days, and there was no significant change in the pulse-rate or temperature. Nevertheless, the ophthalmoscope revealed distinct though not severe optic neuritis on both sides. There was no epistaxis, distension of superficial veins, or oedema about the head.

The strabismus came and went, and on July 7th it was associated with diplopia. About this time patient vomited any medicine she got.

On July 17th the optic neuritis showed signs of subsiding, though a good deal of whitish exudation was still recognizable. Only a few small haemorrhages were seen; the macular regions were unaffected, and vision was practically normal with each eye. The other cranial nerves were investigated in detail on July 20th, and the only changes that fell to be recorded were complete paralysis of the right external rectus, paresis of the left external rectus, and nystagmus while the eyes were being rotated from left to right.

Before the patient left hospital, on September 19th, the inflammation of the optic discs had subsided to some extent, and part of the left disc showed the pallor of consecutive atrophy. The power of both external recti had improved. Patient was able to walk, and the dynamometer registered 18 kilos for the right, as compared with 23 for the left. She continued to improve after her dismissal, but in the course of the next three months she had, on three occasions, a transient attack of right-sided pain. On December 17th the strabismus was scarcely appreciable; there was a slightly spastic condition of the right leg; vision was nearly normal with the right eye, though reduced to $\frac{6}{12}$ with the left; and the dynamometer registered 26 kilos with the right hand and 30 with the left. She was keeping free from headache and vomiting.

It may be mentioned that before she left hospital she was found to be liable to local asphyxia of the four extremities, but this liability was apparently of older standing than her recent illness.

In this case the early symptoms pointed clearly to a lesion involving the motor area of the cortex. On the one view, this would be thrombosis of a vessel on the surface of the brain, such as is met with in chlorosis. The age and sex of the patient, and the preceding amenorrhoea, would favour this hypothesis, while the subsequent optic neuritis would not be opposed to it. On the other view, the lesion would be acute localized encephalitis or meningo-encephalitis; and in favour of this hypothesis it might be urged that the paralysis of the sixth nerves showed that the meningitis had spread to the base. The optic neuritis would quite accord with this view, and the subsequent attack of erythema multiforme would suggest for the various inflammations a common origin in some blood infection.

It is to be noted that the theory of thrombosis, while opposed to Strümpell's, is not inconsistent with another theory of infection. Thus we may suppose that thrombosis is the primary local condition, and that in some cases this is, while in other cases it is not, of an infective nature. If it is infective it will tend to cause acute inflammation of the vessel wall, and this process may spread to neighbouring tissues, whether these be cortex, or meninges, or something else. Much will depend on the abundance of the infective agent in the blood, and in an individual who, through the general state of his constitution, the condition of his heart, and the state of his blood, is predisposed to thrombosis, the latter may occur in different places almost simultaneously, and in one place there may be marked signs of acute inflammation, while in other places there are not. Thus, in a man aged 55, who was sent to my wards by Dr. Edward Wright, and who showed a strong tendency to thrombosis, the process appeared to be simple in the case of the veins of the upper limbs and chest, whereas in the case of the right internal saphenous vein, the overlying skin was inflamed. This patient was the subject of right hemiplegia and almost total aphasia which set in gradually, no doubt in consequence of thrombosis in the left middle cerebral artery; and he also suffered from gangrene of portions of toes on both feet. There may also have been thrombosis of a renal vein, as he had haematuria for a few days. There was a history of prolonged alcoholic excess. The sounds of the heart were normal. Similarly, it is difficult to determine whether, and in what proportion of cases, an infective character is possessed by the thrombosis which so commonly develops in the femoral vein after enteric fever and childbirth, and in tuberculosis and other cachectic conditions.

It is likely enough that in cases of hemiplegia of the kind now under consideration the lesion is not a constant one; but it is reasonable to suppose that in many of them the primary condition is thrombosis, which may or may not, from the outset or at a later period, be infective in its nature, and thus liable to give rise to inflammation in its neighbourhood.

The association of exudative erythema with this disease does not find mention in the textbooks. In Osler's collection of twenty-nine cases of the erythema group with visceral manifestations,[9] there is one (Case xv) in which a lad suffered from recurring transient attacks of hemiplegia, but such an illness is obviously quite different from that which sets in with a series of convulsions, and leaves permanent weakness behind it. In another (Case xxi) there was meningitis from otitis media, but this again has no relationship to the disease now under consideration.

References.

[1] *Guy's Hosp. Reports*, 1861, 3rd series, vii, 297-301. [2] *Jour. Cut. Med.*, 1868, i, 140-147. [3] *Brit. Jour. Dermat.*, 1890, ii, 246 250. [4] *La Semaine Méd.*, 1888, p. 259, quoted by Shepherd, *Jour. Cut. and Genito-Urin. Dis.*, 1891, ix, 59-62. [5] *Liverp. Med.-Chir. Jour.*, 1888, xiv, 483. 484. [6] *Brit. Jour. Dermat.*, 1893, v, 357-359. [7] *Jour. Cut. and Gen.-Urin. Dis.*, 1891, ix, 59-62. [8] Quoted by Radcliffe Crocker, *Dis of the Skin*, 1903 (3rd edition), i, 648. [9] *Amer. Jour. Med. Sc.* 1895, cx, 629-646; *Brit. Jour. Dermat.*, 1900, xii, 227-245; *Amer. Jour. Med. Sc.*, 1904, cxxvii, 1-23.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

FOREIGN BODY IN THE AIR PASSAGE.

In December last I was asked to see a baby girl, aged 9 months, who, hitherto in perfect health, was stated to be beginning bronchitis. It had been suddenly seized with a violent paroxysm of coughing; several subsequent attacks had occurred, and were followed by ejection of fluid, due to reflex vomiting, in part at any rate. On auscultation and percussion no signs whatever could be discovered, and from the general appearance of the child, and an absence of all untoward symptoms, I felt able to give the friends complete reassurance. I visited the child on the following three or four days, and she still appeared well, though not quite so jolly and vigorous as usual. There was now, however, in addition to the paroxysms of coughing, a good deal of rattling in the trachea, and a distinct occasional rhoncus over a very limited area, midway down the scapula and a little internal to its inner border. At a period subsequent to this initial attack I was asked to visit the child again, and found physical signs and constitutional symptoms still lacking, though the recurrent paroxysms of coughing continued. Later on, it appears, the attacks, occurring every ten or twelve days, got more severe; copious mucus was ejected, sometimes, I learn, being stained with blood, after which the usual period of comfort and naturalness followed. The severest attack of all occurred a fortnight ago when out driving, and was so violent as to cause the nurse the greatest alarm. As the spasm of the glottis was sufficiently prolonged to effect discoloration of the face, the nurse held the child out of the carriage window, face downwards, and smacked it vigorously on the back, a procedure which produced relief. A few days later, as another attack was beginning the nurse adopted the same course, turning the child nearly upside down, and at the same time smacking the back, when, along with the usual flow of mucus, out jumped a small gold brooch! It is one fashioned like a safety-pin, $1\frac{1}{4}$ in. in length, with a circlet of tiny pearls, measuring 1 cm. in diameter. It was unclasped, and the gold had turned almost black except at the pin point, which was perfectly bright. It had been missed on the morning of December 1st, within a few minutes of my first visiting the child, and a long search had been made—needless to say, in vain. It had been constantly used to secure the child's bib, but on account of its tendency to fly open the mother had long intended to discontinue using it. It had anchored itself for $4\frac{1}{2}$ months in some portion of the air passage, and there for $4\frac{1}{2}$ months had it been exposing the child to unsuspected but none the less imminent and vital risk.

Ashford, Cheshire. Percy Withers, M.B., M.R.C.S.

PROTECTIVE POWER OF VACCINATION.

The case reported by Dr. Neilson in the British Medical Journal of April 8th reminded me of a similar case in my practice several years ago. The patient was a woman, aged about 30 years, living at Tottenham. I found her in bed, suffering from small-pox. Her baby, an infant of 6 months, was at the breast, and had not been vaccinated, so I at once fetched some lymph and vaccinated the child. At the same time I advised a sister of the patient, who was in the room and showed no evidence of having been vaccinated, that it was possible she might not be infected with the disease if vaccinated at once. However, she positively refused the operation. Exactly fourteen days afterwards she developed confluent small-pox, was removed to hospital, and under skilful treatment made a good recovery, but with such an

amount of scarring that she was almost unrecognizable when she came out of hospital, and called on me to express regret that she had not followed my advice. The baby, on the other hand, remained perfectly well, in spite of its continued intimate contact with the original patient.

London, N. W. H. PAINE, L.R.C.P., M.R.C.S.

THE CORNEAL REFLEX IN ANAESTHESIA.

IT was with considerable relief that one read the article by Mr. L. Kirkby Thomas (BRITISH MEDICAL JOURNAL, April 22nd, 1905, p. 880) confirming the opinions generally held here. While resident in the Glasgow Royal Infirmary I noted particularly the points below. They refer chiefly to chloroform administration with the open mask.

It is the exception rather than the rule to find operation practicable throughout with the corneal reflex present even in parts less sensitive than the rectum or abdomen. Perhaps Mr. H. Bellamy Gardner belongs to that school of anaesthetists, which I am assured is increasing, who do not mind an occasional struggling and noisy patient, who maintain that by this method anaesthetic deaths are unheard of and who find many surgeons complaisant and ready to put up with the disagreeable conditions. Time and again I have seen the skin "shiver" at the touch of the knife when only the slightest corneal reflex was present and most surgeons instinctively halt.

Again, in an operation prolonged over half an hour the cornea acquires tolerance, and this despite the lightest touch, the fewest examinations possible, and the making use of both eyes, renders this reflex almost useless. There is no exact depth of anaesthesia which will apply to all cases. Patients vary considerably, and the administrator at the outset should ascertain the most suitable stage.

I thoroughly agree with Mr. L. Kirkby Thomas that the moderate dilatation of the pupil is the most usual, more so than the belauded contracted pupil. Keeping as near this stage as possible and never allowing the activity of the pupil to abate, one can always feel comfortable, granted pulse and respiration are good.

Again, anaesthetists must have often observed that in many cases, even although the anaesthesia obtained with the corneal reflex present suffices for the operator, the patient remains difficult and inclined to sickness until the anaesthetic is "pushed" and lulls him into that clear to-and-fro respiration so pleasing to the administrator.

Glasgow. WILLIAM ELDER, M.B., Ch.B.

OPERATION FOR CATARRHAL DEAFNESS: RECOVERY OF HEARING AFTER TEN YEARS OF ALMOST TOTAL DEAFNESS.

MISS C., aged 35, came to me in September for relief of her deafness. She was extremely deaf in the right ear, but could hear words spoken through a speaking tube; with the left ear she said she had heard nothing at all for about ten years. She had consulted more than one London specialist, but was told nothing further could be done. I said it was possible that an operation might improve the hearing, but explained that many otologists were not in favour of such interference. The case was one of old catarrhal deafness with indrawn membranes. A tuning fork could be heard on the bone, but not at the meatal orifice.

I refer now to the left ear, which was the one I selected for operation. She was most anxious that the operation should be tried. I told her I had not hitherto operated for such a condition, but my experience of over a hundred otectomies led me to believe that there was a fair chance of permanent improvement in the hearing.

On September 9th, 1904, I removed the left membrane with the malleus. There was very little pain or other disturbance. Great care was taken to preserve asepsis and the ear was syringed once or twice daily with a solution of salufer in boiled water. She had to go home in three weeks, when there was some slight improvement in the hearing. She was advised to continue daily irrigation.

On October 5th, she wrote: "My hearing has improved so much I can understand what is said by any one 6 ft. away without much raising of the voice."

At Christmas I examined the ear which was quite healthy; improvement maintained.

On May 1st she wrote; "I think I hear more distinctly than I did when I saw you at Christmas."

This result is satisfactory, and I think the case is worth reporting, because at Oxford and elsewhere the opinion has been expressed that little permanent benefit is likely to result from such interference in catarrhal deafness. My experience of otectomy for the cure of suppurative disease has taught me that many cases retain good hearing, and often much improved hearing, after the membrane and contents of the aural cavities have been removed. I have had other cases since September, in which I have operated for bad catarrhal deafness with more or less promising results, but perhaps the time is too short to express a decided opinion on them. It is an interesting fact with regard to otectomy that the hearing will sometimes greatly improve many weeks after the operation.

Coventry. F. FAULDER WHITE.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BORDER COUNTIES BRANCH: NORTH CUMBERLAND DIVISION.

Penrith, Friday, April 14th, 1905.

DAVID S. DOUGHTY (Dalston), in the Chair.

Mammary Carcinoma, with Secondary Deposit in Spinal Cord.—Dr. EDINGTON (Penrith) read a paper on a case of mammary carcinoma, with post-operative deposit in the spinal cord, with no local thoracic recurrence. The patient was aged 47, and had noticed a lump in the right breast for five years. There were marked signs of disease of the right breast, with large matted glands in the right axilla and under the pectoral muscles. Operation, July 11th, 1904: Complete removal of breast, pectorals, and contents of the axilla. Wound healed by September 20th, 1904. On October 10th, 1904, she complained of pain in the right shoulder blade; worse while up, but gone while lying down. November 9th, 1904: Retention of urine, and a few days later trouble with defaecation. November 30th, 1904: Right arm gradually became paralysed, from shoulder girdle down, then right leg, with marked increase of deep reflexes, and about same time pain in the left shoulder girdle. January 7th, 1905: Gradual paralyses of left arm, then leg. March 2nd: Intercostal paralysis gradually coming on; complete March 17th. Diaphragm quite active. March 20th: Appearance plump; very cyanosed lips and contracture of both legs. Deep reflexes gone. All the superficial gone except plantar, which are much increased. Movements of bed clothes on feet cause clonic leg spasms. April 1st: Occasional sickness, and temperature excursions. No reaction of degeneration. No real muscular atrophy. Area of hyperaesthesia for 2 or 3 in. at level of third rib. Anaesthesia below. Small sacral bedsore. Says does not know where arms and legs are—that is, loss of muscular sense. April 12th: Both biceps muscles still active slightly. Diagnosis: Secondary carcinoma (intramedullary) of cord. Intramedullary because of the little pain in the back, early effect on bladder, and quick production of paraplegia with minimum sensory disturbance. Locality: Beginning in the lower cervical region, about sixth and seventh cervical nerve rests, because musculocutaneous nerve arises from the fifth and sixth cervical, and is not yet paralysed completely on either side, while the phrenics arising from the third and fourth cervical are quite normal yet. Also because the muscles supplied by the posterior cord of plexus failed first, while those receiving nerve supply from the outer cord—that is, from the fourth and fifth cervical nerves—are still not all completely paralysed. Respiratory paralysis is due to completion of cord destruction stopping function of the upper dorsal sections of cord. Temperature excursion due to ascending cervical mischief. Loss of reflexes is due to complete—or very nearly complete—interruption between brain and cord, though, owing to the plantar remaining, there must be a small amount of communication.

Pharyngeal Tuberculosis.—Dr. ARTHUR G. WILKINS (Ullswater) showed a resident patient suffering from pharyngeal tuberculosis following an operation for adenoids. He reviewed the literature on the subject, and read notes on two similar cases. Plates and water-colour drawings were also shown, illustrating the various forms of tuberculosis found in the mouth. He pointed out the great utility of country nursing homes in relieving many of the symptoms associated with chronic or incurable diseases.

Pulmonary Tuberculosis.—Dr. BIRD (Carlisle) read notes of a case of tuberculous disease of the lungs, with secondary infection of the larynx.

MEDICAL NEWS.

THE Cuban House of Representatives has recently passed a Bill appropriating £300,000 to assist the municipalities in the work of sanitation.

THE annual dinner of the British Balneological and Climatological Society will take place on Wednesday next at 7.30 p.m. at the Criterion Restaurant, and will be followed by a smoking concert.

THE festival dinner of the National Hospital for the Paralysed and Epileptic, Queen Square, W.C., will be held in the Whitehall Rooms, Hotel Métropole, on June 15th, under the presidency of Lord Strathcona and Mount Royal.

THE annual extra-metropolitan gathering of the Otological Society of the United Kingdom will be held on June 3rd at Manchester. By permission of the Vice-Chancellor, the meeting will take place in the Pathological Theatre of the Victoria University.

ACCORDING to latest advices, Professor Koch is now at Iringa, in the interior of Africa, and will not return to the coast till the end of July. He has still a number of investigations to complete, and is not expected to return to Germany before the spring of 1906.

AT a meeting of the Cardiff Division of the South Wales and Monmouthshire Branch of the British Medical Association, held on May 18th, Dr. A. D. Griffiths, of Bridgend, was presented with the sum of £70, which had been subscribed to defray some of the legal expenses entailed on him by an action brought to resist attempted blackmail. The action was tried at the Glamorgan Assizes in December last, when the jury found a verdict for Dr. Griffiths with £500 damages, or five times as much as he had asked. Particulars of the case were published in our columns of December 17th, 1904, p. 1673.

TYPHOID FEVER AT LINCOLN.—Only three cases were notified during the week ending Friday, May 19th.

ORDER OF ST. JOHN OF JERUSALEM.—Mr. Charles Cotton, M.R.C.S. (from Honorary Associate), and Major George Lane Mullins, M.D., have been appointed Knights of Grace of the Order of St. John of Jerusalem in England.

BEQUESTS TO MEDICAL CHARITIES.—By the will of Miss Gertrude Hatfield, of Sussex Square, W., which has now been proved, St. Mary's Hospital, Paddington, receives a sum of £250, and the Western General Dispensary, Marylebone, and the Brompton Hospital for Consumption £100 each.

AN ANTIQUACKERY MANIFESTO IN ITALY.—At a congress of Italian *medici condotti*, who correspond more or less closely to our Poor-law medical officers, held recently at Bologna, the question of quacks and their advertisements in newspapers was discussed. It was urged that a distinction should be drawn between the "honest" and the unscrupulous "*réclame*." Resolutions were passed declaring it to be desirable that the "moral prestige" of the medical profession should be raised, and calling on the proper authorities to exercise strict vigilance in the repression of the manœuvres of quacks.

SERUMTHERAPY IN CEREBRO-SPINAL MENINGITIS.—According to *American Medicine*, it is reported that Professor Ludvig Hektoen, at a recent meeting of the American Association of Pathologists and Bacteriologists, suggested that a portion of the cerebro-spinal fluid should be withdrawn from the spinal canal, and that pure serum taken from human blood should be injected in its place, so that an immediate phagocytic effect should be obtained. Although the treatment has not yet been tried on human beings, Dr. Hektoen says he has experimented successfully on animals and has wrought many cures which he believes to be permanent.

RURAL MIDWIVES' ASSOCIATION.—Dr. Handfield Jones, in the absence of the Earl of Harrowby, President, occupied the chair at the annual meeting of the Rural Midwives' Association held last week. The report of the Committee, which was read by Mrs. Heywood Johnstone, showed that the working of the institution during the past year had been satisfactory. Twenty-six women were sent to training institutions, making 51 in all since the work was started. Of these 35 were now at work in eleven counties. The Committee had had several applications for assistance in the initial expense of training, which seemed to be one of the chief difficulties in working the Midwives Act in rural districts, but their funds were insufficient to enable them to do more than give the reduced training fee to subscribers. The report was adopted and the Executive Committe was re-elected.

KING'S COLLEGE HOSPITAL.—The annual festival dinner of King's College Hospital took place at the Hotel Cecil on May 18th, Earl Roberts occupying the chair. After the customary loyal toasts, Lord Roberts proposed "Success to King's College Hospital." He said that seven years ago it was determined that the hospital must be removed to some site south of the river. The next question was to find a site, and fortunately one of 12 acres had been presented to the hospital by the Hon. W. F. D. Smith, M.P. The only thing which remained to be done was to find means to remove the hospital. A certain sum had been given for the purpose, and the total required was something like £300,000 or £400,000. When the value of the site was included in the money already given a very large sum was still wanting. The yearly income of King's College Hospital did not meet the expenses; there was a deficit last year and there would be another deficit this year. He earnestly appealed for funds to meet the large sum which was wanted for the removal. Lord Methuen, Chairman of the Committee of Management, who replied, said that military hospitals compared well with civilian hospitals. The requirements of the hospitals were far greater now than at any former time, and those requirements would increase. Unless the people of London came forward and supported its great hospitals, the time might come when those institutions would go upon the rates, and they could depend upon it that the expenses would then increase and the general management would not improve. Mr. Justice Warrington submitted the toast of "The Medical and Nursing Staff of the Hospital." Mr. Watson Cheyne, in replying, said that unless they removed the hospital they would have to face the question of rebuilding it on the present site to bring it up to modern requirements. This would necessitate a large reduction in the number of beds. Mr. C. Awdry, the Treasurer, announced that the subscriptions amounted to £1,711.

THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The Pharmaceutical Society of Great Britain held its annual dinner in the Whitehall Rooms on May 16th. Among the various toasts was that of "The Medical Profession." In proposing this, the President of the Society, Mr. Alderman R. A. Robinson, J.P., L.C.C., alluded to the satisfaction which was felt at the fact that the Society, in conjunction with its sister in Ireland, had within the past year been accorded by the General Medical Council more definite recognition than formerly in connexion with the task of keeping the *British Pharmacopoeia* thoroughly in accord with the best modern knowledge. In his reply Sir Richard Douglas Powell mentioned as one reason why the medical profession had reason to be grateful to those whose education and advancement the Pharmaceutical Society endeavoured to promote was the fact that physicians could always feel certain that their prescriptions were faithfully carried out. Moreover, they always had the assurance that if any error or mistake or point of doubt appeared to exist in a prescription as written the attention of the writer would be called to the matter at once. The duties of pharmacists in respect of poisons were a great safeguard to the public, and he would be glad to see their position in this connexion strengthened. The Pharmacy Bill now before the House of Commons was dealt with by several speakers at considerable length, and especially by Mr. T. Lough, one of the several members of Parliament present, who is in charge of the Bill. He thought that it ought to be brought up again and again until it was passed. This Bill, it may be noted, has the support of the British Medical Association; the chief point in it is that it seeks to put limited liability companies upon the same footing in regard to the practice of pharmacy as private persons and to provide the same safeguards for the public in the one case as in the other. The action of the *Times* in respect of certain advertisements which it is publishing on behalf of a company which is opposing the Bill came in for sharp criticism, but it was suggested that in the long run these advertisements would help to get the Bill passed rather than prevent its success. In a final speech the President mentioned that the Society was increasing in numbers, though somewhat slowly. It had 6,000 members at present, and spent a large sum annually in promoting pharmaceutical education, and not less than £3,000 a year in helping those in their community who had been less fortunate than their fellows.

for regimental purposes, so when a commanding officer practically gave up all the accommodation for one night a week for thirteen weeks, he was deeply grateful for the concession; he wished therefore to thank the officers commanding the London Rifle Brigade, the 3rd City of London R.V., and the Queen's Westminster; and last, but not least, Colonel Horsley, Artists' R.V., who was present. He was glad to say that the school was very prosperous, and that nearly 700 medical officers from all parts of the Empire had passed through it, and some 4,000 stretcher-bearers. He recognized that the prosperity and efficiency were due to the loyalty of the instructors, officers, and non-commissioned officers. He thought that the new examination for promotion would be beneficial, as it required further study and a more intimate acquaintance with the interior economy of the Royal Army Medical Corps, and that the examination was popular with medical officers was evident, for at the present moment the school had a large class preparing for it. The chief difficulty to be faced was the dearth of officers entering the service, and he felt certain from his knowledge of affairs that the regulation course at Aldershot or elsewhere was an impossibility; not 1 per cent. of officers could afford the time required to attend; he thought and hoped that the Government might see their way to issue allowances to officers attending the school, provided that they attended regularly and passed the required examination. Such a concession would induce a greater number to join the service, which at the present moment was imperilled wholely and solely by reason that the Government did not hold out sufficient inducement for well-qualified men to join. He was glad to read in a recent speech of the Director-General that he intended to bring the Volunteer Medical Service more into line with the Royal Army Medical Corps, and so obtain a higher state of efficiency from the senior medical officers. Intelligent and liberal treatment of volunteer medical officers would create an efficient corps to supplement the R.A.M.C. in time of national danger. During the late war, had the Volunteer Medical Service been as it should and very easily could be made, then there would have been officers and men sufficiently trained to supplement the R.A.M.C. and no need for the employment of civilians.

During the evening the string band of the Cadet Battalion of the Royal Fusiliers gave an excellent selection of music. The arrangements for the banquet were made by the Mess President, Surgeon-Captain E. M. Callender, and a very enjoyable evening was spent.

ARMY MEDICAL SERVICE.

EXAMINATION FOR CANDIDATES.

AN examination of candidates for not less than 40 commissions in the Royal Army Medical Corps will he held on July 27th next and following days.

Applications to compete should be made to the Secretary, War Office, 68, Victoria Street, London, S.W., not later than July 17th, on which date the list will be closed.

Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity, if such deduction will bring them within the age limit.

The presence of candidates will be required in London from July 25th.

UNIVERSITIES AND COLLEGES.

VICTORIA UNIVERSITY OF MANCHESTER.

MATRICULATION.

A MEETING of the University Court was held on May 11th, when an important statute regarding the Matriculation Examination was approved. The statute is in substitution of that already included in the statutes of the Universities of Liverpool, Manchester, and Leeds. This change has been necessitated by the granting of a charter for the University of Sheffield. The Joint Matriculation Board will be portal for entrance to all the four northern Universities.

Statute in substitution of that already included in the Statutes of the Universities of Liverpool, Manchester, and Leeds as regards the Matriculation Examination. (Statute XII):

1. The Joint Board shall consist of eighteen members; five to be annually elected by each of the Universities in Liverpool, Manchester, and Leeds, and unless by agreement between all the four Universities it shall be otherwise determined, three by the University in Sheffield, with power to co-opt persons of educational experience to the number of three.
2. When any change in the regulations regarding the Matriculation Examination is carried in the Joint Board by a majority consisting of less than two-thirds of the members who are present, the question at issue shall be referred to each of the four Universities, who shall each then nominate two additional members on the Board for the purpose. The decision of the Board so constituted shall be final.
3. The Board shall send annual reports to each University.
4. The regulations of the Board regarding the Matriculation Examination shall not affect the power of each University to admit students to such classes and courses as it may think fit.
5. The four Universities shall contribute to the expenses of the Joint Board in such proportions as may be hereafter determined.
6. Provided that this Statute shall continue and be in force for seven years from the date of its approval by His Majesty in Council.

Additional Statute:

1. Any Committee to be constituted for considering objections made by the Universities of Manchester, Liverpool, or Leeds, to proposed Statutes and Ordinances of the University of Sheffield shall consist of twelve members, three to be appointed by each of the said Universities.
2. Such Committee shall be convened by the Registrar of the Victoria University of Manchester.

The Joint Matriculation Board for the four northern Universities have issued the following regulations for candidates wishing to matriculate for the Faculty of Medicine:

Candidates are required to satisfy the Examiners in:

A. (1) English (Language or Literature) and English History.
(2) Mathematics.
(3) Latin.
(4) Two of the following, one of which must be a language:
i. Greek.
ii. French.
iii. German.
iv. Some other Modern Language approved by the Board.
v. Elementary Mechanics.
vi. Chemistry.
vii. Geography or Natural History.

B. Candidates who have passed the Matriculation Examination in five subjects, but have not included both Latin and Greek or a modern language, will be deemed to have passed the Matriculation Examination (Faculty of Medicine), provided they satisfy the Examiners in the subject omitted.

C. The Secretary of the Board is authorized to grant a certificate for the purpose of registration by the General Medical Council to candidates who have satisfied the Examiners in English subjects, Mathematics, Latin, and another language, although they may not have passed the Matriculation Examination. This certificate shall not entitle the candidates to proceed to degrees in any of the Universities.

D. Candidates for entrance to the Faculty of Medicine who have already obtained the certificate of having satisfied the Examiners in English subjects, Mathematics, Latin, and another language, will be deemed to have passed the Matriculation Examination (Faculty of Medicine), provided they satisfy the Examiners in one other subject in the Matriculation Examination.

E. For the present year the existing regulations shall apply to any candidate who desires to enter under them.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE TITLE OF DOCTOR.

AT the annual meeting of Fellows and Members of the Royal College of Surgeons of England the following resolution was moved by Mr. T. Garrett Horder, seconded by Mr. F. W. Collingwood, and carried unanimously:

That the Council be asked to take the necessary steps, in conjunction with the Royal College of Physicians, to ensure that all persons who passed the conjoint examination shall be legally entitled to call themselves "Doctors."

Mr. Garrett Horder informs us that he has received the following letter from the Secretary of the College:

Royal College of Surgeons of England,
Lincoln's Inn Fields, London, W.C.,
May 17th, 1905.

Dear Sir,—With reference to my letter informing you that the resolution, moved by you at the annual meeting of Fellows and Members in November last, was receiving the careful consideration of the Council, the result of which would be communicated to you in due course, I have now to inform you that the Council, while believing it to be impracticable to obtain a legal right to the title of Doctor for any persons who do not hold the degree of M.D., determined to bring under the consideration of the Royal College of Physicians the views expressed by some of those who supported your resolution with regard to the by-law of the Royal College of Physicians forbidding licentiates, not being graduates in medicine, to call themselves "Doctors."

I am now directed by the Council to communicate to you the terms in which the Royal College of Physicians was asked to take this matter into consideration, and accordingly have to refer you to the enclosed copy of a report adopted by the Council on December 8th last, and I am further to report to you that the Council have now been informed that the Royal College of Physicians, having fully considered the matter, has decided not to alter the by-law in question.

I am, dear Sir,
Yours faithfully,
S. FORREST COWELL,
Secretary.

T. Garrett Horder, Esq.

The following is the text of the terms in which the resolution was communicated by the Royal College of Surgeons to the Royal College of Physicians:—

That the terms of the Resolution be communicated to the Royal College of Physicians, and that that College be informed that the Council, while they believe it to be impracticable to obtain a legal right to the title of Doctor for any persons who do not hold the degree of M.D., suggest it may not be expedient to enforce any measure prohibiting the use of the title by duly qualified medical men.

The Council therefore desire to call the attention of the Royal College of Physicians to the complaint made by Members of the Royal College of Surgeons holding the Licence of the Royal College of Physicians of London that they are forbidden by Bye-Law 177 of the latter College to call themselves "Doctors."

These Members point out that for generations the title of Doctor has by public consent been accorded to medical men generally, and that it is used by those holding the degree of M.B., although they have no legal right to it. It is also stated that the Royal College of Physicians of Ireland officially sanctions the use of the title by its Licentiates, and that Licentiates of the Royal College of Physicians of Edinburgh are encouraged to use it.

Those who have taken the diplomas of the two Royal Colleges under the regulations of the Conjoint Board therefore regard themselves as placed at a disadvantage as compared with the Licentiates of other Institutions, and they moreover believe that the prohibited use of the title has in many cases the effect of preventing students from seeking the Diplomas of the two Colleges.

The Council therefore beg that the Royal College of Physicians will take the matter into consideration, and they trust that it may be possible to remove a prohibition which affects and is resented by a large number of Members of the Royal College of Surgeons.

HOSPITAL AND DISPENSARY MANAGEMENT.

REGISTRATION OF NURSES.

Evidence before the House of Commons Committee.

On May 18th evidence was given by Sir Victor Horsley and Dr. Langley Browne as representatives of the British Medical Association.

Sir Victor Horsley said the Association consisted of close on 20,000 practitioners, and was, in their opinion, the only voice of the medical profession. At a meeting of Representatives, chosen by each Division of the Association, held at Oxford in July, 1904 a resolution was passed *nem. con.* approving of the principle of the registration of nurses, although they kept an open mind as to the details of the two Bills which had been introduced into Parliament. Notice had been received from one district that at the meeting to be held at Leicester next July a motion would be proposed to rescind the Oxford resolution, but he thought that motion had no chance of being carried. The matter had been before the Association twenty years, and ten years ago, at a general meeting held in London, a resolution was adopted, with one dissentient, declaring that it was expedient that as soon as possible an Act of Parliament should be passed to provide for the registration and education of medical, surgical, and obstetric nurses. It might, therefore, be assumed that that was the settled opinion of the British Medical Association. The machinery necessary for the working of the scheme would be a Central Board or Council. He did not think any difficulty would arise as to the removal from the *Register* of the name of a nurse because of misconduct, as no doubt the Council would appoint a committee to consider whether there was a primâ-facie case against her prior to the exercise of the disciplinary control of the Central Board or Council. The registration of nurses would not bring them more into competition with doctors. There should be an examination of nurses by a statutory authority, and the passing of that examination alone should entitle a nurse to registration.

The Chairman (Mr. Tennant) having said that it had been suggested that the ordinary general practitioner did not hold the same view as to the registration of nurses as did the consultants,

Dr. Langley Browne, speaking as a general practitioner, and President of a very large society of general practitioners, said he could assert that these practitioners felt even much more strongly that nurses should be registered. The feeling was stronger in the provinces than in London.

Sir Victor Horsley, proceeding to deal with other proposals as to which his opinion was asked by the Chairman, declared himself in favour of the registration of nursing homes in which patients were treated, and that matter might be entrusted to the county or borough councils, or whatever the local sanitary authority might be. He saw no particular advantage, however, in registering nurses' homes which sent out nurses. So long as the nurses were on a State *Register*, he could suggest nothing to test the efficiency of a nurse other than an examination. The general council could lay down a curriculum, and unless there was a certain course of lectures given and other satisfactory arrangements made by institutions, the training at such institutions should not qualify for examination. His experience was that untrained nurses charged the same fees as qualified nurses, because they thought that their charging the same fees carried with it the idea that they were fully trained. In conclusion, Sir Victor Horsley said he would make it a penal offence to nurse for gain unless the person so doing had been for three years in a hospital and had passed an examination. It would be fair to allow five years to elapse before this penal provision came into force. He would not have two *Registers*. As to cottage nurses and as to women who, being friendly neighbours, were paid to attend a sick person who was not dangerously ill, they were doing a public service. That he would not call nursing. What he would prevent would be the assumption of nursing responsibility, but it would be a matter entirely for the Court before which the case was brought to say what was the nursing which involved responsibility. It was not necessary to define "nursing" in the Act of Parliament.

Dr. W. B. Thorne, representing the British Nurses' Association, concurred, although he thought it hardly time to make it penal for an unregistered woman to practise nursing.

Dr. Percy Allan, who was the next witness, said he was entirely opposed to the registration of nurses, as the poorer class of patients would not be able to pay for a skilled nurse.

On May 23rd Mrs. Hobhouse, a member of the Committee of the Rural Nursing Association of Wiltshire, expressed the opinion that registration would be extremely detrimental to nursing. There was a great shortage of trained nurses of a high standard, largely owing to the value attached to the training certificate of the London Hospital. In many provincial hospitals the training was as good as that given in London, but it was difficult to convince the public of the fact. Nurses trained in London were wanted everywhere, but there were not enough to meet the demand. If the rules of registration were too stringent the shortage would be intensified, but if they were reasonable, registration would be helpful, because it would tend to give provincial hospitals a status they did not now possess. In rural districts doctors often feared competition by nurses, and people were apt to send for the nurse when they might send for the doctor. Within the last twelve years the standard of character and training among nurses had considerably improved, and the poor now got much more efficient nursing than formerly. Of 400 nurses whom she knew in country districts, only 12½ per cent. were fully trained, yet they did their work satisfactorily. Trained nurses could not be got to stay in the country. She did not think the poor needed any protection against the untrained nurse. Rural nursing was only in its infancy. The great majority of those employed were old women, who could neither read nor write, and the proportion of those over thirty-five who had passed the midwifery examination was very small. Mrs. Hobhouse thought it would be necessary to have two standards of training. It would be most harmful to prevent a woman from nursing unless she held a certificate.

Dr. Dickinson, a London practitioner, expressed the opinion that registration was neither necessary nor desirable. If the wealthy got bad nurses it was entirely their own fault, and if the poor got bad nurses it was the fault of the committee who engaged them. It would be much better to register houses where the sick were received for treatment and the institutions where nurses were trained than the nurses themselves. Such institutions should be under some sort of public control. Financially, he considered the scheme of the Bill impracticable. The estimate of 60,000 registrations was ridiculous; it would be nearer 6,000.

Miss Kemp, a nurse of considerable experience, said that all the nurses she came across were in favour of registration, which would distinguish the trained from the untrained. She thought a clause ought to be inserted in the Bill prohibiting unqualified persons from running a nursing institution. Many so-called "co-operative" homes that were springing up were carried on by persons who knew nothing of nursing, and who claimed a very high percentage on the earnings of the nurses they employed.