

Later Ransome says, "Exactly half the patients discharged have maintained the improvement gained for over a year, while half have got worse or are dead."

Professor Moeller, of the Belzig Sanatorium near Berlin and a recognized authority on tuberculosis, six years ago an utter sceptic upon tuberculin treatment, is now one of its most earnest advocates. He tells us that in cases in which sanatorium methods have entirely failed, tuberculin has been proved to possess undoubted curative properties, and that while sanatorium treatment never cures in three months, permanent cures are often obtained with tuberculin.

In his first record Moeller showed that

Sanatorium methods alone cured	10.9 per cent.
Sanatorium methods and tuberculin cured	36.3 "

Arranged according to stages the results were:

Stage I.—Sanatorium methods alone cured	31.8 per cent.
Sanatorium methods and tuberculin cured	75.0 "
Stage II.—Sanatorium methods alone cured	1.9 "
Sanatorium methods and tuberculin cured	20.0 "
Stage III.—No cures possible except as curiosities.	

According to Moeller's later experiences, sanatorium methods alone may cure 25.30 per cent. of the cases of pulmonary tuberculosis in the first stage (German Board of Health classification), while tuberculin in his hands has secured the same result in 84.6 per cent. of the cases. I venture to say that when Professor Moeller uses larger doses or repeats the course of treatment, he will find that tuberculin will cure 90 to 100 per cent. of these early cases. In fact, Professor Moeller will agree, as I do, with our great teacher, Professor Koch, that "*tuberculosis of the lungs in the first stage can be cured with certainty by tuberculin.*" In the second stage, which Moeller maintains is never cured by sanatorium treatment alone, tuberculin gives permanent results in 40 per cent. to 60 per cent. of the cases. Even in the third stage tuberculin sometimes yields remarkable results that cannot be approached by sanatorium methods. When these splendid results are claimed for tuberculin by those who have had an extensive and prolonged experience with it, are we going to be so foolish as to pay any heed to the carping, surreptitious criticism of those sterile authorities who have the hardihood to express adverse opinions on a matter concerning which they have no personal knowledge?

In medicine, as in surgery, pioneers have often had to bear much unfair criticism. Experience is our great teacher. I do not know any great authority who has used tuberculin with the conditions and limitations laid down by Koch and found tuberculin wanting. On the other hand, I have seen no carefully compiled records that prove tuberculin to be either harmful or useless. We do not condemn operations because novices and those who have not learned their art make mistakes and fail. There have been terrible tragedies arising from various operations in their early history, but the operations have survived. The failures and tragedies associated with tuberculin are not the fault of tuberculin, but the fault of those "fools who rush in where angels fear to tread."

Failures may be the stepping-stones to high success; and the failures of to-day are converted by increasing knowledge and experience into the successes of to-morrow.

BIBLIOGRAPHY.

Professor Koch's numerous contributions. *Zeitschrift für Tuberculose*. Weicker's Publications. Schröder-Blumenfeld's *Therapie der Lungen-Schwindsucht*. *Tuberculose-Arbeiten aus der K.K. Gesundheitsamt*. Camac Wilkinson's articles on Tuberculin in *Diagnosis and Treatment*. *BRITISH MEDICAL JOURNAL*, and *Sydney University Magazine*. Ransome, *BRITISH MEDICAL JOURNAL*, 1905.

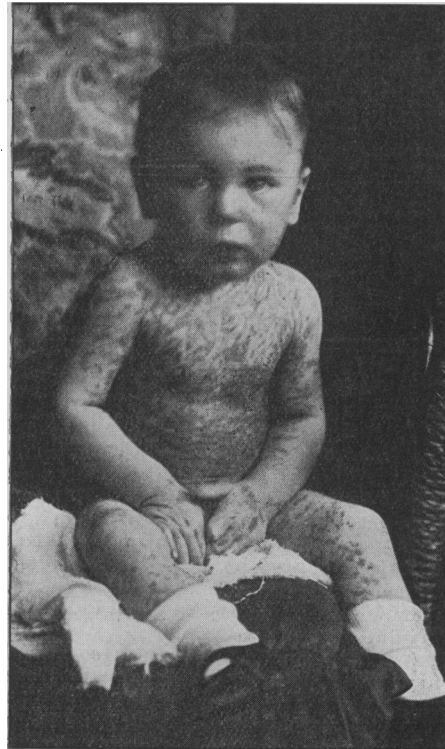
INTERNATIONAL BALNEOLOGICAL EXPOSITION.—An international balneological exposition will be held at Spa this year from July 20th to August 30th. Among the objects exhibited will not only be such as show the present condition of balneology in the strict sense, but any others that may seem to be of importance for the development of modern watering-places. Among these are especially objects relating to hygiene, architecture, the betterment of dwellings, the improvement of baths, and the provision of amusements. Communications relative to the exhibition should be sent not later than June 3rd to the General Secretary, 43, Avenue de Marteau, Spa, Belgium.

UNDER the will of the late Miss Margaret Harrison, of Bayswater, the London Hospital receives a bequest of £200.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF URTICARIA PIGMENTOSA TREATED BY X RAYS.

In July, 1906, a male child, aged 13 months, was brought to me on account of a rash which proved to be a very typical example of urticaria pigmentosa. The child had fair hair and blue eyes. The rash first appeared on the abdomen, eight days after vaccination, at the age of 4 months. The distribution of the rash over the front of the body is well seen in the photograph; on the back



its distribution and extent was similar; it involved the neck. The face, hands, and feet were free. Upon the trunk the lesions ran in oblique lines in its girdle axis. The individual lesions were macules, and although a number could be felt with the eyes shut, I believe that this was due to temporary turgescence. In colour they were a deepish brown with a tint of yellow, in shape oval. Turgescence of the old lesions on irritation and factitious urticaria were very marked. Itching was slight. The child was in all other respects healthy, and gave a normal blood count.

For treatment the child had three exposures to the x rays at intervals of a week, the total dose being insufficient to produce any visible reaction. For six months from this date both factitious urticaria and turgescence of the old lesions on irritation ceased, and no new lesions appeared. At the end of this period the old symptoms returned, but were again removed by three doses of x rays, and remain absent after three months. The mother holds that the old macules are lighter in colour, but I am not convinced of this.

F. H. JACOB, M.D., M.R.C.P.,
Physician to the Nottingham General Hospital.

URTICARIA AND INFLUENZA.

A GIRL of about 8 years, with normal temperature, had an inflamed throat and consolidation of the base of the right lung. These gave no appreciable symptoms. I was asked to see large urticarial patches—boggy in nature—of irregular outline. One in front of the neck was 5 in. long and 2 in. wide (vertically) and was surrounded by skin somewhat red and swollen. Another circular patch about 1½ in. in diameter was at the back of the neck, while a large patch 5 in. by 2 in. was placed over the left shoulder, extending down the limb; another

similar patch was placed in the upper third of the right thigh at its inner aspect. The tongue had been partially cleansed by opening medicine given by the mother. There was no surrounding red skin save at the front of the neck; this was probably due to scratching. On the following day no trace of the previous eruption was visible—two fresh spots of urticaria over the right abdomen and of almost ordinary size were alone visible. The consolidation had disappeared. The next or third day there was no rash; the throat was slightly red, but no symptoms were present. The treatment adopted was simple diet and magnesia. The mother said the girl had not been well since she had had diphtheria—treated by antitoxin—four years ago. I hear no rash appeared. Apart from some evidence of constitutional weakness (rheumatic?) I found no other disease.

These localized eruptions are probably on a par with the ischaemic processes found in connexion with influenza, and especially with convulsive cases. The size of the wheals seem to me to make the case interesting.

London, E.C.

J. REID, M.D.

EGGS IN THE DIET OF INFANTS.

ALTHOUGH the question of the substitute feeding of infants has been voluminously argued for hundreds of years, it is by no means settled yet.

In the BRITISH MEDICAL JOURNAL of April 13th Dr. Haworth says he hopes men will be induced to try 'undiluted, sterilized, pure cow's milk. He does well to say "pure," but where can one obtain pure cow's milk? For many years undiluted, sterilized cow's milk has received a careful trial in thousands of cases in London and elsewhere. It has been proved beyond question that, although infants can digest it, they do not really thrive on it alone. The antiscorbutic and other vital principles are destroyed during the process of sterilization.

For many years I have wondered why eggs have been so persistently excluded from the dietary of infants. None of us hesitate to prescribe raw white of egg; even in desperate conditions, as a temporary measure, but few seem to know that eggs may be given indefinitely to the exclusion of milk.

After having despairingly tried fresh cow's milk, modified at one time and another by every known device, during many years, and witnessed untold suffering on the part of the infants and acute distress on the part of the mothers, I have come to the conclusion that it is one of the most difficult articles imaginable to handle successfully. I now rely largely on eggs. I recommend the following proportions for an infant weighing 6 lb. or more at birth:

During the first two days after birth beat up the raw white of a large new-laid hen's egg, add to this water to make 8 oz., also 40 grains of pure cane sugar. Strain through butter muslin. Put 1 oz. of this into the feeding bottle, stand it in hot water at 110° until the food is raised to 98° F. Feed every hour and a half.

On the third or fourth day add 5 minims of the yolk of the egg and 5 minims of raw meat juice to each feed.

Increase the quantities gradually as the child grows older, and also add cod-liver oil emulsion to each feed, say 5 minims of a 40 per cent. preparation.

I have yet to meet with an infant unable to digest these ingredients carefully adjusted to the needs of each case. The merits of this method of feeding are that one is giving quite fresh uncontaminated food containing all the elements of perfect nutrition. It is, moreover, easy to prepare.

The medical attendant should not shirk his duties, but should see the child, and give written instructions as to the quantity of food, intervals between feeds, etc., at least twice a week for the first six weeks of its life, then, say, once a week for the next six weeks, after that an occasional visit will usually suffice.

The child's mother and father should be encouraged to take an interest in its feeding, and keep a close watch on the nurse to see that the bottles are kept clean, the food given at the right temperature, etc. Even the best nurse requires watching.

One child in particular, now under my observation, and brought up upon the above lines, is one of the finest I have ever seen; she has no sign of rickets, is very muscular, and is bright mentally. Her teeth are coming through in good time, without difficulty, and when not

quite 10 months old she grasped an apparatus weighing 1½ lb. in both hands, and lifted it several inches. Her father, who is 43 years of age, has never been strong, and of late years has suffered from repeated attacks of influenza of a very debilitating type. The mother, also, has been in feeble health for many years, and has twice suffered from albuminuria of pregnancy.

Bournemouth.

W. J. MIDELTON.

MANIACAL CHOREA.

HAVING read Dr. J. Magee Finny's paper in the JOURNAL of April 27th, and seeing how rarely these cases recover, it has occurred to me that an account of one which occurred in my own practice may be of interest.

Condition on Examination.—In March, 1904, I was called to see an unmarried primipara, aged 19, and at about the seventh month of her pregnancy. She was suffering from a fairly severe attack of chorea, but the pulse was good, and there were no cardiac complications. I prescribed 10 minims of liq. arsenicalis three times a day for a week, and at the end of that time there was some improvement. Fearing, however, the development of neuritis (which I have seen develop when these large doses have been continued too long), I then changed her medicine. During the next few days the chorea increased in gravity, but her mind remained clear.

Treatment.—In the early morning of the twelfth day of my attendance I received an urgent call, as the patient had become decidedly worse. On arrival I found her in a wild state of maniacal excitement. She failed to recognize any of her friends, and seemed unconscious of her surroundings. She was tossing wildly in the bed, and throwing her arms and legs in every direction. The room being a low one, she almost kicked the ceiling in her frenzy. The bed coverings were lying in a heap in one corner of the bed. As I think resisted movements are more exhausting than free ones, I told the friends not to struggle with her, but, beyond keeping her on the bed, to let her "have her fling." The bed being next a wall, only one side had to be guarded. As she had improved on arsenic before, I determined to give it freely, and ordered liq. arsenicalis $\text{m} \times$ every four hours. This was continued for seventy-two hours. I also gave chloral hydrate in 20-grain doses at intervals. She remained in much the condition described for three days, excepting that sometimes she would sleep an hour or two after a dose of chloral. There were no lucid intervals, but at times she was less violent than others. Fortunately her mother was able to get her to take a fair amount of nourishment. The question of procuring abortion occurred to me, but in her violent condition I decided against it.

Result.—On the fifteenth day of my attendance she recognized me for the first time for three days, and from this time she steadily began to mend. On the nineteenth day she gave birth to a premature child, which had evidently been dead a few days, and from this time her recovery was rapid.

REMARKS.—She has since married, and I have twice confined her with strong, healthy children. There was no recurrence of the chorea. The chief credit for her recovery is due to her mother, who never left her for three weeks, and showed great tact and patience in inducing her to take nourishment and medicine. What share the large amount of arsenic (liq. arsenicalis, 180 minims in seventy-two hours) had in her recovery it is difficult to say. As far as I could see there were no ill effects from it. There was no vomiting nor diarrhoea, nor was it followed by neuritis. Whether she had abdominal pain or muscular cramps, she was in no condition to tell us. She complained of none when she regained consciousness. Arsenic is usually regarded as the most reliable drug in chorea. Dr. W. Murray, in his *Rough Notes on Remedies*, contends, however, that it is usually given in inadequate doses, and it seems to me he is correct. Unfortunately, many choreic patients will not stand the large doses he advocates. In most of the published cases of maniacal chorea it is stated that arsenic was tried and found useless. The question is, Was it given in sufficiently large doses? The way this patient took these heroic doses (1½ grains in seventy-two hours) may encourage others to give it freely in this formidable and usually hopeless disease.

Spennymoor.

W. MUSSELLWHITE.

FREE DIPHTHERIA ANTITOXIN.—The State of Illinois has appropriated a sum of £6,000 to be expended during the next two years by the State Board on the purchase of diphtheria antitoxin, which will be distributed free wherever it may be needed outside Chicago. That city already furnishes antitoxin free to its citizens. The State Board of Health of Massachusetts has for a number of years produced its own antitoxin for free distribution. The State of New York follows the course now adopted by Illinois.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ended April 27th and May 4th the deaths from plague in India numbered 76,771 and 77,776; the seizures during the same periods amounted to 87,394 and 89,747 respectively. The deaths in the chief centres of plague during the weeks in question were: Bombay Presidency, 1,853 and 1,577; Bengal, 3,526 and 3,512; United Provinces, 15,464 and 19,982; Punjab, 54,204 and 51,305; North-West Frontier Province, 12 and 55; Central Provinces, 923 and 662; Burmah, 196 and 151.

Plague seems to be spreading towards the Afghan frontier at Jalalabad, Jamrud, Ghari Mauladad, Charsadda, and Peshawar. On the frontier cases of plague are reported; and as at this time of the year (April, May) many Afghans are leaving India for Afghanistan to escape the hot weather, there is danger of the disease being carried along the caravan route between Kabul and Peshawar.

AUSTRALIA. Queensland.

Brisbane.—During the weeks ended April 13th and 20th the fresh cases of plague numbered 3 and 0 and the deaths from the disease 1 and 1 respectively. On April 20th 2 cases of plague remained under treatment.

Port Douglas.—During the weeks ended April 13th and 20th the fresh cases of plague numbered 2 and 0.

MAURITIUS.

No fresh cases of plague reported since April 25th.

HONG KONG.

During the week ended May 18th the fresh cases of plague numbered 18, and the deaths from the disease 7.

SOUTH AFRICA. Cape Colony.

King Williamstown.—During the weeks ended April 27th, May 4th and 11th the fresh cases of plague numbered 2, 0, and 1, and the deaths from the disease 2, 0, and 0. Evidence of plague in rodents has been found recently.

SPAIN.

The report of plague in Carthage, Spain, notified by a Reuter's telegram recently, is now ascertained to be unfounded.

MEDICAL NEWS.

THE first French Congress of Stomatology will be held in Paris this year from August 1st to 5th.

THE President of the Pathological Society of London, Dr. Pye-Smith, will deliver his valedictory address at a meeting of the Society on Tuesday next.

THE Rev. Frederick Borradaile of Lincoln, whose will has now been proved, bequeathed £500 to Lincoln County Hospital and £100 to Lincoln Dispensary.

A SPECIAL meeting of the Clinical Society will be held on June 14th to make arrangements preliminary to its amalgamation with the Royal Society of Medicine.

DR. LOUIS VINTRAS, Physician to the French Hospital, has been appointed Director of the French Convalescent Home at Brighton and of the Annexe for the Preventive Treatment of Tuberculosis.

THE Irish Medical Schools and Graduates' Association will give a smoking concert at the Café Monico, on June 6th, at 9 p.m. Members can obtain tickets on application to the Honorary Secretary, 77, Harley Street, W.

THE Neurological Society of the United Kingdom is to discuss the relation of posterior basic meningitis with epidemic cerebro-spinal fever at its meeting on Thursday next, the proceedings being opened by Dr. F. E. Batten.

THE Dermatological Society of Great Britain and Ireland held its annual meeting and conference on the afternoon of May 22nd, the principal event being an oration by Professor Lassar of Berlin, on the relationship between dermatology and other branches of medical science. A dinner in honour of the distinguished guest was given by the Society the same evening.

A BANQUET was held at the Mansion House on May 28th to inaugurate a special appeal for £10,000 with which to free from debt the North-Eastern Hospital for Children, Bethnal Green; it resulted in a collection of £2,500 in the room. The Lord Mayor mentioned that the hospital served a poverty-stricken district with a dense population of 470,000 inhabitants. In Bethnal Green the infant mortality last year equalled 280 per 1,000. During the year 1,712 children had been treated in the wards and about 30,000 in the out-patient department.

THE festival dinner in aid of the British Home and Hospital for Incurables at Streatham, held at the Princes' Restaurant on May 28th, resulted in a collection of £2,348. Lord Cheylesmore, the Chairman, mentioned that since 1861 330 persons had passed through the home, and 968 others had received allowances of £20 a year in order to enable them to reside with friends.

TRAINING OF MIDWIVES.—The Essex Education Committee, at a meeting on May 27th, decided to give a number of scholarships of the value of £10 each for the training of midwives. The recipients are to undergo a six months' course at the Leytonstone Home of the Essex County Cottage Nursing Association. Every candidate must undertake to work in the district of the local committee which nominates her for a scholarship.

MR. AND MRS. SAMUEL STRETTON, now of Droitwich but formerly of Kidderminster, celebrated their golden wedding on April 28th, and were the recipients of addresses from several public bodies, including the Corporations of Kidderminster and Droitwich, and of a large number of valuable presents. The latter included a golden rose bowl, offered by the supporters of the Kidderminster Infirmary and Children's Hospital, and a gold matchstand from the Kidderminster Saturday Collections Committee. Mr. Stretton, who became M.R.C.S. in 1854 and L.S.A. in 1856, was medical officer of Kidderminster Workhouse for forty years, and for a great many years one of the most active members of the staff of Kidderminster Infirmary and Children's Hospital; this he still serves as Senior Consulting Surgeon. All their children, twelve in number, are still alive, one of them, Mr. Lionel Stretton, being Senior Surgeon of the hospital mentioned. The parents of Mr. and Mrs. Samuel Stretton celebrated a similar event some thirty years ago in Leicester.

METROPOLITAN ASYLUMS BOARD.—The first meeting of the new Board was held at the office on the Embankment on May 25th. Mr. J. T. Helby was elected Chairman. A letter was read from the Secretary of the Committee appointed to inquire into the ambulance provision for dealing with cases of accident and illness in the streets and places of the metropolis, asking the Board to appoint a representative to attend and give evidence before the Committee. Mr. T. Duncombe Mann, the clerk, was appointed. The various standing committees of the Board were afterwards appointed. The returns of infectious cases showed that during the fortnight ended Thursday last 995 patients had been admitted to the Board's fever hospitals; 51 had died in those institutions, and 836 had been discharged recovered, the total number remaining under treatment being 3,705, as compared with 3,597 a fortnight previously—an increase of 108. Of that number, 2,725 were sufferers from scarlet fever, 925 from diphtheria, 52 from enteric, and 3 from other diseases. There were no small-pox patients under treatment. In the Board's imbecile asylums there were 6,645 patients, as compared with 6,619 at the date of the last return; on the training ship *Exmouth* there were 548 boys, and in the children's schools and homes 1,335 inmates.

KING'S COLLEGE, LONDON.—The forty-seventh annual dinner of King's College, London, was held on May 27th, the Bishop of St. Albans in the chair. The Chairman, in proposing "Prosperity to King's College," pointed out that it included faculties of theology, medicine, engineering, law, and science, and that it had a total of 3,145 students. They stood now on the borders of greater things. If King's College was to advance still further, much larger funds would be needed. They were on the brink of a thorough incorporation with the University of London; and he rejoiced most heartily at the prospect. It was because the college had shown a capacity for still further development that it was taking a share in the work of the university. The principal, Dr. Headlam, in responding, referred to the loss which the college had suffered by the death of Dr. MacFadyen, and suggested that there should be a public recognition of one who died as a martyr in the cause of science and for the sake of amelioration of disease and the benefit of the human race. Alluding to the incorporation of the college with the university and to the appeal for funds which had been made in connexion therewith, he mentioned that the Goldsmiths' and Clothworkers' Companies had each contributed £5,000, and that there had been other promises and donations, raising the amount subscribed up to the present time to £15,000. Sir William Ramsay proposed "The Professors and Lecturers," who, he said, had included Maurice, Daniell, Miller, and Lord Lister, men who had impressed their personality, not merely on King's College, but on the whole world. Professor Seeley responded.

knowledge, religious as well as scientific; and though never demonstrative in religious matters, he had the simple piety and trust in God to be found in all really great characters. His sympathies were wide, and he had close friends among clergy of many denominations—Roman Catholic, Church of England, and Presbyterian, while he listened with interest to the Hibbert lectures delivered by the Rev. James Drummond.

Physically never a very strong man, and latterly much debilitated by severe illnesses, he had great powers of endurance, and in his youth did not know what it meant to be tired. When at the zenith of his powers, working hard professionally in Calcutta, investigating the causes of pyæmia, writing for the medical journals, and carrying on the experiments embodied in the *Thanatophidia*, he always considered he was doing nothing, and that perhaps some day he might begin to do real work.

His energy, both physical and mental, was remarkable. He was a keen sportsman and his experience was varied, beginning with tiger shooting in the Oude Terai in 1855, and ending with the shooting of rare birds and sea fishing in the early part of 1907 from his boat, the *Seamew*, in Falmouth Harbour and Bay. After his return to England in 1872 he visited Scotland every autumn for deer stalking, shooting, and fishing, and he was to the last interested in these forms of sport.

As a man, Sir Joseph's chief characteristics were steadfastness of purpose, from which nothing could turn him, and a lofty sense of duty. He always said exactly what he thought on every subject, but if the expression of his views gave pain to any individual, he tempered it with words of kindness and encouragement. In short he always distinguished the sin from the sinner. He had a great tenderness and love for children, and was ever ready with encouragement and material help, when possible, for young people trying to make their own way in life or for any who needed help. He was incapable of a small or mean action or thought, and what was more unusual, he never attributed unworthy motives to others. His unfailing cheerfulness, even when suffering, his strong sense of humour and his genial smile will long be remembered by those who were privileged to know him even slightly.

Sir Joseph was a man of many interests, but his chief amusement at home was reading, and latterly being read to, as his sight failed somewhat, and his area of general reading was wide, comprising poetry, history, biography, and theology. He was very familiar with the *Divina Commedia* in the original, and with the greater English and French poets. He appreciated a good novel, but theology was his favourite reading. He read all kinds, but was especially interested in the works of Scottish divines, and in those of the Broad Church party, of which the pioneers were Kingsley and Maurice.

To his family and friends the loss is irreparable, for he was a tender loving husband and father, a staunch and firm friend, a kind and considerate master. When he gave his confidence he gave it completely, and to gain his friendship was indeed a privilege. Once a friend, always a friend. He was a man to love and revere, and his character is best summed up in the words he applied to his friend, Sir James Outram, "He was indeed '*Chevalier sans peur et sans reproche*.'"

The funeral of Sir Joseph Fayrer took place at Falmouth Cemetery on May 24th. The Rev. R. A. Edgell, son-in-law of the deceased physician, was one of the officiating clergy. On the coffin was a beautiful wreath from Edward VII, bearing the inscription "For Auld Lang Syne." It may be mentioned here that Lady Fayrer had previously received a letter from Sir Dighton Probyn, conveying to her the expression of His Majesty's sympathy in her bereavement. The mourners were Lieutenant-Colonel Joseph Fayrer, R.A.M.C. (who succeeds to the title); Lieutenant-Colonel J. O. S. Fayrer, Indian Army (retired); and Captain F. D. S. Fayrer, I.M.S. (sons); Mrs. R. A. Edgell (daughter), Mr. A. Young Herries, Major W. D. Herries, Mr. J. Scobell Armstrong, Mrs. R. Scott, and Mr. Graham Keith. Sir W. R. Hooper represented the Indian Medical Service and the Secretary of State for India; Sir Lauder Brunton, the Medical Society and the Royal Society; Mr. S. Forster, Wellington College; Mr. E. Owen, the Royal College of Surgeons; Sir Dyce Duckworth, the Royal College of Physicians and Edin-

burgh University; and Mr. Alexander Dashwood, the survivors of the Lucknow Garrison. The Mayor and Town Council of Falmouth and many local residents also attended.

A memorial service was held at St. Peter's Church, Vere Street, which was largely attended. Canon Page Roberts, D.D., officiated. The King was represented by Major-General Sir Arthur Ellis. Among the congregation were Lord Strathcona, Sir Edgcombe Venning (representing the Medical Society of London), Sir Shirley Murphy, Sir Richard and Lady Douglas Powell, Surgeon-Major-General Sir John Reade, Sir James Reid, Sir William Church (representing the Royal Medical and Chirurgical Society), Mr. Henry Morris (President of the Royal College of Surgeons of England), Sir Frederick Treves, the Rev. W. A. Thomas, Mr. J. A. Newsom, and Mr. Bernard Lamb, Secretary (representing the staff at Epsom College), Surgeon-Lieutenant-Colonel Kialmark, Dr. John Anderson and Mrs. Anderson, Surgeon-General L. D. Spencer, Colonel J. Lane Notter (representing Wellington College), the Rev. G. H. Anderson (representing the Duke of York's School, Chelsea), Dr. P. Chalmers Mitchell (Secretary of the Zoological Society of London), Mr. F. Jeffrey Bell (Natural History Museum), Dr. Watt Black (representing Charing Cross Hospital), Dr. W. H. Hamer (representing the Epidemiological Society), Colonel David Bruce (representing the Royal Society), Mr. R. J. B. Howard (representing the McGill University, Montreal), Major-General R. Blundell, Mr. Henry Williams (representing Guy's Hospital), Mr. Stanley Boyd, Dr. Harold, Mr. Pearce Gould, and General Abadie.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MR. SHIPLEY, of Christ's College, has been reappointed the representative of the University on the Council of the Marine Biological Association.

DEGREES.

The following degrees were conferred on May 23rd:

M.B., B.C.—H. F. G. Noyes, Gonv. and Cai.
M.B.—C. R. Crowther, Joh.; J. R. C. Greenlees, Joh.; G. F. S. Bailey, Gonv. and Cai.
B.C.—A. I. Cooke, Gonv. and Cai.; R. F. Young, Christ's.

A DIPLOMA IN ANTHROPOLOGY.

The Board of Anthropological Studies recommend in a report to the Senate: (1) That a diploma in anthropology be established; (2) that an advanced student who has studied some branch of anthropology under the direction of the Board and has presented a thesis, which thesis has been approved for a certificate of research, shall, on the payment of such fees as the Senate may from time to time determine, be entitled to a diploma testifying to his competent knowledge of anthropology; (3) that any member of the University having graduated before the date of the establishment of the diploma, who has presented a thesis on some branch of anthropology, which thesis has been approved by the Board, shall, on the payment of such fees as the Senate may from time to time determine, be entitled to a diploma testifying to his competent knowledge of anthropology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE COMING COUNCIL ELECTION.

THE Council is at present constituted as follows:

President.

Mr. H. Morris; C, (1) 1893 (substitute), (2) 1898, (3) 1906.

Vice-Presidents.

Mr. Edmund Owen; C, (1) 1897, (2) 1905.

Mr. Rickman J. Godlee; C, (1) 1897, (2) 1905.

Other Members of Council.

Sir J. Tweedy; C, (1) 1892, (2) 1900 (substitute for Mr. Davies-Colley till 1904, but retained seat, being President).

Mr. Marsh; C, (1) 1892 (substitute), (2) 1894, (3) 1902.

Mr. Butlin; C, (1) 1895, (2) 1903.

Mr. Mayo Robson; C, (1) 1893, (2) 1901.

Mr. W. Watson Cheyne, C.B.; C, (1) 1897 (substitute), (2) 1901.

Mr. F. R. Cross; C, (1) 1898, (2) 1906.

Mr. H. W. Page; C, 1899.

Mr. A. Pearce Gould; C, 1900.

Mr. J. Ward Cousins; C, (1) 1895 (substitute), (2) 1897 (substitute), (3) 1900.

Mr. R. Clement Lucas; C, 1901.

Mr. J. H. Morgan, C.V.O.; C, 1902.

Mr. H. H. Clutton; C, 1902.

Mr. C. W. Mansell Moullin; C, 1902 (substitute for Sir W. MacCormac until 1907).

- Mr. C. T. Dent; C, 1903.
 Mr. G. H. Makins, C.B.; C, 1903.
 Mr. F. S. Eve; C, 1904 (substitute for Mr. Jessop till 1907).
 Mr. A. A. Bowly, C.M.G.; C, 1904.
 Mr. G. Barling; C, 1904.
 Mr. C. H. Golding-Bird; C, 1905.
 Mr. W. Harrison Cripps, C, 1905 (substitute for Sir Alfred Cooper until 1908).
 Mr. G. A. Wright; C, 1906.

The following list shows the proportional representation of metropolitan medical schools and of the provinces:

St. Bartholomew's	...	3
Charing Cross	...	1
Guy's	...	2
King's College	...	1
London	...	2
Middlesex	...	2
St. George's	...	1
St. Mary's	...	2
St. Thomas's	...	2
University College	...	2

Total number attached to London schools	...	18
London member unattached to any hospital	...	1
Provincial members (Birmingham, Bristol, Cambridge, Manchester, Southsea)	...	5
Total	...	24

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following candidates have been approved at the examinations indicated:

PRIMARY FELLOWSHIP.—W. F. O'Connor, Miss E. R. Benjamin, R. Charles, F. J. Colgan, E. A. Gregg, P. M. J. Power, R. S. White.

FINAL FELLOWSHIP.—F. J. Cahill, R. H. Dickson, Major T. W. A. Fullerton, I.M.S., P. E. Hayden, H. Stokes, P. D. Sullivan.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated (May, 1907):

SURGERY.—*†R. Beesley, †H. S. Burnell-Jones, S. A. Mahmood, *†E. Moir, †C. C. Morrell, *†G. H. Rodolph, †S. H. Watton.

MEDICINE.—*E. V. Connellan, J. Cree, *F. M. Cunningham, *†R. Spears, *†E. E. C. Vollet.

FORENSIC MEDICINE.—C. L. Driscoll, H. E. Middlebrooke, E. H. Paterson.

MIDWIFERY.—H. W. Phillips, W. P. Pinder, E. W. Squire, G. L. Walker.

The diploma of the Society has been granted to Messrs. H. S. Burnell-Jones, S. A. Mahmood, E. Moir, C. C. Morrell, R. Spears, and E. W. Squire.

* Section I. † Section II.

GUY'S HOSPITAL.

SIR ARTHUR RUCKER, M.A., D.Sc., LL.D., F.R.S., Principal of the University of London, will distribute the prizes to the successful students at Guy's Hospital on Thursday, July 4th. The usual garden party will be given in the grounds.

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.

FEES FOR ANAESTHETICS.

H. MURRAY.—Fees for anaesthetics vary greatly in different parts of the country, but in England half a guinea is a common fee to pay a medical practitioner who administers gas for a dentist, whatever the social position of the patient. On the other hand, a guinea is also often paid for the same service and by the same class of patients. We should advise our correspondent to ascertain the fees that are usually accepted by practitioners of his own standing in his division of the United Kingdom.

MEDICAL REPORTS TO EMPLOYERS.

KINLOCH says he was asked by a hotel proprietor to express an opinion as to whether a barmaid was or was not under the influence of drink, and he asks whether it was or was not right for him to "look" at the barmaid on the landlord's behalf, and certify as to her condition.

** Nothing in the nature of a medical examination should be made on behalf of an employer without the express consent of the servant, and the latter should understand fully the consequences of giving consent; it is doubtful

whether an intoxicated person could give a valid consent. Provided that our correspondent did not obtain access to the barmaid in his professional character, and was asked merely to "look" at her as an impartial witness whose medical knowledge would give greater value to his opinion should legal proceedings result, we are not prepared to say that he was precluded from doing what any other person might do.

Medico-Legal.

MOTOR CARS AND WATER RATE.

MOTORIST writes that he has recently bought a motor car, and the local authorities have increased his water rate by 25 per cent., making a special charge for the motor car. He wishes to know if this is legal.

** We know of no right possessed by the local authorities to charge a special water rate for motor cars, but it is customary to assess a householder specially for stables. It may be that the charge complained of by our correspondent is for stables.

INSTRUMENTS AND DRUGS IN PURCHASE OF PARTNERSHIP.

A. takes B. into partnership for one year's purchase. Is it customary for the instruments and drugs to be included in the one year's purchase, or should they be valued apart?

** In the absence of a special agreement to the contrary, B. should pay for his share of the instruments, drugs, etc., belonging to the firm, in addition to the sum he pays for his share in the practice.

PARTNERS AND HOLIDAYS.

A. and B. are practising in partnership, and the partnership deed allows each partner to take a four-weeks' holiday. B. takes his holiday by changing with another practitioner in the country, who gives him free board and lodging in return for doing his work, but no money remuneration. Should B. pay into the partnership a sum equal to the value of the board and lodgings?

** Certainly not. Provided B. makes no pecuniary profit by doing professional work during his holidays, his partner has no claim on him.

PRINCIPAL AND ASSISTANT.

A. and B. are principal and assistant. B. has made no promise of any description to A. B. is paid on the 2nd of each month. B. obtains an appointment on the 10th day of the month, and gives A. a written notice to leave in a month's time on the following day—the 11th. A. refuses to receive notice from B. until the 2nd of the following month. Can B. legally leave on the 11th of the following month and demand payment to that date?

** An assistant, in the absence of a special agreement to the contrary, who is paid monthly, is only bound to give a month's notice, and can give this notice at any time he thinks fit.

THE CORONER AND MEDICAL FEES.

ERGOT writes: A coroner in my district is a bankrupt. Some time ago I gave evidence at an inquest, and have not yet received my fee of £1 ls. How can I recover same?

** By the Coroners Act, 1887, Sec. 26, it is enacted: "A coroner holding an inquest shall immediately after the termination of the proceedings pay the fees of every medical witness not exceeding the fees fixed by this Act, and all expenses reasonably incurred in and about the holding thereof, not exceeding the sums set forth in the schedule of fees for the time being in force under this Act, and the sums so paid shall be repaid to the coroner in manner provided by this Act." Our correspondent should write to the coroner first and request it; then, if no satisfactory reply is received, a county court summons should follow. At the County Council Office it might be ascertained when the fee for "Ergot" was paid to him, as fees payable in his court cannot be retained for bankruptcy purposes.

CIGARETTE SMOKING BY WOMEN.—Mr. D. W. Williams, the United States Consul at Cardiff, in a report to the Bureau of Manufactures at Washington, says that the United Kingdom is the best market in the world for tobacco. The consumption of tobacco in this country has increased 30 per cent. in the past fifteen years. The Consul says the cigarette seems to be the special favourite of all classes, and dealers report that there is a growing demand for cigarettes among women.