eight Scotch towns ranged from 17.2 in Edinburgh and 18.4 in Glasgow to 21.1 in Dundee and 29.9 in Perth. The 660 deaths in the eight towns showed an increase of 80 over the number in the previous week, and included 109 which were referred to the principal epidemic diseases, against 112, 92, and 91 in the three preceding weeks. These 109 deaths were equal to an annual rate of 3.1 per 1000, which exceeded by 1.6 the rate from the same diseases in the 76 English towns; they included 57 which were referred to whooping-cough, 26 to "fever," 13 to diarrhoea, seven to measles, four to diphtheria, two to scarlet fever, and not one to small-pox. The fatal cases of whooping-cough, which had been 52, 39, and 38 in the three preceding weeks, rose again last week to 57, of which 37 occurred in Glasgow, seven in Dundee, four in Edinburgh and in Paisley, and two in Aberdeen and in Greenock. The deaths referred to "fever," which had been 41, 28, and 24 in the three preceding weeks, were 26 in the week under notice, and included 16 in Glasgow, five in Edinburgh, three in Leith, and two in Paisley; all these deaths, except one in Glasgow and one in Paisley, were certified as from cerebro-spinal meningitis. The fatal cases of diarrhoea, which had been seven, nine, and 14 in the three preceding weeks, decreased last week to 13, of which eight were registered in Glasgow, three in Dundee, and two in Aberdeen. The seven deaths from measles corresponded with the number in the preceding week and included five in Glasgow and two in Leith. Two of the four fatal cases of diphtheria occurred in Glasgow. The deaths in the eight towns referred to diseases of the respiratory organs, including pneumonia, which had declined from 127 to 82 in the five preceding weeks, rose again to 106 last week, and were 11 in excess of the number in the corresponding week of last year. The causes of 28, or 4.2 per cent., of the deaths registered in the eight towns during the week were not certified or not stated; the proportion of uncertified deaths in the 76 English towns during the same week did not exceed 1 per cent.

HEALTH OF DUBLIN.

The annual death-rate in Dublin, which had been equal to 26.7, 25.8, and 23.1 per 1000 in the three preceding weeks, rose again to 23.9 during the week ending June 8th. During the first ten weeks of the current quarter the death-rate has averaged 26.5 per 1000; the mean rate during the same period did not exceed 15.2 in London and 17.7 in Edinburgh. The 179 deaths of Dublin residents registered during the week under notice were six in excess of the number in the preceding week, and included 11 which were referred to the principal epidemic diseases, against seven, 17, and 13 in the three previous weeks; of these, six resulted from measles, four from whooping-cough, and one from diphtheria, but not any from small-pox, from scarlet fever, from "fever," or from diarrhoea. These 11 deaths were equal to an annual rate of 1.5 per 1000, the rate during the same period from the principal epidemic diseases being 1.6 in London and 1.5 in Edinburgh. The fatal cases of measles, which had been six and four in the two preceding weeks, rose again to six in the week under notice; while the deaths from whooping-cough, which has been ten and eight in the two preceding weeks, further declined to four. The 179 deaths from all causes in Dublin last week included 27 of children under one year of age and 47 of persons aged upwards of 60 years; the deaths of infants were slightly in excess of the number in the preceding week, while those of elderly persons showed a considerable decline. Five inquest cases and five deaths from violence were registered; and 71, or nearly two-fifths, of the deaths occurred in public institutions. The causes of two, or 1.1 per cent., of the deaths in Dublin last week were not certified; in London the cause of only one death was uncertified, while in Edinburgh the percentage of uncertified deaths was 7.9. The 161 deaths registered in Belfast during the week under notice included 10 which were referred to cerebro-spinal fever or cerebro-spinal meningitis.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Staff Surgeons: W. H. Daw to Gibraltar Hospital; and E. F. Mortimer to the *Vindictive*.

ROYAL ARMY MEDICAL CORPS.

The undermentioned Lieutenant-Colonels retire on retired pay: George E. Twiss and John L. Hall (dated June 8th, 1907).

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Major Charles Graham Grant to be Surgeon-Lieutenant-Colonel (dated May 28th, 1907). Surgeon-Major James Drummond, having been appointed to the command of the 3rd Durham Royal Garrison Artillery (Volunteers), ceases to belong to the Army Medical Reserve of Officers.

ROYAL ARMY MEDICAL CORPS (MILITIA).

Captain (Honorary Captain in the Army) H. E. Mortis to be Major (dated April 24th, 1907).

CHANNEL ISLANDS MILITIA.

The Royal Militia of the Island of Jersey: Medical Company: Henry John Shone to be Surgeon-Lieutenant (dated May 25th, 1907).

VOLUNTEER CORPS.

Rifle: 1st Surrey (South London) Volunteer Rifle Corps: Surgeon-Lieutenant D. O. Kerr to be Surgeon-Captain (dated May 1st, 1907). 4th Volunteer Battalion the Queen's Own (Royal West Kent Regiment): Supernumerary Surgeon-Lieutenant W. J. Woodman to be Surgeon-Captain, remaining supernumerary (dated May 2nd, 1907). 1st Volunteer Battalion the King's (Shropshire Light Infantry): Surgeon-Lieutenant-Colonel W. H. Packer is granted the honorary rank of Surgeon-Colonel (dated April 20th, 1907). 1st Herefordshire Volunteer Rifle Corps: Surgeon-Lieutenant J. N. Macmullan to be Surgeon-Captain (dated Nov. 1st, 1906).

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

Scottish Command: Aberdeen Companies: Lewis Davie Cruickshank to be Lieutenant (dated May 7th, 1907).

The annual inspection of the London Companies of the Royal Army Medical Corps (Volunteers), as well as of the Bearer Companies of 1st, 2nd, 3rd, and 4th London Infantry Volunteer Brigades, by Colonel Sloggett, C.M.G., will take place in Hyde Park (Guards' Ground) on Saturday, June 15th, at 5.30 P.M. The proceedings are expected to have additional interest from the inclusion of a field ambulance station and a demonstration of carrying patients in cacolets.

THE GOVERNMENT'S NEW ARMY BILL.

It is a matter of such wide extent and importance as to be especially noteworthy that on June 10th the Territorial and Reserve Forces Bill was again considered and finally passed by the House of Commons in committee. The Earl of Wemyss had on the same day in the House of Lords asked a number of questions as to the army having a distinct bearing on the new scheme and had been replied to by the Earl of Portsmouth. In the course of the debate in the Commons a good many important points were raised by the Opposition on amendments which were, however, defeated and the guillotine resolution then came into operation. All the clauses and schedules were adopted and, as we have already said, the Territorial and Reserve Forces Bill was successfully passed through its final committee stage.

Correspondence.

"Audi alteram partem."

THE MEDICAL SCHOOL OF GUY'S HOSPITAL AND THE CONCENTRATION OF EARLY MEDICAL STUDY.

To the Editors of THE LANCET.

SIRS,—The following letter has been addressed by the treasurer of Guy's Hospital (Mr. Cosmo O. Bonsor) to the Principal of the University of London:—

As treasurer of Guy's Hospital I have to bring to your notice the following resolution passed at a school meeting on the 7th inst. and approved by me: "That, in view of the resolution of June, 1905, that the Medical School of Guy's Hospital is not committed to any particular line of action with regard to the concentration of preliminary and intermediate studies, the school now desires the treasurer to inform the Senate of the University of London that it is of the opinion that the proposed scheme of three centres for the teaching of such subjects at University College, King's College, and South Kensington, and the institution of internal examinations at these centres, would not be to the advantage of medical education in

London, and that it does not propose to abandon the teaching of the preliminary and intermediate subjects under these circumstances."

I desire to add that this decision must not be construed as adverse to the principle of the concentration of the preliminary and intermediate medical studies in the University, but solely as directed against the particular proposals for concentration indicated in the resolution.

Believe me, Sirs, yours faithfully,

June 11th, 1907.

HERBERT L. EASON, Dean.

A SOCIETY FOR THE PREVENTION OF VENEREAL DISEASES.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to ask your correspondent, "H. N. R.," if he has read the report of the Departmental Committee of the Local Government Board on the deterioration of public health? Has he also read the many articles, annotations, and letters which have appeared in your columns showing the inadequacy of hospital accommodation for venereal diseases throughout the whole of the United Kingdom? Consideration for your space induces me to ask him to send me his name and address; I can then send him additional information which he may find useful.

I am, Sirs, yours faithfully,

FRED. W. LOWNDES.

40, Knight-street, Liverpool, June 11th, 1907.

THE HOSPITAL FUNDS AND THE EXCLUSION OF SCOTTISH DIPLOMATES FROM THE MAJORITY OF LONDON HOSPITALS.

To the Editors of THE LANCET.

SIRS,—On behalf of the council of the Association of Medical Diplomates of Scotland I beg to draw your attention to what we consider a grave injustice to those holding the diploma of the Scottish colleges. We refer to the clause in the laws of many medical charities of the metropolis making the possession of a London qualification an essential condition of election to a post on the honorary medical and surgical staffs. The effect is to make those posts a monopoly in the hands of certain London corporations. We submit that this practice inflicts a gratuitous injury upon the diplomates of the Scottish colleges who have obtained their legal qualifications after stringent examination. We submit that the exclusion of which we complain is contrary to the elementary grounds of justice and that its result, if not its intention, is to swell the ranks and to increase the revenues of certain London corporations at the expense of rival colleges, of Scottish diplomates, and, as we think, of the community in general. This arbitrary practice is, in our opinion, a relic of class privilege absolutely out of touch with the trend of modern thoughts and ideas and one calculated to close the door to many a fine career and in the long run to inflict injury upon the public by narrowing the field of competition. If the London qualification be of such supreme excellence why should their holders fear competition in the open market? Why resort to such a weapon as disqualification of all Scottish and Irish competitors? This exclusion of Scottish diplomates from the majority of London and provincial hospital appointments has been going on for many years. Our present object, however, is to draw attention to its revival in an insidious form and its imposition by a side issue upon two institutions that previously welcomed Scottish diplomates to their honorary staffs. We wish to show how the Hospital Sunday and King Edward's Funds have helped, doubtless unwittingly, to bring about that injustice.

There were lately three London orthopædic hospitals—the Royal, the City, and the National. The above-mentioned funds have for some years pressed the policy of amalgamation upon these hospitals by every means in their power. Of these three hospitals the Royal and the City admitted Scottish diplomates to their staffs, while the National excluded them. All three institutions are now amalgamated. It seems incredible that the funds should have permitted the new charter of the consolidated hospitals to exclude Scottish diplomates. Such, however, has been the case. In other words, the National Orthopædic Hospital has been enabled to force its exclusiveness upon the other two partners in the new institution. One holder of a Scottish qualification has been allowed to join the new staff, apparently in defiance of the charter. Another member of

the City Orthopædic has been denied any staff appointment in the new institution on the ground of not possessing a higher English qualification. That gentleman naturally protested against his exclusion. To investigate the facts of the case Sir Edmund Hay Currie was appointed arbitrator. His report stated that: (1) the charter could be amended; (2) that an exception should be made in favour of the gentleman concerned; and (3) that the conditions as to qualification would doubtless be retained in the new charter.

We submit, Sirs, that this charter in its present form is unjust, inasmuch as it excludes Scottish diplomates. We submit further that its amendment should be made to cover not only the specific hard case of a single Scottish diplomate but to throw open all staff appointments to all registered medical practitioners.—I am, Sirs, yours faithfully,

CLAUDE ST. AUBYN-FARRER, President.

Chandos-street, W., May 31st, 1907.

THE ESTIMATION OF SUGAR.

To the Editors of THE LANCET.

SIRS,—An annotation in THE LANCET of May 25th describes Swiatecki's method of ascertaining the amount of sugar in urine by the tint obtained by boiling with an alkali. This is, of course, a quantitative application of Moore's test. The method, in a much less elaborate form, which has been long available, deserves to be more widely known on account of its extreme facility. I worked it out with glucose many years ago and communicated it to Sir Lauder Brunton, who quoted it in his article on "Diabetes" in Reynolds's "System of Medicine," Vol. V., 1879, p. 396. It is also given by Dr. R. W. Leftwich in his "Index of Symptoms," third edition, and in Martindale's "Extra-Pharmacopœia." It enables an approximation to the amount of sugar to be obtained, without apparatus, in two minutes, and depends on the tint obtained on boiling for 30 seconds a mixture of equal parts of liq. potassæ and the urine. It is best observed by boiling the upper half of the mixture in a test-tube. If the mixture is still tinted the urine must (as you state) be decolourised, which is quickly done by filtering through paper on which a little animal charcoal has been sprinkled. The amount of sugar corresponds closely to the following simple tint scale. If lemon yellow, five grains per ounce; if pale sherry, ten grains; if dark sherry, 15 grains; if port wine colour, 20 grains per ounce and upwards. In the latter case it is necessary to dilute the urine with an equal part of water and repeat the process. I have often had a skilled analysis afterwards made and never found the amount differ much from the result obtained. I have tried to produce fixed colour standards, but the exactness obtainable seemed insufficient to compensate for the trouble. Not only is a precise comparison of tint difficult, but if the sugar is more than ten grains per ounce the colour is deepened unduly by too long boiling. No method of applying copper reduction to dilution can be made a practical speedy indication, but this quantitative use of Moore's test is a useful illustration of "the practical service of imperfect means."

It should not be forgotten that we owe the familiar "Moore's test" to a general practitioner of Bourton-on-the-Water, Gloucestershire, who died not many years ago.

I am, Sirs, yours faithfully,

May 29th, 1907.

WILLIAM R. GOWERS.

THE PROCEEDINGS AT THE RECENT MEETING OF THE GENERAL MEDICAL COUNCIL: A CORRECTION.

To the Editors of THE LANCET.

SIRS,—In your report of the proceedings of the General Medical Council of Thursday, May 30th, in THE LANCET of June 8th, p. 1593, I am made out to have said that there is a lack of opportunity of obtaining midwifery cases for London students. This is a complete misunderstanding, as I opposed the resolution of Sir C. Ball to reduce the number (20) of cases of labour to be attended by each student; and I have never heard that students in London have had, or now have, the least difficulty in obtaining this number of labours to attend. I said that there was, and would be for some time, difficulty in obtaining for the whole of the students in London regular daily attendance upon the indoor practice of