

dictu, induced them to do a highly immoral act. He suppresses these facts: (1) That we, by order and with the authority of the College Council, represented the facts of the case to the licensing bodies, and asked them to accept the students' certificates for this session, although for the remainder thereof clinical instruction could only be given at the workhouse hospital and fever hospital. (2) That from the beginning of the session up to January, 1892, the students had had the advantage of such clinical teaching as the infirmary could afford. (3) That these three clinical teachers memorialised the licensing bodies to refuse the request of the College Council.

6. Finally, when he alleges that Professor Pye and myself defeated the granting of the subsidy asked for, he omits to say that we are only two out of a Council of seven, and that our action was merely the carrying out of the mandate of the Corporate Body of the College, distinctly expressed in the two last elections for Council.

I regret, Sir, to have troubled you at such length. My excuse must be that this is my first as I trust it shall be my last letter, addressed to any journal on this question. I have not noticed constant misrepresentation and abuse in the local journal which reflects the views of these gentlemen. When, however, misrepresentations are transferred to the *JOURNAL* of the Association to which I have the honour to belong, I am bound to reply.—I am, etc.,

Galway.

R. J. KINKEAD, M.D.

* * * This correspondence should now cease. There can be only one opinion on the lamentable course pursued by the governors.

IRISH DISPENSARY DOCTORS.

SIR,—Now that the grievances from which Poor-law medical officers have suffered for years are being freely ventilated and public sympathy solicited with the object of having them finally redressed I wish to draw the attention of those who may undertake the framing of a Bill to be ultimately submitted to Parliament for its approval to the very great hardship that exists in some unions and presses sorely on their dispensary doctors. I allude to the unequal scale of pay which they receive. I will take the case of the Cork and Kinsale Unions as a fair illustration to which I refer.

The medical officers in the former union, I believe in all instances, receive an annual salary of £120 for transacting the duties of medical officer to their respective dispensaries, and £20 per annum as officer of health. While in the latter union, to which I belong, the emoluments are £100 a year as medical officer and £15 a year as officer of health, and this uneven justice is meted out notwithstanding the fact that the expenses necessarily incurred in discharging the official duties are the same in both cases and the work as severe in one as in the other. Can any tangible reason be assigned for allowing such a discrepancy in salaries to prevail? I know of none.

It is quite patent that this is a very decided grievance that calls for immediate redress, and I respectfully beg to offer the opinion that the Local Government Board have it in their power, without having recourse to any special legal machinery, to remove it.—I am, etc.,

Ballyfeard, Kinsale.

ROSSLEWIN MORGAN.

THE OCCLUSION OF ARTERIES.

SIR,—On reading your review of Messrs. Ballance and Edmunds's work on the *Ligation of Arteries*, I am reminded of an experiment I made some time in 1865 with a view to determine whether an artery might not be permanently occluded without rupture of its coats. What led me to this was the untoward result of a ligation of the brachial artery performed by me shortly before, namely, secondary hæmorrhage from the distal side of the ligature, which nearly destroyed my patient.

The experiment was as follows: Having laid bare the external carotid artery of a sheep, I passed under it crosswise the point of a common bodkin, and when the eye emerged on the other side, I inserted into it the head of a fine darning needle, and laying this down across the vessel, I brought the other ends of the bodkin and needle together, and tied them with a waxed thread. The artery was thus held as in a clip, so that no pulsation could be felt in it above the part com-

pressed. On the third day I removed the clip, cutting the thread, and withdrawing first the needle and then the bodkin. After the animal was killed, I dissected out the artery, and found it plugged with a small clot, with slight ecchymosis of the coats of the vessel, which were otherwise uninjured.

An experiment so incomplete as this is by no means conclusive, but it serves to indicate a mode of occluding an artery other than ligation, over which it has this advantage, that the pressure can be easily regulated and withdrawn at will. This procedure, be it said, differs widely from acupuncture, which could not be practised on a large artery without great disturbance of the veins and nerves accompanying it.

I need hardly say that, if this operation were to be performed on the human subject, I would substitute for the bodkin a small eye probe, and for the needle a fine hare-lip pin. Before closing the wound, I should be disposed to pass a small drainage tube over the instrument in case it was not long enough to reach the surface.—I am, etc.,

Guildford.

HENRY TAYLOR

CHLOROFORM AND CHEMICAL IMPURITIES.

SIR,—The letter on the above subject by Dr. Du Bois-Reymond, which appeared in the *BRITISH MEDICAL JOURNAL* of February 27th, speaking of our statements regarding Pictet chloroform, draws "attention to the following remarkable details in their statements." We have gone carefully over his letter, but fail to find in it even one of our statements in its original form; he has mixed up different parts, added to some, and taken from others—in fact, so altered them, that they no longer represent what we have said on the subject.

It cannot be instructive for your readers to follow in detail a refutation of garbled statements; we will, therefore, not tax their patience and occupy your valuable space by dealing with them individually, but simply say that the statements ascribed to us in your issue of the 27th inst. by Dr. Du Bois-Reymond are not ours; and in proof of this refer your readers to the *BRITISH MEDICAL JOURNAL* of February 13th, and to the *Pharmaceutical Journal* of January 2nd, where our statements in their original form will be found.

Pictet chloroform was introduced as a chemically pure preparation; we found in it four times more impurity than the best home-made brands contained, proving beyond doubt that it was not what it was represented to be—a chemically pure substance.

Since making that experiment we have examined a home-made chloroform, which contains 15½ times less impurity than Pictet's. The relative quantities of impurity separated are:

	Parts by weight of original sample.	Per cent.
From home-made 1 part	in 1,900,000	= 0.000512
From " " " " " " 1 " "	" 487,500	= 0.000205
From Pictet's " " " " 1 " "	" 121,875	= 0.000820
From " " " " " " 1 " "	" 243,750	= 0.000410

If Dr. Du Bois-Reymond wishes to prove that Pictet chloroform is chemically pure, he must give up mere assertion, and bring actual facts to bear on the question.—We are, etc.,
Edinburgh. J. F. MACFARLANE AND Co.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF: EXCHANGE.

The charge for inserting notices respecting Exchanges in the *Army Medical Department* is 3s. 6d., which should be forwarded in stamps or post-office orders with the notice. The first post on Thursday mornings is the latest by which advertisements can be received.

A SURGEON-CAPTAIN, Medical Staff, probably for abroad next trooping season, unable to state what country to be sent, will give £100 for a satisfactory exchange on the roster with a Surgeon-Captain home from full tour of foreign service. 1892. Address, Democritus junior, care of Holt and Co., 17, Whitehall Place, S.W.

THE NAVY.

The following appointments have been made at the Admiralty: HENRY B. BRATY, Surgeon, to the *Impregnable*, March 13th; HERBERT CANTON, Surgeon, to the *Victory*, additional, for study at the metropolitan hospitals and for Haslar Hospital, March 1st.

Deputy-Inspector-General SAMUEL BAMFIELD, M.R.C.S., died at Edinburgh on February 28th, aged 54. He was appointed Surgeon, May 28th, 1860; Staff-Surgeon, March 10th, 1873; Fleet-Surgeon, June 12th, 1882. He retired so recently as February 15th, when he was granted the rank of Deputy-Inspector-General.

MEDICAL STAFF.

SURGEON-CAPTAIN C. W. JOHNSON, M.B., who is serving in the Madras command, has passed the lower standard examination in Hindustani.

Surgeon-Captain W. HALLARAN is granted leave of absence in extension from January 10th to the date of his re-embarkation for duty in Madras.

Surgeon-Captain G. E. HALE, on arrival from England, is directed to do duty in the Secunderabad District, Madras command.

Surgeon-Captain G. W. ROBINSON, doing duty in the Myingyan and Mandalay Districts, is directed to do duty in the Rangoon District, Madras command.

Surgeon-Captain E. D. FARMER-BRINGHURST, on return from England, is directed to do duty in the Rangoon District, Madras command.

Surgeon-Major W. B. SLAUGHTER, who is serving in the Madras command, has leave to England for six months on private affairs.

Surgeon-Captain A. PETERKIN, M.B., serving in the Bombay command, is transferred from general duty in the Poona District to general duty in the Mhow District.

Surgeon-Captain R. E. R. MORSE, from the Seconded List, is reappointed **Surgeon-Captain, March 1st.** **Surgeon-Captain Morse** has been serving with the Egyptian army, and is now vacating his appointment therein.

Surgeon-Captain N. M. REID retires from the service, receiving a gratuity. He was appointed **Surgeon, February 4th, 1882.**

The surname of **Surgeon-Captain P. J. K. NUNNERLEY** is as now stated, and not as in the *London Gazette* of September 1st, 1885.

THE MILITIA MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL R. J. MAGEE, 5th Battalion Royal Irish Regiment (late the Kilkenny Militia), has resigned his commission.

Dr. EDMUND SPARSHALL WILLETT, J.P., died at his residence, Gunnersbury House, Isleworth, on February 21st, aged 64. He joined the Worcester Militia as Lieutenant, April 5th, 1853, and served during the embodiment until April 23rd, 1855, when he was appointed a Staff-Surgeon in the Turkish Contingent, which commission he held until the peace.

INDIAN MEDICAL SERVICE.

SURGEON-CAPTAIN M. B. BRAGANZA, Bombay Establishment, Medical Officer 24th Bombay Infantry, is appointed to officiate as Medical Officer 1st Central India Horse and Western Malwa Political Agency.

Surgeon-Captain P. W. O'ORMAN, Bengal Establishment, is appointed Medical Officer of the Muzkaf-Bolan State Railway.

Brigade-Surgeon-Lieutenant-Colonel R. JAMESON, M.B., Deputy Sanitary Commissioner North-West Provinces and Oude, is granted permission to return to duty.

Surgeon-Captain G. G. GIFFARD, Madras Establishment, on return from leave, is directed to do duty in the Rangoon District.

Surgeon-Captain J. P. BARRY, Bombay Establishment, received charge of Bejapore District Gaol on January 14th.

Surgeon-Captain C. T. HUDSON, Bombay Establishment, on general duty in the Bombay District, is appointed to officiate in medical charge of the 6th Bombay Cavalry (Jacob's Horse) *vice* **Surgeon-Captain T. D. C. Barry.**

Surgeon-Captain W. E. JENNINGS, Bombay Establishment, officiating in medical charge 6th Cavalry, is appointed to the medical charge of the 23rd (2nd Battalion Rifle Regiment) Bombay Infantry, *vice* **Surgeon-Captain C. B. Maitland**, transferred.

Surgeon-Major A. H. LEAPINGWELL, Madras Establishment, is appointed District Surgeon of Malabar and Superintendent of the District Gaol at Calicut.

Surgeon-Captain C. DONOVAN, M.D., Madras Establishment, has passed the lower standard examination in Hindustani.

Surgeon-Major J. J. MORAN, M.D., Madras Establishment, medical officer 31st Light Infantry, and **Surgeon-Captain J. K. KANGA**, officiating in medical charge of the same regiment, are ordered to do duty in the Madras District, on the mustering out of this corps.

Surgeon-Captain R. H. CASTOR, Madras Establishment, is transferred as civil surgeon to Yemethen, Burma.

Surgeon-Captain A. R. P. RUSSELL, Bengal Establishment, is transferred from Yemethen to Thayemyo, Burma, as civil surgeon.

Surgeon-Captain E. F. H. DOBSON, M.B., Bengal Establishment, civil surgeon of Goalpara, is placed in visiting medical charge of Kamroo District, in addition to his other duties.

Surgeon-Major L. BEECH, Madras Establishment, is appointed District Surgeon and Superintendent of the Gaol at Vizagapatam.

Surgeon-Lieutenant-Colonel J. J. WOOD, M.B., Bengal Establishment, is permitted to retire from the service from February 15th. He was appointed Assistant-Surgeon, October 1st, 1866, and attained the rank of **Surgeon-Lieutenant-Colonel, October 1st, 1886.**

Surgeon-Captain C. L. WILLIAMS, Madras Establishment, doing duty in the Myingyan and Mandalay Districts, is appointed to the medical charge of the 30th (5th Burma Battalion) Madras Infantry.

Surgeon-Captain W. C. VICKERS, M.B., Madras Establishment, doing duty in the Myingyan and Mandalay Districts, is appointed to the medical charge of the 31st (6th Burma Battalion) Madras Infantry.

Surgeon-Lieutenant-Colonel W. A. C. ROE, Bengal Establishment, is allowed special leave for ten months from January 13th, on English furlough pay.

Surgeon-General GEORGE SMITH, M.D., late Madras Establishment, died on February 23rd.

YEOMANRY AND VOLUNTEERS.

SURGEON-CAPTAIN H. W. KIALLMARK, Royal Bucks Hussars, is promoted to be **Surgeon-Lieutenant-Colonel, February 27th.**

Surgeon-Captain R. HEWETSON, Yorkshire Hussars, is promoted to be **Surgeon-Lieutenant-Colonel, February 27th.**

Mr. JOHN WILLIAM COMPTON, M.B., is appointed **Surgeon-Lieutenant** to the 1st Hampshire Engineers, Fortress and Railway Forces, February 27th.

Surgeon-Captain E. B. THOMSON, M.D., 2nd (Prince of Wales's) Volunteer Battalion Devonshire Regiment (late the 2nd Devonshire), is promoted to be **Surgeon-Major, February 27th**, and resigns his commission

with permission to retain his rank and uniform. He was appointed **Surgeon February 4th, 1877.**

Mr. RICHARD REECE HARDWICKE is appointed **Surgeon-Lieutenant** to the 1st Middlesex (Victoria) Rifles, February 27th.

THE NEW WARRANT.

SURGEON-MAJOR RETIRED writes: I trust you will continue to advocate the extension of the new titles to the retired list, especially that of **Surgeon-Lieutenant-Colonel**, to us, who without it are seriously handicapped by our brethren not only of the regular but auxiliary forces. Retired officers as yet have got no benefit from the Warrant, although it was chiefly through their efforts that it came about. That the new titles are of real significance and value may be inferred from the fact that they have flattered the otherwise serene mind of Sir George Chesney.

VETERAN writes: I am a retired original surgeon-major, but already in the instinctive fitness of things find my letters addressed **Surgeon-Lieutenant-Colonel**, and am so described in the *Post Office Directory*. Why not? Am I not entitled to the uniform and badges of the rank?

PILGRIM writes: I have read with much interest your correspondence on the extension of the new titles to the retired list. We of that list may even claim a sort of lien over them, for are they not the outcome chiefly of our persistent efforts? Our younger brethren on the active list must also be aware that it was we who bore the long and weary battle with official injustice in days gone by, and that they are now reaping the rewards of our good fight. It would be an act both graceful and easy for Mr. Stanhope to extend—in spite of precedent—the new titles to such of the retired officers as chose to adopt them. The public are greatly guided by mere sound, and to the misleading titles of medical officers hitherto on the active but still on the retired lists may be ascribed the fact that they were generally dropped by their possessors and nearly always ignored by society.

. We should like to hear some authoritative reason (if such there be) why the new titles should not be made, at all events officially permissible to retired medical officers.

WEAPONS AND WOUNDS.

SURGEON-CAPTAIN T. A. PERRY MARSH, M.S. (Aldershot), writes: With reference to Professor F. Smith's comments in the *BRITISH MEDICAL JOURNAL* of February 27th, kindly allow me to point out that I never implied that the present service bullet had not been tried experimentally on the dead body. I have myself carried out such experiments, to a limited extent. In the *BRITISH MEDICAL JOURNAL* of February 13th, Professor Smith made a statement of his opinions, and in support of them cited the results of a series of experiments made, as he said, by himself and Sir Thomas Longmore. I replied that these experiments were not reliable as future guides, having been carried out with a bullet now obsolete.

Professor Smith now mentions (but gives no details) experiments subsequently carried out by himself and Professor Godwin. If there has been an error I regret to say it is on Professor Smith's part in making his references, and not on mine.

Perhaps I may be allowed to add that my views on this subject have been officially accepted in Berlin and by the Prussian War Department (*Vide* report of a debate which took place in the German Reichstag on February 18th, 1892).

THE PROFESSORSHIP OF MILITARY SURGERY, NETLEY.

We understand that there is a considerable amount of anxiety felt and expressed by the senior executive officers as to the arrangements to be made on **Brigade-Surgeon-Lieutenant-Colonel Godwin** attaining the rank of **surgeon-colonel**. It appears that **Brigade-Surgeon-Lieutenant-Colonel Godwin** is now drawing the pay of the professor's chair of surgery at Netley, and that if he is seconded, and the step given to the next senior officer of the grade, no expense will accrue to the State, as the professor's pay is budgeted separately from the Executive Medical Staff. If, on the other hand, Professor Godwin is allowed to draw the pay of the administrative rank, and to retain the professor's chair at Netley, it will deprive the army of an administrative officer for the district. It is, therefore, desirable that he should be seconded, in order that the administrative posts in the department, which are already too few in number, should not be further cut down.

PRIVATE PRACTICE IN INDIA.

The right of Indian medical officers in civil employ to private practice and to receive fees, so long as such does not interfere with their public duties, has always been authoritatively recognised; but the limitation of such rights through action of the Government has lately called forth both private protest and public comment in the Indian press. In 1888, "an ostentatiously liberal medical fee given by one of the native potentates" attracted unfavourable comment, and called forth a notification from the Government of India that, in future, before such fees were to be tendered to a medical officer, they were first to be submitted to the political agent for the consideration of the Indian or local Government. This order by itself, and in so far as it went, was not objected to, as it set up no exclusive right of the State to the whole time of the medical officer, nor did it affirm that the latter must first seek and obtain permission before engaging in private practice during his spare time. But the expansion of the original order of the Government of India by the subordinate Government of Bombay has called forth grave objections, and even protests.

In May, 1890, the latter Government ordained that political agents were to investigate each case of medical attendance on a native chief or members of his family by the civil surgeon, and, after hearing his explanations, to record judgment as to the amount of the fee to be awarded. Since then there has been issued another resolution, that no fee shall be accepted by a civil surgeon from any native chiefs for medical attendance on themselves or families without previous sanction of the local Government.

It is contended that there is nothing in the general order of the Go-

vernment of India to warrant these drastic rules of the Bombay Government, which in effect ignore or abrogate the right of private practice enjoyed by medical officers, not only through long usage, but secured by Act of Parliament. It is true that Section 24 of 13 George III, chapter 63, enacts that no person holding a civil or military office under the Crown in India shall accept any donation or gratuity from any of the natives of Asia; but the very next section provides that such an order does not extend to, or prohibit the taking of fees, gratuities, or rewards by a councillor-at-law, physician, surgeon, or chaplain acting in the way of his profession. In Section 54, chapter 52, it is also enacted that such physicians and surgeons may take fees "bona fide in the way of their profession only."

It is argued that the action of the Bombay Government is virtually contrary to these enactments, and places in the hands of political agents discrimination and power which should rest with the medical head, the Surgeon-General to the Government. The matter is one of which we have not heard the last, and it behoves the authorities in India to act cautiously, for the right of private practice has hitherto been a strong inducement for the best medical men to adopt an Indian career.

MEDICO-LEGAL AND MEDICO-ETHICAL.

TARIFF OF MEDICAL CHARGES.

If "V.'s necessities are limited to the charges he should "make for professional services rendered," he will find the desired information in the *Medico-Chirurgical Tariffs*, published by Mr. H. K. Lewis, 186, Gower Street, W.C., which he may obtain, post free, by sending a post-office order for two shillings; if, however, he be a young practitioner in need of advice on entering into private practice, he may consult with advantage *The Young Practitioner: His Code and Tariff*, issued by the same publisher.

MIDWIFERY ENGAGEMENTS.

M.D. writes: Some time ago the husband of a woman living considerably out of my district sent word that he wanted to see me; I went and found his business was to engage me for his wife's confinement. I booked the item, and subsequently visited her and gave orders as to her conduct, etc., pending her delivery. I heard nothing for some time, and on going to see her again found she had been delivered by a medical man in her own neighbourhood. Can I legally claim my fee for the case? If not, should I send in account for visits paid?

. We do not think that our correspondent would recover the fee in question. If the contract, and the breach of it by the defendant, were duly established in an action, a sum equivalent to the proper remuneration might be awarded, but the matter is too uncertain to enable us to suggest the adoption of legal proceedings. Perhaps the only practical method of preventing loss in these cases (and there are doubtless many objections to such a course) would be to require part prepayment on making the engagement.

MEDICAL ATTENDANCE BY SURGICAL DIPLOMATES.

P. P. writes: Kindly tell me can a man with the L.R.C.S.I. only recover in the county court for medical attendance, not surgical attendance?

. The holder of a qualification in surgery only would probably not recover in the county court for attendance, etc., in a purely medical case in the event of the absence of a medical qualification being duly raised by way of defence.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES IN SCIENCE.—A grace for the appointment of a syndicate to consider the question of establishing degrees in science was on February 25th rejected by 154 votes to 105. The grace was opposed by Dr. Hill, Master of Downing, Dr. D. MacAlister, and other teachers in the science and medical schools, as tending to place their students in a position of isolation and perhaps of inferiority as compared with other students.

MEDICAL DEGREES.—At the same congregation the following degrees were conferred: *M.B. and B.C.*—Sydney Kent, B.A., Trinity; John Dixon Stubbs, M.A., Trinity; George Armstrong Mason, M.A., St. John's; M. R. Phipps Dorman, B.A., Clare; W. G. Hawkins Bradford, B.A., Caius; W. H. Cantrell Shaw, M.A., Jesus; F. Gore Wallace, B.A., non-collegiate.

UNIVERSITY OF EDINBURGH.

FINANCIAL PROPOSALS OF THE UNIVERSITY COURT.—On January 18th last this Court sent in to the Scottish Universities Commission a "Memorandum on the Financial Requirements of the University of Edinburgh." Till now the document has been kept rigorously private, but a copy has somehow got astray, and has been printed almost *in extenso* in the Edinburgh daily papers. We quote such points as refer to the faculty of medicine.

"No new chair is asked for by the Faculty of Medicine, but the Faculty of Law suggest that if a Chair of Public Health be formed, an adequate endowment should be provided for the Chair of Medical Jurisprudence."

An additional sum of £300 is claimed on behalf of lectureships, £50 for each of three new lectureships, namely, clinical medicine, fevers, and laryngology, rhinology, and otology; also £50 for each of three lectureships now existing without salary, namely, ophthalmology, mental diseases, and diseases of children.

"The institution of a number of new lectureships," is suggested, "as the mode in which the teaching staff of the University should be increased. The Commissioners have also by their Draft Ordinance (General, No. 10) indicated their approval of this procedure, and have framed statutes to provide for the mode of appointment. The Court agree generally with these proposals, both because they give greater elasticity to the educational system by providing a method by which changes in the educational arrangements can, when necessary, be made, and because the University chest would not have new claims for pensions imposed on it, such as would arise by the foundation of new professorships. Under the power to be conferred by the Draft Ordinance (General, No. 10), the Faculty of Medicine think it not unlikely that adjunct lectureships would be instituted within several of the professorial departments by conjoining lectureships with the duties of some of the assistants."

Additional claims on behalf of assistantships are made as follows:

	Present.	Additional.
Anatomy (4 or 5)	£200	£440
Chemistry (4)	200	445
Materia Medica (3)	100	300
Institutes of Medicine (3)	100	350
Practice of Physic (1)	50	50
Surgery (3)	50	300
Midwifery (1)	50	50
General Pathology (3)	100	300
Clinical Medicine (3)	100	125
Clinical Surgery (1)	50	50
Medical Jurisprudence and Public Health (2)	50	350
Botany (2)	50	250
Natural History (3)	50	400
	£1,150	£3,410

The statement continues: "The professors have from time to time appointed such additional assistants as this increase (in the number of students) rendered necessary, and either paid altogether or supplemented the stipends out of their class fees. From the returns for 1889-90 made to the University Court it would appear that Professors in the Faculty of Medicine and Science supplemented from this source the grants from the Parliamentary vote and the general university fund by paying £2,667 in salaries."

[The import of all this is that the medical and science professors are to be relieved, not only of the sum of £2,667 a year, which at present they pay out of their fees to the assistants, but they are also to avoid the further sum of £1,243 a year which they ought to pay. In other words the professors, whose incomes are, on the average, £2,000 a year each, are each to receive £200 to £300 a year from the new Parliamentary grant. Probably the gain to each professor would be £284.]

Additional claims for laboratory and class expenses are made as follows:

	Present.	Additional.
Anatomy	£50	£100
Chemistry	100	600
Materia Medica	50	150
Institutes of Medicine	50	150
Practice of Physic	20	24
Surgery	5	145
Midwifery	—	40
General Pathology	50	300
Clinical Medicine	—	50
Clinical Surgery	—	50
Medical Jurisprudence and Public Health	35	115
Botany	—	100
Natural History	15	85
	£381	£1,909

"The Faculty of Medicine suggest that, owing to the great educational value of research work, and its importance as a means of maintaining and increasing the success and reputation of the University, the Commissioners should establish a research fund, out of which grants might be made to the different departments in which original work is being pursued for the purpose of defraying the expenses incurred."

"It is also important to state that many of the professors in that Faculty have provided from their private resources apparatus and other appliances for improving and illustrating their teaching. The Faculty consider, if the method of payment of the professors be materially altered, that this outlay should be returned, and that the articles should be secured for the University so far as they may be considered valuable for the purposes of teaching and research."

UNIVERSITY OF GLASGOW.

APPOINTMENT OF EXAMINERS.—At the last meeting of the Court of Glasgow University, Dr. A. M. Buchanan, of Anderson's College Medical School, was appointed examiner in anatomy; Dr. John Phillips, of London, was appointed examiner in midwifery; and Dr. W. J. Naismith, of Ayr, examiner in medical jurisprudence, all for four years from April 1st, 1892. Mr. J. R. Green, M.A., of London, was appointed examiner in botany from April 1st, 1892, to March 31st, 1895.

QUEEN MARGARET COLLEGE.—The first college to be affiliated to Glasgow University, under the new Act, is likely to be a college for the education of women Queen Margaret College. The University Court lately referred to a committee an application from this College for affiliation, and at the last meeting of the Court the report of the Committee was presented. It contained a memorandum of conditions which would be agreeable to the authorities of Queen Margaret College, and these conditions were approved by the Committee. The Court adopted the report, approved the conditions, and ordered the documents to be transmitted to the Commissioners. It says much for the Council of Queen Margaret College that they have been able to satisfy the Court that the curricula they offer women, both in arts and in medicine, justify their affiliation. It is anticipated that the first detachment from the College of candidates for degrees in medicine will soon be permitted to come up for examination.

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