

swelling of the abdomen. At the present day, however, the calcium salts are passed lightly over by most writers on tuberculosis. Thus in Osler and McCrae's *System of Medicine* I find, "On account of the demineralization in pulmonary tuberculosis lime salts are of value, but exert no specific action." Other authors make similar remarks, but no attention is paid to Nature's wholesale and prolonged administration as seen in lime workers.

M. Paul Ferrier, however, read a paper last year on his treatment of tuberculous patients by, so to speak, calcifying them. The administration of calcium was a prominent feature of his treatment. For this he gave many excellent reasons, and had good results to show. In the discussion following the paper, M. Rénon gave his experience of a district where lime works had recently developed. He said tuberculosis was quite absent among the lime workers, except the very alcoholic, and it had decreased among the other people living in the neighbourhood.

In Dr. Greenhow's classical papers on *post-mortem* lungs no place is found for the lung of the inhaler of lime dust. In books and papers dealing with dangerous trades no evil is attributed to the inhalation and swallowing of lime dust. It is believed that the portion inhaled is dissolved by the carbonic acid in the lungs and absorbed. That calcium salts are absorbed with great difficulty and in small quantity from the stomach and intestine need not necessarily trouble us if we remember the large quantity of iron administered for chlorosis and the small quantity really absorbed. The calcium in the intestinal canal at least prevents fermentation. Also it has been recently shown that carbon particles can pass through the intestinal epithelium and be carried to the lungs. May not lime dust also be carried through the body in like manner? Do the bodies of these lime workers then become, so to speak, saturated with lime salts? Cushny says that when quantities of lime are thrown into the blood by intravenous or hypodermic injection, the calcium of the blood remains abnormally high for some time, but all the calcium thus injected is not in the circulation throughout its stay in the body. Some of it is temporarily deposited in some unknown organ, and is gradually withdrawn and excreted after the first excess is eliminated. From this it would appear that the continued absorption of calcium from the lungs and intestine might maintain an abnormally high percentage of it in the blood. Does this occur in the lime worker, and is it preventive of tuberculosis in him? Or is his freedom due to the external lime dust being unfavourable to the life and growth of the bacillus outside the body?

It somewhat bears upon the subject that, while in towns supplied with hard water the death-rate is 16.5, in those supplied with soft water it is 19.2. That, however, only suggests inquiry as to whether the hardness of the water has any connexion with the lesser mortality.

It seems curious to suggest an atmosphere of dust for the treatment of tuberculosis; it would have been as curious some generations ago to have suggested fresh air.

At the least have we not in this lime and cement working an occupation which we may recommend to the working man predisposed to tuberculosis or already in the early stages of it? Or could a lime works be organized as a curative tuberculosis colony?

There are, for instance, many lime works near Edinburgh where observations might be instituted, and, if evidence justified it, these could be related to the present tuberculosis organization. Some of these lime works, I may say, are likely to be increasingly busy with the development of Rosyth. I am told a rapid increase of weight is commonly observed in new workers at the Warren Cement Works at Hartlepool; observations on this and other points could be carried out with reference to the lime workers round Edinburgh.

DR. WILLIAM J. BUTLER recently inquired into the history of 39 consecutive cases of chorea in children presenting themselves at the Cook County Hospital, Chicago, with the following results (*Pediatrics*, vol. xx, No. 10, p. 613): In 71 per cent. of the cases a history of tonsillitis, and in 61 per cent. of rheumatism, was obtainable, and in 28 per cent. endocarditis was present. With few exceptions, a close relationship in point of time was evident between the attacks of tonsillitis and rheumatism and chorea.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ENCEPHALOCELE.

On September 16th, 1908, I was called in consultation to see a case of "placenta praevia." The patient was 23 years of age and eight months advanced in her first pregnancy. On vaginal examination a soft boggy mass presented, which at first certainly suggested placenta, but on passing the finger round and above the mass some cranial bones could be felt. One next thought of the unruptured membranes, as in Dr. Walker's case of hydrocephaly, mentioned in the BRITISH MEDICAL JOURNAL of September 26th, 1908, though the feel was not that of a fluid sac, and the next pain negatived this theory. I now concluded that the case was one of anencephaly, and, as at this stage the patient was seized with convulsions, chloroform was administered, and I delivered with forceps. The product was apparently an anencephalic fetus, though further examination showed that the condition was really a huge encephalocele, the brain and membranes protruding, owing to complete absence of the occipital bone. My colleague, Dr. Fred. Stoker, dissected the specimen (which had been viable up to a few days of birth), and he found, in addition to absence of occiput, that the laminae and spines of all the cervical vertebrae were absent. Two-thirds of the liver, together with the gall bladder, were displaced into the umbilical cord; the caecum was undescended; the urachus was patent; the thymus gland was abnormally developed; the metacarpo-phalangeal joints were absent, the thumbs being merely attached by a strip of skin; there was no flexion of knee or elbow joints, but marked hyperextension. The encephalocele measured 6 in. by 3 in., and it contained cerebrum and cerebellum.

Inquiry elicited nothing which could bear on the etiology of the condition. There had been no fright, shock, or "maternal impression" of any kind, nor any family history of abnormality of development. The patient made an uninterrupted recovery.

Accrington.

ALAN Y. GREENWOOD, M.D. Edin.

I WAS recently sent for to attend Mrs. C., aged 48, in her seventh confinement. The pains had commenced about 10.15 p.m., and the child (a fully-developed female, weighing about 7 lb.) was born at 11.45 p.m. On my arrival at 12.30 a.m., I was informed by the nurse that the baby had "two heads." Upon examination of the supposed second head, I found it to be a large sessile, opaque tumour, occupying the occipital region; no fluctuation was present, but faint pulsation could be felt; the skin covering it was rather thin, bluish, and covered with hair (continuous with that of the scalp) for about one-fourth of its extent. The circumference of the tumour was 14 in., that of the head 12½ in. The child was very cyanotic and died on the fourth day. Both parents are perfectly healthy.

This case is of interest mainly on account of the rarity of congenital encephalocele, and also because of the short period (one and a half hours) which intervened between the onset of pains and the birth of the child, which was uneventful.

London, S.W. S. R. MERRY, L.M.S.S.A.Lond.,  
Late Senior Medical Officer, Derby County Asylum.

#### INFECTIVE WARTS.

THE note by Dr. Walker on this subject in the JOURNAL for October 10th recalls to my mind the occurrence of warts in several members of a family under circumstances which strongly support the theory of their infective nature. The family in question had in their house for some months a maid who suffered from numerous warts on the hands and arms. Shortly afterwards it was noticed that the children, three in number, had all developed warts on the hands, which were attributed to infection from the maid. The youngest member of the family, a boy of 5 years of age, developed warts on the adjacent sides of two fingers one after the other, and in such exact apposition to one another as to suggest infection by contact, a conclusion which is still further confirmed by the additional observation that now this boy, who has a persistent habit of biting

these fingers, has developed two fresh warts on the upper lip, and one inside the mouth on the anterior surface of the gum.

Glasgow.

JOHN MORTON, M.B., C.M.

#### A CASE OF LYSOL POISONING.

Not being specially interested in toxicology, I may be in error, but I am given to understand that poisoning by lysol is somewhat uncommon. The following case may be of interest:

On October 5th I was summoned by a panic-stricken wife to come to her husband, who had swallowed what was afterwards ascertained to be about 3 oz. of lysol some ten minutes previously. The house being near, I was quickly on the spot, and found a well-built young fellow lying on the kitchen floor, unconscious, with livid lips, stertorous breathing, insensitive conjunctivae, and full bounding pulse. He had been drinking of late, and had returned home on his cycle shortly before the occurrence. A stomach tube was passed and the stomach washed out with tepid water about a dozen times. The contents contained remains of his dinner and smelt strongly of lysol. Just as the conjunctival reflex returned the patient sickened and his breathing became hurried. After some further lavage the tube was withdrawn. Under external stimuli, power of movement and consciousness gradually returned. He resisted vigorously when being transferred to hospital for safety. I learned that he was well enough to be allowed out by the following day, but was detained longer.

I am indebted to Dr. Arthur Innes of this city for invaluable assistance with the case.

Glasgow.

LEWIS McMILLAN.

## Reports

ON

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

#### DAVID LEWIS NORTHERN HOSPITAL, LIVERPOOL.

##### CASE OF ACUTE DILATATION OF THE CAECUM: OPERATION: RECOVERY.

(By GEO. C. BARNES, M.B., Ch.B., M.R.C.S., L.R.C.P., late Senior Resident Surgeon.)

P. B., a strong well-grown lad of 15, was sent in with a diagnosis of appendicitis on August 11th, 1907. The illness had commenced two days previously with an attack of "cramp in the stomach," most felt on the right side, accompanied by vomiting and constipation. Ordinary palliative treatment had been adopted. He had never been ill before.

##### Condition on Admission.

The patient was extremely ill: temperature, 99.5°; pulse, 100. There was considerable general distension of the abdomen, respiratory movement much diminished, and marked thoracic breathing. There was decided tenderness over the right half of the abdomen; the whole of it was resonant on percussion, the area of hepatic dullness being encroached upon. There was no appearance of hernia; vomiting continued, but was not faecal; the general condition was grave, and interference obviously called for. Moderate enemas were returned without relief.

##### First Operation.

Mr. R. W. Murray operated immediately. When the patient was under the anaesthetic a large tumour was obvious, occupying the lower and right half of the abdomen. An incision was made as for appendicitis, but when the peritoneum was incised an enormous cyst-like swelling presented itself, which further investigation proved to be a greatly distended caecum. There was no free fluid in the peritoneal cavity, nor was there any evidence of appendicitis. The examination of the abdomen was being conducted in the gentlest possible manner, when the attenuated viscous suddenly burst, the breach most fortunately placing itself directly in the middle

of the incision, and a large volume of gas escaped. Means being taken to prevent soiling the peritoneum, a quantity of very offensive fluid faecal matter was evacuated. At this point the general condition of the patient rendered it imperative to conclude the proceedings as rapidly as possible; a large Paul's tube with rubber attachment was hastily tied into the hole in the caecum, and the incision partly closed in the usual manner with no peritoneal drain; the patient was hurried back to the ward without the cause of the trouble having been definitely made out. The duration of the anaesthesia was about twenty-five minutes. Had the incision been made in the middle line of the abdomen, there is little doubt that the general cavity must have been extensively soiled when the caecum burst.

Recovery was immediate; all the symptoms disappeared at once; the general condition was ideal; the tube drained freely, separating on the fifth day, leaving, of course, the anticipated fistula. There was no evacuation through the colon.

##### Second Operation.

Further proceedings had now to be considered. It was found that large enemas per rectum escaped absolutely freely through the fistula, and the question had to be answered whether to be content with closing the fistula, or to investigate further as to the cause of the original trouble. There was obviously now no obstruction below the caecum. The former alternative, being adjudged the better for the patient, was adopted, and though it left in uncertainty as to the cause of the trouble, it appears to have been abundantly justified. The fistula was closed in the usual manner on September 24th, the abdominal wall being repaired at the same time, a small drain being left in the upper extremity of the wound. Recovery was again uninterrupted, beyond a slight degree of suppuration in the neighbourhood of the drain, which presently cleared up. The patient was discharged cured on October 28th.

##### After-History.

Six months later he returned with a small right oblique inguinal hernia, which was of the common type, and was successfully treated by operation for radical cure. When seen in September, 1908, he was perfectly well.

##### REMARKS.

The conservative means adopted left only speculation to solve the etiology of this interesting case. The ordinary causes of obstruction were every one absent. Volvulus seems to be excluded by the position of the caecum in its proper quarter of the abdomen; at any rate, if present in the colon below the caecum, it must have readjusted itself subsequently; nothing was observed to suggest it definitely. Instances of acute dilatation of the caecum occurring in the course of cases of obstruction in the colon are on record,<sup>1</sup> and I have seen such an occurrence (in a case of malignant stricture of the sigmoid flexure) followed by rupture of the caecum, and death in three hours, while the patient was awaiting colotomy. "Torsion of the ascending colon" has given rise to such dilatation,<sup>2</sup> but it was not present here. Hernia of the caecum has been suggested, but there was no hernia in this case at the time. Such conditions as impacted foreign body, pouches, slits, bands and the like, would appear to be disposed of by the subsequent history.

Volvulus of the caecum itself, which was absent in this case, is extensively dealt with by Corner and Sargent.<sup>3</sup> The actual twists observed seem for the most part to have been in the ascending colon, and displacement of the caecum to have formed a conspicuous feature of the cases.

<sup>1</sup> *Lancet*, August 4th, 1906, fo. 297.

<sup>2</sup> *BRITISH MEDICAL JOURNAL*, February 22nd, 1902, fo. 482; *ibid.* January 10th, 1903, fo. 75.

<sup>3</sup> *Annals of Surgery*, 1905, fo. 63.

ST. BARTHOLOMEW'S HOSPITAL has received a sum of £400 under the will of the late Mr. William Nesbitt of St. James's Square; sums of £250 each going to Charing Cross, Guy's, St. Thomas's, and the London Hospital.

THE eighth International Congress of Hydrology, Climatology, and Treatment by Physical Agents will be held at Algiers, April 4th to 10th, 1909. The Congress will be under the patronage of M. Jonnart, Governor-General of Algeria.

anxiety and sorrow and bereavement, and periods of intense terror, owing to its frightful mortality; but through the efforts of vaccinators, according to the latest official returns, in 1905 the scourge only succeeded in picking out four human beings for destruction out of every million living in this country. This magnificent result was due entirely to vaccination. He had no patience with the twaddle talked about the part that sanitation had played in diminishing the prevalence of small-pox. Sanitation had done splendid work, and had been an inestimable boon; but the finest sanitation would not make a man proof against a sufficient dose of strychnine, nor would the highest hygienic conditions make a man secure against a sufficient dose of the virulent poison of small-pox. There was one protection only against small-pox, and that was vaccination. The diminished mortality from small-pox came long before any sanitary reform was instituted in this country. Dr. Monckton Copeman was the first to draw attention to the important fact that sanitary improvements must be studied with a view to particular diseases. Drainage had abolished ague, but it had not reduced the mortality from measles. The exclusion of faecal matter from water and milk and food might reduce the mortality from typhoid fever, but not from whooping-cough. Even isolation of small-pox was no good unless a cordon of vaccinated persons was used with it. All rational persons who were capable of appreciating evidence would avail themselves of vaccination for themselves and their families. On a broad view it might seem that it was for the good ultimately of the human race that those persons who, by mental defect or by blind prejudice, were incapable of availing themselves of vaccination in the struggle for existence should be weeded out, and therefore it might be that vaccination and small-pox were working together for the survival of the fittest. People heard much about the cost of vaccination in these days, but it was an exceedingly economical process, and was really a system of life insurance of incalculable value, because a pandemic of small-pox in these days, with a population unprotected by vaccination, would mean irretrievable and hopeless ruin to the country. He hoped there would be a plentiful circulation of literature upon the subject; leaflets should be scattered broadcast, showing the fallacies, the falsehoods, the fads, and the follies of those who opposed vaccination. These were four "f's," and they summed up the whole question of the antivaccination group in this country. Referring to Dr. Drury, the President, he said he pitied any antivaccinator that fell into his hands, for he was sure he would not escape without several distinct scars, and he was certain the interests of the Association were safe in his hands.

Dr. S. MONCKTON COPEMAN, in responding to the toast, said that he was glad to hear from the remarks of the President and others that the association was taking a more militant attitude towards the antivaccinators. It was necessary to make a distinction between active and passive immunity. He thought it quite improbable that mere policing or sanitation would be useful in stopping any given outbreak of small-pox.

Mr. SMITH WHITAKER also responded, and referred to the functions both of public vaccinators and of the profession generally towards the community in relation to vaccination. It was the province of the medical profession as a body of scientific men, and as the expert advisers of the Government, to give their opinion upon the scientific question of the efficiency of vaccination, but it was for the politician to decide what should be the political means for making vaccination effective. There was another aspect. It was proper that the British Medical Association, as representing the profession, and the Public Vaccinators' Association, should see that the labourer got the hire of which he was worthy. He was glad to hear it testified that evening that the British Medical Association had done its best to support the public vaccinators in that matter.

Dr. J. C. BRADSHAW (Liverpool) proposed the toast of "The President." After referring to the splendid services of the ex-President, he mentioned that a year ago, at Leeds, when Dr. Greenwood's resignation was received, he (the speaker) at once remarked that Dr. Drury was the only man for the post. The Association could not have made a better choice, and a more enthusiastic member of the Association never existed.

The PRESIDENT briefly thanked those present for their kind reception of the toast. During the year he had a good deal of chaffing and chafing, many hard knocks, and many abusive things said of him. He had begun to regard these things as of good omen. He paid a high tribute to Dr. Bond of Gloucester for his yeoman service for vaccination, and regretted to find that he now felt himself unable to continue that kind of work—not that his inclination had diminished one whit. The Association of Public Vaccinators would be prepared to make provision for the continuance of Dr. Bond's excellent work. He called upon them to drink most heartily to the health of the officers of the Association.

Mr. CHARLES GREENWOOD, the Organizing Secretary, responded.

A most enjoyable programme of songs and recitation was given by Miss Ivy St. Hellier, Dr. J. C. Bates, and Mr. Stewart Gardner, and the proceedings terminated by the singing of the National Anthem.

## Medical News.

SIR R. DOUGLAS POWELL will deliver a lecture on angina pectoris at the Brompton Hospital for Consumption and Diseases of the Chest, on Wednesday next, at 4 p.m.

MR. SOMERVILLE HASTINGS, F.R.C.S., MR. J. C. MOTTRAM, M.B., and MR. BRYDEN GLENDINNING, M.B., B.Sc., have been appointed to the "Salters' Company," the "Richard Hollins," and the "Walter Emden" Scholarships respectively in the Cancer Research Laboratories at the Middlesex Hospital.

THE opening meeting of the 155th session of the Royal Society of Arts will be held on November 18th. Among the papers to be read before Christmas are: Kinematography in Natural Colours, by Mr. G. A. Smith, F.R.A.S., and Mr. C. Urban, F.Z.S. (December 9th); and on London Milk Supply from a Farmer's Point of View, by Mr. Primrose McConnell, B.Sc. (December 16th).

THE annual dinner of the medical staff and students of the Central London Throat and Ear Hospital was held at the Trocadero Restaurant on October 16th, Dr. Dundas Grant in the chair. The principal guests were Dr. John Macintyre, of Glasgow, who delivered the inaugural address at the beginning of the winter course of lectures, Dr. Otto Freer, of Chicago, and many members of the staffs of all the throat and ear hospitals in London.

THE Glasgow University Club for Manchester and District will hold its third annual dinner at the Midland Hotel, Manchester, on Wednesday, December 2nd, when the principal guests of the evening will be: Principal Sir Donald MacAlister, K.C.B., Miss Galloway (Queen Margaret College), and Professors Gemmell, Ferguson, and Freeland Fergus. Further particulars can be obtained from the Secretary, Dr. D. Richmond, 176, Drake Street, Rochdale, who will be glad to receive the name and address of any graduate in the district who may not have received a notice by post.

THE Board of Agriculture has issued a number of new leaflets. One of these, replacing an older one, entitled *Liver Disease in Poultry*, deals with *Tuberculosis in Poultry* (No. 78). In this it is pointed out that tuberculosis is one of the most common diseases of fowls, turkeys, pheasants, and other birds, and a frequent cause of loss to poultry owners in some parts of the country; that the disease, though spoken of as "liver disease," is only one of several liver diseases occurring in fowls; and that it is due to a variety of the bacillus of mammalian tuberculosis. Fowls are infected by taking food fouled by droppings of infected birds. The means of stamping out the disease are described. Other leaflets deal with grain weevils (No. 206), the apple seed fly (No. 205), gooseberry black-knot (No. 213), and with the Small Holdings Act (Nos. 215 and 216). Copies of the leaflets can be obtained free on application to the Secretary of the Board, 4, Whitehall Place, S.W.

MEDICAL MAYORS.—Among the mayors who took up office on November 9th are the following members of the medical profession: Mrs. E. Garrett Anderson, M.D. (Aldeburgh), Dr. E. George Barnes (Eye), Dr. W. A. Dingle (Finsbury), Dr. W. E. St. L. Finny (Kingston-on-Thames), Dr. J. P. Francis (Brecon), re-elected; Dr. T. O. Jones (Ruthin), Dr. Charles Lakin (Leicester), Dr. C. G. MacLagan (Berwick-on-Tweed), Dr. M. J. Morgan (Conway), Dr. R. D. Thomas (Welshpool), and Dr. J. R. Skinner (Winchelsea).

very existence is a perpetual menace to the public health, especially of the inhabitants of large cities.—I am, etc.,  
H. E. ANNETT,

Professor of Comparative Pathology, University of Liverpool.  
Liverpool, Nov. 4th.

#### THE MUNICIPALIZATION OF MEDICINE.

SIR,—With reference to the suggestion made by Dr. Sidney Davies to the Woolwich Borough Council that the medical work at present performed by the Poor Law should be transferred to the medical officers of health, it seems necessary to point out to Dr. Davies and others, who have made similar suggestions, that the public medical service which many of us hope to see established in the future will be far too important a service to be so controlled. First, the unit of administration for medical purposes should be the county and not the borough. Secondly, the public medical service will include the administration of the Poor Law infirmaries, fever hospitals, lunatic asylums, epileptic and inebriate colonies, convalescent homes and similar institutions, and the treatment of the patients therein; the medical work performed by the Poor Law district medical officers; the arrangements for the clinical instruction of students and the training of nurses in the infirmaries, fever hospitals, and asylums; the provision of laboratories for pathological and research work in connexion with these institutions, and the work at present performed by the medical officer of health and his staff. It is obvious that, even if it were desirable for purposes of co-ordination to have one head for the direction of this mass of activities, the medical officer of health would have no special claim to such a post nor special knowledge fitting him for it. His appointment would indeed be detrimental to the interests of the service because it would lead the best and most ambitious members to specialize in public health as being the branch of the service leading to the highest preferment. The object should rather be to make all branches equally attractive, so as to ensure that each branch of the service should be equally well manned. In all probability the best arrangement for the control of the service would be a committee consisting of the senior member of each branch of the service, but if one head should be considered desirable, preference should be given to general administrative ability and knowledge rather than to specialism in public health or any other branch of medical work.—I am, etc.,

London, W., Nov. 7th.

C. T. PARSONS.

#### SCOPOLAMINE-MORPHINE IN NATURAL LABOUR.

SIR,—I was brought up on atropine and morphine; but if "F. M." will consider the pharmacology of atropine and scopolamine, he will see that, though analogous, they are not identical, and the cerebral effects of atropine would not serve the purpose of the obstetrician.—I am, etc.,

Dundee, Nov. 3rd.

R. C. BUIST.

#### CEREBRO-SPINAL MENINGITIS.

SIR,—In your issue of the 31st ultimo, on page 1390, where you review the recent work on cerebro-spinal meningitis, you refer to the possible benefits derived from the intraspinal treatment "advocated by McKenzie." In all the communications on this subject Dr. Martin's name has been associated with mine, and I consider it unfortunate, if there is to be any credit given for this work and its results, that Dr. Martin's name should have been omitted in the reference.—I am, etc.,

IVY MCKENZIE.

The Pathological Laboratory, Glasgow University, Nov. 1st.

#### SIR JONATHAN HUTCHINSON.

SIR,—Has not the time arrived for the members of the medical profession to show in some tangible form their appreciation of the valuable services rendered to medicine and surgery by Sir Jonathan Hutchinson?

I am convinced that if a representative committee be formed, and a fund opened, nearly every practitioner would be only too pleased to subscribe to some lasting tribute of his great work.—I am, etc.,

London, W., Nov. 9th. G. A. GARRY SIMPSON, M.R.C.S.

## Universities and Colleges.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

##### ANNUAL REPORT OF COUNCIL.

THE annual report of the Council of the College, which will be laid before the annual meeting of Fellows and Members on November 19th, records the work of the college from August 1st, 1907, to August 1st, 1908, and deals with various subjects, amongst them being the following:

##### *Eligibility of Members for Hospital Appointments.*

In compliance with Resolution No. I of the last annual meeting of Fellows and Members asking the council to use their moral influence with hospital authorities to recognize Members of the College as having equal rights with provincial, Scottish, and Irish graduates to become candidates for hospital appointments, the following memorandum adopted by the council on February 13th, 1908, has been circulated to the boards of management of the several hospitals in England and Wales:

Attention having been called to a regulation in force at some hospitals, under which the ordinary pass degree of any British University is accepted as qualifying for appointments on the staff, whereas the diplomas of M.R.C.S.Eng., and L.R.C.P.Lond. are not so accepted, the Council of the Royal College of Surgeons of England desire to point out the injustice of this regulation to diplomas of the two Royal Colleges. In the first place the council would call attention to the fact that, since the introduction of five years' curriculum, the course of professional study required at the Universities has not been longer than that required by the colleges. Moreover, statistics recently compiled by a committee of the General Medical Council show that the average course of study in England is longer than that in Scotland or Ireland, and the inference is drawn by the committee that this difference is due to the regulation of the Royal Colleges in England which guarantees for the subjects of the final examination an uninterrupted period of study of two years from the date of the completion of the intermediate examination. With regard to the standard of examination, the Council maintain that the examinations in professional subjects, which candidates for the diplomas of the Royal Colleges in England are required to pass, are not less exacting than those required for the pass degrees of most universities. In support of this contention, the Council would point to the marked success of the diplomas of the Royal Colleges in England at the examinations for the Royal Navy Medical Service, the Royal Army Medical Corps, and the Indian Medical Service. The Council believe that in many cases the regulation in question was made at a time when there were not more than four universities in England, and when the conditions for obtaining the degrees of those universities were in some respects more exacting than those imposed upon candidates for the diplomas of the two Royal Colleges; but, having regard to existing conditions, they are of opinion that, in all cases in which those holding only the pass degree of a university are accepted as eligible for staff appointments, the same privileges should be accorded to those who hold the diplomas of M.R.C.S.Eng. and L.R.C.P.Lond. The Council therefore trust that the authorities of hospitals in England and Wales, who make this distinction between diplomas and graduates, will see their way to modify a regulation which affects unjustly many who have studied and qualified in London, where the clinical advantages for medical and surgical education are unsurpassed, and places them at a disadvantage with those who have graduated in Scotland, Ireland, and elsewhere.

##### *Proposed Hood for Fellows and Members.*

With regard to Resolution V of the last annual meeting, requesting the council "to add a hood to the gown already worn by Fellows and Members," the council, upon the recommendation of the committee which considered the proposal, decided not to comply with the request. In their report the committee made the following remarks upon this subject: The committee believe that the hood is generally understood to be distinctive of a degree. In this sense it forms part of the academic costume of a university, but would not be appropriate for a college. For this reason, and as hoods do not appear to be in general use among colleges of similar standing to the Royal College of Surgeons of England, the committee recommend the council not to comply with the request contained in Resolution No. V.

##### *Proposed Combination with the University of London.*

In regard to Resolution No. VI of the last annual meeting asking the council to report as to their willingness to join the Royal College of Surgeons and its work with the University of London, and whether they will approach the Royal College of Physicians for a similar conjoint action, the council report that this question will in due course come under the joint consideration of the two colleges, as at a meeting of the Royal College of Physicians on July 30th, 1908, the following resolutions were adopted, namely:

That it is desirable that the University of London be approached by the Royal Colleges of Physicians and Surgeons with the object of establishing a system of conjoint examinations in accordance with the principle of Statute 123 of the university. That a joint committee be formed by delegates from both Colleges for the purpose of considering and drafting a scheme which, if approved by the Colleges, should be submitted to the Senate of the university.

*Central Midwives Board.*

Mr. J. Ward Cousins, who has been reappointed a member of the Central Midwives Board, in his report regarding the proceedings of the board, stated that with reference to the question of fees for medical practitioners summoned to assist certified midwives in cases of difficulty and danger, he regretted to report again that no satisfactory arrangement had been made. A circular issued by the Local Government Board in July, 1907, to the boards of guardians throughout the country did not offer any acceptable suggestion towards a settlement. The boards of guardians were directed to carry out the provisions of Section 2 of the Poor-law Amendment Act, 1848, which empowered them, "if they think proper," to pay for any medical or other assistance rendered to any poor person suffering from accident or sudden illness. Moreover, the Local Government Board considered

That the exercise by boards of guardians in a careful and liberal spirit of their powers under the enactment quoted would furnish a satisfactory solution of the problem to which they had referred, and that no reasonable ground of complaint should remain either to the public or the medical profession.

From the indifferent way in which this circular had been everywhere received, it was quite evident that these suggestions of the Local Government Board would not satisfy the just demands of medical practitioners. The attempt to place the payment of medical men wholly in the hands of the guardians throughout the country was an unfortunate move in the wrong direction. Had the Local Government Board arranged with the boards of guardians to pay the fees, provided that all applications for payment were made to them through the local supervising authorities, the whole matter would have assumed a very different aspect. The Central Midwives Board had given much care and attention to this important subject, but the solution still appeared to be a long way off. The board had, however, decided to reopen the question with the hope that a way might be found to remove this serious obstruction; for it was certain that until this was accomplished the successful operation of the Midwives Act would continue practically impossible.

*Hernia.*

The advice of the Council having been asked by the City Council for Organization of Charity upon certain questions concerning the treatment of patients for hernia, the following reply was sent:

The operation for the radical cure of hernia has been improved in recent years, is more often done than formerly, and gives a very large percentage of successes in suitable cases. The majority of patients with hernia should therefore have the treatment by operation offered to them. Mere age is a matter of comparative little consequence in deciding whether an operation should or should not be performed. Patients with hernia should not simply go to an institution to be provided with a truss, but should receive an opinion in the first instance from a competent surgeon as to whether or not an operation is desirable.

*Royal College of Surgeons in Ireland.*

The proposal to institute a new university in Ireland, with a school of medicine in Dublin, endowed out of the public funds, was felt by the Royal College of Surgeons in Ireland to be a serious menace to its existence, depending as it does to a large extent upon the medical school which it maintains without endowment. In this crisis the support of the Royal College of England was asked, and by desire of the Council a letter was addressed by the President and Vice-Presidents to the President of the sister college, in which they stated that they would regard it as a misfortune, not only to the profession, but to the public, if legislation were introduced which should result in diminishing or impairing the functions now exercised by the Royal College of Surgeons in Ireland.

*Sale of Examination Hall.*

For some time past the two colleges had had under consideration the question of disposing of their leasehold property on the Victoria Embankment. It was found that the Institution of Electrical Engineers desired to acquire the buildings, and the property had been sold to that institution for the sum of £50,000.

*Finance.*

The gross income of the college for the past year amounted to £24,974, an increase of £648 on the gross income of the previous year. The expenditure of the college for the past year amounted to £21,181, a decrease of £1,467 from the expenditure of the previous year. The balance of income over expenditure amounted this year to £3,793, a considerably larger sum than any realized since the year 1887-8.

*UNIVERSITY OF CAMBRIDGE.**Committee for the Study of Special Diseases.*

THE R. C. Brown Pathological Scholarship in connexion with the Committee for the Study of Special Diseases has been awarded to Miss E. H. Morris, M.B., B.S.Lond.

*Examinations.*

The First and Second M.B. and the Third M.B., Part I, will begin on Monday, December 14th; the Third M.B., Part II, on Tuesday, December 8th; and the M.C. on Thursday, December 10th.

Dr. F. Taylor, of Guy's Hospital, has been appointed an Examiner in Medicine in the Third M.B., Part II.

The following degree was conferred on October 29th:—M.B.: E. Slack, Pembroke.

A University Lectureship in Pharmacology has been approved by the General Board of Studies.

*UNIVERSITY OF LONDON.**MEETING OF THE SENATE.*

A MEETING of the Senate was held on October 21st.

*Report of the Professor of Protozoology.*

The Professor of Protozoology, in his report on his work for the year ending June 30th, 1908, stated that he attended the meeting of the British Medical Association at Exeter 1907, and opened a discussion in the Section of Tropical Diseases on the haemoflagellates, and that a report of the discussion was published in the BRITISH MEDICAL JOURNAL. During the rest of the period he had been occupied chiefly by studies, in collaboration with his assistant Dr. J. D. Thomson, on the life-history of the trypanosome of the common rat (*Trypanosoma lewisi*). A great deal of time had been taken up by what might be called consultative work; that was receiving visits of, or corresponding with, other investigators upon protozoa or diseases caused by them, comparing preparations and results, and answering queries. Professor Minchin stated that he did not at all grudge the time spent in this way, as he often derived much instruction and benefit from it, and added that he was always glad to render any assistance by letter or interview. During May and June, 1908, he had given a course of thirteen lectures upon haemoflagellates and allied organisms at the Lister Institute, each being followed by a demonstration of microscopic preparations, and by the exhibition of original memoirs of works dealing with the subject of the lecture. In conclusion, Professor Minchin expresses his thanks to the authorities of the Lister Institute for their generosity in providing him with a laboratory, and with a grant for its maintenance.

*D.Sc. Examination in Physiology.*

In accordance with the report of the examiners, the degree of D.Sc. in physiology has been conferred on Dr. Forsyth, of Guy's Hospital Medical School; the thesis presented was entitled, *The Parathyroid Glands*.

*Brown Animal Sanatory Institution.*

It was reported that Sir William Selby Church, Bart., K.C.B., had been elected Chairman, and Dr. C. F. Trencerry, B.A., D.Sc., Secretary, of the Brown Animal Sanatory Institution Committee for the year 1908-9.

*Second Examination in Medicine, Part II, to be held in July, 1909.*

The Senate resolved :

- (1) That as an exceptional measure (a) candidates who have satisfied the regulations with regard to attendances prescribed in anatomy, physiology, and pharmacology for the intermediate examination in medicine in force until January, 1909, as well as (b) candidates who have satisfied in the foregoing respects the current regulations for the second examination in medicine, Part II, be admissible to the second examination in medicine, Part II, to be held in July, 1909, provided that they have satisfied the current regulations in other respects. (2) That the examiners for the second examination in medicine, Part II, to be held in July, 1909, be instructed to set papers in such a way that candidates showing (c) an adequate knowledge of the syllabuses prescribed in anatomy, physiology, and pharmacology in the regulations for the intermediate examination in medicine in force till January, 1909; or (d) an adequate knowledge of the syllabuses prescribed in the above-mentioned subjects in the current regulations for the second examination in medicine, Part II, shall pass.

*Election of Dean of the Faculty of Medicine.*

Professor S. Martin, F.R.S., has been elected Dean of the Faculty of Medicine.

*Appointment of Representatives.*

Dr. P. H. Pye-Smith has been reappointed to represent the University on the General Medical Council. At the Darwin Centenary Celebration at Cambridge in June, 1909, the University will be represented by Professor E. A. Minchin.

*Award of Rogers Prize.*

It was reported that the Rogers prize of £100 had been divided equally between Dr. David Forsyth and Mr. F. W. Twort, L.R.C.P., M.R.C.S.

*UNIVERSITY COLLEGE.**Faculty of Medical Sciences; Report of the Dean, 1907-8.*

The report of the Dean stated that during the session 1907-8 the total number of students in the Faculty had been 183, of whom 51 were registered internal students of the University of

London and 59 were post-graduate and research students. The number of new students was 101. The report stated that the building of the new and commodious physiological department which had been commenced early in the year was now well advanced, and would be ready for occupation in the course of the coming session. Places were provided for practical classes of 100 students and for 20 independent workers at research.

#### UNIVERSITY OF BIRMINGHAM.

##### Appointments.

MR. LEONARD P. GAMGEE, F.R.C.S., assistant surgeon to the General Hospital, has been appointed assistant to the Chair of Surgery, to succeed Mr. George Heaton, F.R.C.S., who has resigned.

Professor Bostock Hill, who, in addition to filling the Chair of Public Health, has for many years acted as Lecturer in Toxicology, has resigned the latter appointment in consequence of the pressure of his public engagements.

#### UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.

##### MEETING OF COUNCIL.

A MEETING of the Council was held at Cardiff on November 4th.

##### Proposed Law Department.

The Council resolved that it was prepared, provided the necessary financial assistance was obtained, to establish a department of law, and appointed a committee to report further on the matter.

##### Department of Physiology.

A letter was considered in which Professor Haycraft pointed out the very large increase in the number of students and the consequent difficulty in carrying on the work, owing more especially to the lack of accommodation. The laboratory was built fifteen years ago for a small school of medicine. Now the entry of students was larger than that in any other provincial school except Cambridge, and larger than any of the London schools of medicine with three exceptions. The number of men sent up from the Cardiff School of Medicine for the degree of M.B. (University of London) was quite phenomenal. So great had been the success of the medical school in the department of physiology and anatomy, and in all other departments, that the University of Wales had taken measures to grant a degree in medicine, which it was hoped would result in the completion of the Cardiff Medical School. A committee was appointed by the council to consider what steps it is necessary to take in order to provide for the further accommodation necessary.

##### Appointments.

Assistants were appointed in several of the departments of the college owing to the large entry of students preparing for degree work.

#### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting was held on November 3rd, Dr. Playfair, President, in the chair.

##### Introduction of Fellow.

William Elliot Carnegie Dickson, M.D., F.R.C.P.E., was introduced, and took his seat as a Fellow of the College.

##### Admission to the Fellowship.

Mr. A. H. Buchan was admitted to the Fellowship of the college, and Messrs. G. R. Jeffrey, T. Addis, and A. M. Drennan to the Membership.

The Registrar reported that since the last quarterly meeting thirty-three persons had obtained the licence of the college by examination.

##### School of Medicine of the Royal Colleges.

The Secretary laid on the table the annual statement by the Governing Board of the School of Medicine of the Royal Colleges. The report indicated that the number of classes during the winter session 1907-8 was thirty-two, and during the summer session 1908 thirty-five, and that the number of students during the winter session was 1,026 and during the summer session 855, both so far as could be ascertained, as certain lecturers had not made returns.

##### Hill Pattison-Struthers Bursary.

The Hill Pattison-Struthers Bursary in Clinical Medicine, which is in the gift of the college, was awarded after examination to Mr. Norman E. Walshe Davidson, L.R.C.P.E.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT a meeting on Friday, November 6th, the President conferred the Licence in Medicine and Surgery on the following successful candidates at the Final Examination under the Conjoint Scheme held in October, 1908: T. Crowley, J. P. Grainger, M. J. Hawkshaw, J. Holmes, H. S. Johnston, A. A. Murphy, W. A. Ryan, J. P. Zeederberg.

At the same meeting the Licence in Midwifery for registered medical practitioners was granted to F. R. Parakh, M.B., B.Ch. Manchester; B. S. Photographer, L.R.C.P. and S.Edin., L.F.P. and S.Glasg.

AT the meeting of the Medico-Legal Society to be held at the rooms of the Royal Asiatic Society, 22, Albemarle Street, London, W., on Tuesday, November 24th, at 8.15 p.m., Dr. A. G. Bateman will read a paper on unqualified practice and the Medical Act of 1858.

## Hospitals and Asylums.

### THE EARLSWOOD ASYLUM.

FROM the annual report for 1907 (recently issued) we learn that this charitable institution, the first founded in Great Britain on a large scale for the amelioration of those unfortunates now known as mentally defective, but formerly included under the term "idiot," is still struggling with adversity. Serious defects, it may be remembered, were discovered some years ago in the foundations, and it is melancholy to read that the Board of Management find themselves forced by lack of funds to suspend the rebuilding of a block required for the occupation of 120 inmates which in its present condition is unsafe. The ordinary income has indeed been maintained, but it is stated that at least £3,000 is urgently required for structural renovation. That the institution continues to carry on useful and much-needed work is apparent from the report of the Commissioners in Lunacy, who state their high opinion of it and praise the satisfactory way in which, spite of building operations in progress, the routine of the institution has been conducted.

Dr. Caldecott, the medical superintendent, furnishes in his report the usual statistical tables showing that 40 cases (25 male, 15 female) were admitted during 1907, and 33 were discharged (all "relieved"); 18 died. The average number resident was 447, 2 more than the number remaining on the books—445 (309 males, 136 females)—at the end of 1907. No less than 7 of the patients admitted were of the so-called "Mongolian" type, but it is stated that "the future prospect of those newly admitted is, on the whole, good," the percentage of younger cases being above the usual average. The percentage death-rate to the average number resident during the year was 4.02 (3.19 for males and 5.94 for females). Tuberculosis was responsible for 8 deaths, equal to 44.4 per cent. of all deaths, a higher proportion than usual, the percentage in 1,000 consecutive deaths having been 39.2; the general death-rate also is somewhat increased, but, as Dr. Caldecott points out, in an institution containing 53 patients resident more than forty years and 11 who have exceeded their half century, an increasing death-rate must be expected. The general health was good, and there was no epidemic or serious accident; 51 patients had 5,442 fits, one female alone being responsible for 2,197. Much favourable testimony from parents as to improvement noted in their children is incorporated in the medical superintendent's report; and it is only to be regretted that the benefits of institution training are necessarily restricted in the majority of cases to a term of seven years, though some are re-elected for a further term of five. It is to be hoped that the Report of the Royal Commission on the Feeble-Minded, to which anticipatory reference is made in the Earlswood report, will pave the way for the provision of permanent care for those who need it, thus supplementing the good work of the voluntary training institutions. If it be true, as estimated by the Royal Commission, that there are in the population of England and Wales alone nearly 150,000 mentally defective persons apart from those certified as insane, there is vast scope not only for training institutions like Earlswood, but for day classes for special instruction and for industrial colonies where older cases may have permanent care. It is very desirable that there should be co-ordination of the various agencies taking part in the improvement of the condition of the feeble-minded, which is indeed a work of national importance.

## The Services.

### THE TERRITORIAL DECORATION.

AN Army Order, just issued, contains the instructions and regulations affecting the new decoration for officers of the Territorial Force. As already mentioned, officers eligible must not be already in possession of the Volunteer Officers' Decoration, and must have served twenty years in the Territorial Force, previous commissioned service in the Yeomanry, Volunteers, or Colonial Auxiliary Forces counting in that period, and half of any time served by an officer in the ranks is also to count as qualifying service. The letters "T. D." will be inserted in the Army List before the name of the officer on whom the decoration is conferred.

## Contract Practice.

### CLUB PATIENTS FROM OTHER DISTRICTS.

EQUITAS asks whether it is a usual custom in the profession for the surgeon to a Foresters' or Hearts of Oak club to accept members of the same order, who come from other places, at any age, and who have been in all probability paying in to somebody else for years.

\*\* There is not, we believe, any settled custom. Such members are referred to the surgeon by the club in question, and he is at liberty to accept them or refuse them, as he chooses. "Equitas" would certainly be unwise to accept a member who was getting on in years and had arrived at an age when the incidence of sickness would be likely to be heavy.

England. He served on all the committees from its first inception down to its formal acceptance by the two colleges in 1883. He took great pains in obtaining a suitable site for the Examination Hall; and those who were present at the laying of the foundation-stone by Her late Majesty Queen Victoria will remember the almost perfect arrangements for that ceremony, which were to a large extent due to his foresight. In 1887 he presented the college with a copy of a volume of the annals which he had with great research compiled to replace one that was missing. He attended at Windsor in 1887 with Sir William Jenner by command for the purpose of presenting to Her Majesty the Queen an address of congratulation drawn up by the College.

A portrait of Sir Henry Pitman was presented to him in 1886 by Sir Ridsdon Bennett on behalf of several Fellows. It was painted by Mr. Ouless, and is now in the reading room of the college. The portrait on page 1529 is a reproduction from a photograph taken a few years ago when Sir Henry was approaching his hundredth year.

The first part of the funeral service was held on Wednesday at St. Mary Magdalene, Enfield Chase. The Royal College of Physicians was represented by the President, Sir Richard Douglas Powell; Dr. Norman Moore and Dr. F. de Havilland Hall, Censors; Sir Dyce Duckworth, Treasurer; Dr. Edward Liveing, Registrar; Dr. J. Frank Payne, Harveian Librarian; Dr. J. A. Ormerod, Assistant Registrar; Sir William Allchin, M.D., and Mr. W. Fleming, Secretary; St. George's Hospital by Dr. H. D. Rolleston, and the Royal College of Surgeons by Mr. T. Clinton Dent, F.R.C.S. Sir Henry Pitman's medical attendant, Dr. Julius Moore, was also present.

JOHN BRISCOE, F.R.C.S.,  
OXFORD.

BORN about 1820, in Montgomeryshire, the late Mr. Briscoe's life is practically entirely associated with Oxford. He was a St. Bartholomew's man, and after qualifying as a Member of the College of Surgeons (1842), he was appointed House-Surgeon to the Radcliffe Infirmary, and some years later became Surgeon to the Infirmary, as well as to the Prison and to the Militia. These appointments he held for many years, and only resigned the Surgeoncy to the Infirmary in favour of the late Mr. Morgan, who succeeded him about 1881.

The writer was nominally articled to Mr. Briscoe in 1868-9, and was the last, or nearly the last of his apprentices. From 1869-72 Mr. Briscoe was still in the full vigour of his work and did a large share of both the hospital and private practice of Oxford. He was elected a Fellow of the Royal College of Surgeons in 1875. At the infirmary he did ophthalmic operations as well as general surgery and in private did both surgical and general practice.

He was an excellent surgeon, a good operator, an eminently practical and common-sense diagnostician, and he took great care of his patients. This it must be remembered was the time when tuberculous knee-joints were treated by amputation through the thigh, and the stump was left with long strings of ligatures hanging out, while linseed poultices ensured a copious flow of "laudable pus." A lumbar colotomy was undertaken only when extreme distension existed and the gushing out of half a pailful of liquid faeces on opening the gut was the orthodox routine. The operation was somewhat of an event, but it was done most skilfully, and was, of course, a far more difficult task than the present simple inguinal colostomy. Mr. Briscoe was no writer, but he did a vast amount of excellent surgery, and saw to it that the standard of work at the infirmary was kept up to the full level of the time. He would allow no slackness, and his whole heart in working hours was in the hospital; none the less he loved a day's shooting, and used sometimes to take his apprentice with him. He thoroughly enjoyed a dinner in a college common room if he was not asked to dress. He had a large practice in Oxford among the residents and undergraduates, and also in the district for many miles round. A large part of his work was done on foot, and the writer has tramped many a mile with him, and waited outside the patient's door till his master came out again. One of his favourite mottoes was, however, "You cannot serve two masters"; and when he handed over his pupil to Professor Rolleston to work in the museum, the visits to

the infirmary, and the walks and the shoots became only occasional.

Determined and somewhat dogmatic, Mr. Briscoe had the kindest of hearts and a keen appreciation of the humorous. Any little eccentricities of dress or manner were always noticed by him and made the subject of some amusing comment.

At this time, 1869-72, his colleagues were Sir Henry Acland, Dr. Tuckwell, and Dr. Gray, and on the surgical side Messrs. Hussey, Symonds, sen., and Winkfield, while probably his greatest and most valued friend was the late Mr. Justice Wright, whom he had attended through a severe illness, when the future judge was an undergraduate at Balliol. The friendship lasted till the younger man died, and it was a tradition that periodical dinners or visits in London or at Oriel, or later in Hampshire, should be arranged.

Mr. Briscoe was a thorough old bachelor with many quaint habits and ideas. He detested parade and conventions, and was full of queer stories. He loved the country and knew much of country life and country ways as beffited his early upbringing. For more than twenty years he had practically retired from work, only seeing a few old friends who would not part with him, and latterly increasing feebleness confined him more and more to his house. His long life was no doubt due in large degree to his great chest capacity, for he was a short, sturdy, well-set-up man with a huge chest measurement, and this probably was the main reason of his unusual power as a swimmer in his young days.

At 87 John Briscoe had necessarily long passed his day, but he was a fine type of the old-fashioned surgeon, and a man who quietly made many friends. Towards the end of his life most of these had gone, and he was left much alone; but, thanks to a few of his younger colleagues, especially to H. P. Symonds, his last years of disability were made easier. Mr. Briscoe left the bulk of a large fortune to the Radcliffe Infirmary.

G. A. W.

WE have to announce, with regret, the death of Dr. CHRISTOPHER GUNN which took place in Dublin last week. He graduated M.D. in the Queen's University in 1874, and he was also a member of the Royal College of Physicians. He was Assistant Physician to the Mater Misericordiae Hospital, and afterwards Surgeon to Jervis Street Hospital. He suffered from bad health, which made it necessary for him to go to South Africa. There he served as a Civil Surgeon in the Zulu campaign and subsequently became Surgeon to the Frontier Police, Cape Colony. After visits to the United States and Canada he returned home a couple of years ago, but his health was never re-established and he died last week as already stated.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. A. Tauber, sometime Professor of Operative Surgery in the Medical Institute for Women at St. Petersburg; Professor A. Krjukoff, of Moscow, one of the leading ophthalmologists of Russia, aged 59; and Dr. Alonzo Brayton Ball, sometime Professor of Clinical Medicine in the New York College of Physicians and Surgeons, now in the medical department of Columbia University.

## Medico-Legal.

### PROSECUTION OF AN UNQUALIFIED PRACTITIONER.

IT is notorious that the Medical Act, 1858, has failed to give due measure of protection to the public in respect of prohibition of unqualified practice owing to certain inherent defects in its penal clauses. It is, therefore, not often set in motion, and the work of the Medical Defence Union is necessarily hampered in its operations.

Now and then a case is presented to the Courts which, being carefully chosen, meets with success. Such a case was dealt with at Bow Street Police Court last week by Sir Albert de Rutzen, the Chief Magistrate, at the instance of the Medical Defence Union.

Action was taken under the Medical Act, 1858, Section 40 by the Union against one William Henry Tucker, alias John Dale Tucker.