

the time of complete coagulation by breaking pieces off until, on pulling the two ends apart, the whole column of blood is pulled out from the broken-off piece. The separation of the serum from the clot can also be observed in these tubes and the differences in time of separation noted.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

CASE OF RIGOR MORTIS IN A STILLBORN CHILD.

THE following case occurred in my practice in August last:

Mrs. M., aged 22, a thin, active woman, not very well nourished, and who had only returned from fruit picking a few days before, was attended by me in her third confinement on the evening of August 28th. It was premature. She did not expect for another month. She had felt the child moving vigorously about eight hours before its birth. She had an easy and straightforward time, and was in labour about four hours. I was with her about one hour.

The child, a female, when born was dead and in a state of well-marked rigor mortis, the legs and arms were flexed and quite rigid, the child seemed to be well nourished, and did not appear to be of more than eight months' development. Her first child was born alive. The second was born dead. I could get no particulars of that. Her husband is a weakly man, with synovitis, probably gonorrhoeal, of his knee-joint.

Iron Bridge, Shropshire.

D. W. WHITFIELD.

INTENSE HEPATIC CONGESTION IN AN INFANT.

THE occasional occurrence of cirrhosis of the liver in children warrants the publication of the following case: An infant, aged 5 weeks, in apparently good health from birth, died suddenly without any obvious cause. There was no history of cough, rash, feverishness, sickness, diarrhoea, or convulsions, and at death there was oozing from the nose bright red frothy blood. I conducted a *post-mortem* examination by order of the coroner, Dr. Danford Thomas, and the results were as follows: The body was well nourished and weighed 9 lb. 12 oz.; the brain, stomach, and heart were normal; there was intense general congestion of both lungs; the liver weighed 6½ oz., there was a large subcapsular haemorrhage, and the liver substance was friable and deeply congested. At the inquest a verdict of "Death from natural causes" was returned.

From the results of the autopsy two important questions arise—Where, and when, did the congestion originate? I feel confident it did not begin in the lungs, because of the absence of the symptoms mentioned above. It is well known that a slight inflammation of one lobe of the lung in a child gives rise to unmistakable symptoms, such as cough and feverishness, and these, if present, would have attracted the mother's attention. I think the pulmonary congestion was secondary to the hepatic. As the child was only 5 weeks old, breast-fed, and the mother was a woman of temperate habits, alcohol must be ruled out of court, and I have no hesitation in stating that, from the evidence, the congestion of the liver must have originated *in utero*, cause unknown. It is probable that, had the infant lived long enough, typical cirrhosis of the liver would have developed.

London, W.

JOHN ALCINDOR, M.B. Edin.

TREATMENT IN OCCIPITO-POSTERIOR CASES.

THIS subject came into prominence in the JOURNAL during the discussion on Meddlesome Midwifery some time ago, but was only mentioned as a case in point in favour of instrumental labour. I have had a run of these cases lately, and thus wish to give my experience and draw, if possible, the experience of other practitioners.

Diagnosis.—One may be able to diagnose the presentation by vaginal examination if the os is dilated and the membranes ruptured, but my experience is that these

cases give much trouble before either of these happens. I made a diagnosis in most of my cases by the character of the pains—sharp and short—combined with abdominal palpation and non-engagement of the head in the pelvis. In several of my cases I was called in several days before confinement for pain, and diagnosed false pains; but as the pains continued in spite of treatment I came to the conclusion, after abdominal palpation, that the presentation was occipito-posterior. I found that, on vaginal examination during these pains, there was no alteration in the os and no bulging of the membranes. I was taught that early rupture of the membranes happens in these cases, but it did not in the majority of my cases; in fact, I have had to rupture to apply instruments.

Treatment.—I have tried pushing up the forehead to bring on flexion, and rotation of the occiput, but have never had a successful case. The pains are so very short and the intervals so long that one cannot keep the hand in the vagina till the next pain comes. A medical friend of mine said he always put up his hand and turned the head. I have no experience of this, and would be afraid of twisting the child's neck. The treatment I adopted in all my cases was early instruments. I have waited on certain cases twenty-four hours to get a dilated cervix, and at the end had to dilate with the fingers and apply instruments. Some of my cases had the lower uterine segment dilated, and all that was wanted was to pull the head down on to it. There is no doubt that considerable force must sometimes be used to displace the head from the spine of the ischium, but afterwards the instrumental part is easy. The head tends to rotate after this, and I do not reapply the instruments, and have had no bad results from not doing so. I have delivered several primiparae without reapplying, without even the slightest tear of the perineum. Hospital treatment may differ from general practice, but I fail to see where it can do so in the interests of the patient. The patient very soon gets exhausted; vomiting, temperature, and quick pulse give warning that it is time artificial labour was commenced, even before full dilatation of the cervix. In conclusion, I think 50 per cent. of occipito-posterior presentations which commence as such remain so.

Anniesland.

JOSEPH STARK, L.R.C.P. Edin.

A CASE OF GALL STONE IN THE COMMON DUCT.

THE patient in the following case, a sick nurse by occupation, sought admission to the Victoria Hospital on January 2nd, 1906, with distinct signs of gall stones, and with a history of having passed a small-sized stone per anum with faecal matter. On January 15th, 1906, it was decided to explore the gall bladder; accordingly the patient was anaesthetized with chloroform, and a vertical incision in the abdominal wall was made from the costal cartilage of the eighth rib (right) down to the level of the umbilicus in the mammary line. The gall bladder was exposed, and on exploration it was found to contain no stone. The cystic and the hepatic ducts were then explored, with a negative result. The common bile duct was then manipulated between the index finger and the thumb, and a small stone was felt. An incision was made and the stone removed. The incision in the common bile duct was sutured with fine silk. The patient made an easy recovery, and was discharged from the hospital on the forty-second day after operation. The patient is at present in very good health, and has exhibited no signs of any more gall stones since the operation, and is attending to her usual occupation of sick nursing. The weight of the stone was 7 grains, and the size about that of a pea.

Victoria Hospital, Bangalore. T. V. ARMUGAM, M.B., C.M.

A SUGGESTION FOR A BONE BOBBIN OR BUTTON FOR ENTERORRHAPHY.

THE following description explains a suggestion for a decalcified bone bobbin or button for enterorrhaphy, which is on the principle of and was suggested to me by the boxwood drum commonly used for testing eye knives. It combines the rapidity of the Murphy button, the principle involved in Maunsell's operation, the cheapness of all decalcified bone apparatus, and the certainty that within half a minute or less the contents of the bowel shall be shut off from the general peritoneal cavity; it

holds the parts firmly in position for Lembert's suture, and if necessary the parts of the bobbin can be slipped apart when once the stitches are in place.

1. The male or smaller part of the button is slipped into the upper end of the intestine and the larger part into the lower, each end of the gut being then roughly occluded by a single stitch taken crosswise.

2. The upper end of the bowel is then thrust down into the lower segment, care being taken to have enough slack in either end to intussuscept the bowel well. The bowel now on the button and being held by an assistant, a row of Lembert's sutures is inserted in the usual way.

3. Finally, the suture closing the ends of the bowel is cut by a sharp cataract or other knife passed through the bowel, this minute hole being close by a single stitch.

The bowel is thus joined together by Maunsell's method, but much more expeditiously. If thought advisable the two halves of the button can be slipped apart and pushed on past the sutured portion. Where time is of great moment, by locking the two ends of the button firmly, union might as easily be got as with Murphy's button, though this is, of course, inadvisable.

Such a thing as a *post-mortem* examination being

almost unknown in this country, I have not had an opportunity of trying this on the dead body.

Jerusalem.

J. CROPPER, M.D., B.C.

DIPHTHERIA OF THE GLANS PENIS FOLLOWING CIRCUMCISION.

THE following will be of interest when considered along with Dr. Russell O'Brien's case in the JOURNAL of October 5th, p. 908:

A boy aged 3 years was admitted to hospital on September 22nd with faucial and severe laryngeal diphtheria requiring tracheotomy. He had been circumcised about four weeks previously. The glans penis was inflamed, as was the skin around it. The external urinary meatus was covered with a thick yellowish discharge; and on an ulcerated patch, about the size of a threepenny-piece, on the left side of the root of the penis there was a thin, whitish-grey membrane. An almost pure culture of Klebs-Loeffler bacilli was grown from this. The membrane disappeared in three days after injection of antitoxin (16,000 units), and the balanitis had subsided on September 30th.

R. P. BEATTY, M.D., T.O.D.

Grove Hospital, Tooting, S.W.

REPORTS

ON

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

THE GENERAL HOSPITAL, BIRMINGHAM.

A COMPLICATED CASE OF UTERUS BICORNIS.

(Reported by G. P. MILLS, M.B., B.S.Lond., House-Surgeon.)

THE patient in this case, a girl aged 16, was admitted as an emergency case with acute abdominal pain, thought to be due to appendicitis.

History.—She was perfectly healthy until she began to menstruate four months previously. There was then slight pain in the lower part of the abdomen and a free loss. She had menstruated regularly every twenty-eight days since; the flow had always been considerable, but there had been increased pain on each occasion. At her fourth period the pain was so severe as to cause faintness, and she was in bed for a few days. The fifth period began thirteen days before admission, and the pain was so severe that she was immediately confined to bed, where she had remained ever since. Besides the abdominal pain she had a "shooting pain down the back passage." The pain was continuous, but varied in severity, and was usually worse at night. She vomited twice when the pain commenced (thirteen days ago), but had not done so since. Her bowels had only been opened once since the pain began.

Condition on Admission.—She was a healthy-looking girl of good complexion, but poor muscular development. The secondary sexual characteristics were just developing. She had no pain, and did not appear to be acutely ill. The temperature was 98.4°. Pulse 76, good in volume and force, and respirations 24. The tongue was clean and moist. The abdomen was not distended, was quite soft, and moved on respiration. An oval swelling about the size of a hen's egg

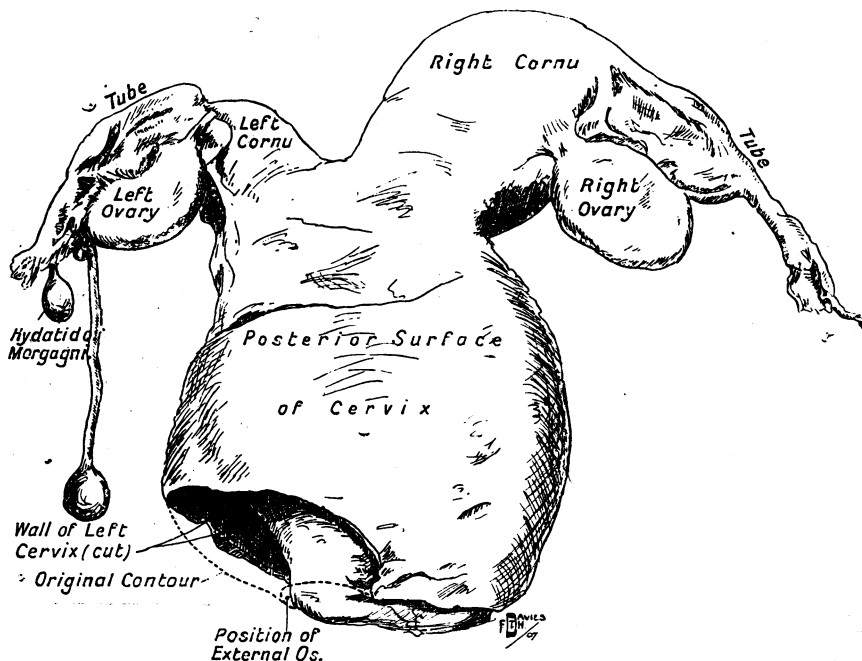
was detected in the right iliac fossa. Its long axis was horizontal, and it was smooth and clearly defined. It could be moved easily about 1 in. up and down, but there was no movement laterally. It was hardly at all tender. On examination by the rectum a smooth rounded mass was found pressing from before backwards, rendering passage of the finger difficult. It was about the size of a cocoanut, and felt like a tense but elastic bag of fluid. It was not particularly tender, could not be felt from the abdomen, but appeared to be continuous with the tumour in the right iliac fossa. The hymen was intact, but perforate, and a large mass could be seen bulging down into the vagina. The vagina was examined under anaesthesia; the cervix uteri was found rather to the left of the middle line and continuous with the tumour, from which the uterus likewise seemed inseparable. The external os was crescentic in shape, the posterior end of the crescent being median in position, and the other end curving outwards and forwards from it. The pelvic and abdominal tumours were felt to be obviously continuous. A diagnosis of unilateral haematometra with right haematosalpinx was made.

Operation.—Laparotomy was undertaken by Dr. Thomas

Wilson, an incision being made from the umbilicus to the pubes and the pelvis explored. There was found to be a uterus bicornis duplex and a right haematometra, owing to absence of an external os in connexion with the right horn. The tumour felt in the right iliac fossa was this right horn distended by its menstrual contents, but there was no haematosalpinx. An attempt was made to remove only this distended horn; but it failed owing to distortion of the parts by the tumour; hence the whole double uterus was removed.

Result.—The patient made an uneventful recovery, and left hospital twenty-one days after the operation.

REMARKS.—The drawing of the specimen here shown, which was made after its removal, shows the condition of the parts. The right horn now, of course, is much smaller relatively than at the time of operation. I desire to thank Mr. Heaton and Dr. Thomas Wilson, under whose care the patient was, for their permission to publish these notes, and to Dr. Davies for kindly making a drawing of the specimen.



LITERARY NOTES.

THE *Progrès Médical* of November 9th is the "numéro des étudiants." It contains detailed information as to the various universities and medical schools of France and its Colonies, hospitals, laboratories, courses of instruction and graduation in medicine.

Francis Thompson, the distinguished poet who has just died, began the study of medicine at Owens College, Manchester, but not finding it to his taste abandoned it for literature. The influence of his medical knowledge is seen in one of his last published works, a booklet entitled *Health and Holiness*, in which he teaches that "modern science and advanced physiology must needs be felt even in the science of spirituality." Men, he adds, begin to suspect that much has been blamed to the body which should justly be laid on the mismanagement of its master.

It is felt that the body has rights; nay, that the neglect of these rights may cause it to take guiltless vengeance on the soul. We may sin against the body in other ways than are catalogued in Liguori; and impoverished blood—who knows?—may mean impoverished morals. The ancients long ago held that love was a derangement of the hepatic functions. "*Torrit jecur, writ jecur*," says Horace with damnable iteration; and Horace ought to know. And now, not many years ago, a distinguished Jesuit director of souls, in his letters to his penitents, has hinted over and over again that spiritual disease may harbour in a like vicinage.

He quotes with approval the same authority as saying that health may be no mean part of holiness. Holiness, he says, energizes. How well he understood the effects of the mind on the body is shown by the following passage:

In our times Science has partially brought into daylight the obscure physiology of the will: we know that the will of one man may heal or quicken the body of another. We call it therapeutic hypnotism; and the long name confers scientific orthodoxy on what was a pestilent heresy. Nor only this: we know, also, the possibility of self-hypnotization; we know that a man's own will can heal or quicken a man's own self. Are not these the days of Mrs. Eddy and "Christian Science" and many another craziness which is the over-seeding of this truth? Solely as a natural matter, by its profound effect on the personality, by its quickening of the will, sanctity (then) would produce a quickening of the body.

Mr. Thompson sums up his doctrine in the statement that the remedy for modern lassitude, for modern weakness of will is Holiness.

The Medical School of Angers has decided to celebrate the centenary of its foundation, which falls this year. In addition to the customary banqueting and oratory, it is proposed to issue a handsome quarto volume containing some forty or fifty portraits, drawings of the school at different periods, and a complete history of the institution from its beginning down to the present time. The Committee appointed to organize the centenary celebrations consists of Drs. Legludic, Tesson père and fils, Thézée, Mareau, Fagot, Monprofit, and Tabuteau.

The Council of the Union Jack Club intends to produce an illustrated book next year, containing articles, stories, poems, and sketches by well-known authors and artists, in order to obtain the necessary funds for building the much-needed extension of the club. The amount required is £10,000. Among the authors who have so far promised literary contributions are Mr. Alfred Austin, Mr. Bennett Burleigh, Sir A. Conan Doyle, Mr. Maurice Hewlett, Mr. W. W. Jacobs, Mr. Rudyard Kipling, Sir Gilbert Parker, Lieutenant-General R. S. S. Baden-Powell, Mr. W. Pett Ridge, Lady Ritchie, Mr. W. Clark Russell, and John Strange Winter. Communications and inquiries should be addressed to Major H. F. Trippel, at Onslow Hall, Richmond, Surrey, who is acting for the Council of the club as honorary editor and manager.

MEDICAL NEWS.

THE next meeting of the Pathological Society of Great Britain and Ireland will be held at the Pathological Laboratories of the Royal Army Medical College, Millbank, S.W., on Friday, January 3rd, at 2 p.m., and will be resumed on the following day at 10 a.m. The members will dine together on the evening of January 3rd.

A CHEMICAL laboratory has recently been established at Tananarivo in Madagascar. Besides purely scientific researches, it is intended for the analysis of foodstuffs and other purposes of practical importance.

A STATUE of the late Professor Tillaux is to be erected within the precincts of the schools of practical anatomy of the University of Paris at Clamart. The statue is from the chisel of the well known sculptor, M. Chaplain.

SURGEON-GENERAL SIR ALFRED KEOGH, K.C.B., Director-General, Army Medical Department, will inspect the Volunteer Ambulance School of Instruction and present the prizes at 8.45 p.m. on Monday, December 9th, at the head quarters of the London Rifle Brigade, 130, Bunhill Row, E.C.

At a meeting of the West Kent Medico-Chirurgical Society at the Miller Hospital, Greenwich, on December 6th, Dr. Risien Russell, in the Purvis Oration, will deal with the Diagnosis between Organic and Functional Affections of the Nervous System. A *conversazione* will afterwards be held.

PROFESSOR JOHN FERGUSON, M.A., LL.D., F.S.A., will preside at a dinner of the Glasgow University Club, London, to be given in the Trocadero Restaurant, Piccadilly Circus, W., on Friday, December 6th, at 7.30 p.m. Applications for tickets should be addressed to the Honorary Secretaries, 63, Harley Street, W.

THE first ordinary meeting of the Fellows of the Royal Society of Medicine will be held at the house of the Society on Tuesday next, at 5.30 p.m. The meeting, which is for the election of candidates, who, we are informed, number upwards of 100, will be mainly formal, but the President, Sir William Church, will probably give a short address.

It has been decided to hold a second Congress of Medical Practitioners at Lille in 1908. The programme of the Congress is virtually that of the former one which met in Paris—namely, the suppression of all higher certificates and of every additional diploma tending to lessen the value of the diploma of doctor; the separation of the Faculties of Medicine from the universities, and the creation of a Superior Council of Medical Teaching. The Congress will also discuss the action to be taken by the profession and the forthcoming legislative elections, with special reference to the demand from candidates of pledges to promote the improvement of practical teaching and other reforms.

THE Infants' Hospital in Vincent Square, Westminster, was formally declared open last week. Its existence is due to Mr. Robert Mond, who built and equipped it as a memorial to his wife and to take the place of the institution established in 1903 at Hampstead in connexion with the Infants' Health Society. The present building has ward accommodation for 50 infants; a lecture-room and research laboratory have also been provided, it being hoped that the hospital will become a centre both for the treatment and study of the conditions in young infants connected with malnutrition.

MR. PAUL SWAIN, F.R.C.S., will preside at the meeting of medical men to be held at the Athenaeum, Plymouth, at 5.30 p.m. on Thursday next, when Sir Alfred Keogh, Director-General A.M.S., will speak on the arrangements for the medical service of the territorial army. The meeting will be followed by a subscription dinner at the Royal Hotel, tickets for which will be 5s. exclusive of wine. It is hoped that there will be a large attendance of members of the profession resident in West Devon and Cornwall. Should any have been overlooked in issuing the circular of invitation, they will nevertheless be heartily welcomed. Applications for dinner tickets should be made to the Honorary Secretary, Dr. A. Bertram Soltan, 1, Lansdown Place, The Hoe, Plymouth.

A LETTER signed by Mr. Harris, Chairman of the London County Council; Mr. Taylor, Chairman of the Education Committee of the same body; and Mr. Jay, of the Subcommittee on Underfed Children, is being circulated asking for support of various associations which make it their duty to provide underfed children in the elementary schools with extra meals. The London County Council has voted a sum for equipment and appliances for these bodies and will insure, through its Children's Care Committees, that in the selection of the children to be assisted, discrimination shall be used. The associations specifically mentioned are the *Referee* Children's Dinner Fund, of which the hon. treasurer is Mrs. Burgwin, 147, Brixton Road, S.W., and the London Schools Dinner Association, of which Lord Kinnaird, 1, Pall Mall East, is hon. treasurer. It is indicated that about £15,000 will be required during the coming winter, and that if voluntary contributions fail it will be necessary to resort to the rates.

paucity of officers, and wondering why on earth doctors, of all people, do not rise to the occasion!—I am, etc.,
November 27th. Y.

THE INHERITANCE OF PULMONARY TUBERCULOSIS.

SIR,—Professor Pearson suggests that we publish the data which form the basis of our assertions. We gladly accept his suggestion. We made three assertions in our first letter, namely:

1. That a correction should be applied to the number of tuberculous offspring of non-tuberculous parents in the table on p. 10 of the memoir under discussion.

2. That it was incorrect to assume that the proportion of tuberculous and non-tuberculous offspring can be obtained from the histories of families in all of which one child at least was tuberculous.

3. That whether the incorrectness of the two assumptions above accounted for the peculiar results or not, it seems impossible to consider the table as even a rough approximation to a random sample of the general population.

One other assertion was made in our second letter, namely:

4. That it was the neglect of the third requisite for the construction of a random sample (as given in his article in your pages on the inheritance of insanity) which had caused Professor Pearson to go so far astray.

We will consider in order some of the data on which the first three assertions were based.

1. The data are to be found on page 9 of the original memoir. We take only the female histories. From these we get the following table:

Offspring.	Parents.	
	Tuberculous.	Non-tuberculous.
Tuberculous	97	499
Non-tuberculous	211	1,625

On page 11 Professor Pearson says that an allowance must be made for those of the 207 (properly 211) who "might or probably would exhibit pulmonary tuberculosis if the family history were completed." We assert that a correction should also be applied to the 509 (properly 499) to allow for those of the 1,625 non-tuberculous offspring who might or probably would exhibit pulmonary tuberculosis. Professor Pearson said no such allowance should be made, as the two numbers 107 (properly 97) and 509 (properly 499) were obtained in different ways. This we showed was not the case, and Professor Pearson now says: "The first row of my table is obtained from considering the parents of tuberculous offspring and not the offspring of non-tuberculous parents. We have, therefore, the complete record," except as regards parents. If the record were "complete," which is not the case, then there would have been no need for a correction to the 107 (properly 97) parents of tuberculous offspring.

2. Professor Pearson admits in his first letter that we were right in questioning the corrections of a certain procedure, but denied that he had followed the course that we condemned. In his last letter he withdraws this denial. This renders it needless to discuss this case any further. As to whether the correction resulting in the ultimate 50 per cent. is right or not we have expressed no opinion; we merely said that Professor Pearson's method of reaching it was wrong.

3. We asserted that the ratio of tuberculous (314) to non-tuberculous (6,346) parents was much too small, and that where the ratio of tuberculous to non-tuberculous parents of tuberculous offspring was 157 to 509 it was highly improbable that the ratio for parents of non-tuberculous offspring should be 157 to 5,837.

As data on which our assertions are based we referred (1) to certain facts contained in two papers, as to the merits of which we expressed no opinion, merely referring to the facts; (2) to United States census returns; (3) to certain unpublished series.

From Burckhardt's paper we extract the following:

250 tuberculous persons had 74 tuberculous parents.

250 non-tuberculous persons had 46 tuberculous parents.

Fischer gives:

59 tuberculous persons had 21 tuberculous parents.

360 non-tuberculous persons had 53 tuberculous parents.

We may add Kuthri quoted by Cornet, *Die Tuberculose*, p. 468:

432 tuberculous persons had 109 tuberculous parents.

108 non-tuberculous persons had 22 tuberculous parents.

Dock and Chadbourne, *Philadelphia Medical Journal*, 1898, II, p. 966:

100 tuberculous persons had 27 tuberculous parents.

100 non-tuberculous persons had 12 tuberculous parents.

Schwartzkopf, *Deut. Arch. f. klin. Med.*, lxxviii, p. 74:

160 tuberculous persons had 57 tuberculous parents.

194 non-tuberculous persons had 39 tuberculous parents.

Two unpublished series of "incomplete" histories. These are strictly random samples, having no connexion with any sanatorium records or histories. As Professor Pearson suggests our "complete series" are as yet very small, and for several reasons we do not desire to publish them at present.

(a) 152 families with both parents dead from known causes.

285 living offspring had 138 tuberculous parents.

347 dead offspring (non-tuberculous) had 172 tuberculous parents.

64 dead offspring (tuberculous) had 62 tuberculous parents.

696

(b) 159 families with both parents dead from known causes.

385 living offspring had 173 tuberculous parents.

483 dead non-tuberculous offspring had 226 tuberculous parents.

103 dead tuberculous offspring had 93 tuberculous parents.

971

We have not worked out the average ages of the surviving children, but some idea of it can be formed from the fact that considerably more than half of all the children are dead. We have the ages of all on record.

One more set of figures: Twelfth U.S. Census, 1900, vol. iii, p. xciv. Proportion of deaths from consumption per 1,000 deaths from known causes:

Conjugal Condition.	15 to 44 Years.		45 to 64 Years.		65 Years and Over.	
	Male.	Female.	Male.	Female.	Male.	Female.
Single	883.6	921.4	99.7	60.2	16.7	18.4
Married	592.2	779.6	327.6	178.6	80.2	41.8
Widowed	326.0	343.7	432.2	358.1	241.8	298.2

Of course allowance has to be made for weighting with offspring, but we do not see how any reasonable assumption as to this weighting could give such figures as are found in the last row of Professor Pearson's random sample.

As to the numerous assertions which Professor Pearson puts into our mouths without any shadow of warrant or excuse; as to the insinuation that he is not prepared to accept our statements as to the nature of our collection of histories, and as to the general tone of his letter, we prefer to say nothing now, as such matters have no bearing on the merits of the controversy.—We are, etc.,

E. G. POPE.

LAWSON BROWN.

Adirondack Cottage Sanitarium, Saranac Lake, N.Y., Nov. 16th.

THE BOOK OF THE SOUTH-WEST.

SIR,—Having had many inquiries regarding the *Book of the South-West*, which was published for the annual meeting of the Association held at Exeter last July, I wish the fact to be known that I am authorized to offer a limited number of copies for sale at 1 guinea each.—I am, etc.

JOHN MILLER,

Honorary Secretary, Printing and Publishing Subcommittee.

14, East Southernhay, Exeter, Nov. 26th.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

The annual meeting of Fellows and members of the Royal College of Surgeons of England was held at the College, Lincoln's Inn Fields, on November 21st, with Mr. Henry Morris, President, in the chair.

ANNUAL REPORT OF COUNCIL.

The President, in a brief speech, laid before the meeting the annual report of the Council for 1907. The report contained a record of the work of the College in its various departments from August 1st, 1906, to August 1st, 1907, and referred amongst other matters to the following subjects:

The Admission of Women as Fellows and Members.

This question, the consideration of which was raised at a meeting of the Council in April, 1906, had again occupied the attention of the Council, and on February 7th, 1907, a petition from the London School of Medicine for Women was received, signed by 380 Fellows of the College, 1,500 members, and 912 persons holding other qualifications. The Council having adopted the following resolution:

That in the opinion of the Council it is desirable that women be admitted to examination for the Diploma of Member,

decided that, before taking a poll of the Fellows and Members upon the question, the Royal College of Physicians should be approached, in order that it might be ascertained whether that College would be willing to admit women to the Conjoint Examinations. Communications upon the subject had accordingly been addressed to the Royal College of Physicians, but their final reply had not at present been received; if it were favourable a vote would be taken of the Fellows and Members of the College, the result of which would largely influence the final decision of the Council.

Direct Representation of Members on the Council.

At their meeting in December, 1906, a letter was received by the Council from the Clerk of the Privy Council forwarding, by direction of the Lord President, a copy of a Memorial from the "Society of Members of the Royal College of Surgeons" to the Prime Minister, and inviting observations thereon.

In reference to the questions raised in this memorial, the Council of the College submitted to the Lord President of the Privy Council certain observations. The memorial stated that by the provisions of the original Charter of 1800, which had never been abrogated, the whole property of the College was vested in the members, the Fellows (as such) having no legal interest in this. The College was, therefore, managed by the Council on behalf of the members, but the latter had no vote in the election of the Council. The observation of the Council on this was that the College was a body corporate with perpetual succession, and that the property was vested in such body corporate and not in the members of the corporation. There was nothing in the Charters to suggest that the resources of the College were to be utilized for the advancement or benefit of members of the body corporate individually or collectively, either in the pursuit of their profession or in any other manner, except in so far as it was to the benefit of the members themselves, as well as of the public, that the science and art of surgery should be promoted and its practice maintained at as high a level as possible. The functions of the College were academic and scientific, and were exercised by the Council for the public welfare, and not as a trust received from the members.

Another statement in the memorial was that the Members did not demand such a representation as they would be entitled to by their mere numbers; they recognized the position of the Fellows created by the Charter of 1843. Their proposals (which had been rejected by the Council) were: (a) That the number of the Council be increased to 32. (b) That 24 of these be elected as hitherto by the Fellows. (c) That the remaining 8 should be Members and be elected by the Members. The observations of the Council on these proposals included the following: That those Members who now sought to effect a change in the Constitution of the College would appear to desire that the Council should deal with social and economic matters concerning the interests of practitioners, with which the College, being only one of many licensing bodies, was not specially concerned. The addition of Members to the Governing body would not, in the opinion of the Council, advance the objects for which the College was founded.

A deputation of members of the Council waited on the Lord President of the Privy Council, and placed before him the views of the Council, which are printed in full in the report, amongst them being the following: "Because, in asking for eight seats on a Council of thirty-two (Clause 9 of Memorial) the Memorialists say: 'The Members do not demand such a representation as they would be entitled to by their mere numbers,' and because, this being a point which they have always put forward, there was every probability that, as in the case of the General Medical Council, their large numbers would be made a reason for agitation from time to time for a larger representation. The experience of the direct representation of the profession on the Medical Council was not encouraging."

In addition to the statement of the views of the Council, the President expressed the opinion that the granting even of one seat only to a Member would yield the present principle of representation. Even one Member "would probably be required to pledge himself to promote within the Council views held by the leaders of the Society of Members." The

introduction of frequent discussions of socio-political subjects would alienate the present class of Councillors, who would in time decline to sit in the Council at all.

Egyptian School of Medicine.

Under the scheme, which will now come into force, candidates who have received the diploma in Medicine and Surgery of the Egyptian Government, after passing the required examinations and completing the curriculum of professional study at Cairo extending over four years, will be admissible to the Final Examination of the Conjoint Examining Board in England on the completion of one year of additional study at a recognized medical school and hospital in the United Kingdom, during which they will have to complete the courses required by the regulations of the Conjoint Board.

London School of Tropical Medicine.

The Royal Colleges had expressed their willingness to appoint assessors to the examinations, conducted by the London School of Tropical Medicine, of students who have followed there or elsewhere a course of instruction approved by the Royal Colleges, and to grant to such candidates as may hold the diplomas of the Royal Colleges, and who are approved by the examiners, certificates endorsed by the aforesaid assessors. The conditions of the appointment of assessors were given, and the appointment of Dr. H. H. Tooth and Mr. A. G. R. Foulerton was announced.

Central Midwives Board.

Mr. J. Ward Cousins, representative on the Central Midwives Board, reported that up to the present time there had been no attempt to amend the Midwives Act so as to provide just payment for medical men who were summoned to assist midwives in cases of difficulty and danger, notwithstanding the strong opinions expressed on the subject by the Royal College of Physicians, the Royal College of Surgeons, the General Medical Council, the Central Midwives Board, and the British Medical Association and its Branches in all parts of the United Kingdom.

Finance.

The gross income of the College for the past year amounted to £24,326, being £1,035 less than the gross income of the previous year. This decrease was brought about by a decline in the receipts from the Conjoint Examining Board. The expenditure of the College for the past year amounted to £22,648 or £382 less than the expenditure of the previous year. The balance of income over expenditure amounted this year to £1,678. That was considerably less than the amount realized last year, and fell short by some £300 of the sum which it had from time to time been suggested should be kept in view as the standard margin of income over expenditure. In this connexion it might, however, be noted that the extraordinary expenditure had been heavy, and that but for that a more favourable result would have been obtained.

The annual report of the Council having been laid before the meeting, Mr. George Brown referred to the paragraph in the report stating that the experience of the direct representation of the profession on the General Medical Council was not encouraging. He thought that was put forward without any reasons to justify it, and he described the distinguished services rendered to the profession by eminent men who had been elected Direct Representatives. He considered the paragraph was a reflection on the whole profession and on the character of the gentlemen chosen to represent the profession. It was a direct attack on a principle recognized by Parliament as just.

Mr. Joseph Smith said the paragraph was opposed to all experience; it was almost bad taste, and it was certainly harsh.

The President expressed a feeling of regret that anything like harshness or bad taste should be attributed to the College of Surgeons. If Mr. Brown and Mr. Smith would read the paragraph a little more carefully they would see that it referred solely to the subject of the finality of the number of members representing the profession.

Mr. Brown said he was glad to know that the paragraph contained no reflection on the work done by the Direct Representatives in the General Medical Council.

The President then answered certain questions propounded by Dr. Vinrace.

Dr. F. W. Collingwood moved, and Mr. H. Elliot-Blake seconded the following resolution, which was carried *nem. con.*:

That the President and Council of the Royal College of Surgeons be asked to use their moral influence with hospital authorities to recognize Members of the College (who are also in almost all cases Licentiate of the Royal College of Physicians) as having equal rights with provincial, Scotch, and Irish graduates to become candidates for hospital appointments.

Mr. Joseph Smith moved the following:

That this twenty-third consecutive annual meeting of Fellows and Members again reaffirms the desirability of admitting Members to direct representation on the Council which as now constituted does not represent the whole Corporation.

He protested against the slur on the leaders of the Society of Members contained in the remarks by Mr. H. Morris to the Lord President of the Privy Council concerning the expediency of admitting Members to the Council. The remark in regard to a Member, if elected to the Council, pledging himself to promote the views of the leaders of the Society of Members was not a true statement. The Members did not desire to turn the College into a socio-political club, for they had the honour of the College at heart. He characterized the remarks of Mr. Henry Morris as absolutely uncalled-for and improper.

Mr. J. Brindley James seconded.

The President objected to Mr. Smith using the term "untrue" in regard to the opinion expressed by him. He considered it was unwarrantable to use such a term concerning an opinion.

Mr. Smith explained that he did not say the President had told an untruth. What he endeavoured to convey was that the leaders of the Society of Members were misrepresented.

The President declared the incident closed, and then proceeded to put Mr. Smith's resolution, which was carried *nem. con.*

Dr. W. G. Dickinson moved the following:

That this meeting regrets that the Council has omitted from their report any reference to the opinion of His Majesty's Government on the question of the representation of Members, and requests the President to supply the omission by communicating the same forthwith.

Mr. C. S. Laurence, in seconding, said the meeting wanted to know whether the Lord President of the Privy Council did or did not advise the Council of the College in a fatherly way that its best course was to apply for a charter based on right lines which would give a fair share of the management of the College to the Members.

In answer to Dr. W. G. Dickinson, the President said that as no official letter from the Privy Council Office, and no note from the Executive of the Society of Members had been received by the Council of the College as to what had taken place at the interview between the Lord President and the deputation of the Society of Members, the Council of the College did not feel called upon to supply any statement as to what occurred when the deputation of the Council was received by the Lord President. The President added that he could not and would not give any "forthwith" statement in reply to Dr. Dickinson's resolution.

Dr. W. G. Dickinson pointed out that the consent of the Lord President of the Privy Council to publish his reply to the deputation from the Society of Members of the Royal College was obtained by writing to the Lord President. (See BRITISH MEDICAL JOURNAL, March 23rd, p. 723.)

The resolution was carried *nem. con.*

The meeting terminated after the following resolutions had been passed:

That this meeting notes with satisfaction that the Council intends to take a poll of the Fellows and Members on the whole question of admitting women to the diplomas of the College, and this meeting further urges that a similar course be taken with regard to the proposal for direct representation of the Members upon the Council.

That this meeting of Fellows and Members of the Royal College of Surgeons wishes the Council to report as to their willingness to join the Royal College of Surgeons and its work with the University of London (so as to form an Imperial University of London), and whether they will approach the Royal College of Physicians for a similar conjunction.

That this meeting requests the Council to add a hood to the gown already worn by Fellows and Members.

EXAMINATIONS.

The following candidates have been approved at the examination indicated:

FIRST FELLOWSHIP.—M. A. Ansari, H. L. Attwater, N. W. Berry, K. J. C. Bradshaw, H. Buck, A. J. Clark, A. J. Crawford, G. V. Deshmukh, A. O. English, H. Fearnley, C. H. S. Frankau, M. D. D. Gilder, G. M. Gray, S. Hoyte, T. Killen, M. M. Kumarasamy, E. C. Lindsay, A. G. H. Lovell, A. A. McConnell,

B. C. Maybury, C. Oldfield, L. C. Panting, W. R. Parkinson, W. L. Pink, A. B. Porteous, E. H. Rainey, A. L. Robinson, J. G. Sauer, C. E. Shattock, R. L. Spittel, C. M. Stewart, T. D. M. Stout, G. G. Taylor, G. H. Usher, P. S. Vickerman, J. M. Weddell, R. P. Wilson, W. Wilson, A. E. M. Woolf.

UNIVERSITY OF OXFORD.

University Lecturer in Pathology.

E. W. A. WALKER, D.M., Fellow and Tutor of University College, has been appointed University Lecturer in Pathology for three years from January 1st, 1908.

Degrees.

The Degrees of B.M., B.Ch., have been conferred on Howard Barclay Billups.

UNIVERSITY OF LONDON.

PROPOSED INSTITUTE OF MEDICAL SCIENCES.

At a meeting of the Senate held on November 20th, the Vice-Chancellor, Sir William Collins, M.D., M.P., being in the chair, a report was received from the Committee specially appointed to advise the Senate on the course to be pursued in regard to the proposed Institute of Medical Sciences. The Committee came to the following conclusions: (a) That, owing to the lack of adequate financial support, the scheme for the establishment of an Institute of Medical Sciences, as set forth in the original appeal, and (in a modified form) in the appeal of June, 1905, has proved abortive. (b) That, apart from the money difficulty, which, in the opinion of the Committee, is of itself fatal, the scheme has also become impracticable for other reasons. The Medical Faculty, which formerly reported in favour of the scheme, has now reported against it. Several of the medical schools have changed their opinions in the same sense, and some of them have made arrangements involving considerable outlay for providing more efficient instruction in preliminary and intermediate medical studies. (c) That, in the above circumstances, the University has no claim to the money which has been already paid by subscribers, or to the fulfilment of promises by subscribers who have not yet paid their subscriptions; and (d) that, in the absence of any special directions in any particular case, all subscriptions already paid ought at once to be returned to the donors (including in that term the executors or legal representatives of deceased donors) without any suggestion as to any possible application of the money to any other purpose.

The Senate resolved to communicate with the donors to the Medical Institute Fund in accordance with these conclusions, informing them that the money paid would be held at their disposal.

We have received the following letter from Sir Arthur Rücker, Principal of the University:

Sir,—I am directed, in view of recent correspondence, to inform you that on April 22nd, 1907, a letter was addressed to the Vice-Chancellor of the University of London by the Treasurer of St. George's Hospital of which the following is the concluding paragraph:

The Board (of Governors of St. George's Hospital) is of opinion that any departure from the settled policy of the University in the matter of the erection of a third centre in the immediate neighbourhood of the Imperial Institute would be a grave breach of the contract entered into between the University and this Hospital, and they feel assured that the Senate will refuse, when all the facts are considered, to countenance any such breach of faith.

This letter was acknowledged, and since that date the Senate has fully considered the whole matter, and has arrived at the conclusions which have already been communicated to the press. These conclusions were forwarded to St. George's Hospital with the statement that, while the Senate regret any inconvenience that may be occasioned to St. George's Hospital Medical School by the decisions at which the Senate have been compelled to arrive, they cannot accept the interpretation of their action as set out in the last paragraph of the letter of April 22nd which was addressed to the Vice-Chancellor. The receipt of this letter has been acknowledged with an expression of regret at the decision arrived at by the Senate.

REPRESENTATION OF THE FACULTY OF MEDICINE.

At the meeting of the Faculty of Medicine on November 21st, Professor Ernest Henry Starling, M.D., B.S., F.R.C.P., F.R.S., was appointed the representative on the Senate for the remainder of the period 1905-9, in the place of Dr. Lauriston E. Shaw, resigned.

EXAMINATIONS.

The following candidates have been approved at the examinations indicated:

M.B., B.S. (HONOURS).—*E. H. C. Gompertz, B.Sc., King's College; T. S. Higgins, B.Sc., University College; J. I. Lawry, London Hospital; Elizabeth H. Lepper, London (Royal Free Hospital) School of Medicine for Women; A. Richardson, University of Leeds; C. O. Stallybrass, University of Liverpool; L. H. Wootton, B.Sc., University College; A. J. M. Wright, University College, Bristol.
M.B., B.S. (PASS).—S. H. C. Air, E. Alban, A. P. Bacha, L. Ball, F. J. F. Barrington, W. R. Bristow, T. E. A. Carr, H. S. Chate, B.Sc., M. Cohen, W. F. Corfield, E. M. Cowell, D. W. Daniels, Eleanor Davies-Colley, E. J. de Verteuil, C. C. A. de Villiers; R. L. E. Downer, K. E. Eckenstein, M. Fawkes, C. H. Fielding, Vera Foley, A. Fothergill, E. C. Hadley, J. Hadwen, B.Sc.,

E. H. R. Harries, C. S. van R. Harwood, H. Hawker, G. M. W. Hodges, E. H. Hugo, D. W. Hume, J. P. Johnson, H. T. Jones, E. H. Kettle, C. Lovell, Eleanor Lowry, Emily M. S. McCredy, H. Nockolds, E. H. B. Oram, B. T. Parsons-Smith, W. Patey, J. G. Phillips, J. Ramsay, S. S. Rendall, R. J. Reynolds, W. Scarisbrick, B.Sc., S. R. Shrigaokar, Marie Simpson, Eliza M. Smith, H. E. R. Stephens, R. Y. Stones, A. A. Straton, R. S. Townsend, A. G. Tresidder, H. S. Vivian, C. G. Welch, Ruth H. Western, H. Whitehead, H. W. Wilson, J. B. F. Wilson.

M.B. B.S. (GROUP I ONLY).—C. A. Basker, Janet M. Fishe, Susie E. Hill, Laura G. Powell, Mona D. Roberts, F. G. Sergeant, T. G. S. Smith, J. J. Suckling, C. F. Walker.

M.B. B.S. (GROUP II ONLY).—G. N. Bartlett, S. J. A. Beale, A. Bernstein, J. W. Bride, H. R. Davies, Clara Eglington, F. P. Fisher, C. T. Hawkins, M. J. Holgate, J. B. Martin, A. M. Pollard, E. W. Squire, H. Stott, A. L. Yates.

B.S. (OLD REGULATIONS).—D. M. Hughes, University College.
* University medal.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following candidates have been admitted to the Fellowship after approved examination:

R. Counihan, R. W. Haslett, D. L. Harding, Captain R.A.M.C., M. G. McElligott, G. A. Walpole

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.

PROFESSIONAL SECRECY.

H. M. writes that a woman whom he has been attending for cardiac disease has died, and he has been asked by an insurance inspector to furnish a report as to the duration of the disease. This he has refused to do without the permission of the husband. He understands that the company will withhold payment until the husband permits this report to be given. He asks what course he ought to follow, as his report is almost certain to be unfavourable to the claimant, and whether he was right in refusing to give the report when asked.

* * Our correspondent should write to the husband, at the same time informing him of the nature of the report and the effect it may have upon his claim; it is desirable to get his written consent. If the husband refuses, no information should be given; if legal proceedings follow, our correspondent may be subpoenaed and compelled to answer questions in the witness-box.

Medico-Legal.

WORKMEN'S COMPENSATION CASES.

Hernia.—Turner v. Lancaster and Co., Tredegar County Court, November 5th. This was a claim for compensation by a workman, who alleged that hernia was due to a strain caused by lifting a lump of coal. Dr. Shea and Dr. Greer, witnesses for the applicant, said the hernia was due to the strain; while Dr. Martin and Mr. Sheen held the contrary view, saying the hernia must have been in existence previously. His Honour Judge Owen, "for reasons satisfactory to himself, which might not be satisfactory to the medical gentlemen," found for the applicant and awarded him 7s. 6d. a week.

Cancer.—Reeves v. Price and Reeves, Southwark County Court, November 4th. The applicant slipped upon a plank and fell upon a man who was using a large spanner. The spanner struck the applicant's jaw. He went to hospital, where he was operated upon, a portion of the jaw being removed. He went back to work on July 29th, but went again to hospital on August 19th, suffering from cancer. After conflicting medical testimony, His Honour Judge Willis held that the cancer resulted from the blow. Award of £1 a week.

Epithelioma.—McCleary v. Graigola Patent Fuel Works, Swansea County Court, November 20th. This was a claim for compensation by disablement for epithelioma. A preliminary objection was taken on the ground that the certifying surgeon had failed to fill in the date of the alleged disablement on his certificate. In the result His Honour Judge Bryn Roberts sent the certificate back to the referee. On a further objection being taken to the report, His Honour adjourned the case for a month, saying that the best thing for the medical referees to do was to adhere most strictly to the rules, in which case no one could upset them.

Neurasthenia.—Adshead v. Beyer, Peacock, and Co., Manchester County Court, November 20th. This was an application by employers to be relieved from paying compensation on the ground that the recipient had recovered. On a former occasion Dr. Judson Berry had reported that although Adshead was unable as yet to follow his employment as a blacksmith he was able to do any work which did not necessitate tight gripping with his left hand. Stiffness in the fingers would go away with working; while his only other complaint, traumatic

hysteria, would disappear after a course of treatment. The employers contended that unless some order to reduce the compensation was made the illness would go on indefinitely. Judge Parry said the man was worrying himself into a neurasthenic condition, that he would never be better until he returned to work. He would continue the present rate of payment of compensation for another eight weeks, but after that he would reduce it or stop it altogether.

NURSE'S CHARGES.

"MATERNITY" wishes to know if a trained nurse, engaged at two guineas a week for a maternity case, is entitled to charge for washing and cab fares to add from her residence, no mention being made of the added charges on engagement.

* * Such charges, we believe, are usual, and not unreasonable.

VALUE OF PARTNERSHIP DEBTS.

NIGER writes objecting to our classifying (BRITISH MEDICAL JOURNAL, November 9th, p. 1378) payments due from permanent appointments in the sale of a practice under the heading of Book Debts. His objections seem to be two: (1) That these appointments were originally purchased as such by the outgoing partner; and (2) that no doubt exists as to the payments in question. These objections do not seem very convincing. In the first case, appointments can no more be sold than patients, and what the purchaser buys is merely the chance of obtaining the one or the other; secondly, the certainty or uncertainty of payment has nothing to do with the meaning of "book debts." Among book debts there will nearly always be payments due from patients fully as secure as those from appointments.

THE MEDICAL REGISTER.

"OVERTAXED" writes that his name was accidentally removed from the *Medical Register*, and in the meanwhile he has been called in to treat a case, and finds that he will have to take legal steps to enforce payment. As a matter of fact he was not on the *Register* at the time he attended this case, but his name has now been restored to the *Register*. Is he entitled to sue for this debt?

* * As our correspondent was not on the *Medical Register* at the time the debt was contracted, it is to be feared that its recovery at law would be barred, if this defence were raised on the other side.

ROYAL NAVY AND ARMY MEDICAL SERVICES

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

ON July 1st the Government of India issued a notification superseding previous notifications with regard to the receipt by medical officers of the 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. The notification laid it down that a medical officer of the Government, before demanding or accepting from any Indian gentleman of the status defined any fee for professional services, must obtain by a confidential application, made through the local administrative medical officer, the permission of the Director-General, Indian Medical Service. The rule was not to apply in the case of fees calculated on the scale of Rs.16 a visit or in certain cases not defined Rs.32, according to recognized custom, unless the total amount thus paid for attendance on a patient or his family in any one month exceeded Rs.160.

It would appear, however, that the Government of India was not satisfied that this rule was sufficiently irritating, and in September issued the following elucidation, which it will be seen again introduces the objectionable principle of consulting the local Government before the case is sent forward to the Director-General, Indian Medical Service, and also imposes upon the Director-General the duty of consulting the Government of India should he differ from the opinion of the local Government:

THE ELUCIDATION.

With the object of further elucidating the intentions of the Government of India in connexion with the revised rules, I am to explain that they have determined:

- (i) That it shall be the duty of the local Administrative Medical Officer to consult the local Government (without disclosing professional details) before forwarding the case to the Director-General, Indian Medical Service, and to communicate the views of the local Government thereon;
- (ii) That the decision of the Director-General, who will consult the Government of India when he differs from the opinion of the local Government, shall be final;
- (iii) That no change shall be made in the definition of the word "fees" laid down in the Home Department letter No. 9, Medical, dated the 19th October, 1894; and 642, 651,

(iv) That the provisions of Paragraph 2 of the Government of India Notification No. 437, dated the 25th July, 1893, shall continue to be enforced.

All this mighty machinery is to be called into play if a civil surgeon or other medical officer earns in the ordinary course of his profession a single fee of over 2 guineas, or in a month a total of over 10 guineas, by attendance on or a visit to any native gentleman of high position residing anywhere in a Native State or in British territory. If the Government had wished or intended to put a stop to private practice altogether it could hardly have taken a surer step. As we have previously stated, action in this matter has already been taken by the British Medical Association, and we trust that the orders as they stand will be considerably modified, if not withdrawn altogether.

The following leading article appeared in the *Pioneer* of October 26th last shows how the action of the Government is regarded by public opinion in India:

We referred some short time back to the plain-spoken, and in our opinion justifiable, criticisms by the Home medical papers of the attitude, or rather the latest variation of attitude adopted by the Government of India on the old question of the fees to be accepted by medical officers in the service of Government for professional attendance on Ruling Chiefs and Indian gentlemen. The strong condemnation of the Government's policy in this matter expressed in those criticisms were from the standpoint of the medical profession. But on the Indian and political side the dissent and dissatisfaction are not less emphatic. There are few things an Indian prince or gentleman resents so much as interference with his private concerns, more especially in the case of matters wherein his *izzat* is at stake, and for the Financial Department or the Political Officer to step in and dictate to him and say what fee he is to pay to the doctor who has attended him or his family and done him service, or it may be saved a life, he regards as a rankling affront to himself. We are not at all disposed to quarrel with his sentiments, but whether these are to be taken as reasonable or supersensitive is not the point on which to lay stress. The main consideration is that these petty interferences to secure a small end at the price of a great deal of irritation, and occasionally at the cost of mortifying an important personage are not worth while. The aim of the Financial Department is doubtless laudable, but it neglects to observe a just discrimination. It may be an excellent thing to prevent extortion and overcharging, but it is not a wise thing to attain that desirable end by regulations casting a slur on an honourable profession on one side, and putting feelings of irritation into the hearts of Indian gentlemen on the other hand. It is the old blunder of over-caution and over-suspicion which has led to officers in the public service being roped and bound by a system of check and counter-check, of registering and returns in triplicate which may no doubt be effective to prevent extravagance and laxity, but at the same time have made the *daftar* work of the departments a hindrance to efficiency and a political evil. Especially invidious it is that this spirit should be manifested towards the officers of the Indian Medical Service, who do more purely gratuitous work for the people than all the rest of the Government services put together.

We may add for the information of readers not acquainted with the Indian vernacular that *izzat* signifies dignity, honour, or prestige, and *daftar* means office. In a further article published on November 2nd, the *Pioneer* has the following additional comments:

It is absurd to suggest that Ruling Chiefs and Indian gentlemen generally are incapable of protecting their own interests in this matter; as we have already pointed out, the new regulations are likely to be quite as much resented by those for whose benefit they are supposed to be made as by the members of the medical services. The loss of legitimate emoluments involved in the regulations may be serious in some cases, but the services as a whole feel much more acutely the stigma cast upon an honourable profession by the implication that its members cannot be trusted to demand reasonable fees. Even if cases of exorbitant charges have occurred in the past they must be very rare, and they can always be dealt with departmentally. The record of the medical services in India is one of which any body of men may well feel proud; no class of men do more gratuitous work for the people, and none are more ready to sacrifice themselves at the call of duty. Quite recently two distinguished members of the Indian Medical Service lost their lives from blood-poisoning contracted while operating on the poor in hospital, and there are many whose lives have been endangered and whose constitutions have been shattered by sickness incurred in the execution of their hospital duties. It is men of this stamp who are to be treated "as if they were potential extortioners." Is it surprising that the whole service keenly resents the new regulations?

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES

FEE FOR AMPUTATIONS ON PAUPERS IN COTTAGE HOSPITALS

INQUIRER asks whether he can claim a fee for amputating the leg of the son (aged 8) of a pauper, who was removed to the cottage hospital for the operation.

. We assume that "Inquirer" is a district poor-law medical officer and that the patient in question was placed under his medical care as an undoubted pauper; if these assumptions are correct our correspondent would appear to be entitled to a fee for amputation; but even then only if the Poor-law regulations in reference to operations were strictly adhered to, namely, that he can furnish a certificate from a registered practitioner that the operation was neces-

sary; that it was performed in his own Poor-law medical district, and further that the usual regular reports of the case were made to the guardians in the same way as they would have been made had the patient been under treatment at home in his father's house. Should it so happen that the cottage hospital in which the operation was performed was not in the medical officer's own Poor-law district he can have no legal claim on the guardians for any fee, as under no ordinary circumstances can a Poor-law medical officer claim remuneration from the guardians for medical attendance on paupers out of his district.

OBITUARY.

ROBERT JOHN PATON, M.D. EDIN.,

HONORARY SURGEON, NEWPORT AND MONMOUTHSHIRE HOSPITAL.

THE death of Dr. Robert John Paton on November 16th has left a big gap in the medical world of Newport and South Wales, and is the cause of great regret amongst all classes of society. His death was due to one of those accidents to which medical men as a body, and surgeons in particular, are specially prone; and in its occurrence at the age of 45, when he was still in the prime of life and at the height of his professional success, there is an element of tragedy. While operating on a case of appendicitis in the early part of October he pricked his finger with a safety pin, and when assuring himself as a last step in the proceedings of the right position of a drainage tube, he is believed to have inoculated himself with septic matter. Symptoms of blood poisoning soon set in, and for the following five weeks he made a hard fight for his life, but finally succumbed.

Dr. Paton was of Scottish origin, and a descendant of a long line of Covenanters, but was born at Mhow, India, in 1862, his father, the Rev. J. Paton, D.D., being at the time chaplain to the old 72nd Highlanders, now the 1st Battalion of the Seaforth's. Later on the family settled at Dumfries, and it was in the high school of that town that he received his general education. His professional studies were carried on in the medical school of the University of Edinburgh, where in 1886 he received the degrees of M.B., C.M., and in the same year the diplomas of the Scottish Royal Colleges and of the Faculty of Physicians and Surgeons of Glasgow. The M.D. of his university he received in 1899. His connexion with Newport began about sixteen years ago; previously he had been a resident medical officer at the Orichton Royal Institution near Dumfries. In Newport he bought the practice of the late Dr. Pratt, and a year or two later was selected for appointment to the staff of the Newport and Monmouthshire Hospital, and at different times to a good many other posts in the locality. He acted as deputy both to the late and the present medical officer of health, and at the time of his death was medical officer of one of the districts of the Newport Union, and Lecturer on Midwifery to the South Wales Training Centre for Midwives. In ambulance work he likewise took an active interest, having as pupils the railway employees and the ambulance corps of the volunteer battalions of the South Wales Borderers, in which he held a commission as Captain. In his work at the hospital he took a particularly keen interest, and enjoyed an excellent reputation as an operating surgeon. He leaves a widow and one child—a daughter by his first wife.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Henri Lucien Folet, Dean and Professor of Clinical Surgery in the Medical Faculty of Lille, Corresponding Member of the Académie de Médecine, and author of numerous contributions to medical literature; Dr. Sievetz, formerly Professor of Therapeutics in the University of Warsaw; Professor Barbosa du Bocage, Physician to the Hospital de S. José, Emeritus Professor of Zoology in the Polytechnic School of Lisbon, and Member of the State Council of Portugal; Dr. Hache, Professor of Histology in the Medical School of Rheims; Dr. W. Nieberding, Professor of Gynaecology in the University of Würzburg; and Dr. Etienne Clement, Professor of Hygiene and Forensic Medicine in the University of Lyons, and author of many contributions to medical literature, aged 64.