

The new conception as outlined by Förster, is briefly as follows: The bacilli have been shown by Conradi to be present in the blood during the incubation period, and even before the bacilli can be found the presence of antibodies may be demonstrated by the precipitin test, as was shown by Fornet. On the other hand, it is only during the first and second weeks of the disease that the bacilli appear in the faeces. The bacilli, therefore, do not multiply in the gut, but at a very early stage find their way through the wall of the alimentary canal, perhaps even from the fauces and tonsils into the lymphatics, and thence into the blood. While the bacillus is producing its effects on the lymphoid tissues of the gut, etc., other and not less important events, which till recently had been overlooked, are taking place.

At a very early stage the bacilli find their way into the liver and bile, and here their presence gives rise to inflammatory changes in the bile ducts and gall bladder. These changes have been observed in cases of disease in man, and also after the intravenous injection of the microbes into animals. The normal bile, according to Förster, is not a very suitable medium for the typhoid bacillus, but when albuminous material is added to it the bacillus finds in it an excellent pabulum. In the case of typhoid fever the albuminous material is supplied by the inflammatory exudate from the ducts and gall bladder, and the bacilli grow freely under these conditions in the gall bladder and pass out through the bile duct into the small intestine, thence into the large intestine, and are thrown out in the faeces. The irregular occurrence of the bacillus in the faeces is thus explained. In the later stages the bacilli from the ulcerated gut are added to those coming from the gall bladder.

In most cases recovery is accompanied by a cessation or clearing up of the inflammatory processes in the liver, bile ducts, and gall bladder; but in a certain number, about 2 per cent, of the cases this cholecystitis typhosa becomes a chronic process. Such cases are those which constitute the group of typhoid carriers. The bacillus continues to multiply in the gall bladder for periods varying from months to years, and to be thrown out into the gut and thence into the outer world. The gall bladder of such cases may be regarded as a normal habitat of the typhoid bacillus.

In certain of these cases gall stones occur, and it is still an undecided point whether these precede the typhoid fever, in which case they would play a part in the production of the typhoid carrier, or, as seems more probable, are the result of the processes indicated.

It is interesting to note that just as three-fourths of the cases of biliary calculi occur in women, so three-fourths of the typhoid carriers are also women.

That such typhoid carriers are, especially under certain conditions, a public menace has been proved by the investigation of many outbreaks. When the carriers are cooks, bakers, or in any way connected with the food supply, it has been conclusively demonstrated that they may act as the distributors of infection to many individuals. The importance of this question of typhoid carriers from the point of view of preventive medicine can hardly be overestimated. Such cases probably account for the sporadic cases the origin of which has, in the absence of this knowledge, been so puzzling. It also gives a key to the understanding of outbreaks of enteric fever among soldiers in the field. It is obvious that the first step in dealing with such cases is their recognition. This might be arrived at by systematic examination of the stools of all convalescents, and the knowledge of being a source of danger to others would in the case of many lead to greater care of the personal hygiene. I do not propose to enter into the discussion of this side of the question, as it has already been dealt with in this JOURNAL in a communication by Drs. A. and J. C. G. Ledingham.¹

We have in this case, therefore, a typhoid carrier, and everything in the history points to the conclusion that the condition had its origin in the attack of typhoid fever which occurred in America twenty-nine years ago.

The suspicion that this was a typhoid carrier was not aroused by the occurrence of cases associated with the carrier, as has been the case in most of the isolated carriers hitherto investigated, but was deduced from the history, because, so far as Dr. T. knows, not a single case of infection originating from him has occurred. The fact

that he is a bachelor with a small household has probably some influence in this, but it is counterbalanced by the fact that he has frequently lived in households containing from six to twelve individuals. This points to the conclusion that with educated people in fairly hygienic surroundings, and where personal hygiene is carefully attended to, the risk of infecting others is not so great as might be imagined. The very definite history of the first attack of biliary colic in a young man occurring three months after typhoid fever, strongly suggests that the calculi were the result of the infective processes.

The case raises many questions of the deepest interest from the point of view of immunity and bacteriology generally. That typhoid bacilli have been passing probably almost continuously for this long period from his gall bladder through the greater part of the alimentary canal, yet without causing recrudescence of the disease, and without producing any marked deleterious influence on the health, is itself a sufficiently striking fact.

In the majority of such cases which have been examined, there is evidence that by a process of absorption of the bacilli or their products immune substances are formed, and are thrown into the blood, the serum acquiring marked agglutinating properties.

In this case, however, the serum does not possess more agglutinins than are frequently present in the blood of healthy individuals, which suggests the possibility that here the absence of bad effects may be due to a local immunity. The fact that serum possesses such low agglutinating properties that it would have been reported as a "negative Widal" by most laboratories is an important point to be noted in the investigation of such cases, for it shows that a negative reaction does not exclude the possibility of a case being a typhoid carrier.

Another point of great interest is the extraordinary change which may take place in the bacterial flora of the faeces. A comparison of the results of plating the faeces in this case with those obtained under parallel conditions from normal cases, shows that there is an enormous reduction in the total number of organisms present in the faeces, and that the normal inhabitants have been altogether, or largely, replaced by the typhoid bacillus. Of the mechanism by which this is brought about we have no knowledge. It is hoped that the further investigation of this and similar cases may yield interesting results.

REFERENCE.

¹ A. and J. C. G. Ledingham, Typhoid Carriers, BRITISH MEDICAL JOURNAL, January 4th, 1908.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

SUGAR HEADACHES.

I HAVE been struck for a long time by the number of so-called "bilious attacks" which are due to taking sugar in excess. The sugar standard of Nature is the quantity in milk—that is, a baby or young animal can thrive on the amount found in the "perfect food." But the sweetness of milk is exceeded greatly in our tea and coffee, to say nothing of the starches (converted into sugar in the adult) not found in milk. Again, the quantity of sugar in an average body is said to be two and a half teaspoonfuls, that of salt being about one. Think of the pinch of salt we take to maintain the average, and the enormous amount we take of sugar and starch during the day! Many people take five to seven cups of tea and coffee, each containing two to three heaped teaspoonfuls of sugar, and sometimes condensed milk (also sugary) as well. This excess is converted into lactic acid, which irritates the terminations of the gastric vagus and sets up the well-known but badly-named "bilious attack," with its distressing symptoms of "megrim," of which the commonest is hemi-headache, generally referred to the left eyeball and relieved by pressure, together with vomiting, giddiness, and depression.

A patient has just left my house who confessed to taking five cups of tea daily with three heaped teaspoonfuls of sugar in each—that is, fifteen teaspoonfuls daily. In addition to this, there is often a large quantity of jam or marmalade daily, with sweets and chocolate at

the week end. Here is a diet chart of A. Y., a girl of 17, which is very moderate compared to many in the quantity of sugar taken:

7 a.m. One cup of tea with one teaspoonful of sugar and half of condensed milk.

10 a.m. Two cups of tea with ditto of sugar and milk.

1.30 p.m. One cup of tea after dinner with ditto. Tart with sugar.

4 p.m. Two cups of tea with ditto. Sweet cakes.

9 p.m. One cup of coffee with one and a half teaspoonfuls of sugar.

This means eleven teaspoonfuls of sugar, not including the condensed milk. There was also the sweets and chocolates at the week end (admitted), together with starches, jams, etc.

Personally I wish that sugar were 10d. instead of 2d. a pound, in the interests of the race—that is, for domestic purposes; and I feel sure that many puzzling cases of "headache," for which eye-strain, heredity, and other causes are assigned, are due to sugar in excess. The treatment is, of course, obvious.

Newcastle-on-Tyne.

T. M. ALLISON, M.D.

A METHOD OF REDUCING DISPLACED INTERNAL SEMILUNAR CARTILAGE.

IN this condition, which usually occurs in consequence of a twist of the knee-joint while in a state of flexion or fixation, the cardinal symptom is an inability to extend the joint fully, any efforts in this direction being attended with pain; if unreduced, the cartilage remains nipped between the tibia and femur, the patient's walk being a limp with the knee semiflexed, while sooner or later synovitis is certain to occur. The method sometimes recommended is to extend the knee forcibly, but this without an anaesthetic is barbarous in the extreme, and even with one, is liable to be followed by very severe synovitis.

I have found the following method very successful; it is, when once understood, exceedingly simple to practise, it is absolutely painless and, if the patient has not made unavailing efforts to reduce the displacement or has not endeavoured to walk, practically unattended with synovitis.

The patient lies on a bed or couch, the surgeon standing on the outer side of the limb affected, with his face towards the patient's foot; the patient then raises his leg off the couch in the semiflexed condition, the surgeon grasps the patient's leg in both hands, and using his own thigh as a fulcrum, by means of a steady pulling movement draws the patient's leg outwards while the surgeon's thigh keeps the patient's femur in a fixed position; directly this movement is effected the patient must steadily extend the limb, and the displaced cartilage will probably go back with a slight click; if the first movement of extension is not successful the manoeuvre must be repeated without any hurry or unnecessary force, and after a few attempts the cartilage can usually be felt to slip in without pain or inconvenience.

The rationale of this little manoeuvre I take to be that the levering outwards of the patient's leg reduces the resistance to the backward passage of the semilunar cartilage, which then slips back into place with the aid of gravity. In view of the frequency of accidents of this description I venture to record this method, although it is quite likely that others may have already practised it. The chief points to recommend it are its extreme simplicity, the absence of pain, and freedom from after effects.

Great Malvern.

HENRY W. JACOB, M.D.

RIGOR MORTIS IN A STILLBORN INFANT: RUPTURE OF THE UTERUS.

IN September last I was called to a confinement. The patient had been several hours in labour; I found her very weak, and the pains had completely ceased. The head presented at the vulva, and I immediately delivered by forceps. The infant, well formed and complete, came out perfectly straight, full length, and rigid; rigor mortis well established. In removing the placenta internal examination revealed a ruptured uterus, a large tear existing in the left posterior portion, caused undoubtedly by the feet of the infant projecting through the wall of the contracting uterus. The woman collapsed and died within an hour.

Verulam, Natal.

JOHN F. ELLIOTT, L.R.C.P. and S.I.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

PATHOLOGICAL AND CLINICAL SECTION.

Birmingham, Friday, January 31st, 1908.

Professor J. T. J. MORRISON, M.Sc., M.D., in the Chair.

Cerebral Cyst.—Dr. STANLEY BARNES and Mr. GILBERT BARLING showed a case of cerebral cyst after operation.

The patient was a male, 20 years of age, with a good previous history. Four years ago he began to have Jacksonian fits beginning in the right hand, and continuing at average intervals of two months until a year ago. Headache began eighteen months ago, and during this time he had had many "bilious attacks." For the last twelve months there had been some progressive weakness of the right arm and leg. On examination he was found to have a chronic optic neuritis with $2\frac{1}{2}$ dioptres of swelling in the left disc, and 3 dioptres in the right; there was a slight hemiplegia, most marked in the right hand, where the power was about one-half of the normal. There was complete astereognosis in the right hand below the wrist, locating of position of the fingers and recognition of the nature of objects held in the hand being absent. Writing was impossible. At the operation a subarachnoid cyst containing clear fluid was found in the centre of the parietal lobe; the cyst did not appear to contain any tumour, and after evacuation the intracranial tension was reduced to normal. The case was shown four weeks after operation, when the wound was entirely healed, the hemiplegia was gone, and the astereognosis had almost disappeared. The writing was now almost normal, whereas for several months before operation he had been totally unable to write.

Deformity of Ulna.—Mr. GAMGEE showed a boy, suffering from a deformity of the lower end of the ulna.

Uterus with Pregnancy and Cervical Fibroid.—This specimen was shown by Dr. PURSLOW.

The patient had been married nine years, and there had been one confinement eight years ago. When admitted to the Queen's Hospital she stated that menstruation had been in abeyance since the end of May; two months previous to admission she was seized with violent pain in the lower part of the abdomen, and was laid up in bed for three weeks; the pain, though less severe, had persisted, and on that account she was sent to the hospital. On examination, the soft gravid uterus could be felt reaching to the umbilicus, and low down on the right side a hard tumour the size of a fetal head could be made out on bimanual palpation. This tumour appeared to almost entirely fill the upper part of the pelvis, but did not extend above the pelvic brim; it was firmly fixed, and could not be pushed up. The abdomen was opened, and an attempt made to enucleate the tumour, but in doing this the uterine cavity was extensively opened, and it was thought safe to perform hysterectomy. Patient made an easy recovery. The specimen showed a uterus containing an intact ovum of five months' development. The unruptured amnion protrudes through an opening at the level of the internal os, and, below this, in the wall of the cervix, is a hard fibroid, 4 in. in diameter.

Pregnant Uterus with Fibroid, the latter in a state of "Red Degeneration."—This specimen also was shown by Dr. PURSLOW.

The patient had been pregnant once previously. On that occasion abortion occurred at the fifth month, and Dr. Purslow was called in by the medical man in attendance, as there was retention of the placenta, with severe haemorrhage. Considerable difficulty was experienced in removing the placenta on account of the presence of a large fibroid. The patient was advised to have the tumour removed, but was not again seen until she thought that she was pregnant, when, as she was having severe abdominal pain, she consulted her medical adviser, and he sent her to the Queen's Hospital. Abdominal supravaginal hysterectomy was performed. The patient made an uninterrupted recovery, and left the hospital on the eighteenth day after operation. The specimen, which weighed 6½ lb., shows a uterus divided sagittally, containing in its upper part a fibroid tumour, spherical in shape, and 6 in. in diameter. The surface of the tumour is deep-red in colour, but at the periphery is a layer, about ½ in. in width, of normal white uterine tissue. Below the tumour is a gestation sac containing a three months fetus.

Mediastinal Sarcoma.—Dr. DOUGLAS STANLEY showed specimens from a case of round-celled sarcoma.

The patient was a plumber, aged 22, who was sent to the Queen's Hospital as having phthisis and pleural effusion. On examination were found great diminution of respiratory movements on the right, absolute dullness from the middle of the scapula downwards, with diminution and—lower—suppression

done at Midhurst consists largely of practical gardening in the grounds and flower gardens, and is roughly divided into three grades, the lightest being weeding, hoeing, gathering seeds, pruning, etc., the heaviest being digging and trenching unbroken ground, mowing and rolling, and the intermediate stage consisting of wheeling soil to the lawns and spreading it, clearing ground of stones and wheeling them away in barrows, and levelling new ground. An open-air carpenter's shop has also been established, and the care of the poultry is in the hands of some of the patients, under the direction of one of the medical officers. This graduated labour has been found to have a beneficial effect from a medical standpoint, since it promotes a good muscular tone and general well-being which are invariably associated with satisfactory progress in lung disease.

MEDICAL NEWS.

At the last ordinary meeting of the Medical Society of London, Dr. Frederick T. Roberts was elected an Honorary Fellow.

Dr. T. CLAYE SHAW will give an address on the psychology of women at the Incorporated Institute of Hygiene on Tuesday next at 3.30 p.m.

On the occasion of his silver jubilee as a doctor, Dr. P. A. Smith was entertained to a complimentary dinner by the leading Catholics in Glasgow.

THE annual conversazione of the West London Post-graduate College will take place at the Hospital on Wednesday, March 18th, when the Duke of Abercorn, K.G., will hold a reception at 8.30 p.m. The Dean asks us to state that he will be pleased to send a card of invitation to any medical man who will apply to him at the College.

THE Executive Committee of the Society for the Destruction of Vermin has determined to concentrate its efforts in the first instance on the extermination of rats. Methods by which they may be destroyed will first be sought and examined by a special scientific committee which has been appointed. The application of those which are approved will be organized by another committee. The co-operation of all bodies and sections of the community likely to be interested in the question is invited. Application will be made to the Board of Trade for incorporation as a non-profit-making Society. The Society will for the present conduct its work at the house of the Royal Institute of Public Health, 37, Russell Square, and cheques from those desirous of assisting the work may be sent to the Secretary the Society at that address.

At the last meeting of the Metropolitan Asylums Board the Asylums Committee presented a report upon the paucity of candidates for the appointment of assistant medical officers. We are glad to see that this matter is to be considered by the Board, and we hope that the causes of the unpopularity of the service, which have been from time to time fully set out in our columns, will be taken into serious consideration. The recommendations of the Committee appear to us altogether inadequate, but as the Finance Committee of the Board reports against even such slight modifications as the Asylums Committee proposes, and as the matter under the standing orders was adjourned for a fortnight, we at present refrain from further comment.

THE Edmonton Education Committee having written to the seventeen medical practitioners in the district inviting them to apply for two appointments of medical inspectors of schools at a salary of £75 a year each, received a communication, signed by all of them, stating that they declined to apply on the ground that the salaries offered were altogether inadequate. At a meeting of the Committee on March 3rd, the Chairman, Dr. W. B. Benjafield, expressed the opinion that the salaries were insufficient, and a motion was made to appoint a whole-time inspector at a salary of £300 a year, as well as two nurses; the voting was equal, and the Chairman declined to give a casting vote. It was then proposed to appoint two medical inspectors at a salary of £80 a year each to act under the medical officer of health, but eventually the whole matter was postponed. There are some 12,000 children in the Edmonton schools.

THE first annual general meeting of the Royal Society of Medicine was held on March 3rd at 20, Hanover Square, with Sir William Church, Bart., President, in the chair. The report of the Council, read by the Senior Honorary

Secretary, stated that the financial position of the Society was stronger than had been anticipated by even the most enthusiastic advocates of amalgamation. Subscriptions from Fellows had considerably exceeded the estimate. The number of Fellows of the Society on June 14th, 1907, was 1,322, and of members of sections 386. Since then 412 members of the old societies had joined the Society as Fellows and 216 as members of sections. In addition, 317 new Fellows who had not been connected with any of the old societies had been elected during the last three months. The total number of Fellows of the Society was now 2,025, and of members of sections over 600. The average number of readers in the library had greatly increased. The number of periodicals had been increased by nearly one-third, and as a result of the amalgamation the library contained some 80,000 volumes. According to the report of the honorary treasurers, presented by Mr. Pearce Gould, the surplus of assets over liabilities stood at £39,683, and the excess of income over expenditure for the preceding six months at £778. The report of the Council, with the statement of the treasurers and the audited accounts, were unanimously adopted. A resolution of thanks to the President, Sir William Church, for his good offices in establishing the Society on its present firm basis, and for his conduct in the chair, proposed by Dr. Champneys, seconded by Dr. Pasteur, was carried by acclamation and appropriately acknowledged.

THE Council of the London and Counties Medical Protection Society, Limited, has unanimously approved the report of a Committee appointed to consider the working of the Midwives Act, especially in reference to the remuneration of medical practitioners called in by midwives. The report is founded upon several hundred replies received to a circular letter addressed to members of the Society. Many replied that they had never been summoned by midwives, and in several instances that there were no midwives in their district, but more than half of those who had been summoned received no payment. Some practitioners seem to be uniformly unpaid, a few uniformly paid; this, it was thought, might be largely accounted for by the class of people in the districts, but in a few instances the practitioner explained that he refused to go unless paid. The average payment calculated from a large number of cases was not over 9s. In a few instances fees were paid by Boards of Guardians, nursing associations, or provident dispensaries, etc., the majority of the rest by patients or their relatives. The cases to which medical men were summoned were in the great majority serious, requiring operative assistance in many instances. In about 3 per cent. the death of the child appears to have been the cause of summoning the doctor, while puerperal fever was the cause in about 2 per cent. The Committee expressed the opinion that the Poor-law guardians or other competent authority should arrange for the payment of doctors summoned by midwives, and considered that the scale should not in any case be lower than the existing Poor-law scale. The report recommended medical men to require payment to be made in advance, or guaranteed by some responsible person, so long as present conditions continue.

VINEGAR.—A report by Dr. J. M. Hamill, recently issued by the Medical Department of the Local Government Board, on the preparation and sale of vinegar in relation to the administration of the Sale of Food and Drugs Acts, contains much interesting information. The total consumption of vinegar of all kinds in England and Wales is estimated to be between ten and twenty million gallons a year, disregarding small quantities of special kinds of vinegar: this may be divided into "fermentation vinegar" and "artificial vinegar." The former is produced by the action of micro-organisms (chiefly *B. aceti*) on various forms of dilute alcohol, the product differing somewhat in nature according as malt-wort, grape-juice, sugar solution, etc., is employed in the original fermentation by which the alcohol is formed. Large quantities of what is sold as vinegar, however, are manufactured by simple dilution of the acetic acid obtained by the distillation of wood, caramel or other colouring matter being added, and very frequently a small proportion of genuine fermentation vinegar; for such a preparation Dr. Hamill employs the term "artificial vinegar." It appears that the principal falsifications to which vinegar is liable are watering, by which its strength is unduly reduced, and the sale of artificial vinegar simply as "vinegar," or even as "malt vinegar." A minimum strength of 4 per cent. of acetic acid is recommended, and this is the lower limit in force in many foreign countries and certain colonies; the use of a distinguishing name for artificial vinegar is also advocated, so that it may be sold on its own merits and not to the prejudice of a purchaser desiring genuine malt or other fermentation vinegar.

logic. He complains that he was not allowed to read an absolutely irrelevant quotation from Lecky. He seems to have forgotten, however, that the Commission allowed him (Question 8,782) to say that:

Dr. Johnson warned us that it would lead to this sort of thing, and Lecky and some of the great thinkers of the world tell us that it is one of the great dangers of vivisection that a man who gets callous to pain and does not inflict it for the good of the sufferer will not be over-particular when he gets straight from the vivisectional laboratory to the bedside of a hospital.

We ask again where Lecky says this or anything like this. Of course now that Lecky has been revealed in his true character as a "vivisectionist," he has doubtless ceased to rank in Mr. Lewis's mind among the great thinkers of the world. But it is painfully evident that Mr. Lewis had not taken the trouble to verify his references to Lecky before giving evidence, and if the Chairman ruled out a quotation which had nothing to do with vivisection, on the other hand he allowed the reverend witness to couple the name of Lecky with evidence which, as we have shown, did not represent his opinion on the subject.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

SIR,—On the ground that it is entirely opposed to the spirit of the Association, which can, I think, be summed up as favouring equal remuneration for equal work and merit, apart from any question of sex, let me enter a protest against the insertion of the advertisement of the Glamorgan County Council as published in the JOURNAL of February 29th. As it does not specify that a woman of inferior qualification is desired or that she will be expected to do £50 worth less work than her male colleagues, one can only look on the advertisement as a flagrant attempt to induce underselling.

The matter is one in which medical men have all to gain and nothing to lose in upholding the interests of their professional sisters. It stands to reason that if county councils of frugal tendencies can get their work equally well done for £50 less per annum by qualified women, advertisements for male applicants will cease to appear.—I am, etc.,

March 2nd.

H. G. C.

THE EARLIEST SYMPTOM OF SENILE CATARACT.

SIR,—One of the most popularly read textbooks on diseases of the eye states that the patient complains early of the presence of moles before the eye in this disease. This is not so in the commonest cases, the symptom of which the patient complains being simply failure of sight.—I am, etc.,

ALBERT CORNER, M.R.C.S., L.R.C.P.

Sidmouth, Jan. 23rd.

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.

SUPERSESSION.

J. H. writes: A. and B. are two medical men practising in the same country town. Both are natives of the place and know all the local circumstances. A. has come to practise less than a year ago. B. has been in practice for more than twenty years. In B.'s absence for one day A. is called to C., a patient of B.'s. A. continues in attendance after B.'s return. Has A. acted in a professional manner to B? What ought A. to have done, and to do, and what ought B. to do?

** Assuming that A. had not been asked by B. to attend to his cases in his absence, and that he was called to the patient in his capacity as an independent practitioner, he was at liberty to attend and to continue in attendance so long as his services were required. B. should do nothing.

MEDICAL OFFICERS OF HEALTH AND PRACTITIONERS.

CUI BONO.—We have received a letter from a gentleman who says he is the medical officer of health referred to in the paragraph published under this heading (see JOURNAL, January 18th, 1908, p. 180). He disputes the correctness of the statement upon which our comment was based; he says

that he knew nothing of the patient being pregnant when she was treated at the hospital, nor did he recognize her as having been at the hospital until a week or so after her confinement, and, as a matter of fact, she was attended not by him, but by his partner. She was in hospital in March, and was confined in November. On being acquainted with the circumstances, he immediately telegraphed to the aggrieved practitioner, offering to give up to him the fee and the patient, "as he had never influenced the woman in any shape about her choice of a medical man to attend her in confinement." As criticisms of medical officers of health have been frequent, it is only fair to them as a body to publish this explanation.

DISSOLUTION OF PARTNERSHIP.

SUCCESSOR asks: Two medical men practising in the same town go into partnership and sign an agreement whereby the senior, who has the larger practice, retires at the end of two years, when the remaining partner pays him a fixed sum. (1) Is it necessary to advertise the dissolution of the partnership, or to employ a lawyer to give it legal effect? (2) Under the agreement the retiring partner is prohibited from doing any kind of professional work in that district without the written consent of the remaining partner, who is willing that he should see patients in consultation, give anaesthetics, and attend cases in emergencies. What proportion, if any, of the fees should be paid to the remaining partner?

** (1) In ordinary cases it is sufficient to give notice of the dissolution to all those who have been in the habit of having business transactions with the old firm. (2) This must be determined entirely by mutual arrangement between the partners; and it must further be borne in mind that any agreement to share such fees might lead to difficulties in case it was contended later that no real dissolution of partnership had taken place.

H. G. D.—The incidents, if correctly described, are such as would no doubt be inquired into by the Ethical Committee of the local Division if the case were submitted to it.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on February 27th:

M.D.—J. P. Candler, Corp. Chri.
M.B., B.C.—E. C. Sparrow, Trin.; J. H. Trench, Trin.
M.B.—G. Browne, Cla.

PROFESSORSHIP OF BIOLOGY.

An anonymous benefactor, considering that the year 1909, in which biologists have decided to celebrate in Cambridge the centenary of Darwin's birth, is a suitable occasion for founding a Chair of Biology, has offered a sum of £300 a year towards this purpose on condition that it shall be the duty of the Professor to teach or make researches in heredity. The Council of the Senate proposes to create a Professorship in Biology for a period of five years at an annual stipend of £700.

TRINITY COLLEGE, DUBLIN.

FINAL MEDICAL EXAMINATION—PART II.

THE following candidates have been approved in the subject indicated:

Medicine.—C. W. Laird (passed on high marks), J. C. Pretorius, A. H. Laird, T. P. Dowley, A. V. J. Richardson, W. E. Hopkins, W. A. Nicholson, R. de C. Wheeler, J. F. Clarke, H. V. Stanley.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting of this Association was held at 9, Copthall Avenue, E.C., on February 27th, Surgeon-General Evatt, C.B., President of the Association, was present, and Dr. Balding, Chairman of Council, presided. Among matters of interest to the Poor-law service the following were considered: A member complained that a guardian in his district was intending to move a resolution to compel the workhouse medical officer to attend without further payment the other officers of the guardians, and asked whether this was legal. The Council was of opinion that any such resolution, if carried, would be of no effect. Any action of this kind on the part of the guardians was altogether *ultra vires*, and would not be sanctioned by the Local Government Board; it would be in effect providing Poor-law relief for non-paupers.

Another member complained that a professional neighbour had certified as a lunatic a patient that he had been instructed