

bespeaks a more vigorous activity is not so certain, though this seems probable.*

It is desirable to emphasize the fact that neither by its appearance nor by its microchemical properties was it possible to distinguish parathyroid colloid from thyroid colloid. The two appear identical. Both may be granular, both may be homogeneous. In a thyroid vesicle the central part of the colloid is often homogeneous while the more recently elaborated secretion near the lining cells is granular. It has already been shown that the parathyroid colloid in its earlier stages is granular but later loses this property.

Both thyroid colloid and parathyroid colloid behave similarly to stains. Though both are usually oxyphile, thyroid colloid will occasionally stain with basic as well as with acid dyes—treated with haematoxylin and eosin a deep purple results. Parathyroid colloid is sometimes found to possess this peculiarity.

In the paraffin process thyroid colloid is apt to become hard and to tear before the razor into characteristic strips, the edges of which tend to crinkle. The larger collections of parathyroid colloid behave identically.

THE INFANTILE PARATHYROID.

There remains to notice a difference between the parathyroid as described above and the gland at or shortly after birth.



Fig. 11.—Infantile parathyroid gland, showing complete absence of all signs of functional activity.

Sections of the gland at this age present an immature appearance in contrast to that attained at a slightly later period. The parathyroid in an infant shows a connective tissue stroma similar in arrangement to that of an adult, but the trabeculae, although delicate, are less masked by the cells and therefore more distinct. These latter wholly fill the compartments and present a uniform aspect of inactivity, the protoplasm being comparatively large in amount but staining scarcely at all with acid dyes. As a result the cell walls are distinct. Cells in an active stage are wholly or almost wholly absent and no deposit of fat can be seen (Fig. 11).

The characteristics of the infantile parathyroid may persist till as late as the third or fourth year, and in one girl of 7 all the parathyroids were infantile. In these later examples, however, it is usual to see signs of awakening activity as marked by a greater affinity of certain cells for eosin. On the other hand, active parathyroids were found in a baby of 3 months. This specimen had none of the above peculiarities except an unwonted prominence of the connective tissue, and it showed the

* I have found in not a few animals (for example, the two-spotted paradoxure, the *Beatrix* antelope, the suricate, the fat-tailed desert mouse) the thyroid to be as much or more parathyroid than thyroid in structure, and in these instances thyroid characters predominated at the surface, gradually giving place to a parathyroid structure deeper down. Further, in a young four-horned antelope a parathyroid was found in which the whole of the cortex had already become definitely thyroïdal, and the change was clearly spreading more deeply. A full description of these glands will be given in the *Journal of Anatomy and Physiology* in the course of a paper on the comparative anatomy and physiology of the thyroid and parathyroid glands in mammals and birds.

cells broken up into clumps and columns as in an adult. Once, in an infant of 6 days, the presence of many moderately active cells was noted, while in a baby of 3 months and in another of 11 months a drop of colloid was found, but this is exceptional.

CONCLUSIONS.

1. The parathyroid gland, like other glands, presents the histological variations of activity and rest. The so-called oxyphile cells are cells distended with granular secretion, and the so-called principal cells represent the exhausted stage. Intermediate forms are common.

2. The granular secretion of the cells is extruded into the surrounding lymphatic spaces and often the product of many cells runs together to form a drop. This may either lie in an irregular space between the cells or occupy a central position around which the cells are grouped to form a vesicle. In either case the secretion passes into the smaller lymphatic vessels and gradually flows along larger vessels to reach the surface, whence it drains away from the gland.

3. The secretion of the parathyroid, both in its physical characters and in its microchemical reactions, appears indistinguishable from the colloid of the thyroid.

4. During the first few months of life the parathyroid glands show few if any signs of activity. By the end of the third month at latest colloid secretion may be found, though the infantile type may persist for some years.

REFERENCES.

¹ Sandström. Läkareföreningens Förfärlingar, Upsala, 1880 (Abstract in Schmidt's *Jahrbüch.*, 1880.) ² Welsh, *Journ. Anat. and Physiol.*, 1898.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE CYSTITIS IN INFANT TREATED WITH HELMITOL.

On December 21st, 1906, I was called to see E. S., a twin, aged 7 months. I found him with a temperature of 103.6°, and no definite symptoms except persistent vomiting and swollen gums, with a purple patch about the size of the head of a small nail on the upper one. On making inquiries, the mother told me that he was passing very little urine. The urine was loaded with albumen (only). I diagnosed infantile scurvy with renal symptoms, and the diagnosis was confirmed by the other twin developing infantile scurvy shortly afterwards. Under suitable treatment the patient made rapid progress, and on January 1st, 1907, the temperature was normal. I was under the impression he was over his troubles, but on the following day I was called in again, to find him with a temperature of 103.4°.

For the next fourteen days, in spite of frequent ice-cloths to the head, cold sponging, etc., and also the most devoted attention and care of the mother and nurses, there was no improvement, the temperature oscillating from 104° to 100°, coming down to normal on two occasions for a very short time. He had, however, developed, in addition to the already-mentioned condition, gastro-enteritis and bronchopneumonia. On January 12th he began to pass pus and blood with his urine, and seemed to feel great relief when he had done so. He showed symptoms of intense pain on pressure being made over the bladder. I now determined to try helmitol, giving 1 grain every three hours. In twenty-four hours the temperature came down to normal, and remained there. In forty-eight hours the pus had entirely disappeared. I persisted with the helmitol for three days more, during which time he passed astonishing quantities of urine. I was, of course, unable to estimate the amount, but the mother was certain he was passing three or four times the normal quantity. From this time onward he made steady progress, although his eventual recovery was somewhat retarded by an attack of whooping-cough.

The scorbutic condition I treated exactly on the lines suggested by Dr. G. F. Still in the *BRITISH MEDICAL JOURNAL* of July 28th, 1906, p. 186, the nurses being much taken aback at being told to give mashed potatoes to an infant of 7 months.

Sparkhill.

J. ATTRIDGE WILLIAMS, M.D.

A CASE OF INFANTICIDE.

It is generally admitted that child murder is a crime often found difficult of proof, and that in consequence many actually guilty of the offence escape the meshes of the law. The criminal in the following case was brought to the Bar, and conviction followed, and for this and other reasons it is worthy of being recorded.

Somewhat early on a bitterly cold Saturday night in November last, in a densely-populated working class street, and in the full flare of the electric light, a perfectly nude female infant was discovered lying on the pavement, having been thrown (as was afterwards fully proven to the satisfaction of a jury) from a window on the first floor, the height of which from the ground was 14 ft. 3 in. The infant was in a state of collapse, and was carried by neighbours into an adjoining house. The police were communicated with, and medical help at once obtained. It was then seen that the child was newly-born, there being still attached to the umbilicus about 15 in. of cord, which had been forcibly torn across and left untied. The infant was removed to the parish hospital, where she died six hours later.

On the following Monday, by order of the Procurator Fiscal, a *post-mortem* examination was made at the police mortuary. The length of the body was 18½ in., the weight 5 lb. 7½ oz., the finger and toe nails well developed, and the scalp covered with hair. No external marks of violence were present on the body, but the scalp all over felt soft. In the left parietal region there was a non-discoloured swelling the size of half a walnut. On reflecting the scalp there was found in its areolar tissue, over almost its entire extent, but most markedly in the left parietal area, a copious effusion of dark-coloured coagulated blood. The left parietal bone presented a somewhat depressed stellate fracture, radiating from a point situated about midway near its lower border. Of the three fissures, one extended upwards to the sagittal suture for a distance of 2 in., a second reached forward to the frontal bone for 1 in., and the third ran towards the occiput for 1½ in. There was a considerable congestion of the brain substance, and the upper and external surfaces of both hemispheres. Nothing further abnormal was noted.

The conclusions arrived at were (1) that the deceased had been born at or near full term, and (2) that death had resulted from fracture of the skull due to direct violence.

The special defence of the accused was an alibi, but, failing to prove this, counsel argued that the fracture had occurred in the maternal passages or in the act of birth. The torn cord certainly favoured the latter view, only the rupture had taken place 15 in. from the navel, instead of the usual 1 or 2 in.; moreover, the severe scalp injury was not consistent with accidental fracture.

In addition to the conviction of the accused, two points of interest are to be noted: that it was the father (a widower with five children) and *not* the mother (his young housekeeper) who was called upon to answer for the crime; and the entire absence of all external injury on the deceased after being thrown from such a height. The accused was tried at the High Court of Justiciary, charged with murder, but found guilty of culpable homicide, and sentenced to ten years' penal servitude.

The calvaria was exhibited at the combined meeting of the Edinburgh and other Scottish Branches of the British Medical Association on February 22nd, and is now in the University (Forensic) Museum.

Beside myself, the Crown "production" at the trial was Dr. Murray Wood, who, living in the vicinity, was in the first instance called upon by the police to attend the injured child, pending my arrival from a distance, and afterwards was associated with me in making the *post-mortem* examination.

O. H. GARLAND, M.D., F.R.C.P. Edin.,
Surgeon to the Leith Police, etc.

SOUTH AFRICAN MEDICAL CONGRESS.—The South African Medical Congress will meet at Pretoria this year during the week commencing October 14th. There will be sections of surgery, medicine, gynaecology and obstetrics, public health, eye, ear, nose and throat. There will also be a section for "special subjects" not included in the other sections, for the discussion of communications embodying the results of original work in connexion with various diseases; it will also include dental surgery this year for the first time.

REPORTS

ON

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

BIRMINGHAM GENERAL HOSPITAL.

A CASE OF EMPYEMA WITH A REMARKABLE LEUCOCYTOSIS.
(Reported by E. L. BUNTING, M.B., Ch.B., House-Surgeon for Special Departments.)

THE patient in the following case, a girl aged 6, was admitted on March 21st, under the care of Dr. Saundby, to whom I am indebted for permission to publish the following notes. She had had pneumonia ten days before.

STATE ON ADMISSION.

The right chest was dull from apex to base, vocal fremitus and vocal resonance were absent, and breath sounds were almost absent. An exploring needle drew off pus. The temperature was 103.4°, the pulse 168, and a blood count showed 41,500 leucocytes per c.cm. Two hours later a pint of pus was evacuated from the right pleural cavity, and bacteriological examination revealed the presence of pneumococcus and *Streptococcus pyogenes*.

PROGRESS.

The following notes indicate the after-history:
March 22nd.—Temperature 101.6°, pulse 160; leucocytes, 53,600.

March 23rd.—Temperature 101.8°, pulse 156; leucocytes, 66,700.

March 24th.—Temperature 100.4°, pulse 170; leucocytes, 75,000. A large patch of bronchial breathing was found at the right apex. The empyema cavity was explored with a syringe, but no collection of pus was found.

March 25th.—Temperature 100°, pulse 168; leucocytes, 140,000.

March 26th.—Temperature 100°, pulse 156; leucocytes, 214,000. On a differential count the polymorphonuclear neutrophile cells were 82.2 per cent., the lymphocytes 14.8 per cent., the hyaline cells 2.8 per cent., and eosinophiles 0.2 per cent. No abnormal forms were seen. I repeated the last count (214,000) an hour later, Dr. L. G. Mackey witnessing the details. At his suggestion I took the blood from the patient's thumb instead of from the lobe of the ear, in order to obviate any suggestion that the enormous leucocytosis found might be largely a local one due to some inflammation caused by the previous punctures of the ear.

RESULT.

Death occurred five hours later. At the *post-mortem* examination no collection of pus was found in the empyema cavity into which the tube had been inserted. There was a shut-off interlobar collection of about an ounce of pus. The whole right lung was solid from recent pneumonia; at its base was a yellowish-grey necrotic area of lung tissue, resembling an abscess cavity, and about the size of a Tangerine orange. The left lung showed early bronchopneumonia and early pleurisy.

REMARKS.

This case seems to be worth recording on account of the extraordinarily high leucocytosis exhibited. Neither in my own experience nor in the literature on the subject of leucocytosis have I found a leucocyte count even approaching that noted at the last observation, apart from spleno-medullary leucocytosis. It showed how intense was the toxæmia and how great the girl's reaction power; that the source of toxæmia had not been removed by the evacuation of the pus from the pleural cavity was evident from the manner in which the leucocytosis advanced, instead of receding. The polymorphonuclear percentage, though considerably increased, does not at first sight seem to be in keeping with the degree of toxæmia which was evidently present. One must, however, take into consideration the fact that in a child of 6 the normal percentage of lymphocytes is about 38,¹ as compared with the adult maximum normal percentage of 25.

The counts were performed with the Thoma-Zeiss leucocytometer, with a dilution of 1 in 20. The films were stained with Jenner's stain.

¹ *Arch. of Pediat.*, 1906, p. 669 (Wile).

MADAME A. S. PANKEJEW of Odessa has given 100,000 roubles for the establishment of a home and out-patient department for nervous diseases in that city.

LITERARY NOTES.

IT is in contemplation to found an Italian society for the critical study of the history of the medical sciences. A meeting will be held at Perugia later in the summer to discuss the adoption of the statutes and elect a committee of direction. Professor Guido Baccelli is President of the Provisional Organizing Committee; Professor P. Giacosa (Turin) is Vice-President; and Professor D. Barduzzi (Siena), Secretary.

The Charaka Club of New York has recently issued a second volume of its proceedings. The club was organized in 1898 by a number of medical men interested in the literary, artistic, and historical aspects of medicine. The first volume met with so favourable a reception that the members have been encouraged to publish a second. Among the contents are a poem by Dr. Weir Mitchell, entitled Books and the Man; papers on Fracastorius by Professor Osler; on Charaka and his Times, by Dr. Smith Ely Jelliffe, equally distinguished as a neurologist and a medical journalist; on the King's touch for scrofula, by Dr. J. S. Billings; on the medicine of Horace, by Dr. C. L. Dana; and on the diseases of learned men, by Dr. W. B. James. Only a limited edition is published. Copies can be procured from Messrs. Williams and Norgate; the price is 15s. 6d.

A new periodical entitled *Zeitschrift für Religionspsychologie*, which will deal specially with questions on the borderland between theology and medicine, has recently been founded. It is published by Karl Marhold, of Halle, under the direction of Dr. Johannes Bresler of Lublinitz in Silesia, and Pastor Gustav Vorbrodt of Alt-Jessnitz. The new journal takes for its province such matters as the development of religious life in both sexes and at various ages, and the influence thereon of bodily disease, climate, alcohol, misery, confinement, etc.; the anomalies of the religious life, such as supernormal exultation and subnormal moral weakness and depression, and the expression of both these conditions in the form of mental disorder, religious training, and the formulation of the laws of a healthy religion. The first number contains papers by S. Freud on compulsion and religious practice, by Vorbrodt on religious psychology in the Bible, and by Bresler on the religious sense of guilt.

The American Medical Editors' Association will hold its thirty-eighth annual meeting at Atlantic City on June 1st and 3rd. The President, Dr. James Evelyn Pilcher, will deliver an address on the future of medical journalism—a subject which will also be discussed by a number of other speakers.

John Feckenham, the last Abbot of Westmins'er, was a man of such benevolence that, according to Fuller, "he relieved the poor wheresoever he came; so that flies flock not thicker about spilt honey than the beggars constantly crowded about him." He is a notable figure in the ecclesiastical history of Elizabeth's reign; and to us he is interesting as the author of a code of instructions for patients using the healing waters of Bath. He went to Bath as a patient in 1575, when his health, after long imprisonment in the Tower and the Marshalsea, had given way. While there he was the guest of Dr. Ruben Sherwood, who, although a "Popish recusant," seems to have been allowed to practise his profession. For a knowledge of the booklet to which reference has been made, we are indebted to an interesting paper by Abbot Gasquet which appeared in the *Downside Review* for Christmas, 1906. The MS. is in the British Museum, and at the beginning there is a note to the effect that "This book of Sovereign medicines against the most common and known diseases both of men and women was by good prooife and long experience collected of Mr. Doctor Fecknam, late Abbot of Westminster, and that chiefly for the poore, which hathe not at alle tymes the learned phisitions at hand." Many of the remedies are old receipts such as used to be preserved among family records in the old days. The "prescriptions and rules to be observed at the Bathe" are more interesting. The patient is enjoined on his first coming to rest and quiet his body after his journeying for the space of a day or two. He is told when to bathe:

The best time in the daie to go into the bathes is in the morning an hour or half an hour after the sunne rising, or there about, in the most quiet time. And when you shall feel

your stomach well and quiet and that your meat is well digested and have rested well the night before. But before you goe into this bath you must walke an hour at the leaste in your chamber or else where.

Then come directions how long to remain in the water, and what to do if overcome by faintness:

You may tarry in the crosse bathe an hour and a halfe att a tyme after the firste bathinge. And in the Kynge's Bathe you may tarry after the first batheinges at one time half an hour or 3 quarters of an hour. But in any wyse tarry at no time antilly you be faynt, or that yor strength sayld you.

And yf at any time you be faynt in the bath when you may drynke some ale warmed with a taste or any other suppinge, or green ginger, or yf need be aqua composita metheridate the bignes of a nut kernal at a time either by it selfe or mixed with ale or other liquor.

Great care must be taken not to catch cold:

When you forth of any of the Bathes se that you cover your head very well and dry of the water of your boode with warme clothes and then put on a warm shert and a mantle or some warm gowns for taking of cold and so go straight way to warmed bed and sweat ther yf you can and wype off the sweat diligently and after that you may sleepe a whyle, but you myst not drynke anything until dinner tyme, except you be very faint and then you may take a little sugar candie or a few rasons or a little thin broath but small quantitie to slake your thirste onlie, because it is not good to eat or drynke by or by after the bathe untill you have slept a little yf you can.

After that you have sweat and slept enough and be clearly delivered fro the heat that you had in the bathe and in your bedd, then you may ryse and walk a lytle and so go to your dynner, for by mesureable walking the evill vapors and wyndes of the stomache that are take in the Bathe be driven away and utterlie voyded.

The patient must feed well:

Let your bread bee of good sweet wheate and of one dayes bakeinge or ii at the most, and your meat well boylded or rosted. And specially let these be your meates, mutton, veale, chicken, rabbet, capon, fessaunt, Patrich, or the like.

You may eat also fresh water fish, so it be not muddie as esles and the like, refraining all salt fish as lyng, haberdyne, &c. Avoyd all frutes and rare herbs, salletts and the lyke.

Apparell your boodie accoordinge to the coldness of the wether and the temperature of the eyre, but in any wyse take no cold.

And yf you bathe agayne in the after noune or att after Dinner then take a very lyght dinner as a cople of potched eggs, a caudell or some thine broath with a chicken, and then 4 or 5 hours after your dynner so taken you may bathe agayne, and in any wyse tarrie not so longe in the bathe as you did in the fore noone.

The good Abbot evidently believed in the doctrine taught later by a certain Friar of Orders Grey, who sang:

Who leads a good life
Is sure to live well.

MEDICAL NEWS.

THE third general meeting of the Hungarian Ophthalmological Association will be held at Buda-Pesth on May 18th and 19th.

DR TEIZO IWAI, Physician to His Imperial Highness Prince Fushimi of Japan, has been appointed an Honorary Member of the Fourth Class of the Royal Victorian Order.

THE next meeting of the Pathological Society of Great Britain and Ireland will be held in the Department of Pathology, University of Edinburgh, on Saturday, June 8th.

THE annual dinner of the Post-Graduate College and of the past and present members of the West London Hospital will be held at the Trocadero Restaurant, Piccadilly Circus, on Wednesday, June 12th, at 7.30 p.m., Mr. Lloyd Williams in the chair. Tickets can be obtained on application to the Honorary Secretary, Mr. L. A. Bidwell, 15, Upper Wimpole Street, W.

At a meeting of the British Electro-Therapeutic Society on Friday next Dr. Doumer of Lille will read a paper on the fundamental principles of electrotherapy. This will be the last meeting of the Society in its present guise, as it is one of those which have resolved to throw in their lot with the new Royal Society of Medicine.

PRINCIPAL DONALD MACALISTER, M.D., LL.D., D.C.L., will preside at a dinner of the Glasgow University Club, London, to be given in the Trocadero Restaurant, Piccadilly, W., on Friday, May 31st, at 7.15 for 7.30 p.m. Application for tickets should be made to the Honorary Secretary, 63, Harley Street, W. It is anticipated that the Right Hon. Lord Kelvin, O.M., K.C.V.O., President of the Club, will be present.

THE new out-patient department of the London Temperance Hospital was opened on May 14th by Princess Louise.

THE annual general meeting of the Asylum Workers' Association will be held at the Medical Society's house, 11, Chandos Street, W., on May 29th. Sir William J. Collins, M.P., will take the chair at 4 p.m.

FROM the current issue of the *Midwives Record*, a vigorous little by-product of the Midwives Act, it would appear that midwives are busily engaged in the formation of a defence union. To membership of this body all those whose names are to be found on the roll of the Central Midwives Board will be eligible; its objects are somewhat vaguely stated to be Protection and Defence.

THE Royal Sanitary Institute intends to hold a provincial meeting at Plymouth on May 31st. On the evening of that day, Colonel J. Lane Notter in the chair, a discussion on Infantile Mortality will be opened by Major R. J. Blackburn, R.A.M.C., who will be followed by Drs. H. B. Mapleton of Newton Abbot, S. Noy Scott of Plympton St. Mary, F. M. Williams of Plymouth, Mr. W. B. Swain, chairman of the sanitary committee of the same town, and others. The following day will be given up to excursions.

The lecture arrangements at the Royal Institute of Public Health for the summer session are as follows: The Harben Lectures will be delivered by Professor Paul Ehrlich, Director of the Royal Institute of Experimental Therapeutics at Frankfort, on June 5th, 7th, and 11th, at 5 p.m. each day, the subject being experimental researches on specific therapeutics. Lectures will be delivered at the same hour on each Thursday from May 23rd to June 20th, both days inclusive, on the Veterinary Aspects of the Tuberculosis Problem, by Professor J. Penberthy, F.R.C.V.S.; on the Problem of a Pure Milk Supply, by Professor R. T. Hewlett; on Blood Immunity, by Professor G. Sims Woodhead; on the Treatment of Infectious Diseases regarded from the point of view of hospital administration, by Dr. E. W. Goodall, Medical Superintendent of the Homerton Fever Hospital; and on the Development of Africa, as a problem of comparative pathology, by Dr. L. W. Sambon. The lectures are all free.

PROVIDENT DISPENSARIES OF LONDON.—A meeting last week of delegates from twenty-three provident dispensaries of London, from the provident department of the Metropolitan Hospital, and from the Metropolitan Provident Medical Association, resulted in the adoption of the following resolution: "That co-operation between all the provident dispensaries of London is desirable, whereby their aims and work may be advanced, reciprocal action between them and hospitals be promoted, and the transference of members from one dispensary to another be made more general." To carry out the objects in view a provisional committee was subsequently elected with power to arrange for the appointment of a consultative council, representative of all the provident dispensaries of London.

MIDDLESEX HOSPITAL FESTIVAL DINNER.—The Middlesex Hospital Festival Dinner was held on May 10th at Prince's Restaurant, Piccadilly, the Duke of Connaught in the chair. Amongst those present were: Prince Francis of Teck, the Duke of Northumberland, the Earl of Derby, the Earl of Latham, Lord Cheylesmore, Lord Sandhurst, Lord Rothschild, Sir R. Douglas Powell, Mr. Henry Morris, Sir G. Anderson Critchett, Mr. Andrew Clark, and Dr. J. K. Fowler. The Chairman, in proposing "The Middlesex Hospital," referred to the work carried on there during the last 150 years, and detailed various statistics dealing with the number of patients treated. Lord Cheylesmore, in reply, pointed out that Sir R. D. Powell, the President of the Royal College of Physicians of London, and Mr. Henry Morris, President of the Royal College of Surgeons of England, were Middlesex Hospital men. Dr. J. K. Fowler, who also responded, said that the general hospitals of London were of use to the whole community, because they were the centres of medical education. Mr. Andrew Clark, who was also called upon to acknowledge the toast, made some interesting remarks on the amount of money spent on the surgical side of the hospital, and among other examples quoted the institution of the x-ray department as one of the necessary additions that had been provided by the Board of Management. Other speakers were the Earl of Derby, the Duke of Northumberland, and Sir T. H. Brooke-Hitching. The announcement that the donation list amounted to £6,500 was received with enthusiastic applause.

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—The thirty-first annual meeting was held at 20, Hanover Square, W., on May 7th. The report showed 624 members and 350 student associates. The Association had been reorganized during the past year by the dissolution of the Scotch and Irish branches and the formation of eleven new branches

in provincial centres having medical schools—namely, Belfast, Bristol, Cardiff, Dublin, Dundee, Edinburgh, Glasgow, Leeds, Liverpool, Manchester, and Newcastle-on-Tyne—with a special view to work among the medical students. After refreshments, Professor Sims Woodhead, the President, gave an address on the medical justification of total abstinence. He said that till recently they thought they had enough evidence to carry conviction; but recent events had shown that some were not yet convinced. For the assertions in the recent manifesto no specific evidence was given, but only "universal experience." He thought that these medical men did not know that they were to be used as cats' paws to draw out the chestnuts for some one else, and that their words would be put up in every public house. Some of them were, however, better in their practice. He could name one who only gave 3*sd.* worth of alcohol per patient in his hospital in one year, while the average of the whole was 4*sd.* 7*sd.* The expenditure in most hospitals had gone down considerably, and evidently they used to give too much years ago, or gave too little now. Alcohol increased the output of nitrogen at first, but equilibrium was soon re-established, and this tolerance was due to a structural change in the brain, owing to which drinkers required more chloroform to produce anaesthesia. Such a change was not likely to be beneficial. Alcohol was said to increase gastric secretion; so it did, but the increase was due to mucus and hydrochloric acid, and there was no increase of pepsin; in this it differed from food. Alcohol used to be considered absolutely necessary in fevers, but was not now; it was often given as a last resource, and then chiefly as a traditional practice. Alcohol was not used as food while the body could get other things—that is, under natural conditions. Glucose was a better stimulant, and a real food to the heart. Among subsequent speakers were Dr. C. R. Drysdale, Dr. W. McAfee, Dr. Claude Taylor, and Dr. Rushbrooke.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual general meeting of this Society was held on May 9th, Dr. Blandford, President, in the chair. Fourteen members were present. One Vice-President and six Directors were elected to fill the vacancies in the Court. A cordial vote of thanks was passed to the editors of the medical journals for their courtesy in publishing the reports of the meetings of the Society, and endeavouring to make it better known to the members of the medical profession. The report for 1906, which was adopted, stated that during the past year 10 new members were elected, 9 died, and 1 resigned. The Society consists at the present time of 1 honorary, 140 life, and 145 paying members, making a total of 286, which, considering the number of medical men who are eligible for membership, is but a very small proportion. The invested funds of the Society amount to £98,960, from which is derived in interest the sum of £3,114 4*sd.* 1*sd.* £334 1*sd.* was received in subscriptions and donations. The working expenses for the year were £217 10*sd.* 5*sd.* Amongst the annuitants of the charity—namely, 54 widows and 21 orphans—the sum of £3,268 10*sd.* was distributed, each widow receiving on an average £50 and £10 extra at Christmas, and each orphan £10 and £3 extra at Christmas. The Copeland Fund is a special fund, which enables the Society to grant to any widow or orphan already in receipt of the Society's ordinary relief extraordinary relief in special circumstances of unusual distress, such as blindness, paralysis, insanity, severe disabling accident, or grave permanent disease, and to continue such extra relief in the case of orphans beyond the age of 16 or 18 years (at which, under the Society's existing by-laws, the ordinary relief ceases), for such further period as the Court of Directors may think fit. During the year 6 widows in receipt of grants died. One, whose husband had paid a life subscription fee of £21, received £900; another, whose husband had paid the maximum amount in annual subscriptions—namely, £52 10*sd.*—received £697; the remaining 4 widows had received on an average £600 each. Five new widows were elected during the year, and on December 31st there were 47 widows and 20 orphans in receipt of grants. One of the widows has been on the books since 1854, and has already received over £2,000. Membership is open to any registered practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross. Should any member remove beyond the limits of the Society, he may nevertheless continue to be a member. The annual subscription is two guineas; every member who shall have paid this sum for twenty-five years shall be a member for life. Life membership may also be obtained by the payment of one sum, varying with the age of the applicant. Further particulars and application forms may be obtained from the Secretary at the offices of the Society, 11, Chandos Street, Cavendish Square, W.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Medical Chairs in the University.

In a congregation held on Tuesday, May 7th, the forms of statutes establishing a Professorship in Human Anatomy and a Professorship in Pathology were promulgated and the preambles thereof approved *nemine contradicente*.

Certificate in Anaesthetics.

The Board of the Faculty of Medicine will, on and after Trinity Term, 1908, require from candidates for the Final B.M. Examination, in addition to the certificates already required, a certificate showing attendance on a course of practical instruction in the administration of anaesthetics in a hospital approved by the Board.

UNIVERSITY OF CAMBRIDGE.

DEGREES.

THE following degrees were conferred on May 9th:

M.D.—D. W. Carr, Trin.; G. W. Micklethwait, Trin.
M.B.—W. L. Murphy, Joh.
B.C.—W. E. Lee, Trin.; J. H. Pratt, Trin.; R. R. Walker, Joh.;
A. R. Jordan, Clare; S. P. Chan, Gonv. and Cai.; R. G. Markham, Gonv. and Cai.; H. J. Fardon, Christ's; R. B. Lloyd, Emm.; J. H. B. Martin, Emm.

UNIVERSITY OF LONDON.

PRESENTATION DAY.

THERE was a crowded audience of men and women graduates and others in the great Hall of the University on May 8th. The Chancellor (Lord Rosebery) presided. The report on the work of the last year was read by the Principal (Sir A. Rücker). It referred to the importance of the union accomplished by the incorporation of University College in the University in January last, and to the success which had attended the visit paid to the University by the University of Paris last year. A return visit would be paid by the University of London to Paris in Whitsun week.

The Chancellor, addressing the audience, said that he recently was apparently a candidate for the Chancellorship of the University of Oxford. There never had been the slightest question of his election to that post; he had simply lent his name, rightly or wrongly, to a movement of protest, rather than of contest, in the University of Oxford. He had never for a moment thought of severing his connexion with the University of London; and no one of its members excelled himself in devotion to its interests. The University had lost two staunch friends by the death of Lord Davey, Chairman of the Royal Commission by which the University was placed on its present basis, and of Sir Michael Foster, its late representative in Parliament. On the other hand, a graduate of the University and member of the Senate, Mr. Justice Cozens-Hardy, had been raised to the position of Master of the Rolls. The University exhibited almost monotonous prosperity and efficiency. The entries to their ranks had increased from 1,854 in 1899-1900 to 3,041 in 1906-7, or 63 per cent. The percentage of failures at the matriculation examination was still 60 per cent. The number of internal students was growing yearly; and the incorporation of King's College would take place as soon as certain pecuniary difficulties were surmounted. The University had been benefited by great benefactions in the past; he rather doubted if there would be the same facility for them in the future. Those benefactions had largely come from fortunes built up in South Africa; he was sceptical if colossal fortunes were now being made in that country. There was further a movement in this country against superfluity of wealth, from which benefactions were produced; it was possible to "kill the bird that laid the golden eggs." If the State took to itself the vast sources of affluence from superfluous wealth it would also have to undertake the responsibilities which had hitherto fallen on that superfluity. The benefactions received by the University this last year had exceeded £1,000 per week; and amongst the benefactors were the generous and single-minded Mr. Beit, who had bequeathed £25,000 to the University; the Goldsmiths' Company, who had a supreme advantage over individual benefactors in that they could not die; Mr. Martin White, and others. He hailed, too, the movement started by the students themselves, which would close that day, for the first time in their history, by a solemn service of gratitude to the Almighty in Westminster Abbey. It was right and meet that they should proceed to that historic shrine and offer up their thanks for blessings vouchsafed to them, and their prayers that their career might not be unworthy of that University nor of the empire in which it was the central educational point.

The candidates for degrees and honours were then presented to the Chancellor, this being the first occasion on which the degree of D.D. had been conferred.

Service in Westminster Abbey.

At a special service, promoted by an undergraduate committee, and held at 6 p.m. in Westminster Abbey, the procession included the Chancellor, the Vice-Chancellor (Sir E. Busk), the member for the University (Sir P. Magnus), the Principal, Lord Reay, Sir H. Pascoe, and a large number of the

members of the University. Before the service Sir Frederick Bridge played a selection on the organ. The hymns were "O God of Bethel" and "Praise, my soul, the King of Heaven." The anthem was "Wherewithal shall a young man cleanse his way?" The sermon was preached by the Dean, who welcomed the large gathering of students and their seniors. He thanked God that that ancient abbey church, which had so long stood for the consecration of the highest human gifts, should declare afresh its attractive power in the midst of our modern life, and gather within its historic walls so many of the choicest elements of the intellectual progress of London, together with such a representation of that young life on whose true development and self-education the future of England depended.

UNIVERSITY COLLEGE.

The electors will shortly proceed to elect a Sharpey Physiological Scholar in place of Dr. J. M. Hamill, who has resigned. The scholar will receive an emolument of £150 a year. Candidates must have attended one or more classes in the Faculty of Medical Sciences or of Science in the College.

As the purpose of the scholarship is to give those who intend to qualify themselves for physiological or pathological work, whether as teachers or investigators, the opportunity of acquiring the requisite knowledge and skill, the holder of the scholarship is expected to devote his whole time to his duties in the laboratory.

Under the terms of the endowment the Sharpey Scholar is required to assist throughout the session in the teaching of the students in the class of practical physiology, and will, if required, aid the Professor of Physiology in the conduct of physiological inquiries. The appointment of the scholarship will be for one year, but the holder of the scholarship is eligible for re-election.

Full particulars of the scholarship can be obtained on application to the Secretary of the College, or to Professor Starling. Applications should be made by letter only, on or before June 16th.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examinations indicated:

FIRST M.B.C.M.—J. A. Andrews, P. W. Bedford, B. J. W. Bennetts, P. N. Berry, Charlotte M. Birnie, J. R. Boyd, U. F. F. Brown, C. E. H. Browne, H. M. Buchanan, *F. D. Cairns, E. H. Cameron, *W. Campbell, E. R. Carlos, T. Caul, Anna Chose, G. J. Cillie, A. Cochrane, Lilian Cook, D. H. D. Cran, May F. W. Davidson, R. Dow, W. E. Fitzgerald, H. H. C. Fuller, A. Galletly, K. A. Gilchrist, J. P. Glynn, C. W. Graham, A. C. Heard, J. Hewat, S. Hodkinson, N. J. Hofmeyr, B.A., J. Honeyford, J. L. Huggan, W. H. Irving, A. Jassinowsky, H. A. Khin, A. Langwill, J. J. Levin, T. Lindsay, R. B. Llewellyn, F. M. Low, Eva M. Lyon, E. F. G. M'Auliffe, *G. N. M'Diarmid, E. C. Mackay, R. McLaren, N. G. M'Lean, *P. M'Nab, D. F. Macrae, W. C. B. Meyer, Lucy M. Muir, F. D. Pascoe, L. T. Poole, H. E. Pugh, K. A. Rao, A. B. Robertson, W. H. Robinson, H. A. Von Ronn, C. M. Rout, E. St J. Seelly, T. M. Sellar, R. G. Shaw, S. F. Silberbauer, W. F. W. Sim, W. D. D. Small, B. H. H. Spence, H. H. Stewart, R. M. Stewart, J. Taylor, J. H. Tennent, C. M. R. Thatcher, P. H. du Toit, F. L. Tulloch, Mary B. Walker, S. J. A. Hall, Walsh, F. H. C. Watson, J. Watson, J. H. Watson, T. C. Welsh, L. S. Wilcox, N. C. Young.

SECOND M.B., C.M.—D. C. Adam, T. A. Adams, D. Aiken, R. J. Allsopp, A. Archibald, Alice E. M. Babington, T. H. Balfour, Eveline R. Benjamin, W. M. Biden, T. C. Borthwick, F. A. J. Brodzik, G. S. Brown, A. N. Bruce, B.Sc., W. F. Buijs, *W. L. Burgess, B. N. Burjorjee, *A. W. Burton, Sarah E. Buyers, *J. A. Campbell, L. Cassidy, J. Cathcart, G. L. Cawkwell, R. B. Chamberlain, P. H. Chauvin, B. R. Chopra, F. M. Chrystal, N. A. Coward, J. Crocket, Lucy E. Davies, J. K. M. Dickie, Adelaide A. Dreaper, J. W. C. Drever, F. A. Duffield, *A. M. Elliott, W. C. Fragoso, E. L. Galletly, C. Gamble, Mary M. Gardner, G. H. Garnett, A. W. Gill, T. J. Gilmore, D. M'D. Grant, R. D. Latimer Greene, S. C. Sen Gupta, A. G. Hamilton, E. S. B. Hamilton, B. F. Hamilton, *R. C. Harkness, J. E. Haycraft, J. Henderson, G. R. Inglis, Flora Innes, W. C. Jardine, A. M. Jones, *G. E. King, J. H. Lawry, D. C. Lee, L. A. Lewis, H. Lipetz, W. R. Logan, H. A. V. Loots, C. L. Louw, Mary Low, M.A., H. F. Lumsden, Alexandra B. MacCallum, D. MacCarroll, A. J. M'Connell, W. Macdonald, G. E. G. Mackay, J. C. Mackenzie, D. Mackinnon, A. G. MacLeod, D. M'Phail, R. C. MacQueen, J. Malloch, T. H. R. Mathewson, W. M. Menzies, W. Messer, E. L. Middleton, L. M. V. Mitchell, J. Montgomery, S. P. Moore, J. A. Mortimer, J. M. Moyes, C. C. Murray, K. Nehru, J. G. Nicholson, M.A., F. H. Noronha, J. Oag, M.A., J. E. T. Oxley, J. J. Pace, S. P. P. Proctor, J. Renwick, *D. G. Robertson, W. S. Robertson, D. M. Ross, Marguerite Ross, W. Ross, M.A., R. P. Rosser, P. Rytowski, A. C. Russell, C. M. Schaefer, Jessie A. Scott, J. J. M. Shaw, M.A., J. C. Simpson, K. Simpson, G. H. Sinclair, Gertrude M. Smith, H. F. Smith, B.A., J. G. Smyth, J. Sprent, B.Sc., W. Stewart, C. P. A. Stranahan, J. Swan, H. W. Teague, J. A. Thompson, W. S. Thomson, J. C. Watson, T. Welsh, J. P. Whetter, E. V. Williams, *J. D. Wilson, *W. Brand, *P. M. Carlyle, J. C. Tennent.

THIRD M.B., C.M.—R. C. Alexander, H. M. Anderson, Marion H. Archibald, M.A., Margaret W. Bartholomew, *Lydia de la T. Bateman, G. L. Batra, J. Black, H. Blyth, A. M. Bose, W. Boyd, J. Brander, F. S. Brennan, B. S. Browne, J. A. Browne, J. E. Brydon, J. T. Carson, Jean G. Cathels, J. J. P. Charles, W. P. Chrystal, D. G. Cooper, H. S. Cormack, F. G. Cowan, D. D. Craig, Emilie C. Creaser, G. H. Dart, F. J. Davidson, J. M. Deuchars, J. T. Dickson, Joanna M. F. Drake, W. J. Duncan, A. L. Dykes, W. G. Evans, *J. Findlay, W. Fleming, *K. Fraser, T. Gardner, *A. Gibson, M.A., A. I. Girdwood, R. L. Girdwood, J. A. Gordon, P. Gorrie, J. C. B. Grant, F. W. Greaves, J. A. W. Hackett, J. K. Hamilton, M.A., R. Hannah, F. W. Hay, Hester M. Henderson, H. Hutson, J. D. Ingram, F. E. Jardine, J. J. Jervis, W. W. Johns, H. E. Johnson, J. V. Karve, A. W. Kendall,

E. W. Kirk, R. A. Krause, F. R. Laing, C. L. Laurent, H. R. Lawrence, A. J. B. Leckie, M. A. Lindsay, V. D. O. Logan, J. Lorimer, J. C. Lorraine, H. B. Low, R. F. J. MacGregor, K. Mackenzie, A. C. M'Killop, W. M. Macnair, D. Macnair, E. R. D. Macnichie, A. C. Mallace, M. A., *J. Marshall, W. J. F. Mayne, J. A. Mitchell, J. B. de W. Moloney, Katherine B. A. Nelson, C. T. Newton, J. A. van Niekerk, E. F. W. Nixey, A. C. Norman, A. B. Pearson, J. H. H. Pearson, J. H. Peek, Laura W. Pugh, K. A. Rahman, E. M. Reid, J. J. van Rensburg, C. L. D. Roberts, D. H. Russell, *J. Scott, F. Shannon, J. T. Simson, E. W. Smerdon, W. B. Somers, G. S. Sowden, M. A., J. E. Spence, J. W. Stirling, W. Stobie, E. A. Strachan, A. Tait, G. P. Taylor, Eleanor M. Thompson, J. G. Thomson, M. A., *J. J. Thomson, R. W. Lang Todd, B. Sc., *R. Verel, F. H. de Villiers, A. A. Wallbrugh, E. A. Walker, W. Oliphant Walker, H. S. Wallace, L. E. B. Ward, F. K. te Water, F. W. Waterworth, A. P. Watson, M. A., H. B. Watson, M. A., H. L. W. Wemyss, A. White, D. J. Williamson, E. D. Wilmott, G. G. Wray, A. G. Yates, M. A., W. A. Young.

* With distinction.

† Under old regulations.

ROYAL UNIVERSITY OF IRELAND.

AT a meeting of the Senate on May 9th the report of the Standing Committee on the recent medical examinations was considered and passes, honours, and exhibitions awarded.

Sir Christopher Nixon, Bart., was unanimously re-elected representative of the University on the General Medical Council, on the motion of Dr. Windle, seconded by Dr. Leslie.

On the recommendation of the Standing Committee, it was unanimously resolved to confer *honoris causa* the degree of LL.D. upon Dr. Windle, President, Queen's College, Cork, and upon the Right Rev. Monsignor Mannix, President, St. Patrick's College, Maynooth.

DEGREES.

The following degrees were conferred :

In the Faculty of Medicine.

M.D.—R. J. Bethune, M. J. O'Flynn, H. E. S. Richards.
M.Ch.—C. B. F. Tivy.
M.B., B.Ch., B.A.O.—V. J. McAllister, C. R. Harvey, R. Hill, B.A., R. V. Slattery, B.A., J. J. Kearney, O'C. Sullivan, J. P. Waters, B.A., J. Barrett, J. W. Birne, J. A. Boyd, D. Boylan, G. F. Campbell, J. M. A. Costello, N. M. Donnelly, F. F. Dowling, B.A., Jane M. Fulton, W. McKee, Charlotte E. Mitchell, J. B. Murphy, B.A., J. Nunan, P. O'Hart.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held at the College on Thursday, May 9th; the President, Sir R. Douglas Powell, in the chair.

Announcements.

The President announced that he had personally interviewed Lord Lister, who desired that his warm and sincere thanks should be conveyed to the Fellows for the honour paid him in their recent memorial of congratulation on his having attained his eightieth birthday.

Geological Society of London.

The President announced that he had nominated Dr. Graham of Madeira to represent the College at the forthcoming centenary anniversary of the London Geological Society in September next.

Fellowship.

James Barry Ball, M.D. Lond., Arthur Thomas Wilkinson, M.D. Lond., Edward Mansfield Brockbank, M.D. Vict., William James Fenton, M.D. Cantab., Edwin Bramwell, M.B. Edin., Andrew Duncan, M.D. Lond., Robert Jones, M.D. Lond., and Herbert Stanley French, M.D. Oxon., who were elected at the last Comitia, were admitted Fellows of the College.

Communications.

The following communications were received :

1. From the Managing Director of the *Practitioner*, asking permission to photograph the portrait of Sir William Jenner, Bart., in the possession of the College for publication in that journal. Leave was granted, subject to the sanction of Lady Jenner being obtained.

2. From the Chairman of the Semmelweis Memorial Committee at Buda-Pesth, thanking the College for its interest and support in the matter, and enclosing for acceptance a medal struck to commemorate the institution of the memorial. The gift was accepted, and thanks passed to the donors.

3. From Dr. Charlton Bastian, resigning his office as a curator of the museum. On the motion of the President, a cordial vote of thanks was passed to Dr. Bastian for his long and valuable services, and Dr. William Hunter was elected his successor.

Admission of Women to the Examinations of the College.

A petition was received from the London School of Medicine for Women praying for admission of women to the examinations of the College. Discussion of the petition was deferred to a future comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ORDINARY COUNCIL, MAY 9TH, 1907.

Issue of Diplomas.

DIPLOMAS of membership were issued to 110 candidates found qualified at the recent examination.

The Teaching of Midwifery.

A report of the Committee of Management on the above subject was approved, adopted, and entered on the minutes. The report recommends as follows :

1. That before conducting the required 20 labours, every student should be required to discharge the duties of medical clinical clerk and of surgical dresser for six months each, and that he should also be required to attend the course of practical instruction in midwifery.
2. That it is desirable, though not at present practicable, for every student to obtain a definite part of his teaching in practical midwifery in the wards of a lying-in hospital or in the lying-in ward of a general hospital.
3. That every student should be required to discharge the duties of clinical clerk in the gynaecological wards or out-patient department of a recognized hospital during three months.
4. That no student should be allowed to enter for the examination in midwifery until he has completed the course of instruction necessary for all the subjects of the final examination.

The Committee, therefore, recommend that the Regulations of the Examining Board in England be altered so as to provide :

1. That every student shall himself conduct 20 labours.
2. That before conducting such 20 labours he be required : (a) to have held the office of medical clinical clerk and of surgical dresser at a recognized hospital during six months each; and (b) to have attended a course of practical instruction in midwifery.
3. That the certificate of having conducted the required number of cases be signed by a member of the staff of a lying-in hospital or of the maternity charity of a general hospital, or by the dean of the medical school attached to the general hospital.
4. That every student be required to discharge the duties of clinical clerk in the gynaecological wards or out-patient department of a recognized hospital.
5. That every student be required to complete the curriculum of professional study before presenting himself for examination in midwifery and gynaecology.

Lord Lister.

A letter was read from Lord Lister in answer to that sent by the Council in reference to the celebration of the eightieth anniversary of his birth, thanking the Council for their congratulations.

John Hunter's Lectures.

A vote of thanks was passed to Dr. Thomas James Walker, of Peterborough, for his presentation to the College of a volume of original notes of John Hunter's lectures, taken by Mr. Hopkinson.

The Egyptian Medical School.

The Committee of Management reported that they had received from Dr. Theodore Dyke Acland an interesting and valuable report on the examinations of the Egyptian Medical School, on the professional education at that school, and on the hospital accommodation at Cairo. The Committee will in due course communicate with the Egyptian Medical School (in accordance with the authority conferred upon them by the two Colleges) on subjects arising out of Dr. Acland's report, but, in the meantime, the Committee suggested that the Royal Colleges might express to Dr. Acland, the first Assessor to the Examinations of the Egyptian Medical School, their acknowledgement of his valuable services.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, May 7th, 1907, Dr. Underhill, President, in the chair.

Admission to the Membership.

Robert Dods Brown, M.D., D.P.H., Edinburgh, was admitted by ballot to the membership of the College after examination.

Admission to the Licence.

The Registrar reported that since the last quarterly meeting forty-one persons had obtained the licence of the College by examination.

Annual Report Regarding the Laboratory.

The Curator submitted his Report for the last year regarding the research and reporting work undertaken in the Laboratory during the year and the expenditure incurred. The Report showed that 28 workers had been engaged in research, that 2,731 specimens had been reported on, being an increase of 252 on the number for the previous year, and that the expenditure had amounted to £1,458 6s. 3½d. The report was adopted by the College.

Election of Representative in the General Medical Council.

Sir John Batty Tuke was unanimously re-elected representative of the College in the General Medical Council for a period of five years from 7th May, 1907.

Conjoint Committee of Management of Triple Qualification.

Dr. John Playfair was re-elected as Representative of the College on the Conjoint Committee of Management of the Triple Qualification.

Appointment of Morison Lecturer.

It was intimated that Dr. Lewis C. Bruce had been appointed Morison Lecturer for the ensuing session.

Recognition of Lecturer.

Dr. Harry Rainy, F.R.C.P.E., was recognized as a lecturer on Practice of Physic.

Freeland-Barbour Fellowship.

The Freeland-Barbour Fellowship was awarded to Mr. Ninian Bruce, B.Sc.

Expulsion of Licentiate.

By vote of the College, Edmund McDonnell, a Licentiate of the College, was expelled from the College and deprived of his licence to practise, as granted by the College, and of all his rights and privileges as Licentiate.

CONJOINT BOARD IN ENGLAND.

THE Council of the Royal College of Surgeons on May 9th, 1907, conferred diplomas of M.R.C.S. upon the undermentioned gentlemen, who have completed the Final Examination in Medicine, Surgery, and Midwifery, of the Examining Board in England, the Royal College of Physicians having conferred its licence upon the same candidates on April 25th last:

G. H. Adam, F. O. Arnold, H. T. Ashby, P. H. Bahr, H. J. Beddow, R. C. P. Berryman, J. Birch, R. E. Brayne, J. Browne, C. W. G. Bryan, M. B. S. Button, H. V. B. Byatt, W. J. Chapman, P. J. Chissell, S. Churchill, E. B. Clayton, H. C. Colyer, P. S. Connellan, P. A. Creux, T. H. Davies, A. H. T. Davis, H. E. T. Dawes, G. Denholme, A. T. Densham, H. Dimock, M. M. Earle, H. R. Elliott, C. A. Ellis, W. A. Fairclough, J. H. Farbstein, M. Fawkes, N. Flower, W. E. L. Fowler, C. H. S. Frankau, W. D. Frew, P. C. Garrett, H. Gibson, W. S. Gibson, A. S. Graham, G. Graham, W. R. Greening, F. W. W. Griffin, R. G. V. Hale, H. McC. Hanschell, R. N. Hartley, L. C. Hayes, A. W. Hayward, C. E. K. Herapath, G. A. F. Heyworth, W. de M. Hill, H. Houwink, R. de S. Illesinghe, C. G. Jarvis, R. S. Jenkins, W. G. Jones, A. J. Kendrew, S. Krestin, M. Leckie, H. H. Leeson, W. S. Leicester, R. L. Ley, C. Leddige, W. Lovell, F. B. Lowe, J. B. Macalpine, C. F. F. McDowall, E. L. Marchant, W. B. Martin, J. H. Mayston, B. B. Metcalf, H. L. Morgan, E. L. R. Norton, H. S. Ollerhead, A. O'Neill, G. L. Parsons, B. T. Parsons-Smith, W. Patey, S. Paulin, C. A. Pemberton, E. C. Pope, O. C. W. Prausnitz, G. Price, J. L. Rankine, J. A. Renshaw, K. Robinson, C. F. Rumsey, A. L. Sachs, L. St. Vincent Welch, J. Selfe, E. A. Shirvell, A. L. Singer, W. F. Skinner, F. G. Snoad, E. C. Sparrow, L. D. Stamp, F. Standish, G. Stone, A. A. Stratton, J. R. Sutherland, R. E. Todd, S. S. Vazifdar, J. L. Walker, N. H. Walker, R. R. Walker, H. G. Webb, H. B. Weir, H. B. Wickham, J. W. J. Willcox, C. L. Williamson, L. A. Wilson.

The Royal College of Physicians has also conferred its licence upon the following gentlemen, who had already received their M.R.C.S. diploma:

R. D. Brown, H. O. Howitt, C. G. McGreer, and C. E. Waldron.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL PROFESSIONAL.—M. J. Ahern, A. P. Barrett, R. M. Brontë, Kathleen Dillon, *J. D'Alton, J. B. Kelly, R. Martin, J. E. Moffatt, J. R. H. MacManus, J. P. O'Kane, R. O'Kelly, R. S. Stephens, N. R. Ussher.
D.P.H.—*Captain R. B. Ainsworth, R.A.M.C., Captain S. Adye-Curran, R.A.M.C., E. F. Flood, Major B. Forde, R.A.M.C., F. C. Smyth.

* With honours.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

THE ETHICS OF CONSULTATION.

A STICKLER FOR ETIQUETTE writes: After a certain date I intend visiting private patients only in consultation with another medical practitioner. I am desirous of conveying this information to the profession in the large town in which I practise and the immediate neighbourhood. How would you advise me to do this so as best to avoid any breach of etiquette? I may say I have held the appointments of physician to a hospital for many years, and am now on the consulting staff.

** We should advise our correspondent to allow his actions to speak for themselves, and not to attempt anything in the nature of a circular to the profession, which would have all the appearance of an advertisement.

STARTING IN PRACTICE.

INQUIRER.—To buy an introduction is often a sounder way of getting a practice than to endeavour to make one without any assistance, but the latter course is quite legitimate and in accordance with medical etiquette. If our correspondent chooses to start in practice in the place that has taken his fancy, he has a perfect right to do so, and need not be afraid of his conduct being considered bad "form."

GRATUITOUS ATTENDANCE UPON THE WIDOW AND CHILDREN OF A MEDICAL PRACTITIONER.

VERAX.—The widow of a medical practitioner who is in good circumstances has no claim to gratuitous medical attendance.

Medico-Legal.**INFRINGEMENT OF THE MEDICAL ACTS BY LIMITED LIABILITY COMPANIES.**

X. Y. Z. encloses a copy of the *Wednesday Herald* for May 8th, 1907, a newspaper which apparently circulates in the north of London, in order to draw our attention to an advertisement issued by a company calling itself "Tasker Keys, Limited." The advertisement consists of the following lines, which we give in full:

"Qualified and Consulting Chemists.
Years of Medical and Surgical Experience.
Advice Free Daily.

No Case Undertaken Unless Cure Guaranteed.
Also Nervous and Skin Diseases a Speciality.
487, High Road, Tottenham, N."

Our correspondent points out that this is either a case of a limited liability company of chemists advertising for medical and surgical practice which should bring any qualified chemists employed by it under the discipline of the Pharmaceutical Society; or, if there is a qualified medical practitioner engaged, the case would be one for the General Medical Council. It is an example of the way in which the Limited Liability Act is used for improper purpose, and illustrates the need for the reforming legislation now before the House of Lords.

PRINCIPAL AND LOCUM TENENTS.

A CORRESPONDENT writes that he recently went away from his practice, leaving a locum tenent in charge. A fortnight later he had to return on account of the locum tenent being down with pneumonia. Another locum tenent had to be engaged and the former to be nursed at his house, and up to the present both the patient and his wife, who has been attending to him, have been living there at his expense. He wishes to know whether he is bound to pay the locum tenent the fee of 4 guineas a week while he has been disabled, and, if so, whether he can deduct from the amount the expense he has been put to in keeping him at his house.

** He is only legally bound to pay the 4 guineas a week up to the time of the disablement of the locum tenent. The latter could not fulfil his contract, and can, therefore, only claim a *quantum meruit* with regard to that portion of it which he carried out. With regard to the expense incurred in nursing him, it is doubtful whether the principal is responsible, but most practitioners would be inclined to be liberal under the circumstances.

PAYMENT OF LOCUM TENENTS.

COUNTRY DOCTOR writes: In spite of your assertion (BRITISH MEDICAL JOURNAL April 27th, p. 1035) that it cannot be said to be customary for a principal to pay for the locum tenent's washing, and in spite of "Peripatetic's" remarks, there is no doubt whatever that the contrary is the case. Your correspondent "Locum," during a large experience, has only once been asked to pay for washing. My "friend" whom I quoted in my former letter during five years' locum work has only twice been asked to pay, and all the medical men (some twelve or thirteen) whom I have recently asked have all without exception told me that they never ask the locum tenent to pay, and would not think it right to do so. There is no doubt that so far as a locum tenent is concerned "all found" should include washing and alcohol, and in nine cases out of ten does so.

M.D.CANTAB writes: As one who has been forced by ill health to do a large number of locum tenancies, may I give my opinions on the points raised? First, stimulants should be included in "board." I have never had any trouble on this subject, although, as a rule, I do not touch them when acting as a locum tenent. Secondly, all expenses, from door to door, should be paid by the principal, the expenses of the return journey being estimated at the same as the first journey. Tips to the principal's servants should not be included. Thirdly, washing bills should be paid by the locum tenent. A more important point than these, in my opinion, is best given by an illustration: A. asks me to do