

that the right kidney had probably been tuberculous when I first saw the patient. But what was its condition now, for it was painless, and the urine contained but little pus. Had the ureter closed and the kidney become useless? This was the most probable explanation of the quiescence.

To solve this problem I cystoscoped the patient last week, and showed the visitors and students a scar on the right side of the posterior wall of the bladder, just where the ulcer had appeared eighteen years ago. I showed pages of notes and drawings of this bladder which I had made eighteen years ago, and together we compared the then and the now. Without cavil the ulcer of 1891 had healed. I then decided to pass a ureteric catheter up to the right ureter, but I could not find an orifice. The ureteric lips were there, but they were sealed. I examined per vaginam in order to feel the ureter as it crosses the back of the bladder. I could hardly feel that tube. The deduction was that the ureter was impervious, and therefore that the kidney was useless.

The next question was, If the kidney is functionless, is its presence detrimental? What has happened to the tuberculous deposits of eighteen years ago? Have they obsolesced? The patient was x-rayed by Mr. Coldwell (Plate, C), and a dense shadow was found in the right renal region. Careful examination of this under bright light revealed that it was composed of a congeries of curved sharp-edged shadows obviously cast by cysts, and these together assumed the shape of a kidney. Each cyst was clearly defined. Some of the cysts were darker than others. By previous experience—for I have been examining cysts under the x rays for some time—I knew that these cysts contained material more or less impregnated with lime phosphate. If the patient had been tuberculous the cyst would contain the usual cream-cheese or putty-like material.

I had now all the facts at command. I was therefore able to designate in the sketch the size of the kidney, its cysts and the contents of the cysts, the atrophic ureter and pelvis.

I should like to say here what a fine series of cyst densities this case reveals. They range from the solid to the semi-solid and the liquid, a valuable series for comparison with those hydatid cyst shadows which project from the dome of the liver.

But, you say naturally, Why operate at all; the other kidney is the painful one? The one you have removed, although useless, is inert.

No, pardon me. I catheterized the left ureter and found rod-shaped bacilli and evidences of tuberculous degeneration in the urine, and these, with the clinical symptoms, satisfy me that the left kidney is in a state of consecutive nephritis (Albarran), induced probably by absorption from the foci in the right kidney. It was wiser, I consider, to remove any possible source of absorption, especially as the right kidney was movable; the operation would therefore be easy and rapid and the shock of no moment.

But how could I tell the kidney was movable without feeling it? The answer contains a point of practical value which is worth noticing and remembering.

The kidney is always radiographed for me in two positions; in one the patient takes a deep breath and holds it while the x rays are switched on; the effort thrusts and keeps a mobile kidney down. For the preparation of the next plate the patient breathes easily and naturally; the mobile kidney rises and falls and is radiographed. If the shadow of the kidney corresponds in position in the two plates I have to deal with a dangerously-fixed kidney. If the shadow has moved the kidney is movable and the operation is relatively easy.

Finally, you might ask this question: Having removed

this inert kidney, are you content? By no means. The surgeon's task has only just commenced. The attempt must now be made to repair the left kidney by therapeutics.

There are three areas to repair.

The renal pelvis, which is affected by the tubercle bacillus. This is done by graduated minute doses of Koch's new tuberculin. But that is not curative.

A coincident attempt is made to wall in the destructive processes by lime, either by administering lime chloride or lactate—what you will, as long as you imitate Nature's method of cure by giving lime, for I hold the profession are blindly chasing bacteria to root them out, and are forgetting to wall them in and render them innocuous.

The structure of the kidney, especially the cortex, is also repaired by giving crushed kidney—a valuable medicine I have had in active employment for fifteen years, and the powers of which I am only just beginning to realize; and lastly, the

general health is improved and nutrition aided by fresh air and the addition of sugars and fats to the diet.

The wound healed rapidly, and the patient's last report (June 16th, 1909) showed she was improving.

REFERENCES.

- ¹ E. Hurry Fenwick: *The Value of Radiography in the Diagnosis of Urinary Stone*, Chapter x, p. 118.
- ² Pre-operative Demonstration of Tuberculous Foci in the Kidney, *BRITISH MEDICAL JOURNAL*, January 27th, 1906.
- ³ *Handbook of Clinical Electric Light Cystoscopy*, p. 177: Mary A., aged 17.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

QUININE DERMATITIS.

THE following instance of acute dermatitis resulting from the smallest doses of quinine may be interesting. A lady who knew that she was most susceptible to quinine, and always had a rash after taking it—for instance, one dose of "a one-day cold cure" caused eruption all over her within twelve hours, and desquamation lasting more than a fortnight—took only two half-doses, that is, one teaspoonful, of bynin amara; this preparation appears to contain less than $\frac{1}{4}$ grain to the drachm. During the day the usual eruption appeared on the hands and arms, and by night had spread over the whole body, with intense irritation. She was advised to continue with even smaller doses in the hope that she might become accustomed to it. During the next two days the condition remained the same; the irritation was worse at night; she had no headache, and practically no eruption on the face. The quinine was stopped. On the fourth day the hands, and particularly the legs and ankles, were very greatly swollen; the palms especially were red and shining, and the feet less so, but the fingers and toes were stiff, feeling numb and distinctly cold to the touch. Baths, with bran, oatmeal, etc., gave no relief. By the seventh day desquamation began on the hands and arms, and extended to the trunk and lower limbs, the epidermis separating in large strips and flakes with almost casts from the toes. During the fourth week this was not completed, and the general appearance was as like scarlet fever as could be. It is somewhat curious that the same patient has most unpleasant symptoms on taking sodium salicylate.

Wallington, Surrey.

WALTER GRIPPER.

STRYCHNINE POISONING: RECOVERY.

ALL cases of poisoning should be published, with the treatment adopted.

At midnight, on May 26th, 1909, Mrs. P., aged 39, was noticed to be suffering from twitchings. About fourteen

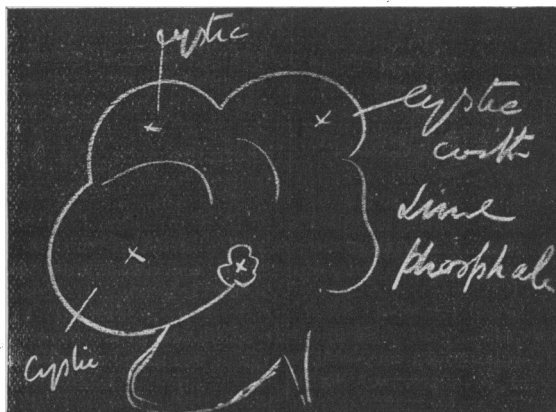


Fig. 2.—Blackboard sketch of kidney made before the operation.

tablets of Easton's syrup were said to have been swallowed an hour or two beforehand. Each tablet contained the equivalent of 1 drachm of the syrup. The injection of apomorphine hypodermically caused two tablets to be vomited; thereafter all the classical symptoms of strychnine poisoning were horribly evident. With the kind help of Dr. Knox of Maida Vale, the stomach was thoroughly washed out by tube, and about a pint of raw whisky poured down the funnel. The convulsions not ceasing, and death seeming both to the watchers and the patient to be imminent, morphine $\frac{3}{4}$ grain was injected under the skin. In ten minutes or so improvement was visible; in half an hour quietness was obtained, and soon after the patient fell asleep. For the following two days stiff neck and limbs were complained of, with general pains. The patient had swallowed probably $\frac{1}{4}$ grain of phosphate of strychnine, $\frac{1}{16}$ grain at least was known not to have been absorbed, so $\frac{3}{4}$ grain nearly caused death. The fatal dose is generally considered to be $\frac{1}{2}$ grain as a minimum.

London, W.

G. MACLELLAN BLAIR.

AORTIC SYSTOLIC MURMUR: PROGNOSIS AND TREATMENT.

WHAT is the value that should be attached to the heart murmur usually attributed to aortic stenosis, a rough systolic murmur in or about the second right interspace? My own experience, in a country practice, is that it is of comparatively small importance as regards prognosis of life duration. My experience, however, may be exceptional. Most of the cases I have met with have been in old—indeed, aged persons. The heart symptoms have been unimportant, and drugs acting specially on the heart have been of little use. Bromides, however, have invariably been of some service. In the cases of those who died I had been aware of the murmur for four or five years at least before death, so that the final illness did not produce it. It seems to be a commoner condition than books lead us to expect. When I meet with it now I regard it almost as a positively favourable sign of the heart's condition, unless the occupation is very arduous. The cases I have met have not had many symptoms in common. Perhaps the most universal has been a certain excitability of temperament, not necessarily prominent, but easily brought into notice; if the murmur be really due to aortic stenosis this characteristic might be due to some brain anaemia. The patients have, however, been quite as often full-blooded people with rather the appearance of having congested brains, and this has tempted me to believe the murmur may be due to the resistance produced by an over-full condition of the vessels in the upper thorax and cerebrum. I am quite sure I have not seen a case of death in the last seven years at least from heart disease, with this murmur as the initial and prominent symptom, in any patient under 65 years.

I append the last eight cases which have come under my notice with this peculiarity, and their ages will not suggest that the symptom is one of grave omen.

1. Female; married; had large family; lived hard-working life; was tall and strongly built; never had serious illness; later years a little asthmatic; died of bronchitis aged 72.

2. Female; large build, strongly built; married; had family; hard working life, washing, charring; never seriously ill; died of apoplexy aged 80; before death for a year or two mental perversions, suspicions, etc.

3. Female; single; strongly built, short; never serious illness; some oedema of legs and renal insufficiency last two years, but did her housework; died of erysipelas aged 78; great smoker.

4. Female; strongly built; family; hard working; is alive and well, though asthmatic; aged 76.

5. Male; married; strongly built; active life; has had rheumatic fever, so-called, three times, but colchicum relieves and salicylates do not; has often headaches; aged 45.

6. Male; unmarried; was a shepherd; suffered since a lad from severe headaches; was told when 15 he had heart disease; goes about fairly well; aged 75. In this and the last there were very marked rasping murmurs.

7. Male; unmarried; very powerful build; was noted for strength all his life; ditcher, pitman, and any hard work; some asthma; active; aged 78.

8. Female; married; fairly hard-working life; rheumatic fever, so-called, several times, every joint each time being affected; colchicum relieves still and salicylates do not; very well; aged 76.

I could easily cite other instances, but these are illustrative.

Rothbury.

C. W. LAWSON.

Reports

ON

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

GARTLOCH HOSPITAL FOR MENTAL DISEASES.

SECONDARY PAROTITIS.

(Reported by J. E. MIDDLEMISS, M.R.C.S., L.R.C.P.)

AFTER reading the interesting article by Drs. H. D. Rolleston and M. W. B. Oliver in the JOURNAL of May 29th, p. 1296, entitled, "Secondary Parotitis due to Oral Starvation in the Medical Treatment of Gastric Ulcer," it occurred to me that an account of a case which came under my observation might not be without interest.

The patient, an epileptic, age 47, had been in the status epilepticus fourteen days before the period with which I am dealing. He had recovered from the attack, and was about to resume work when a second series of fits supervened. On March 26th, 1909, during the evening the patient rapidly assumed the epileptic state for the second time. On this occasion he had 102 fits altogether in the space of about three days and then became comatose—this in spite of the usual eliminative treatment, and the administration of full doses of chloral hydrate combined with tincture of digitalis both by mouth and rectum. For the space of four days, including one day during which he was having fits and three days during which he was comatose, he was fed per rectum, and took nothing whatever by the mouth. During this period an attempt was made to keep the mouth moist and clean by means of antiseptic mouth-washes but it was only partially successful. Both lips and teeth were dry, discoloured, and covered with scordes; the breath was foul, and the tongue dry and parched. On April 2nd (four days after the rectal feeding was resorted to) a swelling was noticed on the right side of the face in the region of the parotid gland. This quickly became larger and more tense, and fomentations were applied. Suppuration ensued shortly after, and two days later pus discharged through the external ear. On April 4th a similar condition developed on the left side, and the gland suppurred and discharged in the same way as before. Both abscess cavities were freely drained and syringed with weak carbolic and boracic acid lotions, and the discharge gradually diminished, and finally ceased on April 26th. During the course of the parotitis a somewhat extensive gangrenous patch appeared over the sacral region, although the patient had been most carefully guarded against bed-sores. At the present time he is improving steadily though slowly, and, except for some limitation in the jaw movements and in the protrusion of the tongue, there are no sequelae as a result of the glandular inflammation.

Remarks.

The points of interest in the case are that, in the first place, the parotitis seems to be directly attributable to oral sepsis due to oral starvation, the infection being most probably conveyed along the gland ducts from the mouth. The fact that no nourishment was given by the mouth for four days, that the latter was admittedly in an unhealthy condition, that the affection was bilateral, and that there was no other obvious cause present, and certainly no one of the conditions which are ordinarily said to be associated with secondary parotitis, such as haematemesis, gastric ulcer, the infectious fevers, etc., serves to accentuate the important part played by oral starvation alone in this disease. Finally, it should be mentioned that for a week or ten days after mouth feeding had been resumed the patient evinced an inordinate thirst.

It is announced that owing to political reasons the medical profession of Roumania will take no part in the proceedings of the International Medical Congress to be held at Budapest.

That these objects are of a practical character is shown by the fact that among the guests was Admiral Sir Percy Scott. The poet hears our fathers, who "conquer'd in Life's battle hard and long," calling to us to awake and be the men they were. The following is the concluding verse :

O, the dead are list'ning for the answer of the brave,
They but slumber lightly in the cold transmuting grave—
Vast their empire—shadow-bound—yet limitless withal,
Where seem to fade the last far notes of England's bugle-call—

They were great though mute they seem,
Warriors of Death's martial dream,
Ye can hear them, so ye list,
Where roars the sea, where broods the mist—
Calling—calling—calling, "O, awake!
Be men as we were men for England's sake."

Medical News.

THE estate of the late Mr. Simeon Snell has been proved at the total value of £30,451 0s. 6d., with £28,883 8s. 9d. net personality.

AT the annual general meeting of the London Nottinghamshire Society, held on June 24th, Mr. Sydney Stephenson was elected President of the society for 1909-10.

THE London Hospital Medical College Endowment Fund has received a gift of £2,000 through the kindness of Dr. Luther Martin, an old student of the college.

THE King of Spain has given Dr. W. A. Mackay, of Huelva, Andalusia, Spain, a graduate of Edinburgh, the White Cross Eagle of Carlos III for distinguished surgical service rendered to the Guardia Civil.

A NEW law as to marriage and the granting of licenses to marry in the State of Washington, which came into effect on June 10th, provides that applicants must first undergo a medical examination.

THE annual meeting and dinner of the Edinburgh Royal Infirmary Residents' Club, which had been fixed for June 25th, has, on account of the death of Professor Cunningham, been postponed *sine die*.

MR. EDWARD SMYTH CRISPIN, M.R.C.S., Assistant Director of the Soudan Medical Department, Khartoum, has received the Royal permission to accept the Fourth Class of the Imperial Ottoman Order of the Osmanieh conferred upon him by the Khedive of Egypt.

THE late Dr. Bell Taylor, of Nottingham, left estate of the gross value of £160,000, the net personality being over £95,000. Among his bequests are the following: £5,000 each to the British Union for the Abolition of Vivisection, the London Antivivisection Society, the British Committee of the International Federation for the Abolition of the State Regulation of Vice, the National Antivivisection League, and the Royal Society for the Prevention of Cruelty to Animals.

DR. JOHN CONSTABLE, of Leuchars, Fife, was on his retirement from practice the recipient, on June 26th, of a testimonial from patients and old friends, consisting of a silver salver, with suitable inscription, and a purse of sovereigns. Mr. Hodge, chairman of the local school board, as the spokesman of a goodly company of subscribers, made the presentation, and referred to the long period of forty-six years during which Dr. Constable had worked in the north of Fife. Dr. Constable feelingly replied in a speech in which humour and pathos were skilfully blended. Dr. Douglas, Cupar, proposed a vote of thanks to Mr. Hodge, and the proceedings terminated.

THE vacation course of the North-East London Post-Graduate College is to be held this year, from September 6th to September 18th, at the Prince of Wales's General Hospital, Tottenham, N. There will be continuous arrangements for study during the fortnight from 10 a.m. to 6 p.m. each day. They comprise demonstrations on clinical methods, demonstrations of selected clinical cases, pathological demonstrations, clinics, and clinical lectures and discussions. The fee for the course is two guineas. A syllabus, with further information, may be obtained from the Dean of the school at the hospital, or at 142, Harley Street, W.

THE sixty-eighth annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be opened on the morning of Thursday, July 22nd, at the West Riding Asylum, Wakefield, and at 2 p.m. the President-elect, Professor W. Bevan-Lewis, will deliver an address; subsequently Dr. A. Helen Boyle will give an account of an attempt at the early treatment of mental and nervous cases (with special reference to the poor). The annual dinner will take place on the same evening at

the Queen's Hotel, Leeds. The meeting will be continued at the Queen's Hotel on Friday, when a series of papers will be read at morning and afternoon meetings. Further particulars can be obtained from the Honorary General Secretary, 11, Chandos Street, Cavendish Square, London, W.

THE usual monthly meeting of the Executive Committee of the Medical Sicknes, Annuity, and Life Assurance Society, was held at 429, Strand, London, W.C., on June 18th, Dr. de Havilland Hall in the chair. The accounts presented showed that the business of the society was growing at a satisfactory rate. Last year was quite exceptional in the number of new entrants, and the figures of the current year were so far well above the average. The financial reserves of the society were also growing. At the beginning of the year the funds amounted to £224,000, and a substantial sum had been added to this during the first half of 1909. The sickness claims had been numerous, but not more than the records of the society rendered probable. For the most part these claims have been of moderate duration, and the total amount of sick pay disbursed compared favourably with the sum paid during the corresponding period of last year. The sickness lists show a steady growth in the number of permanently incapacitated members, of whom there are now over forty; about £4,000 a year is being paid to them. Prospectuses and all further information on application to Mr. F. Addiscott, Secretary, Medical Sicknes and Accident Society, 33, Chancery Lane, London, W.C.

THE half-yearly council meeting of the Cottage Benefit Nursing Association, followed by a general meeting, was held at Denison Hall, London, S.W., on June 10th, the Earl of Ancaster in the chair. Mr. C. S. Loch, of the Charity Organization Society, in a short address on the federation of kindred institutions, said that the inquiry of the Royal Commission on the Poor Law and the Relief of Distress had made it evident that it was most desirable that the arrangements for nursing throughout the country should be greatly extended and strengthened. Year by year advance had been made by the Cottage Benefit Nursing Association, and the chief question now was the means of confirming that advance on really strong and trustworthy lines. There seemed to have been a kind of grading of nurses, according to the degree and kind of training which they had undergone, one division of which was ordinary nursing *plus* midwifery, a matter which was of very great importance at the present time. The success of the movement in the future rested largely upon the intimacy of the association of those concerned in its promotion. Without proper co-ordination there would be wasted effort, and a very serious item in divided efforts was cost of administration. He advocated the establishment of county associations of nurses everywhere. The present great demand for nurses could be met by proper organization; people were quite ready to pay for such help if they were asked in the right way. The Chairman said it was a great pity to multiply associations with the same object. He had always maintained that there was money enough in London to meet all the distress which existed in the metropolis, but so much at present was frittered away in management expenses. Moreover, help was not always given where it was most needed. Dr. J. C. Thresh, speaking on the training in towns of nurses for the country, from actual experience of the very poor and of different classes of nurses, said that there was a great demand for midwives, but not for nurses. There were plenty of institutions for training nurses, but not a sufficiency of engagements for them afterwards. In all the large towns a large amount of sickness occurred which could easily be alleviated if the efforts to do so were properly organized, and if a well-trained nurse, or, often better still, a well-trained mother, could be sent in. For such people as he was speaking of there was wanted, not the woman who had been trained in institutions where everything of the most modern description was ready to hand, but one who had spent a great deal of her time in cottage homes, where she had to do most things for herself. It was not practicable to train more than one probationer for every 10,000 people; in Leyton, with a population of 120,000, twelve nurses were trained. He gave his experiences in the North and in Essex, and the means by which difficulties were overcome. The movement had not been started a twelvemonth in Essex before the medical profession sent a deputation saying that the organization was doing work which should be left to it. The supporters of the organization agreed to the suggestion that some local medical men should be on the working committee, and there had been no friction since. He attributed much of the success to the fact that they had secured the co-operation of the medical men.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

EASTER TERM EXAMINATION.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., PART I (*Chemistry and Physics*).—M. L. Atkinson, H. Bartlett, P. R. Boswell, C. W. Bower, H. F. Brice-Smith, M. Chadwick, V. M. Coates, G. R. E. Colquhoun, L. P. Costobadie, D. D. Evans, L. H. B. Evans, B. J. L. Fayle, L. A. Graham, G. L. Grant, J. Hardy, R. J. Hearn, J. H. Jordan, W. H. Livers, O. C. McCaw, J. B. McFarland, F. W. Maunsell, S. H. Miles, H. L. Milsom, G. Miskin, H. R. Pollock, G. D. Read, A. P. Saint, C. H. Savory, J. W. Sewill, A. G. Shera, R. P. A. Starkie, J. R. Stoddart, R. Stott, A. B. Uloth, D. C. L. Vey, G. C. Wells-Cole.

FIRST M.B., PART II (*Elementary Biology*).—E. H. R. Altounyan, A. L. Anthony, L. W. Batten, M. W. K. Bird, P. R. Boswell, E. J. Bradley, C. C. Brewis, H. F. Brice-Smith, W. E. H. Bull, B. Burnside, G. D. R. Carr, M. Chadwick, R. H. Clarke, G. R. E. Colquhoun, L. P. Costobadie, G. M. Cowper, D. Crellin, H. L. Cronk, E. C. Cunningham, C. D. Day, C. S. Dobson, H. Dunkerley, A. T. Edwards, D. D. Evans, L. H. B. Evans, J. M. Evatt, B. J. L. Fayle, L. S. Fry, E. A. Gibb, C. L. Gimblett, G. L. Grant, R. Hargreaves, R. J. Hearn, J. H. Jordan, S. D. Kilner, A. A. Lees, W. H. Livers, W. A. H. Lowry, W. M. Lupton, F. W. Maunsell, S. H. Miles, G. Miskin, C. C. Okell, G. Y. Oliver, H. B. Padwick, J. S. Pooley, G. D. Read, J. R. Rees, A. P. Saint, R. P. A. Starkie, R. Stott, M. Tin, E. W. Todd, D. C. C. Vey, T. T. B. Watson, G. H. Wells-Cole, A. M. Wheeler, H. G. Wiltshire.

SECOND M.B., PART I (*Anatomy and Physiology*).—A. B. Appleton, T. E. Banister, G. M. Chapman, S. S. Crosse, J. H. Cumming, H. J. M. Cursetjee, G. E. Dyas, C. M. Forster, T. L. Hardy, G. D. Jameson, M. MacGregor, E. G. Martin, R. W. Meller, O. G. Morgan, H. J. S. Morton, W. New, F. C. Newman, A. B. Paul, H. S. Reed, L. T. Rutherford, H. J. S. Shields, W. J. D. Smyth, V. F. Soot-hill, W. J. F. Symons, E. S. Taylor, W. F. Thompson, J. W. Tonks, H. A. Williams.

FINAL M.B., PART I.—F. S. Adams, W. B. G. Angus, H. W. Barnes, J. D. Barris, A. W. Bourne, R. Ellis, C. L. Forde, A. H. Gosse, E. F. W. Grellier, A. E. Herman, W. L. Johnson, J. L. Joyce, I. W. Joynt, H. McLean, A. B. Pavey-Smith, A. C. Roxburgh, W. Shipton, G. Sparrow, W. A. Stokes, F. S. Tinker, J. van Schalkwijk, F. H. Watson, A. J. Waugh, L. L. Weeks, T. A. Weston.

FINAL M.B., PART II (*Surgery, Midwifery, and Medicine*).—F. R. Armitage, Pemb.; R. R. Armstrong, Trin.; M. W. Baker, Joh.; A. Barker, Trin.; J. P. Buckley, Trin.; F. G. Caley, Pemb.; A. E. Carver, Cai.; A. F. Comyn, Pemb.; K. Comyn, H. Selw.; R. Cox, Cai.; A. J. W. Cunningham, Trin.; H. E. T. Dawes, Joh.; B. Day, Cai.; P. G. Fildes, Trin.; A. H. Habgood, Jes.; R. E. V. Hale, Cai.; A. Hamilton, Christ's; W. Harmsen, Trin.; C. B. Heald, Cai.; E. H. V. Hodge, Cla.; C. C. Holman, Cai.; N. W. Jenkin, Christ's; F. H. Lester, Pemb.; R. H. Mawhood, Trin.; L. B. Perry, Queen's; A. V. Poyser, Magd.; F. A. Roper, Trin.; A. L. Sachs, Pemb.; F. S. Scales, Jes.; C. F. Searle, Pemb.; E. T. Shann, Cai.; H. E. S. Stiven, Trin.; L. B. C. Trotter, Cla.; G. W. Twigg, Cai.; G. B. Wainwright, Trin.; G. Walker, Trin.; J. Walker, Cla.; B. Wallis, Trin.; J. N. Wheeler, Christ's.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

PROFESSOR ERNEST W. WHITE, M.B.Lond., late Resident Physician and Superintendent, City of London Asylum (1887-1905), has been elected Emeritus Professor on retiring after twenty years' tenure of the Chair of Psychological Medicine.

UNIVERSITY OF SHEFFIELD.

THE Council of the university, at its last meeting, appointed Mr. Arthur Connell, F.R.C.S.E., to the Lectureship in Practical Surgery, in succession to Dr. George Wilkinson.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examinations indicated:

INTERMEDIATE MEDICAL, PART I.—*J. Colgan, *J. M. S. Gericke, F. B. M'Carter, Eileen Hewitt, H. T. Bates, R. A. Flood, J. N. Armstrong, Georgina Revington, R. G. Ball, Dorothy K. Milne, W. E. Fetherstonhaugh, E. F. O'Connor, J. H. Counihan, J. H. Powell, A. P. Draper, H. G. Trayer, R. H. C. Lyons, C. Rutherford, W. Frier, O. V. Burrows, J. H. Grove-White, R. L. Grandy, A. C. Redelinghuys, H. L. Blackley, H. E. Williams, F. A. Burke.

FINAL, PART II (*Surgery*).—*T. A. Hughes, *R. T. St. J. Brooks, *D. Duff, *E. J. Powell, J. D. Kernan, G. E. Craig, E. B. Bate, F. R. Sayers, D. J. Miller, F. G. Anderson, C. G. S. Baronsfeather, J. P. S. Dunn, W. R. Allen, D. J. Stokes.

* Passed on high marks.

The Purser Medal in Institutes of Medicine has been awarded to J. M. S. Gericke; the Medical Travelling Prize and Banks Medal to A. Stals, and the Banks Prize to J. L. Phibbs. Mr. J. Singleton Darling has been approved for the Mastership in Surgery, and Mr. E. S. Friel for the Mastership in Dental Science.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*† E. W. Archer, *J. Bramley-Moore, *J. H. Clarke, *† P. N. Pantton, *† H. O. West
MEDICINE.—*† E. M. Adam, *† E. W. Archer, L. Ettinger, *† J. A. Koch, *† H. Scott, *† H. O. West.

FORENSIC MEDICINE.—E. M. Adam, E. W. Archer, J. M. Burke, J. H. Clarke, H. O. West.

MIDWIFERY.—E. W. Archer, R. J. Cyriax, G. Holmes, H. O. West.

The diploma of the society has been granted to

E. M. Adam, E. W. Archer, J. Bramley-Moore, J. H. Clarke, L. Ettinger, J. A. Koch, P. N. Pantton, and H. O. West.

* Section I.

† Section II.

Medico-Legal.

CONDITIONS OF SALE OF PRACTICE.

CTESIPHORE.—We have read the agreement, and do not find anything in the penal clause to prevent the vendor seeing any of his old patients at his new home, provided that it is situated outside the defined limits. The prohibition seems to apply solely to a locality, not to persons.

MEDICAL ATTENDANCE WITHOUT FEES.

AN inquiry was held at Shotley Bridge on June 19th into the circumstances attending the death of a child some few hours after the birth, no medical man being in attendance. The child was shown to have died from congenital heart disease, and a question was raised as to whether a medical man who had been asked to attend the confinement was in any wise to blame for declining to do so. Three or four days before the birth of the child, which was illegitimate, the father sent a note to the medical man asking if he would attend if need be. He replied declining to do so. At the last moment the father sent for another medical man, who turned out to be ill and unable to attend, while his assistant was absent. There had previously been some talk as to the father, who was a miner, joining the club of the medical man whom he first asked to attend the confinement, but he had never done so, although a collector had been sent to receive his subscription. In summing up, the coroner pointed out that the medical man in question was quite justified in the course he had taken; a doctor had a perfect right to be remunerated for his services, and the father was to blame for not making arrangements properly. On any future occasion he must take care to do so. The jury returned a verdict of death through natural causes, and likewise held the medical man blameless.

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.

SUPERSESSON.

J. F. B. writes: The wife of a coachman near by sought my advice recently for uterine haemorrhage. She totally disregarded my order to remain in bed. She became faint, after visiting me, on her return home, when her husband was ordered by his master to summon the house-doctor, who at once took my patient under his care and has continued his attendance upon her without in any way communicating with me. May I ask whether such behaviour on the part of this house-doctor would be considered strictly in accordance with the ethics of the profession?

** Our correspondent explains that by "house-doctor" he means the medical man ordinarily in attendance upon the employer's family. With regard to the question submitted to us, we think that the "house-doctor" should not have assumed charge of the case if he was aware that any one else was already in attendance.

Public Health

AND

POOR LAW MEDICAL SERVICES.

REMUNERATION OF DEPUTY ACTING PERIODICALLY.

G. H. W. does not give details as to the conditions on which he would require his deputy to act for him periodically. A sum equal to two-thirds of the aggregate remuneration received by himself may be suggested as a near approach to proper payment for the assistance rendered.