

treatment, but only to report himself, unless the craving returned, in which case he was to come at once. He told me that he felt well and strong, had no desire for stimulants, but felt that it would be very unsafe to taste any, or the old craving might return.

I saw him again just before Christmas. He was keeping right, but said he did not like to be too confident till the festive season was over. He, however, passed through it satisfactorily. I hear of him now every few weeks, and he is keeping straight.

It is quite evident that under favourable conditions some of these cases can be successfully treated as out-patients by the family doctor if he has sufficient time and patience to give to them.

MEMORANDA :

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

THE LATE RESULTS OF AMPUTATION OF BOTH LEGS.

THE following notes of the present condition of a man, both of whose legs were amputated by me twenty-five years ago, may be of interest to many readers.

The patient, a dockyard hand, was run over by a train in 1880, and sustained a compound comminuted fracture of both lower limbs. I found it necessary to amputate the left leg a little below the knee, the right a little below the mid leg. For the left stump he was supplied on recovery with an ordinary kneeling peg leg; for the right, a peg leg with leather bucket. He came to see me last month after a long visit to the South Kensington Museum. He had enlarged the tread of his pegs to $3\frac{1}{2}$ in. diameter by a round of sole leather backed by an equal-sized disc of indiarubber. At my request he furnished me with some particulars of his capabilities with his two stumps. He can, he said, get anywhere—train, tram, 'bus, boat, steps, in fact, almost everywhere. As an example of what he could do, he mentioned one out of what he said were common incidents of his life. Commencing in the early morning with a walk of nearly a mile, partly through a market strewn with vegetable litter (which is not the best walking for any one), he entrained at Portsmouth for London, visited Westminster Abbey, the Houses of Parliament, National Gallery, St. Paul's Cathedral, walked to the Tower of London, thence by underground train to South Kensington for Imperial Institute, thence by train to the Earl's Court Exhibition. At all the places mentioned he saw all that was permissible, ascending and descending all stairs unaided, and returned home the same night. The first year the Tower Bridge was opened, he ascended and then descended the stairs of one of the towers of that bridge without assistance. He tricycles, and takes long country walks over fields and sands. Obviously the man's power of locomotion is very complete, and, in view of the severity of the anterior accident, somewhat noteworthy. He is willing to be inspected by any professional man who may desire to do so.

A. TURNBULL, M.D., R.N.,
Late Inspector-General Royal Navy.

TETANUS TREATED BY ANTITETANUS SERUM : RECOVERY.

ON February 28th a boy aged 3 years and 4 months, son of a gardener, was brought to me suffering from a crush of the last joint of the middle finger of the left hand. The finger was washed carefully in perchloride solution and dressed with cyanide gauze. On March 10th I found that the tip of the finger had sloughed; it was removed, and the stump dressed as before.

On March 13th the wound appeared quite healthy, but on March 14th, his mother tells me, the child was fretful, refused food, complained of his throat, and passed very little urine. When putting him to bed she noticed his neck was stiff, and later on there was some stiffness of the left side, especially the hip, which prevented him from sitting up. During the night he did not sleep, cried out frequently, and had some convulsions; when lifted the left side of his body was observed to be rigid. On the morning of March 15th his head was retracted and the muscles of his back affected.

I was called to see the child in the evening, and found him lying in bed stiff, with marked tetanus, and the head much retracted; the least touch set up spasms affecting the whole

body; sweating was profuse after each spasm. The temperature was 100° F., and the pulse 120. My partner, Dr. Green, saw him with me, and we decided to amputate the finger at the interphalangeal joint; this was done at 6 p.m. Potassium bromide gr. iijss, with chloral hydrate $\frac{1}{2}$ gr., was ordered to be given every hour with egg and milk. During the night he had six or seven violent spasms, and frequent twitchings of the arms and legs at intervals between the spasms.

On March 16th antitetanus serum, 10 c.cm., was injected under chloroform. The spasms were less violent; nourishment was taken every hour in small quantities. The convulsions became more severe again about 9 p.m. The dose was increased to—potassium bromide gr. iv, chloral hydrate gr. j, every hour. On March 17th the temperature rose to 102° F. in the morning; the patient was very drowsy, the spasms fewer and less violent; serum 10 c.cm. was again injected under chloroform. The progress was satisfactory till the evening of March 19th, when violent spasms recurred. At 10 p.m. serum 10 c.cm. was injected under chloroform. Slight spasms occurred during the next day (20th), but more violent at night, when a bromide rash was also noticed. Sulphonal gr. j was substituted for the bromide and chloral.

Since then the recovery has been uninterrupted, though occasional twitchings in the limbs and severe cramps at night continued till April 3rd. The patient first took solid food on April 5th, and began to move his limbs voluntarily. On April 12th he sat up in bed, and on April 27th was able to walk a little, though a slight stiffness in the hips was observable.

Weymouth.

JAMES MILLER, M.B., Ch.B.

A FACTOR IN SEA-SICKNESS.

IN all that has been written about the treatment of sea-sickness no mention has been made of congestion of the liver, which seems to me an important factor. After two years' seagoing practice I have come to the conclusion that sea-sickness is much aggravated and prolonged in people suffering from hepatic congestion or biliousness. Most writers have dismissed this subject after ordering a mercurial purge, followed by a saline as routine treatment prior to administering cerebral depressants on an empirical basis.

I have frequently observed that where fine weather has been experienced for the first two or three weeks of a voyage, followed by a little rough-and-tumble, sea-sickness comes on sooner, is more distressing and prolonged than when the voyage is begun in rough weather. This I have always attributed to the hepatic congestion set up by the over-eating, excessive sleeping, and lack of exercise so general among passengers, especially so when the voyage begins with fair weather. Sluggishness of the portal system is one of the attendant results and troubles of a sea trip to those who are not warned in time.

As to treatment, by experience I have found the exhibition of calomel gr. $\frac{1}{2}$ to gr. $\frac{1}{2}$ every hour until a grain has been taken, followed by a saline, is the best way of ameliorating sea-sickness—I do not say cure, as I firmly believe there is no specific cure for a condition which has such a varied etiology. The causes of sea-sickness are psychical as well as physical, evidence as to the latter pointing to the cerebrum as being primary, and other organs only secondary, in producing this condition. As to psychical causes, cases are known of sea-sickness occurring shortly after going on board a vessel, before she is under way even; also those cases which occur when the vessel enters a locality notorious for bad weather, such as the Bay of Biscay, Great Bight of Australia, etc., quite regardless of the state of the sea at that particular moment.

In conclusion, I thoroughly endorse the remarks of Surgeon Metcalfe Sharpe, of the R.M.S. *Utonia*, published in the BRITISH MEDICAL JOURNAL of May 20th, on the acidity of the vomit and danger of pushing cerebral depressants.

R.M.S. *Orion*. A. VAVASOUR ELDER M.R.C.S., L.R.C.P.

INTERNATIONAL CONGRESS OF HYDROLOGY.—The seventh International Congress of Hydrology will be opened at Venice on October 10th under the presidency of Professor De Giovanni, Senator of Italy. In connexion with the Congress there will be an exhibition of waters and hydrotherapeutic appliances.

CHOLERA INSURANCE FOR MEDICAL PRACTITIONERS.—The Russian Government has established a system of life assurance for the benefit of the medical practitioners employed in fighting the cholera in Minsk. The amount payable at death from cholera is, in the case of qualified medical men, £800, and in that of medical students £500.

That, with a view not to encourage premature weaning, it is desirable that milk for the hand feeding of infants provided privately or publicly by milk dépôts at or below cost should be distributed upon the orders of medical practitioners.

On the motion of Mr. KIBBLEWHITE, seconded by Miss CLAPHAM, M.B., the following resolution was adopted:

That, having reduced the number of sucklings required to be hand-fed to the smallest proportion possible, means should be devised for providing suitable milk for the remainder.

Mr. KIBBLEWHITE proposed the following motion, which was seconded by Dr. WALTER SMITH, and carried:

That it is undesirable to encourage the use of unclean, stale, or decomposing milk by pasteurizing or sterilizing it for the use of hand-fed infants who unfortunately cannot be fed with clean fresh milk directly from the breast.

Dr. ALLAN MACFADYEN proposed the following motions, which were seconded by Dr. HALLOWES and carried:

That it is desirable that cow's milk intended for hand-fed infants should be milked, transported, and distributed under special precautions.

That the special precautions required in the production of cow's milk for infants should include not only care in the selection, testing, and feeding of the cows, but also care in their pasturing, sheltering, and tending, not only extreme cleanliness in milking, but also rigid aseptic precautions, accompanied by immediate refrigeration, maintained during transport, and by prompt dispatch so that the number of micro-organisms and the lactic acid in the milk may be reduced to a minimum at the time of delivery instead of the hundreds of thousands and millions of organisms and excess of lactic acid now to be found in so-called fresh milk.

Professor H. KENWOOD moved the following resolution, which was seconded by Councillor HORNE, and adopted:

That, in order to prevent the pollution of infants' milk in distribution and in the home, it is desirable that it should be protected in stoppered bottles ready for feeding, and not be transferred to other bottles.

The following resolution, moved by Dr. HALLOWES and seconded by Professor KENWOOD, was carried:

That on account of the facilities that hand-feeding affords for the overfeeding and underfeeding of infants, due to want of knowledge, especially amongst the poor, it is desirable that the quantity and quality of milk required for each feed at the particular age should be distributed in a separate stoppered bottle, and that each basket or crate of bottles for use should be accompanied by instructions, supplemented by oral instruction by visitors, as to the frequency and manner of feeding.

Dr. A. HOWARD PIRIE proposed the following resolution, which was seconded by Mr. J. E. GLADSTONE and carried:

That the provision of cow's milk produced under aseptic conditions accompanied by extreme cleanliness, refrigeration, and dispatch, so diluted and enriched and put up in stoppered bottles in such quantities, to be administered at specified intervals suitable for suckling infants, should be regarded not only as ordinary food, but in the nature of medical assistance.

On the motion of Dr. EYRE, seconded by Mr. KIBBLEWHITE, the following motion was adopted:

That for the special protection of hand-fed infants it is desirable that municipal authorities should not only ascertain the quality of milk intended for infants by chemical analysis, and receive from the public analyst a statement of the percentage composition of each sample of milk submitted, as to fat, solids not fat, and total solids, and the absence of chemical preservatives, but also by bacteriological examination, and receive from a bacteriologist a statement in regard to each sample of milk submitted as to the number of micro-organisms per cubic centimetre and the proportion of lactic acid per cent., these being the best existing tests of cleanliness and freshness of the milk.

A vote of thanks to the Chairman, proposed by Dr. WALTER SMITH, was carried unanimously, and this brought the proceedings to a close.

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 75.

THE Belgian Parliament has passed a law forbidding the sale or manufacture of absinthe as injurious to public health.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ending April 22nd, 29th, and May 6th, the deaths from plague in India amounted to 54,602, 56,732, and 52,253 respectively. The principal figures during these weeks were: Bombay City, 1,021, 935, and 748; Bombay districts, 1,776, 2,685 and 1,443; Calcutta, 702, 662, 650; Bengal districts, 3,559, 4,118, and 2,436; North-west Provinces and Oudh, 16,737, 15,710, and 12,969; Punjab, 27,372, 28,728 and 30,909; Rajputana, 2,406, 4,298 and 3,358; Kashmir, 215, 368 and 382; Burma, 175, 137, and 90. In the North-west Provinces and Oudh during the weeks ending April 22nd and 29th the principal figures were: Muttra district, 2,851 and 2,420; Agra, 1,329 and 1,301; Aligarh, 973 and 807; Bulandshahr, 352 and 785; Budson, 772 and 842; Meerut, 750 and 780. In Bengal the Sarun district heads the list with 1,121 and 1,163 deaths from plague. In the Punjab the Rohtak district reports 2,273 and 3,118 respectively.

The headquarters of the Plague Commission are to be established in Bombay.

The Karachi Municipality has been advised to give a month's salary to those members of its subordinate staff who may come forward to be inoculated against plague.

In the Central and Southern parts of India plague is abating; during the week ending May 6th the deaths from plague were: Central India, 24; Central Provinces, 77; Hyderabad, 68; Mysore, 26; Madras Districts, 22.

SOUTH AFRICA.

King Williamstown.—During the weeks ending April 22 and 29th and May 6th the fresh cases of plague numbered 2, 3, and 2, and the deaths from the disease 1, 0, and 2 respectively. Two of the seizures were in Europeans.

East London.—During the weeks ending April 22 and 29th and May 6th the fresh cases of plague numbered 6, 2, and 1; and the deaths from the disease 5, 3, and 0. At the Plague Hospital 13 cases (including 3 from King Williamstown) remained under treatment on May 6th. Three of the cases were Europeans.

Port Elizabeth.—One case of plague (a European) occurred in Port Elizabeth during the week ending May 6th.

Port Beaufort.—Two cases of plague reported during the week ending May 6th: 1 death. Both cases came from East London. In all 19 cases and 12 deaths in Cape Colony during the three weeks in question.

Plague-infected rats and mice continue to be found at Port Elizabeth, Uitenhage, East London, and King Williamstown.

HONG KONG.

During the weeks ending May 13th and 20th the fresh cases of plague numbered 17 and 20, and the deaths from the disease 12 and 18 respectively.

QUEENSLAND.

From April 6th to April 20th no cases of plague reported in Brisbane or any part of Queensland. The last case reported was on April 1st. No cases remained under treatment in hospital on April 20th. The date on which an infected rat was last discovered was April 15th, 1905.

MEDICAL NEWS.

THE annual general meeting of the Society for Training Teachers of the Deaf will be held, by permission of Lord Ludlow, at 27, Portland Place, W., on Wednesday, June 28th, at 3.30 p.m.

The annual banquet of the Association of British Postal Medical Officers will take place in the Whitehall Rooms, Hôtel Métropole, S.W., on July 13th.

At a meeting of the Council of the Medical Defence Union, held on Thursday, June 1st, Dr. W. A. Elliston, J.P., of Stoke Hall, Ipswich, was elected President vice Mr. Messiter, J.P., resigned. Dr. Elliston was President of the British Medical Association in 1900.

THE adjourned annual meeting of the Medico-Psychological Association of Great Britain and Ireland will take place on Wednesday, July 19th, when the report of the Statistics Committee will be received; Dr. Percy Smith will take the chair at 10.30 a.m. at the rooms of the Association. The annual meeting, under the presidency of Dr. Outterson Wood, will take place on Thursday and Friday, July 20th and 21st.

On June 2nd, at St. Mary Magdalene's Church, Ashton-upon-Mersey, a mosaic of St. Luke was unveiled by the Bishop of Chester, in memory of the late Jeremiah Renshaw, M.R.C.S., L.S.A., M.R.C.P., who practised in that district and in Altringham for a period of thirty years. The tablet was also in memory of his wife, and was erected by their children. The open sextile was by Powell of London.

A STRONG effort is being made in York and in its neighbourhood to obtain increased support for the county hospital. There has been an annual deficit in its income for some years past, and in view of the increasing indebtedness the trustees felt it necessary not long ago to suggest the reduction of the beds in use to 80. From the published accounts the institution would appear to be managed economically, while the efficiency of the treatment seems to be vouched for by the

fact that the average duration of each patient's stay has been steadily decreasing for several years. It would be a pity if the closing of the beds eventually proved inevitable.

We learn from the *Veterinary Journal* that glanders in horses is undoubtedly on the increase in London. At an inquest recently held Professor Hobday, F.R.C.V.S., one of the inspectors of the London County Council, said that he had been called in two days before to see certain horses belonging to an omnibus company, and that the man whose death was being inquired into had worked in the stable. He recognized from the clinical symptoms that three animals were suffering from glanders, and the mallein test applied to eleven other horses revealed the fact that seven were suffering from glanders. They had been condemned to be destroyed. It is much to be desired that this test could always be as promptly applied.

SUCCESSFUL VACCINATION.—Dr. J. Watson Burdwood, Public Vaccinator, Bourne, has been awarded by the Local Government Board a grant for successful and efficient vaccination.

LINCOLN TYPHOID EPIDEMIC.—There were no cases notified at Lincoln during the week ending June 2nd. The epidemic may be regarded as practically at an end.

MEDICAL MAGISTRATE.—On Thursday, June 1st, the name of Dr. Alfred James Lowe, of Home Lea, Boothstown, and a member of the British Medical Association, was added to the list of magistrates for the county of Lancaster.

PRESENTATION.—On the occasion of the distribution of certificates to the successful candidates of the Broughton Ambulance Class, Dr. John Penny, the Lecturer, was presented with a Dieulafoy's aspirator, suitably inscribed.

PLAQUE IN PERSIA.—Two cases of suspected plague were landed in quarantine from H.I.M.'s ship *Persepolis*, at Bushire, Persian Gulf, on April 20th. A mild form of the disease appeared at Bahrein during the week ending May 20th, causing twenty deaths. The quarantine arrangements are under the direction of Captain Condon, I.M.S., Surgeon H.B.M.'s Residency, Bushire.

VOLUNTEER AMBULANCE SHIELD.—The Director-General R.A.M.C. has promised to be present at the competition for the challenge shield annually awarded by the Volunteer Medical Association which takes place at Wellington Barracks on Saturday, June 17th, at 3 p.m., and it is hoped that he will present the badges to the winning teams. Regiments intending to send in teams to compete should send notice at once to Captain Montgomery Smith, 36, Abbey Road, St. John's Wood, London, N.W., from whom all particulars can be obtained.

HOSPITALS AND THE WORKING CLASSES.—During the last thirty-two years the working men of St. Helens have raised a sum of over £30,000, mainly by penny weekly subscriptions, for the support of the St. Helens Hospital. A meeting was held at the Town Hall recently, at the request of the workpeople, to consider the means which should be taken to pay off the debt of over £3,000 which remains on the recent extension of the hospital. The Mayor was in the chair, and after a full discussion it was unanimously agreed that the persons employed in the various mines in the district shall resume the payment of an extra penny a week until the outstanding debt has been wholly extinguished. It is hoped that this may be achieved in a little over twelve months.

STATE CHILDREN'S ASSOCIATION.—The Earl of Crewe, who presided at the annual meeting of the State Children's Association, stated that its purpose was to secure for children under State care home life in place of that in barrack schools and institutions. In 1904 there were 21,675 children in workhouses in Great Britain, and the association wished to bring about a perfect system of boarding out in small certified homes. The association was able to board out a child for £13 6s. 8d. per annum, to place it in an individual home for from £17 to £26, and to send it to Canada and keep it there for a year for £20. At present the cost to the guardians of a child in a barrack school was £40, and one metropolitan authority had recently spent £180,000 in erecting a building which had cost £321 for each child put into it. Sir Howard Vincent, M.P., said that legislation in this country was in a very backward state as compared with the Colonies and the United States. Lord Burghclere referred to the case of vagrant children, and Canon Barnett gave a sketch of the work done by the Associa-

tion during the year. The Honorary Secretary is Mrs. S. A. Barnett, Toynbee Hall, Whitechapel, E.

THE FRENCH HOSPITAL.—At the thirty-seventh annual dinner in aid of the French Hospital the French Ambassador (M. Paul Cambon) was in the chair, and had on his right the Lord Mayor and on his left the Belgian Minister, Count de Lalaing. Some 250 persons were present, among whom was Sir William Broadbent. After the toasts of the President of the French Republic and the King and Royal Family had been duly honoured, M. Cambon proposed the Founders and Benefactors of the hospital. After referring to the irreparable loss which the hospital had suffered by the death of Dr. Achille Vintras, and making acknowledgement of the services of other helpers who had worked hard to make the hospital what it was, His Excellency paid a graceful tribute to the devotion of the medical and nursing staffs. Dr. George Ogilvie made a suitable reply. M. Arthur Baume reported that during the year 1904 the number of in-patients had been 833, and that of out-patients 5,559. Some property adjacent to the hospital had been bought with a view to the future enlargement of its accommodation, and a new pavilion, called after the French Ambassador, had been added to the convalescent home in connexion with the hospital which was established by Dr. Vintras at Brighton.

THE GERMAN HOSPITAL, DALSTON.—The festival dinner of the German Hospital, Dalston, took place on June 6th at the Hotel Cecil. The Chairman, Baron Bruno von Schroeder, was supported by two hundred representatives of the German-speaking colony in London. The Chairman gave the toasts of King Edward and the Royal Family, and of the German and Austrian Emperors and other patrons of the hospital abroad. The services to the hospital of the honorary medical staff met with acknowledgement, and, in responding, Dr. Gruber made special mention of the assistance which the staff receives from the Sarepta Deaconesses who are in charge of the nursing arrangements. In the course of the speeches it was shown that the institution began work in 1845 with very few beds, and has gradually grown until it now has 130 beds, a small convalescent home, and two branch dispensaries in addition to its out-patient department. What it chiefly requires at present is an enlargement of the latter and the addition to the general building of outside fire-escape staircases and open-air balconies. The Chairman stated that the benefits of the institution were not confined to patients speaking German, accidents of all classes being received, and added that the hospital was economically administered, the expenditure on each bed being under £55 a year. The subscriptions announced amounted to upwards of £5,500, a sum which included £200 from the German Emperor, and £1,100 from Baron von Schroder, the treasurer.

INTERNATIONAL SURGICAL SOCIETY.—The first Congress of the International Surgical Society will be held in Brussels from September 18th to 23rd, 1905, under the presidency of Professor Theodor Kocher, of Berne. The following is the programme of subjects proposed for discussion: 1. The Value of the Examination of the Blood in Surgery, to be opened by Dr. W. W. Keen, of Philadelphia; Professor Sonnenburg, of Berlin; Dr. Ortiz de la Torre, of Madrid, and Dr. Depage, of Brussels. 2. The Treatment of Prostatic Hypertrophy, to be introduced by Mr. Reginald Harrison, of London; Professor Rovsing, of Copenhagen; and Professor von Rydgyier, of Lemberg. 3. Surgical Intervention in Non-cancerous Diseases of the Stomach, to be introduced by Mr. Mayo Robson, of London; Professor von Eiselsberg, of Vienna; Dr. Mattoli, of Ascoli Piceno; Professor Monprofit, of Angers; Professor Rotgans, of Amsterdam; and Professor Jonnesco, of Bucharest. 4. Treatment of Articular Tuberculosis, to be introduced by Professor Bier, of Bonn; Dr. Broca, of Paris; Dr. Bradford, of Boston; Professor Codivilla, of Bologna; and Professor Willems, of Ghent. 5. The Treatment of Peritonitis, to be introduced by Professor Lennander, of Upsala; Professor Friedrich, of Greifswald; M. Lejars, of Paris; Dr. McCosh, of New York; Professor Kroglius, of Helsingfors; and Dr. de Isla, of Madrid. 6. The Diagnosis of Surgical Diseases of the Kidney; to be introduced by M. Albarrán, of Paris; Dr. Kummell, of Hamburg; Dr. Giordano, of Venice, and Dr. Lambotte, of Brussels. Other communications of a practical character, including the presentation of patients, specimens, and instruments, may be made. The conditions of membership of the Society, and further information relating to the arrangements for the forthcoming Congress, can be obtained from the Secretary-General, Dr. Depage, 75, Avenue Louise, Brussels, or from Mr. Reginald Harrison, London, delegate for Great Britain.

tion and management of military hospitals, and an initiation into the ways of military life and service. This has raised the total of Indian medical officers trained at Netley to 1,318. Since the Indian Medical Service was reorganized in the year 1865 all officers joining it have passed through the Army Medical School in close association with officers of the sister service. The name Netley, with all that it represents in the way of instruction, initiation, and social enjoyment must abide lovingly in the minds and memories of the officers of both services, just as the name Haileybury claimed the fond remembrance of Indian civilians and the name Addiscombe of Indian gunners and sappers in the old time; and as it is to be hoped the name Millbank, despite its ancient association with a penitentiary, will dwell kindly in the recollection of officers of the medical services in the future. During the six sessions that have elapsed since the transfer of the school to London and its reconstitution as the Royal Army Medical College, the position of what remained of the old Army Medical School at Netley has been somewhat anomalous, but with the willing and generous co-operation of the Principal Medical Officer and staff of the hospital, no friction or difficulty has been encountered—a circumstance of which I desire now to make thankful acknowledgement.

Surgeon-General BRANFOOT handed the prizes to the successful competitors, and remarked that it gave him great pleasure to preside on so interesting an occasion, and to be supported by Surgeon-General Quill, who had been at Netley with him 33 years ago and whom he had not had the pleasure of meeting since. He associated himself heartily with what Colonel Macleod had said regarding the valuable assistance which the Principal Medical Officer and hospital staff had so efficiently rendered in carrying on the work of instruction and training at Netley. The Army Medical School had served a great purpose in the past for the prevention of disease and the preservation of health in the navy and army as well as in civil life both in this and other countries; and the final closure of the institution could not fail to excite feelings of interest and regret among those who had passed through it. The removal of the school to the centre of life and progress, and its reconstitution on a broader basis and with higher aims, would no doubt conduce to the benefit of the services, of medical science and of humanity. What precise arrangements were to be made in the future for perpetuating and developing the work commenced and carried on for nearly half a century at Netley he was unable to announce, but he was in a position to say that the Indian Medical Service would share fully in the advantage to be gained from the college the erection of whose home had been commenced at Millbank. Surgeon-General Branfoot referred to the early retirement of two professors—Surgeon-General Stevenson, C.B., and Colonel Macleod, M.D. The former had been asked to preside on this occasion, but unfortunately had found himself unable to be present. He congratulated those who had now entered the Indian Medical Service, and especially the prize takers. He counselled them to maintain the habit of work in spite of climate hindrances, for once lost it was very difficult indeed to regain it. They must uphold a high standard of professional ethics in a country where the medical profession was in the stage of adolescence and development, and the force of example and guidance was peculiarly needful and effective. Notwithstanding the recent brilliant advances which had been made in knowledge of the etiology of tropical diseases they would find abundance of work awaiting them in India, more especially as regards the adaptation of increased knowledge to the circumstances and peculiarities of its inhabitants. The climate was no doubt trying to health, but more blame was perhaps laid on it than was justly due. They must, as prudent and sensible men, hold a proper balance between work and recreation, and practise moderation and a wise adaptation to their new environment. He finally wished them God-speed, in full confidence that one and all would do their utmost to maintain the fine tradition and honour of the service to which they were now admitted, "traditions which we who have retired from it very jealously cherish."

Surgeon-General QUILL thanked General Branfoot for presiding on this memorable occasion, and heartily seconded the counsels and wishes which he had addressed to them.

LIEUTENANT-COLONEL KAKHOSO SORABJI MARIMAN, Indian Medical Service, Bombay, died at Nasik, where he was Acting Civil Surgeon, on April 24th, at the age of 53. He entered the department as Assistant Surgeon, October 1st, 1877, and became Brigade Surgeon-Lieutenant-Colonel, January 24th, 1903. He was in the Burmese campaign in 1885-7, receiving the Frontier medal with clasp.

A COMPETITIVE examination for fourteen appointments to His Majesty's Indian Medical Service will be held at the Examination Hall, Victoria Embankment, London, W.C., on July 25th and the four following days. Full particulars can be obtained on application to the Military Secretary, India Office, Whitehall S.W.

ENCOURAGING THE VOLUNTEERS.

A M.R. WRITES: I received a few days ago a letter from the Senior Medical Officer of the Volunteer Infantry Brigade to which I belong; I inclose a copy of it. "A number of Volunteer Medical Officers will be required for duty in the station hospitals of the regular army during the training season (May to August); those officers would not, *of course* (the italics are mine), receive pay nor would any expense to the public be admissible; hence their attendance must be entirely voluntary. Should you be willing," &c. Comment is perhaps superfluous, but one cannot help observing what an encouragement such a proposal must be to the Volunteers to perfect themselves as a reserve to the regular forces! Do our colleagues in the R.A.M.C. (M.) serve during the training season without pay and with no expense to the public? That such an offer can be seriously made to qualified medical men, with presumably some idea of a more or less favourable response, points to the urgent necessity of some strong professional combination, while the fact that the War Office considers it probable or even possible that commissioned officers of the auxiliary forces may be willing to perform public duties without any expense to the public, but at a considerable loss to themselves, and alongside officers of the regulars and militia who are receiving full rates of pay and allowances for the performance of the same duties, only points to the futility of any hope of any improved position for the volunteer or any practical recognition of him as a genuine factor in any scheme of national defence. It is to be devoutly hoped that Volunteer Medical Officers with any respect for their profession, or for the force to which they belong, will have nothing to do with this proposal.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS, IRELAND.

THE annual meeting of the Royal College of Surgeons in Ireland was held on Saturday, June 3rd, when the annual report of the Council was presented.

ANNUAL REPORT.

The report showed that the new Examination Hall had been finished at a total cost of £2,819 17s. 11d. Eight Fellows, forty-two Licentiates, and eight Licentiates in Dental Surgery died during the year. The total receipts were £5,977 19s. 7d., including a balance overdraft of £350 12s. 1d. The College holds investments to the amount of £10,407. The proportion of fees paid by the Conjoint Committee was £2,365 17s. 2d.; Fellowship fees were £971 5s.; dental fees, £257 5s.; and matriculation fees, £42.

The report was adopted.

THE IRISH MEDICAL ASSOCIATION.

Mr. CHANCE, the President, referred to the report drawn up by Surgeon-General Evatt for the Irish Medical Association, and to the strictures which he had passed upon the College among other Irish medical institutions. Having referred to the correspondence which had taken place between the Irish Medical Association and the Council, he said: But you will see that the comments I have read raise this serious question, Does the Association agree with the resolution of its Council in "dissociating itself from all offensive statements in the report which refer to the Royal Colleges?" We have been plainly told that this resolution was due to our coercion. Under these circumstances I think we are entitled to ask that the general body of the Association will either dissociate itself publicly from the offensive opinions put forward under its aegis, or else, if it believes these opinions to be true, will openly adopt them, and cease to any longer shelter the report under the obligation of confidence. I do not for a moment suggest that this College should be exempt from criticism. Such a contention would be absurd; but I do say that the criticism, especially when it comes from our professional brethren, should be open and should be fair. The criticism we object to does not fulfil these conditions. The original report is still confidential, and it has been pointed out, I think with justice, that inasmuch as Surgeon-General Evatt made it a condition that all or none of his report should be published, it was not fair to him to discuss the limited portion of his report which had appeared in the lay newspapers. It follows, therefore, that we are still debarred from dealing with criticism which we know to be offensive and believe to be undeserved. The College has been called a "clique." It consists of a body of 439 Fellows, an unusually extensive "clique." These Fellows are selected by examination, an examination which is open to practically every medical man in Ireland who possesses the requisite knowledge and the requisite fee. These Fellows absolutely govern the College, inasmuch as they annually elect the President, Vice-President, and Council—a com-

stituency selected by open examination and an annual general election. Can any constitution be more democratic? If the Council of the College have committed faults it is the duty of the Fellows to elect wiser men. They have an annual opportunity. If the electorate is too small the Examination Hall is open.

THE ONE-PORTAL SYSTEM.

The President, in further commenting upon the published portion of the report, observed:—He advocates the union of all Irish qualifying bodies into a "National Faculty" as the only hope for Irish medicine. He states that a "similar movement" is at work in England, and later on comes this paragraph, which I may say refers to my statement as the Representative of the Dublin Division of the British Medical Association at Oxford:—"An office-bearer of one of the two Irish colleges declared war to the knife against so national an idea at a recent meeting in England, and, I think, threatened to use all the Irish Nationalist members to frustrate the movement." The Surgeon-General is in error—an error all the more strange as he was an officer of the body which brought forward the measure which I opposed. It is not at all "similar" to the formation of a "National Faculty." It is the reverse of "a National idea." So far from being the "only hope of Irish medicine," it would, I think, be most injurious to it. And, finally, the threat attributed to me that I would "use all the Irish Nationalist members" would be a silly assumption of a power I do not possess if only it happened to be true. Let me deal with the last point first. What I did say, as reported in the official organ of the British Medical Association, was that "the Dublin Division were unanimously opposed to the Bill, and would use every legitimate Parliamentary influence they possessed against it." Now, what is this Bill? At present, as you are aware, Dublin University, the Royal Universities, and the Irish medical licensing bodies have the power to give degrees or diplomas which entitle the holder to be registered as a qualified medical practitioner. It is proposed by the Medical Acts Amendment Bill to take away this power and to vest it in a body of 46 representatives, of whom 28 are to be English, 9 Scotch, 6 Irish, and 3 dental; all of the latter would probably be English. It will be seen, therefore, that out of a total body of forty-six, six, or under most favourable circumstances seven, would represent Irish medical opinion. This is apparently Surgeon-General Evatt's idea of "An Irish National Faculty." The body so constituted is to have the sole power of appointing examiners, and these examiners would have the sole power of admitting men to practise medicine in these countries. It is true that our schools of medicine will be permitted to teach, but their teaching must be modelled on the pattern set by the central body. Now I attach great weight to the views of such an influential body as the British Medical Association, and, much as I love this College, I do not think that any institution should be permitted to stand in the way of real reform, and I willingly admit that the institution of a one-portal system has great advantages. I do not think that it would materially reduce the number of medical practitioners, for any attempt to make a "corner in doctors" would, I feel certain, be properly resented by the Legislature. But the one-portal system would undoubtedly remove many anomalies; and the sole question for us Irishmen is whether its advantages or disadvantages preponderate. I hope I am not influenced in my opinion by the position I have the honour to hold in this College: but it does seem to me that we Irish are a separate race—a separate nation—and that our mental development, even in medical matters, can best proceed upon lines in sympathy with Irish sentiment and Irish aspirations. To turn the medical schools of this country into grinding establishments to prepare men for an examination based on English standards and English ideas would, in my opinion, tend to dwarf our development. I have the greatest respect for Englishmen and English surgery, but their ways are not our ways, and I prefer our own. Whether I am right in thinking that the representatives of Irish constituencies will accept this view remains to be seen. A few words more and I shall have done. During the last six months great harm has been done to the prestige and to the organization of Irish medicine. At the bidding of an irresponsible stranger we have been split into factions and set at each other's throats. The time has come when this should cease. Let us say fearlessly and openly what we have to say, and then let the controversy end. But above all things let us remember that no reform worth having can be obtained until the whole profession unites to form a solid and harmonious body.

ELECTIONS.

At a meeting of the Fellows, held on Monday, the following were elected:

President: Arthur Chance (re-elected).

Vice-President: Henry R. Swanzy (re-elected).

Hon. Secretary: Sir Charles Cameron (re-elected).

Council: Edward H. Bennett, William Stoker, Sir Charles A. Cameron, John B. Story, Sir William Thomson, Sir Charles B. Ball, Sir Thomas Myles, John Lentaigne, Richard D. Purefoy, Sir Lambert H. Ormsby, Henry G. Sherlock, Bolton R. McCausland, John S. M'Ardle, Robert H. Woods, Thomas Donnelly, William Taylor, Edward H. Taylor, G. Jameson Johnston, R. Charles B. Maunsell.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on June 1st, Mr. John Tweedy, President, in the chair.

Diploma of Fellow.

Thirty-five candidates were found qualified for this diploma at the recent examinations.

Licence in Dental Surgery.

Fifty candidates were found qualified for the Licence in Dental Surgery, and corresponding diplomas were issued.

Election of Examiners.

The following Examiners were appointed for the ensuing year:

Board of Examiners in Anatomy and Physiology for the Fellowship.—*Anatomy*.—L. A. Dunn, A. Keith, C. Addison, W. McAdam Eccles. *Physiology*.—E. W. Reid, E. H. Starling, L. E. Hill, de Burgh Birch.

Conjoint Examining Board.—*First Examination—Elementary Biology*.—H. W. Lyle, W. G. Ridewell, T. G. Stevens, H. W. M. Tims.

Second Examination—Anatomy.—H. J. Waring, A. Keith, C. Addison, J. E. Lane. *Physiology*.—W. H. Thompson, T. G. Brodie, J. B. Leathes.

Third Examination—Midwifery.—W. Duncan, J. H. Targett, G. F. Blacker, A. H. N. Lewers.

Examination in Public Health.—Part I.—A. G. R. Foulerton. Part II.—H. T. Bulstrode.

Atlantic Union.

The President reported that it had been arranged to give a reception in the Museum to the members and visitors of the Atlantic Union on Wednesday, July 12th, from 5 to 7 o'clock.

Election of Council.

The President reported that a meeting of Fellows would be held on Thursday, July 6th, for the election of four Fellows into the Council in the vacancies occasioned by the retirement in rotation of Sir Henry G. Howse, Mr. Edmund Owen, Mr. Rickman J. Godlee, and by the resignation of Sir Alfred Cooper, which was received with regret.

Examination in Dental Surgery.

It was determined that the Licence of the Board of Victoria be recognized, and that the holders of such licence be admitted until further notice to the First and Second Professional Examinations together, without passing the Preliminary Science Examination.

Under the conditions of the Medical Act of 1886 Colonial and Indian Graduates and Licentiates who are registered on the Colonial Register are entitled to practise in this country and are recognized, therefore, as having passed examinations equivalent to those required for degrees and diplomas in Great Britain. It appears to the Board of Examiners in Dental Surgery that, in these circumstances, such Colonial and Indian graduates and licentiates may fairly be entitled to the same privileges of exemption in the Second Professional Examination for the licence as are accorded to British graduates and licentiates, and with this view they beg to recommend that the clauses of the regulations be altered as follows, viz.:—

Candidates who have passed the Second Examination of the Examining Board in England, or who shall produce evidence of having passed the Examination in Anatomy and Physiology for a degree or other qualification in Medicine or Surgery registrable under the Medical Act of 1886, will be exempt from re-examination in those subjects in Part I of the Second Professional Examination.

Candidates who are Members of the College or who have passed the Examination in Surgery of the Examining Board in England, or who shall produce evidence of having passed the Examination in Surgery for a degree or other qualification in Medicine or Surgery registrable under the Medical Act of 1886 will be exempt from the whole of Part I of the Second Professional Examination.

UNIVERSITY OF CAMBRIDGE.

The following have been appointed examiners in the Third M.B., Part II:

Medicine.—Dr. Humphry, Dr. West, Dr. Hale White, Dr. Rose Bradford.

Surgery.—Mr. Mansell Moullin, Sir Hector Cameron, Professor Barling, Mr. Kellock.

Midwifery.—Dr. Handfield Jones, Dr. Rivers Pollock.

ROYAL UNIVERSITY OF IRELAND.

The following candidates have been approved at the examinations indicated:

Third Examination in Medicine.—Upper Pass: *D. Boylan, *J. B. Butler, M. F. Caldwell, G. Calwell, J. P. Carolan, J. J. Hickey, *R. Hill, B.A., T. S. Holmes, P. O'Hart, H. H. Prentiss, and *D. T. Sheehan. Pass: T. Arnold, J. Barrett, W. Carson, J. Costello, M.A., C. R. Crymble, F. T. Dowling, W. S. Graham, T. Henderson, J. Hughes, J. McCausland, B.A., W. McCready, Charlotte E. Mitchell, J. F. O'Brien, J. J. O'Reilly, W. L. O'Reilly, H. J. O'Sullivan, J. Sinclair, and W. Whitfield.

* May present themselves for the further examination for Honours.

M.B., B.Ch., B.A.O.—Pass: J. F. Byrne, J. G. Campbell, P. F. Cawley, R. Chambers, LL.B., H. Gill, W. Godfrey, J. C. Hart, J. Houlihan, B.A., T. Laverty, F. A. McCammon, J. W. McFarland, S. McMurray, J. O'Keeffe, S. Porterfield, B.A., Jane E. Reynolds, T. Rouse, M. V. Shanahan, R. J. Spence, G. W. Ware, W. J. Wilson, B.A.

M.D.—D. R. Campbell, B.A., J. S. Cargin, J. Clements, H. B. Steen, J. A. Williams.

The following awards were made on May 12th, in respect of recent examinations:

Second Examination in Medicine.—Second Class Exhibition of £15 and Second Class Honours: W. D. O'Kelly, Catholic University of Ireland.

Third Examination in Medicine.—Second Class Exhibition of £20 and Second Class Honours: J. B. Butler, Catholic University School of Medicine.

M.B., B.Ch., B.A.O. Examination.—Second Class Exhibition of £25 and Second Class Honours: W. J. Wilson, B.A., Queen's College, Belfast. Upper Pass: P. T. Cawley, Queen's College, Belfast, and Catholic University School of Medicine; J. C. Hart, Queen's College, Cork; I. Laserty, Catholic University School of Medicine.

UNIVERSITY COLLEGE, ABERYSTWITH.

MR. J. H. DAVIES, M.A., Cwrtmawr, has been appointed registrar of the College in place of the late Rev. T. Mortimer Green.

Miss Stephens, Lady Warden of the hostel at Owens College, Victoria University, Manchester, was appointed Lady Principal of the Alexandra Hall of Residence, in place of Miss Carpenter, resigned.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting on May 5th, Dr. A. Traill, Provost of Trinity College, Dublin, was unanimously elected an Honorary Fellow of the College.

At a further meeting on May 12th, the Licence in Medicine was conferred on Mr. J. E. St. George Queely and the Midwifery Licence on Mr. A. C. Dondy.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.

The following candidates having passed the necessary examination have been admitted Fellows of the College: C. A. K. Ball, J. J. Bell, J. S. Dunne, P. H. Falkner (Captain R.A.M.C.), W. H. Hornibrook, J. P. Marnell, T. J. Nicholl, and J. P. Zier vogel.

The following passed the primary part of the examination: J. M. Alcorn, C. M. Benson, J. B. Butler, H. M. Johnston, B.Ch., J. M. M'Namara, and A. A. Murphy.

TRINITY COLLEGE, DUBLIN.

The following candidates have been approved at the final examination in Surgery:

H. H. A. Emerson, C. A. Boyd, C. R. Morris, H. English, W. F. Samuels, J. Murdoch, W. G. Harnett, C. C. Williams, T. H. H. Robinson, W. L. Myles, H. H. White, W. C. MacFetridge, F. J. Usher, J. Chambré.

Paul Carton, M.D., and Samuel Syng, M.D., passed the examination for the degree of M.Ch.

The following candidates were approved at the Trinity Term, 1905:

Final Examination in Surgery.—W. J. Powell, G. MacG. Millar, C. R. Morris, J. Murdoch, J. W. Houston, H. H. A. Emerson, W. Nunan, J. A. Pringle, C. A. Boyd, W. G. Harnett, C. Scaife, M. D. Ferguson, C. C. Williams, W. F. Samuels.

The following candidates have been approved at the previous medical examination in the subjects indicated:

Anatomy and Institutes of Medicine.—B. G. H. Solomons, A. E. Knapp.

Physics and Chemistry.—T. P. S. Eves, J. P. S. Dunn, F. W. H. Bigley.

Botany and Zoology.—R. H. Mathews, T. A. Watson, H. H. James, J. D. Murphy.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

Fourth Professional Examination.—Georgina W. Clarke, Florence M. M. Condon, M. T. Donovan, G. H. Gallagher, R. T. Gordon, W. Kelly, T. J. B. Kelly, J. A. Mescall, A. O'Reilly, P. M. Sheridan, W. J. Trimble, J. J. Vasquez.

D.P.H.—J. W. Dickson, L.R.C.P. and S.Edin.; J. J. Holt, M.B. Victoria Univ.; J. M. S. Kenny, M.B.R.U.I.; C. W. Reilly, Major, R.A.M.C., L.R.C.P. and S.Edin.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting of the College held on May 16th the following gentlemen having passed the requisite examinations, were admitted ordinary Fellows:

J. W. Cramer, R. D. A. Douglas, W. J. McC. Ettles, J. S. Fraser, S. G. Gomes, D. G. Newton, S. Raw, C. Retallack, L. K. Rodriguez, C. J. Taylor, J. S. Yule.

MEDICO-LEGAL AND MEDICO-ETHICAL.

ACTION AGAINST A MEDICAL MAN.

HOBSON v. BICKNELL.

At the last Liverpool Assizes, before Mr. Justice Walton and a special jury, George Hobson, formerly porter at the Royal Liverpool Golf Club House, Hoylake, sued Dr. Arthur Bicknell, of West Kirby, for alleged negligence and breach of duty as a medical man, and for slander. The defendant pleaded that he was not negligent, nor was he guilty of any breach of duty; that he never uttered the words alleged; that if he did they were true; and, in the alternative, that they were privileged. Evidence having been given, the Judge, in summing up, pointed out that the plaintiff claimed damages under three heads: negligent treatment, breach of confidence, and slander. It was for him (the Judge) to say, in regard to the latter, whether or not the occasion was privileged, and if it was, and there being no evidence of malice, the jury need not trouble about the claim for slander, except that he would ask them whether or not the plaintiff was suffering as alleged. With reference to the alleged negligence, a mistake was not necessarily negligence. From the expert evidence it appeared that there were often cases in which a medical man could not be absolutely sure of his diagnosis, and he might be acting prudently in treating a patient for what it might afterwards be found he had not got. Unless the jury thought that there was not only a mistake, but a careless mistake, which

an ordinary skilful doctor would not make, and ought not to make, they ought not to find Dr. Bicknell guilty of negligence. On the question of breach of confidence his lordship said that apparently the plaintiff told the club steward what the doctor was treating him for, and the steward communicated the information to the Secretary. Where there was no secret there could be no confidence, and he would leave it to the jury to say, having regard to the relations between the plaintiff, the doctor, and the club, whether the defendant had been guilty of a breach of confidence by failing to keep the secret.

His LORDSHIP put the following questions to the jury, which, after an absence of four hours, they answered as follows:

Was there negligence on the part of the defendant in the treatment of the plaintiff?—Yes, inasmuch as he accepted Dr. Moss's diagnosis without sufficient examination, but subsequently he used all reasonable care.

Was the plaintiff on August 19th suffering from the disease stated?—No.

Was there any breach of confidence by the defendant in telling Mr. Janion that the plaintiff in his opinion was suffering from the disease?—No.

Did the defendant tell Mrs. Hobson at the interview before September 28th—before the dismissal—that her husband was suffering from the disease?—No.

His LORDSHIP: You find there was some negligence?

The FOREMAN: Yes.

His LORDSHIP: Would you tell me what damages the plaintiff has suffered from that? The jury assessed the damages at £71 16s., for which amount the Judge subsequently entered judgement, with costs, for the plaintiff, on the issue of negligence; while, with regard to slander and breach of duty, he gave judgement for the defendant, with such costs as were attributable to those issues.

DEATH FROM JEWISH CIRCUMCISION.

A DEATH from excessive haemorrhage consequent on circumcision and "due to misadventure" was recorded in the Stepney Coroners' Court last month. From the account given in the *Jewish Chronicle*, it appears that the deceased was a baby 10 days old, which was circumcised by a registered Mohel, of Russian origin. Haemorrhage began about four hours after operation. The child seems to have died on the following day. The Mohel had redressed the case with boracic lint, and the bleeding stopped, but began again next morning, and a medical man, Dr. Gustave Michael, was summoned. He put in two stitches and again stopped the haemorrhage, but the child was already dying. The Mohel said he had had twenty years' experience in Russia and five in England. He performed about 100 circumcisions a year, and no child had hitherto died. Dr. Michael said that the case was peculiar in that the child's blood did not clot; otherwise the lint applications of the Mohel would have sufficed. The latter had not appreciated the seriousness of the case. He was not one of those who had taken advantage of the instruction afforded to Mohelim by the Society of Initiation, through its medical officer, Dr. Snowman. The Coroner, on the termination of the inquiry, told the Mohel that the jury had taken a merciful view of the case, and advised him at once to get a proper training and certificate from the Society mentioned.

TONGUE-TIE.

A BRADFORD jury last month, after a consultation of three-quarters of an hour, returned a verdict that a five-day-old baby had died from convulsions and asphyxia following an ulcer in the mouth caused by a neglected cut, and that the neglect of the cut on the part of the midwife concerned in the case was not of a culpable and criminal nature. The mother, according to an account of the case in the *Yorkshire Daily Observer*, deposed that the child had seemed to her healthy and well developed, but the day after it was born the midwife, one duly certified by the Central Midwives Council, who alleged herself to have 20 years' experience, told her it was tongue-tied. She then proceeded to cut it. The operation, as described by another witness, was very simple. The midwife took a pair of scissors out of her bag, wiped them with her fingers, and, after cutting the tongue, wiped out the child's mouth with some rags dipped in water. The child remained well until the next day, but then its chin and face began to swell, and it died some two days later. Before it died Dr. Taylor was called in, and subsequently gave the evidence upon which the first part of the verdict quoted was founded. He thought the child would not have died if its mouth had been properly treated after the cutting, and added that he thought the operation performed was unnecessary in any child.

GLASGOW EAR HOSPITAL.

A CORRESPONDENT sends us a cutting from a newspaper containing a report of the annual meeting of the subscribers to an ear hospital. He takes exception to the statement made by one of the staff respecting the frequency with which children suffer from defective hearing associated with nasal obstruction, and the success which has followed the treatment pursued at that hospital for removing this defect, and suggests that it is "advertising" or "touting for practice." We do not think there is any legitimate ground for our correspondent's suggestion.

MEDICAL ADVERTISING.

W. HARDMAN, M.B.—Such a handbill is undoubtedly advertising of the plainest kind, but the name of the practitioner which appears upon it is not to be found in the *Medical Register* for 1905. The case will be referred to the Ethical Committee.

THE RECOGNITION OF UNQUALIFIED PRACTITIONERS BY SCHOOL AUTHORITIES.

A CORRESPONDENT sends us the following letter which he states was sent to a woman whose children had been away from school with measles:

"Dear Madam,

"Will you kindly oblige by asking your doctor or chemist if it is safe for Frederick to come to school? We have to be so particular.

Yours faithfully,

Head Master of Boys,

School."

It is much to be regretted that certificates of unregistered persons should be accepted by public authorities, from the Registrar-General downwards, but we fear nothing but a change in public opinion can alter this unfortunate state of things.