At an ordinary working pressure the temperature is about 400° F. Tubes burst owing to blocking and increase of pressure, so that it is impossible to tell the actual temperature of the steam at the time of the accident. The effects, however, are seen in the instantaneous death of such exposed parts as the hands and forearms, feet and legs, the whole of the albumen of the tissues being coagulated and the circulation being arrested.

In these cases our one object is to keep the parts as aseptic as possible, and a lotion of perchloride of mercury is perhaps the most suitable, as no absorption of the lotion can take place from the dead parts, and the antiseptic properties of this drug are well known. Should the patient recover sufficiently from shock, an early amputation is the only rational treatment. In the cases I have seen this has been impossible, and the patients have never recovered from the preliminary shock. To sum up: Use lotions in the treatment of burns and scalds, for they are sterile, discharges are absorbed, and the dressings may be left forty-eight hours. Do not use oils, as they keep in the discharges, must be changed every twelve hours, and are not aseptic.

I regret that this paper has had to be written in haste and under difficult circumstances, and I have been unable to consult authorities as I could have wished. With reference to the recent war between Japan and Russia, I can find no literature dealing with this subject, and I am informed that nothing has yet been published. I can only hope that I have made enough remarks to lead to a profitable discussion on the subject.

DISCUSSION.

Inspector-General Porter considered it clear that the use of all oily substances as dressings for burns should be abandoned. They impeded the subsequent application of antiseptics which must be used if they were to keep clear of septicaemia.

Fleet Surgeon Home said the treatment of burns was one of cleanliness, and it made little difference whether the antiseptic were carbolic acid or picric acid. Cleanliness was the chief need.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

TRYPSIN TREATMENT IN MALIGNANT DISEASE.

While the value of trypsin in the treatment of malignant disease is still uncertain, it is well to record any cases in which it has had any decided effect, whether for good or evil; I therefore publish the details of the following case:

A gentleman, aged 65, of good physique, and hitherto robust health, came to me in January last with a rapidly growing abdominal tumour—a globular swelling about the size of the fetal head, feeling like a cyst and, I hoped, a hydatid. He complained of pain, loss of appetite and strength, and said he was also losing flesh. He went to Mr. L. A. Dunn, of Guy's Hospital, who opened the abdomen and found a cystic growth, which he tapped, but was unable completely to remove; it was attached apparently to the pancreas, and Mr. Dunn had no doubt of its malignant character; moreover, he found secondary growths in the wall of the stomach and elsewhere.

The patient returned home in March, and very rapidly lost ground; the growth immediately began to increase in size, and by the end of April the whole epigastrium appeared to be full of solid tumour. He was, besides, wasting rapidly, and had become extremely weak, suffered a great deal of pain, especially in the back; had nausea and vomiting, pain after food, and sleepless nights. At the end of April he was seen again by Mr. Dunn, who said that nothing further could be done for him surgically. On May 1st I began hypodermic injections of trypsin and amylopsin, as recommended and introduced by Dr. Beard, and very soon improvement set in, and continued steadily.

First the vomiting, nausea, and flatulence disappeared, and the appetite improved, and then gradually the pain lessened, and the swelling also steadily diminished, while the weight, which was recorded weekly, regularly increased. The injections were continued daily for three months, and at the end of that time the man was practically well, the only symptom left being some abdominal discomfort and occasionally pain.

He eats and sleeps well, and attends to his business regularly; his weight is only a few pounds less than it has been for many years, and the only thing to be felt in the abdomen is some hardness in the line of the incision and a little to the left of it—the remains I suppose of the cyst which was left stitched to the abdominal wall.

I do not say that he is cured, but no one who has seen him can doubt the immense improvement that has taken place, and considering how rapidly he was deteriorating before treatment commenced, and how promptly and steadily the improvement took place after the treatment began, it is extremely difficult to believe that the trypsin was not the cause of that improvement.

Arthur Cutfield, B.A.Camb., B.Sc.Lond.,
Ross. M.R.C.S., L.S.A.

TWO UNUSUAL FRACTURES *

The following case presents features of interest, for the injuries recorded are not of common occurrence, nor at all those which might have been expected to result from the accident. Their accurate diagnosis would have been impossible without the use of *x* rays.

An able seaman, H.M.S. *Roxburgh*, on April 16th fell from beneath the fore bridge on to the glacis deck—a distance of about 15 ft. This deck is of steel and, where the man fell, bare of any ringbolts or other fittings. Eyewitnesses say that he fell almost flat on the deck, and rather on his left side. In addition to severe shock, contusion of his chest and shoulders, skin wounds of scalp, etc., he sustained the following injuries, which have induced me to report his case.

Fracture of the Scaphoid Bone of the Left Wrist.

On examination two small circular wounds were found on the flexor surface—a little above the lower end of the radius; blood and clear fluid exuded from them and there was great effusion into the joint. As these wounds healed in a few days, they were no doubt almost superficial. At his first examination the medical officer of his ship did not detect crepitus in the wrist, nor did I, and the bones of the forearm and wrist appeared to be quite normal when examined by *x* rays, but this does not now surprise me, when the rare nature of the injury is taken into account. After a few days, the swelling around the joint having somewhat subsided, crepitus of a peculiar type was noticed, and this steadily increased in intensity in inverse ratio to the amount of local swelling. Whilst this crepitus did not suggest bone rubbing against bone, it was too harsh to have been caused by inflamed cartilages or sheaths of tendons. Skiagrams of the wrist of the patient and of a normal wrist were then taken. They show a transverse fracture of the scaphoid bone, and the fractured surface of the outer fragment appears to be in contact with the styloid process of radius, and the peculiar crepitus resulted therefrom. On ulnar flexion it entirely disappeared.

As regards treatment, the wrist was immobilized until the case was diagnosed, and since then a firm wrist bandage has been applied and the patient encouraged to use his wrist and fingers. I do not think that bony union is to be expected; suture of bone appears to be hardly feasible, and removal of either fragment would be injudicious. A loose false joint should be the result to be aimed at, and no doubt in time he will have perfect use of the joint.

Compound Comminuted Fracture of Distal Phalanx of the Left Great Toe.

Both "wings" of the expanded proximal end were detached. There was a wound on the inner side opposite to the joint, and one fragment protruded, whilst the other was seen by *x* rays lying loose on the other side of the joint. They were both removed through the enlarged inner opening, and every motion of the joint appears to be as before the injury.

It is very hard to understand the mechanism of either of these fractures, while as regards the accident which produced them, one lesson to be learnt is that

* Forwarded by the Director-General, Medical Department, Royal Navy. Skiagrams were enclosed which it was not thought necessary to reproduce.

extreme caution should be exercised by a medical witness when testifying as to the causation of any injury.

RICHARD MILLER,
Royal Naval Hospital, Bermuda. Fleet Surgeon.

LACTIC ACID AND DIGESTIVE DISORDERS.

THE claims of lactic acid in the treatment of catarrhal conditions of the stomach and bowels due to fermentative changes in undigested food are no more urgent than those of other intestinal antiseptics—salol, β naphthol, salicylic compounds, and the like—nor must it be forgotten that these drugs are but auxiliary aids in our attacks on these diseases.

Our first aim in such a case as that described by Dr. Veitch[1] is to rid the bowel of putrefying débris; our next to starve and clear out the remaining noxious organisms and restore the tone of the mucous membrane. Milk in some form was apparently given to this infant throughout, and I venture to say that had fermentable food been withheld for a few days there would have been no need to solicit the help of lactic acid bacilli.

In every fresh case of severe gastric and intestinal trouble brought to me, I invariably stop milk and farinaceous food, and for two days give albumen water frequently and in small quantities, with 5 to 10 drops of castor oil every three or four hours. This, with breast-fed children, is usually sufficient. To those fed by hand I give chicken, veal, or mutton broth, until convinced by careful inspection of the motions that the bowel is free from curds, and, by decrease in the amount of mucus passed, that the catarrh is diminishing. Milk in a weak form, with perhaps Benger's or other prepared food, is then administered, and gradually increased in strength until the proportion proper to age, size, and digestive power is reached. In very severe cases the administration of sterilized whey (made under my own direction), with increasing additions of cream, milk sugar, and milk, anticipates the return to ordinary diet.

Given a child not too near death's door, this simple treatment is always successful, and in briefly setting it forth without claim to originality my excuse is the fear that in adopting new remedies we may lose sight of those which have been well proven.

I gave an extensive trial to the lactic acid treatment of epidemic diarrhoea in 1900, and again in 1902, but found it of less value than salol and β naphthol, and its claims were not worth consideration when compared with those of castor oil.

In spite of the teachings of the expert, there are many who do not realize the importance of the first dicta in therapeutics—"remove the cause," "give rest to the affected part."

Westcliff-on-Sea. T. BLANCHARD SELLORS.

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

LEDBURY COTTAGE HOSPITAL.

A CASE OF RUPTURED BLADDER.

(Reported by J. McK. HARRISON, M.B., Ch.B, R.U.I.)

T. M, aged 33, a servant of the Ledbury Hunt, was admitted on the evening of April 10th, 1907. When returning from point-to-point races his horse reared and fell back on him.

State on Admission.—I saw him soon after admission, and found him in a collapsed condition. He complained of great pain in abdomen; his skin was cold and clammy; pulse, 130; breathing rapid and shallow. The fifth rib on the left side was fractured. As his condition appeared to be critical he had some strychnine hypodermically. There were no external marks of bruising on abdomen, and the site of greatest pain was over the epigastric region. A catheter was passed, and 1 oz. of bloody urine came away. Six ounces of boracic lotion were then injected into the bladder through the catheter, and it did not return. A silver catheter was then passed, but only a few teaspoonfuls of bloody fluid came away.

Operation.—A diagnosis of ruptured bladder was therefore made, and immediate operation decided on. The hypodermic of strychnine was repeated. My partner, Mr. Wood, gave the anaesthetic (ether), and I had the assistance of Dr. G. B. McKean during the operation. A further injection of boracic lotion was made through the silver catheter and failed to return. The skin having been shaved and disinfected, the abdomen was opened suprapubically, when a large quantity of urinous fluid escaped. On passing a finger into the abdomen the end of the silver catheter was found free in the abdominal cavity, and on tracing it backwards the rent in the bladder was found and its extent explored. The rent was fully 3 in. long, and easily admitted four fingers. It was slightly oblique, and extended backwards to the right from the superior surface to the base. The rupture was stitched with a single row of interrupted catgut sutures, including only the peritoneal and muscular coats. The condition of the patient did not warrant a second row, and a further hypodermic of strychnine had to be given. A long needle-holder was required for deepest sutures. The abdomen was washed with boracic lotion and afterwards with saline solution, of which the peritoneal cavity was left full. Two long strips of iodoform gauze were passed from abdominal openings to base of bladder, and a large rubber drainage tube in each flank, and the abdominal wound partially closed; a soft rubber catheter was tied into bladder. The operation lasted a little over an hour.

Progress.—The patient had a restless night, and about 3 oz. of urine passed through catheter. There was a free discharge of fluid from abdominal wound with no urinous odour. Pulse 120 and respirations 28. He complained of little pain. Calomel gr. v was given in the evening, and the following morning 1 drachm of mag. sulph., followed shortly by a soap and water enema. The bowels were well moved. Temperature at 6 p.m., 99°, pulse 100. Bladder draining well through catheter. The temperature rose on the sixth day to 100·6°, which was the highest during illness. Both gauze plugs were shortened on the fourth and removed on the fifth day, and both tubes were shortened daily, and finally removed on the seventeenth day.

Result.—Temperature remained normal after May 3rd, and on the 8th the abdominal wound was firmly closed. The patient left the hospital on the 15th with an abdominal belt and in good health.

[1] BRITISH MEDICAL JOURNAL, August 10th, 1907.

MEDICAL AND SURGICAL APPLIANCES.

Vest Pocket Inhaler.

MESSRS. PARKE, DAVIS AND CO. have devised a very convenient little apparatus for the inhalation of volatile oils and similar substances. It is made of vulcanite, and is 3 in. long and less than 1 in. in diameter, so that it can easily be carried in the waistcoat pocket. It contains thin wood shavings, on which the inhalant is dropped. By screwing down both ends it can be tightly closed for carrying, and on partly releasing the screws and putting the mouthpiece between the lips air is drawn through the absorbent medium and becomes charged with the inhalant.

Sterilized Lubricant for Catheters.

We have received samples of the small collapsible tubes of sterilized lubricant supplied by Messrs. MAW, SON, AND SONS. Each tube holds about 50 grains, which is taken as a suitable quantity for a surgeon's use at a single examination or for a patient's use on a catheter for one day, assuming the instrument to be used three times a day. Examination showed the lubricant to consist of a very soft colourless petroleum jelly containing no antiseptic; the mouth of the tube has a deep transverse groove, which allows of a catheter being readily lubricated without being touched by the fingers.

VACCINATION AGAINST HYDROPHOBIA IN PARIS.—During the year 1906, 773 persons received preventive inoculations against hydrophobia at the Pasteur Institute in Paris (*Ann. de l'Inst. Pasteur*, June, 1907). Two of the patients succumbed to the disease, but one of these cases may be excluded for statistical purposes, since hydrophobia manifested itself in less than a fortnight after the conclusion of the treatment. The results, therefore, show the very low mortality of 0·13 per cent. In 173 cases, one of which succumbed, the presence of rabies in the animal which inflicted the bite was confirmed by the development of the disease in other animals which were bitten or were inoculated with a portion of the medulla. In 396 instances the existence of rabies is merely recorded as being "confirmed by veterinary examination," and in the remaining 203 cases rabies was only "suspected." All but 25 of the persons treated were of French nationality, and of the foreigners 22 came from Holland and 1 from England. The person who died in less than fifteen days after treatment had received a severe penetrating wound on the face; the other fatal case had been severely bitten on the nose on August 3rd, was treated at the Institute from August 5th to the 26th, and died from hydrophobia on October 12th.

prise the nation itself will reap rich benefits through the attraction such health resorts will exercise on foreigners, who might not visit the country merely as tourists. Another point which requires to be thought out is the utilization of certain of the springs as table waters; some of them are most palatable and might easily become rivals of Vichy or Perrier.

LITERARY NOTES.

The *St. Bartholomew's Hospital Journal* for August is a special number, devoted to a description of the new buildings and of their opening by the Prince and Princess of Wales. It is illustrated by a plan, and by numerous photographs both of the buildings and of the ceremony.

Quite recently, after repeated applications, the *Transactions* of the Fourteenth International Medical Congress held in Madrid in 1903 have been received, and the sixteen volumes in which its proceedings are recorded have now been added to the Association Library. For this we are indebted to the courtesy of Professor Calleja, Dean of the Faculty of Medicine of the University of Madrid, who was President of the Congress. His kind offices on our behalf, however—for which we here tender him our heartiest thanks—were at the last moment almost rendered unavailing by the "red tape" which seems to swathe the British Embassy at Madrid in the tightest of bonds. Professor Calleja had the *Transactions* of the Congress sent to the Embassy with a polite request that the volumes should be transmitted to the Association. The reply was that the Embassy could not undertake this without express instructions from the British Government! The difficulty was finally overcome with the assistance of a business firm having commercial relations with Madrid. It may be stated here that the library of the Association now possesses a complete series of the *Transactions* of the International Medical Congresses from that of Paris in 1867 to that of Lisbon in 1906.

Writing in the *Boston Medical and Surgical Journal* of July 11th, in reference to a statement recently made by Professor Osler that the physicians of the Arabian School made no solid contributions to anatomy or physiology, Dr. Edward T. Williams, while admitting that this is true, points out that they made valuable contributions to science. Thus in the eighth century Geber discovered arsenious acid and corrosive sublimate. In the twelfth century Albucasis discovered alcohol and the art of distillation. In the eleventh century, Alhazan, of Cairo, wrote a valuable treatise on optics, and described the properties of lenses. They must also be credited with some valuable contributions to medicine and therapeutics. Thus in the tenth century Rhazes, of Bagdad, gave the first accurate description of small-pox; Avicenna, in the eleventh century, described malignant pustule; Avenzoar, of Seville, in the twelfth century, gave an account of the itch. We owe, says Dr. Williams, to the Arabians the methodic use of opium as a remedy, which, though used by Dioscorides and some of the Grecians to a certain extent, was apparently unknown to the Galenists. They also used mercury, which was first made known to the Europeans as a medicine by the Moors and Saracens, was adopted by Guy de Chauliac and Paracelsus, and formed the chief ingredient of the prescription sold by Barbarossa, the corsair of Mitylene, to Francis I. to cure his pocks.

M. del Gaizo (Naples), in the July number of *Janus*, gives an account of a volume by Giovanni Carbonelli, entitled *Il "De Sanctatis Custodia" di Maestro Giacomo Albini da Moncalieri*, with other documents on the history of medicine in Savoy in the fourteenth and fifteenth centuries (Pinerolo, 1906). The treatise, *De Sanitatis Custodia*, is a hitherto unpublished manuscript, which formerly belonged to the Convent of St. Francis at Pignerol, but which is now in the National Library at Turin, in the catalogue of which it was entered in 1749. The author is Master Giacomo Albini de Moncalieri, Physician to Prince James of Acaia. The Princes of Acaia were then distinct from the other Princes of Savoy, who later absorbed their territory. Dr. Carbonelli has traced the career of this physician from 1324 to 1349. Master Giacomo accompanied the Princes, in whose employment he was, in visits to Paris, Montpellier, and Avignon. The doctor appears to have gathered wealth in their service and to have held several public offices. He wrote the treatise for the guidance of the Prince of Acaia, who lost his parents and his young wife a few days after marriage. He married again, and had a son; and Giacomo's instructions are intended to safeguard the health of the new family. The treatise is divided into three sections. The first deals, as its title, "De regimine pregnantes et conservatione embrionis et nutricione infantis tempore lactationis et ultra usque ad annos XIIII vol. circa," shows, with the hygiene of pregnancy and childhood. The second part treats of the hygiene of the individual in general, with special reference to the air he breathes, the food he eats, the beverages he drinks, and that of the several parts of the body, particularly the organs of special sense. There is also a good deal about the hygiene of journeys by land and sea and the health of armies. The third part deals with the hygiene of old age. According to Dr. Carbonelli, Master Giacomo's teaching, especially in regard to therapeutics, is mostly based on that of the Arabian physicians. In an appendix there are documents relating to an epidemic of Saint Anthony's fire, to the astrological indications for bleeding, and to forensic medicine. One of them is the inventory of a druggist's shop in Pignerol in the year 1308.

MEDICAL NEWS.

His Highness Prince Henry zu Schönaich-Carolhat has consented to act as President of the Fourteenth International Congress for Hygiene and Demography. Dr. Rubner, Privy Councillor of Medicine, Professor of Hygiene at the Royal University of Berlin, and Professor Dr. von Mayr, Under Secretary of State, Munich, will be Vice-Presidents.

Dr. J. Wilson Hamill, Manchester, desires to thank the many members of the Association who rendered assistance or made sympathetic inquiries with regard to the accident to his wife. Mrs. Hamill slipped from the step ladder of a brake when attending the garden party at Bicton, and sustained a fracture of the tibia near the ankle. Lord Clinton, on hearing of the accident, sent Mrs. Hamill to Exeter in his motor car, and she was subsequently admitted to the Royal Devon and Exeter Hospital, where we are glad to learn that she is making satisfactory progress.

Professor T. D. A. Cockerell of the University of Colorado, in a communication to *Nature*, makes the interesting announcement that among the fossils recently found in the miocene shales of Florissant is a large biting fly with a long and strong proboscis, which he identifies as a *Glossina* (tsetse fly). The specimen is practically complete and shows the mouth parts. Professor Cockerell adds that it is an obvious suggestion that the existence of such flies may have had something to do with the extinction of some of the tertiary mammalia of America.

Under the will of the late Miss Ellen Rutt, of Upper Clapton, the Victoria Park Hospital for Diseases of the Chest and the Royal Hospital for Incurables, Putney, each receives a sum of £300. Under the will of the late Mr. John Cyril Philips, of Manchester, Salford Royal Hospital and Manchester Royal Infirmary each receive a sum of £1,000.

The Roads Improvement Association, a body which came into existence a year or more ago, held this spring some trials on certain roads in Middlesex and Berkshire, the object being to test the value of certain methods of road treatment purporting to lessen the formation of dust under motor and other heavy traffic. The durability of effect was, of course, an important point, so immediate decision was impossible. Sufficient time having now elapsed the results have been published. The Association seems to have limited its investigation on this occasion to tar methods, and has awarded a first prize to the Aitkens Patent Pneumatic Tar Spreader and a second prize to the Tarspra Company. Another first prize was also awarded for "Clare's Patent Tar Compo." The prizes in each case were of considerable amount, two of them being of the value of 100 guineas in addition to a gold medal. Apart, therefore, from the commercial results of success at the trials, the money values of the prizes are sufficient to stimulate the inventor. It is to be hoped that trials of this sort will continue to be held, for though it may be true that motor cars do not create dust but merely render its existence evident, the dust evil has materially increased since motor driving came into vogue, and in more or less insidious fashion must be acting in a way detrimental to the public health.

merely tempts the patient to take larger doses of morphine and then balance the excess with a heavy dose of cocaine.

But the principal danger lies in the fact that such treatment inevitably produces the cocaine habit, by the side of which the morphine habit is comparatively insignificant: uncomplicated chronic morphinism is usually curable, but, when patients begin to take cocaine also the difficulties of the situation are increased a hundredfold: not only is their immediate condition rendered worse by the advent of delusions and hallucinations, but their chance of ultimate cure is very much lessened, and relapses are much more common than in cases of simple morphinism.

The sudden withdrawal of cocaine leads to no actual distress or reflex disturbances such as occur in the case of morphine, and, when once patients know this, they are very apt to return to the cocaine, reassuring themselves meanwhile with the idea that they can break it off at any time without acute suffering.

In a fairly large experience of morphine cases I have never seen a single cure expedited by the use of cocaine, and its dangers are so great as to make its recommendation quite unjustifiable.—I am, etc.,

London, W., Aug. 26th. J. HENRY CHALDECOTT.

THE CENTRAL EMERGENCY FUND.

SIR,—The appearance on the front page of the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of August 24th of a description of the objects of the Medico-Political Committee in asking contributions to the Central Emergency Fund brings forcibly to the front this phase of undesirable medical activity.

It is a salvation that under the present constitution of the Association its funds cannot be applied to further the aims of medical trade-unionists. Methods which in their inception, history, and use are so bound up with less considered callings cannot have much to recommend them to a learned profession. I am not willing to allow that even the main principle of trade unionism is right. The methods of trade-unionism are derogatory and detestable to me and, I venture to think, to a very large section of medical men—how large it would be interesting to discover.

I wonder if the Library of the British Medical Association contains a copy of Mr. Brudenell Carter's book, *Doctors and their Work?* If not, I shall be willing to supply the deficiency by parting with my own copy. It is not a book of the class called "written to order." The author in the evening of his life has felt a call to guide a younger generation by the light of a long and wide experience.

I have recently heard it prophesied that the British Medical Association will "wreck itself upon the rock of trade-unionism." Surely no one of us has a desire to see a fulfilment of this prophecy. Nevertheless, it cannot but be obvious to all who have interested themselves in this question and have watched the progress of events, that the policy, if pursued, will end in a separation of those to whom medicine is a profession from those to whom medicine is a trade.

I am glad to see a letter this week from Dr. Hawthorne emphasizing the importance of the traditions and the true responsibilities of the profession, and giving them a place above mere monetary considerations.

If the policy of trade-unionism be the outcome of the private opinions of the individuals composing the Medico-Political Committee, as seems not unlikely—for, as far as my knowledge goes, they have the support of only two of my medical acquaintances out of a large number—this policy has as much title to be called the voice of the Association as that with which Dr. Hawthorne deals in his letter.—I am, etc.,

London, N.W., Aug. 24th. W. B. PARSONS.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF GLASGOW.

Examination for M.D. Degree.

IN the Glasgow University *Calender* it was stated that this year the last day for handing in the names of those going up for the M.D. degree was June 1st, but as many intending candidates failed to observe the alteration of date it has been agreed to continue the old arrangement for this year, so that candidates can still enter their names up to October 1st.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—†H. W. B. Danaher, *†C. L. Driscoll, †S. S. Matthews.
MEDICINE.—*† T. T. Apsimon, *E. V. Connellan, †M. F. Emrys-Jones, †B S. Matthews, *A. F. Reardon, E. E. Wilbe.
FORENSIC MEDICINE.—T. T Apsimon, M. F. Emrys-Jones, B. S. Matthews, H. W. Phillips, M. Rathbone, E. E. Wilbe, G. F. Wilson.
MIDWIFERY.—J. A. Byrne, C. L. Driscoll, G. W. Hassall, E. E, Wilbe.

† Section I. * Section II.

The diploma of the Society has been granted to Messrs. C. L. Driscoll and E. E Wilbe.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

ON April 26th, 1904, the Government of India issued an order superseding previous orders regulating the remuneration which might be accepted by officers of the Indian Medical Service "for attendance on native chiefs and nobles and native gentlemen of high position in a native State." The operative part of the order was as follows:

The native chief or gentleman may offer any medical officer of the Government attending him such fee as he thinks fit to make, and it will be reported by the medical officer to the political agent or other officer of the Government exercising political functions in the State of which the said chief, noble, or gentleman is a resident, for the consideration of the local government within whose jurisdiction the native State is situated. This report will state the period during which he was in attendance, and the number of visits paid. The medical officer will at the same time submit to the administrative medical officer or inspector-general of hospitals, to whom he is subordinate, a full medical statement of the case, showing the nature and extent of the relief afforded, the importance of the case from a professional point of view, and the circumstances in which he attended the patient. The local government is required to satisfy itself that the fee proposed is not out of proportion to the relief afforded and to the circumstances of the case, and has authority to sanction the acceptance of a fee not exceeding Rs. 2,000. In considering these questions it will, if necessary, refer to the administrative medical officer or inspector-general of civil hospitals, as the case may be. If the proposed fee exceeds this sum, the matter will be submitted with a full report by the local government for consideration and orders of the Government of India. The reports prescribed in the preceding paragraphs will not be required from a medical officer when the fee does not exceed Rs. 50 a visit, or Rs. 1,000 in the aggregate, for repeated visits in the course of a year.

The *Gazette of India* on July 6th, 1907, contained the following new Order:

HOME DEPARTMENT.
NOTIFICATION.
MEDICAL
Simla, the 1st July, 1907.

No. 607.—In supersession of the notifications of this Department, No. 437, dated the 25th July, 1893, No. 1930, dated the 8th October 1900, No. 852, dated the 12th June 1901, and No. 395, dated the 26th April, 1904, and of all existing orders on the subject, the Governor-General in Council is pleased to make the following rule regarding the receipt by medical officers of Government of fees for professional services rendered to ruling chiefs and their families or dependents, Indian gentlemen of high position in a native state, or Indian gentlemen of high position in British India.

2. A medical officer of Government, before demanding or accepting from any Indian gentleman of the status defined above any fee for professional services rendered, shall obtain, by a confidential application made through the local administrative medical officer, the permission of the Director-General, Indian Medical Service. Such permission will not be required in the case of fees calculated on the scale of Rs. 16 a visit or in certain cases Rs. 32 according to recognized custom, unless the total amount thus paid for attendance on a patient or his family during any one month exceeds Rs. 160.

H. A. STUART,
Offg. Secretary to the Government of India.

It will be seen that the new Order rescinds the provision which required the medical officer to submit a full medical statement of the case at the time when he applied for permission to accept a fee. This provision produced a very unfavourable impression in the mind of the medical profession not only in this country but on the Continent, where the issue by a Government of such a regulation is inconceivable.

In the new Order, however, the Government of India,