The Antilban, having on board No. 4 General Hospital, arrived at Cape-town on December oth.

PREPARATIONS AT THE HOME HOSPITALS. The military hospital, Devonport, will prepare 160 beds for the recep-tion of wounded officers and men about to be sent home from the Cape A ward at Haslar Hospital has been set apart for wounded men of the Royal Navy. At the Royal Victoria Hospital, Netley, extensive prepara-tions have been made under the direction of Colonel Charlton, R.A.M.C. who is the officer officiating in charge. It is stated that Surgeon-General Wilson, at present Principal Medical Officer with the forces in South Africa, will on returning to England on the close of hostilities be ap-pointed in medical charge of this hospital.

FOREIGN AMBULANCES. From Lourenco Marques, under date December 6th, we learn that the German steamer *köenig* has arrived with the German and Dutch Red Cross Brigade. The Germans consist of  $_3$  doctors, 4 nurses, and 4 bearers:

German Steamer Norma' has arrived with the verman and Jutch Red Cross Brigade. The Germans consist of 3 doctors, 4 nurses, and 4 bearers : and the Dutch of 8 doctors, 10 nurses, and 4 bearers. There is also one ambulance wagon with appliances. The party were met by the Transvaal and German Consuls at Lourenco Marques, and were to leave for the Trans-vaal on December 7th, by an ambulance train awaiting them. The Russian Red Cross Society, with the consent of its Imperial Patroness the Dowager Empress, recently asked the Minister for Foreign Affairs to convey to the proper authorities its offer of medical and sani-tary assistance to the belligerents in South Africa. The British Govern-ment has declined the offer with thanks: but Dr. Leyds has telegraphed that a Russian Red Cross detachment will be gladly welcomed in the Transval. This detachment is now organised, consisting of 3 doctors, 8 sisters, 4 assistants, and rz other attendants, who were to start for Pretoria on December roth, taking with them a fully-equipped field lazarette for  $_{25}$ beds. The Society has assigned 100,000 rother steres.

St. JOHN AMBULANCE BRIGADE AND THE WAR. The St. John Ambulance Brigade was established by the Order of the Hospital of St. John of Jerusalem in England about twelve years ago, being an offshoot of the St. John Ambulance Association. Its main object was to provide organised first aid on public occasions, but it was also intended that its members should be invited to volunteer to supple-ment the medical personnel of the army if required in case of national emergency. Until the outbreak of the present war the Brigade has had no opportunity of proving its value and preparedness to act as an auxiliary to the Army Medical Service. The St. John Ambulance Association is chiefly concerned with the manufacture and distribution of ambulance material, such as ambulance waggons, stretchers, surgical haversacks. emery concerned with the manufacture and distribution of ambulance material, such as ambulance waggons, stretchers, surgical haversacks, splints and bandages, and provides for the instruction and examination of classes in first aid, nursing, and hygiene, and the granting of certificates of proficiency. Persons who have obtained the Association certificate are alone allowed to enter the Brigade under certain conditions, the prin-cipal being that they shall attend at least twelve drills and practices yearly, shall pass an annual re-examination in first aid under the medical officers of the Brigade and shall be ready to turn out for which can

yearly, shall pass an annual re-examination in first aid under the medical officers of the Brigade, and shall be ready to turn out for public duty whenever called upon by their officers. The total number of members of the Brigade in England, Ireland, Wales, and the colonies is now about n.coo, including nearly 2,000 nursing sisters. The first call on the Brigade for volunteers during the present war was received from the War Olice on November 3rd, and within ten days twenty-three picked men were assembled at headquarters in London fully equipped, and embarked on the Princess of Wales hospital skip, of which they form two-thirds of the hospital staff. The next call for fity-five men was received from all parts of the kingdom were assembled at headquarters selected from all parts of the kingdom were assembled at headquarters on November 2sth, being intended for work in the base hospitals is south Africa. On November 3 hospital, and on December 4th the selected men were at headquarters fully equipped, and they sailed on December 7 the inter the Marketic.

While on service these men will be under the orders of officers of the

While on service these men will be under the orders of officers of the Royal Army Medical Corps, and will receive pay at the same rates as the personnel of that corps. Each man provides his own outfit of under-clothing and brigade uniform, the khaki suits and field or sea kit being paid for by the St. John Ambulance Association, or in the case of the twenty-eight men, by the Portland Hospital Committee. When it is known that the members of the Brigade are, almost without exception, men who are earning good salaries or wages, and that they voluntarily accept service under the War Office at rates which in many cases represent only about half of the amount they temporarily forego, it will be seen that the Brigade has good cause to be proud of the patrictic spirit evinced by its members. The number of men so far selected represents but a small proportion of the members of the Brigade who have volunteered, but as the Army Nursing Reserve is more than equal to the requirements it has\_not been necessary to accept their offer. requirements it has not been necessary to accept their offer.

The PORTLAND HOSPITAL. The Staff of the Portland Field Hospital sailed on December r3th in the Majestic from Liverpool for South Africa. It is only fair to remember that the formation of this hospital is due to the initiative of Mr. George Stoker, who was a Commissioner of the South Africa. Aid Committee in the Zulu war. The original proposal was to provide a purely civil hospital, to be under the direction of Mr. Stoker. A considerable sum was collected for that purpose, and Mr. Stoker and other surgeons, together with a number of dressers, students from various hospitals, were prepared to proceed with it to South Africa. It appears, however, that the War Office con-sented to accept the proffered assistance only on condition that the hos-pital was placed on a military footing and under military control. Under these circumstances, Surgeon-Major C. R. Kilkelly, of the Grenadier Guards, was appointed to the charge of the hospital, and Mr. Anthony Bowlby was nominated senior surgeon. The other members of the sur-gical staff were chosen by Sir Thomas Smith and Mr. Bowlby. The change in the constitution of the hospital has been a source of great

disappointment to those originally selected to take part in its work, many of whom had made all their arrangements and provided kit. The hospital has 4 nurses, 30 orderlies of the R.A.M.C., and 28 men provided by the St. John Ambulance Association.

## LEGISLATION FOR MIDWIVES.

AT a general meeting of the North-East London Medico-Ethical Society on November 30th, at the Hackney Town Hall, Dr. MAJOR GREENWOOD opened a discussion on the above subject. He drew attention to the cause that had led to the agitation for midwife reform-namely, the incompetence of many of the present class of midwives, and the mischief they caused to the lying-in, especially among the poorer classes. He contended that there was really no division of opinion in the profession as to the necessity of some reform, and that all the controversy was as to the shape this reform should take. He thought it very unfortunate that all the Midwives Bills hitherto drafted had been exactly copied from the Medical Acts, and would therefore appear as supplementary to them, and he thought that an unscrupulous midwife would be assisted by them to engage in illicit general practice; that this would be made plainer if men-midwives were admitted by the Bills in question. It was true they were not, but in all equity they ought to be. If they were he conceived that no one could be blind to the evil likely to be caused. He drew attention to the compromise argument, or argument of expediency, which he said he frequently heard in the mouths of eminent members of the profession : that they objected to these Bills, and had always done so, but, seeing that they were bound to come, they thought it would be advisable to take the wind out of their opponents' sails by adopting their Bills with improvements of their own. He disagreed with this principle. If the Bills were bad, the profession ought not to support them, and he denied that Bills were bound to become law in the future. the He destructive, and that the opponents of these Bills would be relatively much stronger in their position if they had a policy of their own to put in the place of what they condemned. Legislation bristled with difficulties, but although the education of midwives was improving and would continue to improve without any Registration Bills, some kind of registration might be desirable. He would suggest a county register being kept of all midwives practising in the county; that each county council should appoint a Board chosen out the local practitioners, the medical officer of health being the person to examine all applicants for registration, unless they brought evidence of having passed an examination before another county Board. A registration of this kind would distinguish it altogether from medical registration, and the position of a midwife under such an arrangement would not be likely to be confounded with that of a medical practitioner.

Some discussion took place in which all the speakers agreed substantially with the opener of the discussion. Dr. Sequeira, the chairman, testified to the incompetency of many midwives in East London from the experience of thirty years in White chapel, but he thought they were better now than they used to be. All present strongly disapproved of the Midwives Registration Bills that had been brought forward up to the present time.

## VISITATION OF THE QUEEN'S COLLEGE, CORK.

# [FROM A CORRESPONDENT.]

In the charter granted to the Queen's Colleges in Ireland provision was made for the holding of visitations by a Board of Visitors, whose chief office is to inquire into the working of the Colleges, as well as to consider and decide regarding grievances which may be preferred before them by students or officers of the Colleges against the ordinances made by the College authorities.

On November 25th the Queen's College, Cork, received its visitation by this Board, on which, amongst others, the Presidents of the Royal Colleges of Physicians and Surgeons of Ireland sat.

The students took advantage of this occasion to make

petition for the establishment of a chair of pathology, but the Board of Visitors declined to take action in the furtherance of their request. To be devoid of adequate teaching arrangements for such an important subject as pathology is rather an anomalous condition for a medical school to find itself in at the present day, and yet this condition has apparently to be left for reform at the request of the undergraduates by those responsible for the standard of medical education in the Queen's College, Cork.

Hitherto the Queen's Colleges have taken more than their full share in the training of medical men for the public services, and have one and all discharged their duties creditably and well so far as their funds permitted them to do, and we do not suppose that the Council of the Cork College is in anything but perfect sympathy with the very natural request of its students. Where, then, does the fault lie?

In the founding of these colleges, the noble idea of the great and good Prince Consort, "to afford to all classes and denomi-nations of her Majesty's faithful subjects, without any distinction of religious creed whatsoever, an opportunity for pursuing a regular and liberal course of education," the British Govern-ment took the responsibility of making provision for advanc-ing requirements in the domain of knowledge.

Yet we are told that the endowments of the colleges, at no period too liberal, are the same to-day as they were fifty years ago. To understand what this means, let us take the example of the Queen's College, Belfast, whose purely medical depart-ments have precisely doubled within the last ten years, if we include the new lectureship on Tropical Diseases. This increase of new departments means an enormously increased outlay if due provision be made to meet their necessities. But, under existing conditions, two results follow : the older departments are pinched to furnish working expenses for the new ones, which, in turn, are far from being fully provided for.

The condition which the authorities of the Queen's College, Cork, are called to face at the hands of its students is the natural outcome of such a policy. Within the past year, the enlightened head of the Colonial Department of our present Government brought to the notice of the Queen's Colleges the desirability of instituting departments to be specially devoted to imparting instruction in the weighty subject of tropical diseases. Surely it is therefore at least desirable that the Government should place these useful institutions in a posi-tion to meet not only this request but adequately to remedy the much more fundamental defect brought to light by the action of the Cork students.

This is all the more imperative when it is borne in mind that the class fees in these colleges are fixed by Act of Parliament at so low a figure as to prevent the departments from being worked on ordinary self-supporting lines.

## THE DUTIES OF THE MEDICAL PROFESSION WHEN CALLED IN SUDDEN EMERGENCIES.

WE have received a letter, signed by Dr. Biggart, the President of the Hartlepool Medical Society, and by Dr. MacGill, the Honorary Secretary of the same Society, enclosing a cutting giving an account of an inquest from the Northern Daily Mail, together with short extracts of editorials from that paper and from the Northern Guardian and a statement by Dr. Neil Robson. In the coroner's summing up complaint is made of the opinion which was expressed by Dr. M'Kean, the witness who was called before the coroner, respecting the position of medical men who have been summoned to cases of emergency.

According to the evidence of a witness named James Cameron, Dr. Neil Robson, when called in "refused to take the case in hand unless he got paid; the daughter of the injured woman said he would be paid, but the doctor said he It was in must have security before he examined her." reference to this evidence that the coroner asked Dr. M'Kean whether it was recognised in the profession that security for payment might be stipulated for where there was sudden injury of a dangerous character:

Witness: You need not attend on the case unless you like. The Coroner: But you don't go the length of saying that you have a right to stipulate for security of payment before you perform any work, however urgent? Witness: Certainly, you are quite justified to stipulate. The Coroner: Do the profession recognise it as right to so stipulate?

Witness : It is in medical ethics that you can do so.

Witness: It is in medical ethics that you can do so. The Coroner: I am afraid medical ethics and popular judgment are rather at variance on that point. In summing up, the coroner again referred to this matter, and stated that he had no hesitation in saying—and he had no doubt that the jury would be quite agreed—that this rule of medical ethics should invariably be suspended where there was a case of human suffering that ought to be attended on humane grounds alone, independent of professional rules. The Editor of the Northerm David Mail common time.

The Editor of the Northern Daily Mail, commenting upon this. savs:

this, says: While recognising to the full the justice of the precept that "the labourer is worthy of his hire," I cannot but say that the code of medical ethics formulated in this case is one with which I have no sympathy. The Editor of the Northern Guardian says: Dr. M'Kean of course is quite right in avowing that any medical gentle-man is entitled to see that he will secure remuneration for his services, but we hold strongly with Mr. Hyslop Bell that in cases of great and grave necessity the claims of human suffering should stand before medical rules. Happily there is nothing, so far as we can gather, to show that the former were not observed in the case which the coroner's court had under review. review

In the statement by Dr. Neil Robson which has been sup-plied to us he appears to have asked, "who was to pay for the attendance?" and to have received "some indistinct assurance" that he would be paid. But having examined the patient, and found her to be suffering from a fracture of the neck of the femur, and having further ascertained that she was a pauper, he recommended her removal to the workhouse hospital, and telephoned to the police, who made the necessary arrangements, and removed the patient to the hospital, where she died of pneumonia some days afterwards. Our correspon-dents say: "Will you kindly give us your opinion as to the remarks of the coroner as bearing on the ethics of the case ?"

We think that as an abstract statement there is no fault to be found with what the coroner said. The real misfortune was that the action of Dr. Robson was so represented to the coroner that he was under the impression that Dr. Robson had refused to do what was necessary for the patient, whereas Dr. Robson appears to have done all that the claims of suffering humanity demanded. We think it was unfortunate that Dr. M'Kean should have conveyed to the court the impression that the medical profession regards its members as justified in refusing assistance in emergencies unless they are guaranteed payment for doing so. This is a view which it is impossible for the medical profession to endorse. At the same time, we have an undoubted grievance in the fact that when summoned by the police to attend an urgent case the doctor who is thus called in is left to recover his fees from the patient, who may be, as in this case, a pauper. In France there is a fund out of which doctors are paid for such police calls, and we think that a similar arrangement should in common fairness exist in this country.

### LITERARY NOTES.

DR. W. H. WELCH has now been a professor in the Johns Hopkins University, Baltimore, for a quarter of a century, and a "Festschrift" is accordingly being prepared by his pupils in honour of their distinguished teacher. During the past twenty-five years some seventy-five persons have made scientific researches under the direction of Professor Welch, and nearly half of these will contribute to the work. The volume will be royal octavo in size, will contain at least 500 pages of printed matter, and will be illustrated with numerous lithographic plates, besides figures in the text. The Committee of Publication includes, among others, the names of Drs. A. C. Abbott of Pennsylvania, W. T. Counciln an of Harvard, Simon Flexner of Pennsylvania, W. S. Halsted of Baltimore, A. C. Hester of New York, Wyatt Johnston of Montreal, and G. M. Sternberg, Surgeon-General of the United States army.

Die Lepra des Auges is the title of a volume of clinical studies by Dr. Lyder Borthen, of Trondhjem, which will shortly be published, accompanied by pathological-anatomical notes by Dr. H. P. Lie, of Bergen. The work will be illustrated with 24 plates and 17 figures. The Report of the eighth meeting of the German Otological

Society will shortly be issued under the editorship of Profestor F. Siebenmann. It will be illustrated with two plates.

In reply to inquiries that have been addressed to us, we may state that the essay on the Mosaic Code of Sanitation, by the late Mr. Ernest Hart, to which reference was made in the