissolve out the haemoglobin, then a few drops of guaiacum tincture added and the urine again shaken, and finally, if no blue colour appears immediately, ozonic ether is layered on top. A blue ring appears, as in the first method, and indicates a trace of haemoglobin.

Glasgow. LEWIS MCMILLAN, M.D.

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

HULL ROYAL INFIRMARY.

A CASE OF HOUR-GLASS CONTRACTION OF THE STOMACH: GASTRO-ENTEROSTOMOSIS ANTECOLICA INFERIOR: RECOVERY.

(Recorded by EDWARD HARRISON, M.A., M.D., F.R.C.S., Honorary Surgeon to the Infirmary.)

C. N., aged 17, the son of a farmer, was admitted into the Hull Royal Infirmary on November 11th, 1904.

History.—He was of a healthy stock, and there was no evidence of tubercle or of carcinoma in the family. For the past two years he had been suffering from dyspeptic trouble, and had gradually lost ground. He had had pain after meals and constipation, but no vomiting. In spite of medical treatment he gradually had to reduce his diet on account of the pain experienced after taking food.

State on Examination.—He was first seen by me on the day before his admission to the infirmary. His condition was then as follows: He was extremely emaciated, had risus sardonicus strongly marked. His ribs stood out prominently, and his abdomen was retracted. His limbs were apparently skin and bone, and he had a pulse of only 40. In spite of this he was able to walk feebly about the room, and was not confined to his bed. On palpating the abdomen a splashing sound was easily elicited in the epigastrium. His diet at this time consisted only of fluids, Benger's food, milk, and raw eggs. Anything else gave him great discomfort and an indescribable sensation in the abdomen. But there was no vomiting.

Diagnosis.—A diagnosis of gastric obstruction was made, and his removal to the infirmary advised.

Progress.—His condition on admission was too unsatisfactory for any immediate operation. He was, therefore, kept in bed and fed carefully on fluids, and his bowels attended to. In the course of three weeks he improved considerably; he gained 3 lb. in weight; his weight on admission was 6 st. 13 lb. The risus sardonicus was much less pronounced, and his abdomen and chest showed a gain in weight. Repeated examinations showed that the stomach was often very much distended, the stomach note frequently reaching as high as, and to the left of, the nipple. A splashing sound could always be detected after meals. On one occasion 2 pints of water were passed into the stomach and then siphoned out. Exactly the same amount was returned, and still the splashing sound was present in the epigastrium (Jaworski's sign). A diagnosis of hour-glass contraction of the stomach was made. During this period, too, his general condition improved, and his pulse came up to 70, and his temperature, which had been subnormal, reached the normal. On December 9th he was again commencing to lose weight, so it was decided to operate.

Operation.—On December 14th, after having had a sterilized diet for a few days, and having used his toothbrush freely, his abdomen was opened. There were no adhesions, and the stomach could be pulled out easily. As expected, there was a constriction not far from the pylorus. The constricted part was about the diameter of the small intestine. The pyloric pouch was the smaller of the two sacs. Kocher's gastro-enterostomosis antecolica inferior was done according to the author's directions, with the exception that a decalcified bone bobbin was inserted. The patient bore the operation well, and at the conclusion had an injection of 10 minims of liq. strych.

Result.—On the day following the operation he had a good deal of pain, and had a morphine injection. He was fed by nutrient enemata, and had sips of hot water. His shoulders were kept raised, so that any fluid taken by the mouth might readily enter the intestine. On the second day he had a great deal of pain, so that a morphine injection was given at night. On the third day he was much more comfortable, and was able to take a small quantity of fluid food. On the fourth day he was able to take 5 oz. of fluid food at a time, and there was no vomiting. On the fifth day he had a dose of castor oil, and the bowels were relieved. The subsequent progress was uneventful, and on Christmas day, twelve days after the operation, he had a little chicken and plum pudding. The sutures were removed on the eighth day, when the wound was found to be healed by first intention. He was discharged from the infirmary on January 6th, 1905, taking ordinary diet, and having a good appetite. On his discharge his weight was 7 st. 1½ lb. On January 24th he looked a different boy. He had filled out immensely, and his weight was 9 st. 1½ lb. This was, however, in his ordinary clothes, while his weight in hospital was taken in dressing-gown and slippers. On February 3rd he weighed exactly 10 st., and was doing full day's work at the plough.

REMARKS.—A peculiar feature in the history of this case is the absence of vomiting, which is usually one of the most constant symptoms. The stricture was produced most probably by a circular ulcer of the stomach, though at the operation there was nothing to see except the stenosis. There were no adhesions, and the stomach walls were not thickened at the site of the stricture. The diagnosis was made from the presence of Jaworski's sign, and it was considered unnecessary to subject the patient to the discomfort of distension by gas. The rapid increase in weight, too, is to be noted, as he added a third of his weight in the month following the operation.

CASHEL UNION HOSPITAL.

SOME CASES OF FRACTURE.

(By THOMAS LAFFAN, M.R.C.P.I., M.R.C.S.Eng.)

SINCE the date of Dr. Bennett's paper in 1900 many cases of fracture have been under my care, and the results under passive motion treatment have been so satisfactory that it seems to me useful to publish a note on the subject. Two of them may be quoted here. One was that of a man aged 60, who was admitted to the Cashel Union Hospital in January, 1902, with comminuted fracture of the bones entering into the knee-joint with the exception of the patella. The other was that of a man aged 27, who was admitted in January, 1903, with comminuted fracture of the upper end of the tibia. The first patient sustained the fractures by falling from the top of an electric lamp-post. The other sustained his fractures from the kicking of a vicious horse. Both seemed typical cases for the old fixation treatment, for in both the knee-joint was involved. The joint mischief was serious in the case of the elderly man, but slight only in that of the younger. Appropriate local treatment was, of course, employed for the joint mischief, yet on the tenth day in the minor case and the fourteenth in the major the splints were for the moment removed, and gentle passive motion employed with knee and ankle, and this was repeated on every eighth day. The results in these unpromising cases were most satisfactory. The patients had not to be detained longer in hospital than those treated under the old system. The union of the broken bones was complete, and the deformity, despite the gravity of the breaks, was trifling, and certainly would compare advantageously with that under the ancient practice. Both patients left hospital with a slight lameness, which disappeared in the course of a little time, but were entirely free from that ankylosis which I found, as most others have found, to be the opprobrium of our art. It often struck me before Dr. Bennett's paper appeared that it was strange that we never gave due weight to the certainty and rapidity with

MEDICAL NEWS.

ON the occasion of Dr. F. T. Roberts's resignation of the post of Physician to University College Hospital, which he has held for more than a quarter of a century, his former house-physicians are arranging to entertain him to dinner. Dr. Mott will take the chair, and twenty-five of Dr. Roberts's old residents, including Mr. Stonham, Dr. Walter Tate, Mr. Percy Flemming, Dr. Blaxall, and Dr. T. Wilson of Birmingham, have already signified their intention to be present. The dinner will take place on March 29th. Further information will be gladly given by Dr. Bertram Abrahams, 14, Welbeck Street, W., or Dr. R. G. Elwell, University College Hospital, W.C.

Two of the wards at the London Hospital, which were placed in quarantine in connexion with the cases of reputed typhus fever in Stepney, reverted to ordinary use at the beginning of this week. The third, provided there be no untoward occurrence in the interval, will be opened on Saturday evening. Of the four cases admitted from this district to the Homerton Fever Hospital and diagnosed to be typhus, one has now been discharged and the rest are doing well. A case was also notified in St. Pancras on February 21st.

A SMOKING concert was given on Monday last at the Criterion Restaurant by the Students' Union of St. Bartholomew's Hospital, Mr. A. Bowlby, C.M.G., F.R.C.S., being in the chair. In addition to the new Treasurer (Lord Ludlow) the large audience included so many well-known medical men that the concert, apart from its direct success, may be considered thoroughly to have fulfilled the desire of the promoters to bring together old students of the hospital and foster *esprit de corps*.

AT the annual meeting of the Moorfields Eye Hospital (Royal London Ophthalmic Hospital, City Road, E.C.) it was stated that twenty beds still had to remain closed on account of lack of funds, and that it had again been necessary to treat legacies accruing during the year as current income instead of as additions to capital. It is of this hospital, it may be noted, that the Council of King Edward's Hospital Fund has remarked in two consecutive annual reports that the financial support accorded to it by the public falls short of its merits.

INFLUENZA IN ITALY.—There were 1,134 deaths from influenza in Italy in January, 1904. It is estimated that the mortality from the same cause in January of the present year was three times that number.

INTERNATIONAL ASSOCIATION OF THE MEDICAL PRESS.—The conference of delegates of the International Medical Press Association will be held this year at Bern on April 27th and following days, under the presidency of Professor Cortezo, of Madrid.

BEQUESTS TO HOSPITALS.—The late Mr. A. G. Hubbuck of Chislehurst bequeathed £2,000 to the East London Hospital for Children, and £1,000 to the Chelsea Hospital for Women. Miss Ellen Peel of Dorking left £500 each to the Dorking and Tamworth Cottage Hospitals.

CHELSEA CLINICAL SOCIETY.—The annual clinical debate on chronic constipation and its medical and surgical treatment will take place on March 14th and March 21st, at 8.30, in the Chelsea Dispensary, Manor Street, King's Road, S.W. The debate will be opened by Mr. W. A. Lane, and amongst the speakers will be: Dr. W. Collier of Oxford, the President of the British Medical Association; Dr. F. J. Smith, Dr. Campbell Thomson, Dr. V. Dickinson, and Dr. Goddard.

INTERNATIONAL MEDICAL CONGRESS AT LISBON.—In connexion with the Fifteenth International Medical Congress to be held at Lisbon in April, 1906, Thomas Cook and Son have chartered a first-class ocean passenger steamer to convey members of the Congress and their friends from London. The vessel will be moored near the Quay, and in view of the pressure on hotel accommodation usual on such occasions, will he used as a floating hotel during the period of the Congress—April 19th to 26th.

A BELGIAN MEDICO-POLITICAL CONGRESS.—A congress of professional medicine, or, as we should say, medical politics, is being organized in Belgium. It is to be held this year at Liège, on August 13th, 14th, and 15th. The questions to be discussed are: (1) The position of the medical practitioner in regard to the law of December 24th, 1903, on compensation for accidents to workmen; (2) the reform of the law of November 27th, 1891, relative to medical charities and gratuitous medical assistance; (3) medical inspection of schools; (4) medical provident organizations; (5) the social work of the doctor.

HYGIENE OF SPANISH CHURCHES.—The Alcalde of Madrid, who, at least in sanitary matters, is decidedly progressive, has issued an order for the disinfection of churches. This order, which is based on a report from the director of the municipal laboratory, prescribes that all the churches of the Spanish capital are to be swept out daily with sawdust moistened with a solution of copper sulphate. All the fittings and furniture of the churches—chairs, benches, confessional, holy water fonts, etc., are to be disinfected every day.

THE FIRST FEMALE AMBULANCE SURGEON.—Dr. Emily Dunning, the first woman in the United States who served as a regularly-appointed ambulance surgeon, was recently married to Dr. Benjamin S. Barringer, formerly house-surgeon of the New York Hospital. Dr. Dunning recently finished her term as house-surgeon of Gouverneur Hospital. When ambulance surgeon, her first call was to a longshoreman with an injured foot. So much comment did her appearance as an ambulance surgeon excite that the police had to call out the reserves of the Oak Street Station to handle the crowd, whose curiosity to see Dr. Dunning work wa causing inconvenience.

AMALGAMATION OF HOSPITALS.—What is probably the last annual meeting of the Governors of the National Orthopaedic Hospital took place on February 28th, the Duke of Marlborough presiding. The charter from the King, which will consummate the amalgamation of this institution with the Royal Orthopaedic Hospital, is expected to be issued very shortly, and thereafter the joint hospital will be known as the Royal National Orthopaedic Hospital. In the course of the proceedings it was mentioned that owing to the nearly-completed fusion of work, there were now six surgeons upon the staff instead of four, and that it had been necessary to provide an additional operating theatre. Reference was also made to the system introduced of employing the leisure time of the crippled children in the wards by teaching them some trade. The London County Council was now supplying the teacher.

INTERNATIONAL CONGRESS ON ACCIDENTS TO WORKMEN.—It has already been announced in the BRITISH MEDICAL JOURNAL that an International Congress on Accidents to Working Men is to be held at Liège from May 29th to June 4th, under the patronage of the Belgian Government. The President is Dr. Moeller, member of the Belgian Royal Academy of Medicine; the Vice-Presidents, Dr. Glibert, Principal Medical Inspector of Labour, and Dr. Van Keerberghen, delegate of the Minister of Belgian State Railways. The General Secretary is Dr. Poels, Marie-Thérèse 2, Brussels. The opening of the Congress will coincide with the coming into force in Belgium of the new law as to compensation for accidents to working men. The following is the programme of discussions which was recently published: 1. Definition of industrial accidents in relation to the legislative enactments of various countries. Indication in regard to each of those countries of the advantages and possible disadvantages of such definition, considered exclusively from the medical point of view. 2. Investigation of the extent to which it is possible to assimilate professional diseases to accidents in the strict sense of the term, account to be taken of existing laws. 3. Are there cases in which hernia can be regarded as an industrial accident? If so, such cases to be described. 4. Study of the organization of (*a*) first-aid in accidents to workmen; (*b*) institutions already existing or to be established for the purpose of effecting definitive cure of the sequels of such accidents. Describe and criticize existing organizations having regard to (1) the different nature of industries and trades; (2) the greater or lesser importance of industrial establishments; (3) the situation of these establishments in centres of population or in rural districts. 5. The consequences of injuries (traumatic neuroses, permanent disabilities, etc.). 6. Malingering and voluntary aggravation of the results of accidents. 2. The ability of an international system of medical statistics as to accidents to workmen, and the basis on which it might be established. A programme of entertainments will be published later.

OBITUARY.

CHARLES BROWNE, F.R.C.P.ED., M.R.C.S.ENG.

THE sudden death of Dr. Charles Browne, at the age of 72, from heart failure, on February 21st, has snapped a link with the past and has caused wide and profound regret.

Having a large circle of friends, both professional and lay, Charles Browne was specially known to and valued by St. Thomas's and Guy's men; and in his earlier associations was a marked professional figure in South London.

The son of Dr. Tobias Browne, a leading South London practitioner in the earlier part of the last century, he represented the third generation in the same practice; and it was only in later years, when desirous of the greater restfulness afforded by general consulting work, up to which his previous busy life had led, that he went to live away from Camberwell, daily visiting his consulting rooms in Moorgate Street.

To the members of the old "United" or "Boro'" Hospitals, of St. Thomas's and Guy's, he was particularly well known, and by them peculiarly valued, not only for himself, but for the associations of his life. A Guy's man himself, his father hailed from the united schools before their academic separation in 1826; and for thirty-nine years Charles Browne was Honorary Secretary of the United Hospitals Club, which was founded in 1828 to strengthen the bonds of mutual friendship between the members of the two hospitals that had for the moment suffered an all but breaking strain. Through him had been handed down, in a peculiarly perfect manner, the traditions of the past; for of the club above mentioned, whose great pride is the maintenance of past memories, there have been but two secretaries—Tiffin Iliff (1828-1866) and Charles Browne (1866-1905).

A tall, upright, almost military figure, his personality was very noticeable; but the expression of humanity and kindness that was stamped on his features, and shone in his smile, and which his daily actions did not belie, was what at once attracted people to him. Whilst in active practice in Camberwell he was both successful and highly valued, not to say loved, by all his patients; and when, after twenty years of city practice, he retired but a year ago to Kew, his old patients could not and would not leave him in peace, and he himself was ever seeking to assist some one or other from pure kindness of heart and love of his old profession. He has left a memory that will always be green, and a vacancy that never can be filled.

For many years joint physician to the Equitable (London) Insurance Society, he like his father, had had a lifelong connexion with the Apothecaries' Society, of which his father was Master in 1865, and himself in 1901, whilst up to the time of his death he was still acting as the Society's visitor at the professional examinations held in their Hall.

He was buried at Brockwood on February 25th, a large gathering of friends paying tribute, by their presence, to his memory.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Beit Professorship of Colonial History.

IN a Convocation held on Tuesday, February 21st, the University formally accepted the offer of Mr. Alfred Beit to found a Professorship, Lectureships, and a Prize for an Essay in Colonial History; and recorded its deep gratitude to him for his munificence.

M.B. Examinations.

The examinations for the degrees of B.M., B.Ch., will commence on Thursday, June 23nd, and will be held in accordance with a time table published in the *University Gazette* of February 21st.

Scholarships in Natural Science.

Natural Science Scholarships are announced for competition as follows: March 14th, Keble College; May 2nd, Merton College and New College; July 4th, Brasenose College.

UNIVERSITY OF CAMBRIDGE.

COMPULSORY GREEK.

THE voting on the Greek question will take place in the Senate House on Friday, March 3rd, and Saturday, March 4th, between 1 and 3 or 5 and 7 p.m.

Appointments.

Sir M. Foster has been appointed an elector to the Chair of Physiology, Professor W. F. R. Weldon an elector to the Chair of Zoology and Comparative Anatomy, Professor D. J. Cunningham an elector to the Chair of Anatomy, Dr. J. Mitchell Bruce an elector to the Downing Professorship of Medicine, Dr. Allbutt an elector to the Chair of Surgery, and Dr. D. MacAlister an elector to the Chair of Pathology.

Dr. L. Humphry has been appointed Secretary to the Special Board of Medicine, vice Dr. D. MacAlister, resigned.

MEDICO-LEGAL AND MEDICO-ETHICAL.

ANAESTHETISTS' FEES.

O. T. writes: I would like to have your opinion, also that of "Astonished," and may be also that of "R. F.," who dissent from yours in the first case quoted in the BRITISH MEDICAL JOURNAL of January 14th, upon my case. In May, 1902, I was twice in the course of about a week asked, once by wire and once by letter, to give chloroform for a neighbour. The neighbour himself sent for me. Neither case was urgent: one was a case of curetting the uterus, the other scraping some necrosed bone. Both cases were in the houses of well-to-do farmers, who would pay a decent fee for what was done. In one case I had to drive close upon nine miles to the place, in the other I had about six miles to drive, and a large portion of the day was taken up on both occasions. Nothing was said about any fee; I naturally expected a guinea for each. I waited (knowing well how we men in the country have to wait for fees) until Christmas, 1904, or two and a half years; and, having got no fee and no communication of any kind, I wrote my neighbour a kind letter of inquiry. He did not answer it; he did not acknowledge it. I waited three weeks, and wrote asking him if he had received my first letter, and if so, what reply he had to give. Still no answer. I waited a couple of weeks and wrote again, almost imploring him to answer me, yes or no. Up to now I have not received one line in reply. I may say I have only once besides the twice mentioned met this neighbour in consultation in a case of my own, and I got him his fee very soon after. Now, sir, I feel very much inclined to follow your advice to "Astonished" and sue. His conduct is wholly inexcusable, to my way of thinking. It is useless my writing any more to him. What would you do? I feel grossly insulted, not because he has not paid any fees, but because of his discourtesy. I don't think he ought to be let off "scot free," but what can I do short of legal proceedings?

THE CONDUCT OF SOME CONSULTANTS.

AGRICOLA writes: Some time ago a patient of mine suffered from a more or less obscure form of illness. It was deemed advisable for a specialist to see the case. One was brought from a neighbouring city; he agreed with the opinions formed and with the treatment in every detail. The case came out much as had been outlined, and after some time the journey to London could be made. It was suggested that the case should be seen by a consultant in town whom I named. This opinion was taken; without very much hesitation the case was said to be merely trivial and a line of treatment suggested. The consultant was then told the opinion I had expressed and that the case had been under treatment for some time; as a result I was asked to furnish a history of the case, which I believe proved of some use when a second and more careful examination was made and a much more guarded prognosis given. Up to the present time—eight months after—that consultant is, as he thinks unknown to me, still in attendance on that patient through the post office! Further comment is needless. One thing is certain; I shall never allow a patient of mine to go to that consultant again, and I am already carrying out my intention.

*** It is much to be regretted that when suggesting a consultant every general practitioner does not invariably write a letter of introduction for the patient to take to him. By so doing he makes his position more secure, and has definite ground of complaint against the consultant if be is ignored. It often happens that when a patient is sent without a letter he omits to mention the fact that he was recommended to the consultant by his own doctor, or it may only be elicited by the consultant asking for the name of the patient's medical adviser in order to write to him. As in the present case the consultant subsequently became aware that our correspondent was in attendance there can be no excuse for his continuing to treat the patient independently. The best check upon such conduct is the knowledge that it is known to and resented by general practitioners.

MEDICAL FEES IN LEGAL CASES.

NUX.—The first case referred to by our correspondent is of an exceptional character and outside the ordinary table of fees. The Procurator-Fiscal is controlled in such matters by the Exchequer, and he would probably consult the Exchequer before paying the fees. In our view a fee of four or five guineas should be asked for the examination of the bodies and report. In the case of a public inquiry, the fees for medical witnesses are fixed, and the Procurator-Fiscal has no option. The fee in such cases is two guineas per diem, with first-class fares.

VATER asks what are the legal fees allowed for giving evidence at petty sessions and the assize court?

*** Under the new rules there may be allowed to a medical witness who attends to give professional evidence in the town or place where he resides or practises not more than one guinea a day; if he resides or practises three miles from the court, two guineas a day. But unless he is detained four hours from home only half the above fees are allowed.

MEDICAL ADVERTISING IN THE LAY PRESS.

LARKFIELD.—It is desirable to confine advertisements of homes for inebriates and similar institutions to the medical press.

A MISUNDERSTANDING.

J. J. S. L.—(1) As we understand our correspondent's story, when first called to the child he found that it had been taken to B.; therefore when he was called again later he might have known that B. had undertaken the treatment, and it was his duty to see that B. was informed that his services would no longer be required when the child was sent to the hospital. (2) It was not B.'s duty to communicate with A. unless A. had been previously in attendance upon the case, which we do not understand was so. (3) The conduct of B.'s wife was of course inexcusable, but no further notice should be taken of it.