

of the holders of the Assistant's qualification among the classes of persons eligible for the office of Dispensership under the Metropolitan Asylums Board.

Examinations.

The following candidates have been approved in the subjects indicated:

BIOLOGY.—A. U. L. Bennet, C. Gilroy-Jones.
 CHEMISTRY.—C. Gilroy-Jones.
 MATERIA MEDICA AND PHARMACY.—P. McGinnis, J. G. Reidy.
 ANATOMY.—P. R. Cross, G. E. Cuttle, R. Fowle, T. H. W. Idris, J. A. Prendergast, H. G. Steel.
 PHYSIOLOGY.—H. H. Fairfax, T. H. W. Idris, J. E. Kitchen, J. A. Prendergast, H. G. Steel.

The Services.

ROYAL ARMY MEDICAL CORPS (TERRITORIALS).

LOWLAND MOUNTED BRIGADE FIELD AMBULANCE.

This unit, under the command of Lieutenant-Colonel R. T. Halliday, was encamped during the last fortnight of June at Biggar, Lanarkshire, as part of the Lowland Mounted Brigade, during brigade training. The brigade consisted of four yeomanry regiments with the transport and supply column and field ambulance, and some very interesting field training resulted. During the first week the field ambulance practised corps exercises, and received instruction in sanitation, field cooking, water duties, and transport of wounded. During the second week the brigade was engaged in manoeuvres over a large tract of territory, including night operations. The field ambulance took part each day in these manoeuvres, sending light wagons to the front and leaving the heavy wagons stationed well in rear of the fighting line. The officers present with Lieutenant-Colonel Halliday were Major Wright Thomson, Major Arch. Young (of the 1st Lowland Field Ambulance), Captain J. Bruce, Captain R. Yuill Anderson, and Captain R. B. Carslaw. The unit was inspected on June 20th and 21st by General Bahington, Brigade Commander; during the operations by Colonel Hunter Weston, Chief of Staff, Scottish Command; on June 23rd by Colonel Sir James Clark, Bart., C.B., Inspector of Medical Services; on 28th by Colonel Sir G. T. Beatson, K.C.B., Administrative Medical Officer, Lowland Division; and on 29th by General Allenby, the Inspector-General of Cavalry. This is the first time that a field ambulance has been employed on such prolonged and extensive manoeuvres in Scotland, and the unit was highly complimented on its mobility and on the excellence of its work. The light wagon proved a most serviceable vehicle as it was able to keep well to the front and cover ground almost impossible for the heavier and more slowly moving vehicles. The unit was at camp practically at full strength.

COURTESY CALLS ON MEDICAL OFFICERS.

DISGUSTED writes: Some time ago, being appointed to a ship at one of the larger naval ports at home, I called, with my wife, upon the naval commander-in-chief and wrote our names in the visitors' book. A few days later we paid a similar courtesy to the military governor. The latter returned the call within a week, the A.D.C. leaving cards. The naval commander-in-chief ignored our call entirely. I refrain from any comment, but would merely observe that in my opinion slights of this nature will continue until relative rank is made, as in the army, actual rank. It is, I think, contrary to the spirit of the medical man to be saddled with an executive title, but until these titles are given to the civil branches I do not think that we can hope to be treated with even common politeness.

Medico-Legal.

ALLEGED MANSLAUGHTER.

On June 26th, at the Tynemouth Police Court, Ernest Arthur Robinson, a drug store dealer, was charged "that he did feloniously kill and slay one Patrick Henry on May 20th, 1910."

The town clerk (Mr. E. B. Sharpley) prosecuted; Mr. Edward Clark, of Newcastle, defended.

It appeared that the deceased, a licensed victualler, was suffering from pains in the legs and body on May 22nd. His wife sent to Mr. Robinson's shop for an embrocation, and he sent a medicine to be taken every two hours. A few days later the defendant called to know how he felt. On Friday, 27th, the patient got worse, and on the 28th his wife called in Dr. Fraser, who examined the patient's heart, and prescribed a medicine. As there was no improvement, the wife sent her daughter to see Dr. Fraser, who said that the dose should be doubled. Later in the evening Mr. Robinson was sent for. He came down and said that if the patient had a rest it would improve his condition. Mr. Robinson then sent down a draught, half of which

was given to the patient, who died at 5.30 a.m. on the following morning. Mrs. Henry said that it was because Dr. Fraser did not come she sent for the accused. Dr. Fraser said that he first saw Henry on the morning of Saturday, May 28th. He then showed all the signs of commencing delirium tremens. He (the doctor) came to the conclusion that the man had been drinking, and that he had had Bright's disease for some time; that his liver was enlarged, and probably in a condition of cirrhosis. He prescribed bromide of potassium. In his view the man might have got better. At the *post-mortem* examination, which he made with Dr. Tindle, they found that the man had been a heavy drinker, that he suffered from cirrhosis of the liver. They also came to the conclusion that a recent attack of influenza had brought on delirium tremens. During the illness the man had taken a draught of opium, which had produced coma and caused death.

In cross-examination Dr. Fraser said he did not think the man's condition to be so bad as to necessitate another visit. To an unskilled man the condition might not appear bad at all; but what he needed was natural rest, not rest induced by opium. It would have surprised him very much if the patient had died in so short a time without the drug. He had not been expressly asked to pay a second visit, or he would certainly have gone.

For the defence it was urged that the accused had done what any one else would have done in the circumstances. He sent a tincture of laudanum to induce sleep. That drug would have done no harm in an ordinary case; but the defendant knew nothing about the condition of the man's liver. Could he be held guilty of manslaughter because he had done his best? It might be something for the Pharmaceutical Society to take notice of, but it was a long way from manslaughter.

The Bench held that there was not sufficient evidence to justify them in putting the accused on his trial, and he was discharged.

Public Health

AND

POOR LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Herefordshire Combined District.—The report of the medical officer of health for this district, Dr. Herbert Jones, relates to six sanitary areas with a combined population estimated at 50,993. It appears to have decreased by some 2 per cent. since the Census of 1901. Its distribution last year in the six areas ranged from 0.09 to 0.2 persons per acre. The combined birth-rate of the district, calculated per 1,000 of population, was only 20.7, as against 25.6 in rural England and Wales. Represented in ratio to the number of women living in the district and aged not less than 15 nor more than 45 the births work out better, but still not well, the legitimate rate being lower, and the illegitimate rate higher than in England and Wales as a whole. The infantile mortality-rate, on the other hand, is decidedly satisfactory—84 per 1,000 registered births. As we have pointed out in connexion with previous reports, Dr. Herbert Jones makes special and very successful efforts to keep mothers instructed in the care of young infants, with the result that the infant mortality figure in this district is habitually comparatively low, even among illegitimate children. The general mortality-rate is also good, standing, when corrected for age and sex distribution, at 12.6 per 1,000 as compared with 13.6 per 1,000 in rural England and Wales. The phthisis death-rate was only 0.93; suspected sputum of phthisis is examined at the public cost. The number of cases of notifiable infectious diseases—174—was higher than in the previous year, but considerably below the average of past years. Three of the areas are provided with adequate accommodation for isolation. In respect of house accommodation there is nowhere any crowding of houses, and only exceptionally is there overcrowding of persons in particular dwellings. There are no building by-laws in practically any part of the district, and adoption of Sections 25 and 34 of the Public Health Acts Amendment Act (1907) is recommended. In only four parishes is there any combined system of sewerage, and endeavours are being made to extend the use of earth closets in place of privies and like arrangements. In respect of water supply it is recommended that under the Public Health Water Act of 1878 a "reasonable distance" between a new dwelling and its water supply should be much less than 200 yards. No one, it is pointed out, would think of erecting a house at a rental of £25 or £30 a year if water had to be carried in buckets a distance of 200 yards, and the occupier of a cottage dwelling is entitled to the same consideration. A clearly written and useful summary of the conditions which serve to promote healthiness of dairy stock and purity and good quality of milk is included in the volume. At its end comes a report on the Bromyard Urban District, which has a population estimated at 1,728 distributed over 194 acres, or at the rate of about 8 persons an acre. The corrected death-rate last year was 15.2, and the birth-rate per 1,000 of population 24.8. Calculated in relation to the female population at fertile ages the number of legitimate births is much higher than in the combined district. Complete sewerage of the township is in prospect.