

The undermentioned are appointed Acting-Surgeons to the corps specified:—
JOHN WILLIAMS, 1st Flintshire Engineers; DUNCAN M'MILLAN, M.B., 5th
Volunteer Battalion Argyll and Sutherland Highlanders (late the 1st Argyll);
R. G. ROBERTS, M.B., 1st Volunteer Battalion Liverpool Regiment (late the 1st
Lancashire).

Acting-Surgeons D. HUGHES and R. C. ROBERTS, of the 1st Volunteer Battalion
Royal Welsh Fusiliers (late the 1st Denbigh), and whose commissions date from
July 22nd, 1869, and October 14th, 1874, respectively, have resigned their ap-
pointments.

MEDICO-LEGAL AND MEDICO-ETHICAL.

A QUESTION OF BREACH OF PRIVILEGE.

An application for the renewal of a licence was recently opposed on the ground that the tenant had been convicted of offences under the Licensing Acts; that he had suffered from delirium tremens, and consequently was not a fit and proper person to hold the licence. A medical man, residing near Bristol, who was subpoenaed to give evidence, objected to do so on the ground that it was a breach of privilege between doctor and patient. His objection was overruled. We have been asked to give an opinion as to the law of the case.

A medical practitioner is not privileged from disclosing in a court of justice particulars as to the state of the health of a patient if the court decides that the information is required. The safe course for the practitioner where he is not called as a witness by his patient is to answer only such questions as the court directs him to answer. If he does this his patient will have no right to complain.

R. G. K.—There is nothing in the advertisement to imply that the advertiser is a medical practitioner according to the law of this country.

DISHONEST ASSISTANTS.

H. F. C. E. having related a case in which an assistant obtained through an agent committed embezzlement, asks: 1. Can I get any redress from the medical agent? 2. Can I get any redress from his referee? 3. Ought his College to be made aware of the facts? It seems to me a burning shame that medical men should be allowed to give such false testimony to the character of their late servants and go scot free. There have been many great and good things undertaken by the British Medical Association, and undertaken successfully, and if it would undertake, as it might do with little outlay or loss of time, "the registration of medical assistants," it would be a boon and a blessing to those who are compelled to employ them. It would soon weed the black sheep out. Let every employer at the end of the engagement state his experience of the man to the "Assistant Department" of the British Medical Association, and as no one would employ except the report was good the scoundrels would have to get into some other calling.

* 1 and 2. An action might be maintained against either agent or referee if it can be shown that he knew or ought to have known that the good character he gave was false. Before commencing such an action all the evidence obtainable should be submitted to counsel and his opinion taken. 3. It would be right to inform the College of the facts as to the assistant, and also the Medical Council, so that they may judge whether he is a fit person to remain on the Register.

If the British Medical Association were to establish a registry of assistants it would no doubt be useful to many practitioners; such an undertaking would, however, involve a good deal of trouble and responsibility.

"MY POVERTY, BUT NOT MY WILL, CONSENTS."

J. W. B. writes: On September 18th I was sent for to see a man who had met with an accident. On the following morning I saw him again, but in the afternoon the man's employer sent his own medical man, Mr. B., to see him. Was Mr. B. right or not in seeing the patient without first communicating with me?

** Under the circumstances, and assuming that Mr. B. was cognisant of the fact that "J. W. B." was in attendance on the case, he ought not to have visited the patient in question except in consultation or with the sanction of the attendant practitioner. The following rule is strictly applicable to the case, and should have been observed by Mr. B.:

"When an employer or other person becomes anxious and apprehensive in regard to the illness of an *employé*, or in the case of an impending action for damages, and the like, and for his personal satisfaction, requests his own family or another doctor to visit the patient and report to him thereon, it is the duty of the deputed practitioner to point out to the employer or other interested party their respective ethical obligations in the matter; and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case; otherwise he will commit a grave breach of professional etiquette, and justly subject himself to severe criticism and reproof."

ETIQUETTE OF SUBSTITUTES.

M. D. C. P., asks whether under the following circumstances he should refuse to meet that medical man: I was out, and a child was taken suddenly ill; on my return I found my wife had sent them to another doctor for me. He went; I took on the case. Some six weeks afterwards the father was hurt;

they did not send to me, but went to the same as my wife had sent them. He stuck to the case, and went on with the family.

** The ethical rule by which the attending practitioner in the above case should have been governed is as follows:—

"When a practitioner is called to an urgent case, either of sudden or other illness, accident, or injury, in a family usually attended by another, he should (unless his further attendance in consultation be desired), when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter, but he is entitled to charge the family for his services."

The question, however, which presents itself to our mind is as to whether the instructions given by Mrs. P. to the messenger were properly delivered to the practitioner in question. In all such cases it is far better to write a brief explanatory note than to instruct a messenger verbally, with the view to avoid any mistake. Under the circumstances, we would suggest that our correspondent should, by means of a friendly chat, seek for an explanation from the practitioner alluded to, and be guided in his future relations with him by the result of the converse.

OPEN SHOP.

"A LICENTIATE WHO DOES NOT KEEP AN OPEN SHOP" writes: If Dr. Gage Parsons will refer to a copy of the laws of the Edinburgh College of Physicians published in 1882, he will find the prohibition to keep an open shop does not extend to Licentiates.

LICENTIATES OF THE SOCIETY OF APOTHECARIES AND THE TITLE OF SURGEON.

F. P. M. (Manchester).—Practitioners who have obtained the L.S.A. since the Act of 1886 have the right to call themselves "surgeon."

A MOTHER'S LIABILITY.

A CASE of some medical interest came recently before the Leeds County Court. Mr. Horsfall, F.R.C.S., brought an action against a Mrs. Baines for £18 18s. on account of professional attendance to her son, who is now dead. It was stated that the defendant, after acknowledging her liability and offering £10 in settlement of the account, which the plaintiff refused to accept, came into court denying liability. The plaintiff said that, if the young man had lived, he should have looked to him for payment of the bill. He had applied to the executors several times for payment. He had sued the mother because the son was living in her house, and he attended him with her cognisance and consent. In reply to a question from the judge, the counsel for the plaintiff said he rested his case upon the liability of a parent to pay for medical assistance for a son over age, who was unable to pay himself, rendered in the house of that parent. The principle which had been held to apply between the wife of a man and a third party ought, he suggested, to hold good in this case. His honour said he should give a verdict for the defendant with costs. She had never made any promise to pay the plaintiff, and was, therefore, not liable.

BABY-FARMING: SEVERE CENSURE.

MR. BRAXTON HICKS has just concluded his inquiry as coroner into the circumstances attending the death of an infant, and the evidence adduced in the case shows the necessity for some amendment of the Infant Life Protection Act of 1872. The coroner remarked upon the important nature of the case, which showed that a woman named Arnold began baby-farming three years ago, and practised a pernicious system of "sweating" infants. The children were advertised for, and when their premium had been obtained, they were farmed out to other women at a lower rate than that paid by their guardians; evidence showed that at least twenty-five infants had been thus "sweated." The coroner further said that Mrs. Arnold had made so many false statements in the course of the inquiry that he certainly would send a copy of her depositions to the Public Prosecutor, with a view to her being prosecuted for perjury. He then added that "the Infant Life Protection Act was totally incompetent to deal with such a case as this. If the law had been strong enough, the system of trafficking in children would have been stopped long ago. The Metropolitan Board of Works, who had the carrying out of the Act, had found that the Section did not go far enough. It was desirable to amend that Act in the manner suggested by the Metropolitan Board of Works, and in addition by making it an offence to take for hire or reward any infant under the age of 7 years, unless such person was registered under the Act, or unless the particulars of the agreement or undertaking entered into between the parties to the transaction were registered by the local authority under such Act."

OBITUARY.

DEPUTY SURGEON-GENERAL R. A. CHAPPLE.

DEPUTY SURGEON-GENERAL ROBERT AUGUSTUS CHAPPLE died at Bombay on September 3rd, at the age of 56. Entering the medical staff of the army as Assistant-Surgeon in 1854, he received his full rank of Surgeon eleven years after. On his first joining the army in 1854 he accompanied the troops then proceeding out into the Crimea, and was present with the Scots Greys at the affair of McKenzie's Farm. He was also present at the capture and battle of Balacava, and while attached to the Royal Artillery was at the memorable battle of Inkerman. For more than ten months during this campaign Mr. Chapple served with the right siege train and performed constant trench duty, which was so trying to the medical men. He was also in the trenches during the bombardments of April 6th and June 17th, and was present at the final assault. For his valuable

services which he rendered upon all occasions with the utmost promptitude, he received a medal with three clasps, the fifth class of the Medjidieh, and the Turkish medal.

UNIVERSITY INTELLIGENCE.

VICTORIA.

EXAMINATION LISTS.

(Candidates' names are in alphabetical order throughout.)

FACULTY OF MEDICINE.

Preliminary Examination (Entrance in Arts Examination).

First Division.

Scanlon, L. E.
Thompson, S.

Second Division.

Cheetham, D. H.
Compton, E. L.
Fish, F. W.
Harrison, E.
Heathcote, H. C.
James, M. B.
Lawton, R. M. T.
Leigh, A.
Lilley, A. W.
Lindon, E. H. L.
Maclaren, J. A.
Mathwin, F. S.
Oulton, G. H. E.
Quinby, A. H.
Speight, A.
Spink, W. L.
Thomas, H. C.
Veale, H. de P. B.
Whitaker, J. D.

Preliminary Examination in Science.

First Division.

Ashworth, H. W., Owens College.

Second Division.

Brushfield, A.,	Owens College.
Davies, W. E.,	University ..
Day, F. H.,	" ..
Darbyshire, D. E.,	" ..
Miller, E. S.,	" ..
Tomlinson, W. H.,	Owens ..
Wood, R. L.,	University ..

CAMBRIDGE.

THE following qualified practitioners have passed the examination in Sanitary Science just held, and receive the diploma of the University in Public Health.

G. Adkins, A. J. Anderson, S. Barwise, F. F. Caiger, S. Davies, E. Drummond, R. S. O. Dudfield, P. Evans, G. F. W. Evans, W. B. Featherstone, J. Glaister, J. Hickman, W. Little, W. T. G. Robinson, A. Sheen, P. C. Smith, T. Thomson, F. C. A. Treadgold, W. Venis, G. Vincent, H. E. Waddy, S. White, A. D. Williams, P. M. Williams, C. R. Woods.

The examiners were Sir Charles Cameron, and Drs. Airy, Carpenter, and Corfield.

DURHAM.

FACULTY OF MEDICINE.—Examination for the Licence in Sanitary Science, at the College of Medicine, Newcastle-upon-Tyne, September, 1888.

The following candidates satisfied the examiners.

F. Chand, M.B., B.S., L.R.C.P., L.S.A., L.M.S. India, Punjab University; H. Goude, M.D., F.R.C.S. Edin., M.R.C.S., L.S.A.; A. Robinson, M.D., M.R.C.S., L.S.A., College of Medicine, Newcastle-upon-Tyne.

First examination for the degree of Bachelor in Medicine. The following candidates satisfied the examiners.

In all subjects.

T. M. Allison, College of Medicine, Newcastle-upon-Tyne; E. W. P. Baines, College of Medicine, Newcastle-upon-Tyne; J. Clay, College of Medicine, Newcastle-upon-Tyne; H. A. Collinson, College of Medicine, Newcastle-upon-Tyne; A. Cox, College of Medicine, Newcastle-upon-Tyne; R. L. Daly, Yorkshire College, Leeds; W. J. Durant, College of Medicine, Newcastle-upon-Tyne; F. Hunton, College of Medicine, Newcastle-upon-Tyne; J. A. Kendal, College of Medicine, Newcastle-upon-Tyne; J. Law, College of Medicine, Newcastle-upon-Tyne; A. E. Neale, College of Medicine, Newcastle-upon-Tyne; W. Oliver, College of Medicine, Newcastle-upon-Tyne; J. A. W. Watts, The Owens College, Manchester; H. B. Wilson, Bristol Medical School.

In Elementary Anatomy and Elementary Physiology.

T. Dixon, College of Medicine, Newcastle-upon-Tyne; G. H. Fowler, College of Medicine, Newcastle-upon-Tyne; R. N. Lishman, College of Medicine, Newcastle-upon-Tyne; R. McCoull, College of Medicine, Newcastle-upon-Tyne; E. Mitchell, College of Medicine, Newcastle-upon-Tyne; R. Muschamp, Yorkshire College, Leeds.

In Chemistry with Chemical Physics, and Botany with Medical Botany.

J. Atcherly, Yorkshire College, Leeds; E. Bromley, Yorkshire College, Leeds; W. A. Clayton, College of Medicine, Newcastle-upon-Tyne; R. H. Cole, University College; H. W. J. Cook, Charing Cross Hospital; A. J. Dale, College of Medicine, Newcastle-upon-Tyne; C. B. Dale, St. Bartholomew's Hospital; R. B. Duncan, College of Medicine, Newcastle-

upon-Tyne; W. Fowler, College of Medicine, Newcastle-upon-Tyne; A. A. Hewer, St. Bartholomew's Hospital; K. C. Hill, College of Medicine, Newcastle-upon-Tyne; D. A. Hughes, Middlesex Hospital; W. D. Johns, College of Medicine, Newcastle-upon-Tyne; H. M. Jones, College of Medicine, Newcastle-upon-Tyne; R. S. Macpherson, College of Medicine, Newcastle-upon-Tyne; E. S. Perkins, Yorkshire College, Leeds; G. B. Robinson, Sheffield School of Medicine; F. Robson, College of Medicine, Newcastle-upon-Tyne; W. J. N. Vincent, London Hospital; G. T. Wayman, College of Medicine, Newcastle-upon-Tyne.

In Chemistry with Chemical Physics.

J. H. Blight, L.R.C.P., M.R.C.S., Guy's Hospital; A. Caddy, L.R.C.P., M.R.C.S., St. George's Hospital; R. Pearson, L.R.C.P., M.R.C.S., St. George's Hospital.

Second examination for the degree of Bachelor in Medicine.

The following candidates satisfied the examiners.

P. R. Atkins, College of Medicine, Newcastle-upon-Tyne; F. H. Alderson, Middlesex Hospital; T. Beattie, College of Medicine, Newcastle-upon-Tyne; A. Crick, St. Thomas's Hospital; E. W. Diver, University College; C. M. Hardy, College of Medicine, Newcastle-upon-Tyne; R. D. Hotchkiss, St. Bartholomew's Hospital; E. B. Hulbert, University College; A. M. Martin, College of Medicine, Newcastle-upon-Tyne; W. E. Peacock (Materia Medica), College of Medicine, Newcastle-upon-Tyne; S. W. Plummer, College of Medicine, Newcastle-upon-Tyne; C. B. Smith (Materia Medica), College of Medicine, Newcastle-upon-Tyne; H. Smith, College of Medicine, Newcastle-upon-Tyne; H. S. Stockton, M.R.C.S., L.S.A., Charing Cross Hospital; B. T. Stokoe, College of Medicine, Newcastle-upon-Tyne; A. A. D. Townsend, Queen's College, Birmingham; R. A. Welsh, College of Medicine, Newcastle-upon-Tyne; G. B. M. Wood, University College.

HOSPITAL AND DISPENSARY MANAGEMENT.

GREENOCK FERGUSON EYE BEQUEST.

At a meeting of the trustees of this bequest, held at Greenock on October 8th, the annual report of the Eye Infirmary was submitted. It showed that the number of patients during the past year had been 2,380, an increase of 340 on the previous year, the total number of visits being 14,850. Of the total, 2,261 were dismissed cured, 86 improved, and 33 as incurable. The trustees voted to Dr. Cluckie, the surgeon, a special grant of £50. The annual income amount to £544, and the expenditure to £480.

PUBLIC HEALTH

AND

POOR LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.—In the twenty-eight large English towns, including London, which have an estimated population of 9,398,273 persons, 5,478 births and 3,286 deaths were registered during the week ending Saturday, October 6th. The annual rate of mortality, which had risen in the three preceding weeks from 17.7 to 18.3 per 1,000, declined again to 18.2 during the week under notice. The rates in the several towns ranged from 12.8 in Oldham, 13.1 in Nottingham, 13.4 in Wolverhampton, and 14.1 in Bristol to 24.0 in Birkenhead, 24.1 in Blackburn, 27.6 in Bolton, and 29.8 in Manchester. In the twenty-seven provincial towns the mean death-rate was 19.7 per 1,000, and exceeded by as much as 3.2 the rate recorded in London, which was only 16.5 per 1,000. The 3,286 deaths registered during the week under notice in the twenty-eight towns included 286 which were referred to diarrhoea, 55 to measles, 49 to scarlet fever, 47 to diphtheria, 40 to "fever" (principally enteric), 28 to whooping-cough, and not one to small-pox; in all, 505 deaths resulted from these principal zymotic diseases, against 545 and 569 in the two preceding weeks. These 505 deaths were equal to an annual rate of 2.8 per 1,000; in London the zymotic death-rate was 2.2, while it averaged 3.3 per 1,000 in the twenty-seven provincial towns, among which it ranged from 0.5 and 0.8 in Bristol and Oldham to 6.1 in Blackburn, 6.6 in Preston, and 7.4 in Bolton. Scarlet fever caused the highest proportional fatality in Bolton and Blackburn; whooping-cough in Norwich; "fever" in Salford and Cardiff; and diarrhoea in Sheffield, Bolton, Portsmouth, Wolverhampton, and Preston. Of the 47 deaths from diphtheria recorded during the week under notice in the twenty-eight towns 35 occurred in London, 5 in Manchester, and 2 in Birmingham. No fatal case of small-pox was registered in London or in any of the provincial towns, and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals. These hospitals contained, however, 886 scarlet-fever patients on the same date, against numbers increasing from 716 to 880 in the six