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UNIVERSITY OF EDINBURGH.

THE NUMBER OF STUDENTS.

The following table gives the number of matriculated students of medicine in the various years at the University of Edinburgh at the 30th day of November in each of the last four sessions:

Session	First Year.	Second Year.	Third Year.	Fourth Year.	Fifth Year.	Total.
1895-96	224	195	244	209	321	1,193
1896-97	218	223	202	239	279	1,161
1897-98	205	208	228	193	333	1,167
1898-99	187	211	212	211	329	1,150

The following line gives a comparison of the past two sessions as at November 30th:

De-crease.	In-crease.	De-crease.	In-crease.	De-crease.	De-crease.
18	3	16	18	4	17

The following table gives the number of matriculated students of science in the various years in each of the past four sessions at November 30th:

Session	First Year.	Second Year.	Third Year.	Total.
1895-96	46	30	35	111
1896-97	54	25	38	117
1897-98	48	39	33	120
1898-99	58	28	33	119

Comparing the two past sessions the result is:

Increase.	Decrease.	Same.	Decrease.
10	11	—	1

The following table gives the number of women who were either matriculated students of Medicine, or Extra-Academical graduation students of Medicine:

At November 30th, 1895	...	...	39
" " " 1896	...	...	71
" " " 1897	...	...	79
" " " 1898	...	...	96

And, finally, the following is the number of matriculated students in all the Faculties taken together, again as at November 30th in each session:

1895-96	...	...	2,470
1896-97	...	...	2,473
1897-98	...	...	2,456
1898-99	...	...	2,488

The present session, therefore, shows the largest record of the past four years.

UNIVERSITY OF DUBLIN.

At the winter commencements, Michaelmas Term, held on Friday, December 16th, 1898, the following degrees and licences in Medicine, Surgery, and Midwifery were conferred by the University Caput:

*Licentia in Medicina, Chirurgia, et Arte Obstetrica.*—S. H. Woods.  
*Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetrica.*—L. Q. Bulger, A. M. Carolin, S. Copley, A. Greene, A. W. May, W. F. C. MacC. Morrogh, F. H. Oswald, T. G. N. Stokes (B.Ch. *stip. cond.*)  
*Doctores in Medicina.*—W. F. Ahern, A. W. Beaumont, F. W. Bonis, L. Q. Bulger, S. Copley, F. B. Counihan, R. Counihan, G. W. Eustace, H. L. Geoghegan, A. Greene, G. J. Lane, E. Lyons, A. W. May, G. E. P. Meldon, W. C. Minchin, G. A. Moore, J. H. Moorhead, H. G. Ormsby (*in absentia*), J. J. Purser.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following gentlemen, having passed the requisite examination, have been elected Fellows of the College:

C. E. Douglas, M.B., C.M. and M.D. Edin.; C. W. Edwards, M.R.C.S. Eng., L.R.C.P. Lond.; H. T. Galbraith, L.R.C.S.E.; C. M. Kruger, M.B., C.M. Edin.; and E. Pearson, L.R.C.S.E.

The gold medal presented to the College by Colonel William Lorimer Bathgate, in memory of his late father, William M'Phane Bathgate, F.R.C.S.E., Lecturer on Materia Medica in the Extra-academical School, has been awarded, after the annual competitive written examination in Materia Medica, to Mr. George Robertson.

APOTHECARIES' HALL, IRELAND.

At a meeting of the Governor and Court of the Apothecaries' Hall of Ireland, the following gentlemen were appointed to conduct the examinations in Medicine, Surgery, and Midwifery for the year: *Chemistry and Physics*: Professor W. N. Hartley, F.R.S.; C. R. C. Tichborne, D.P.H. *Pharmacy*: W. V. Furlong, L.R.C.P.E., L.R.C.S.I., and G. A. Stritch, L.F.P.S.G. *Anatomy*: J. Campbell, M.D., F.R.C.S.E., and J. F. Fagan, F.R.C.S.I. *Biology*: F. Adye-Curran, M.D., F.R.C.S.I., and J. A. Johns, M.B. B.Ch. *Materia Medica*: John Evans, L.R.C.S.I., and S. M. Thompson, L.R.C.S.I. *Physiology*: C. M. O'Brien, M.B. Durh., L.R.C.P.I., L.R.C.S.I., and G. B. White, F.R.C.S.I. *Hygiene*: Sir Charles Cameron, M.D., D.P.H., and J. M. Day, M.B., D.P.H. *Medical Jurisprudence*: H. A. Auchinleck, L.R.C.P. and S. Edin., F.R.C.S.I., and J. E. Kenny, L.R.C.P. and S. Edin. *Pathology*: J. Knott, M.D., F.R.C.S.I., and C. M. O'Brien, M.D. Durh., L.R.C.P.I., L.R.C.S.I. *Midwifery and Gynaecology*: T. More Madden, F.R.C.S. Edin., and R. D. Purefoy, M.B., F.R.C.S.I. *Ophthalmology*: F. O'Devaine, F.R.C.S.I., and R. J. Montgomery, M.B., F.R.C.S.I. *Surgery* (appointed by General Medical Council): H. G. Howse, M.S., F.R.C.S.E., and H. A. Thompson, M.D., F.R.C.S. Edin. *Medicine*: W. E. Ashley Cummins, M.D., and M. McHugh, M.B., L.R.C.S.I.

MEDICO-LEGAL.

THE COLLAPSE OF THE CASE AGAINST THE CHRISTIAN SCIENTISTS.

So far as the law courts are concerned the last word has been said as to the circumstances attending the last illness and death of Mr. Harold Frederic; and very unsatisfactory (to the public) that last word is. The coroner's jury, it will be remembered, returned a verdict of manslaughter against the two ladies, Miss Kate Lyon, who lived with him at Kenley, and appears to have had charge of his establishment there and to have assumed the general charge and control of the patient throughout his last illness, and Mrs. Mills, the Christian scientist "healer," who was called in by Miss Lyon. The Treasury took up the case, and after a full inquiry extending over several days before the Croydon justices withdrew the charge against Miss Lyon, having come to the conclusion that no jury would convict her, but asked for a committal against Mrs. Mills. The magistrates, however, were of opinion that the evidence against Mrs. Mills was not sufficient to justify them in sending her for trial, and they therefore discharged her also, stating that they came to this decision with the less difficulty because the defendants would necessarily be indicted on the coroner's inquisition, upon which the Treasury could obtain the decision of the higher Court, so that justice could in no sense be defeated by the refusal of the magistrates to commit for trial. When, however, the case came before the Central Criminal Court in due course last week counsel for the Crown announced that, after consulting with the Attorney-General, he did not propose to offer any evidence against either of the defendants. Mr. Justice Hawkins, the presiding judge, directed the jury that under these circumstances they had no alternative but to return a verdict of not guilty, as no evidence was before them on which any other verdict was possible. But the learned judge pointed out that he was not responsible for the withdrawal of the charge, and emphatically declined even to share the responsibility in any degree with the Crown. From some cause not explained it seems that no copy of the depositions taken before the Coroner or magistrates had been sent to the judge. The judge said he would have read the depositions if they had been sent to him, and might then have assented to the course proposed by the Crown or might not have assented. Those who know Mr. Justice Hawkins will feel pretty confident that in a case of such great public interest he would have stated his reasons for assenting or dissenting, and in doing so would have thrown some much-needed light upon the law and its relation to the facts of this case.

As we said in a previous notice of this case, "the point on which an authoritative deliverance is required is how far it is lawful for those about a sick person, presumed to be incapable of forming an intelligent judgment for himself, to neglect ordinary medical treatment, and rely solely on 'faith healing.'" As no statute deals with the case of adults in general over 16 years of age, the question can only be answered by reference to the principles of the common law, and these principles do not appear to recognise any positive legal duty on the part of any person to supply medical aid or medicines to a sick adult unless that person has in fact the charge and control of the patient for the time being, and the patient is in fact incapable of taking care of himself. In such circumstances the common law holds the person responsible for procuring whatever is necessary for the patient—food, clothing, fire, etc.—and it would be a question for the jury to say whether, in the particular circumstances of the case before them, medical aid and medicines could reasonably be considered necessary. If this was answered in the affirmative, there would be the further question, Why were they not supplied?

On this point Mr. Justice Wills, in his charge to the jury in the case of Senior, which we noticed last week, directed the jury that "in order to make out a case of manslaughter by negligence of this kind, purely at common law, the negligence must be gross and wanton; so much so as to indicate something, at all events, of an evil mind, and that it was impossible to say that of the prisoner, who was shown to have spared neither expense nor care, and to have taken in all respects but one (namely, the procuring of medical aid and medicines) every precaution to do the best for the child."

For his failure to provide medical aid and medicines Senior was sentenced to four months' imprisonment with hard labour. But it is clear that under the common law Senior could not have been convicted of criminal neglect, and the statute under which he was convicted is expressly limited to patients under 16 years of age. But had

there been a similar provision applicable to adults the case against Miss Lyon would have been narrowed down to the question, Was Mr. Harold Frederic capable of taking care of himself? Whether such a provision would be desirable in the interests of the public, and whether if desirable the Legislature could ever be persuaded to enact it, are delicate questions which we cannot discuss at present.

#### CONSULTATION FEE.

A CORRESPONDENT asks us whether he is entitled to recover his fee under the following circumstances: I was attending a patient suffering with synovitis of the knee. He was a lodger in a house, the tenants of which were turned out for non-payment of rent, and to prevent my patient being also evicted I gave a certificate to the effect that he was not fit to be moved. This certificate was forwarded to the landlord's solicitors, who called the next day upon me, and requested me to meet another doctor in consultation over the case, to discuss the time when the patient would be sufficiently strong to be moved. I met the other doctor in consultation, and sent in an account for my fee to the solicitors, who, however, refused to pay, saying it was etiquette for me to meet the other doctor, and that I was entitled to no fee.

\*\* We are advised that our correspondent is not entitled, under the circumstances he mentions, to recover his consultation fee from the solicitor or his client the landlord, though we think it is certainly a hard case.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,281 births and 3,575 deaths were registered during the week ending Saturday last, December 17th. The annual rate of mortality in these towns, which had been 19.1 and 17.8 per 1,000 in the two preceding weeks, further declined to 16.6 last week. The rates in the several towns ranged from 10.9 in Derby, 11.7 in Croydon, 12.0 in Hull, and 12.4 in Burnley, to 20.9 in Manchester, 21.5 in Swansea, 21.7 in Sunderland, and 21.9 in Nottingham. In the thirty-two provincial towns the mean death-rate was 16.7 per 1,000, and was slightly above the rate recorded in London, which was 16.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.3 in Norwich, 3.4 in Bolton, 4.0 in Nottingham, and 3.2 in Swansea. Measles caused a death-rate of 1.4 in Manchester, 3.0 in Bolton, and 3.1 in Nottingham; scarlet fever of 1.0 in Swansea; whooping-cough of 1.0 in Swansea, 1.2 in Cardiff, and 1.3 in Preston; and "fever" of 1.0 in Swansea and in Sheffield, and 1.2 in Salford. The 103 deaths from diphtheria in the thirty-three towns included 40 in London, 10 in Swansea, 7 in West Ham, 7 in Liverpool, 7 in Leeds, 6 in Sheffield, and 4 in Birmingham. No fatal case of small-pox was registered during the week under notice either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,259 to 3,090 at the end of the four preceding weeks, had further fallen to 3,043 on Saturday last, December 17th; 260 new cases were admitted during the week, against 234, 264, and 276 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 17th, 888 births and 584 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.0 per 1,000 in each of the two preceding weeks, declined to 19.4 last week, but was 2.8 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 10.2 in Perth and 13.1 in Paisley to 21.2 in Dundee and 22.2 in Aberdeen. The zymotic death-rate in these towns averaged 2.1 per 1,000, the highest rates being recorded in Aberdeen and Greenock. The 266 deaths registered in Glasgow included 5 from measles, 5 from scarlet fever, 2 from diphtheria, 9 from whooping-cough, and 6 from "fever." Two fatal cases of scarlet fever and 2 of diphtheria were recorded in Edinburgh, 3 of "fever" in Aberdeen, and 3 of scarlet fever in Greenock.

#### THE EPIDEMIC OF ENTERIC FEVER AT ABERDEEN.

PROFESSOR MATTHEW HAY, the Medical Officer of Health for Aberdeen, in a recent report on the prevalence of zymotic diseases in that city shows that a somewhat grave increase of enteric fever has occurred. The population of Aberdeen in 1897 was 124,943. Writing on December 15th to the Public Health Committee Dr. Hay says: Typhoid fever is much concern at present. During the past month 30 cases were reported or discovered, which represents an increase of 10 as compared with the preceding month, and 24 as compared with November, 1897. Within the last three months there have been altogether 80 cases of typhoid or considerably more than during the whole of last year. There has not been for many years so large a number of cases within so short a period." The large increase in September was traced to an infected milk supply from two adjacent dairies, which were subsequently closed. The great increase during the past month has been traced to another dairy, where only one cow was kept. This dairy keeper was not registered, and his arrangements were very defective. In the end of September a case of ill-defined sickness occurred at this dairy. In the later half of October other persons at the same place took ill. By the first week of November the whole family, save the parents, but including the domestic servant, were ill—seven persons in all. The cases have been notified as typhoid. Then came 2 cases from an adjacent house, to which milk had come from

this dairy. In every family supplied from this dairy, with one exception, cases of typhoid occurred. In all 17 cases have been found to be comprised in this outbreak. In the family which escaped all the milk was boiled. The dairy keeper is being prosecuted for non-registration. Another similar outbreak, but on a more extensive scale, has now begun at a dairy farm with seven cows, which also was an unregistered dairy; 25 cases have been traced to this source and 2 deaths. A third milk epidemic was starting on Thursday, December 15th, but it has not yet been fully investigated.

#### UNHEALTHY OCCUPATIONS.

X. Y. asks for the best book dealing with unhealthy occupations, and the legislation regarding them.

\*\* Some information will be found in all the leading textbooks on hygiene or the duties of health officers. Our correspondent may find *Trade Nuisances*, a sixpenny pamphlet of the "Aids" series (Sanitary Publishing Company, Fetter Lane, London) of service. We believe copies of the reprint of a portion of Ballard's *Effluvium Nuisances* may still be had (4s.), probably from Messrs. King, Westminster. Dr. Arlidge's work, *The Hygiene, Diseases, and Mortality of Occupations* (London: Rivington, 21s.) might be consulted. In addition to the Public Health Acts *The Law Relating to Factories and Workshops (including Laundries and Docks)*, by May Abraham and Arthur Llewellyn Davies (Eyre and Spottiswoode, 5s.), will be found useful.

#### INFECTIOUS DISEASES (NOTIFICATION) ACT, 1889.

A. B., who is a guardian, district councillor, and a general medical practitioner, desires to know whether he is legally entitled to the 2s. 6d. fee for every infectious case he may notify to the medical officer of health, or does his membership of the Boards disqualify him or prohibit him to send in a charge at all.

\*\* Section XI of the Infectious Diseases (Notification) Act, 1889, sets forth that a payment to any medical practitioner under the Act shall not disqualify him from serving on a sanitary authority or Board of Guardians. A medical officer of health can even claim his fee for notifying to himself. The fee is only 2s. 6d. for notifying cases in private practice.

#### DISMISSAL OF DISTRICT MEDICAL OFFICER AFTER THREE YEARS' SERVICE.

S. E. J. does not tell us on what terms he was appointed; he does not even say that he was appointed at all; but he does say that he supposed he was acting "temporarily." If he will give us more precise information on this and other points of his case, we will endeavour to advise him.

## MEDICAL NEWS.

THE dinner of the London School of Tropical Medicine, at which Mr. Chamberlain is to preside, will be held at the Hotel Cecil on May 10th.

INTERNATIONAL CONGRESS OF DERMATOLOGY.—We are informed by Dr. Pringle, the British Secretary of the Section for Syphilis and Venereal Diseases, that the official translation of the first and second subjects set down for discussion is as follows: (1) Syphilis and Associated Infective Processes, (2) The Influence of Hereditary Syphilis on Succeeding Generations.

PRESENTATION.—On his retirement from office as Honorary Physician to the Bradford Royal Infirmary, Dr. H. C. Major was recently entertained at dinner by the honorary medical and surgical staff, and presented with an illuminated address, and with an album containing the photographs of the staff. Previously Dr. Major had been the recipient of an illuminated address from the Board of Management of the Infirmary, and of an aneroid barometer from the Resident Staff.

DIPHTHERIA AT ALDERSHOT.—It seems strange that any reluctance should have been shown at a recent meeting of the School Board to close the schools owing to the outbreak of diphtheria, although the medical officer strongly recommended this procedure. The fact that 53 cases have been reported during the past month, and that 12 have ended fatally, seems to be sufficient to justify an immediate closing of the schools as a precaution against a spreading of the disease. The School Board is the reluctant party, but the District Council showed themselves fully alive to the seriousness of the situation and have adopted the only safe course.

STATE LABORATORIES IN THE UNITED STATES.—The *Philadelphia Medical Journal* of November 5th announces that the State Legislature of Vermont has just passed an Act providing for the equipment and maintenance of a State laboratory, which shall include in its work "the chemical

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