smooth and pliable by Rankin and Mackay, while Poynton says it is usually soft and natural to the touch although it may be redundant over the extremities. In my case the skin of the trunk and head was normal, but over the limbs, especially at the wrists and ankles, it was unusually soft and doughy to the touch, and the same feature characterized the hands of her two relatives.

The pelvis of my patient was contracted, the conjugate diameter at the brim was estimated by external examination at 6.5 cm., and there was a sharp angle between the lumbar and sacral vertebra which gave at first the impression that one had to deal with a spondylolisthetic pelvis, but this I do not think was the case. The uterus was situated in the right half of the pelvis. Presumably the pelvis of her sister was similarly contracted, as she had undergone Caesarean section.

Lordosis is described as one of the characteristics of achondroplasia; this is probably only apparent, the acetabula being displaced backwards from shortening of the ilio-pectineal lines, so that the femora are attached in a plane posterior to that of the normal individual (Poynton). My observation certainly accords with this view of the matter.

REFERENCES.
[1] Clifford Allbutt's *System of Medicine*, vol. iii. [2] G. Rankin and E. C. Mackay, BRITISH MEDICAL JOURNAL, June 30th, 1906. [3] Ibid. [4] *Encycl. and Dict. of Med. and Surg.*, J. Thomson, article Achondroplasia.

A CASE OF GENERAL SUPPURATIVE PERITONITIS: RECOVERY.

BY HARRY COOPER, M.A., M.D.OXON.,
MEDICAL OFFICER, TOLWORTH ISOLATION HOSPITAL; A MEDICAL OFFICER, SURBITON COTTAGE HOSPITAL.

THE infrequency of recovery from general suppurative peritonitis prompts me to record this case.

Ethel H., aged 8 years, was admitted into the Tolworth Isolation Hospital on November 9th, 1909, on suspicion of suffering from enteric fever.

She was rather a frail little girl, and looked ill; the cheeks were flushed, the orbits sunken, and the lips dry and scaly. Temperature, 100.8°; pulse, 128; respirations, 36. The tongue was furred; the fauces were noted as normal. The abdomen was somewhat distended, and did not move freely with respiration; there was considerable resistance on palpation all over the abdomen, and some complaint of tenderness on the right side, though not directly over the iliac fossa. The spleen was not palpable, and no "spots" were present. Rectal examination revealed no swelling or distension. The heart and lungs were normal. The urine was acid, clear, specific gravity 1024, and free from albumen and sugar.

During the next ten days there was continued fever, with persistence of the abdominal signs; vomiting occurred once on the day following her admission, and once again on November 15th. Some indefinite pulmonary signs in the form of coarse râles and rhonchi, suggestive of enteric bronchitis, also developed, and on the fourth day after her admission a general scarlatiniform rash was noted, though unaccompanied by any other signs of scarlet fever.

On November 21st there were signs of free fluid in the peritoneal cavity, and on November 27th, as this had increased very considerably, a Southey's tube was passed into the abdomen with a view of relieving what was thought to be an ascitic collection. Instead of serous fluid, however, pus welled out from the tube.

On the following day, under an anaesthetic, the abdomen was opened over the right iliac fossa, and several pints of thick creamy pus were evacuated. The peritoneal cavity was then flushed with a large quantity of sterile normal saline solution at 105° F., the rubber flushing tube being freely passed from the diaphragm to the pelvis and from one loin to the other. This huge collection of pus had in fact occupied the entire peritoneal cavity in exactly the same manner as ascitic fluid. Both visceral and parietal layers of peritoneum were represented by continuous sheets of pyogenic membrane, so that the individual coils of intestine were not visible nor consequently was the appendix. Two large drainage tubes were inserted. I regret that I did not on this occasion collect a specimen of the pus, which was thick, creamy white, and inodorous, for bacteriological examination. A specimen taken subsequently from the discharging wound, however, showed the presence of pneumococcus.

From this date the child gradually improved. One incident remains to be recorded. On January 4th, when all seemed to be going on well, she had an attack of haematuria, and the daily excretion of urine was much diminished. This was not accompanied by any other appearance of illness either objective or subjective; there was no elevation of temperature or alteration of pulse, and by January 15th no blood or albumen could be detected, and the kidneys were acting well.

On January 20th the wound was closed, and on January 31st the child was discharged from the hospital.

I would call attention to three points of interest in this case.

First, as to the diagnosis: This seemed at first to lie between enteric fever and appendicitis. The general appearance of the child suggested enteric; the abdominal signs were consistent with that view, and the advent of bronchitis supported it; moreover, the child did not become worse. On the other hand, the abdominal signs were the predominant feature of the attack, and the immobility of the abdomen was greater than is usually seen in enteric fever; moreover, there was no enlargement of spleen and no "spots"; the first Widal reaction was negative, but that was on the seventh day of illness and too early to be conclusive; when the second Widal was also negative signs of fluid had already appeared in the abdomen. At this stage tuberculous peritonitis seemed to be the diagnosis. It was only when the Southey's tube revealed the presence of pus that the diagnosis of general suppurative peritonitis was established.

The second great point of interest is that a general suppurative peritonitis should recover at all, especially at so late a stage, and this in itself suggested a pneumococcal infection, which was found to be the case.

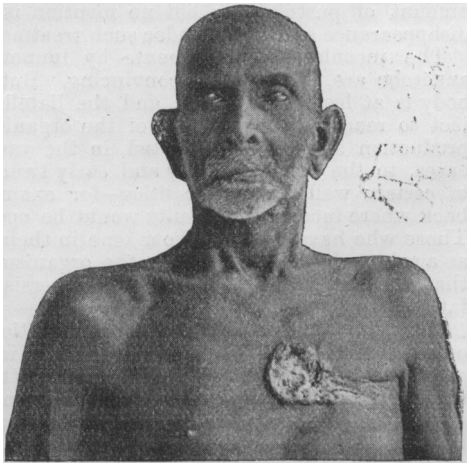
Thirdly, a puzzling feature was the rash which appeared four days after the child's admission. This rash had the exact distribution and character of a scarlet fever exanthem, but there were no confirmatory signs in tongue or throat, nor was there any desquamation more than the powdery state of the skin so often present in patients who have been some time in bed. I looked upon the rash as a septic one. The occurrence of haematuria, however, during convalescence, which I could not otherwise account for, and which in its abrupt onset, its mild course, and rapid termination was so suggestive of a slight scarlatinal nephritis, again raised the possibility of that explanation of it. If this was so, the child had scarlet fever concurrently with her peritonitis.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CARCINOMA OF THE MALE BREAST.

IN connexion with Dr. Bingham's case of carcinoma in the male breast (February 19th, 1910), I think it may be of interest to record the fact that I have seen two such cases during the present year. Both were natives of Travancore, S. India. One of the cases, which presented all the naked-eye appearances of scirrhus of the breast, did not submit to operation, and I have, temporarily at any rate, lost sight of him.



The other I operated upon. He was a native, aged 65, and said that he had first noticed a small lump near the left nipple four years ago. This gradually increased in size until about a year ago, when he received an injury to the growth. Soon afterwards the skin over the tumour began to give way, and on admission to hospital there was a typical cancerous ulcer (about 3½ in. long by 1½ in. broad) with very hard raised edges (as shown in photograph).

The usual radical operation of removing pectorals and fascia and clearing out the axilla was performed. Some of the glands in the latter region were very hard, though

small. In spite of undermining of skin edges, a raw surface of about 3 in. by 1 in. had to be left to granulate. This is now healing well. On section the tumour was found to be a typical scirrhous cancer.

I may add that, while 61 excisions of upper or lower jaw, 14 excisions of tongue, 6 excisions of the (female) mamma, and 146 operations for the removal of cancerous growths of the cheek or lip have been performed during the last five years at Neyoor Hospital, the above case is the first of carcinoma of the male breast which has been operated on in that period.

JAS. DAVIDSON, M.D.Edin.
L.M.S., Neyoor Hospital, Travancore.

HIGH TENSION AND CAVITATION.

AN idea that the arthritic diathesis is antagonistic to the incidence of tuberculosis is, I believe, more or less prevalent in the medical profession.

Now the arthritic diathesis is a conception of "disease affecting the joints," and may include both gout and rheumatism, but while these two affections occupy extreme poles in the semeiological scale of arterial tension—gout being a high tension disease and rheumatism a low—yet they appear to be equally uncommon as complications or concomitants of tuberculosis.

Assuming that this is the accepted position, I venture to record a case in which high tension and pulmonary cavitation coexist, in the hope that it may elicit opinions and suggestions of value in the conduct of similar conditions.

A man aged 53, born and resident in Canada, is now travelling in Europe for pleasure. He suffered eight years ago with tuberculosis, which quieted down and left only a "tendency to bronchitis," which probably, rightly interpreted, means a tendency to secretion on the part of cavities left by the antecedent tuberculosis. I first saw the patient on November 29th, and prescribed some nitromuriatic acid and nux vomica for slight digestive disorder.

He then went to Les Avants (altitude 3,000 ft.), and I heard nothing further of him till December 10th, when his wife telephoned that he had had haemorrhage. This was of no great amount, but I noted a somewhat high arterial tension, in consequence of which I advised him to come down to Montreux (altitude 1,200 ft.).

Since the first onset there have only been three days on which there was no trace of blood, while there have been recurrent haemorrhages of increasing severity at intervals of eight or ten days. As I saw more of the patient, I found that the arterial tension was habitually high, and that he had been credited in Canada with a "renal pulse." There are considerable cavities at both apices, but the haemorrhage comes from the left apex, as gathered from slight crepitations which may be heard there at times of haemorrhages. The temperature remains about 98° F.

Apart from the haemorrhages, the patient remains in excellent health and spirits, in spite of being confined to bed and chair and having all his wine and smokes and most of his food knocked off.

I have strapped the left side of the chest with the object of restricting its movements—a practice which I find useful in many cases of pulmonary disease, but which does not appear to be of material use in the present one. I have calmed the nervous system with morphine, kept down the arterial tension with calomel, increased the coagulability of the blood with calcium chloride, and can only hope that the *vis medicatrix Naturae* may step in and seal up the leaks.

I presume that the condition is one of aneurysmal dilatation of arterioles in the walls of an old tuberculous cavity. What is the rational treatment? Is it to plug the cavity with some non-irritant coagulable injection or to compress it by means of an artificially produced pneumothorax?

Montreux. STUART TIDEY, M.D.

AN association for the cure of patients suffering from lupus has been formed at Hamburg. It is to receive a subvention of £500 a year from the city, and two pavilions in the Eppendorf Hospital has been set aside for the accommodation of the patients.

UNDER the will of the late Mr. Frederick Tendron of Tunbridge Wells the Poplar Hospital for Accidents and the London Hospital each receive a bequest of £1,000; the latter institution is also given a third part of the residue of the estate, which apparently amounts to about £35,000.

THE next meeting of the Royal Society will be held on Thursday, May 26th, at 4.30 p.m., when the Croonian Lecture will be delivered by Professor G. Klebs, on alterations of the development and forms of plants as a result of environment. The soirée announced for May 25th will not take place.

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

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF GENERAL INFECTION WITH AN ANAËROBIC BACILLUS.

(By G. GRAHAM, M.A., B.C.Cantab., House-Physician.)

[Under the care of Dr. HERRINGHAM]

L. B., aged 3, was admitted on July 3rd, 1909. She had been quite well until July 1st, 1909, when she began to have three to four loose stools a day, but was otherwise well. On July 3rd she seemed listless and apathetic, but did not complain of anything. She was put to bed at 8 p.m., and at 11 p.m. was found in a convulsion. She was brought to the hospital at once, and admitted.

The child was well developed, but in a very dirty condition. She was quite unconscious, and the face was continually twitched and both arms and legs jerked. The pupils were widely dilated and the corneal reflex absent. There were signs of general bronchitis all over both lungs, and at the apex of the left lung signs of consolidation. Nothing abnormal was noticed in the heart or abdomen. The temperature was 103° F., the pulse and respiration were both very frequent. The fits ceased at 2.30 a.m. on July 4th, but at 3 a.m. the child became blue. She recovered temporarily, but died at 4 50 a.m. on July 4th, six hours after she was first found unconscious.

The note from the Pathological Department about the case is as follows: The brain was natural. The lungs showed many areas of haemorrhagic collapse scattered over both lungs but chiefly at the apices, and around these the rest of the lung was oedematous. The larynx and trachea contained frothy fluid. The heart was natural, but the stomach showed a number of small petechial haemorrhages. The spleen was large and firm. The rest of the body showed nothing abnormal to the eye.

Histology.—Pieces of the lung were hardened and sections cut and stained with haemalum and eosin. The only abnormality seen was general congestion of the blood vessels and some catarrh of the alveoli and smaller bronchi.

Bacteriology.—Film specimens of the lung juice, of the heart's blood, and of the spleen were made at the time of the autopsy. The films from the lungs showed the presence of one micro-organism only, a square-cut Gram-positive bacillus, which was present in fair numbers. The heart's blood showed no bacteria microscopically. Films from the spleen, however, showed a few of the same bacilli as seen in the lung.

The character of the patient's illness and the presence of this Gram-positive bacillus in the lung and spleen in pure culture suggested that the patient had succumbed to its action, and it appeared probable, on general grounds, that the micro-organism was either an anaërobic bacillus or else *B. anthracis*. The following steps were accordingly taken to decide which of these alternatives was correct. As it was evident that the bacillus was most numerous in the lung, about 1 c.cm. of juice expressed from the lung was injected into a guinea-pig subcutaneously. Cultures both aërobic and anaërobic were also made, with the usual precautions, on agar and in broth from the lung, the heart's blood, and the spleen, and incubated at 37° C.; eighteen hours later the guinea-pig was dead. Its subcutaneous tissues were gangrenous, and intensely infiltrated with a haemorrhagic exudation showing globules of fat and portions of muscle fibre floating in it. Microscopically the exudation was found to be swarming with the Gram-positive bacillus seen in films of the child's lung. The bacillus appeared to have a capsule in this subcutaneous fluid.

The aërobic cultures failed to show growth. The anaërobic cultures from the child's heart's blood and spleen were negative. The anaërobic cultures from the

be made up by charitable subscription, and the working of the associations is usually in the hands of some resident lady. Many of the nurses are registered midwives, and they will be so in larger proportion as time goes on. These are, of course, subject to the regulations of the Midwives Board, and the question of the fees of the medical man when he is called in by one of them is a matter which appears to be in course of settlement, so that *quâ* midwifery no more need be said except to point out that these are not self-supporting midwives, but midwives kept in a place by the aid of subscription and not themselves receiving the fees paid for their services.

But there is another and more difficult aspect of the matter. These nurses are called in by cottagers to attend to trivial ailments such as would among that class of persons not generally come into the doctor's hands but would be treated at home, such as, for example, trifling burns, abrasions, or what-not. Now the rules of the associations are for the most part carefully drawn up so as to prohibit the nurse from overstepping these limits, but it is obviously not unlikely that an enthusiastic and capable nurse may at times undertake more than she is intended to, and so an insidious form of unqualified practice creep in. And when the nurse declines the responsibility and insists upon a doctor being called in, the question of the payment of his fee is in no way provided for. Though in some places the guardians are friendly to the nursing associations, to the extent of subscribing towards their support, yet the guardians are not liable where the case has not passed through the hands of a relieving officer, and might find themselves afraid to admit the charge. It appears to me that the proper course is for the medical men to preserve a friendly attitude towards the nursing associations, which in some instances they have not done, and so to exercise control over the actual work, which must often be a valuable assistance to them in treating their cases. As I am not in practice, and have never had any knowledge of the conditions of country practice except by hearsay, I do not feel competent to offer an opinion as to the best method of arranging matters, but I think the subject is worth discussing, and hope that this letter may elicit helpful suggestions from your readers.—I am, etc.,

May 11th. F.R.C.S.

AUSCULTATORY FRICTION.

SIR,—As the original discoverer of this method of diagnosis, which forms the subject of an interesting note by Dr. H. H. Brown in the JOURNAL of May 14th, I merely write to say that I quite agree that the method deserves wider recognition.

I described the method with Dr. W. Ewart in the *Lancet* in 1898, and it was while acting as clinical clerk at St. George's Hospital that I happened to make the discovery. I was greatly indebted to Dr. Ewart for his elaboration of the method, and have always found it reliable and of the greatest use. I have often wondered that it has not been described in any of the recent textbooks.—I am, etc.,

ALLAN C. PEARSON, M.B., etc.

H.M. Institution, Borstal, May 16th.

SIR,—We all owe a debt to Dr. Herbert H. Brown for his short paper on auscultatory friction in your issue of May 14th, p. 1168.

I can bear out all he says of his method, but think that vibration auscultation gives better results; this experience of mine may be due to the fact that I have used the old wooden stethoscope in applying the friction method.

The value of the vibration method I learnt about ten years ago from a lecture by Dr. Herbert Habershon at the Brompton Hospital for Consumption. The lecture was soon afterwards published, but in a very much abridged form, in the *Practitioner*. Thus the valuable quotation from the late Professor Tyndall's writings on the acoustics of the vibration method was omitted in the printed lecture. The method is simple and of great value. Thus, if we wish to map out the septum between an upper and a lower lobe of the lung, all we have to do is to listen over one lobe while we hold a vibrating tuning-fork over the other lobe; the fork should have a circular flat base. The one I have used is a rather large one of the note C of the middle of the bass clef. One hears the vibrations distinctly; but directly the fork reaches the border of the lobe over which we are listening, there is heard a startlingly loud ringing sound. Similarly, if we listen over the lobe over which the fork is placed, we suddenly lose the loud sound when the septum is reached.

So enamoured was I of this method that I hoped we might be able by its means to localize intracranial and spinal tumours, etc. A young neurological friend tested these points at my suggestion on a few cases, but his verdict was that it was of no value. Still, I think that possibly a more extended research might give a different result.

It would be of interest if Dr. Habershon would give us in your pages, Sir, his ten years' further experience of the value of vibration auscultation and friction auscultation in clinical medicine.

If I may be critical for a moment, I should like to suggest that the terms "friction auscultation" and "vibration auscultation" are more accurate than "auscultatory friction" or "auscultatory vibration." The commonly used term "auscultatory percussion," too, is a misnomer; it should be "percussion auscultation." To conclude, we have at least four methods of auscultation, namely: (1) Simple; (2) percussion auscultation; (3) vibration auscultation; (4) friction auscultation. Apologizing for the length of this letter,—I am, etc,

London, W., May 14th. LEONARD J. KIDD.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on May 12th, Mr. H. T. Butlin, President, in the chair.

The Death of the King.

It was decided to present addresses of loyalty and of condolence to His Majesty George V and to Her Majesty Queen Alexandra. The text will be found at p. 1250.

Issue of Diplomas.

Diplomas were issued to eighty-eight candidates found qualified for the Membership of the College at the recent examinations, and to thirty-five candidates found qualified for the Licence in Dental Surgery.

National University of Ireland.

As recommended by the Court of Examiners, the examinations of the National University of Ireland were accepted on the same conditions as the examinations of the late Royal University, so far as are concerned candidates who desire to enter for the First Professional Examination for the Fellowship.

The resignation of Mr. G. A. Wright from the Council was accepted as taking effect from July 1st, 1910.

CONJOINT BOARD IN ENGLAND.

AT a meeting of the Comitia of the Royal College of Physicians and of the Council of the Royal College of Surgeons on April 28th and May 12th respectively diplomas of L.R.C.P. and M.R.C.S. were conferred upon the following candidates:

O. J. W. Adamson, F. S. D. Berry, N. W. Berry, D. F. Borrie, R. F. Bridges, L. Buckley, J. S. Burn, R. H. Candy, *N. L. Clarke, W. T. Clarke, F. J. Cleminson, R. C. Clifford, A. K. Contractor, W. R. Cooper, D. M. Cox, R. K. Dadachanji, R. G. Dainty, W. C. Dale, C. A. Dottridge, H. H. Dummere, G. Dunderdale, W. A. Dunn, W. H. F. Eales, S. J. Elkin, R. Ellis, J. T. Fox, F. A. French, L. Game, R. Gamlin, R. W. B. Gibson, C. S. Gideon, P. Hamill, J. C. Harris, R. F. Higgin, A. N. Hodges, E. Howden, S. Hoyte, H. R. B. Hull, R. A. Jackson, R. Jackson, †C. A. Joll, E. H. Jones, P. C. V. Jones, W. F. Jones, F. Kahlenberg, G. G. Lyttle, M. F. Maaz, F. N. H. Maidment, K. D. Marriner, G. Maxted, A. Moir, *A. S. Moorhead, F. Morres, G. E. Neligan, J. H. Newmarch, A. E. Nicholls, H. M. D. Nicoll, C. Noon, E. Nuttall, T. E. Osmond, A. C. Palmer, Miss Dossibai R. C. Patell (Bombay and Royal Free), P. V. G. Pedrick, W. M. Penny, A. Perlman. A. B. Pettigrew, F. O. M. Pfister, A. P. Phillips, F. S. Poole, J. B. Pulling, A. E. Rayner, N. L. M. Reader, A. H. Rolph, J. B. Ronaldson, J. Z. H. Rousseau, F. D. Saner, H. I. Shaheen, N. A. D. Sharp, W. Shipton, R. G. Smith, R. W. Starkie, R. S. S. Statham, T. D. M. Stout, T. E. A. Stowell, H. Thwaite, C. C. Tudge, *G. E. Vilvandré, L. F. K. Way, C. Witts, R. Yood, W. A. Young.

* M.R.C.S. diploma granted April 14th, 1910.

† L.R.C.P. diploma not yet confirmed.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

D.P.H. (*Part I*).—E. H. Cramb, Jane R. F. Gilmour, Mary P. Graham, J. M. Kelly, D. J. M'Leish, R. A. M. Macleod, M. B. G. Sinnette, R. T. Young W. Young, W. A. Young.

D.P.H. (*both Parts*).—M. Campbell, T. Campbell, J. Davies, W. A. Dickson, A. S. Gordon, W. Grier, S. A. M'Clintock, F. B. Macdonald, W. J. M'Feat, J. Macintyre, L. W. C. Macpherson, G. G. Middleton, Bhola Nath, P. Pattison, O. E. Powell, J. Reid, H. D. Robb, J. Scott, H. R. Sloan, A. S. Walker.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—S. J. M. Cairns, T. M. Cronin, G. S. Douglas, O. L. Fleming, J. J. G. Harvey, W. Morrow, J. J. Walsh, R. P. Weldon.

SECOND COLLEGE.—W. I. Adams, *J. D. Cherry, A. T. Cannon, *T. F. Collins, R. F. J. Griffith, J. R. Kelly, C. F. Dillon-Kelly, B. Kelly, J. S. Levis, M. Murphy, F. A. O'Donnell, T. J. O'Riordan, J. C. Sproule, A. Verling.

THIRD COLLEGE.—J. H. Barry, J. Barrett, W. R. Beeston, P. W. Black, B. N. Blood, P. J. Burke, T. T. Buckley, D. F. Curran, J. J. Donegan, P. Daly, J. Geraty, J. M. Gilmore, J. J. Glynn, J. T. Hill, J. Kirker, D. McLaughlin, E. J. B. Moynihan, S. Punch.

FINAL.—A. M. J. Blake, H. F. Blood, V. J. P. Clifford, P. A. Doyle, E. P. Harding, J. T. Heffernan, A. K. Hogan, H. Hunt, C. Kelsall, D. J. Lyne, J. T. McKee, J. J. O'Connor, L. C. Rorke, H. B. Sherlock, A. H. T. Warnock.

D.P.H. (BOTH PARTS).—W. B. Bannerman, E. H. Brook, E. E. Dickinson, R. T. Edwards, C. C. FitzGerald, W. J. D. Inness, H. P. Lobb, J. K. Patrick, H. J. Raverty, W. de W. Wishart.

* With honours.

Medico-Legal.

RECEIPTS FROM FRIENDLY SOCIETY.

A CORRESPONDENT writes that he has been informed by the secretary of a friendly society to which he is the surgeon that it is unnecessary to put a receipt stamp on payments made to him for medical services rendered as surgeon when the amount is over £2.

*** This is correct. The officers of friendly societies *duly registered* under the Friendly Societies Acts are exempt from the duty of stamping receipts for payment for duties rendered in their official capacity.

A QUESTION OF PARTNERSHIP.

M. O. H. writes that he proposes to make his assistant a partner by giving him, in addition to his salary, fees for all confinements attended by him, night visits, and inquests, as he is not in a position to buy a share of his practice. He has consulted a solicitor, but the latter seems at a loss as to what bond of partnership he can draw up.

*** Such an arangement is not a partnership, but the granting an assistant other remuneration in addition to his salary. This is not infrequently done in preference to increasing the assistant's salary. If our correspondent wishes to take his assistant into partnership he must make over to him a *share* in the business. Partnership is the relation which exists between persons carrying on a business *in common* with a view to profit. In the case given the assistant is not carrying on a business in common with the other, but altogether on another basis, being in fact no more than the servant of the other.

AN UNREGISTERED CHEMIST.

A CORRESPONDENT sends us a copy of the *Wednesday Herald*, published at Tottenham and Wood Green, which reports that at Edmonton County Court on Friday, May 6th, a man named Tasker Keys was fined £5 for selling a poison, he being not registered as a pharmaceutical chemist. The defendant is reported to have said in his defence that he was not liable, as he had been a medical practitioner and had obtained his diploma in pharmacy, and that a legally qualified man was exempt from the requirements of the Pharmacy Act. His Honour Judge Tindal Atkinson said he might appeal to the Divisional Court, but the defendant said it was no good his doing that as he was an undischarged bankrupt; he was sorry the case had been brought, as he had been nominated for the Fellowship of the College of Physicians! His Honour imposed a penalty of £5 and costs, but said he would have made it less if the Act had allowed him an option. The defendant declared he would do time rather than pay!

*** The name Tasker Keys does not appear in the *Medical Register*. Had he been registered he would undoubtedly have been exempted under the Act to amend the Pharmacy Act of 1868 (32-33 Vict., cap. 117). We presume his Honour satisfied himself that Mr. Keys was not a registered medical practitioner before imposing the penalty, but we do not understand what ground there was for suggesting that a modified penalty might have been imposed, unless we are to take it as a judicial *obiter dictum* implying that in his Honour's opinion the penalty imposed by the statute is needlessly high. As the individual named is not a registered medical practitioner we do not think he made his case better by claiming to have been a medical practitioner, and his Honour would have performed a public service if he had sifted this claim and shown it to be groundless. The medical profession has good reason to complain of the attitude of minor judicial authorities who seem to have scanty respect for the Medical Acts, and whose sympathies too often appear to be given to quacks.

WORKMEN'S COMPENSATION ACT.

Medical Certificates as to the Nature of the Injury under the Workmen's Compensation Acts.

A CORRESPONDENT asks the following questions: (1) Is the injured party under an obligation to provide a medical certificate at his own expense? (2) Is the employer, or an insurance company acting for him, bound to pay for this certificate?

*** (1) The injured party must pay the expense of any certificate he requires from his own doctor. (2) The employer, or the insurance company, must pay the expense if they require their own doctor to examine and report on the condition of the injured party, but they cannot be charged for any other certificates (Workmen's Compensation Act, 1897, Schedule I, S. 3).

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, except when so stated.

UNQUALIFIED ASSISTANTS.

COUNTRY G. P. writes that he is at present employing a senior medical student who has recently failed to pass his final examination, as dispenser and surgical assistant, and he wants to know whether he would be "in order" in asking him to make occasional visits on patients who had been already seen by his employer and to attend midwifery cases.

*** The words used in the warning issued by the General Medical Council are: "That as some registered medical practitioners have been in the habit of employing as assistants in connexion with their professional practice, persons who are not duly qualified or registered under the Medical Acts, and have knowingly allowed such unqualified persons to attend or treat patients in respect of matters requiring professional discretion and skill, and whereas in the opinion of the Council such a substitution of the services of an unqualified person for those of a registered medical practitioner is in its nature fraudulent and dangerous to the public health, any registered medical practitioner who is proved to have so employed an unqualified assistant is liable to be judged as guilty of infamous conduct in a professional respect, and to have his name erased from the *Medical Register*." This declaration is only qualified by the following words: "That this notice does not apply so as to restrict the proper training and instruction of bona fide medical students as pupils or the legitimate employment of dressers, midwives, dispensers and surgery attendants under the immediate personal supervision of a registered medical practitioner." It seems to us that our correspondent may be sailing dangerously near the wind if he proposes to send his dispenser to visit patients and attend midwifery cases. It cannot be pretended that he is merely sent to acquire knowledge, as our correspondent says he is "quite capable of doing this work." This is the plea invariably put forward in defence of the employment of unqualified assistants, but has never been accepted by the General Medical Council, and seems to be entirely inconsistent with the view generally admitted by the medical profession that the passing of a final examination is necessary evidence of fitness to practise.

AFRICAN TROUBLES.

B. S. A.—(1) The position is peculiar, and it is hard for any one living in England to realize the difficulties of practice where it may take ten or twelve days to pay a visit. We therefore are scarcely in a position to say whether C. was justified in the circumstances in recommending the lady to go into A.'s district so that she should be attended by him. If this was done with the view of shifting an irksome responsibility upon A.'s shoulders, it was certainly wrong. (2) We have no means of answering the legal questions put to us by our correspondent, as we are not conversant with the laws under which the Administrator is acting, but we should have thought that the society which employs the medical missionaries in question would have sufficient influence with the directors of the British South African Company to protect them against any injustice, and we should recommend that the grievance should be brought to the notice of the society's committee.

Public Health AND POOR LAW MEDICAL SERVICES.

FEES FOR CERTIFICATION OF WANDERING PAUPER LUNATICS.

G. A. J. writes saying he was called to the police station to see a wandering pauper lunatic, and the following morning gave evidence before a magistrate and certified the case for asylum. He says he is now offered a fee of 10s. 6d. by the relieving officer, and asks whether he can claim a higher fee.

*** For attending before a magistrate and certifying the case described *as one fit for asylum* our correspondent is entitled to reasonable remuneration, and the magistrate who acted in the case has the power to order the board of guardians to pay this. The amount usually paid is one guinea, and in our opinion this should be the minimum fee for certifying such cases. Should "G. A. J." have any difficulty in getting this amount he should apply to the magistrate to make an order for the guardians to pay it. In addition to this, we consider that "G. A. J." is entitled to a fee from the police for his visit to the police station at their request on the previous day. The fee paid by the guardians for the certification of lunacy does not include payment for the previous day's services to the police, but is for the special services rendered to the magistrate.

Obituary.

EDWARD CRESSWELL BABER, M.B.,

SURGEON, ROYAL EAR HOSPITAL, LONDON.

WE regret to announce the death of Edward Cresswell Baber, the well-known aural surgeon, which took place on Saturday at his London consulting address in Brook Street, at the age of 59. Mr. Baber resided at Brunswick Square, Hove, and, in addition to an extensive consulting practice, was intimately associated with the principal medical institutions in the district, notably the Special Hospital for Throat and Ear Diseases. He was Surgeon to the Royal Ear Hospital, London. He received his preliminary education at King's College School, London, and studied medicine at St. George's Hospital, where he was formerly House-Surgeon and Demonstrator of Anatomy, also Prizeman and William Brown Scholar. He afterwards continued his studies at Paris and Vienna. He was admitted a Member of the Royal College of Surgeons of England in 1871, and a Licentiate of the Royal College of Physicians of London in 1872. He took the degree of M.B. at the University of London in 1873. Mr. Baber had been President of the Laryngological Society of London, Vice-President of the Otological Society, President of the Brighton and Sussex Medico-Chirurgical Society, Honorary Secretary of the International Otological Congress, 1895, Honorary General Secretary of the International Otological Congress, 1899, and President of the Section of Laryngology and Otology, British Medical Association, 1899. He was the author of numerous contributions to the literature of his special branch of surgery.

ANDREW GILMOUR, L.R.C.P.EDIN., J.P., V.D.,

LINLITHGOW.

WE regret to have to announce the death, after a few days' illness, of Dr. Andrew Gilmour, one of the oldest medical practitioners in Scotland. Dr. Gilmour, while paying a visit to his son-in-law, Dr. MacDonald, Foyers, Inverness-shire, was seized with cerebral haemorrhage, from the effects of which he succumbed after six days' illness, his death occurring on May 9th. Dr. Gilmour while quite a young man came to Linlithgow and commenced practice there. For forty-five years he was a member of the Linlithgow Town Council, and held the position of Provost for twenty years. During his Provostship the Town Council and the community presented him with his portrait in oils. Being a man of active habits and devoted to public life, Dr. Gilmour, after he relinquished the Provostship remained a member of the Town Council, who made him a Police Judge. For many years he continuously represented the burgh at the Convention of Burghs, and at the last annual meeting of that body he was referred to as the Father of the Convention. He held the rank of Surgeon-Lieutenant-Colonel in the old Volunteer Force, receiving the Volunteer decoration. In politics Dr. Gilmour was a Conservative, and did much to further the cause of the party in the burgh. The funeral took place at Linlithgow; the procession was headed by the Freemasons, of which body the deceased was a Past Master. All the shops in the town were closed, and there was present a large concourse of people, especially of the poorer classes, of whom Dr. Gilmour was a great friend.

Medical News.

THE meeting of the Society of Tropical Medicine and Hygiene, fixed for Friday, May 20th, has been postponed to Friday, May 27th, at 8.30 p.m.

THE conference of the Child Study Society, arranged to be held at Tunbridge Wells on May 19th, 20th, and 21st, has, owing to the death of King Edward, been postponed to June 10th and 11th. Copies of rearranged programme can be had on application to Miss Watt, 35, Church Road, Tunbridge Wells.

OWING to the death of His late Majesty King Edward VII, the dinner of the Edinburgh University Club of London, which was arranged for May 27th, has been postponed until Friday, July 22nd.

DR. GEORGE SKENE KEITH, author of *A Plea for a Simple Life* and other well-known works, who died not long ago, left personal estate of the value of £29,919.

THE annual general meeting of the Asylum Workers' Association will be held at 11, Chandos Street, London, W., on May 25th. The President (Sir William Collins, M.P.) will take the chair at 3 p.m.

A COURSE of post-graduate clinical demonstrations will be given at the Manchester Royal Infirmary by the honorary staff on Tuesdays and Fridays, from May 31st to June 23rd inclusive. The course is open to all qualified medical practitioners.

THE dinner of the Post-Graduate College and past and present students of the West London Hospital will be held at the Trocadero Restaurant, Piccadilly Circus, on Wednesday, June 8th, at 7 for 7.30 p.m., when the Duke of Abercorn will take the chair.

AT the meeting of the Medico-Legal Society to be held at 11, Chandos Street, London, W., on May 24th, at 8.15, Dr. Major Greenwood, Honorary Secretary of the Poor Law Medical Officers' Association, will read a paper on the policy of the English Poor Law and its proposed medical reform.

ON Thursday, May 26th, at 6 p.m., a lecture will be given at the Royal Eye Hospital, St. George's Circus, Southwark, by Mr. G. T. Brooksbank James, on binocular vision in its relation to some of the refractive and muscular anomalies of the eye. Any medical students and practitioners interested in the subject are invited to attend.

AN amendment of the law of November 30th, 1892, regulating the practice of medicine in France and its dependencies has recently been promulgated. By its terms it is made compulsory for doctors of medicine, surgeon-dentists, and midwives, before establishing themselves in a place and performing any professional act, to register their titles at the prefecture or subprefecture, and at the civil tribunal of the *arrondissement*, and to have it authenticated with the signature of the mayor. No fees are payable for such registration. In the case of beginners who have not yet received their title or diploma the provisional certificate given to them by a duly authorized faculty or professional school must be registered and signed by the mayor in the same way.

THE next quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 11, Chandos Street, London, W., on May 24th, at 3 p.m., under the presidency of Professor W. Bevan-Lewis. Dr. Charles Mercier will read a paper on insanity as disorder of conduct; Dr. John Turner one on the examination of cerebro-spinal fluid, with special reference to the diagnostic value of Ross and Jones's test; and Dr. W. H. B. Stoddart will enunciate a theory of the toxic and exhaustion psychoses. In consequence of His late Majesty's death, the usual dinner in the evening will not take place. The General Secretary (Dr. C. Hubert Bond) will be much assisted in arranging the programme for the annual meeting if members desiring to read papers thereat will communicate with him as soon as possible.