

kept, contains 88 beds. It possesses, besides, a separate building, with 10 beds, especially adapted for patients suffering from contagious diseases. This additional building was used this year, during January and February, for a few cases of measles; since then, it has remained entirely closed.

There is not a single case of typhoid fever at Cannes, or, in fact, any other contagious disease; and, even when the epidemic of cholera was at its worst, there was not even a suspicious case.

The deaths in the whole population of Cannes, from October 15th to the 22nd, were two, and eleven births were registered.

The streets are washed daily with an abundance of water, and the greatest attention is paid to the drainage, etc., the town being in a state of perfect cleanliness; and, what is of still greater importance, is the plentiful supply of water from the Siagne, which has its source forty kilometres away in the mountains, and is remarkably pure. It is to cleanliness and pure water that I attribute the present healthy state of Cannes.—I am, etc.,

TH. DE VALCOURT, M.D., M.R.C.P. Lond.,
Physician to the Cannes Hospital.

STUDENTS, EXAMINERS, AND REGULATIONS.

SIR,—There are two letters in the JOURNAL of October 17th on which I should be glad to say a word. "Verus Amicus" has, no doubt, pointed out a defect in the regulations of the conjoint board, which has been a source of anxiety to both students and teachers. As it evidently arises from an oversight, it may be assumed that the Colleges will be ready so far to alter their regulations as not to compel students to work throughout the long vacation.

Dr. Quinlan says much that has my cordial assent; but I cannot accept his dictum that every student ought to be "able to recognise any pharmaceutical specimen capable of recognition by the unaided senses." Why should he? I hope Dr. Quinlan would not defend the examiner who demanded this recognition of dulcamara and elm-bark, both of which are excluded from the new B.P. Surely, he would not reject a man who could not be sure of unguentum chrysarobini—a pharmaceutical specimen, which one first-class pharmacy turns out of a light lemon-colour, and another almost slaty-grey both believing they are furnishing the new B.P. preparation?

Dr. Quinlan further requires students to be familiar with the tests for other medicines, "and the method of manufacturing all chemical remedies." This requirement admits of the utmost abuse, as when men were rejected because they could not remember, in the examination-room, details with which no laboratory-superintendent would be foolish enough to charge his memory. Let principles be acquired, by all means, and a general knowledge of the "method of manufacture;" but the physician, surgeon, or general practitioner is not to compete with the chemical manufacturer, or with the wholesale druggist. Dr. Quinlan almost recognises this in his aspiration for the separation of medicine and pharmacy. Therefore, I hope he will not object to my pointing out the danger of demanding too much, and hanging on his letter one more protest on behalf of the overburdened student.—I am, etc.,

PROSSER JAMES.

MEDICO-LEGAL AND MEDICO-ETHICAL.

VISITS OF NEW TO OLD PRACTITIONERS.

SIR,—A commences practice in a town having three resident practitioners—B., C., and D.—and a fourth, E., who has a surgery where he attends on one or two days in the week for a few hours at a time, his proper practice and residence being in another town some miles distant. In accordance with medical etiquette, is it necessary A. should call on E.? or may the formality be dispensed with without breach of the ethical code?—I am, etc.,

ETIQUETTE.

* Unless E., the non-resident practitioner specially alluded to by our querist, lives within a reasonable walking distance (say, from two to three miles) of the small town in which A. has commenced practice, he may, in our opinion, dispense with the formality of calling upon him, without committing a breach of medical etiquette. The prospect, however, of kindly social intercourse with him, as a neighbouring practitioner, may probably be an inducement to extend the above limited visiting radius of a professional call.

W. E. WARRE.—It is impossible to say definitely whether the members can dispute your right to give certificates, without knowledge of what their rules say in reference to such matters. There is nothing in the Friendly Societies Acts to prevent you from certifying, and most of the great societies merely stipulate that certificates shall be signed by a registered medical practitioner.

J. L. H.—The only remaining alternative seems to be recourse to the advice of a solicitor of high standing.

TIDES.—Liability to pay for medical attendance is a matter of contract. The person who sends for a medical man is primarily liable, and the patient who accepts the attendance is so also. If the landlord's wife called in a medical man for her servant, she would probably be held to have been her husband's agent in so doing, and the husband would therefore be liable. If the sum claimed is large, it would be well to consult a solicitor before commencing proceedings.

B.—Upon the basis of the statement made, as B. was the partner of A. at the time of the decease of Mr. X., there cannot, we think, be a doubt that A. is justly entitled to such proportionate share of the fee as he could have legally claimed as a member of the then existing firm of practitioners.

C. E. G.—A guinea would be a fair fee under the circumstances.

X. Y. Z.—We cannot approve of any advertising notices, however veiled, placed in shop-windows.

NAVAL AND MILITARY MEDICAL SERVICES.

MILITARY AND NAVAL HOSPITALS.

SIR,—Will you allow me to call the attention of the medical authorities to the desirability of separating the consumptive patients from the rest by keeping them in the most cheerful wards in the hospital, as it is often thought to be more or less an infectious complaint, especially to those who may be at all liable to consumption. I have even known enteric fever cases frequently placed in the same ward as the other patients, which certainly would not improve the state of the atmosphere, and patients with venereal diseases have been mixed with surgical cases generally, which, to say the least of it, is disgusting. Would it not be better to classify the patients? It seems time that more attention should be given to this important point, which is a mere matter of the simplest possible arrangement.—I am, etc.,

M. G.

* We can hardly believe that the faulty disposal of the sick, to which "M. C." calls attention in the foregoing letter, can be prevalent either in naval or in military hospitals. As regards the latter, the regulations provide that each medical officer in charge of a hospital has the power to arrange the patients as he deems professionally advisable, and is held responsible for their proper distribution. See Army Medical Regulations, Section 5, Par. 477: "The medical officer in charge will, at his own discretion, appropriate wards for the treatment of infectious or contagious diseases, ophthalmic, and all other special cases." The subject is, therefore, not left unattended to in the authorised hospital regulations.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

Examinations for Medical and Surgical Degrees.—The following preliminary notice has been issued. For the degree of bachelor of medicine, the first examination will begin on Thursday, December 3rd; the second on Thursday, December 3rd; the third, Part I, on Tuesday, December 8th; and Part II on Wednesday, December 9th. For the degree of bachelor of surgery, the examination will be held on Saturday, December 12th. For the degree of master of surgery, the examination will be held on Friday and Saturday, December 11th and 12th. The names of candidates for the third examination, and for the examinations in surgery, must be sent to the registry of the University (through the proctors of their respective colleges) on or before Monday, November 30th; those for the first or second examinations, on or before Monday, November 23rd. The certificates of candidates, accompanied by their postal addresses, should be sent to the registry not less than seven days before the beginning of the examination for which they are entered. The fees for the examination must be paid to the registry of the University when the certificates are sent in.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE DEVONSHIRE HOSPITAL, BUXTON.

THE report for the third quarter of the year is always the most interesting for this institution, inasmuch as by far the larger proportion of patients are sent there during the summer months, to enjoy the fine mountain-air of Buxton, as well as to take the thermal baths. During the three months ended the 30th of September last, 1,175 cases of rheumatic or gouty character were received. Of these, 840 were cases of pure rheumatism; 180 were of arthritic character; 12 were in an acute, and 15 in a subacute condition; 5 were of specific character; and there were 8 cases of rheumatic gout, 8 cases of gout, 89 cases of sciatica, 14 cases of lumbago, and 4 cases of rheumatic synovitis. Of diseases of the nervous system, there were 64 cases, including 2 cases