Pneumococcal peritonitis is more often primary or secondary to some other source of infection than a complication of lobar pneumonia. It is most common in female children, and is very acute; the pus is said to be thin, widely diffused, and with much fibrin. According to Still, primary peritonitis in children beyond the stage of infancy is nearly always tuberculous or pneumococcal. Records of 91 cases of pneumococcal peritonitis in children under 15 years of age, collected by Annand and Bowen, show that the symptoms were always severe, closely resembling, with one exception, the clinical course of diffuse perforative peritonitis. There was the same sudden onset, often with rigors and violent and persistent pain, frequent vomiting, advancing prostration, and early death. In children, however, this condition has been known to give rise to chronic encapsuled abscess, and it is conceivable that the chronic suppuration in this case may have been due to a strain of pneumococci of low toxicity.

Allchin, however, mentions certain forms of peritonitis attended with suppuration which run "a course the duration of which may justify their being designated as chronic." They may continue for many months, the severity of the local condition and the toxic manifestations being insufficient to cause death, though the general health of the sufferer steadily deteriorates. "Such cases," he says, "have been referred to as 'acute progressive fibrino purulent peritonitis.' It is only in the sense of their duration that they are to be regarded as chronic, being rather of the nature of a succession of acute or subacute attacks of localized character." Since this patient's illness did not commence with an acute attack, and during the course of observation showed no rise of temperature indicative of an acute exacerbation, it does not coincide with Allchin's description of acute progressive fibrino-purulent peritonitis.

It appears evident that the end was brought about by a sudden rise in the toxaemia, a fact which also accounts for the purpuric rash. As the evidence in favour of pneumococcal infection is not great, the most one can say is that the case was a somewhat anomalous type of chronic suppurative peritonitis and due to an organism of low virulence, such as *Bacillus coli communis*. Had the clinical appearance not been so typical of tuberculous peritonitis, one would have endeavoured to cultivate the organism from a swab taken at the time of operation. My acknowledgements are due to Dr. T. R. Whipham for his courtesy in permitting me to make use of the case.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF LAMBLIA INFECTIONS.

I WAS interested to read in the JOURNAL (March 18th, p. 407) of Drs. Woodcock and Penfold's experiences in the treatment of *Lamblia* infections. In a paper I recently published in the *Journal of Tropical Medicine and Hygiene* I laid stress upon the importance of repeated and careful examinations of the stools both before and after treatment, and also mentioned some drugs tried by myself. In the doses in which I used them, emetine, beta-naphthol, and methylene blue all failed, completely to sterilize the patient of his infection. An apparent improvement occurred after the latter two, but prolonged examinations showed that this was only of a temporary nature.

I also described toxic symptoms following the administration of the methylene blue. Since then Major Marshall, of Edinburgh, has drawn my attention to a paper by himself and Gee published long ago in India, in which similar symptoms were met with after the use of this drug for malaria. He believes it is due to the difficulty of getting samples of the drug free from zinc chloride, and recommends giving it with extract of hyoscyamus to prevent bladder symptoms. Of other drugs I have used, bismuth alone, salicylic acid alone, salol, thymol, and cyllin have also proved ineffective.

It is specially interesting, then, to hear of Drs. Woodcock and Penfold's apparent cure of a case by the combined use of beta-naphthol and bismuth salicylate. Before finally concluding, however, that this is a cure, further examinations should be carried out especially after the administration of good saline purges. Though very constant in certain cases, the passage of the cysts in others is equally inconstant, and they apparently may disappear for quite a long time of their own accord. An attack of diarrhoea or a purge often quickly brings them back again.

I recently saw a case heavily infected with *Trichomonas* and proposed treating him with methylene blue, but before doing so I thought I would observe him for a week. The trichomonata disappeared of their own accord, and so far (one month) have not again put in an appearance. If I had given the drug I would naturally have concluded that it had made them disappear. Turpentine, so lauded by French workers, and guaiacol carbonate I note also failed in some of the authors' cases. I am certain that many so-called successes, if followed up for a sufficiently long period (six months to a year), would have to be written off and debited to the failure column. Drs. Woodcock and Penfold's first case approaches the time limit given, though one would like to know how many times "several" really means. Their other cases, examined four and three days after treatment, of course give far too short a time to base any definite conclusions upon.

London, W. GEORGE C. LOW, M.D.

A CASE OF POTASSIUM CHLORATE POISONING IN AN INFANT.

I FOUND a child aged 4½ months in a prostrate condition. There was marked pallor, with cyanosis of ears and lips and of the hands and feet, which were cold; breathing was quickened and shallow, but not jerky or noisy. The child lay still with eyes open, some contraction of the eyebrows, and an occasional peevish cry. The rectal temperature was normal; the pulse, 204, could be felt at the wrist. There was no cough, and nothing was found abnormal in the lungs. There was no vomiting and nothing abnormal about the abdomen. Some castor oil had been given before arrival, and the bowels had acted normally. The appearance suggested profound toxaemia. The diet had consisted of cow's milk, cream, and sugar of milk; the feeds had been prepared with scrupulous care, the mother herself being a medical graduate. Poisoning by gas-stove fumes was excluded, and the cream used was found on inquiry to be free from any preservative, such as boric acid.

It was noticed on the previous day that the feeds had been taken with some reluctance, but nothing abnormal was noticed about the child until the early morning of the day when first seen. When seen three hours later some brown-black material, the size of a small pea, found on the napkin was thought to be probably faecal until some greenish-yellow urine containing particles of similar material was seen issuing from the urethra. It was evident great destruction of the haemoglobin was in progress, and I suspected a chemical poison. Rough tests showed the supposed sugar of milk to be an inflammable salt of potassium, subsequently proved to be potassium chlorate. Death ensued without convulsions.

Post-mortem Examination.—The musculature was of a dusky red colour. The heart and blood vessels contained soft chocolate-coloured clot, and the walls of the aorta showed patches at intervals of brownish discoloration. The liver, spleen, and kidneys were chocolate in colour, with a "burnt sienna" coloured exudate on scraping. The calices of the kidney and the ureters and bladder were filled with a soft, friable brownish-black material which was not blood clot. The bladder also contained some turbid yellowish-brown fluid.

Reading. E. W. SQUIRE, M.B.Lond.

AT a meeting of the American Medical Library Association held at Washington in May, 1915, Mr. James F. Ballard urged that all medical libraries should adopt a uniform method of preparing statistics of their contents, and the following recommendations were made:—Everything of over 100 pages is a volume; everything of any size, if bound, is a volume; everything under 100 pages, if unbound, is a pamphlet. Duplicates should not be counted, except second copies of books in general use. Uncatalogued material and incomplete and unbound periodicals should not be included.

Ireland.

AT the nineteenth annual meeting of the Royal Victoria Eye and Ear Hospital, Dublin, it was stated that 1,534 in-patients were treated during the year, and that the average number of beds occupied was 98.70. In the out-patient department 7,573 new patients were registered. In November, 1914, ten beds were placed at the disposal of the War Office, and in October, 1915, the number was increased in response to a request. Viscount Iveagh defrayed the cost of the equipment of these beds through the Dublin branch of the British Red Cross Society.

The Newry Board of Guardians has refused to adopt the graded scale of salaries for dispensary doctors recommended by the Local Government Board in 1906. The guardians have recently been advertising, without success, for a doctor for one of the districts, vacant by the resignation of Dr. Irvine. A substitute has been appointed as locumtenent at four guineas a week.

Correspondence.

MEDICAL ARRANGEMENTS AT SUVLA LANDING.

SIR,—The criticism in Parliament upon medical military affairs has aroused public anxiety. I trust some of it may be allayed when people hear the experience of one who took part in the treatment of those who were wounded during the first three days of the landing at Suvla Bay.

I was on board H.M. hospital ship *Soudan*, her station was in the naval firing line, and she received the first men who were wounded on the first day of the landing. I was deeply impressed by the efficiency of the first aid which was rendered to these men. All the wounds were skilfully dressed, properly splinted; those cases that required it had received a dose of morphine, and a short and accurate account was written on a label which was attached to each man. Many of the severe cases were so well and carefully dressed that I felt confident in leaving them until I could find more time to go thoroughly into their troubles.

On shore I could see many kinds of shells bursting among our advancing troops, on the land behind them, and on the beach where the wounded were being collected prior to their embarkation for our ship.

Nothing could have been wrong with the organization which planned and accomplished the deliberate and correct treatment of the wounded in the midst of that devastation, from which there was then no shelter. It must be borne in mind that this organized effort included the successful co-operation of naval and military medical units.

A good deal of the criticism made on this subject is based upon ignorance. Some of my professional brethren have told me I ought not to have been sent to Suvla Bay, and that my right place was at home to attend the cases on their return to this country. I was in my right place at Suvla Bay, where I attended numberless cases with which the work of my life had trained me to deal, and to any one of which I would have been called to see, immediately, at my hospital in London. The organization was as right in sending me there as it was in bringing me home when the ship was carrying cases mainly of a medical nature.

While in Eastern waters I had plenty of opportunity to observe the arrangements made by the naval and military authorities for the rapid conveyance and final accommodation of the wounded men disembarked from our ship. I came to the conclusion that had I friends or relations among those wounded in the Eastern theatre of war, I should be satisfied that the right thing would be done to them.—I am, etc.,

London, W., March 18th. G. LENTHAL CHEATLE.

THE PHYSICS OF A SURGICAL DRESSING.

SIR,—To my mind Major C. W. Duggan holds the key of the whole argument, namely, that antisepsis and osmosis should be our guides in treating wounds not aseptic. Provided the dressing is not left on the parts too long to become more of a menace than a benefit I consider that the drier the wound is kept the better. It must be remembered that a dressing is a compromise, and in many superficial wounds the advantage lies in applying as little dressing as possible. Provided the parts are kept clean any kind of dressing, no matter how effective, is a hindrance; the wound will do better if left uncovered. With deep-seated wounds, or wounds other than superficial, the case is rather different. Here we are concerned with a foul opening leading down to tissues more or less damaged, and that treatment which removes the discharge most effectively whilst keeping the surface sweet will give the best result. It is not a matter of moist *versus* dry dressing, but rather one of effective disposal of a discharge loaded with deleterious agents which may reinfect the surrounding parts. No doubt a wet dressing covered with impermeable material, if the parts are thoroughly drained and the dressing not allowed to become saturated with discharge, may not do much harm; indeed, I believe the healing process may be hastened. But in such a case the dressing should be renewed sufficiently often to keep the surface of the wound antiseptic; the frequency will depend upon the depth and character of the wound and the thoroughness with which antiseptics are brought into contact with the infected focus.

If the wound is septic, make it aseptic. Frequently we cannot attain to this perfection, but in all circumstances this end must be kept steadily in view, for until the wound becomes aseptic there can be no true healing process.

In general practice many so-called discoveries of to-day and yesterday have been in use time out of mind, and Sir Almroth's saline treatment of wounds amongst others. I know that my neighbours in Yorkshire, like myself, have used it for long. I have discarded impermeable coverings for dressings for a great many years. I very soon discovered their danger in a wide practice where patients cannot be seen every few hours.

I give this instance of the ineffectiveness of an impermeable dressing over a wound. An armourer-sergeant belonging to this town was sent home suffering from a septic finger which had been treated for more than a month. The finger had the usual wet dressing covered with impermeable oiled silk. I gave it a very thorough washing with a weak antiseptic, clipping away all dead skin, and clearing out the wound as well as I could, and then put it up in a dry dressing. It healed almost directly.—I am, etc.,

Helmsley, March 4th. ALEXANDER BLAIR, M.D.

THE PRICE OF DRUGS.

SIR,—Is it not time that some effort was made by combined effort to do something to reduce the present price of drugs? It is a very serious matter for general practitioners who dispense their own medicines, and in my own case it had caused a 50 per cent. increase in cost during the last year.

One cannot possibly do without bromides and salicylates and many other drugs which at the present time are enormously increased in price.

Our Association should at once make representation to the Government and make an effort to induce private firms to set about manufacturing drugs that have previously been made in Germany. If there is anything whatever in the cry that after the war we shall boycott German products there ought to be no delay in guaranteeing the firms against any loss on their outlay in plant.—I am, etc.,

Buckingham, March 7th. ARTHUR E. LARKING.

Universities and Colleges.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

FIRST M.B. (*Elementary Anatomy and Biology, Chemistry, and Physics*).—*R. L. Dagger, *R. C. Brown, T. H. R. Anderson, N. R. Beattie, Dorothy O. S. Blair, Nan Coxon, H. L. Mather, R. P. Wanless, Philomena R. Whitaker. *Elementary Anatomy:* M. J. Erdberg, Kun Piu Leung, May Raw, R. Sanderson

SECOND M.B. (*Anatomy and Physiology*).—*J. M. Brydson, *J. R. Hughes, S. Raj Chatterji, S. (Rev.) Foskett, I. Girgis, S. E. Goulstine, J. P. Higham, D. Levinstein, Habib Toma, H. W. Walther, G. R. Woodhead. (*Anatomy.*)—Iris M. Cheeseright.

*Honours—Second Class.

visiting surgeon to Sir Patrick Dun's Hospital; he was also consulting surgeon to the Masonic Girls' School and Simpson's Hospital. His practical skill as a surgeon was equal to his attainments and knowledge, and it will be remembered that it was Sir Charles Ball who operated upon Lady Dudley during her serious illness when Lord Dudley was Lord Lieutenant of Ireland.

Soon after the outbreak of war Sir Charles Ball was made a temporary lieutenant-colonel R.A.M.C., and was frequently present at the disembarkation of wounded soldiers brought to Dublin, even on occasions when severe weather and early hours made attendance trying for a man of his years. At one time he was a member of the Advisory Board for the Army Medical Service. He was president of the Leinster Branch of the British Medical Association in 1903, and of the Section of Surgery of the annual meeting in 1905, when the Association met in Leicester. Sir Charles Ball was also a president of the Royal Zoological Society of Ireland, and took a keen interest in the work of this society for many years. He was knighted in 1903, and in 1911 was created a baronet.

ODILLO MAHER, M.D.,

OPHTHALMIC SURGEON TO THE SYDNEY HOSPITAL.

OUR correspondent in Sydney, New South Wales, writes: By the death of Dr. Odillo Maher, of Sydney, which occurred at Hobart, Tasmania, on January 10th, from acute pneumonia, the medical profession in Sydney has lost one of its leading members. He was born in Sydney in 1858, and was educated at St. Mary's College, Lyndhurst, and at St. Patrick's College, Goulburn. After spending a year at the Sydney University he went to Ireland, and in 1881 he took the degrees of M.D., Ch.M. at the Royal University. In the following year he obtained the diploma of M.R.C.S.Eng. He early devoted his attention to ophthalmology, and was appointed house-surgeon to Moorfields Hospital, and later became clinical assistant at the same hospital. On his return to Sydney he began practice as an ophthalmic surgeon. In 1886 he was appointed honorary ophthalmic surgeon to the Sydney Hospital, and also to St. Vincent's Hospital, Sydney; both positions he retained up till the time of his death. He was also examiner in ophthalmology in the Sydney University. He occupied several important positions at different times. He was President of the Eye Section at the Australasian Medical Congress in Adelaide in 1905; he was a member of the Council of the New South Wales Medical Union for many years, and a member of the New South Wales Medical Board for the last two years. He was a Fellow of St. John's College within the University of Sydney, and was recently appointed a member of the consulting staff of the Military Base Hospital at Randwick, Sydney.

In 1894 he was one of the victims of the serious railway accident at Redfern, and was severely burnt about the hands and face. This necessitated a prolonged absence, and it was feared that he would never be able to resume his work as an operating ophthalmic surgeon. Fortunately this unfavourable opinion proved to be incorrect, and he resumed full work after an interval of two or three years. He contributed many important articles to the medical journals on his own speciality.

The funeral at Waverley cemetery, preceded by a Requiem mass at St. Mary's Cathedral, was largely attended. He leaves a widow and a family, one of his sons having but recently graduated in medicine at the Sydney University.

DEPUTY SURGEON-GENERAL JAMES LANDALE, R.A.M.C. (retired), died at Cheltenham on March 8th, aged 79. He had dined out on the evening of March 7th, and, walking home, stumbled over an obstruction in the dark and fell. He was assisted home, and did not seem to have been seriously injured, but passed away in his sleep during the night. He was educated at Edinburgh University, where he took the degree of M.D. in 1856 and the L.R.C.S.Edin in the same year. He entered the army as assistant surgeon on September 15th, 1857, became surgeon in 1869 and surgeon-major in 1873, retiring as deputy surgeon general on December 10th, 1892. He served in the Indian Mutiny in 1858–59 with the 92nd Foot, and was present at the actions Rahatgarh, Mangrauli, Sindwaha, Kurni, and Baroda, and received the Mutiny medal. By a sad coincidence his son, Captain James R. Landale, was killed in action in Mesopotamia on the day of Deputy Surgeon-General Landale's death.

LIEUTENANT-COLONEL ROBERT ALEXANDER PETER GRANT, R.A.M.C. (retired), died at Reay House, Inverness, on March 8th. He took the M.R.C.S. in 1858 and entered the army as assistant surgeon on June 13th, 1859, becoming surgeon in 1871, surgeon-major in 1873, and retiring with a step of honorary rank on July 2nd, 1884. He served in the New Zealand war of 1863–66 in the province of Terawaki, was mentioned in dispatches in the *London Gazette* of October 20th, 1865, and received the medal.

SURGEON-MAJOR EDMUND JOHN HOSKINS, Bengal Medical Service (ret.), died in London on January 22nd, aged 79. He was educated at St. Bartholomew's, and took the diplomas of M.R.C.S. in 1858 and L.S.A. in 1859, and the degree of M.D. at St. Andrews in 1860. He entered the Indian Medical Service as assistant surgeon on October 1st, 1860, became surgeon on October 1st, 1872, and surgeon-major on July 1st, 1873, retiring on April 7th, 1879. The *Army List* assigns him no war service.

WE regret to announce the death of DR. DAVID W. CHEEVER, which occurred at his house in Boston on December 27th, at the age of 84. He graduated at Harvard in 1852 and was one of the original surgical staff of the Boston City Hospital which was opened in 1864. He had been a teacher at Harvard since 1860 when he was appointed demonstrator of anatomy. He became professor of clinical surgery in 1875 and professor of surgery in the Medical School in 1882. On his retirement in 1893 he received the title of emeritus professor. He was president of the American Surgical Association in 1889 and the author of *Lectures on Surgery* and of more than sixty papers and addresses on professional topics. He reported more than 1,200 major operations performed by himself, with 85 per cent. of recoveries.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Gilbert-Ballet, of Paris, one of the foremost authorities on mental disease in France; and Dr. Léon Labbé, senator for the Orme department, and member of the Institute of France, whose name is associated with a successful operation on a man who had swallowed a fork, aged 83.

Medico-Legal.

WORKMEN'S COMPENSATION FOR RHEUMATISM.

Glasgow Coal Company Ltd. v. Welsh.

THE House of Lords on March 6th gave judgement on an appeal from the Second Court of Session in Scotland which raised a point of some novelty under the Workmen's Compensation Act, 1906.

The facts were as follows: One, Welsh, was a miner employed as a brusher at the Glasgow Coal Company's colliery. On October 23rd, 1914, the water pump broke down and a large quantity of water accumulated in the pit bottom. Work was suspended, and five days later Welsh was directed to go down the pit. He went down in the belief that he was going to do his ordinary work as a brusher, but, in fact, on reaching the pit bottom he was told off to bale the water. On this work he was engaged up to his chest in water for eight hours.

During the next day or two he felt great stiffness and cold and pains in his joints, but continued to work till the morning of November 2nd. On November 3rd he consulted a doctor, who found that he was suffering from subacute rheumatism. On January 26th, 1915, he returned to work but was unable to earn his full wages, and his incapacity did not wholly cease until March 2nd, 1915. During the whole of this time he was suffering from rheumatism caused by the extreme damp and exposure to which he had been subjected.

The Sheriff Substitute had found that this was an injury caused by accident "arising out of and in the course" of Welsh's employment, and made an award in his favour.

Viscount Haldane, in his speech, said that the question was whether, upon the above facts, the event could be, in point of law, an accident within the meaning of the Act. He thought that had Welsh died suddenly while so exposed there could be no doubt that that would have given a title to his dependants

to claim on the footing of injury from accident, and he was unable to see why a claim in respect of a less serious mishap should be excluded by the circumstance that the miscalculated action of entering the water took time to produce its consequences. In his judgement that miscalculated action of entering the water must be taken to have constituted a definite event which culminated in rheumatic affection and to have imported into that event the character of an accident within the meaning of the Act.

The other lords concurred, and the appeal was dismissed.

The Services.

INDIAN MEDICAL SERVICES.

IT has been decided that the outfit allowance of Rs. 600, notified in India Army Order, No. 122, dated March 22nd, 1915, shall be granted to all I.M.S. officers in permanent civil employ (including those who have officiated for three years in civil employment) who reverted to military duty, during the present war, prior to the issue of India Army Order, No. 546, dated October 11th, 1915.

EXCHANGE DESIRED.

TEMPORARY LIEUTENANT, anaesthetist to a base hospital in France, wishes to exchange with officer similarly employed in London or neighbourhood.—Address No. 1250, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Medical News.

THE Wellcome Historical Medical Museum, Wigmore Street, will be closed for cleaning during the whole of the month of April.

PROFESSOR J. MARTIN BEATTIE, M.D., will open a discussion on tuberculous diseases of children and the milk supply at a provincial meeting of the Royal Sanitary Institute to be held at the University of Liverpool on March 31st at 3.30 p.m.

APPLICATIONS from hospitals within nine miles of Charing Cross, and from convalescent homes and sanatoriums for consumption taking patients from London, to participate in the grants made by King Edward's Hospital Fund for London must be received at 7, Walbrook, London, E.C., before March 31st.

IN response to the request of a First Aid Conference held at Washington in August, 1915, President Wilson has appointed a board of standardization to investigate first aid methods, packages, and the standardization of equipment, and to draw up a uniform course of instruction to be given throughout the country.

THE late Mr. Stanley Boyd left estate valued at £32,646. After providing for certain legacies he left the residue of his property in trust for his mother and sister and the survivor of them, and subject thereto he gave £2,100 to Epsom College for one foundation scholarship, and the ultimate residue to the University of London for the endowment of a professorship of pathology in the Medical School of Charing Cross Hospital. Out of the property bequeathed to him by his wife he gives a number of legacies to her relatives, £1,000 each to the London School of Medicine for Women, the New Hospital for Women, and the Pathological Department of the New Hospital for Women, and any residue to the New Hospital for Women.

THE Military Education Committee of the University of London has presented its annual report for 1915. The medical unit was in camp for its annual training during the summer vacation on Salisbury Plain. Arrangements have been made for camp training during the other vacations, and for periods of intensive training in preparation for the special examinations for certificates A and B held for cadets of this unit. Upon the announcement of the War Office's decision in regard to the younger medical students taking combatant commissions, a considerable number of medical cadets transferred to the artillery and infantry units. Three former officers of the University of London O.T.C. (of whom one was an ex-cadet), eighty-six former cadets, and one other officer recommended for his commission by the university have fallen in the war. A number of honours, including one Victoria Cross, have been awarded to officers and cadets of this corps.

WITH the *St. Bartholomew's Hospital Journal* for March is published, under the title *St. Bartholomew's and the War*, a second supplementary list, made up to February 16th, 1916, of those connected with the hospital and medical school who are serving in the navy, army, and territorial force. It brings up the number to over 1,600. Five, of whom two were serving in the R.A.M.C. (Lieutenant Brunton and Lieutenant Garrod, both sons of members of the staff of the hospital), were killed in action; six, of whom two were in the R.A.M.C., have died of wounds; three, all in the R.A.M.C., have died; eleven, of whom seven were in the R.A.M.C. and one in the I.M.S., have been wounded. The good services rendered by many others have been recognized in dispatches and by promotions and decorations. The list is illustrated by portraits of many of those who have been killed, or died; among the portraits is that of Miss Buckingham, who died as matron of the 2nd Birmingham War Hospital. The list contains the names of forty-four other present or former nurses of the hospital who are serving with the armies at home or abroad.

SPECIAL meetings of the Central Midwives Board were held on March 15th and 17th. Reports on 7 adjourned cases resulted in no action being taken in 5; 1 case was further adjourned for three months, and 1 woman was struck off the roll. Of the 14 fresh cases, 1 midwife was severely censured, judgement on 2 others was postponed for reports in three and six months, and 11 women were struck off. Neglect in cases of ophthalmia neonatorum, puerperal fever, and pemphigus were among the most serious charges, but there was one of signing a false certificate of stillbirth; as usual, there were a number of cases of ignorance of the use of the clinical thermometer, inability to take the pulse, want of cleanliness, etc. The Board held its monthly meeting on March 16th. In reply to a letter from the General Medical Council regarding an alleged case of "covering" an uncertified woman by a registered medical practitioner, the Board, in forwarding the papers to the Council with a request that it will take such action in the matter as it may see fit, expressed its readiness, if so desired, to appear as prosecutors in the case. The Standing Committee, having completed the revision of the rules after carefully considering suggestions for their amendment sent by local supervising authorities, medical officers of health, etc., decided to ask the Privy Council to approve the same and order that the new rules shall come into force on July 1st next for a period of five years. Sir Francis Champneys presided at all three meetings.

AT an inquest held recently at Wigan on an illegitimate child Mr. H. Milligan, the Wigan Borough Coroner, made some remarks reflecting on the medical man who had attended the child and who gave the death certificate. Not content with that, the coroner proceeded to make observations which can only be interpreted as an attack on the Wigan medical profession generally. In the case in question the statement of the woman who had charge of the child was to the effect that the child had suddenly appeared to be choking, and she had run with it to the doctor, who said it had croup, and gave medicine and certain directions for treatment. Next day the child was worse, and the doctor was sent for, and was said to have promised to go, but failed; the child died later in the day without having been seen again by the doctor, who gave a certificate of death from bronchopneumonia. On this one-sided evidence the coroner based his attack on the doctor, and made it a text on which to deliver a homily to the Wigan profession. As only too frequently occurs in coroners' courts in certain districts, the doctor's side is not given. He may have had perfectly satisfactory reasons for not carrying out his promise to visit, if he ever made it, and if the coroner had had any proper sense of fairness he would have seen that the doctor's side of the question was made as public as he asked the press to make the other side. According to the newspaper report, the coroner, after noting that the doctor had said that the child had croup, and yet gave a certificate of bronchopneumonia, added: "It made it very difficult to know where they were when they had such contradictory statements." The public have a right to demand that coroners who venture to criticize in such matters should have at least an elementary knowledge of what they are talking about. If the coroner had read in the official book of death certificates the instructions to medical practitioners as to the terms to be used in death certificates, he might have seen the injunction: "Avoid using the word 'croup' at all." If, as appears probable, the coroner's remarks about the Wigan medical profession in general are as unfair as his remarks about this particular case, the "higher authorities" to which he threatens to make complaint might well be asked to decide the additional question whether the coroner is not deserving of censure for thus displaying a want of acquaintance with the terms to be used in death certificates and for his one-sided treatment of the medical profession.