

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

PRELIMINARY AND INTERMEDIATE MEDICAL COURSES.

The University of London has established centres for Preliminary and Intermediate Medical Studies at University and King's Colleges. The fees for the Courses at these Colleges will be as follows:

A. For Courses Required by the University of London.

Course.	Fee.	Attendance.
Preliminary Scientific, Part I	£26 5s.	For the Course.
Repetition (Practical and Lectures)	£4 4s. per subject (Physics, Chemistry, Botany, Zoology)	For one year.
Preliminary Scientific, Part II and Intermediate ..	£57 15s. in one sum; £63 in two equal instalments	In Anatomy, Practical Anatomy and Physiology for 3 years, with single attendances at the Courses in Practical Physiology, Organic Chemistry (Preliminary Scientific, Part II), and Pharmacology and Materia Medica.
Repetition—Anatomy and Physiology	£3 3s. per subject	For three months.
Other subjects ...	£4 4s. per subject	For the Course.

B. For Courses for Examinations by the Conjoint Board.

Course.	Fee.	Attendance.
First Examination (Parts I, II, III)	£21	For the Course.
Repetition—(Chemistry, Physics, Biology)	£3 3s. per subject	For the Course.
First Examination (Part IV) and Second Examination	£57 15s. in one sum; £63 in two equal instalments	For three years, with single attendances at the Practical Physiology Courses.
Repetition—Practical Physiology	£3 3s.	For three months.
Anatomy and Physiology	£3 3s. per subject	For each three months' work beyond the three years.

Students may either enter these Centres directly and choose their medical school subsequently, or may enter through one of the following medical schools: University College Hospital Medical School, King's College Hospital Medical School, St. George's Hospital Medical School, or Westminster Hospital Medical School. For any further information application may be made to the Academic Registrar, University of London, South Kensington, S.W.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE ARMY COUNCIL AND THE MEDICAL SERVICES.

A PARLIAMENTARY paper was issued on August 11th, which gives an abstract of recommendations of the Royal Commission on the Care and Treatment of the Sick and Wounded in War during the South African War, together with the action taken by the Army Council upon these recommendations. The establishment of medical officers has since the war been increased by 125, and the establishment of quartermasters, warrant officers, non-commissioned officers, and men, including provision for South Africa, by 1,216, and the question of further increases in both categories is still under consideration. The equipment provided by the Mowatt reserves for three army corps, one cavalry division and line of communication troops has been completed and is being revised.

By a Royal Warrant issued on March 26th, 1902, the pay of medical officers was greatly improved. A college for the instruction of officers was opened in London, and a permanent building is now in course of erection at Millbank. All officers of over five years' service are required to attend a six months' course of instruction, which includes clinical teaching in the various civil hospitals in London by civilian professors. Officers passing certain standards at the examination after the course are eligible for accelerated promotion up to a period of eighteen months, and officers who distinguish themselves in selected subjects are eligible for employment as specialists with extra pay. Promotion to the higher ranks is made upon a system of strict selection based upon positive merit. As the result of these regulations, the supply of candidates has been of the most satisfactory nature. A Royal Warrant was issued in March, 1902, approving of the establishment of Queen Alexandra's Imperial Military Nursing Service. This warrant greatly improved the conditions of service of nurses, and is attracting highly-qualified nurses. An increase of 259 nurses has been made to the peace establishment, and this number is being recruited. The needs of all important military hospitals will, it is considered, be met by this addition. The scale of nurses for fixed hospitals in war has been largely augmented. The appointment of properly-qualified sanitary officers to all commands at home and abroad has been approved, and already in all home commands and the important commands abroad these officers have been appointed. To ensure a satisfactory ambulance wagon being provided, a prize was offered by the Secretary of State for War, and many firms competed. After exhaustive trials of many patterns, wagons of a thoroughly satisfactory character have now been selected. A special tent—a modification of the Indian pattern E.P. tent—has been designed and made, and has undergone successful trials. Some further alterations have recently been made, and the tent is receiving a final trial before adoption. The provision of further Reserves of Officers and Orderlies is still under consideration. A scheme has been drawn up for the establishment of a Reserve of Civilian Surgeons who will receive military training. A scheme of Special Enlistment to provide a sufficient reserve of trained Orderlies is under consideration.

ANNUAL CAMP OF WELSH BRIGADE.

THE Welsh Bearer Company R.A.M.C (V.) attended the annual camp of the Welsh Brigade at Porthcawl from August 6th to 13th. The company marched down to Porthcawl Camp from Cardiff, a distance of thirty miles, bivouacking en route at Llandough, near Cowbridge. The march was performed under strict service conditions, the men being in full marching order with greatcoats; they slept on the ground without tents. Supper consisted of bread, corned beef and tea, and breakfast of bread, eggs, and tea. The ambulance wagon went with the company and bread and cheese were supplied on the march. Leaving Cardiff at 3 p.m. on August 5th, the company arrived at camp at 1 p.m. on August 6th, every man marching in.

In camp a useful and enjoyable week was spent. The officers in charge were Captain William Sheen and Lieutenant E. J. R. Evatt, and there were 49 men present out of a possible 61. The bearer company furnished the brigade field hospital, through which some 200 cases of sickness and accident passed during the week. The water at Porthcawl being under suspicion, the company was provided with a Berkefeld field filter from which sterilized water was served out for hospital use and to the men every morning.

The company was inspected in camp by the Principal Medical Officer of the Welsh and Midland Command, Colonel A. W. Duke, R.A.M.C., and by the acting Senior Medical Officer of the Brigade, Surgeon-Major Arnallt Jones. Both these officers expressed approval of the appearance and work of the men.

The earlier days of the week were spent in instructional parades. The company also took part in one field day, and on the concluding day marched in the morning to Newton Nottage for bearer company practice. On the afternoon of this day sports were organized with several events open to the brigade, and in the evening there was a smoking concert. Four of the men in camp were trained signallers and did very useful work in signalling the nature of wounds, number of wounded coming in, additional bandages and dressings required, etc. These men were also cyclists.

A new departure was made by messing the men together in a marquee seated at table instead of messing them in their tents. The tent orderlies acted as mess waiters. Thus the men fed comfortably, all waste was avoided and the camp was

kept clean; so clean, that the senior medical officer in his report called attention to the clearer company's lines as an example to the whole brigade.

OBITUARY.

LIEUTENANT-COLONEL PHILIP LE FAVRE KILROY, late of the Royal Army Medical Corps, of Eastfield, Ryde, Isle of Wight, died at Paramé, France, on August 13th, at the age of 61. He entered the Army Medical Department as Assistant-Surgeon, October 2nd, 1865; became Surgeon, March 1st, 1873; Surgeon-Major, October 2nd, 1877; was granted the rank of Lieutenant-Colonel, October 2nd, 1885; and made Brigade-Surgeon-Lieutenant-Colonel, March 10th, 1892. He retired from the service, May 15th, 1895. He had no war record.

BRIGADE-SURGEON THOMAS OLIVER HESSON, late Army Medical Department, died suddenly from heart failure at Norwich on August 13th, aged 70. He was appointed Assistant-Surgeon, December 1st, 1858; Surgeon, March 1st, 1873; Surgeon-Major, January 21st, 1874; and Honorary Brigade-Surgeon on retirement from the service, December 13th, 1882.

MAJOR WILFRED CONSTANT VICKERS, M.B., Madras Establishment, died at Gay's Hospital, on August 18th, aged 42 years. He joined the army as Assistant Surgeon, September 30th, 1883, and became Major September 30th, 1901.

MEDICO-LEGAL AND MEDICO-ETHICAL.

PURCHASE OF PRACTICE.

NEM. CON. writes for information under the following circumstances: A. sells his practice to B., one-sixth of the receipts of which are brought in by a collector in weekly instalments to A. (who does not wish to take the book debts), on a six months' introduction. At the end of that time there are for collection debts prior to introduction and those due for work done during introduction. There will also be book debts for the work B. commences to do after A. leaves the practice. The amount paid by patients is in many cases not equal to the amount being added to their indebtedness on account of continued attendance. If the same collector is employed by A. and B., what is the best way of apportioning amounts collected during the three periods of indebtedness?

. Where debtors pay their debts by instalments, it is always presumed that the latter refer to those portions of the debts first contracted, if legally recoverable, unless the contrary is specially agreed between the parties. Hence A.'s debts previous to introduction will have priority; then will come those incurred during introduction, and it will only be after these have been satisfied that B. can properly claim the residue.

TESTIMONIALS TO MASSEURS.

B. M. BONE.—We cannot find the name of the supposed giver of the testimonial in either the *Medical Register* or the *Directory* for 1905.

TOUTING FOR PRACTICE.

ETRAITS writes that he would like to have an opinion on the conduct of a medical man, newly come to an eastern town, who makes a point of visiting the wharf every morning to offer his services to the boats lying there, even visiting boats which are under contract to other medical men, asserting that he attends the boats at the wharf. "Straits" says it was previously the custom to allow the captains to telephone for the medical men they wished to attend.

. So far as we understand this complaint the conduct complained of is touting of a very undignified kind. Unless, however, there is also some misrepresentation or false pretence, such as may lie in the statement that he is the doctor who attends the boats at the wharf, we do not think the offence is one of which any disciplinary authority would take notice. If the offender is a member of the Association the matter might properly be laid before the Division which has the power to settle such questions in accordance with local opinion.

SUPERSESSION.

ERMO.—S. should not have taken charge of the case without making sure that W. had been properly informed that his services were no longer required. Subject to this, however, he was free to take the case, although W. seems to have been badly treated.

GRATUITOUS ATTENDANCE ON MEDICAL MEN.

SIMPLEX.—Considering the long duration of the attendance and the other circumstances, and the fact that the patient was well to do and leaves no one dependent on him, our correspondent may make a reasonable charge for his services. It would be well, however, to speak to the father before sending an account, so as to avoid any risk of unpleasantness.

PROFESSIONAL RELATIONS.

CRYPTO.—We do not think that our correspondent would be justified in refusing professional recognition to a colleague because he came to the place without buying an introduction, has started a cheap club, is sometimes the worse for drink, and asks people why they do not employ him. It is competent for the local Division of the Association to make rules as to club rates to which, if a member, this practitioner would be compelled to conform, but the other matters do not seem to be of the kind with which the discipline of the Association can deal. We should advise our correspondent to treat his colleague with professional courtesy if he is brought into relation with him. If he is the sort of person described his competition cannot be very dangerous, and our correspondent will preserve his own dignity and that of the profession better by being courteous than by himself breaking the rules of professional etiquette and thereby putting himself in the wrong and giving his opponent good cause to complain. He should remember the motto "Noblesse oblige," which those members of our profession who have attained a good position should not forget applies to them in their relations with their less fortunate or junior brethren.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

MEDICAL OFFICER OF HEALTH AND NOTIFICATION.

M.O.H. writes: I shall be obliged if you will inform me (1) whether a medical officer of health when inspecting a district should notify cases of infectious disease not under the care of any medical man, and (2) also can he charge for the same?

. M.O.H. does not state whether he is engaged in private practice as well as being M.O.H. of the district. This is an important point in respect to the questions which he asks. If he is in practice and the notifiable infectious case occurs among his patients it is his duty to notify, and he is entitled to the fee payable for doing so. Whether he is partially engaged in private practice or acts solely as M.O.H. it is in our opinion otherwise when he discovers such cases while "inspecting a district," presumably as the result of information which has come to him in his official capacity. To notify such cases with a view to receive fees for so doing would be not only extremely indiscreet but contrary to the spirit of the office held by M.O.H. If M.O.H. will refer to the Infectious Disease (Notification) Act he will find that the duty of notifying so far as the medical profession is concerned is strictly confined to "every medical practitioner attending on, or called in to visit the patient." Under the circumstances described M.O.H. is not in such attendance, nor has he been called in by the patient or his friends. Even had he been called in by the latter in his official capacity he would be most unwise and would be likely to cause friction with the sanitary authority if he attempted to supplement his professional income in this way.

A STATE SCHOOL OF SANITATION.

THE New Jersey State Board of Health has appointed a commission to consider a proposal to establish a State School of Sanitation in which local health officers would be instructed in their duties, particularly during epidemics of infectious diseases. The method proposed is to hold conferences in the various cities of the State at which instruction will be given, followed by practical demonstrations.

HOSPITAL AND DISPENSARY MANAGEMENT.

DOWN COUNTY ASYLUM, DOWNPATRICK.

IN our report on this asylum last year we noted that during 1903 the patients were in excess of the provided accommodation, but that new residential blocks were in process of erection. From this year's report for the year 1904 we see that these blocks were completed last September, raising the accommodation to 800; so that whilst the excess over the accommodation on January 1st, 1904, was 11, the vacancies numbered 100 on December 31st, 1904. These considerable extensions, which comprised two residential blocks for 180 patients and 22 attendants, a central auxiliary dining-hall for 250 patients, and a farmstead, were designed not only to admit ordinary cases of insanity but to receive lunatics from the Union workhouses. The Medical Superintendent, Dr. M. J. Nolan, maintains—and in this he is supported by Sir George O'Farrell, Inspector of Lunatics—that these workhouse cases could not be "dumped down *à globo*" in a nondescript building of the ordinary type, and that they admitted of suitable distribution through the different wards of the asylum according to the established classification. A subjoined appendix to Dr. Nolan's report gives a summary of the bodily condition and mental state of the 55 patients admitted during 1904 from the workhouse. From this it appears that in only 4 was there no evident bodily disease, in 9 more cases the bodily affections were not severe in character or consisted of physical malformations only, but in the remaining 42 the patients were the subjects of very serious conditions. "Such a summary," Dr. Nolan says, "disposes at once of the ignorant contention that the insane in workhouses are of some indefinite colourless type, which merely requires herding together, and on whom medical care and treatment are thrown away." It is evident that the cases in this summary belong to the category which Dr. Nolan described in his annual report for 1902 as composed of persons "degraded in habits, destructive, often-times suffering from such physical infirmity as lameness, blindness, or paralysis," and calling for more "nourishment, care, clothing, and special attention from the medical officers and the staff generally than the ordinary run of cases admitted," but we imagine that it will be admitted that the unusually unfavourable nature of these cases is to a considerable extent due to the fact, stated by Dr. Nolan in last year's report, that for some time the lack of accommodation has made it impossible to admit any but the most pressing cases into the asylum, and