

mined in the United States, that the negress is more often a victim than her male. Dr. Sambon is very strong on the opinion that the disease is parasitic, and ignores much the question of digestion. In Lower Bengal the people who suffer are—(1) the lazy rich, (2) the professional classes. Indigestion scourges both; in the former it is due to the effects of sloth, in the latter to over-fatigue. The agriculturist, enjoying fresh air and exercise therein, is practically immune. Dr. Inanendrenath Mallick has described, in a most excellent manner, the evils arising from improper food in Bengal, and demonstrates the commonness of digestive troubles in consequence, telling us how dilated stomach with subsequent gastro-duodenal catarrh and pancreatic tenderness follow one another. Most interesting are his ideas advanced about the defective muscular development of the Bengali with the superabundance of adipose tissue. The bearing on these views of the empirical treatment of old days—of open air and walking exercise—is manifest. This is the treatment which still holds good, whilst drugs by the thousand have been tried and rejected. Mr. Cantlie draws attention to the glycosuria that frequently follows on multiple fracture of the lower ribs and the possible liver complication therein. I would suggest that in such cases there is probably a considerable post-peritoneal haemorrhage engaging the pancreas and its neighbourhood.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

PHLEBOLITHS AND THE ROENTGEN RAYS.

THE cases of phleboliths described by Mr. L. Herschel Harris (BRITISH MEDICAL JOURNAL, June 15th, 1907, p. 1423) are very interesting, and illustrate well the difficulties occasionally met with in making a correct diagnosis

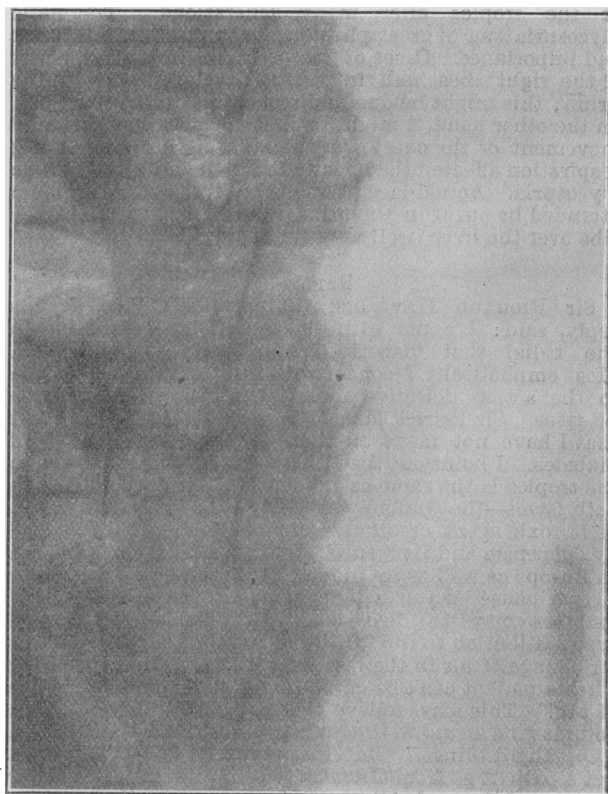


by the x rays. In these cases the more excellent the skiagram the more likely is the mistake to occur, unless these uncommon cases are borne in mind, for I think that on the whole the cases are not very common, although they may be sometimes met with by those who take a large number of skiagrams for renal calculi. I would recommend those interested in these difficult questions of diagnosis to study a series of beautiful skiagrams that you published of similar cases by Dr. Mackenzie Davidson on

June 17th, 1905, and another instructive series on January 20th, 1906. It will be noted in the first series how a differential diagnosis was made in some of the cases by passing a metallic bougie into the ureter, proving the shadow not to be in the ureter; this certainly is a most beautiful scientific demonstration of the fact, but how many of us can command the skill or the means to do this?

I think most of the mistakes that occur, resulting in worse than useless operations, are in these cases of a small stone supposed to be in the ureter, and generally low down, and for various reasons I usually advise that these cases be let alone. In the first place it is not unreasonable to expect that a small stone that has travelled so far, might very likely travel into the bladder, where it may be passed or more easily dealt with. I think these stones are usually passed; instances giving a clear history of the process are not at all uncommon. In the next place these operations often lead to more formidable ones than originally intended, and quite out of proportion to the benefit derived. I remember watching one case where the zealous surgeon, in his prolonged attempt to discover a missing ureteral calculus, extended his wound from the lumbar region, right round ultimately nearly to the groin, without finding it. On the other hand, I have never seen a failure to find a stone shown in a skiagram, when it has been of a fair size and well defined—perhaps I have been unusually lucky in my skiagrams—the only occasion when I nearly had that experience was a skiagram showing I thought four or five good-sized stones, and the surgeon could find nothing. Afterwards he had sufficient confidence in the x rays to try again, and discovered them, they were deep and unusually high up.

I have had two or three experiences of one possible source of error—a calcified tuberculous gland which gave a very fair shadow, and the most striking case of all is the one of which I am sending you the skiagram. In this case the usual symptoms of renal calculi were strongly marked—pain and most persistent haematuria. So severe



was the haematuria that before examination by the x rays it was regarded as possibly a papilloma of the bladder. The skiagrams taken of both kidneys, which I send, although quite different to anything I had seen before, also two others I took of the pelvis, showed apparently numerous small calculi extending through the entire track from both the kidneys to the bladder. It was recognized to be an uncommon condition, and an exploratory operation performed by Mr. O'Hara on one kidney showed

that the shadows were cast by calcified tuberculous deposits, and that there was no sign of a calculus anywhere.

T. G. BECKETT, L.R.C.P., etc.,
Honorary Medical Electrician and Skiagraphist, Alfred
Hospital, Melbourne.

REPEATED RUPTURE OF THE TUNICA VAGINALIS.

In the *Archives of the Middlesex Hospital*, vol. viii, 1906, Mr. Somerville Hastings reported a case of this rare accident, which was under the care of Mr. Bland-Sutton. An example of this condition has recently come under my notice.

A clergyman, aged 73, had suffered from hydrocele for twenty-four years; it required tapping about once every year. Fifteen years ago his scrotum was accidentally squeezed; he was seized with pain in the hypogastrium, and found that the hydrocele had suddenly gone. It returned again in a few weeks. Tapping continued to be performed as before, and was last done by me on October 16th, 1905. At the end of August, 1906, when the hydrocele was very large, the patient fell and bruised his scrotum. In the course of two or three days the swelling had entirely gone, but gradually reappeared.

It appears from the reported cases that rupture of the tunica vaginalis does not often cure the hydrocele. Very few cases of this injury have been reported in England. So far about 40 cases have been published, most of them in France and Switzerland.

Bedford.

W. GIFFORD NASH, F.R.C.S.

REPORTS

ON

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

DRUMCONDRA HOSPITAL, WHITWORTH ROAD,
DUBLIN.

A CASE FOR DIAGNOSIS.

(Reported by E. H. BROOK, M.B., House-Surgeon.)

A GIRL, aged 13, suffering from a tuberculous ankle was admitted to hospital under the care of Mr. Graves Stoker. The ankle was opened, scraped, and drained. As her condition did not improve, Syme's amputation was performed two months later. The wound healed well, with the exception of a small piece about the size of a sixpence, and after her dismissal from hospital she came regularly to have this dressed. All went well till two months later, when the child suddenly became ill; the temperature was 104° F. and the pulse 115, and there was nausea. This condition lasted two days, when the nose, face, and left side of the thorax became tinged with a brown discoloration. The patient became delirious at frequent intervals, and complained of great pain in the head. The pupils were contracted and the tongue dark brown in the centre and dry. It was now noticed that the brown patches on the face had partially disappeared, except that on the nose, which was dark brown and cold to the touch; sensation was diminished. The toes of the left foot became similarly affected, and the general condition was now very grave. Upon the fourth day of her illness her throat became dark in the region of the pharynx, and eight hours later a dark grey slough appeared, along with great fetor of the breath. The patient died on the morning of the fifth day.

An autopsy being unobtainable, the diagnosis must remain largely conjectural. The cause of the gangrene, which might be considered of the Raynaud type, is very obscure, and in the absence of sepsis we rather incline to the idea that infection took place through the mouth, which was in a bad condition. Personally I have never seen a case of Raynaud's disease attack such a large area—that is, face, chest, foot, and throat.

UNDER the will of the late Mr. John Bayley Lees, of Haddingworth, who died on August 14th, Queen's Hospital, Birmingham, receives a sum of £500.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

J. K. FOWLER, M.D., F.R.C.P., President, in the Chair.

Monday, October 14th, 1907.

PRESIDENTIAL ADDRESS.

THE PRESIDENT said that the present time was one of great progress, but that while this was admittedly true of surgery, the laity were by no means assured that it was equally true of medicine. Indeed many, and those by no means persons of small understanding, were frequently heard to deplore the fact that notwithstanding the great advance of surgery during the past thirty years, medicine had not progressed in like manner. It was to remove that too prevalent misconception that his address would be directed. Whatever degree of importance was to be attached to the opinions of laymen upon such a matter, it would hardly be denied that the view indicated if widely held would not tend to advance the honour and esteem of the physician. Indeed the physician was just now much beset; he was on his trial, and almost needed to justify his existence. The surgeon was daily making inroads into the territories which until lately the physician considered his own, and a high authority had recently had to deny that he ever advised the public to abstain from drugs. The President then proceeded to discuss in detail the advances made in medicine during the last thirty years, and in conclusion claimed that, having regard to the wide field covered, the advance of medicine had been infinitely greater in the mass than that of surgery, although it was not perhaps so readily appreciable by the public. In the future he believed progress would far outstretch the results attained in the past, for they were as yet but on the threshold of knowledge which would illumine all the dark recesses of the ignorance common to medicine and all other sciences, and this it was the duty of all to attempt to remove.

UNUSUAL CASES OF DIABETES.

Dr. J. R. BRADFORD described three unusual cases of diabetes. He said that the term "diabetes" probably included a number of conditions dependent not only on various causes, but also associated in all probability with different lesions. The view was generally held that only a proportion of cases of diabetes could be associated with lesions of the pancreas. Still, it seemed as if the number of cases of the malady that could be attributed to a pancreas-creating origin was increasing. There was still much difference of opinion as regards the nature of the pancreatic lesions associated with diabetes, although most observers had recorded atrophy and a peculiar variety of diffuse cirrhosis as the most common. Diabetes had been found in association with other pancreatic lesions, as, for instance, calculi, cystic disease, and new growths; but all these pancreatic lesions had frequently been described as occurring without diabetes. In some very rare instances glycosuria and diabetes had been found associated with acute lesions of the pancreas, but there was a general consensus of opinion that diabetes and glycosuria were but rarely seen in association with such acute lesions as acute haemorrhagic suppurative gangrenous pancreatitis. The three cases described by Dr. Bradford were cases of diabetes that seemed to date their origins from a preceding attack of acute pancreatic disease. In all the cases this was an inference rather than a proved fact, inasmuch as in none had a *post-mortem* examination been made. The point of interest in the first case detailed lay in the fact that on the patient's second admission to University College Hospital she presented all the signs and symptoms of a typical case of diabetes mellitus; three years previously she had suffered from a large tumour in the region of the pancreas which had apparently disappeared spontaneously after an exploratory incision. The second case, seen in consultation, was almost identical in that a lady had come under observation with a large abdominal tumour in the epigastric region, which was explored by a laparotomy, regarded as malignant and incapable of removal. Subsequently to this symptoms of indigestion, thought to be dependent on pyloric obstruction produced by the mass, developed, and a second operation was performed and gastro-enterostomy effected. Dr. Bradford

alkaloidal principle which it might possess had been destroyed in the process of roasting, or rather charring, to which it had been subjected." The drug is now more lightly roasted than formerly. A preliminary examination of the drug made in the laboratory of the Pharmaceutical Society in London² showed the presence of some substance of the tannin group, but not of an alkaloid; and in the annual report of the Department of Agriculture of the Federated Malay States the Government chemist reports that a preliminary investigation had not shown the presence of any alkaloidal, glucosidal, or other bitter principle, the organic matter consisting principally of tannin.³

We understand that chemical investigation of the constituents of combretum is being continued in this country, and that pharmacological tests are also being carried out with preparations made from it. Until the results of these tests are published there will naturally be reluctance to depart from the methods of administration hitherto employed, but it is clear that these leave a good deal to be desired. We have referred above to the irregularities involved in the method of reducing the dose of opium. The reports from Malaya also state that the decoction is very subject to fermentative and other changes, so that it often becomes putrescent, and has to be thrown away before the end of a course. No doubt British pharmacists will be able to prepare a product free from such objections while obtaining the virtues, whatever they may be, of the cruder preparation.

MEDICAL NEWS.

THE laboratories of pathology and public health, conducted by Mr. G. Leslie Eastes, M.B., B.Sc., have been removed to 38, New Cavendish Street, London, W.

A GERMAN Society of Tropical Medicine has recently been founded. The Presidents are Professors Baelz of Stuttgart, and Nocht of Hamburg; the Secretaries, Professor Fülleborn and Dr. Mense of Cassel.

THE recent election of Dr. Pierart brings up the total number of representatives of the medical profession in the Belgian Parliament to ten. Of these four belong to the Liberal Left; four, including the new member, to the Right; and two to the Socialist Left.

THE Annual Festival Service of the Birmingham Ward of the Guild of St. Luke will be held at the Holy Trinity Church, Coventry, on Tuesday next, October 22nd, at 8 p.m., when the Rev. Canon Newbolt, M.A., Chancellor of St. Paul's Cathedral, will preach. Members of the medical profession are cordially invited. Academical costume will be worn.

THE London County Council will again in January next award six scholarships of the value of £25 each to persons wishing to become midwives; the course of training provided will extend over a period of six months. Further particulars can be obtained from the Executive Officer, L.C.C. Education Offices, Victoria Embankment, W.C.

THE Duchess of Albany visited the new buildings of the school of advanced medical sciences in connexion with University College Hospital recently to see the medallion portrait of the late Dr. Poore, who for many years was physician to the late Duke of Albany; Her Royal Highness also visited the nurses' home and the scientific departments of the school.

APPEAL is being made for further support for the Mission to Lepers in India and the East. Altogether some fifty asylums for these unfortunate people are maintained by it in India. At one of these, in the Punjab, there is a ward for English lepers, which at present has five inmates. The Secretary of the Mission is Mr. John Jackson, F.R.G.S., 33, Henrietta Street, Strand.

IN view of recent legislation, the Life Assurance Medical Officers' Association believes that the extension of its objects to include the medical aspects of disease and accident assurance is desirable, and medical men holding appointments from accident and disease assurance companies, and other members of the profession are invited to join the association in order to advance the study of this branch of medicine. Further information can be obtained from Dr. T. D. Lister, 50, Brook Street, London, W., or Mr. A. Shillitoe, F.R.C.S., 2, Frederick Place, Old Jewry, London, E.C.

At a meeting on October 11th, Dr. J. Magee Finny was elected President of the Royal Academy of Medicine in Ireland for the coming year, Dr. James Craig and Sir J. W.

Moore being respectively reappointed General Secretary and Secretary for Foreign Correspondence. As Presidents of Sections the following were chosen: Medical Section, the President of the Royal College of Physicians, Dr. J. M. Redmond; Surgical Section, the President of the Royal College of Surgeons, Sir H. R. Swanzy; Obstetrical Section, Dr. Hastings Tweedy; Pathological Section, Dr. A. R. Parsons; Section of Anatomy and Physiology, Dr. A. F. Dixon; Section of State Medicine, Dr. W. R. Dawson.

THE sanitary state of the towns in Madagascar, according to the Consular report, differs very considerably. Tamatave, although on the coast and hence more exposed to malaria than the high inland regions, shows a remarkably low rate of mortality. Some time ago much good work was done by widening the streets, doing away with the slums, etc., and this has had a very beneficial effect. While, for example, in May of last year there were in Antananarivo 204 births and 543 deaths, of which no less than 396 were from malaria alone, there was only one death in Tamatave from this cause during the same period. The capital suffered unusually during the month just mentioned, but malaria would seem always to be prevalent.

A QUARTERLY court of the Society for the Relief of Widows and Orphans of Medical Men was held on October 9th, Dr. Blandford, president, in the chair; thirteen directors were present. One new member was elected and the death of one reported. It was decided that a Christmas present of £544 be distributed among the annuitants of the charity, each widow to receive £10, each orphan £3, and each orphan on the Copeland Fund £5. Since the last court a donation of £100 had been received from the executors of the late W. Cattlin, Esq. Mr. Cattlin was elected a member of the Society in 1860. Five letters had been received from the widows of medical men who had not been members of the Society asking for relief, but for this reason it had to be refused, as relief is only granted to the widows or orphans of deceased members. Membership is open to any registered medical practitioner who at the time of his election is resident within a twenty miles' radius of Charing Cross. Full particulars and application forms may be obtained from the Secretary at the offices of the Society, 11, Chandos Street, Cavendish Square, W. The Secretary attends there on Wednesdays and Fridays from 4 to 5 should a personal application be desired.

THE annual pilgrimages from Egypt are ever a source of trouble and anxiety to the Egyptian Government, for such collections of the dirtiest and most insanitary people afford many occasions for epidemics of cholera, plague, and other diseases to flourish. Several reports published under the auspices of the Conseil Sanitaire, Maritime, et Quarantenaire d'Egypte for 1907 deal with the health of those assemblages. Fortunately plague and cholera appear to have been absent, but other diseases carried off their annual quota. In Dr. Soliman Bey Hamada's report on the pilgrimage to Hedjaz these are duly enumerated. Malaria still seems to be prevalent, and dysentery and other enteric troubles are also very common. Dysentery, as Dr. Crendiropoulos points out in his report, presents the greatest interest. The type is evidently the bacterial or epidemic, and it is difficult to see how it can be prevented. Generally appearing where large numbers of people are collected promiscuously together it is probably very often spread by flies settling on and contaminating the food; in other cases the water supplies become infected. In encampments something may be done in the way of prophylaxis, but when the people are on the march the difficulties are obvious. Still the excellent sanitary work being done by the Egyptian Government, under the able direction of the Sanitary Council, of which Dr. Armand Ruffer is President, without doubt greatly mitigates the evils attendant on those campaigns, and every praise is due to it for its laudable efforts.

THE ROYAL SOCIETY OF MEDICINE — The Therapeutical and Pharmacological Section of the Royal Society of Medicine, which is the successor of the Therapeutical Society, will hold its ordinary general meetings at the Apothecaries' Hall, Blackfriars, E.C., at 4.30 p.m. on the fourth Tuesday of each month, from October to April, except in December, when the meeting will be on the third Tuesday. The President of the Section is Dr. T. E. Burton Brown, C.I.E.; the Honorary Secretaries are Dr. H. Charles Cameron and Dr. J. Gray Duncanson, Wingfield House, Shooter's Hill, London, S.E., by whom further particulars will be supplied. The Epidemiological Section of the Royal Society of Medicine will hold its opening meeting next Friday evening, when Dr. Newsholme, the President, will deliver an address dealing with poverty and disease, as illustrated by the course of typhus fever and phthisis in Ireland.

² *Pharmaceutical Journal*, January 26th, 1907, p. 77.

³ *Ibid.*, September 7th, 1907, p. 331.

Dr. Carroll remained at the head of affairs in Cuba. It was during this interval that he had the attack of yellow fever, which was the first case produced experimentally by the bite of the mosquito. Lazear made the first experiment on August 11th, 1900; but nine inoculations on persons, including himself and Acting Assistant Surgeon A. S. Pinto, were unsuccessful. It is now known that these failures were due to two facts: First, that patients after the third day of illness cannot convey the infection to the mosquito; and secondly, that a mosquito which has bitten a patient with yellow fever cannot transmit the disease till after an interval of twelve days. On August 27th a mosquito which happened to fulfil both these conditions was applied to Dr. Carroll. The result was an attack in which for a time his life hung in the balance. Dr. Carroll himself said that the proudest circumstance of his life was the fact that he was the first person to succumb to mosquito inoculation, adding, however, that "with a wife and five young children at home my thoughts during the serious part of my illness may be better imagined than described." All the reports of the Yellow Fever Commission bear the name of Dr. Carroll as well as that of Dr. Reed, and Professor Howard Kelly says that

In reading them we should always bear in mind that, while the experiments were planned by the master mind, the accuracy with which they were carried out and the care by which all possible precautions were taken to exclude every source of error are due to Dr. Carroll quite as much as to Dr. Reed.

In February, 1901, Dr. Carroll returned to the United States with Dr. Reed, but in the following August he was again in Cuba completing the experiments with inoculation of the blood begun at Camp Lazear. Besides the reports of the Commission, Dr. Carroll embodied the results of his work in several papers. The first of these, published in July, 1902, dealt with the treatment of yellow fever; in two others which appeared in 1903 he discussed the history, cause, and mode of transmission of yellow fever, and the occurrence of similar types of fatal fevers in places where yellow fever is not known to have existed.

Dr. Carroll deserves a place in the roll of the martyrs of science as well as any of the heroic seekers after truth who have died, so to speak, on the battlefield in fighting the powers of darkness. Of the Yellow Fever Commission the only surviving member now is Dr. A. Agramonte, a Cuban physician.

W. O. ATWATER, PH.D.

THE late Professor W. O. Atwater, whose death we regret to note, was one of the most distinguished among the band of eminent Americans who during the last generation have brought their country to the front rank of the nations engaged in scientific research. Unhappily his work ended two years ago, when he had an apoplectic seizure which left him helplessly paralysed.

As Professor in the Wesleyan University, Middleton, Connecticut, his work became widely known; from 1875 to 1877 he directed the Connecticut Agricultural Experimental Station, the first institution of the kind in the United States, and in 1888 he founded the Federal Department of Agriculture, which has done so much for agricultural chemistry, but it is especially in connexion with human metabolism that he is known to the medical profession. By an elaborate series of researches he established the fuel value of the various classes of food, and constructed dietary standards in heat units for people engaged in different kinds of work; but besides the standard dietaries, his studies on absorption, his work with Benedict on the food value of alcohol, and with Sherman on the loss of water from the body during work, were of the highest importance. It is no exaggeration to say that no account of the science of metabolism as we know it to-day could be written were Professor Atwater's work omitted.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degree of D.M.

In a congregation held on Thursday, October 10th, the degree of D.M. was conferred on C. U. Aitchison, M.A., B.M., Balliol College.

Examination in Preventive Medicine (D.P.H.)

The examination for 1907 will commence on Tuesday, November 19th. Names must be received not later than 10.30 a.m. on Tuesday, October 29th, by the Assistant Registrar (Old Clarendon Building), from whom full particulars may be obtained.

Rolleston Memorial Prize.

This prize, which is of the value of about £60, will be awarded in 1908, for original research in any subject comprised under the following heads: Animal and Vegetable Morphology, Physiology and Pathology, and Anthropology. The dissertations must be sent in to the Registrar before 6 p.m. on Tuesday, March 31st, 1908. The conditions of candidature are published in the *University Gazette* of October 11th, 1907, p. 34.

UNIVERSITY OF CAMBRIDGE.

SANITARY SCIENCE EXAMINATION.

The following candidates have satisfied the Examiners in both parts of the Examination:

R. C. E. Atkinson, F. A. Bainbridge, Annie T. Barnard, J. Bibby, G. G. Buchanan, Catherine L. Corbett, C. N. Davis, A. H. Fardon (Christ's), R. B. Foster (Captain I.M.S.), D. W. Hunter, E. Jennings (Major I.M.S.), Florence B. Lambert, J. E. MacIlwaine, W. A. Milne, F. H. Noke (Captain R.A.M.C.), F. L. Pochin, D. F. Riddell, M. de L. Robinson, G. U. Smith, Barbara Tchaykovsky, J. E. Thomson, Ada M. Whitlock.

APPOINTMENTS AND DEGREES.

A. H. Lees, B.A., King's College, has been appointed to the Research Studentship in Medical Entomology.

The following degrees were conferred on October 10th:

M.B., B.C.—E. F. Skinner.

M.B.—B. H. Stewart.

ROYAL UNIVERSITY OF IRELAND.

THE THIRD EXAMINATION IN MEDICINE, AUTUMN, 1907.

The following candidates have been approved at the examination indicated:

Third M.B. (Upper Pass).—*A. V. Craig, *W. Dickey, J. A. Fanrahan, *R. W. G. Hingston, D. Horgan, *J. C. Houston, *E. G. Kennedy, E. W. Kirwan, *P. J. Lydon, B.A., *M. G. O'Malley, D. A. Rice, T. Scanlan, W. S. R. Steven, A. M. Thomson, M. Twohig.
Third M.B. (Pass).—D. R. Acheson, W. J. Ashby, P. M. J. Brett, D. Broderick, F. S. Carson, V. L. Connolly, W. Doolin, J. S. Doyle, W. P. Dunne, B.A., P. Hayes, J. Holland, J. Keyms, B.A., S. K. McKee, W. Magner, T. P. Magnier, G. E. A. Mitchell, T. J. S. Moffett, J. M. O'Reilly, A. Patton, B.A., S. P. Rea, W. Riddell, J. Spence, H. W. White, R. Young.
* Qualified to attend a further examination for honours.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on October 10th, Mr. Henry Morris, President, in the chair.

The late Mr. Timothy Holmes.

The Council recorded their deep regret at the death of Mr. Timothy Holmes, and their sincere sympathy with his widow in her bereavement, and their appreciation of the services rendered by Mr. Holmes to the College in the conscientious discharge of the several duties which devolved upon him as a member of the Council and of the Court of Examiners.

The late Professor Charles Stewart.

The Council expressed their deep regret at the death of Professor Charles Stewart, LL.D., F.R.S., Conservator of the Museum, and their sincere sympathy with his widow and family in their bereavement, and their appreciation of the great advantages which the College derived from his wide knowledge of all branches of science represented in the Museum, and more particularly from the special attention which he bestowed on the Physiological Series, and their record of their appreciation of the zeal and ability which he displayed in performing the duties of Conservator of the Museum during the past twenty-three years.

The Physiological Catalogue.

The best thanks of the Council were given to Professor C. S. Sherrington for his valued assistance in revising the proofs of Volume III of the *Physiological Catalogue*, and an honorarium was voted as a mark of the Council's appreciation of his services.

Annual Meeting of Fellows and Members.

This will be held on Thursday, November 21st, 1907, when the annual report of the Council will be submitted to the meeting.

Executive Committee of the Imperial Cancer Research Fund.

Mr. H. H. Clutton was elected a member of this Committee in the vacancy caused by Sir John Tweedy, who ceased to be a member of the Committee on his retirement from the Council of the Royal College of Surgeons. Mr. Edmund Owen was re-elected a member of the same Committee.

The London Ambulance Service.

The President was appointed to give evidence before the Committee appointed by the Secretary of State for the Home Department on the above subject.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION.

THE following candidates have been approved in the subjects indicated:

BIOLOGY.—F. G. Norbury.
CHEMISTRY.—F. G. Norbury, S. B. Webster.
MATERIA MEDICA AND PHARMACY.—I. M. Bernard, J. G. Morgan.
ANATOMY.—F. S. Hawks, C. B. Hawthorne, G. Whitehead, J. W. Williams.
PHYSIOLOGY.—W. E. Dimond, F. S. Hawks, A. Singha, G. Whitehead, J. W. Williams.

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.

THE ETIQUETTE OF LUNACY CERTIFICATION.

H. R.—It is hardly credible that C. and his friend should have tried to force themselves into the presence of the patient of another man for the purpose of certifying him as a lunatic. C. should be allowed to explain before any opinion can be expressed on conduct which seems so opposed to the rules of professional propriety.

ASSOCIATION WITH UNREGISTERED DENTISTS.

REX.—As registered medical practitioners are forbidden by the General Medical Council to be associated in practice with unregistered dentists, we have no doubt that it is ethically improper and a breach of the spirit of the regulation of the General Medical Council for a medical practitioner to exhibit the advertising card of an unregistered dentist on the wall of his surgery.

Medico-Legal.

THE RESPONSIBILITY FOR A CONSULTANT'S FEE.

At the Stafford County Court last week, Dr. Charles Reid sued a master carpenter for a fee of £3 3s. for a consultation in respect to defendant's wife. The point at issue was whether the defendant was properly liable for the fee or the defendant's family physician, Dr. Bull. In 1904 the defendant's wife was taken ill, and Dr. Bull pronounced the case to be one of scarlet fever and forbade the husband to go to work. The defendant, however, persisted that his wife was suffering only from measles. Defendant alleged that Dr. Bull asked him if he had any objection to another opinion, and defendant said he had none, but alleged that he said he would not be at any expense in the matter. Eventually Dr. Reid was called in and gave his opinion, subsequently sending in an account for £3 3s. to defendant. Dr. Bull admitted that he had never mentioned the amount of the fee to defendant. The County Court Judge (His Honour Justice Ruegg) in giving a verdict for the plaintiff, commented on the fact that defendant, on receiving Dr. Reid's account, had never repudiated the debt nor had he mentioned the matter to Dr. Bull. It had been held before that the person actually calling in a doctor was responsible for his fee, and in this case the question seemed to be was the doctor who called in Dr. Reid acting as the agent of the defendant? The decision of the Judge indicates that, in his Honour's opinion, he was the agent of the defendant and that the defendant was bound by such action.

MEDICAL EXAMINATIONS IN CRIMINAL CASES.

M.T.—If the case is sent for trial, our correspondent is entitled to claim for what is technically known as "qualifying to give evidence." (1) one guinea for the examination of the woman; and (2) one guinea for the microscopical examination of the mucus and stains, which will be paid, if allowed, by the same authority as the fees for giving evidence. Should the case not be sent for trial, the claim must be made against the head of the local police, whose authority should have been obtained previous to making the microscopical examination.

THE WORKMEN'S COMPENSATION ACT.

HOSPITAL NURSES.

INKPOT asks whether a nurse of a large hospital suffering from varicosity, which she alleges was caused by the work she performed for her institution, would be able to claim as a "workman." The injury occurred before July, 1907, when the Act came into operation, and she is still unable to work. He has been asked to certify. Will the certificate of a registered practitioner be considered enough by a county court judge or are there duly appointed men for such certifying?

. Seeing that the injury was caused before the Act came into operation on July 1st, it is clear that, even if her employ-

ment came within the Act, the nurse could make no claim. The question whether a hospital nurse is entitled to the benefit of the Act is by no means easy; but we have been advised that, having regard to the wide meaning of the term employment, nurses are probably entitled to compensation. The question whether varicose veins are an accident has yet to be decided. With regard to certifying, the duties of certifying surgeons under the Act relate only to industrial diseases, and "varicose veins" is certainly not an industrial disease.

M.D. asks whether a nurse employed as a midwife at a workhouse who contracted ophthalmia from a case of ophthalmia neonatorum in the course of her duties and lost one eye in consequence, is entitled to compensation under the Workmen's Compensation Act, 1906; the insurance company repudiates liability, and the disease is not in the schedule issued by the Home Office.

. It is true that ophthalmia is not one of the industrial diseases in the schedule to the Act, or in the order of the Home Office on May 22nd, 1907. Nevertheless it is open to the Court to say that it is an "accident" (see S. 8 (10) of the Act of 1906). But apparently there must be an element of something fortuitous and unexpected about the case. So lead poisoning, miners' cellulitis of the hand or knee have been held not to be accidents. But in a recent case anthrax contracted by a workman sorting foreign wool was held to be an accident. In that case the late Lord Chancellor said: "It does not appear to me that by calling the consequences of an accidental injury a disease one alters the nature or the consequential results of the injury that has been inflicted."

DISTRICT MEDICAL OFFICERS.

NOVICE writes: I am district medical officer for two separate unions. One Board has insured all officers, the other has not. While motoring on professional work, on starting the car the handle flew back from a "back fire," striking my right wrist so severely that I was incapacitated from doing work for a fortnight, and consequently had to engage a locum for that period. I wrote to the clerk of the guardians who had acknowledged insuring their officers, and in reply received the following: "If you met with your accident in performance of your duties as district medical officer, I anticipate your claim for compensation will be accepted, but if you will let me have full particulars I will further consider the matter." Now on that day I am not aware that I visited any parish patients, although I passed through a large part of my district, and might have been called in but was not, and I might have done some local visiting afterwards, but could not.

. This is the kind of point bound to come up sooner or later, but there has been no decision under the Act of 1906. Assuming that the employment was within the Act, which assumption may safely be made, there are two other questions which must be answered before the claim of "Novice" can be established: (1) Did the accident arise out of and in the course of the employment? and (2) What was his salary (a) from the union, (b) from all sources? As to (1), we are advised that, upon the admitted facts, the accident would hardly be said to arise in the course of the employment. But this is a pure question of fact with regard to which judges might hold different views. It has been decided that an accident happening to a man going to or coming from his work is within the Act. Hence, if "Novice" had been actually summoned to see a patient for the union, it is probable that the court would award him compensation. The second question raises a point about which lawyers are still undecided. If a man earns £250 or more in his employment to which the Act applies, he is excluded from the Act. But suppose in this case he receives £100 from one union and £150 from another, is he within the Act as an employé of either union? That is a point with regard to which we do not care to express a definite opinion. If the two salaries united are less than £250, well and good; but the question then becomes complicated by receipts from private practice. We are advised, however, that in all probability the receipts from private practice may be disregarded in estimating the amount of remuneration.

A CARD.

LIVERPOOL.—In our judgement the circulation of such a card as our correspondent sends under the circumstances detailed is unethical; we would advise our correspondent to bring the matter to the notice of the Council of the Branch.