

temporarily to civil employment. This cancels Surgeon Fischer's appointment to the 7th Bengal Cavalry, recently notified.

The promotion of Surgeon C. H. BEATSON, of the Bengal Establishment, to be Surgeon-Major, announced some time ago in the JOURNAL, has received the approval of Her Majesty.

Surgeons P. O. W. HAILEY and H. M. BRABAZON, both of the Bengal Establishment, have leave of absence, each for 182 days.

Surgeon P. de CONCEIÇÃO, Bengal Establishment, died in London, June 29th, aged 36. His commission was dated October 2nd, 1880. He served in the Burmese campaign in 1886-87, was mentioned in despatches for his services, and granted the medal with clasp.

Surgeon-General DAVID WYLLIE, M.D., of the Bombay Establishment, who entered the service January 1st, 1844, and retired March 31st, 1880, died at Homburg on August 24th, at the age of 68.

THE MILITIA AND VOLUNTEERS.

ACTING SURGEONS R. B. GRAHAM and S. LINTON, M.B., 1st Fife-shire Artillery, are promoted to be Surgeons.

Surgeon-Major (ranking as Lieutenant-Colonel) T. H. RUTHERFORD, M.D., 1st Caithness Artillery, has resigned his commission, which was dated February 1st, 1889, his rank as Surgeon being from July 31st, 1867; he is permitted to retain his rank and uniform.

Honorary Assistant-Surgeon J. W. HEMBROUGH, 1st Volunteer Battalion Lincolnshire Regiment (late the 1st Lincoln), has also resigned his commission, dated March 18th, 1869, with permission to retain his rank and uniform.

Acting-Surgeon A. F. A. FAIRWEATHER, M.D., 2nd Volunteer Battalion East Yorkshire Regiment (late the 2nd East Riding of Yorkshire), is promoted to be Surgeon.

Acting-Surgeon J. R. WATT, M.B., 2nd Volunteer Battalion Scots Fusiliers (late the 2nd Ayrshire), has resigned his appointment, which bore date June 25th, 1879.

Acting-Surgeon D. M. ARTHUR, 5th Volunteer Battalion Gordon Highlanders (late the 1st Kincardine and Aberdeen), has also resigned his appointment, dated March 8th, 1884.

Mr. T. F. MACDONALD, M.B., is appointed Acting-Surgeon to the 1st Dumbartonshire.

Surgeon R. J. REECE, of the London Division of the Volunteer Medical Staff Corps, has resigned his commission, dated April 28th, 1886, and is appointed Surgeon to the Honourable Artillery Company of London.

Acting-Surgeon S. EVANS, 2nd Volunteer Brigade Eastern Division Royal Artillery (late the 1st Essex Artillery), has resigned his appointment, which dates from November 7th, 1877.

Surgeon and Surgeon-Major (ranking as Lieutenant-Colonel) G. PYCROFT, 1st Volunteer Brigade Western Division Royal Artillery (late the 1st Devon Artillery), has resigned his commission, that of Surgeon being dated December 7th, 1865; that of Surgeon-Major February 1st, 1889. He is permitted to retain his rank and uniform.

Acting-Surgeons W. R. SEWELL, M.D., 1st Renfrew and Dumbarton, and J. F. PORTER, M.D., 2nd Volunteer Battalion Yorkshire Regiment (late the 2nd North Riding of Yorkshire), are promoted to be Surgeons in their respective corps.

Surgeon J. A. MACKENZIE, M.B., 1st Volunteer Battalion Manchester Regiment (late the 4th Lancashire), has resigned his commission, dated February 1st, 1889.

Surgeon and Surgeon-Major H. R. SMITH, 3rd Volunteer Battalion Hampshire Regiment (late 3rd Hampshire), is appointed Brigade-Surgeon to the Portsmouth Brigade Infantry Volunteers, ranking as Lieutenant-Colonel.

Surgeon-Major R. V. KELLY, 9th Battalion Rifle Brigade (late the Westmeath Militia), has resigned his commission, which bore date July 25th, 1873; he is permitted to retain his rank and uniform.

Surgeon and Surgeon-Major W. MLLIGAN, 2nd Volunteer Battalion Derbyshire Regiment (late the 2nd Derbyshire), is appointed Brigade-Surgeon to the North Midland Brigade of Infantry Volunteers, ranking as Lieutenant-Colonel.

Mr. A. D. VARDON is appointed Acting-Surgeon to the 2nd Volunteer Battalion King's Own Scottish Borderers (late the 1st Berwick). The undermentioned Acting-Surgeons are promoted to be Surgeons in their respective corps: H. BRAMWELL, M.D., the Tynemouth Artillery; C. H. WILLEY, M.D., 1st West Riding of Yorkshire (Sheffield) Engineers; A. CRAIGMILE, M.D., 1st Volunteer Battalion Cheshire Regiment (late the 1st Cheshire); W. GANDY, 2nd Volunteer Battalion East Surrey Regiment (late the 3rd Surrey).

EXAMINATION FOR VOLUNTEER SURGEONS.

ARTILLERY.—Information as to the examination for volunteer surgeons is given in the JOURNAL of June 4th, 1887, p. 1244. The following books are recommended: *Army Medical Regulations*, 1889; *Manual of Medical Staff Corps*; and Parkes's *Hygiene*.

ANOTHER SLIGHT TO MEDICAL OFFICERS.

M. D. writes: I have no doubt that you observed in the list of officers of the Royal Navy who were presented to H. I. M. the Germany Emperor on board the flag ship, not one medical officer of the fleet was included, although there were many commanders as well as captains, and there must have been several medical officers in the fleet who ranked with commanders, if not higher. It is perfectly unintelligible to anyone that such marked slights are shown to such a highly honourable service as that of the Naval Medical Service. I believe further that not one medical officer of the Army Medical Service was presented to the Emperor, although several lieutenant-colonels were presented who were junior to certain medical officers who were on duty at Aldershot during the recent review. It is difficult to know how to act in such cases, but questions might be asked in the proper quarter, to ascertain the significance of such a marked slight to these services, and by showing that these matters are acutely observed and noticed, their repetition might be frustrated in future.

ARMY MEDICAL REORGANISATION.

ARMY MEDICAL CORPS says too much has been made of the supposed bad feeling between the medical and other army officers. No doubt such a feeling does exist; but, on the part of regimental officers, it is more to the present system than to medical officers as individuals. It is also fostered by such

unworthy remarks on medical officers as are found in the *Pocket-book*. There is unfortunately a want of cordiality between regimental and all departmental officers, and the medical are in this respect no worse off than the other officers concerned. He advocates the establishment of medical messes at all stations, which would enable medical officers to advance *camaraderie* among themselves and to return hospitality. Nothing would more improve their social and garrison position. A return to a modified regimental system would not be popular with the majority of medical officers; they would far rather be the officers of a properly-organised Medical Corps.

LORD CAMPERDOWN'S COMMITTEE.

SURGEON-MAJOR J. F. H. BOILLEAU writes: I shall feel greatly obliged if you will allow me, through the JOURNAL, to contradict a rumour, which seems to be very widespread, to the effect that I gave evidence before the above Committee—and evidence of a nature at variance with the general feeling of medical officers of the army. There is not a word of truth in the report. I gave no evidence before the Committee, nor had I the least desire to do so.

OBSERVER urges that every effort should be made to have the evidence published in full. The public would then be able to see who are the opponents of the just rights of medical officers, and to estimate the animus of a certain clique towards them.

MEDICAL STAFF writes that these recommendations will be received with eminent satisfaction, except as regards that advocating a compound title. Such titles may conform to the genius of the German language, but are very un-English. There will be a clear tendency on the part of the public to drop the prefix of "Surgeon," and, it is to be feared, military irritation will thereby be caused; better concede purely military titles at once.

AN OLD VOLUNTEER MEDICAL OFFICER suggests that, as a sequel to Lord Camperdown's Committee, the following should be carried out:

1. The invidious and untruthful distinction between "combatant and non-combatant" officers be finally done away with.
2. The term "Honorary" in connection with rank and status should be abolished.
3. Compound titles should be given to medical officers, such as Lieutenant-Colonel and Surgeon, Captain and Surgeon, etc.

PROFICIENCY EXAMINATION FOR VOLUNTEER SURGEONS.

ACTING SURGEON OF TEN YEARS writes: Some months ago a general order or warrant was sent round to volunteer surgeons, saying that acting surgeons who passed the proficiency examination would be commissioned with the rank of surgeon. Last month several acting surgeons passed the proficiency examination, but up to this there is no notice of their being gazetted surgeons. Shortly after there was a column and a half of surgeons gazetted in the JOURNAL, but none since. Can you account for this? Some say it is necessary for the acting surgeons to apply after passing the examination.

. Regimental volunteer medical officers who have passed the proficiency examination must apply for promotion through their commanding officers, as required by the volunteer regulations. Several promotions of acting surgeons have recently been gazetted and noticed in the JOURNAL.

MEDICO-LEGAL AND MEDICO-ETHICAL.

LUNACY INQUIRY.

AN inquiry was opened on July 30th, before Mr. J. R. Bulwer and a jury of the county of London, as to the alleged insanity of the Hon. Flora Fox Byng, the petitioner being the only child of Mrs. Byng, who is a widow, and is now resident at a lunatic hospital. Both the petitioner and the alleged lunatic were represented by counsel.

Amongst various other matters brought out in evidence was this, that after some attacks of excitement with crying and walking about all night, Mrs. Byng imagined that she was constantly receiving telephone messages from London to Florence, that electric wires were under the bed, and that the floor had a constant see-sawing motion. She also said that she heard voices; and would exclaim to an imaginary person, "How dare you say such a thing," evidently replying to hallucinatory voices.

After a private examination of Mrs. Byng before Mr. Bulwer and the jury a large number of letters were read in order to prove that she was competent to manage her own affairs. Her solicitor said he had received hundreds of letters from her, and about three a week since she had been in the lunatic hospital, and in none of them had he observed any indication of incapacity to manage her affairs; and her counsel said he was prepared to put in such letters by the score. Counsel for the petitioner thereupon read a letter written by Mrs. Byng a few days previously, in which, amongst other similar statements, she wrote that "I never close my poor eye at night on account of the terrible whisperings and irritation of my brain."

Mr. Bulwer, in summing up, said that the proceedings were instituted for the protection of the alleged lunatic's property, and that the evidence was absolutely overwhelming—and was confirmed by the lady herself—that she was now of unsound mind;

and the jury found unanimously that she was of unsound mind and incapable of managing her own affairs.

One point only we desire to emphasise—of which this case was a crucial example—namely, that an extremely insane person may be, and often is, capable of writing hundreds of perfectly ordinary and coherent letters, or letters the contents of which are not palpably delusional.

OFFICERS OF CORPORATIONS.

THE Public Health Act—very properly, as most people think—imposes a penalty on any officer or servant employed by a local authority who “under colour of his employment, exacts or accepts any fee or reward other than his proper salary, wages, and allowances.” Several cases have recently been before the Courts in which the meaning of the provision has had to be considered, and in most of them the liability to the penalty has been enforced. In one case the surveyor employed by the corporation of Margate agreed to receive, from contractors employed by them, a commission on the price of certain works executed by them for the corporation. He was sued for the penalty, and the Divisional Court and Court of Appeal held that he was liable. The corporation then voted him as an additional remuneration beyond his ordinary salary a sum equal to the amount of the commissions which the contractors would have paid. The Court, however, held that such a payment was beyond the power of the corporation to make, and granted a *certiorari* to quash their resolution to pay the money. The town clerk of Bury St. Edmund’s has, however, been more lucky; he, as is usual, is paid a salary, which is expressed to include all legal charges except those for contentious business, travelling expenses, and expenses out of pocket. The corporation have been concerned in promoting an irrigation scheme which naturally has imposed extra work on their town clerk, and they have voted him an extra remuneration of 500 guineas. The local ratepayers’ association thought this payment improper, and consequently brought an action against the town clerk to recover the penalty from him for accepting this additional payment for his services. Baron Pollock, who tried the action, and more recently the Court of Appeal, have, however, decided that under the above circumstances no penalty had become due. The town council had clearly authority to make extra payments for extra work, and this payment was quite justifiable. The result of these cases seems to be that officers cannot accept gratuities from persons who are employed by the local authorities, but can take extra payments from the authority whose servants they are, if they do extra work for it. Public opinion will probably agree that this result is satisfactory. The evil which Parliament wished to check is that of officials being exposed to offers of payment by people whose interests are very likely antagonistic to those of the ratepayers who employ them; to minimise, in fact, the temptation to take bribes. Where they are found out accepting such payments the Courts hold that they have infringed the law, and rendered themselves liable to the penalty; but receipt of extra payment from the employers, if they think right to offer it, is a different matter, and no one thinks there is anything morally wrong in it. The late decision shows that such a payment is not prohibited, and may safely be accepted.

AN UNSATISFACTORY NEIGHBOUR.

J. J. G. writes: I have been in general practice for thirteen years after holding hospital appointments of the highest order, and during the last twenty years I have never made a single professional enemy amongst my medical neighbours. My initials are well known to most West End people; the patient I will call X., and the surgeon of whom I complain Z. Y., an engine driver, suffering from double pneumonia, was my patient, and I visited him daily. The patient went on very well under the usual treatment until July 13th, when his wife allowed him to get out of bed and sit in front of an open window, without my knowledge. I saw the patient on Sunday, July 14th, when I found him not so well, and again on Monday, when I found his temperature 105°, and every sign of a return of the inflammation. I called upon him again at 2 o’clock, also about 3. His breathing was very unfavourable. I recommended his wife to see a physician if she was not satisfied with my treatment; she did not give her consent, being sure that I was doing all that could be done. I made another call about 5.30, when, to my astonishment, the wife told me she had had another doctor to see the patient, and that he was going to call again in the evening. Of course, under the circumstances I gave up the case.

In the evening I received the following letter from Z:

“My dear Mr. G.,—I was called in to see a man by name Y. That no misunderstanding should arise I let you know this at once. I find that my interpretation of the laws of etiquette differs from that of some of my neighbours, and I much regret this; till it is a pity that there should be any want of confidence between one man and another. Mrs. Y. did not send for me; a patient of mine, a friend of theirs, summoned me in haste. I have given him digitalis, etc., and promised to see him again, they undertaking in the

meantime to see you. Shall I meet you there? Will you arrange this?—Yours, etc., Z.”

After receiving this letter Z called upon me, and I then informed him that he had acted unprofessionally towards me. Hearing that there were many reports set about which were detrimental to my character, I wrote to Z, informing him that I should ask the opinion of the medical papers on his conduct.

I would now ask if Z. was justified in seeing Y., knowing that I was in attendance; and if Z was only called in by one of his own patients, and not by Mrs. Y., was it not Z.’s duty to acquaint me of it, and make me a present of his visit? Z is a much younger man than myself, and his qualifications are no better than my own. I may state that this case is not the first against Z. Eighteen months ago I was taken ill—simply knocked up—and went for a change to Ventnor. Long after my return Z. met me in the street, and apologised for having circulated that I was no longer allowed to attend confinements, on account of my health.

* * In reference to the above case, we note with something more than regret the apparent indifference with which “Z.” obtrudes his peculiar “interpretation of the laws of medical etiquette.” Be that, however, as it may, his conduct therein needs no editorial comment, since it stands condemned by admission in his own letter to “J. J. G.,” at the same time, we could wish that the latter, both for his own and his patient’s (“Y.”) sake, had been less precipitate in declining further attendance, inasmuch as the wife of “Y.” was admittedly ignorant of the contemplated visit of another practitioner, and should therefore have been afforded an opportunity for repudiating and rejecting “Z.’s” further attendance, which would not improbably have been the result if she had been made aware of the rules by which honourable practitioners are guided in similar cases, but of which persons in her position in life are not unnaturally ignorant. It is scarcely necessary to remark that, under the circumstances related, the course pursued by “Z.” in the case contravened the medico-ethical law, and that a continued repudiation thereof cannot fail to react injuriously on himself.

THE LAW OF ETIQUETTE IN URGENT CASES.

ZOROASTER writes: A. and B., father and son practising in partnership, have a patient S. whose place of business is near to them, and whose residence is two miles away.

In course of time S. changes his medical attendant, and employs a gentleman who lives close to his house. This doctor dies, and his partner C. succeeds him in his attendance on S., and has continued to attend him and his family ever since (seven years). While C. has been the family doctor A. has died, and B. has taken a partner D.

S. fell while at business and broke his arm. He sends for his former medical man B., he being the nearest doctor whom he is acquainted with. D. attends to the accident. D. visits S. again the next day at his place of business, and admits that he knows C. to be his doctor. D. continues the attendance throughout.

C. being S.’s family doctor, and being in attendance on a member of the family, pays an ordinary visit to the house two days after this accident occurred, and at this visit receives the first intimation of it, and not hearing from D. he writes the next day to him, and on the fourth day after the occurrence he receives a reply stating that he had intended to write but he had been busy and had not had time.

1. Did D. show want of courtesy in not communicating with C. until he had been written to, and that four days after the circumstances arose?
2. Did D. do his duty towards his neighbour, with whom he was on friendly terms, in retaining the case?

* * In reference to the above case, we may note that A. and B. having for a period of seven years been superseded by C. as the ordinary attendant of S., D. (the new partner of B.), with his admitted knowledge that he (C.) was the medical adviser of the family in question, should have acted in accordance with the following ethical rule, and, in omitting to do so, undoubtedly failed in his duty to his professional brother:

“When a practitioner is called to an urgent case either of sudden or other illness, accident, or injury in a family usually attended by another, he should (unless his further attendance in consultation be desired) when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter; but he is entitled to charge the family for his services.”

ATTENDANCE ON THE CHILDREN OF MEDICAL MEN.

M.D. writes: I attend a ladies’ boarding school; many of the pupils are daughters of medical men. I charge their parents half fees, and mention the fact in the account. One of them writes: “This is the first time I have ever been charged for medical attendance, and I trust it will be the last.” He uses other surly expressions. His account was 7s. 6d. Have I erred in making a charge? It is obvious that I cannot attend a dozen young ladies and furnish them with medicines for nothing.

* * Although the location of so many professional “olive branches,” so to speak, in the scholastic establishment in question may be personally and pecuniarily inconvenient to “M.D.,” we should advise him not to deviate from the traditional usage of the profession, as laid down in the following rule extracted from the *Code of Medical Ethics*, and which we reprint in its entirety for his guidance and that of others. If, however, the supply of medicines unduly trenches on the time and resources of our correspondent, he may, we think, if he cares to do so, legitimately obviate the latter by simply writing a prescription, and instructing the lady superintendent to let it be compounded at a chemist’s and the cost debited to the father of the patient.

“All legitimate practitioners of medicine, their wives, and children, while under the paternal care, are entitled—not as a matter of right but by pro-

professional courtesy—to the reasonable and gratuitous services (railway and like expenses excepted) of the faculty resident in their immediate or near neighbourhood whose assistance may be desired. In the case also of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father, or the widow and children of a practitioner left in affluent or well-to-do circumstances, should be charged as ordinary patients, unless feelings of friendship or other special reasons render the attendant practitioner averse to professional remuneration. In such case the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined, for no pecuniary obligation ought to be imposed on the debtor which the debtor himself would not wish to incur."

REGULATIONS AS TO PRIVATE PATIENTS OF UNSOUND MIND.

THE answer to "Resident's" first letter, given in the JOURNAL of August 10th, is quite correct. Our correspondent is under misapprehension on some points. No person can legally take one person of unsound mind for profit into his house without the certificates, etc., specified in our previous reply; nor can he legally receive for profit two or more such persons until his house has been licensed for the reception of so many persons of one or other or both sexes. Certificates, etc., are, of course, necessary here also.

It is precisely to check abuses that would arise from uncertified persons of unsound mind being kept under care and control without authority and called sane by those who keep them, and to protect such patients, that a large part of the Lunacy Laws exists. "Sane" and "uncertified" are not synonymous.

The imaginary case of his own child given by our correspondent has no bearing on the point, under ordinary circumstances, inasmuch as such child would not be kept for profit, but out of parental love and duty, and, in the case supposed, the Lunacy Laws would not interfere with the parents.

If our correspondent attempts to exercise any control over any uncertified persons in his house or detain them a moment against their will, it is against him they would have grounds for an action at law.

INQUEST FEES.

QUERENS writes: A. and B. are medical practitioners living in the same village, and attend for each other in each other's absence. A. is sent for to attend a man who has fallen from a load of hay and broken his neck. A. not being at home at the time, B. is requested to attend for him, which he does, both seeing the patient afterwards in consultation. The man dies, and B., having been first in attendance, gives his evidence at the inquest and receives the fee. Will you kindly say to whom the fee belongs?

. In view of the mutual professional arrangement entered into between A. and B., the latter cannot, in our opinion, in the case above alluded to be regarded otherwise than as the voluntary *locum tenens* of the absent A., to whom, therefore, the fee in question would rightly belong, and *vice versa*. Nevertheless, under all the circumstances, a division of the fee may not be inexpedient.

LEGAL QUALIFICATION FOR GIVING MEDICAL CERTIFICATES.

A PRACTITIONER writes: My son has passed his examination for the M.B. and C.M., but cannot graduate until November on account of his age. 1. Can he legally sign a certificate of death? 2. Can he give evidence at an inquest?

. 1. The Births and Deaths Registration Act distinctly provides that no medical practitioner, unless he be registered, can give a legal medical certificate for the purposes of that Act. If an unregistered practitioner should give any written statement concerning any cause of death, registrars of births and deaths are instructed to record such statement as an uncertified cause of death in the death register.

2. With regard to inquests, it rests with coroners to decide who shall be called upon to give evidence; but, in accordance with all recent Acts of Parliament, it is registration by the General Medical Council that confers a legal status upon medical practitioners.

WRONGFUL ASSUMPTION OF TITLES.

SURGEON writes: What treatment should be adopted towards one who prints M.B. after his name, never having taken that degree?

. Any practitioner who assumes a medical title to which he has no legal claim, though otherwise fully qualified to practise, as in the case in question, is morally guilty of an offence under the Medical Act of 1858, and subjects himself to the penalty attached thereto.

Admitting, however, that the practitioner alluded to does not possess (although qualified for obtaining it) the M.B.—a question of fact of which our correspondent will do well to personally assure himself by due inquiry ere he takes further action in the matter—we think that the justice of the case may be fairly met by the simple disclosure of the real fact through the medium of the traditional "candid friend."

TITLES AND BRASS PLATES.

F.R.C.S. AND MEMBER OF B.M.A. writes: I shall feel much obliged if you will let me know in your correspondence column whether it is usual or in accordance with the etiquette of the profession for a Fellow of a Royal College of Surgeons to put F.R.C.S. after his name on a doorplate.

. So far as our personal experience extends, we have never known the initial letters F.R.C.S. to be appended as a suffix on a doorplate, and hope never so to do; for, not only would such an innovation contravene the time-honoured usage of the profession, but it would serve no practical purpose other

than to puzzle the non-surgical minds of passers-by. If, however, the novelty be had recourse to, the specific Royal College of Surgeons should be clearly indicated—Eng., Edin., or Irel., as the case may be.

FEES TO MEDICAL WITNESSES.

MEDICAL WITNESS.—The fee to a medical witness for attending a police court to give evidence is, according to the scale, 10s. 6d. if resident in the city, borough, parish, town, or place where the examination is taken, or within a distance not exceeding two miles from such place, and a guinea if resident elsewhere. We presume that London is considered to be one town or place, and that the 10s. 6d. fee is applicable all through it.

MEDICAL MEN AND MIDWIVES.

C. C.—1. In the case stated the husband of the deceased woman would have no right of action against the medical man for refusing his services. 2. The law does not prevent unqualified persons from acting as midwives. 3. No.

DENTISTS AND MEDICAL MEN.

MEMBER B.M.A.—That the dentist in question should elect, under the conditions above alluded to, to extract teeth for the paying class of the community for a nominal sum is a matter for his own consideration, subject to the usage of the dental profession; but that a qualified medical practitioner should take a like nominal fee, willingly undertake the risk and responsibility of administering the anæsthetic is, from a professional point of view, a course of action not to be commended.

FEES TO MEDICAL WITNESSES.

M. G. D. writes: Last June I had to give evidence in a police case at the police-court, which is eight miles from my residence. I received notice from the police to attend. Last week the inspector called, and paid me a fee of 14s. 6d. I wrote to the magistrates' clerk for my full fee, £1 1s., and 4s. expenses, which sum I have been paid before for attending at the police-court. In reply, he informs me that, by some oversight, the magistrates at the time only allowed me 14s. 6d. in their certificate, and adds that now there is no means of rectifying the matter, as no larger sum can be obtained from the county treasury.

Will you kindly inform me in the next JOURNAL if there is any way in which I can recover my full fee?

. No; you cannot recover more than the amount certified by the magistrates.

PROFESSIONAL ADVICE IN THE LAY PRESS.

FIDES.—Of course the whole thing is simply deplorable, whether from a professional or a public point of view. The person referred to is, however, a notorious offender, and is quite outside the pale of medical ethics.

CLUBS AND CHRONIC INVALIDS.

W. E. G.—We think our correspondent is labouring under some misapprehension, or, if not, the rules of his club differ from those of all others with which we are acquainted. That members suffering from chronic diseases, such as phthisis, heart-disease, tames dorsalis, etc., should be debarred from going on the funds again for the same ailment, if they declare off, on account of temporary improvement, is so extraordinary, that it would be difficult to express an opinion as to what would be done in the case of concurrent illness, which would often be the same disease under another name. Most clubs allow full pay for a certain time, usually six months; a further allowance of half-pay is then made for the same period; after this a fixed time, often twelve months, must elapse before such pay can be claimed again.

If a sick member should have declared off the funds before the expiration of the time during which his full or half-pay would have been due, and again requires to come upon the funds, he receives sick pay just as if he had never declared off till the completion of the allotted term of full and half-pay; but it makes no difference what the ailment is, whether the original or another, provided that he is disabled by it, and that it does not belong to that class of disease which is specially excluded by all sick benefit societies.

UNIVERSITY INTELLIGENCE.

LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE. July, 1889. Pass-list. Entire Examination.

First Division.—Louisa B. Aldrich Blake, London School of Medicine for Women; H. W. Armstead, St. Bartholomew's Hospital; C. Barker, Sheffield Medical Institution; V. B. Bennett, University College, Liverpool; A. S. Blackwell, St. Bartholomew's Hospital; C. C. Chidell, University College; J. G. Clegg, Owens College; R. Clegg, Owens College and Manchester Royal Infirmary; C. Coles, St. Bartholomew's Hospital; H. O. Davies, St. Bartholomew's Hospital; T. B. P. Davies, Guy's Hospital; C. A. Dixon, The Yorkshire College; C. C. Elliott, Guy's Hospital; J. H. Fisher, St. Thomas's Hospital; H. W. Gibson, Middlesex Hospital; J. Harvey, University College, Liverpool; Jessie Flewitt Hatch, London School of Medicine for Women; P. Lord, Guy's Hospital; W. P. Montgomery, Owens College; E. A. Nathan, St. Mary's Hospital; W. P. Purvis, St. Thomas's Hospital; H. B. Rowbotham, Queen's College, Birmingham; W. E. Sargent, St. Bartholomew's Hospital; A. W. Sheen, Guy's Hospital; G. A. Simmons, St. Mary's Hospital; H. R. Smith, University College; W. R. Smith, King's College; C. Sturge, London School of Medicine for Women; J. O. Symes, St. Mary's Hospital; T. R. Taylor, Guy's Hospital; W. L. Wainwright, St. Thomas's Hospital; C. S. Wallace, St. Thomas's Hospital; G. A. Watson, University College; A. N. Weir, B.Sc., St. Bartholomew's Hospital; C. E. Wheeler, St. Bartholomew's Hospital; A. Whitfield, King's College; S. Williams, University College; C. J. Woollett, Charing Cross Hospital.

Second Division.—T. W. Beazeley, Queen's College, Birmingham; C. B. Braithwaite, Guy's Hospital; S. M. Brown, Owens College; F. P. S.