

organism reaching maturity. But whatever its independence and its individuality it never forgot that it must use its newly-found strength in constant harmony with the common sources of human intellect and human knowledge. A period of independence must, however, succeed the period of formation, from this law no advancing nation could escape. Russian medical science had done much work though its extent was not well known, since the mother tongue of Russia was understood by few. The desire to follow its original bent was now growing stronger. Russian medicine acknowledged heartily the bonds which bound it not only to Germany and France, from which countries it had drawn, so to say, the nourishing sap of the love and understanding of science, but also to Italy, to England, to Spain, and to other countries in which it had found those treasures of science which urged it ever forward. Russia already had periodic congresses, which had produced satisfactory results. But the exchange of ideas within the family, as it were, though very useful, was apt to confine scientific thought within the narrow bounds of individual opinions and the special needs of a single country. Complete scientific development was possible only within wider limits. It required the bringing together of more varied scientific characters, it needed international communion. Professor Danilewsky then, in the name of the Russian Government, and in the name of the Russian medical world, formally proposed that the twelfth Congress should be held in Russia. "Our country," he said, "has not an azure sky, nor a sea of deepest blue; it has no boskets of lemon and orange trees. But you will find Nature there, vivifying and stimulating, if stern; you will find the most hospitable and warmest of welcomes, and also complete liberty to discuss all scientific questions." In conclusion, he expressed, in the name of the representatives of Russian medicine, their thanks for the selection of that country as the place of meeting of the twelfth International Congress.

Hassan Pacha MAHMOUD, speaking in the name of Egypt, said that the delegates had decided that the next Congress should be held in Russia, and had taken a note of a proposal made by Spain. The current of scientific medicine was setting from the North towards the South, and he hoped that the turn of Egypt would come. On the banks of the Nile would be found the wonderful antiquities of Egypt and of Egyptian medicine. History pointed to Egypt as the original home of medicine. Teta, the son of the Pharaoh Menesses, was a healer of the sick 6,000 years before the Christian era.

The thanks of the members of the Eleventh Congress to the Italian executive were then offered by the representatives of France (Professor Bouchard), Japan, Great Britain (Sir William MacCormac), Norway (Professor Laache), Russia (Professor Sklifossovsky), Spain (Dr. Fernandez Caro), United States (Dr. A. Jacobi), Sweden (Professor Holmgren), Denmark (Professor Salomonsen), Mexico (Professor Lavista), Venezuela, Sweden (Professor Kocher), and Holland (Professor Stokvis).

Professor BACCELLI then declared the Eleventh International Congress closed.

The following is a translation of the letter addressed to Dr. Fernandez Caro, delegate of the Spanish Government and of the Spanish Medical Association, and Surgeon-General of the Army, by Professor Baccelli:

MOST HONOURED COLLEAGUE,—If Spain has not, on this occasion, been chosen as the place of meeting of the next International Medical Congress, it is due to the understanding come to in 1890 at Berlin with Russia, which had prayed to be preferred to Italy. In asking for Spain, the well-beloved sister of Italy, the honour then sought by Russia, you, my illustrious colleague, have taken the place which that nation held at the last Congress. I doubt not, therefore, but that, after Russia, Spain will be preferred over all other nations. So much is due to the great past of your beautiful country, to your science, to your patriotism, and to your colleagues, whom I am glad to honour in this letter.—Believe me, your devoted confrère and friend,

GUIDO BACCELLI.

THE number of demonstrations given during the Congress was not very numerous. Dr. Max. Nitze explained some recent advances in cystoscopy, and showed his methods. Professor Levachen gave a demonstration on the etiology of infectious diseases in the Zoological Institute, and Drs. Ferrier and Turner gave a demonstration of the degeneration following lesions of the cerebellum and its peduncles in monkeys.

On the evening of March 31st, Dr. and Mrs. Edmonstone Charles gave, in their house in Rome, an entertainment to British members of the Congress. A well-selected programme of music was given by one of the most celebrated Italian quartettes, and the graceful and cordial hospitality shown was very greatly appreciated by the large number of guests invited. The British members were also much indebted to Dr. Charles, whose acquaintance with the antiquities of Rome is very extensive, for his advice and guidance on more than one occasion. Mr. Searle entertained a small party of English-speaking guests at Tivoli on April 6th; he conducted the party to the most interesting spots in the neighbourhood, and explained his grounds for identifying a certain site with the villa, which Horace, it is said, erected when he was advised, for the cure of his insomnia, to reside where he could always hear the roar of falling water. The British visitors to Rome were also much indebted to Mr. and Mrs. Mackenzie to Dr. Prochet, and to Dr. Sampen, who by their assiduous kindness contributed much to render the visit to Rome agreeable and enjoyable.

DURING the meeting of the Congress the Committee formed to erect a monument to the memory of Malpighi made a special appeal for subscriptions, and many members interested themselves in the task of finding fresh supporters.

On March 31st Mr. S. M. Burroughs gave a concert and cinderella dance to English and American members. The entertainment, which was given at the Grand Hotel, was very largely attended.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### THE TREATMENT OF INTUSSUSCEPTION BY GENERATING CARBON-DIOXIDE WITHIN THE BOWEL.

On December 21st, 1890, I was called to see F. D., a labourer's son, aged 8 months. The mother stated that the child had a "restless night, that he suddenly started out crying, and at times was rolling with pain." The child was well nourished, and appeared healthy and well developed. He had suffered from slight diarrhoea during the week, and for the last twenty-four hours had violent straining, and passed slimy mucous stools tinged with blood. When put to the breast, he soon stopped sucking, and immediately vomited. Cow's milk with water and all other nourishment was likewise quickly rejected. The vomit had an offensive smell, but was not stercoraceous. The abdomen was somewhat distended. Midway between the umbilicus and the crest of the ilium on the left side a swelling was visible; it was doughy to the feel, dull upon percussion, sausage-shaped, its long axis lying parallel to the fold of the groin. There was tenderness on pressure in the vicinity of the swelling.

Having tried all the prescribed methods of treatment, including kneading, inversion combined with manipulation, injection of warm water, and insufflation of air, and all being of no avail, I suggested laparotomy, but the parent would not consent to any "cutting" operation.

It occurred to me if it was only possible to generate gas within the intestine, and prevent its escape through the anus, the gas passing upwards might reduce the intussusception. I therefore procured two basins, each containing about half a pint of warm water. In one I dissolved a drachm and a half of citric acid, in the other two drachms of bicarbonate of soda. A flexible catheter was attached to a Higginson's enema syringe, and passed into the bowel to the extent of 9 inches; first the acid was injected, afterwards (slowly) the alkaline solution. The result was the generation of carbonic acid gas which was perceptible by a distension of the abdomen. The catheter was quickly withdrawn, and the nates held firmly together for two or three minutes, so as to prevent the escape of the gas. During this time the child made strong efforts to dispel it. After a few minutes the abdominal swelling above described had entirely disappeared. The child

ceased vomiting and in two days passed a natural stool, when the recovery was quite complete.

**REMARKS.**—It could be easily ascertained what volume of gas is generated by a combination of various acids with carbonates, and it would be of value to know what amount of gas ( $\text{CO}_2$ ) could with safety be rapidly generated within the bowel, for as these cases call for prompt treatment, it might be necessary on an emergency to use such domestic remedies as chalk or washing soda with vinegar (or a seidlitz powder). Of course this treatment is not free from danger; in a case which is far advanced, and where gangrene has set in, it might cause rupture of the gut; but if the case is taken early, and all other means having failed, laparotomy not being allowed, I believe one is quite justified in resorting to this mode of treatment.

J. T. C. WILLIAMS, M.R.C.S., L.R.C.P., L.S.A.  
Whitland, South Wales.

#### THE INHALATION OF OXYGEN GAS.

THE beneficial effect of the inhalation of oxygen gas has lately been well exemplified in a patient of mine, a lady, aged 75, with failing dilated right heart, tricuspid insufficiency, considerable œdema of both legs extending up to the hips, œdema of the left arm, scanty urine, and, beyond all, most severe dyspnoea. Before resorting to the inhalation of oxygen gas the administration of digitalis improved the action of the heart, but caused nausea; strophanthus, the same, but did not cause nausea; diuretin increased the flow of urine, and freshly-made broom-top tea did likewise, but the dyspnoea remained unrelieved. After the first inhalation benefit was undoubted. The inhalation was repeated every half hour for about six hours; it was then used two or three times a day, and natural refreshing sleep was obtained by the tired-out sufferer. The gas has been regularly supplied by the Brins Oxygen Gas Company, and my patient has inhaled from the commencement, in December, to the present time 183 feet.

Windsor.

W. B. HOLDERNESS.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JONATHAN HUTCHINSON, F.R.S., President, in the Chair.

*Tuesday, April 10th, 1894.*

#### PERSISTENCE OF THE THYREOGLOSSAL DUCT.

THIS paper, by Mr. H. E. DURHAM, was communicated by Mr. ARTHUR E. DURHAM. Three cases of persistent ductus thyreoglossalis were described; especial attention was given to the histological characters of the specimens removed in these cases. Case I. Removed from a man, aged 19. The specimen showed two lumina lined mostly with ciliated epithelium; at the upper part (level of lower border of hyoid bone) patches of squamous epithelium occurred; also a small tract of thyroid gland follicles. With the median position these facts indicated the thyreoglossal duct origin. Case II. Removed from a child, aged 6 years. The specimen also showed paired lumina, the epithelium being cylindrical below and squamous above. The median position was likewise evidence of derivation from the thyreoglossal duct. Case III. Goitre of the isthmus glandulæ thyreoidæ, associated with persistent thyreoglossal duct in a girl, aged 18. The diagnosis of ductus thyreoglossalis rested upon the presence of ciliated cavities in the tumour and the section of a process running upon the thyroid cartilage at the operation. The following classification of congenital cysts and fistulæ of the mid-line of the neck and of the base of the tongue was given and discussed. 1. Dermoid cysts and fistulæ—(a) due to persistence of ductus lingualis, (b) due to persistence of sinus præcervicalis, (c) of independent origin. 2. Mixed dermoid and mucoid cysts and fistulæ—(a) due to persistence of ductus thyreoglossalis, (b) due to persistence of sinus præcervicalis and both epiblastic and hypoblastic gill pouches. 3. Mucoid cysts and fistulæ—(a) derived from the mucous glands of the ductus lingualis, (b) due to persistence of the ductus thyreoidæus. It was suggested that many of the cases recorded as

branchial fistulæ were rather to be regarded as persistent thyreoglossal ducts. Cases were cited to support this opinion. Next, certain modes of origin of median cervical cysts and fistulæ which had been hypothesised in the past were dealt with. These were: (a) præ-epiglottic mucous glands, (b) tracheal and laryngeal herniæ, (c) bursæ about the hyoid bone. The records of such cases were to be considered doubtful. Remarks upon the method of treatment were also made.

Mr. BLAND SUTTON, after congratulating the author on his very able paper, said that he was surprised that anyone could still doubt the existence of the thyreoglossal duct, as the question had been set at rest by Mr. Marshall's case. The duct required no microscope to demonstrate its existence. One important point had been brought out by Mr. Raymond Johnson, that there was no congenital opening, but that at some time after birth a cyst formed which was opened, and then remained as a permanent fistula, whereas branchial clefts were always congenital. The characters of epithelium were not to be relied on as affording certain evidence of origin, as it was now well known that, contrary to what used to be taught, such characters were liable to vary. The duct did not run into the tongue, as with the development of the hyoid bone it was divided into two halves, which never remained continuous.

Mr. RAYMOND JOHNSON congratulated Mr. Durham on his paper, which would throw much light on a doubtful problem. Since his own communication to the Pathological Society he had had, through the kindness of Mr. Godlee, an opportunity of examining microscopically a third specimen, obtained from a lad aged 19, in whom a cyst had been forming for two years before it was opened. In this case a probe was passed up the duct nearly as far as the foramen cæcum. His first specimen showed under the microscope only one lumen and no epithelium; the second thick squamous epithelium and a doubtful second lumen; and the third a lumen along which the probe had passed, and two or three large spaces lined peripherally with rounded, and centrally with distinctly columnar, apparently non-ciliated, epithelium cells. He had taken these spaces to be glandular follicles which had opened into the main duct, but they might be, as the author had suggested in his paper, separate lumina of the duct. The cases showed that the prognosis as to cure was unfavourable unless radical measures were adopted.

Mr. BARKER mentioned the practical difficulty of tracing these ducts in the tongue. He related a case in which he had removed a duct almost as far as the foramen cæcum, and yet the discharge recurred some time later. He thought it would be justifiable to remove a considerable portion of the tongue with them. He mentioned a case at Brighton in which a cyst had first appeared; this was opened, leaving a fistula, and the duct had finally been excised and handed to him for microscopic examination.

Mr. HOWARD had removed two cysts from a child, about 5 years old, which were of this nature. They were situated one above and one below the hyoid bone. The patient made a complete and permanent recovery.

Mr. HERBERT DURHAM thanked the Society for the kind way in which they had received his paper. He could not agree with Mr. Sutton that there was no longer any doubt as to the persistence of the thyreoglossal duct. Even Mr. Marshall's case already quoted was not quite proved, and might turn out to be a persistent sinus præcervicalis. Again, he could not agree with him that there was no need of the microscope to demonstrate its presence, as it was a structure invisible to the naked eye, and its presence could only be determined by the discovery of the characteristic epithelium. He agreed that thyreoglossal fistulæ were secondary, but branchial fistulæ were not always congenital, being occasionally, at any rate, preceded by cysts. He thought that in Mr. Barker's case there may have been two ducts, of which only one was removed. Steckeisen had mentioned several cases of multiple cysts similar to Mr. Howard's. In treatment he thought that there would be no necessity to remove large portions of the tongue, as Mr. Barker had suggested.

Dr. SAMUEL POZZI, the well-known gynaecologist of Paris, has been promoted to the rank of Officer of the Legion of Honour.

If medical men are really anxious to contend seriously and effectively with venereal disease, and consider legislation to be necessary for such an object, I think it is their duty to agitate for legislative measures in order that venereal diseases may be classified among other dangerous and infectious diseases requiring special treatment. It is fortunately too late in the day to ask for special bonds of servitude or degradation to be placed on any one particular class or sex.

I am aware the Contagious Diseases Act is professedly in abeyance in India. I am equally well aware the military authorities are, or were lately, carrying on operations exactly as when the Act was in force. Such being the case it will be interesting to have some explanation of them, as to the alleged increase of venereal diseases in 1891, etc. Is there again cooking of the returns for a special purpose?

#### OVERCENTRALISATION IN THE ARMY MEDICAL STAFF.

A LONG article appears in the *United Service Gazette* of March 31st drawing attention to defects of overcentralisation in the administration of the Army Medical Staff, and also to the strength of medical officers in commands and districts being below that of requirements for the efficient performance of military, sanitary, and professional duties. The necessity of amalgamating the Medical Staff with the Medical Staff Corps, and thus bringing about a homogeneous body, is also advocated. No greater force can be given to this advocacy than the fact that both Lord Morley's and Lord Camperdown's Committees, respectively, in 1883 and 1889, strongly recommended the procedure. Why successive Secretaries of State for War do not carry out this much-needed reform it is difficult to say, except it be that the "military advisers" block the way.

#### AN OVERWORKED OFFICER.

SURGEON-CAPTAIN F. LINDSAY CARTE, whose death is announced at Allahabad on April 2nd, entered the service on August 1st, 1885, and arrived in India on March 26th, 1889. There can be little doubt Surgeon-Captain Lindsay Carte's death was in no small degree attributable to overwork and the performance of important duty under high pressure, owing to the undermanning of the Army Medical Staff, and the consequent impossibility of obtaining any but sick leave.

#### DRAINAGE OF BELFAST BARRACKS.

SOME £1,800 have been voted to improve the notoriously insanitary conditions of the Victoria Barracks, but not before cases of typhoid fever, owing to escape of sewer air into living rooms, have occurred. There was a strong effort made to postpone and delay the money expenditure on this necessary scheme; but we understand that the Commander of the Forces in Ireland urgently pressed the rectification of grave defects. It is to be hoped the medical and Royal Engineer authorities will see that the work is effectually executed.

#### SUICIDE IN THE GERMAN ARMY.

ACCORDING to statistics published in a foreign military paper, the rate of suicide in the German army is 6.33 per 10,000, as against 3.33 in the French and 2.07 in the English army. The causes of suicide in the German army are said to be the exaggerated sense of honour in the German soldier, the fear of punishment, and last but not least ill treatment. The largest number of suicides is found in soldiers from Prussian Saxony and from Silesia. Suicide seems to be more common among civilians as well as among soldiers in Germany than in other European countries. Thus, in the whole population, civil and military, the ratio of suicide in Germany is 2.71 per 10,000, whilst in France it is given as 1.87; in Austria, 1.60; in England, 0.76; and in Spain, 0.35. The cause is stated to be the greater sentimentality of the German race.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF LONDON.

AN extraordinary meeting of Convocation was held on Tuesday last. There was a full attendance of graduates from all parts of the kingdom; and Mr. E. H. BUSK, Chairman of Convocation, presided. The object of the meeting was the consideration of the report of the Gresham University Commission, and the report of the Annual Committee of Convocation thereon. This latter report, of which an abstract was published in the *BRITISH MEDICAL JOURNAL* for March 31st, page 692, was presented by Dr. T. B. NAPIER and Mr. H. A. NESBITT, who respectively moved and seconded its reception. This was carried.

Dr. T. B. NAPIER moved the first of the five resolutions recommended for adoption by the annual Committee. These resolutions were printed *in extenso* in the *BRITISH MEDICAL JOURNAL* of March 24th, at page 651. The first of the five resolutions was in the following terms: "That Convocation protests against the withdrawal, without its consent, of the Charter of the University of London as proposed by the Gresham Commission, and notes with satisfaction that the Commission quotes, and does not dissent from, the praise which the Commission of 1888 accorded to the University in respect of the manner in which it has fulfilled all the functions hitherto entrusted to it." The mover dwelt upon the high position attained by the University of London, which had most worthily and successfully fulfilled the functions for which it was originated. The report of this Commission proposed that the Charter of the University should be taken away by a Statutory Commission, and a new Charter for the University be created. The Commission had not upon it a single representative of Convocation, and Convocation therefore was justified in not accepting its decisions. He considered that no case had been made out for the forfeiture of their rights, as the University had not failed in its work nor neglected it.

Dr. H. L. HART seconded the resolution.

Dr. SILVANUS THOMPSON expressed approval of the scheme of the Commission, as it would enlarge the functions of the University, and ought, therefore, to be welcomed. They must consider the higher needs of education in London, and not stand on the restricted pedestal on which they had hitherto stood; otherwise they would be let severely alone, and

a new and greater University would arise with which the present University would be out of touch. It would be a gigantic blunder to do anything that would cause the creation of two Universities in London; one, not called the University of London, doing the real work of teaching, and the other called the University of London, restricted to the one narrow groove of examining. The new scheme was large, carefully thought out, and met some of the views that had been often and earnestly debated in Convocation. It was in the main a real working scheme for the University. They should cordially approve of it in the main, and then later they would have opportunities of modifying objectionable details. He moved as an amendment: "That Convocation reaffirms its desire that power should be conferred on the University of London to make provision for teaching and for the advancement of learning, and for original research in London; and, therefore, is prepared to give a general approval of the scheme of the Royal Commissioners."

The CHAIRMAN ruled that this proposal was not an amendment.

Mr. THISELTON DYER said that the speeches of the mover and seconder of the original resolution would have been more appropriate twenty years ago than they were now. They could not ignore the outside world, and argue the question now in debate from the point of view of the University of London alone. The report of the Commission should be discussed on its merits. As to the resignation of the Charter, the grounds on which it was recommended must be examined. Such a glorious prospect of enlarging its boundaries was now offered the University as had probably never before been offered to any other University in Christendom. All kinds of good gifts were before them for acceptance, and they should not too carefully look this gift horse in the mouth. No scheme that could be drawn up would please everybody. They should not be frightened at the threat of a Statutory Commission. There was work for the University on every side, and the University would yet have a glorious future.

Dr. W. J. COLLINS thought a Statutory Commission might work extremely well, but so did a guillotine. He spoke as a peacemaker, and suggested the formation of a joint consultative commission of the Senate and of Convocation to thresh out the question.

Sir ALBERT ROLLIT, M.P., hoped that each side would give and take, and so effect a compromise. If the old antagonism between the Senate and Convocation continued, there could be no early solution of the University question in London; and it ought to be settled soon on all accounts. Without some agreement between themselves the Government could not be expected to try to end the present almost ridiculous position of affairs. The Senate had purposely deferred any definite resolution on the matter until the day following this meeting of Convocation; and conciliation was still possible. He thought Convocation received in the new scheme sufficient consideration for its surrender of its rights under the present Charter. They should not stand too much on their own dignity. The House of Commons might be trusted to see that justice was done to the present University; besides, Convocation could go to the Statutory Commission, which would deal with the question impartially, and listen respectfully to the wishes of all parties of the University. If Dr. Napier's resolution were persevered with, it would be an impassable barrier to the doing of much good work in the future, for it would allow the evil work of the past to continue, and would be used by the petty factions of all kinds who were opposed to the formation of a great metropolitan University. He thought the Commissioners' scheme had great merits, though capable of improvement. The University would develop, and would attain a better type than that of a mere examining body. They should lay aside details and technicalities, and look at the broad view of the question, especially from the side of University education in London. He proposed that they should pass over this first resolution, and proceed to the consideration of the second resolution.

Mr. H. M. BOMPAS strongly deprecated such a proceeding, and urged the passing of Dr. Napier's resolution.

Sir PHILIP MAGNUS proposed, as an amendment, that "The House now pass to the consideration of No. 2 resolution."

Mr. T. S. OSLER seconded the amendment. It was not possible to place any entire scheme before a meeting of Convocation, and think it could ever be carried *en bloc*.

Mr. R. H. HUTTON thought there was all the difference in the world between the former scheme brought down from the Senate, and the present greatly superior scheme.

Sir PHILIP MAGNUS'S amendment was carried by an overwhelming majority.

Dr. T. B. NAPIER moved: "That Convocation reaffirms its desire that power should be conferred on the University of London to make extended provision for teaching and for the advancement of learning and for original research in London according to the schemes of 1886 and 1813 adopted by Convocation, or with modifications thereof."

Mr. W. J. SPATLING seconded the resolution.

Mr. F. V. DICKINS, amidst signs of dissent, read a lengthy amendment, setting forth that Convocation approved of the scheme of the Commissioners.

Professor CAREY FOSTER seconded the amendment.

Sir ALBERT ROLLIT, M.P., endeavouring to act as peacemaker, and with a view to co-operation between the Senate and Convocation, was willing to propose a joint consultative committee of those two bodies.

Dr. SILVANUS THOMPSON said the real desire of Convocation was that the University should be expanded into a teaching university.

Mr. A. McDOWALL thought Sir A. Rollit's suggestion the best way out of the difficulty.

Dr. T. B. NAPIER was willing to accept the amendment.

Mr. J. ANSTIE said that if the proposed joint committee was agreed to no other resolutions should be passed, Convocation should go into the Committee absolutely unfettered.

The resolution of Dr. NAPIER and Mr. DICKINS'S amendment were both withdrawn.

Sir ALBERT ROLLIT, M.P., proposed an amendment which, on a suggestion from Mr. R. W. HINTON, was eventually worded as follows: "That with a view to the speedy and satisfactory reconstitution of the University it is desirable to secure, if possible, the co-operation of the Senate and Convocation, and that with this object Convocation refers the whole question of the reconstitution of this University to the Annual

Committee, with power to nominate members to the Joint Consultative Committee of the Senate and Convocation.

Dr. W. J. COLLINS seconded the amendment.

Dr. SYLVANUS THOMPSON doubted if the Annual Committee was the best body to represent Convocation in view of the hostile report on the subject of reconstruction which they had that day presented to Convocation, in which it was said they would rather have a second University in London than agree to the development of the present University in accordance with the Commissioners' recommendations.

Mr. T. S. OSLER acknowledged that conferences between the Senate and Convocation had been failures, but did not doubt at all that the Senate would enter such a consultative committee as that proposed by Sir A. Rolitt.

Mr. J. ANSRIE could at any rate remember one occasion on which a free interchange of views took place at a conference between members of the Senate and a deputation of Convocation.

A MEMBER thought Convocation should appoint its own members on the Consultative Committee, and not leave the appointment to the Annual Committee.

Another MEMBER suggested that the names of the members of the proposed Committee might be put before Convocation at the annual meeting to be held on May 8th.

The CHAIRMAN remarked that all notices of resolutions to be moved on that occasion must, according to the standing orders, be in the hands of the Clerk of Convocation at the latest on Tuesday next, April 17th. Moreover, it was not yet certain that the Senate would consent to co-operate with Convocation in such a joint committee as was proposed in the amendment.

The amendment was unanimously adopted.

The meeting then terminated.

#### UNIVERSITY OF GLASGOW.

FOLLOWING the close of the winter medical session, the professional examinations for degrees in medicine have been carried on and came to an end this week. At this term three of the four professional examinations are held, the final being reserved for July. A proportion of students are still candidates under the old regulations. The following are the returns: For the first examination (old regulations) there were 36 candidates, of whom 12 passed; under the new regulations there were 106 candidates (17 women), of whom 68 passed (15 women) in one or more subjects. For the second examination (old regulations) the candidates numbered 88 (9 women), of whom 55 passed (7 women); under the new regulations the candidates were 2 (1 male and 1 female), both of whom failed. For the third examination (old regulations) the candidates were 67 (2 women), of whom 11 passed (2 women). The medical session, which closed on March 23rd, reopens for the summer on April 23rd.

The following have passed the First Professional Examination (old regulations) for the Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.): J. M. Bonar, J. T. Bowie, J. R. Burns, W. Colquhoun, M.A., A. Hardie, S. Martyn, J. Millar, G. Moreland, J. McCraig, L. M. Mackay, T. D. Newbigging, and J. R. Ratcliffe.

The following have passed the First Professional Examination (new regulations) for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated after their respective names (B—Botany, Z—Zoology, P—Physics, C—Chemistry): J. Aird (P., C.), J. Bain (Z.), R. F. Ballantyne (Z., C.), J. Barrowman (Z., C.), W. Bennett (Z., C.), W. A. Benson (B., Z.), G. M. Blair (Z., C.), J. G. W. Boleyn (C.), J. Brunton (Z., C.), W. A. Burns (Z., C.), J. Carruthers, M.A. (B., Z.), A. Clark (P., C.), G. Clark (Z., P.), R. Crawford (B., Z., B., C.), J. Crow (B., C.), J. Cullen (B., Z.), J. L. Davie (Z., C.), D. Drummond (B., Z.), J. F. Findlay (B., P.), J. F. Fleming (B., Z.), J. D. Fletcher (Z., P.), A. Garrow (Z., C.), W. Gibson (B., P.), J. G. Green (P., C.), E. F. L. de Jersey (B., P.), A. Jubb (Z., C.), A. M. Lindsay (Z., C.), W. G. Liston (Z., C.), J. W. Little (P., C.), R. Lunan (C.), W. M. Mather (P.), E. W. Milne (Z., C.), S. J. Moore (Z., C.), M. Macdonald (Z., C.), J. W. McDougall (Z., C.), A. F. Macewan (B., Z.), A. G. McKendrick (P., C.), L. A. Mackenzie (Z., P.), P. L. Pearce (Z., C.), R. Rennie (B., Z.), J. Shaw, M.A. (P.), J. M. Sloan (Z., C.), S. M. Sloan (B., P.), J. Smith (B.), F. R. Stewart (Z., P.), J. M. Stewart (C.), P. D. Strachan, M.A. (Z., P.), A. Taylor (B., P.), M. L. Taylor (Z., C.), A. D. Thompson (Z., C.), W. Webster (B., P.), E. R. Weir (B., Z., C.), M. W. Williams (Z.). Women Candidates: Auguste Boyes (B., Z., P., C.), Daisy Annabella Murdoch Clark (C.), Jane Grant (P., C.), Mary Longmire (Z., C.), Karen Margrethe Myhre (B., Z., P., C.), Eva McCall (P., C.), Margaret Wallace Howie McNeill (P., C.), Margaret Elizabeth McNeill (P., C.), Mabel Catharine Poulter (P., C.), Jean Effie Prowse (P., C.), Agnes Renton Robson (C.), Marion Jamieson Ross (B., Z., P., C.), Maud Spencer (B., Z.), Agnes Lillias Stiell (P., C.), Sara Whiteford (Z., C.).

The following have passed the Second Professional Examination (old regulations) for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.): J. Adam, F. J. Barker, M.A., T. Baxter, H. Borland, G. A. Brown, J. R. Brown, J. Butler, C. H. Cairns, D. M'G. Campbell, M. Dunning, R. M. Fraser, M.A., J. Gardner, R. H. Gemmell, J. Gordon, W. Graham, W. Hansen, G. Hanson, G. Hodge, J. W. Jackson, E. B. Jago, J. W. Johnstone, G. Jubb, J. Kirkland, A. Livingston, C. Lowson, J. Marshall, F. Mort, J. W. Munro, N. McCallum, D. McDonald, J. M'Gowan, A. M'P. McIntosh, W. J. MacKinnon, H. M'Laren, N. Macnair, W. J. Orr, W. S. Paterson, J. A. Paton, R. Rillie, A. Robertson, J. M. Robertson, W. K. Russell, A. Scott, J. Stirling, H. H. Thomson, E. T. K. Walker, H. M. Watson, H. Yearnshaw. Women Candidates: Ursula Chaplin, Christina Fraser, Mary Philip Graham, Norah Kemp, Madge Speirs Maclean, Mildred Ransome, Merbai Ardesir Vakil.

The following have passed the Third Professional Examination (old regulations) for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.): (A) Including Pathology: A. R. Anderson, J. Anderson, M.A., J. J. Anderson, W. S. Baird, A. W. Cunningham, J. Drummond, W. D. Findlay, J. L. Forrest, W. Grove, R. Kirk, J. Kirkwood, D. Lewis, J. D. Louttit, J. McCash, D. McColl,

D. MacDonald, A. MacGregor, A. N. McLellan, M. N. MacLeod, A. R. Oliver, S. K. Roy, A. Shearer, H. B. Smith, H. Stevenson, M. Watson, W. H. de Wyt. Women Candidates: Alice Lillian Louisa Cumming, Elizabeth Dorothea Lyness. (B) Not including Pathology: T. W. Bayne, J. Boyd, J. C. Davies, R. J. Edwards, S. English, W. Hay, B. D., A. B. Hughes, W. J. Kerr, H. E. H. Lewis, J. Morton, D. McDonald, C. McKay, A. A. McNab, D. M. MacKae, J. Sandilands, R. Wilson.

#### UNIVERSITY OF ST. ANDREWS.

By a majority of 7 to 3 St. Andrews University Court have resolved, on the motion of Sheriff Campbell Smith, to petition Parliament and Her Majesty in Council, or do whatever may be necessary, to have substituted for said sections in Ordinance St. Andrews, No. 1, the following section for provision: "It will be competent for the University of St. Andrews to confer medical degrees after a certified medical curriculum of five years at recognised medical schools, and after careful examination, conducted under the inspectors of the General Council of Medical Education and Registration of the United Kingdom, on candidates who have not studied medicine at St. Andrews or any other of the Scottish universities, provided that the degrees under this section shall be given only to the licentiates of the Royal College of Physicians of Edinburgh, of the Royal College of Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow."

#### EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

THE following gentlemen passed the Second Examination of the Board in the subjects indicated:

Thursday, April 5th:

*Passed in Anatomy and Physiology.*—F. G. Flood, G. M. Harston, and S. E. Aubrey, students of Charing Cross Hospital; A. J. Malcolm, F. S. Lloyd, and J. O. Skevington, of St. Mary's Hospital; A. E. Baker, of Middlesex Hospital; M. H. Thornely, W. H. M. Smith, and F. W. Goldie, of Guy's Hospital; H. G. Harris and M. G. Dyson, of St. Bartholomew's Hospital; A. Osborne, S. N. Babington, and A. E. Elliott, of St. Thomas's Hospital; H. M. Cade and S. R. Smith, of Westminster Hospital; T. S. Novis, of London Hospital; G. R. Barton, J. M. S. Coutts, C. M. Atkinson, and A. W. Oxley, of University College, London.

*Passed in Anatomy only.*—A. E. B. Crosby, of Guy's Hospital; L. Gilbert, of St. Thomas's Hospital; R. A. MacLeod, of Westminster Hospital; and L. E. L. Parker, of St. George's Hospital.

*Passed in Physiology only.*—H. W. Abbott, of Charing Cross Hospital; and John N. Walker, of St. Thomas's Hospital.

Ten gentlemen were referred in both subjects, 2 in Anatomy only, and 4 in Physiology only.

Friday, April 6th:

*Passed in Anatomy and Physiology.*—L. C. Lander, W. Anderson, R. Maxwell, and J. H. Arthur, students of London Hospital; S. C. Clapham, H. V. Smith, E. I. Spriggs, of Guy's Hospital; C. H. Benham, H. Clifford, and W. H. Peile, of University College, London; A. L. Edwards, D. Brewer, A. H. Brodribb, A. E. Payne, and A. P. Eldred, of St. Mary's Hospital; C. G. Seligmann, of St. Thomas's Hospital; J. Broch and S. F. Smith, of St. Bartholomew's Hospital; F. C. W. Clifford and S. Clark, of King's College, London; C. Roberts, of Middlesex Hospital, and A. E. Jerman, of Westminster Hospital.

*Passed in Anatomy only.*—G. D. Howlett, of St. Thomas's Hospital.

*Passed in Physiology only.*—A. G. Eastment and G. W. Procter, of Middlesex Hospital; and A. R. Jones, of St. Thomas's Hospital.

Ten gentlemen were referred in both subjects, 3 in Anatomy only, and 1 in Physiology only.

Monday, April 9th:

*Passed in Anatomy and Physiology.*—A. Howell and H. Rose, students of St. Mary's Hospital; C. T. Anderson, R. P. Rolands, R. T. Fitzhugh, W. N. East, N. Lavers, and C. R. Hodgson, of Guy's Hospital; W. Liversedge, W. B. L. Trotter, and H. W. Jackson, of University College, London; A. G. Everard, of Charing Cross Hospital; W. G. Bennett, of St. Thomas's Hospital; E. C. Corfield, J. A. Dredge, and J. L. Maxwell, of St. Bartholomew's Hospital; A. G. Wilson, of London Hospital; D. E. Curine, of Cambridge University and King's College, London; and W. F. Tyndale, of St. George's Hospital.

*Passed in Anatomy only.*—H. C. Jones and J. A. A. Rouillard, of St. Thomas's Hospital; M. A. Cholmeley, of St. Bartholomew's Hospital; and C. A. Vertannes, of Westminster Hospital.

*Passed in Physiology only.*—F. C. Blakiston and E. H. Scott, of St. Thomas's Hospital; and T. A. Ellwood, of Charing Cross Hospital.

Ten gentlemen were referred in both subjects, 3 in Anatomy and 4 in Physiology only.

Tuesday, April 10th:

*Passed in Anatomy and Physiology.*—C. V. Knight, H. Mundy, H. J. Horder, and N. H. Harris, of St. Bartholomew's Hospital; W. S. Nowell, S. F. Rose, H. J. Relf, and G. P. Bletchley, of Middlesex Hospital; E. Chatterton and C. Bolton, of University College, London; J. P. Scatchard and H. J. Marriage, of St. Thomas's Hospital; J. Howells and J. H. Fenn, of London Hospital; A. G. Sargent, St. Mary's Hospital; and H. J. Starling and W. C. Pritchard, of Guy's Hospital.

*Passed in Anatomy only.*—C. F. Clowes, of Guy's Hospital; and A. H. Burt, of King's College, London.

*Passed in Physiology only.*—R. H. Hyde, of University College, London; and H. D. Peile, of Guy's Hospital.

Fourteen gentlemen were referred in both subjects, 2 in Anatomy only, and 2 in Physiology only.

Dr. TAULIER has been elected a member of the French Senate, as representative of Vaucluse.



## SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, Part I. April, 1894. The following candidates passed in

*Chemistry, Materia Medica, and Pharmacology.*—M. E. Bennett, Royal Free Hospital; E. Bruce, Birmingham; W. A. King, Charing Cross Hospital; W. Meckall, Charing Cross Hospital; M. Pantin, Royal Free Hospital.

*Chemistry.*—P. E. Johnson, Leeds; W. O. Piper, Westminster Hospital; A. D. B. von Rosen, City School.

*Materia Medica and Pharmacology.*—A. N. Clemenger, St. George's Hospital; H. C. F. Dalton, Charing Cross Hospital; H. Roberts, St. Mary's Hospital.

*Biology.*—J. G. Cowland, St. George's Hospital; P. E. Johnson, Leeds. *Pharmacology.*—W. O. Piper, Westminster Hospital.

*Anatomy and Physiology.*—H. R. R. Fowler, Birmingham; F. Harvey, St. Bartholomew's Hospital; J. R. Hatfield, Leeds; R. Jones, Edinburgh; L. R. Marshall, St. Mary's Hospital; C. E. Moore, St. Thomas's Hospital; R. L. Storrar, St. Thomas's Hospital; H. Towers, Leeds; E. M. Vernon, Royal Free Hospital.

*Anatomy.*—E. E. Evans, Royal Free Hospital; E. J. Howley, Dublin; J. C. McWalter, Dublin; M. Molloy, Charing Cross Hospital; G. H. Ormsby, Westminster Hospital; A. W. Shea, Sheffield; E. G. Smith, Westminster Hospital; T. W. Wakem, Charing Cross Hospital.

*Physiology.*—J. N. Bahadhuri, University College; W. A. Bibby, Manchester; G. J. D. Davies, Leeds; C. R. Dearden, Sheffield; A. R. Mansell, St. Bartholomew's Hospital; J. W. F. Rait, University College; C. J. H. Riches, Middlesex Hospital; R. Rudland, Middlesex Hospital; G. H. Wilkinson, Birmingham.

## OBITUARY.

## ARTHUR HILL HASSALL, M.D.

WE regret to announce the death of Dr. Arthur Hill Hassall, whose investigations and writings have covered a wide field and have been spread over so long a period that some of them have been wellnigh forgotten. He had reached a ripe old age, and during fifty years, over which his recently published autobiographical *Narrative of a Busy Life* extended, he was engaged in medical practice, but found time to occupy himself with excellent effect in the study and practical applications of natural history, chemistry, and kindred subjects. Dr. Hassall was educated in Dublin under the auspices of his uncle, Sir James Murray. During his early years of practice, and indeed while preparing for his examination, he began the study of the British fresh water algae, and his work published in 1845 entitled *History of the British Fresh Water Algae* was long a standard authority. Starting in practice in London, he spent his spare time in the *post-mortem* room of St. George's Hospital studying the microscopical structure of the tissues, and in 1852 he published the first complete book in the English language devoted to this subject, having 400 illustrations, mostly handcoloured, and entitled *The Microscopic Anatomy of the Human Body*, a book of historic interest.

In 1850 he turned his attention to the question of the adulteration of food, making a series of interesting observations and a microscopical study of coffee and sugar. The attention of Parliament had been specially directed to this subject, and the late Mr. Thomas Wakley engaged him to make a series of analytical reports for publication. During the next three years upwards of 2,500 samples of food were examined and reported on, and in no case was any error made nor did any action result. His book entitled *Adulterations in Food and Medicine*, brought out in 1857, was a work of great public value; and in the year 1856 he was presented with a public testimonial "in recognition of public benefits conferred by his rare scientific skill and indefatigable labour in the detection and exposure of a pernicious and systematic adulteration of food and drink." A Parliamentary inquiry in 1854 was followed by legislation. Later on Dr. Hassall took an important part in the microscopical investigation of the water supply of London, especially during the cholera outbreak of 1854. It was a natural sequence of his previous studies that he should apply the microscope to the study of the urine in health and disease, on which he published an interesting book in 1863.

In 1866 symptoms of consumption showed themselves, and Dr. Hassall suffered from severe hæmoptysis. He had to take up his residence at the Undercliff, Isle of Wight, and there he founded the now important and well-known hospital for consumption built on the separate system, consisting of sixteen houses in all, each house to accommodate six patients, each patient to have a separate bedroom facing south; two sitting rooms in each house to be used in common for the six patients. Within two years after his arrival at Ventnor the

first block of two semi detached houses was completed, and the second block was opened by the Princess Louise on behalf of the Queen, in 1869. There is now accommodation in the hospital for 131 patients. The special principle on which this hospital was planned has been much studied, admired, and imitated throughout the world. In some recent communications to the BRITISH MEDICAL JOURNAL Dr. Hassall drew attention to the importance of adopting a variety of precautions with a view to diminish the risk of bacillary infection. In 1877 Dr. Hassall thought it necessary to arrange to spend his winters at least, and ultimately to pass his whole time, in the mild climate of the Riviera, and he removed to San Remo, which was his home for the last fifteen years. His book, published in 1883, on *San Remo, Climatically and Medically Considered*, is full of interesting meteorological and natural history observations.

Dr. Hassall lived an active, useful, and energetic life. He was a man of great scientific aptitudes, and had a quick perception of the application of his scientific instruments and methods. Frail in body and more than once stricken with severe illness, he made even his infirmities the means and the reasons for starting in fresh spheres of utility. Originally a contributor trained under Mr. Wakley, he became in later years greatly attached to the BRITISH MEDICAL JOURNAL, and was a valued contributor to our columns.

## J. M. BRYAN, M.D.,

Northampton.

DR. JOHN MORGAN BRYAN, of Northampton, who died not long ago at the age of 84, was born in 1809. At the age of 19 he commenced his pupilage with Dr. Clark, in due course proceeding to Guy's Hospital. He became M.R.C.S. and L.S.A. in 1833, proceeded to the degree of M.D. Aberd. in 1852, and was made F.R.C.S. Eng. in 1857. He settled in practice in Northampton in 1835.

His connection with the British Medical Association was a long and eventful one, and in it, and especially in the South Midland Branch of it, he always took the deepest interest, and filled various offices in the Branch. In 1860 Dr. Bryan was appointed co-secretary, an office which he continued to fill for seventeen years. During all this time he also undertook the duties of treasurer. He resigned the office of secretary in 1877, but retained the post of treasurer for a further term of six years, his duties of secretary and treasurer thus extending over the long period of twenty-three years.

He was President of the Branch in 1873, and for several years represented the Branch on the General Council and on the Parliamentary Bills Committee of the Association. On his final retirement from the post of secretary in 1877, Dr. Bryan was presented with a testimonial, consisting of a silver salver with suitable inscription, by the members of the South Midland Branch, "as a slight recognition, and to mark their appreciation of the value of his services to the Branch during a long series of years."

In reference to Dr. Bryan's zeal and interest in the work of the Association, a near relative says: "During the many years he was connected with the Branch, his whole heart and soul were in the work, and he was never happier than when attending its meetings, and the social intercourse he had with members in different parts was one of the delights of a busy and arduous life."

Dr. Bryan had a genial disposition and other good social qualities, as well as medical skill, which gave him local name and fame.

His funeral was attended by several representative members of the profession and other near friends, thus testifying to their respect to his memory, and their regard for and appreciation of his social worth.

Dr. F. W. WEBER, Dr. of Medicine and Philosophy, died on April 5th at his residence in Nieheim, in Westphalia. Besides being highly valued as a physician in his native province, he was one of the foremost German poets of the day. His chief productions were the epic poems "Dreizehnlinden" and "Goliath," besides a large number of lyrical pieces and excellent translations of Tennyson's "Maud," "Enoch Arden," and "Aylmer's Field." The esteem in which he was held is further shown by the fact that for thirty-two years (1861-1893) he represented his

native district as a member of the Prussian Landtag. He was born in 1813 of humble parentage, and his studies were pursued under many privations. Although his inclinations originally turned more to philological studies, in which he was always remarkably proficient as an amateur, the healing art was to him a holy duty, which he followed with ardent devotion, even to the last days of his life.

With much regret we have to announce the death of Dr. JOHN H. RAUCH, the distinguished American sanitarian. Dr. Rauch, who was 65 years of age, was found dead in his bed on March 25th. He served during the Civil War, and at one time occupied a Chair in Rush Medical College, and also in the College of Pharmacy of Chicago. He organised the first Board of Health of Chicago, and was at one time Superintendent of Public Health in that city. He was one of the founders of the Illinois State Board of Health, of which he was at different times President and Secretary. Dr. Rauch was a recognised authority on medical education.

We regret to report the death of Mr. D. W. CROMPTON, which took place on March 31st at his residence in Edgbaston. In 1829 he became M.R.C.S.Eng., and F.R.C.S.Eng. in 1843. Some sixty years ago he began practise in Temple Row, Birmingham, and he was afterwards appointed Surgeon to the General Dispensary. In 1835 he joined the staff of the Birmingham Eye Infirmary, but resigned this appointment in 1843, on being chosen to fill a vacancy at the General Hospital, of which institution he was consulting surgeon at the time of his death.

MR. J. H. KIMBELL, of Knowle, who died recently at the age of 74 years, became M.R.C.S.Eng. in 1842, and F.R.C.S.Eng. in 1864. He was Honorary Consulting Surgeon to the Midland Counties Idiot Asylum, Knowle, a medical officer under the Factory Acts, and a justice of the peace for the county of Warwick.

We regret to announce the death of ALEXANDER KNIGHT, M.D.Glasg., which occurred on March 23rd, at Clones, in his 72nd year. In the district around Rosslea, where for about thirty-five years he had acted as dispensary doctor, his name will long be remembered with respect and reverence.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are: Dr. Lhéritier, who was private physician to Napoleon III, and *médecin-en-chef* of Plombières, aged 85; Dr. Anton Loeff, of Vienna, formerly Chief of Department 14 in the Austrian Imperial Ministry of War, aged 74; Dr. Hampton E. Hill, of Saco, Maine, U.S.A., an excellent surgeon, especially in the sphere of abdominal surgery, aged 44; and Dr. Fritsch, of the University of Freiburg, the oldest *Privatdocent* in Germany, aged 82.

## MEDICO-PARLIAMENTARY.

[SPECIALLY REPORTED FOR THE "BRITISH MEDICAL JOURNAL."]  
HOUSE OF COMMONS.

*The Water Supply of East London.*—The discussion on the second reading of the East London Water Bill resulted in the motion for the second reading being carried against the Government by a majority of 1. Professor STUART, who led the opposition to the Bill, argued that the company was already able to give a supply that would be adequate for several years to come, and that the Bill tended to prejudice the question of the water supply of London in future. The promoters of the Bill had spoken of the alarming increase of population in the district served by the company, but the fact was that while 40 million gallons per day were now required, the supply was such that the increased population five years hence would receive 42 million gallons, and ten years hence 44 million gallons per day. As things were the company had on many occasions supplied 37 million gallons per day from the Lee, 10 million from the Thames, and 7 million from their own wells—54 million gallons without additional provision, or 10 million gallons more than were expected ten years hence. The storage, too, of this company was not a six days' supply like that of most companies, but was of 910 million gallons, equivalent to fourteen or fifteen days' consumption; and its filtering appliances also were above the average. For these reasons the Bill was, in his opinion, unnecessary.—Mr. BOULNOIS insisted on the necessity of ample storage and efficient filtering before the delivery of water to the consumers. The Bill was intended to provide money for

these purposes.—Mr. SHAW-LEFÈVRE objected to the Bill that its proposals were not in accordance with the recommendations of the Royal Commission. A short delay was unimportant, and in another year the London County Council would be in a better position for dealing with the subject.—The subsequent discussion turned mainly on the urgency of the application for further powers, and on the policy of the County Council as regards the water supply. Ultimately the second reading was carried by 228 votes to 227.

*Lunacy Administration in Ireland.*—In reply to Mr. MCCARTAN, Mr. MORLEY said that 41 deaths had occurred in Belfast workhouse since November 1st, and 10 inquests had been held. Epileptics were still kept in the lunatic department, but occupied separate dormitories, day rooms, and sick rooms, and associated with the lunatics only in the eating room. A Bill had been prepared dealing with the whole subject of lunacy reform; but as some of the provisions its were contentious, he saw no prospect of carrying it into law this session.

*Retired Army Medical Officers.*—In answer to Mr. R. G. WEBSTER, Mr. CAMPBELL-BANNERMAN said that a medical officer who had retired voluntarily from the army was not eligible for reinstatement in the service, although up to the age of 55 years he was liable to be recalled for duty in case of emergency. At present there was no such emergency, and no paucity of medical officers for service either in India or elsewhere.

*Seaports and Cholera.*—It will be remembered that last session Mr. Heneage and other members for seaport towns, particularly on the East Coast, made urgent representations to the Government for assistance in defraying the serious expenditure which had been incurred by their constituencies in taking special precautions, by order of the Local Government Board, to prevent the introduction of cholera, precautions taken in the interest, not only of the seaports, but of the country at large. Mr. HENEAGE renewed his appeal to the Government on Monday, but the CHANCELLOR OF THE EXCHEQUER again stated his view that the ports had established no special claim to assistance, and saw no reason to depart from that opinion.

*Sanitary Inspectors and Irish Gaols.*—Mr. T. M. HEALY asked the Chief Secretary had his attention been called to the directions given by the prison's board to the Governor of Dundalk Gaol not to admit the sanitary inspector of nuisance (under the Public Health Act) within the gaol; had the local magistrates fined the governor in consequence; would the Prisons Board pay the fine; and what steps would be taken for the protection of public health where it was alleged to be imperilled by nuisance within gaol walls.—Mr. J. MORLEY said his attention had been drawn to the case referred to, and to the fact that the governor of the prison had been fined for refusing to obey an order of the magistrates to admit the sanitary inspector to the prison premises for the purpose of inspecting an alleged nuisance. The Prisons Board would, he presumed, under the circumstances, pay the fine. With regard to the last paragraph, the board informed him that it was not possible that any dangerous nuisance could exist in a prison with the existing precautions taken, and having regard to the statutable duties required to be performed by the medical officer and the governor.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

AS OTHERS SEE US.

DR. HEWITT, the Secretary of the Minnesota State Board of Health, in a recent number of the official organ of the Board, has some remarks to offer as to the persistency of small-pox in England, and he as matter of first instance lays blame on the use of lymph other than that of the National Vaccine Establishment at Whitehall. Why blame attaches hereto we cannot quite understand, since wherever the distribution takes place the sources of collection must always be numerous and themselves widely distributed. But Dr. Hewitt goes on to twit the anti-vaccinators—impersonated by "the Editor of a Leicester newspaper"—with creating panic with the view of repealing the compulsory clauses of our vaccination law after having themselves secured the personal protection of vaccination, probably also of revaccination. We do not doubt that such regard for personal safety is much in vogue among these agitators. Again, Dr. Hewitt lays stress on the fact that whilst great store is placed, and rightly placed, on infantile vaccination, the English law lacks in the absence of compulsion as regards revaccination. Very true; and Mr. Ernest Hart has not been slow to show up this fatal omission from our statutes in the recently issued Essays on State Medicine relating to the subject. Again, Dr. Hewitt looks upon our health officers as being in nowise masters of the situation as regards disease prevention, they being far from possessing the "responsible" powers laid upon them in the United States, where they are virtually vested with the sole power of control; but we look forward to the time when our local health officers shall be emancipated from those intolerable petty hindrances to independent action which now too often thwart their best efforts.

We really cannot refrain from quoting a few words of reference to the Royal Commission on Vaccination from Dr. Hewitt's pen. He says: "This Commission has been some five years officially at work and not yet through, though it has published a library of testimony, much of it beside the question, some for no other purpose than strife, a mass of rubbish and evidence upon which it is expected to base its judgment and advice, if it ever gets to an opinion."

There is, however, one point of vast importance which Dr. Hewitt fails to notice—namely, the enormous amount of private scratching which is legally dubbed "vaccination," those ever-growing cases whereby the letter of the law is fulfilled and its spirit entirely evaded. To our mind it is this accepted farcical method of offering so-called protection against small-pox which more than anything else casts a slur upon vaccination, and leads to spread of infection by slight attacks in the victims of the "sixpenny doctor."

## MEDICAL NEWS.

DR. LUDWIG PFEIFFER, *Privatdocent* at Munich, has been appointed Professor of Hygiene in the University of Rostock.

POST-GRADUATE COURSE, METROPOLITAN HOSPITAL.—A course of lectures and demonstrations will be given by the staff of the Metropolitan Hospital, Kingsland Road, N.E., on Wednesdays, at 5 P.M., commencing May 2nd. The fee for the course of twelve lectures is £1 1s. For full particulars, and for the subjects of the lectures, application should be made to the Honorary Secretary, Mr. Stephen Paget, 57, Wimpole Street, W.

DR. SINCLAIR COGHILL, Senior Physician to the Royal National Hospital, Ventnor, has received from His Majesty King Alexander, through the Servian Minister in London, the Diploma and Insignia (collar and jewel) of the Fourth Class, Knight Commander of the Royal Servian Order of St. Sava. This order consists of five classes, and is conferred for distinction in science, literature, or affairs.

QUEEN MARGARET COLLEGE, UNIVERSITY OF GLASGOW (WOMEN'S DEPARTMENT).—In addition to various other handsome gifts to the University of Glasgow, the Bellahouston trustees have intimated the following: A capital grant of £5,000 towards the erection and equipment of buildings at Queen Margaret College for the medical and scientific instruction of the students attending there, provided the University Court is willing to undertake the pecuniary responsibility of erecting the buildings in question.

CREMATION IN FRANCE.—So great has been the use made of the crematorium at Père Lachaise Cemetery, that the French Cremation Society recommends the placing of a similar establishment in every one of the Paris burial grounds. Members of the Society, for some reason, are not satisfied with the name usually employed to designate the destruction of the body by fire. At their last meeting they carried a resolution abolishing the name "Cremation Society," and adopting in its stead the title "Society for the Promotion of Incineration."

INQUEST ON A HERBALIST'S CHILD.—At an inquest at Aberavon, reported in the *Neath Gazette*, on the body of an infant boy, aged 2 months, whose parents had not consulted a doctor, the medical evidence was to the effect that death had been due to double pneumonia. The father of the child was a herbalist, and had, it was stated, contented himself with prescribing some caraway water. The jury found a verdict in accordance with the medical evidence, and censured the parents for not calling in medical aid, and the coroner advised the parents to be careful in the future, and not to trust to herbs and their own ignorance in the treatment of the sick, telling them that they should be the last to treat their own children.

THE MEDICAL PROFESSION IN RUSSIA.—For all that we hear about the overcrowded state of the medical profession, there would seem to be parts of the world in which a doctor is decidedly a *rara avis*. The total population of the Russian empire is said to be 110,000,000, and the number of practising doctors 18,334. This gives about 1 doctor to every 6,000 of the population. But the position of affairs in Russia is hardly adequately expressed by these numbers, for the doctors, like all other people, flock to the towns, and so it happens that, while the proportion in the capitals and large provincial towns is 1 doctor to every 2,700 inhabitants, in the best-supplied village districts the proportion is 1 to 30,000 peasants, and in some of the more remote provinces it is said that there is only 1 to every 120,000 inhabitants.

THE SANITARY INSTITUTE.—The ordinary general meeting of the Sanitary Institute was held on April 5th, at the Parkes Museum, Margaret Street, Sir G. M. Humphry, the Vice-President of the Institute, in the chair. The annual report, together with the balance sheet and statement of accounts, was received and adopted. Sir Thomas Crawford, Chairman of Council, said, in reading the report, that the work of the Institute had been carried out and extended with good results during the past year. He particularly referred to the lectures

on the Sanitation of Industries as a new departure in the work, and to the practical demonstrations now given to students as part of their training for sanitary inspectors. The members and associates of the Institute at the end of 1893 numbered 1,319, and the income for the year amounted to £3,415. The Duke of Westminster was re-elected President. The meeting closed with the usual vote of thanks to the chairman.

THE LANSDOWNE HOSPITAL AT UDAIPUR.—When Lord Lansdowne visited Udaipur, the principal of the Rajput States, in November, 1890, the Maharana decided to build a hospital in honour of the event, and to name it after the late Viceroy of India. The building took three years to construct, and has just been opened by the Governor-General's agent in Rajputana. The building, which is described as a fine one and a worthy specimen of Rajput architecture, is constructed entirely of stone, and presents an imposing façade to the street, flanked on each side by two high towers, and surmounted in the middle by delicate tracery. The ground floor contains a receiving room for patients, a dispensary, an operating room, several spacious wards, and various offices. On the first floor there are several wards and some sick rooms, in which patients can obtain private accommodation by payment.

### MEDICAL VACANCIES.

The following vacancies are announced:

- ANCOATS HOSPITAL, Manchester.—Resident Junior House-Surgeon. Salary, £50 per annum, with board and washing. Applications to the Secretary.
- BOROUGH OF EASTBOURNE.—Medical Officer of Health. Salary, commencing at £250 per annum, and increasing during satisfactory service by £25 yearly to £350. He will be required to act as Medical Officer to the Sanatorium and as Police Surgeon, for which additional sums of £50 and £25 per annum respectively will be paid. Applications to H. West Forvargue, Town Clerk, Town Hall, Eastbourne, by April 24th.
- BURY DISPENSARY HOSPITAL, Bury, Lancashire.—Senior House-Surgeon, doubly qualified. Salary, £100 per annum, with board, residence, and attendance. Applications to the Secretary, Mr. Henry Webb, by April 16th.
- CITY OF LIVERPOOL INFECTIOUS DISEASES HOSPITAL, Parkhill.—Resident Medical Officer, doubly qualified. Salary, £100 per annum, increasing £10 yearly to £120, with board, washing, and lodging at the hospital. Applications, endorsed "Resident Medical Officer," to be addressed to the Chairman of the Port Sanitary and Hospitals Committee under cover to the Town Clerk, Municipal Offices, Liverpool, by April 23rd.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square. Demonstrator. Honorarium, £50 per annum. Applications to Morton Smale, Dean, by May 14th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.—Two Assistant Anaesthetists. Applications to J. Francis Pink, Secretary, by May 14th.
- DEWSBURY AND DISTRICT GENERAL INFIRMARY.—House-Surgeon, doubly qualified. Salary, commencing at £80 per annum, with board and residence. Applications, endorsed "House-Surgeon," to the Chairman of House Committee, Infirmary, Dewsbury, by May 1st.
- FLINTSHIRE DISPENSARY.—House-Surgeon. Salary, £120 per annum, with furnished house, rent and taxes free; also coal, light, water, and cleaning, or, in lieu thereof, £20 per annum. Knowledge of Welsh desirable. Applications to W. T. Cole, Secretary, Board Room, Bagillt Street, Holywell, by May 15th.
- GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Appointment for six months. Residence, board, and washing provided. No salary. Applications to the House-Governor by April 28th.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—House-Physician. Salary, £60 per annum, with board and lodging in the hospital. Applications to the Secretary by April 23rd.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Applications to the Medical Committee by April 19th.
- NEWCASTLE-ON-TYNE DISPENSARY.—Resident Medical Officer. Salary, £250 per annum, with furnished residence. Applications to the Honorary Secretary, R. W. Sisson, 13, Grey Street, Newcastle-on-Tyne by April 20th.
- MANCHESTER ROYAL INFIRMARY.—Assistant Medical Officer at the Monsall Fever Hospital, unmarried. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, Royal Infirmary, Manchester, by April 21st.
- MARTLEY UNION.—District Medical Officer and Public Vaccinator. Salary, £50 per annum and the prescribed extra fees and statutory allowance for vaccination. Applications to A. W. Knott, Clerk, 14, Foregate Street, Worcester, by April 26th.
- PARISH OF ST. MARY, STOKE NEWINGTON.—Medical Officer of Health. Salary, £200 per annum. No private practice allowed. Applications, sealed and endorsed "Medical Officer of Health," to Geo. Webb, Clerk, Vestry Offices, 126, Church Street, N., by April 26th.

**ROYAL VICTORIA HOSPITAL, Bournemouth.**—House-Surgeon and Secretary. Salary, £100 per annum, with board. Applications to the Chairman of Committee by May 1st.

**ST. ANDREW'S HOSPITAL, Northampton.**—Junior Assistant Medical Officer, doubly qualified. Salary, £150 per annum, with apartments, board, and washing. Applications to the Medical Superintendent by April 25th.

**ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square, W.**—Honorary Physician. Applications to the Secretary by April 30th.

**THE COPPICE, Nottingham.**—Assistant Medical Officer; unmarried and not more than 28 years of age. Salary, £120 per annum, with furnished apartments, board, washing, and attendance. Applications to Dr. Tate at the Asylum by April 14th.

**WEST RIDING ASYLUM, Menston, near Leeds.**—Resident Clinical Assistant. Appointment for six months. Board and residence provided. Applications to the Medical Superintendent.

**WEST RIDING ASYLUM, Wadesley, near Sheffield.**—Fifth Assistant Medical Officer. Salary, £100 per annum, rising £10 annually up to £150, with board, etc. Applications to the Medical Superintendent by April 17th.

**WIRRAL CHILDREN'S HOSPITAL, Woodchurch Road, Birkenhead.**—Resident House-Surgeon. Salary, £50 per annum, with board, lodging on the premises and washing. Applications to P. W. Atkin, Honorary Secretary, 25, Lord Street, Liverpool, by April 24th.

### MEDICAL APPOINTMENTS.

**ADDISON, Christopher, M.D., B.S.Lond.,** appointed Medical Tutor at the Sheffield School of Medicine.

**BAYLEY, Cecil, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg.,** appointed Junior Assistant Medical Officer to the County Asylum, Whittingham, Lancashire.

**BAYLEY, J. H., M.B., C.M.Edin.,** appointed Senior Assistant Medical Officer to the St. Andrew's Hospital for Mental Disease, Northampton.

**BERKELEY, G. H. A. C., M.B., B.C.Cantab.,** appointed Obstetric House-Physician to the Middlesex Hospital.

**CONRAN, Patrick Aloysius, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg.,** appointed Assistant Colonial Surgeon at the Gold Coast, Colonial Medical Service.

**COOK, Dr.,** appointed Medical Officer to the Workhouse of the Plymouth Union, *vice* F. A. Thomas, L.R.C.P.Edin.

**CROCKER, J. H., M.B., Ch.B.Vict., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health for the Borough of Eccles.

**DAVIES, Mr. T.,** appointed Assistant Medical Officer of the Infirmary of the Whitechapel Union.

**EASTERBROOK, A. M., M.B., C.M.,** appointed Resident Physician to the Edinburgh Royal Infirmary.

**EDWARDS, Mr. A. J.,** appointed Resident Medical Officer to the French Hospital and Dispensary.

**FORREST, Dr. A.,** appointed Medical Officer for the Fourth District of the Morpeth Union.

**GALLETLY, Wm. Gloag, M.B., C.M.,** appointed Medical Officer and Public Vaccinator to the Northwold District of the Thetford Union.

**GARLAND, Edward Charles, L.R.C.P.Edin., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Yeovil Town Council.

**HALL, W. Thompson, M.B., C.M.,** appointed Resident Physician to the Edinburgh Royal Infirmary.

**HAMMOND, Wm., L.R.C.P.Edin., M.R.C.S.Eng.,** appointed Medical Officer for the No. 6 District of the Liskeard Union, *vice* J. T. Cheves, M.R.C.S.Eng.

**HICKINBOTHAM, J. R., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Resident Surgical Officer to the Birmingham Children's Hospital, *vice* E. St. J. Whitehouse, M.R.C.S.Eng., L.R.C.P.Lond.

**KEYWORTH, Arthur E., M.R.C.S.,** appointed Medical Officer of Health to the Marple Urban Sanitary District, *vice* James J. Bailey, M.D., resigned.

**LEATHER, Robert R., M.B., B.Ch.I.,** appointed Junior House-Surgeon to the Bolton Infirmary and Dispensary, *vice* W. J. Galletly, M.B.Edin., resigned.

**LEIGH, Albert, L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Senior House Surgeon to the Bootle Borough Hospital.

**MCKENDRICK, Dr. J.,** appointed Medical Officer for the First Division of the Greystoke District of the Penrith Union.

**NICOLL, J. Vere, M.R.C.S., L.R.C.P.Lond.,** appointed Honorary Surgeon to the Stoke Newington Dispensary, *vice* William C. Toulmin, deceased.

**NICHOLLS, J. M., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health to St. Ives Town Council.

**OSWALD, H. Isard, M.B., C.M.Edin.,** appointed Assistant House-Surgeon to the District Hospital, West Bromwich, *vice* W. A. Rutherford, M.B., C.M.Edin., resigned.

**PAGET, Charles E., M.R.C.S.,** appointed Lecturer in Practical Hygiene at Owens College, Manchester.

**PRATT, John Wyatt, L.R.C.P.Edin., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Wiveliscombe Local Board.

**RANSOME, Arthur, M.D., F.R.S.,** appointed Professor of Public Health at Owens College, Manchester.

**REYNOLDS, Dr.,** appointed Medical Officer for the Newton Poppleford District of the St. Thomas Union.

**RUTHERFORD, Alexander, M.B., C.M.Edin.,** appointed Dispensary Surgeon at the Bradford Infirmary, *vice* S. A. Shiach, M.B., C.M.Edin.

**ANDEMAN, Muir, M.B., C.M.,** appointed Resident Surgeon to the Edinburgh Royal Infirmary.

**SHIACH, S. Allan, M.B., C.M.Edin.,** appointed Junior House-Surgeon to the Bradford Infirmary, *vice* A. E. P. Hughes, M.R.C.S.Eng., L.R.C.P.Lond., resigned.

**STUBBS, H., M.R.C.S.Eng.,** appointed Medical Officer for the Madeley District of the Madeley Union.

**SYME, William Smith, M.B., C.M.Edin.,** appointed Medical Officer for the Gamlingay District of the Caxton and Arrington Union, and for the Third District of the St. Neots Union, *vice* W. T. Burr, M.B., resigned.

**TERRY, John, M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House-Surgeon to the Royal Surrey County Hospital, Guildford.

**TREVELYAN, E. F., M.D.Lond., B.Sc., M.R.C.P.,** appointed Honorary Assistant Physician to the Leeds General Infirmary.

**WAY, William, M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Junior House-Surgeon to the Clayton Hospital, Wakefield.

**WHITEHOUSE, E. St. J., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Resident Medical Officer to the Birmingham Children's Hospital.

**WHITFIELD, Dr. D. W.,** appointed Medical Officer for the Iron Bridge District of the Madeley Union.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**MEDICAL SOCIETY OF LONDON, 8.30 P.M.**—Clinical evening. Mr. Keetley: Two Cases of Retained Testis presenting Special Points of Interest. Mr. Goodsall: Case of Intestinal Obstruction; Left Inguinal Colotomy; three years later, cause of obstruction having been removed, Closure of Colotomy Opening. Mr. Ballance: Case after Excision of Ankle. Mr. Hurry Fenwick: (1) Case of Thiersch-Gould Operation; (2) Case of Multiple Urethral Growths. Mr. Battle: (1) Case of Twisted Carotid Simulating Aneurysm in a Child; (2) Case of Spinal Rotation without Curvature. Mr. J. Hutchinson, jun.: Case of Secondary Syphilitic Epididymitis. Dr. Lewis Jones: Case of Paralysis of Sterno-mastoid, Trapezus, and Face on One Side. Dr. Guthrie: Case of Osteitis Deformans.

**SOCIETY OF MEDICAL OFFICERS OF HEALTH, 20, Hanover Square, W., 8 P.M.**—A discussion on the Training and Qualification of Medical Officers of Health, introduced by Dr. Ransome, F.R.S.; Dr. Armstrong, Dr. Sykes, Dr. Parker, and Dr. Manley.

#### TUESDAY.

**PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.**—Mr. Charters Symonds: Epithelioma of Bladder involving the Urethra. Mr. L. Bidwell and Dr. Abraham: Sections of Skin Formed after Thiersch's Grafts. Mr. G. Heaton: Sarcoma of the Rectum. Mr. S. G. Shattock: Two Specimens of Ectopia Vesicae. Dr. Norman Moore: Tuberculous Ulceration of Large Intestine. Dr. Newton Pitt: Aberrant Renal Vessels as a Cause of Hydronephrosis. Dr. Habershon: Gangrene of Lung from a Syphilitic Patient. Card Specimens:—Dr. Newton Pitt: (1) Supernumerary Suprarenals; (2) Fat Necrosis of Omentum with Pancreatic Disease.

**THE CLINICAL MUSEUM, 211, Great Portland Street.**—Open at 2, Lecture at 4.

#### WEDNESDAY.

**EPIDEMIOLOGICAL SOCIETY OF LONDON, 8 P.M.**—Dr. Caiger: On the Associated Incidence of Different Infectious Diseases in the Same Subject.

**ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 8 P.M.**

#### THURSDAY.

**NEUROLOGICAL SOCIETY OF LONDON, National Hospital for the Paralysed and Epileptic, 8.30 P.M.**—Dr. Sharkey: A Case of Cerebral Tumour. Dr. Colman: (1) Dry Museum Specimens of Brain, by Whitwell's Carbolic Method; (2) Three Specimens of Tumours involving the Floor of the Fourth Ventricle. Dr. Risien Russell: Defective Development of the Central Nervous System in a Cat (with lantern demonstrations). Dr. Turner: Tumour of Corpora Quadrigemina. Dr. Tooth: The Peripheral Nerves in Alcoholic Neuritis.

**HARVEIAN SOCIETY OF LONDON, 8.30 P.M.**—Dr. James Taylor: Lantern Demonstration, "On Points of Clinical Interest in Nervous Diseases."

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.*

#### BIRTHS.

**CASTLE.**—On April 5th, at 99, The Mall, Newport, I.W., the wife of Hutton Castle, M.B.Lond., of a daughter.

**ROBERTS.**—April 4th, the wife of Ernest T. Roberts, M.D., of Keighley, of a son.

#### MARRIAGE.

**ROBSON—PRICE.**—On the 10th inst., at Christ Church, Sunderland, by the Venerable Archdeacon Long, M.A., Frederick Robson, M.B., B.S., of Newcastle, to Rebecca Price, of 6, Esplanade, Sunderland.

#### DEATH.

**ROBERTS.**—On April 9th, at The Beeches, Lowestoft, Catharine Sarah (Katie), wife of Reginald J. Roberts, B.A., M.B., B.C., and daughter of George Kett, Esq., J.P., Wymondham House, Cambridge, aged 30.