

examination and the length of their curriculum. They urge that the University of London is sufficient for London, and that the establishment of a second examining body in the metropolis, without any arrangement for University teaching, residence, or discipline, for the purpose of granting a degree on easier terms, would be objectionable. If this were a University combining all the Faculties, the objections of Cambridge would be untenable. Moreover, we question whether a longer course of medical study is required by all Universities than by the Royal Colleges as licensing corporations. Oxford, appealing to the interests of literature and science, has considered the question from a higher standpoint than the sister University. It is noteworthy that the names of Professors Humphry and Latham are missing from the Cambridge petition.

#### THE AGE FOR REVACCINATION.

THE Local Government Board have issued an Order dated February 3rd, 1888, modifying the one of February 18th, 1868, as to revaccination. The old Order limited the performance of revaccination by a public vaccinator to those who had attained the age of fifteen years and had not previously been revaccinated, except in the face of immediate danger from small-pox, when the limit might be reduced to twelve years. It has, however, become more and more evident of late years that even an efficient vaccination tends to lose much of its protective power before the age of puberty; and hence, as was foreshadowed by Mr. Ritchie in his recent speech at Sheffield, the age limit is now reduced to twelve years under ordinary circumstances, and to ten years in case there be any immediate danger of small-pox. The demand for revaccination at the public cost is not imperative upon the public vaccinator unless he is of opinion that the proposed operation is not for any sufficient medical reason undesirable; and he is further empowered to refuse it, provided he is unable to afford lymph for the purpose without interfering with the performance of primary vaccination in his district, the latter operation very properly taking precedence in point of importance as a protective against small-pox. The new Order also extends the meaning of the term public vaccinator to the medical officer of any workhouse, separate workhouse school, or workhouse infirmary, provided he performs vaccination under contract in any such institution. And, further, it also enables the public vaccinator to a workhouse to revaccinate children under his charge at any age below the ages specified in the Order, provided he records in his register the opinion that he deems their primary vaccination to have been inadequate.

#### BRITISH NURSES' ASSOCIATION.

As will be seen by a full report which appears in another column, a meeting in connexion with the British Nurses' Association was held on the 13th inst. at St. George's Hall, Langham-place. The large attendance of ladies and of influential members of the medical profession must have been sufficient to assure H.R.H. Princess Christian, who, as President of the Association, honoured the gathering with her presence, of the great and well-merited success the movement has attained. The draft of the bye-laws appears to have been well considered, especially No. 9, which runs as follows: "No scheme or measure shall be carried into effect, nor any new bye-law be confirmed, if it shall appear that such scheme, measure, or bye-law, when passed by a General Council meeting, was opposed by two-thirds of the medical men present at that meeting." We cannot too forcibly remind nurses that the active influence of the members of the medical profession is absolutely necessary, not only for the foundation, but also for the future well-being, of

the Association. Dependent as nurses are upon medical men not only for their knowledge and training, but also for their future occupation, it is surely not too much to insist that in the hands of medical men shall rest a guiding and restraining influence upon the plans and deliberations of the General Council of the Association. The wording of the bye-law might perhaps be somewhat improved, so that no escape from this position would be possible. The presence on the platform of so many leading surgeons and physicians, and the warm sympathy expressed by them with the objects of the meeting, amply prove that the organisers of the Association will not lack the counsel and advice of the medical profession in the future conduct of the Association. In the proposed bye-law, No. 14, in which power is reserved to the Council to erase from the register the name of any associate for misconduct a wise discretion has been reserved. With regard to the Charter for which it is proposed to petition the Privy Council, we trust all details will be fully considered, and so arranged as to render any dissension between the nurses and the medical representatives in the Council impossible.

#### IRON IN PURPURA.

A CHEMICAL examination of the blood, bile, pleuritic effusion, brain, liver, spleen, marrow of the bones, kidney, lungs, and lymphatic glands in a case of purpura has been made by Dr. Zaleski, and published in the *Russian Military Medical Gazette*, his object being to determine whether this disease, which is called by him "morbus maculosus Werlhofii," is associated with any increase in the quantity of iron in the body, as some results obtained by Hindenlang and Kunkel appear to indicate. Dr. Zaleski found that, so far from this being the case, the iron was diminished by something like a half. He found no inorganic iron compounds like those described by Kunkel, but most of it existed in the form of an albuminate; some, however, was found in the pigment spots in very stable compounds similar to hæmoglobin. More iron appeared to exist in the gray than in the white substance of the brain.

#### BURIAL REFORM.

ALL who have seriously considered the disadvantages attending our present methods of interment will regard with satisfaction the efforts of the Church of England Burial Reform Association. We need only now select three of the specific reforms which the Society has set itself to accomplish in order to illustrate the orthodoxy of its views on this important problem in sanitation. These are (1) timely instead of delayed burial, (2) the use of readily perishable coffins, and (3) selection of a soil appropriate to the purpose of burial. The first of these desirable changes, we fear, has hitherto been somewhat overshadowed by the prominence in discussion assigned to the two latter. It is, nevertheless, itself an important matter, and particularly so, for obvious reasons, in cases of death from infectious disease. Thanks to the normal coolness of our climate, its claims to public notice have hitherto been less regarded than they well might have been. It is never too late for improvement, however, and we shall feel obliged to the Association if its efforts to encourage the early burial of the dead are instrumental in altering common usage in this particular. The pressing necessity for a general disuse of the solid wooden coffin, still so common, in favour of a light case, which will hardly impede the carrying out of the sanitary injunction, "earth to earth," we have insisted on in many former issues. On this point the Society need fear no scientific opposition, but only the dead weight of ignorant custom. The question of soil is a somewhat large one, connected as it is with those of the inclination of land, the course of streams, relative posi-