With aseptic surroundings the after-treatment is much simplified. I find it is quite the exception for any signs of peritonitis or even distension to appear. After the patient has gone back to bed an injection of strychnine is given in bad cases about two hours after the operation. Only one case (already described) has suffered from shock. She was given an intravenous transfusion of saline fluid. If the patient has much sickness from the anaesthetic she is given bicarbonate of soda in warm water with a few drops of peppermint. The anaesthetic given was in almost all cases ether preceded by gas. Thirst is met by giving sips of hot water, or by an enema of hot water. Twelve hours after the operation a nutrient enema of beef-tea and brandy is administered. Eighteen hours after the operation a cup of weak tea is allowed. This is followed by small doses of barley water and later milk diluted with barley water. A soap-and-water enema to clear out the bowel is given on the third day, or earlier if there are any signs of distension or discomfort. A turpentine enema is often more effective for this purpose. During the first day or two the rectal tube is passed every four to six hours. This is a great help to most patients, because it allows the passage of flatus without any effort on their part. On the fourth day the patients begin to take solid food. During the first ten days in bed, if constipation gave much trouble, small doses of calomel (1 grain) repeated every six hours, until the bowels acted, seemed to give the best results.

One patient, No. 96, a case of pyosalpinx, on the third day after the operation, had what appears to have been an embolism of a branch of the pulmonary artery on the right side.

The attack came on just before my usual visit. She was suddenly seized with breathlessness and a feeling of faintness. Her face went quite pale. The respiration ran up to 40, the pulse to 120, and the temperature shot up to 102 3.° A hypodermic injection of strychnine was given, and in a few hours she was much better. Next day the pulse, respirations, and temperature were normal. This was followed by dullness and absence of air-sounds over the middle third of the right lung in front.

I had a similar case to this some years ago, also after operation, for double pyosalpinx, and coming on exactly the same time on the third day, with the same symptoms and ending in recovery.

Anaemic and fat patients usually have a higher pulse-rate after operation than others, reaching occasionally to 110 or 120. It means very little beyond an effort of the heart to cope with abnormal conditions.

All the patients were kept in bed for fourteen days. When the operations were severe or the patient very weak, this was extended to seventeen or even twenty days. Many of them were able to leave the hospital on the twenty-first day, but the severe cases were often kept in longer.

In conclusion, I wish to thank my assistants, house-surgeons, and the nursing staff for their devoted care and skill in helping to carry out the operations and treatment.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

PRELIMINARY NOTE UPON TICKS INFESTING RATS SUFFERING FROM PLAGUE.

The North-West Frontier Province of India has until this year escaped the visitations of plague from which this country has now for some years been suffering. But for some months past cases have been occurring at Peshawar and in the surrounding district, and reports of cases having occurred have been received from villages near Nowshera. It became evident, therefore, that the disease might be expected within this cantonment.

On July 12th it was reported to me that a native man had died in the Sudder Bazaar two days previously under circumstances which aroused the suspicion that the cause of his death was plague. This man had no house. He appears to have passed his time on a table in a shop-verandah in the Sudder Bazaar at Nowshera. At about the date of his death rats were observed deserting the house next to this verandah, and also another house behind the next-door house. I at once visited these dwellings. The one last referred to had not been occupied for some time; the one next to the verandah had been vacated by the occupier directly he observed the rats deserting. In this house I placed a healthy rat in a cage. In the house behind a trap was set.

The following morning I visited these places and removed the healthy rat. This rat has not developed any signs of disease. At the same time, the trap in the other dwelling was found to contain a rat with a very prominent tumour on the left side of the neck. This rat, which was quite vigorous, I removed for examination. The rat was a female *Mus rattus*, dark grey in colour, with a supernumerary nipple on the right breast. Besides the tumour in the neck, which was enlarged submaxillary lymph-gland tissue, the lymphatic glands in the left inguinal region were markedly enlarged, while those in both axillae and in the right groin and femoral region were less markedly enlarged. After drowning the rat I examined the submaxillary gland mass, which was found to be caseous but to contain a little pus in the posterior portion. The rat carried a considerable number of fleas, and many ticks (32), of a species at present common upon rats, about the body and in the right ear. In the left ear was a gorged tick of another species firmly fixed in the skin. This tick was apparently the only one of its species upon the rat.

Smears made on July 13th from the broken-down gland showed cocci; those made from the left inguinal and right femoral glands showed cocci with a few bipolar bacilli. Smears from the spleen, peritoneum, heart blood, and lung did not show any bacteria. An agar-agar culture from the broken-down gland showed in twenty-two hours circular dirty-grey colonies, which contained chiefly cocci and some long bacilli, and a few bipolar bacilli. These last were Gram-positive. A hanging drop showed motile bacilli of two kinds, one long the other short. Cultures subsequently made from the spleen furnished plague bacilli.

My custom when removing ticks from rats is to place them as soon as detached in watch-glasses containing a little distilled water. This prevents the ticks escaping. A certain amount of sediment collects in the water during the stay therein of the ticks. In this case I examined the sediment after fining (by heat) on a slide, and staining with Loeffler's methylene blue, and found in the sediment from the single tick well-marked bipolar bacilli, and less numerous but similar bacilli in the sediment from the ticks of other species (these being in a separate glass). Not having on that date any more agar, I was unfortunately not able to culture from these sediments. The ticks have been sent to England for identification by a specialist.

Here, then, was a rat having what appeared to be bubonic plague, from which it was convalescent. But in some only of the internal structures were present bacilli which subsequent investigations showed to have been plague bacilli. In the left ear of this rat was a gorged tick firmly embedded in the skin, while the lymphatic glands in connexion with this ear were broken down, and had clearly been the first to become infected with the disease which had subsequently affected the other glands. In the water in which this tick had floated were numerous bipolar bacilli.

At present I am unable to go further than to record these facts as bearing upon the views set forth by myself in the British Medical Journal in August and December, 1905. Although I have been collecting rats and ticks in India for the last three months, this rat was the first that presented any symptoms of buboes. It is to be hoped, therefore, in view of the suggestive nature of the facts recorded above, that others who are more intimately connected with plague work in India may be induced to pay some attention to the tick guests of rats affected with plague.

A suggestion emerges from the above, namely, that when rats are flying from a house it would be well not to waste time on them, but to endeavour to catch the rats which have not fled, and which probably furnish the reason for the exodus of the others.

Nowshera, July 17th. B. Skinner,
Lieutenant-Colonel, R.A.M.C.

The late Mr. William Brindle, of St. Anne's-on-the-Sea, left £300 each to the Devonshire Hospital, Buxton, and the Victoria Hospital, Blackpool.

principal towns of the United States showed a higher death-ratio among female school teachers (396 per 1,000 deaths) than in any other occupation except printers and pressmen (398). For the whole of the United States in 1900 the ratio of deaths from consumption in 1,000 deaths was for all females in all occupations 215, for female teachers 256. Professor Oldright attributed this excessive mortality to excessive vitiation of school air from respiration and defective ventilation, to the lamentably small cubic space and low rate of change of air, and also, perhaps, to chalk dust.

Dr. H. C. Lecky (Resident Medical Officer, Borough Sanatorium), and Dr. W. Claude Horton (Resident Medical Officer, Children's Hospital, Brighton), contributed a note on revealed tuberculosis in children. Out of 806 children—591 in an elementary school, 74 in workhouse and infirmary, and 241 in the parochial industrial school—no evidence of tuberculosis was obtained in 571. Three cases had phthisis, 40 other lung signs, 7 tuberculous glands, 6 probably tuberculous, and 169 enlarged; 7 had bone or joint tubercle, and 3 tuberculous; 3 skin disorders. These results were compared with English and Scottish examinations and confirmatory evidence adduced to show that there was very little revealed tuberculosis in elementary schools.

Dr. Louis Gourichon (ex-President of the Society of Medical Inspectors of Schools, Paris) said that the most potent causes of tuberculosis among teachers in the elementary schools of Paris and the Department of the Seine were (1) contact with cases of tuberculosis, (2) the unhealthiness and infection of school buildings and of the teachers' lodging and overwork. Tuberculosis was, however, rare among elementary school teachers, and could be traced to conditions outside the school. A health register of teachers ought to be kept, and the schools ought to be subjected to regular and careful medical inspection.

Dr. C. C. Jessen, Physician to the Public Schools, President of the Society of Physicians, Copenhagen, said that the new Tuberculosis Act in Denmark was of the highest importance as a prophylactic measure. In the Nineties, although diminishing, yet tuberculosis caused 14 per cent. and actual phthisis 10 per cent. of the Danish mortality. There was in his opinion no great danger of child-to-child infection, but teacher-to-child infection might be serious. The tuberculous mortality of insured teachers was double that of the insured general population. Each teacher must at every opportunity be certified free from tubercle of lungs and larynx. Each teacher dismissed for tuberculous disease was entitled to a pension equal to two-thirds of the pay. For tuberculous children separate education was provided—one-fourth at the cost of the parish and three-fourths at that of the State.

To a general meeting for the discussion of the school in relation to tuberculosis, Dr. Newsholme (Brighton) contributed a paper, in the course of which, after quoting statistics from Brighton, Dundee, Edinburgh, Dunfermline, Aberdeen, and Blackburn, he put forward the estimate that not more than 1 in 300 children in schools showed revealed or diagnosable tuberculosis. He did not believe that these children were an important source of infection, but thought that teachers and caretakers might be. Pulmonary tuberculosis was somewhat more prevalent among school teachers than in the general community, and, judging from his own experience, he believed that it was more often laryngeal than in the average of consumptives. Notwithstanding the small amount of revealed tuberculosis among school children, such children if they died of other disease, showed in very high percentage evidence of tuberculosis, especially in the bronchial glands. Naegeli, at Zurich, found at autopsies of children aged 1 to 5 years, 17 per cent., and aged 5 to 14 years, 33 per cent., had tuberculous lesions. Since the figures showed a heavy incidence before as well as during school life, he believed that the true interpretation was that tuberculous infection in children was nearly all domestic and not scholastic in origin. He thought that the following were the principle measures needed for the prevention of tuberculosis, and that the school might be made a most important centre for their promotion.

1. The medical examination of all children on admission to school and periodically afterwards, supplemented, as it must be to attain its full value, by information systematically acquired in regard to the health conditions of their homes and all living in them.
2. The exclusion of children found to have open or revealed tuberculosis.
3. Special care as to the feeding and general hygiene of children from tuberculous families, including avoidance of fatigue.
4. The frequent wet cleansing of schools.
5. The reduction of overcrowding.
6. The improvement of arrangements for the ventilation and warming of schools.
7. Careful attention to the personal hygiene of all scholars, especially in relation to the removal of adenoids and of carious teeth.
8. The periodical examination of caretakers and teachers, and the avoidance of excessive strain on the voice of the latter or overfatigue in general.

Dr. Pascheff (delegate of the Bulgarian Government) said that in that country measures to exclude tuberculosis from the schools had been adopted and were very thoroughly carried out, especially in the secondary schools. The most important was the institution of a system of school doctors, organized in 1903, which had proved very efficient. The school doctors examined the pupils regularly and notified the existence of all infectious diseases, including tuberculosis, to both teacher and pupil, and gave advice as to the precautions to be taker. Another measure taken for the prevention of tuberculosis was the organization of summer colonies, mainly with the object of strengthening weak and delicate pupils, and thus diminishing any existing predisposition to tuberculosis. Special buildings had been erected by a benevolent society of ladies for this purpose. Further, the Bulgarian sanitary department had established two sanatoriums for scrofulous and tuberculous children on the Black Sea, one at Varna and the other at Burgas. A sanatorium for tuberculous adults existed at Trojan, and a fund had been formed to build a special sanatorium for tuberculous teachers.

A Correction.

In the report of Mr. N. Bishop Harman's paper on the classification of children in blind schools (British Medical Journal, August 17th, p. 400, col. 2) there is an error which should be corrected. It was inadvertently stated that Mr. Harman had spoken of "the great decline in the proportion of the blind in which the blindness was due to the purulent ophthalmia of infancy." Unfortunately, there is no great decline in this blindness; these cases still form more than one-third of all the blind in London County Council schools. The decline has taken place in the total number of cases in which blindness is due to purulent inflammations in the later years of life.

MEDICAL NEWS.

We are glad to learn that the accident to Dr. Nicolson, C.B., Lord Chancellor's Visitor in Lunacy, was not so serious as has been represented. He was driving in a hansom to make an official visit to the Hull City Asylum on August 17th, when the horse bolted and threw the driver. Dr. Nicolson jumped out, but, falling to the ground, sustained a downward dislocation of the left shoulder. This was successfully reduced by Dr. Close, and the patient, who sustained no other injuries, is making a satisfactory recovery.

The following are the names of the three medical men who have accepted appointments to the medical staff of the Coventry Dispensary: Jno. Inman Langley, M.R.C.S., L.R.C.P., M.D.Brux., Alfred Pytches Blanchard Ellis, L.S.A., Andrew St. Lawrance Burke, L.R.C.P.Ire., L.R.C.S.Ire. The following, who were previously members of the staff of the dispensary, have retained their appointments: Denis Ignatius McVeagh, M.R.C.P.Ire., L.F.P.S.Glas., John Alfred Loudon, M.B., C.M.Edin.

It may interest those of our members who own motors to know that a co-operative society for the supply of everything the motorist can want has been formed. It already has a large membership, and is able to offer very considerable discounts upon tyres and other expensive parts of the motorist's equipment; it also undertakes repairs, gives advice to its members as to the best articles, and has large showrooms, where novelties can be inspected. Membership involves the taking of one or more £1 shares and payment of an annual subscription of 10s.; and as no member can hold more than £200 shares, the co-operative nature of the Association is fully secured. The address of the Society is the Automobile Co-operative Association, 1a, Albermarle Street, Piccadilly.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—G. M. Adam, W. J. Adie, J. R. Aeria, R. Aitken, J. E. Allan, W. R. Bayne, H. Bedingfield, D. Bell, A. J. Bennee, A. G. Biggam, H. F. Blacklee, J. P. Blockley, A. Bloom, *N. H. Bolton, T. C. Britton, N. H. Brönnum, D. L. Brown, W. Bruce, C. Burnham, A. B. Cheves, J. D. M. Claassens, Effie M. D. Craig, P. L. Davies, C. G. Deane, R. C. Dickson, J. M. Drew, B.A., Helen C. Dykes, A. Eprile, J. Geoghegan, J. M. Gillespie, R. Govan, M.A., J. V. L. Grant, W. C. M. Grant, J. Gray, J. W. Gray, M.A., A. Groenewald, S. M. Hancox, K. G. Hearne, A. M. V. Hesterlow, S. Hodgson, J. Elise Hoffmann, *A. F. Holmden, Gwendolyn G. Hunter, W. H. Inch, R. C. Irvine, W. H. Johnston, B.A., B. B. Kapila, E. W. Lawrence, G. L. Leggat, L. Levy, W. E. Lewis, N. L. Lochrane, H. R. Longstaff, A. H. Louw, F. R. Luke, G. M'Connell, I. Macfarlane, A. M. Mackay, Jessie A. MacLaren, F. de S. M'Menamin, L. B. C. Marksman, S. Marshall, J. S. S. Martin, V. H. Mason, H. M. Mills, A. B. Mitchell, J. S. Monro, A. E. Moore, H. Morris, B.A., *J. T. Morrison, R. C. Moses, T. P. Noble, P. F. Nolan, R. Park, H. H. Proudfoot, N. Purcell, M. Ramsay, Mary D. Rankine, S. D. Reid, G. Richardson, J. S. Robertson, J. Scott, P. M'L. Shiels, B. M. Smith, C. E. H. Smith, J. J. Stander, R. S. Stevenson, S. D. Stewart, S. W. H. Stuart, Tehl Singh, D. L. Theron, A. H. Towers, P. G. Tuohy, P. Vieyra, G. H. W. de Vos, C. D. Walker, C. C. Wang, H. W. Webb, J. B. Wilkie, D. M'D. Wilson, G. Wilson, W. Q. Wood.

SECOND M.B., CH.B.—F. Armstrong, Janet Armstrong, A. E. C. Beausoleil, J. H. Bell, R. A. Bell, J. G. Boal, W. G. Brand, P. de Bruyn, O. S. Bulloch, A. D. Child, J. Davie, W. N. Davies, A. E. Drynan, W. Duulop, A. H. Elmslie, H. G. Feltham, G. F. Fismer, M. Gavin, F. P. Gibson, W. E. Goss, W. T. Graham, R. Hamilton, T. E. Harwood B.A., E. B. Hoffmann, J. H. Jones, R. R. Kerr, C. G. Kurien, Lina Kurz, Janet Leiper, L. Leslie, J. S. Levack, W. H. Lowe, D. C. Macaskill, M.A., Margaret M'Cahon, P. M'Cool, J. M'Kail, M.A., J. M'C. M'Keand, N. M'Leod, Mary M'Millan, H. D. MacPhail, M.A., A. J. Macvie, C. G. Marais, A. F. W. Millar, G. M. Miller, A. M'K. Minford, W. Morrison, Rhoda May Murdoch, W. J. Nisbet, J. E. R. Orchard, H. R. A. Philp, J. A. Pienaar, B.A., Ella F. Pringle, F. W. Rayment, C. S. Sandeman, J. M'G. Scott, J. D. Skinner, W. Stevenson, A. E. Tait, R. H. Tait, L. W. O. Taylor, S. Williams, Margaret C. Young.

THIRD M.B., CH.B.—A. H. T. Andrew, W. Bainbridge, A. R. Bearn, H. Burns, E. Cansfield, J. A. R. Cargill, H. G. Carter, L. L. Cassidy, P. H. Chauvin, A. C. Court, J. C. Craig, M.A., J. Crocket, J. M. Dalrymple, Margaret E. Davidson, P. Davies, F. Dillon, Helen Forbes, W. T. Gardiner, A. B. Gordon, W. B. Grant, J. O. Hamilton, J. Hewat, K. R. K. Iyengar, W. P. S. Johnson, J. Langwill, R. D. Laurie, A. R. Leggate, C. L. Louw, A. B. MacCallum, D. M'Carrol, R. MacDonald, G. M. Mackay, M.A., W. J. M'Keand, D. L. MacKenna, J. C. Mackenzie, A. K. Maclachlan, A. G. MacLeod, Ada J. Macmillan, Eva Meredith, Flora Morrison, Anna L. Muncaster, K. Nehru, N. S. Neill, J. G. Nicholson, M.A., Hilda M. Northcroft, P. G. Palmer, A. A. W. Petrie, B. B. Phillips, A. R. Price, D. Ross, Marguerite C. Ross, H. M. Spoor, N. G. Thornley, Mary M. M'C. Turpie, D. R. P. Walther, G. S. Williamson, G. Wilson.

* With distinction.

ROYAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—C. Barragry, D. J. Barrett, J. L. Brown, P. A. Clearkin, M. J. Cogan, *g c a* E. Colgan, P. J. Corcoran, J. F. Craig, T. P. Davy, J. C. Denvir, B. Doyle, B.A., G. Fitzgerald, T. F. S. Fulton, M. J. Gallagher, J. Gorman, M.A., T. D. Graham, G. E. Harvey, J. Hill, *f b* J. O'Hodnett, N. L. Joynt, F. J. Keane, *g c e a* J. J. Keirans, J. L. Kilbride, J. Lafferty, H. T. S. M'Clintock, R. J. M'Connell, L. J. J. M'Grath, *b* M. M'Guire, *g* A. D. MacMahon, R. C. M'Millan, D. M'Sparron, C. Martin, W. Megaw, W. M. Millar, A. G. Mitchell, *d b* J. J. H. Mitchell, H. H. Mulholland, H. J. V. Mullane, D. O'Brien, J. P. O'Brien, J. O'Connor, T. F. O'Donoghue, W. M. O'Farrell, J. A. O'Flynn, P. J. O'Grady, O. J. O. O'Hanlon, *g* H. O'Neill, J. Patrick, *a* J. Porter, J. H. Porter, J. M. Rishworth, W. N. Rishworth, M. J. Roche, J. M. Rowe, H. A. Skillen, T. Smyth, F. J. D. Twigg, W. Wilson.

a First Class Honours in Botany, *b* Second Class Honours in Botany, *c* First Class Honours in Zoology, *d* Second Class Honours in Zoology, *e* Second Class Honours in Chemistry, *f* First Class Honours in Experimental Physics, *g* Second Class Honours in Experimental Physics.

Exhibitions have been awarded to J. J. Keirans (First Class, £20) and to J. O. Hodnett (Second Class, £10).

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE censors elected at the quarterly comitia on July 25th were Drs. David Ferrier, J. Mitchell Bruce, T. Clifford Allbutt, and J. F. Goodhart.

The following is the list of examiners elected on the same occasion:

Chemistry.—John Millar Thomson, F.R.S., and George Senter, Ph.D., B.Sc.

Physics.—Dawson F. D. Turner, M.D., and Alfred W. Porter, B.Sc.

Materia Medica and Pharmacy.—Cyril Ogle, M.B., Joseph John Perkins, M.B., Robert Arthur Young, M.D., James Purves Stewart, M.D., and Otto Fritz Frankau Grünbaum, M.D.

Physiology.—William Dobinson Halliburton, M.D., and Ernest Henry Starling, M.D.

Anatomy.—Peter Thompson, M.D.

Medical Anatomy and Principles and Practice of Medicine.—Joseph Arderne Ormerod, M.D., Sidney Harris Cox Martin, M.D., William Collier, M.D., Hubert Montague Murray, M.D., Norman Dalton, M.D., Humphry Davy Rolleston, M.D., Sir Edwin Cooper Perry, M.D., Frederick John Smith, M.D., Arthur Pearson Luff, M.D., and Walter Essex Wynter, M.D.

Midwifery and Diseases peculiar to Women.—John Phillips, M.D., Herbert Ritchie Spencer, M.D., William John Gow, M.D., Thomas Watts Eden, M.D., and George H. Drummond Robinson, M.D.

Public Health.—Part I. William Henry Willcox, M.D., B.Sc.; Part II. Alexander Grant Russell Foulerton, F.R.C.S.

Murchison Scholarship.—Seymour John Sharkey, M.D., and William Hale White, M.D.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST PROFESSIONAL EXAMINATION.—J. C. Atridge, P. W. Black, D. Burns, *W. H. Condell, A. H. Croly, P. V. Crowe, T. Dowzer, C. E. Drennan, *J. T. Duncan, R. M. Erskine, J. Fitzgerald, M. Garry, J. Geraty, M. Golding, H. C. Gilmore, P. B. Kelly, N. T. B. Kelly, H. N. K. Kevin, R. P. Landy, H. L. L'Estrange, M. P. Leonard, G. G. MacDowell, P. H. M'Donough, P. M'Grath, W. G. M'Guire, W. O'Brien, P. J. O'Connell, *T. F. O'Donnell, J. C. O'Farrell, Kingsley L. O'Sullivan, C. Petit, *S. Punch, M. Quinlan, J. B. Reddy, L. W. Roberts, V. Wallace.

SECOND PROFESSIONAL EXAMINATION.—J. Alston, H. G. P. Armitage, *Miss M. M. S. Coghlan, O. G. Connell, C. P. Corbett, W. Crymble, M. Drummond, *A. Foley, G. J. Fraser, J. Gormley, W. V. Johnston, F. R. Jones, F. M. Kirwan, C. Lapper, A. M. Lanphier, J. Mitchell, H. M. Montgomery, C. M'Donnell, H. M. E. H. McAdoo, R. O'Connor, P. T. O'Farrell, M. F. O'Hea, J. H. O'Neill, *J. S. Pegum, J. D. Power, T. P. Seymour, T. Sheedy, *W. A. Swan, R. P. Thomson, H. R. Tighe, *R. White, *R. H. Weir, H. Q. O. Wheeler, T. J. Williams.

THIRD PROFESSIONAL EXAMINATION.—R. Adams, B. G. Belas, Miss I. M. Clarke, J. F. Gibbons, W. Hederman, H. S. Johnston, K. A. Murray, *H. S. Meade, J. T. M'Kee, Miss A. F. Nash, J. M. J. Rhatigan, H. N. Ritchie, G. W. Stanley, G. C. Sneid, J. M. Smyth, R. H. Taaffe, Miss C. F. Williamson, O. W. J. Wynne.

FINAL EXAMINATION.—D. Adams, C. W. N. Anderson, Miss H. O'D. M. Beamish, J. J. Clarke, C. J. A. Corby, M. E. Cussen, J. H. E. Davis, P. G. M. Elvery, S. A. Furlong, D. J. Hanafin, J. B. Hanafin, F. M. Hewson, W. E. M. Hitchins, P. M. Keane, L. F. Kelly, J. A. Molyneux, J. B. MacClancy, P. J. M'Kevett, W. R. O'Farrell, H. J. Raverty, C. Sheahan, T. Sheehy, J. A. Smullen, L. D. Woods.

* With honours.

Medico-Ethical.

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

MEDICAL MEN AND DRUG COMPANIES.

YOUNGSTER asks "Whether there is any objection, ethical or otherwise, to a general medical practitioner holding shares in a wholesale drug company from which he purchases drugs, etc."

*** There is an obvious ethical objection to any member of the medical profession being interested in the sale of anything which it may be his professional duty to recommend to his patients. If the company in question sells only such goods and in such a way that he and not the patient will be the direct purchaser, this objection would not apply, but certain companies interested in the sale of particular proprietary articles have offered shares to the medical profession in the hope that those taking them will do their best to promote by their recommendations the sale of these articles; the position of these medical shareholders is obviously not in accordance with sound ethical principles.

Medico-Legal.

DOCTOR AND MAGISTRATE.

IN commenting early in this year (BRITISH MEDICAL JOURNAL, January 5th) on some remarks by the Chatham stipendiary magistrate on Dr. Godfrey Taunton's having refused to attend the police court without a *subpoena* being served upon him, we pointed out that Dr. Taunton was strictly within his legal rights in so doing, and that the magistrate's remarks were not worthy of the representative of law and order. While we are still of the same opinion, as we find from a local journal that recently there has been a repetition of the annoyance, we think it is worth Dr. Taunton's consideration whether he cares to continue to be made a target for magisterial wit, or would prefer to bow to local custom, and attend on the request of the police alone, as is, we understand, the universal practice among divisional surgeons in the metropolitan district. If at any time a difficulty arose about payment of his fees, he could then at once revert to his strictly legal course.

The deed of gallantry for which he received the Victoria Cross was performed on March 3rd. Captain Baird was wounded on the heights at a distance of a mile and a half from the fort. Whitchurch went to the rescue, but the enemy in great strength had broken through the fighting line, darkness had set in, and Baird, Whitchurch, and the Gurkhas with him were completely isolated from assistance. The wounded man was at first carried by the Gurkhas on a dhooly, but when three of them had been killed and one wounded, Whitchurch took Baird on his back. The little party kept diminishing in numbers, being fired at the whole way. On one or two occasions Whitchurch was obliged to charge walls, from behind which the enemy kept up an incessant fire. At one place particularly the whole party was in imminent danger of being cut up, having been surrounded by the enemy. Whitchurch gallantly rushed the position, and eventually succeeded in getting Baird and the sepoys into the fort. Nearly all the party were wounded, Captain Baird receiving two additional wounds before reaching the fort.

Major Whitchurch was also engaged in the campaign on the North-West Frontier of India in 1897-8, taking part in the defence of Malakand, the relief of Chakdara, the action at Landakai, and the operations in Bajaur and in the Mamund country, being again mentioned in dispatches and receiving two clasps. He also participated in the operations in China in 1900, being present at the relief of Peking and the actions at Peitsang and Yangtoun; he was a third time mentioned in dispatches, and was awarded the medal with clasp.

MAJOR FULLERTON, M.B., F.R.C.S.I., I.M.S.

WE regret to announce the death of Major Thomas A. Fullerton, which took place at Cawnpore on the 15th inst. The cause of death was septicaemia, contracted while performing an operation, in the course of which he pricked his finger.

Major Fullerton was the son of the Rev. Alexander Fullerton, of Lucan, co. Dublin, and received his medical education at the old Carmichael School of Medicine and at the Royal College of Surgeons. During his career as a student he gained the Mayne and Carmichael Scholarships, besides other prizes and medals. He graduated at the Royal University in 1890, and in 1892 he entered the Indian Medical Service, taking a high place at the competitive examination. He has been stationed chiefly in the United Provinces, where he greatly distinguished himself in plague work. His name appeared in the list of Coronation honours as the recipient of the Kaisar-i-Hind gold medal for public service in India. In the campaigns on the North-West Frontier he twice took part—against the Waziris in 1894-5 and in the Malakand affair in 1897-8. In each case he received the medal and clasp.

He was specially successful as a surgeon, and to qualify himself still more for his surgical work he took, only a few weeks ago when home on furlough, the Fellowship of the Royal College of Surgeons in Ireland.

Major Fullerton was a man of charming personality, and was a general favourite with every one with whom he came in contact. He died at the post of duty in the zenith of his manhood, leaving a widow and two sons to mourn his loss.

WE much regret to announce the death, at the comparatively early age of 53 years, of Dr. W. JAMES SPENCE, at his residence, Pemberley Lodge, Bedford, from meningitis and heart disease after a short illness. The announcement came as a great shock to all who knew him, as Dr. Spence only a few days prior to his death was actively engaged in attending to the many and varied offices with which he was intimately connected in the town of Bedford. He received his medical education in Edinburgh, and took the diplomas of L.R.C.P. and L.R.C.S.Edin. in 1881. He was for seventeen years a most busy and successful practitioner at Syston, Leicestershire, where by his conscientious devotion to his work he gained the affection and esteem of all those with whom he was acquainted; and owing to the keen interest and zeal in dealing with the management of many important affairs in the parish, endeared himself to the hearts of all. On retiring from practice at Syston four years ago, he took up his residence in Bedford, where he quickly gained a large number of friends, and was ever ready with acts of kindness and generosity whenever an opportunity occurred. He was a member of the British Medical Association, and one of the representatives of the Bedford and Herts Division on the Council of the South Midland Branch. He took a keen interest in Church affairs and in all matters connected with the parish; he was an active member of the Burial Board, one of the managers of the Bedford Savings Bank, a member of the Committee of the Grammar School Chapel, and Surgeon-Lieutenant of the 1st Bedfordshire Royal Engineers (Vols.). Amongst the many activities which characterized his life we note the various appointments held by him: for five years Senior House-Surgeon, House-Physician, and Dispensary Surgeon to the Bradford Royal Infirmary; Honorary Life Member of St. John Ambulance Association; Honorary Medical Officer, St. Anne's Home for Friendless Girls, Syston; Medical Attendant, Ratcliffe College, Leicester. He also contributed various articles to the BRITISH MEDICAL JOURNAL, *Medical Times*, and *Edinburgh Medical Journal*.

THE death has recently occurred of Mr. Francis James Pearse, of Warwick Square, S.W., who for many years past had carried on in Westminster what was probably one of the oldest practices in the kingdom. Mr. Pearse, who at the time of his death was in his 60th year, received his general education at Westminster School and pursued his professional studies at the hospital of the same name in the Broad Sanctuary, his work at this period including a prosectorship at the Royal College of Surgeons, and an Assistant House-Surgeoncy at his hospital. In 1869 he became L.S.A., and in the following year M.R.C.S.Eng.; he then joined his father in practice, and in the course of time was appointed Surgeon to the A Division of the Metropolitan Police, and to the Western Dispensary, Westminster. The latter appointment he gave up after some years' service, but the former, as well as the medical officership to the United Westminster Almshouses, and several others of the same general nature, he retained until the end. Mr. Pearse was an early member of the British Medical Association. He took a very keen interest in the work of the auxiliary forces. He joined the volunteers when quite young, and at the time of his death was on the roll of officers in the Army Medical Reserve, and held a commission as Surgeon-Colonel to the Victoria and St. George's Rifle Volunteers. Mr. Pearse's death was the outcome of an attack of influenza, his last illness really commencing as far back as the beginning of this year. He saw what was to be the end quite clearly, but faced it with unflinching courage and refused to give up work until shortly before his death. He was a man of strong character, and if his somewhat retiring disposition limited in some degree his circle of professional acquaintances, those who had the advantage of his friendship valued it highly and were as warmly attached to him as he to them. He also had a faculty, not too common, of gaining the absolute confidence of the majority of the patients with whom he was brought into contact. By many of these he was looked upon as a personal friend, and his death will leave a gap in their lives which will be hard to fill. For some of the particulars here given we are indebted to Drs. Frederick Palmer and Proctor-Sims, the latter of whom has also been good enough to relate the history of this practice, which, as conducted by succeeding generations of one family, comes to an end with the death of Mr. Pearse. It was founded in the reign of George III by a Dr. Grindley, who had previously been in the army, but finally settled down in Marsham Street, then one of the most fashionable quarters of Westminster. He handed it on to his son-in-law, the first of the name of Pearse to hold it. This Mr. Pearse had also been in H.M. service, having served as surgeon on board one of Nelson's ships, the *San Josef*. He was succeeded by his son, Mr. George Pearse, who died, at the age of 80, in 1891, having by that time taken into partnership Mr. Francis Pearse, the grandchild of the original founder of the practice, and the person with whom this obituary notice is more directly concerned. It will be seen that this practice was carried on for practically four generations of the same family and in the same locality, and for about twelve decades.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries

who have lately died are Dr. W. Koster, formerly Professor of Anatomy in the University of Utrecht; Dr. William Le Grange Ralph, of Washington, aged 56, who for reasons of health gave up medicine for natural history and made a valuable collection of birds' eggs and nests; these he presented to the National Museum in Washington, of the ornithological section of which he had been curator since 1897; Dr. P. Berthod, formerly President of the Medical Syndicate of the Seine Department, founder of *La Médecine Sociale*, and a prominent advocate of the interests of the profession, aged 47; Dr. Edmund Hansen Grut, sometime Professor of Ophthalmology in the University of Copenhagen, aged 76; Dr. H. Hoyer, formerly Professor of Physiology and Histology in the University of Warsaw; Dr. Berthold Bosse, Chief Physician of the Lucina Lying-in Hospital, Vienna, aged 43; Professor Alexander Geh, of the University of Kasan, well-known by his researches on syphilis, aged 66; and Dr. Albert Weiss, formerly of Cassel, well known in Germany, not only as a writer on medical subjects, but as an original poet and a translator of Slav poems, aged 76.

ROYAL NAVY AND ARMY MEDICAL SERVICES,

INDIAN MEDICAL SERVICE.

More Work for More Pay writes: The letter of "I.M.S." in your issue of June 8th has the laudable object of a rise of pay, and I hesitate to criticize it; but I wonder if the writer has looked on the question from the point of view of an employer of labour. Heaven forbid that I should liken the Government of India to a business concern, but has "I.M.S." considered what work the Government gets out of us in military employ? Given a year or so in the country to understand the language and customs of its people and to get into the routine of clerical work, I maintain a young officer is just as efficient as a senior one for the work which Government allots him to do.

That is my point. In the Indian Civil Service, Forest Service, Indian army, and police, the officer's work in scope importance and responsibility increases *pari passu* with his promotion and rise of pay. In the Indian Medical Service this is not so, and it is pitiful waste and loss to Government to have an expensive and highly-qualified officer made no use of, but condemned to routine work which a native hospital assistant could efficiently perform.

Provided, then, that candidates of any sort are forthcoming, why should Government hold out inducements to attract the best men only to get such a poor return?

The whole system requires a radical change, and the institution of a station hospital system should be the first. Then equip these hospitals up to a modern standard, and let the young officers be encouraged to combine their energies in scientific and research work. I would like to see a greater choice given to the senior officer, and I think a freer interchange between the military and civil branches would keep up the interest in, and efficiency of, the service.

My scheme of employment would be as follows, always supposing station hospitals introduced.

Up to 5 years.—In a station hospital under the Senior Medical Officer, I.M.S. Each young officer to be attached to a regiment and live in regimental mess and with the officers of the regiment, and have the regiment under his especial care, but all medical work to be done as ordered by Senior Medical Officer. He would in this time learn the language and hospital administration, and would do work in the laboratory and also, if qualified, be a specialist in any one subject.

5 to 6½ years.—To go on furlough one year, and study leave six months.

6½ to 11 years.—In civil, as second class civil surgeon, on plague duty, deputy sanitary commissioner, or assistant to a first class civil surgeon, superintendent of gaol.

11 to 12 years.—Furlough.

12 to 17 years.—Command of a station hospital, deputy sanitary commissioner, junior professor at medical college, superintending plague officer.

17 to 18 years.—Furlough.

18 to 25 years.—First class civil surgeon, professor at medical college, command of a large station hospital.

25 to 30 years.—Civil surgeon, first class; inspector-general, professor and principal of medical college, principal medical officer of a brigade and division.

I believe that this scheme if worked with a certain amount of elasticity would be very popular. The civil side would avoid the ten to fifteen weary years in second class civil surgeoncies, and the military the lack of status as a lieutenant-colonel in being still a regimental doctor commanded by a combatant officer, possibly his junior.

A certain amount of combined leave to be fitted in, and the pay altered so as to make no difference between military and civil, and then we should have a splendid and popular service.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* British Medical Journal *alone unless the contrary be stated.*

Correspondents who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

Correspondents not answered are requested to look at the Notices to Correspondents of the following week.

Manuscripts forwarded to the Office of this Journal cannot under any Circumstances be Returned.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the Journal be addressed to the Editor at the Office of the Journal, and not at his private house.

Communications respecting Editorial matters should be addressed to the Editor, 6, Catherine Street, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the Journal, etc., should be addressed to the Manager, at the Office, 6, Catherine Street, Strand, London, W.C.

Authors desiring reprints of their articles published in the British Medical Journal are requested to communicate with the Manager, 6, Catherine Street, Strand, W.C., on receipt of proof.

Telegraphic Address.—The telegraphic address of the EDITOR of the British Medical Journal is *Aitiology, London.* The telegraphic address of the MANAGER of the British Medical Journal is *Articulate, London.*

Telephone (National):—

EDITOR,	GENERAL SECRETARY AND MANAGER,
2631, Gerrard.	2630, Gerrard.

☞ *Queries, answers, and communications relating to subjects to which special departments of the* British Medical Journal *are devoted will be found under their respective headings.*

QUERIES.

Dr. Herbert V. Rake (Fordingbride, Salisbury) asks whether it would be possible for a qualified chemist to get a voyage on an emigrant or other ship as dispenser in the same way as a qualified medical man gets a post as ship's surgeon.

Milk and Tuberculosis.

Lactis asks for information on the following points: (*a*) What quantity (in quarts) of cow's milk is supplied each year to the United Kingdom? (*b*) In what proportion is this total quantity divided between England, Ireland, Scotland? (*c*) What proportion of the milk is calculated to be tuberculous? (*d*) What percentage of dairy cattle suffer from tuberculosis of the udder?

Treatment of Leukoplakia.

Rusticus asks for suggestions for treatment in the following case: An inch-long patch of leucoplakia (a mere white streak) in the toothless alveolus of a gentleman, aged 57. He is a non-smoker, but had syphilis thirty years ago. There is no pain nor inconvenience, but the patient is nervous of the possibility of cancerous development in such a patch, and wants it removed. Short of excision, is there any mouth-wash or application that can be recommended? What about acid nitrate of mercury or chromic acid solution as a caustic? Is hydrogen peroxide likely to be of any service?

ANSWERS.

Treatment of Alopecia Areata.

Dr. L. Leon-James, (Methven, New Zealand) writes in reply to "Brooke" (British Medical Journal of May 18th): After trying every remedy I could find in print, I was successful on three occasions in curing the disease with the following ointment rubbed well into the patches night and morning:

℞ Chrysarobin ... ... ʒij
Hazeline cream (B. W. and Co.) ... ... ʒj
Mix. Heat to 300° F, till dissolved, and stir till cold.

I tried this ointment much weaker at first, but met with no success until I gave it in this strong form.

The Manufacture of Condensed Milk.

J. H.—There is not, so far as we know or have been able to discover, any book devoted to the preparation of condensed milk, but it is dealt with among other matters in several books. There is a short but very good description of the methods of manufacture in the article on milk in Thorpe's *Dictionary of Applied Chemistry.* It is dealt with at rather greater length in *English Dairy Farming*, by J. Long (Chapman and Hall), which, however, is rather old; also in *Les Industries du Lait* (1904), by R. Lezé (Firmin-Didot et Cie., Paris), and in *Die Magermilch Verwertung* (1903), by C. Knoch (M. Heinsius Nachfolger, Leipzig).