

## MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

## CASE OF OLD ECTOPIC GESTATION COMPLICATING NORMAL PREGNANCY: PAIN: SUICIDE.

ON December 7th, 1903, I was asked to make a necropsy of the body of a Hindu female, aged 23 years. She had committed suicide by throwing herself into a well. It was said she had suffered severe pain in the abdomen lately, which had impelled her to suicide, and I was asked if there was anything to account for this pain.

The history of her illness was imperfectly given by her husband. He stated that the woman had thought herself pregnant a year ago. Her abdomen had swollen to a considerable size, when, without anything in the nature of pains or haemorrhage or collapse, the swelling gradually got less, but did not disappear altogether. A few months later her abdomen was observed to be swelling again, and during the last two months the woman had suffered very severely from abdominal pain and vomiting.

On opening the abdomen a gravid uterus containing a seven-months fetus was found. This fetus seems to have died at the same time as its mother. In the position of the left Fallopian tube was a bridge of tissue about the thickness of the thumb, which connected the uterus with another gestation sac occupying the left side of the abdominal cavity. On opening this sac I found a full-time fetus, whose skin had undergone adipocere formation. There was no liquor amnii, and the degenerated placenta, which was about the size and thickness of the palm of one's hand, was attached near the pedicle of the gestation sac. A large part of the omentum was adherent to the gestation sac, but was fairly easily stripped off it. The small intestine also adhered to it in three places.

I presume one would account for the pain and vomiting as being caused by the enlarging gravid uterus pulling on these adhesions through its connexion with the gestation sac, that is, the altered left Fallopian tube. The diminution in size of the abdomen after the death of the first fetus would doubtless be due to the gradual absorption of the liquor amnii.

Godhra.

R. W. ANTHONY, Captain I.M.S.

## LEPROSY AND FISH EATING.

THE BRITISH MEDICAL JOURNAL of October 17th, 1903, contains a letter from Mr. Hutchinson *re* Dr. Turner's report on leprosy, and specially refers to Basutos as a non-fish-eating race. As a former resident medical officer in Basutoland, and as the son and grandson of men who have lived most of their lives in the country, and as one who has an intimate knowledge of the customs and habits of the people, I regret to say that Dr. Turner is utterly wrong, and I entirely agree with Mr. Hutchinson that Basutos are very fond of all kinds of fish, and will eat it whenever available. Some few years ago I wrote a somewhat extensive report on leprosy and lepers in my district, and, if I am not mistaken, I pointed out at the time that although the consumption of salt fish is practically unknown in the country, it is a matter of common knowledge that fresh fish is eaten in fairly large quantities by the inhabitants. In the valleys of the Malutis, an offshoot of the Drakensberg, the streams are well supplied with two kinds of fish, and these the natives catch by means of hooks, rarely nets, but often destroy a large quantity of animals by exploding cartridges of dynamite in the water. I have seen as many as 100 so killed on the Thlotse River by Kimberley boys, who had secured dynamite caps at the diamond fields for that express purpose. The fish is always eaten fresh, and I have never seen it cured by any process, nor am I aware that it has ever been used as such by natives. Tinned fish, specially sardines, is considered a delicacy and eagerly bought. I have seen scores of times a Mo-Suto enter a trader's store, buy a couple of boxes, and there and then devour the whole at once on the counter. I confess never having seen herrings in barrel, or any other kind of salt fish; if these are now sold in Basutoland they are a recent importation, and hardly likely to affect the question.

Dr. E. Casalis, my late father, told me that as far as he knew, leprosy was introduced in Basutoland before 1830, when my grandfather, the Rev. Dr. Casalis, first came there. The Basutos called it "Lefer la Baroa," the disease of Hottentots,

meaning by that that it came from Hottentots, most of whom then inhabited East and West Griqualand. He thought there had been an increase of the disease when the diamond fields were first opened and the intercourse between Basutos and Griquas became more frequent; but of this he had no definite proof to go upon except native evidence.

That leprosy entered the country many years before is likely. For instance, the Barotse, who now live on the banks of the Zambesi, and are an offshoot from the Basuto race—a native chief emigrated there from Basutoland over a century ago—are greatly affected by leprosy. The Rev. Mr. Coillard, who has laboured among them for several years, told me, the natives say they brought it with them from the south, and it appeared to him to be on the increase. Now the Barotse are a great fish-eating race, the Zambesi abounds with several varieties, but here, contrary to the Basutos, it is not always eaten fresh, some of it being preserved by drying in the sun. I am not aware, however, that it is salted or cured in any other way; this I think improbable, as salt is too valuable an article in native territories to be used to that extent. It is a noted fact, however, that Basutos or other natives who come down to the coast, readily partake of salt fish whenever meat is not available. If Mr. Hutchinson's fish theory is correct, it is possible that during their stay at sea-coast towns, the men should get infected, and thus show a greater proportion to women lepers in Basutoland. As for Dr. Turner's boy not eating fish, it is merely an exception. We don't all love oysters! I have now a Zulu boy in my service who objects to it, and calls it "a snake." He says Zulu boys never eat fish! And still not a hundred yards from my gates, rickshaw boys, unmistakably Zulu, eat voraciously all kinds of fresh, tinned, and salt fish.

My experience with natives—and it is very extensive—is that they will refuse very few articles of diet, when out of their kraals, and when not bound down to observe the customs and habits of their own people as when at home.

Capetown.

G. A. CASALIS, M.B., C.M. Edin.

## DIDYMIN IN EXOPHTHALMIC GOITRE.

IT is difficult to ascertain the determining factor in the causation of exophthalmic goitre. Every system has from time to time been looked upon as having some influence upon the etiology of the disease, but it appears to me that the theory of perverted and excessive secretion of the thyroid gland itself is the most rational. Of course the disease is, with few exceptions, peculiar to the female, and it is one belonging to the menstruating epoch. There seems to be, too, a correlation between the sexual organs and the thyroid gland, as instanced by the engorgement of the gland at the menstrual periods, pregnancy, etc. I have had a case under observation, where tumour, exophthalmos, and rapid pulse characterized the menstrual periods, and the symptoms passed off with the cessation of the flow. I have also had a case of severe exophthalmic goitre which was absolutely cured after marriage.

Is it possible, therefore, that the secretion of the ovary may in some way contribute the irritant to the thyroid gland which stimulates it to excessive and perverted secretion, and, further, can it be possible that the testicular secretion may have some influence in counteracting to some extent this tendency on the part of the ovarian secretion?

I have had ten cases of this disease under treatment during the last three years, and have tried almost every known therapeutic procedure except surgical interference. In one case I was tempted to try ovarian gland substance. The patient took 15 gr. per diem for three to six months, without, however, any improvement. I then superseded this by didymin tabloids, beginning with 10 gr. a day, and going up to 20 gr. In four weeks there was marked improvement. Two other patients showed no reaction to ovarian substance, but satisfactorily improved under didymin. My next two patients were treated from the first by testicular gland substance, and in both cases there has been noted marked improvement in the pulse-rate, tremor, the nervous excitability, and exophthalmos, but there has not been a corresponding improvement in the size of the thyroid tumour. The tabloids were continued for a period of six months and then discontinued.

I have therefore no doubt as to the efficacy of testicular secretion in the treatment of this disease, and, although my experience is limited in its use, I hope to be able to report at greater length later on, after a more prolonged use of this therapeutic agent.

Carnarvon.

G. LLOYD ROBERTS, M.D. Edin.

## CONSUMPTION IN THE LEWIS.

In her recent popular book, *The Outer Isles*, Miss Goodrich-Freer, quoting from an older work, Smith's *Lewisiana*, endorses a statement as a present fact what is simply traditional, that "tuberculous consumption is unknown in Lewis." For the sake of truth and the best interests of Lewismen this assertion has to be not only disputed, but very seriously denied. It is believed that a century ago, when this remote "outer isle" was more isolated from foreign intercourse and outside influences and diseases, specially the infections, which, like commerce, follow the various flags, it may have been then justly credited with partial if not total immunity from phthisis.

But, alas! this character of blessed exemption from a malady so death-dealing can no longer be maintained, much less boasted of. The pitiless tubercle bacilli have in recent years been silently depositing their deadly virus in every class of dwelling and inmate so widely and so fatally that its victims in Lewis number from 46 to 60 annually, and are yearly on the increase. Seeing that the rumoured absence of consumption is thus entirely fabulous, its ravages so deplorably spreading, the well-known means of prevention so utterly beyond local effort, all baseless barriers to public sympathy removed by true representation of facts, the insular authorities are resolved to take such steps as may prove efficient in securing such remedial means as have proved a priceless boon to their more favoured fellow-subjects.

CHARLES M. MACRAE,  
M.O.H. for Lewis District.

Stornoway, Island of Lewis.

## PUERPERAL ECLAMPSIA.

THE two papers on this subject in the *BRITISH MEDICAL JOURNAL* of November 7th, 1903, serve to remind us how very unsettled our views are as to the best method of dealing with the condition. Radical and conservative measures are strenuously advocated by different observers from time to time under apparently similar conditions. I venture to again remind your readers that the Clinical Society of Manchester is endeavouring, by a collective investigation, to acquire and disseminate more definite knowledge on the whole subject of eclampsia, particularly in its clinical aspects. Every member of the profession is earnestly invited to report any case of eclampsia he may attend, and in order to facilitate reporting and subsequent analysis we have drawn up a form of report which can be filled in in a very few minutes. Since February last rather more than fifty reports have been sent in—enough, I think, to warrant us in asking for more and continuing the inquiry. Several of these reports show conclusively that death does sometimes occur, "if the patient survives the emptying of the uterus, whether by artificial or natural means."<sup>1</sup> I have just had an application for forms from Calcutta, a very encouraging sign. I may mention that fatal cases, and cases of threatened eclampsia, which recover under treatment without developing convulsions, are quite as valuable for our purpose as those which recover from convulsions, and that cases in which the excretion of urea has been noted are especially valuable as tending to establish or correct modern opinions as to the pathology, etiology, and symptomatology of the condition. If deficiency of urea excretion is a proximate cause of the convulsions, a cup of strong beef tea may conceivably determine an attack in a patient already on the verge of eclampsia, just as a glass of beer may, in some individuals, bring on an attack of gout. Some of us are quite convinced as to the latter possibility, and I have some practical reason for believing in the former. The question is of some practical importance in both cases. Abundant evidence is wanted on the whole subject of eclampsia. We believe that there is plenty of evidence available if only we can collect it, and in this almost every general practitioner can help us. I shall be very pleased to send report forms to any member of the profession who will apply by postcard to

J. PRICE WILLIAMS,

Broomfield, Swinton, Manchester. Hon. Sec. for the Investigation.

GERMAN BALNEOLOGICAL CONGRESS.—The twenty-fifth annual meeting of the German Balneological Congress will be held at Aix-la-Chapelle, March 3rd to 8th, 1904, under the presidency of Professor Oscar Liebreich. Communications should be addressed to the General Secretary of the German Balneological Society, Geheimer Sanitätsrath Brock, Thomasinstrasse, 24, Berlin, N.W.

<sup>1</sup> *BRITISH MEDICAL JOURNAL*, November 7th, 1903, p. 1212, line 11.

## REPORTS

ON

## MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

## ROYAL INFIRMARY, GLASGOW.

INJURIES AND EFFECTS OF A RIFLE SHOT AT CLOSE QUARTERS.

(By R. RAMSEY, M.B., Ch.B., Senior Resident Surgeon).

THE following account of the effects of a rifle shot at close quarters is of interest as showing the character of the wounds of the different tissues caused by a bullet travelling at a high rate of speed. The value of this report is enhanced by the position of the men in line, as if for experiment, and the different kinds of tissue involved.



Fig. 1.—Rioch, shot first: bullet grazed the right thigh, perforated the right hand, the left mid-finger and the left thigh.

*History of the Accident.*—Three men, recruits of the Gordon Highlanders, stationed at Maryhill, were admitted to the Royal Infirmary, Glasgow, on Tuesday, May 19th, 1903, with injuries caused by the discharge of a rifle at the shooting range, Dechmont, Cambuslang. The rifle was the Government "Lee-Enfield," the bullet being of the usual pattern covered with a copper nickel casing, all but the base, its diameter being 0.303 in., and its weight 215 gr. The explosive was cordite, and the muzzle velocity is stated as 2,000 ft. per second. These three men were sitting about 2 yards apart on a bench facing the butts, where they awaited instructions to commence firing. Another man was standing at the end of the bench when his gun accidentally went off, shooting first the man named Rioch who was within 3 yards of the gun, then MacDonald, and lastly Bathgate.

*Injuries.*—Rioch sat with his hands between his thighs, and the bullet abraded the skin of the anterior surface of his right thigh, pierced his right palm from within outwards—the second finger of his left hand—notching the second phalanx, and then passed through the left thigh, anterior to the femur. The wounds of the hands and left thigh were sharply defined holes, those of entry and exit being of similar size and free from scorching or discoloration. MacDonald was sitting at a slightly higher level and was shot in the back. In his case the bullet entered at a point anterior and external to the right posterior superior

## ASSOCIATION NOTICES.

### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at 429, Strand (corner of Agar Street), London, on Wednesday, the 20th day of January next, at 2 o'clock in the afternoon.

GUY ELLISTON, *General Secretary.*

### COUNCIL.

#### NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1904.

MEETINGS of the Council will be held on Wednesdays, January 20th, April 20th, July 6th, and October 19th, in the Council Room of the British Medical Association, 429, Strand, London, W.C.

### ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

### BRANCH MEETINGS TO BE HELD.

**BIRMINGHAM BRANCH: COVENTRY DIVISION.**—A meeting of this Division will be held at the Coventry and Warwickshire Hospital at 4 p.m. on Tuesday, January 5th. Agenda:—Clinical cases: Dr. Orton: Unusual Abdominal Hernia. Mr. W. E. Bennett: Renal Calculus. Specimens: Dr. Orton: Acardiacus Monster. Dr. Snell: Excessive Desquamation after Scarlet Fever. Dr. Fenton: Note on a Case of Bilharzia Haematobia. Dr. Milner Moore will move a resolution in favour of the amendment of the law regulating the registration of births and deaths with a view to their more accurate definition, and to the remuneration of the profession in connexion therewith. Annual report to the Branch Council.—E. H. SNELL, Knighton House, Coventry, Honorary Secretary.

**PERTH BRANCH.**—A Council meeting will be held in the Literary and Antiquarian Museum, Perth, on Friday, January 22nd, at 3.45 p.m. Business: Election of members; Medical Acts Amendment Bill; arrangements for clinical meeting.—WILLIAM A. TAYLOR, 10, Marshall Place, Perth, Honorary Secretary.

## CORRESPONDENCE.

### A SCIENTIFICALLY WORKED DAIRY FARM.

SIR,—I am pleased to be able to give a practical answer to the letter signed "D. M.," which appeared in the *BRITISH MEDICAL JOURNAL* of December 19th, 1903. I think I cannot do better than describe a scientifically-worked dairy farm which, by the courtesy of Mr. Sorensen, the owner and manager of the farm, I was enabled to visit early this month at West Huntington, near York. The first thing which struck me was the extreme simplicity of all the appliances combined with spotless cleanliness. Mr. Sorensen is of Danish extraction and nephew of Mr. Busck of the Copenhagen Milk Supply Company, which is well known to be the most perfectly worked dairy company in the world. The dairy farm near York is worked on the same lines, with this advantage, that Mr. Sorensen supplies milk from his own herd of cows only and supervises everything himself.

He holds that milk should, with common care and cleanliness, be produced in such a manner as to be drunk in all confidence by the public without any necessity for pasteurization or sterilization. The essentials, he considers, for such a milk supply are, briefly:

1. Healthy, properly fed and housed cows.
2. Cleanliness from A to Z, and a responsible guarantee that nothing is added to or extracted from the milk.
3. Prompt and thorough cooling of the milk so as to prevent germ growth.
4. Delivery under hygienic conditions.

These conditions are all fulfilled at this farm. A York Corporation veterinary officer of experience inspects the cows every month, and is empowered to dispose of any unhealthy or suspected animal. The feeding of the cows is scientifically carried out. No brewers' grains, turnip tops, or other unsuitable foods are used; the hay the cows are fed upon, the mangolds, etc., are grown upon the farm, while water from the York city water supply is used for drinking, and also for cleansing purposes, washing the utensils, etc. The cowshed, containing fifty perfectly-groomed cows, is lofty, well lighted and ventilated, and the platform on which the cows are tethered is built short, so that their hind quarters do not rest on the ground, but over a drain made specially to carry away the manure. Thus the cows are unable to roll and soil themselves during the periods of weather too bad for them to remain out-of-doors. This is as seldom as possible, as Mr. Sorensen disapproves of housing his cows when it is possible for them to be out-of-doors.

In the cowshed I observed a simple wash basin fixed against the wall, with towels beside it, while on pegs hung the clean smocks worn by the milkers during milking.

No money is wasted on fancy fittings, which simply increase the cost without making the milk any better. The aim is to keep everything—from the cows to the smallest utensils—sweet and clean. The cans, etc., are cleansed with live steam from a high-pressure boiler.

After the cows are milked, the milk is cooled by allowing it to flow over a corrugated cylinder, inside which cold water and ice are passed, in order to reduce the temperature in a few seconds to a point unfavourable to germ life. Clean milk so treated will, without preservatives, remain sweet, if kept in a cool place, for several days.

Most of the milk is delivered in glass bottles, which are filled and sealed at the dairy, the rest being sent out in cans, also filled and sealed at the dairy. There is a third method of sending out the milk in a sealed can with a tap. To save himself the trouble and expense of book-keeping, Mr. Sorensen has a system of payment by tickets, which are sold in books, and handed by customers to the man who delivers the milk.

Now for the result of the theory preached, that to conduct a dairy farm cleanly and scientifically does not cost more than does to run a filthy one. The following were the charges: 3½d. per quart delivered in cans filled and sealed at the dairy; milk drawn by tap from sealed can in the cart, per quart, 3½d.; per pint, 2d. Special table or nursery milk in sealed glass bottles, per quart, 4d.; per pint, 2d.

To show that right methods are not really overlooked by the public, I may mention that the demand for Mr. Sorensen's milk is so great that twice during the last month he has raised the price of it for fresh customers whom he is unable to supply, and he is thoroughly satisfied with his venture from a pecuniary point of view. It is significant that many of his customers are medical men.

I, also, hope with "D. M.," that in spite of being conservative in the worst sense of the word, farmers may soon adapt themselves to the requirements of modern science. It is certain that if they do not a time will come, and is rapidly approaching, when the public will cease blindly to accept a poisonous milk supply without asking to see the source of that milk. The question has now become a national one, and no intelligent person should rest content until every farmer in England follows in the footsteps of Mr. Sorensen, who has proved so ably and intelligently that a farm managed scientifically may also be made profitable.—I am, etc.,

December 28th, 1903. THE WRITER OF THE MILK ARTICLES.

### LIFE INSURANCE EXAMINATIONS.

SIR,—In the *BRITISH MEDICAL JOURNAL* of December 26th, 1903, p. 1658, you refer to the vexed question of the fees given to medical examiners for insurance work, and conclude your remarks with the suggestion that the matter is one which the Divisions of the Association should consider. The Norwich Division of the British Medical Association appointed a Committee a few months ago to investigate and report on the present condition of the "insurance work" done by medical men in this city, and the Committee hopes to present its report at the next meeting of the Division; but as your article and the action of the "Law Union and Crown Insurance Company" have brought this question forward now, it may interest members of the Association if some of the facts elicited by the Committee are briefly stated.

Swettenham, in 1901, they were 136, while in 1902 there were 15. The cost for the work, which was mostly of a permanent nature, came to a little over £4,000, a small sum when the great reduction in malaria and the consequent decrease of hospital expenses is taken into account.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

**Appointment.**—Dr. Nestor Tirard, Professor of Medicine in King's College, London, has been appointed Examiner in Pharmacology for the Third M.B. Examination.

**Degrees.**—At the congregation on December 17th the following degrees were conferred: *M.C.*: C. E. Marriott, Clare. *M.B.*: G. B. Norman, St. John's; G. E. Loveday, Caius.

The following have passed the Second Examination for Medical and Surgical Degrees as undernoted:

**Human Anatomy and Physiology.**—J. B. Banister, B.A., Jes.; F. A. Barker, B.A., Emm.; R. L. Barwick, B.A., Christ's; T. R. H. Blake, B.A., Pemb.; L. B. Cane, King's; S. P. Chan, Cai.; S. Churchill, B.A., Trin.; H. N. Coleman, Christ's; H. B. Corry, B.A., Cai.; R. Crawford, Jes.; W. F. Denning, B.A., Trin.; A. W. C. Drake, B.A., Pemb.; A. C. J. Elwin, Corp. Chr.; E. G. Fearnside, Trin.; N. M. Fergusson, Magd.; W. J. Fison, Sid. Suss.; R. L. Gamlen, B.A., Cai.; B. C. Ghosh, M.A., Joh.; G. W. Goodhart, B.A., Trin.; G. Graham, Trin.; G. F. Greenwood, B.A., Sid. Suss.; F. W. W. Griffin, B.A., King's; H. S. Hall, B.A., Pemb.; R. A. Hill, Cai.; E. B. Hinde, B.A., Emm.; W. H. Hodgson, B.A., Christ's; R. S. Jenkins, B.A., Joh.; A. R. Jordan, Cla.; R. B. Lloyd, B.A., Emm.; R. G. Markham, Cai.; J. H. B. Martin, B.A., Emm.; D. C. Master, B.A., Cai.; J. B. Menell, B.A., Pemb.; E. V. Oulton, B.A., Christ's; D. G. Pearson, B.A., Pemb.; R. C. Priest, Cai.; R. L. Rawlinson, B.A., Trin.; E. F. Skinner, Corp. Chr.; A. C. H. Suhr, B.A., Cai.; W. H. R. Sutton, B.A., Down.; B. S. Taylor, M.A., Cla.; C. B. Ticehurst, B.A., Joh.; C. Tylor, B.A., Cai.; K. M. Walker, Cai.; S. L. Walker, B.A., Sid. Suss.; B. Wallis, B.A., Trin.; H. P. Weaver, B.A., Trin.; H. B. Weir, B.A., Trin.; C. E. Whitehead, Cai.; F. P. Young, B.A., Christ's; R. F. Young, B.A., Christ's.

### UNIVERSITY OF LONDON.

#### Recognition of Teachers.

DR. HENRY RUSSELL ANDREWS has been recognized as a teacher of obstetric medicine at the London Hospital Medical College, Mr. Stanley Boyd as a teacher of surgery, Mr. A. C. Latham, Mr. J. J. Perkins, and Dr. H. Batty Shaw as teachers of medicine at the Hospital for Consumption and Diseases of the Chest, and Dr. W. H. B. Stoddart as a teacher of medicine at the Bethlem Royal Hospital.

#### Physiological Laboratory.

Dr. A. D. Waller, F.R.S., has been appointed Director, and Dr. T. L. Mears Honorary Treasurer, of the physiological laboratory for 1904.

Eight lectures on the physiology of immunization will be given by Dr. A. E. Wright on Mondays, beginning on January 18th, at 5 p.m.; and a course of eight lectures on the functions of the stomach and intestines by Mr. J. S. Edkins on Thursdays, beginning on January 21st, at 5 p.m.

#### B.Sc. Degree of Research.

Among the candidates admitted to the degree of B.Sc. by research was Frederick Wood Jones, of the London Hospital College, who presented a thesis on the development and musculature of the visceral openings of the hind end, with an explanation of some of their commoner abnormalities.

#### Brown Animal Sanatory Institution.

A legacy left by Mrs. Pappacalo has reverted to the institution, the funds of which benefit to the amount of £661.1s. 8d. A revised scheme for the management of the institution was approved and the Committee for 1903-4 appointed. The nature of the scheme is not disclosed.

#### M.B. Honours.

The following candidates have passed the M.B. Examination for Honours as undernoted:

**Medicine.**—First Class: C. N. Sears (Gold Medal), St. Thomas's Hospital; A. R. Short, B.Sc. (Scholarship and Gold Medal), University Colleges, London and Bristol. Second Class: W. F. Annand, University College; C. W. Chaplin, London Hospital; E. E. Maples, St. Bartholomew's Hospital; O. T. Williams, B.Sc., University College and Royal Infirmary, Liverpool. Third Class: W. Appleyard, University College; Olive Muriel Elgood, London (Royal Free Hospital) School of Medicine for Women; A. M. H. Gray, University College; J. J. S. Lucas, B.A., University College and Bristol Royal Infirmary; N. I. Spriggs, Guy's Hospital; G. T. Wrench, Guy's Hospital.

**Obstetric Medicine.**—First Class: W. Appleyard (Scholarship and Gold Medal), University College; Helen Chambers, London (Royal Free Hospital) School of Medicine for Women; C. W. Chaplin (Gold Medal), London Hospital; W. C. Macaulay, B.A., Middlesex Hospital; A. R. Short, B.Sc., University Colleges, London and Bristol. Second Class: W. F. Annand, University College; A. M. H. Gray, University College; G. Hall, University College and Durham College of Science; A. C. A. Van Buren, St. Bartholomew's Hospital. Third Class: W. P. Gowland, Owens College and Manchester Royal Infirmary; Catherine Mary Ironside, London (Royal Free Hospital) School of Medicine for Women.

**Forensic Medicine.**—First Class: Helen Chambers (Gold Medal), London (Royal Free Hospital) School of Medicine for Women; C. W. Chaplin (Scholarship and Gold Medal), London Hospital. Second Class: N. S. Finzi, University College; A. F. Hayden, St. Mary's Hospital; W. C. Macaulay, B.A., Middlesex Hospital; A. C. A. Van Buren, St. Bartholomew's Hospital; G. T. Wrench, Guy's Hospital. Third Class: W. A. Brend, B.Sc., King's College; D. Gray, Charing Cross Hospital; W. O. Greenwood, Yorkshire College and Leeds General Infirmary; S. M. Hebblethwaite, St. Bartholomew's Hospital; J. J. S. Lucas, B.A., University College and Bristol Royal Infirmary; E. E. Maples, St. Bartholomew's Hospital; N. I. Spriggs, Guy's Hospital; A. M. Webber, Guy's Hospital.

[N.B.—The foregoing list, published for the convenience of candidates, is provisional only, and is not final until the reports of the Examiners shall have been confirmed by the Senate.]

### B.S. Examination.

The following candidates have passed the B.S. Examination as undernoted:

**First Division.**—W. F. Annand, University College; E. Bayley, Charing Cross and London Hospitals; Mary Cecilia Bell, London (Royal Free Hospital) School of Medicine for Women; P. M. Heath, University College; Elizabeth Hill, London (Royal Free Hospital) School of Medicine for Women; J. F. Jennings, St. Bartholomew's Hospital; H. McD. Parrott, Guy's Hospital; M. H. Phillips, London Hospital and University College, Bristol; C. H. Robertson, Guy's Hospital; C. N. Sears, St. Thomas's Hospital; H. Watts, Guy's and St. George's Hospitals; A. M. Webber, Guy's Hospital; G. T. Wrench, Guy's Hospital.

**Second Division.**—A. L. Badcock, Charing Cross Hospital; Annie Thompson Barnard, London (Royal Free Hospital) School of Medicine for Women; E. A. Bell, King's College; J. Broadley, Yorkshire College; J. Burfield, St. Bartholomew's Hospital; E. R. Carling, Westminster Hospital; L. E. Dickson, St. Bartholomew's Hospital; R. V. Dolbey, London Hospital; Mary Gertrude Edis, London (Royal Free Hospital) School of Medicine for Women; Olive Muriel Elgood, London (Royal Free Hospital) School of Medicine for Women; J. Evans, Guy's Hospital; B. G. Fiddian, Charing Cross Hospital; Bessie Marion Gilford, London (Royal Free Hospital) School of Medicine for Women; W. P. Gowland, Victoria University; W. O. Greenwood, Yorkshire College; S. Hastings, Middlesex Hospital; T. Holmes, Guy's Hospital; Annie Elizabeth Hooper, London (Royal Free Hospital) School of Medicine for Women; G. S. Hughes, Middlesex Hospital; Jessie Lamb, London (Royal Free Hospital) School of Medicine for Women; R. C. Leaning, St. Mary's Hospital; G. Lewin, Guy's Hospital; H. A. Lyth, University College; E. H. B. Milsom, Guy's Hospital; C. S. Parker, University College; Agnes Agatha Parson, London (Royal Free Hospital) School of Medicine for Women; C. W. Rowntree, Middlesex Hospital; A. R. Short, B.Sc., St. Bartholomew's Hospital and University College, Bristol; Enid Marian Smith, London (Royal Free Hospital) School of Medicine for Women; N. I. Spriggs, Guy's Hospital; W. S. Swayne, M.D., Guy's Hospital and University College, Bristol; Mary Townsend, London (Royal Free Hospital) School of Medicine for Women; A. C. A. Van Buren, St. Bartholomew's Hospital; J. H. Watson, London Hospital; H. V. Wenham, St. Bartholomew's Hospital; E. C. Williams, St. Bartholomew's Hospital and University College and Southern Hospital, Liverpool; G. E. O. Williams, University College.

This list, published for the convenience of candidates, is issued subject to its approval by the Senate.

### LONDON SCHOOL OF TROPICAL MEDICINE.

Of the students of the London School of Tropical Medicine who presented themselves for the examination at the end of October-December, Session 1903, the following have passed: Dr. A. E. Horn (Colonial Service), Dr. A. H. Barclay (Foreign Office), Major Wilson, R.A.M.C., M.B., etc., Dr. W. J. Radford (Foreign Office), Dr. D. Cowin (Colonial Service), Dr. J. E. Mitchell, Dr. S. G. Ranaday, Dr. C. H. Allan (Colonial Service), Dr. J. T. Cartaya, Dr. F. A. Baldwin (Colonial Service), Dr. T. F. G. Mayer (Colonial Service), Dr. F. C. Sutherland, Dr. Guy Ruata. The first four candidates on the list passed with distinction.

### UNIVERSITY OF DUBLIN.

At the Winter Commencements, in Michaelmas Term, held on Friday, December 18th, 1903, the following Degrees in Medicine, Surgery, and Midwifery were conferred:

**Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetricia.**—W. Boxwell, T. J. P. Crean, T. H. Gibbon (*sup. cond.*), R. H. Lee, H. R. Nelson, P. S. Stewart, H. Stokes, S. H. Vickery, F. F. C. Willington.  
**Doctores in Medicina.**—W. J. T. Buchanan, T. W. Crowley, T. H. Gibbon, R. E. Halahan, G. M. Holmes, A. L. Hoops (*sup. cond.*), H. C. MacQuaide, H. R. Nelson, H. M. D. Townshend, A. J. McNally (*in absentia*).

### TRINITY COLLEGE, DUBLIN.

The following candidates have passed the Examination for the Diploma in Public Health as undernoted:

**Part I.**—J. H. Brunskill, J. T. Bouchier-Hayes, J. W. H. Houghton.  
**Part II.**—J. H. Brunskill, J. T. Bouchier-Hayes, W. F. Erskine, J. W. H. Houghton, J. H. Douglass.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen have passed the First Professional Examination for the Diploma of Fellow:

O. L. Addison, M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., University College Hospital and King's College, London; J. A. Andrews, M.R.C.S.Eng., L.R.C.P.Lond., M.B., B.C.Camb., Cambridge University and Guy's Hospital; J. B. Ball, G. N. Bartlett, T. H. Barton, and G. Cockcroft, Guy's Hospital; R. T. Baillie, M.B., Ch.B. Edin., Edinburgh University; A. S. B. Bankart, B.A.Camb., Cambridge University, King's College, and Guy's Hospital; R. Davies-Colley, B.A.Camb., Cambridge University and Guy's Hospital; A. Dinnie, Charing Cross Hospital; B. T. J. Glover, Liverpool University; P. L. Guiseppi, St. Bartholomew's Hospital; W. Hackney, M.R.C.S.Eng., L.R.C.P.Lond., M.D. Toronto, Toronto University and King's College, London; A. H. Hart, M.R.C.S.Eng., L.R.C.P.Lond., M.S. and M.D. Durh., Durham University and London Hospital; J. W. Heslop, M.R.C.S.Eng., L.R.C.P.Lond., M.B. and B.S. Durh., Durham University; M. L. Hine, Middlesex Hospital; A. C. Hudson, M.A., M.B., B.C.Camb., Cambridge University and St. Thomas's Hospital; T. B. Layton, Guy's Hospital; J. E. McDougall, M.R.C.S.Eng., M.B. Vict., D.P.H.Camb., Liverpool University; G. P. Mills, Birmingham University; J. E. R. McDonagh, R. F. Moore, B.A.Camb., A. H. Pinder and S. Rendall, St. Bartholomew's Hospital; G. C. F. Robinson, Guy's Hospital; H. C. Samuel, King's College, London; C. H. Smith and C. O. Stallybrass, Liverpool University; C. E. Tangye, B.A.Lond., Birmingham University; W. Welchman, B.A. Cape of Good Hope, Guy's Hospital; H. B. Whitehouse, St. Thomas's Hospital; C. Yorke, Liverpool University.  
Ninety-six gentlemen presented themselves for this examination of whom thirty-two passed and sixty-four were referred.  
The following gentlemen having passed the necessary Examinations



and conformed to the By-laws and Regulations have been admitted "Fellows" of the College:

J. G. O. H. Lane, M.B., B.S.Durh., L.R.C.P.Lond., Guy's and St. Thomas's Hospital and Durham University; J. W. Myler, L.R.C.P.Lond., M.D.Bru., Middlesex Hospital; T. H. Molesworth, B.A., M.B., B.C.Camb., L.R.C.P.Lond., Cambridge University and St. Bartholomew's Hospital; F. E. Taylor, M.A., M.B., B.Ch.Vict., L.R.C.P.Lond., Yorkshire College and General Infirmary, Leeds, and King's College Hospital; F. A. Rose, M.A., M.B., B.C.Camb., L.R.C.P.Lond., Cambridge University and St. Bartholomew's Hospital; B. H. Slater, B.A., M.B.Camb., L.R.C.P.Lond., Cambridge University and Middlesex Hospital; G. G. Turner, M.B., B.S.Durh., L.R.C.P.Lond., Durham University; H. E. Brown, L.R.C.P.Lond., Birmingham University; W. H. Maxwell, M.A., M.B.Camb., L.R.C.P.Lond., Cambridge University and London Hospital; J. F. Jennings, M.B.Lond., L.R.C.P.Lond., St. Bartholomew's Hospital; J. C. Marshall, M.B.Lond., L.R.C.P.Lond., St. Bartholomew's Hospital; M. H. Phillips, M.B.Lond., L.R.C.P.Lond., University College, Bristol, and London Hospital; C. S. Parker, M.B.Lond., L.R.C.P. (I.M.S.), University College Hospital; H. T. Dobble, L.R.C.P.Lond., St. Mary's Hospital; F. W. F. Ross, M.D., C.M.Edin., L.R.C.P.Lond., D.P.H.Eng., Edinburgh University and Middlesex Hospital; G. Coates, M.D., Ch.B.Glas., Glasgow University and St. Bartholomew's Hospital; C. A. B. Horsford, M.D., Ch.B.Edin., Edinburgh University and St. Bartholomew's Hospital; W. C. Wilson, M.B., Ch.B.Edin., Edinburgh University and St. Bartholomew's Hospital; D. S. Wylie, M.B., Ch.B.Vict., Owens College, Victoria University, and King's College Hospital.

Sixty-four gentlemen presented themselves for this examination, twenty-two of whom passed (including three gentlemen not yet entitled to their Diplomas), and forty-two were referred, nine for one year and thirty-three for six months.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,581 births and 5,159 deaths were registered during the week ending December 19th. The annual rate of mortality was 17.8 per 1,000, against 17.6, 18.6, and 19.2 per 1,000 in the three preceding weeks. The rates in the several towns ranged from 8.2 in King's Norton, 9.0 in East Ham, 9.1 in Bournemouth, 9.7 in Barrow-in-Furness, 10.3 in Grimsby, 10.6 in Hornsey, and 11.1 in Burton-on-Trent to 23.1 in Hanley, 23.2 in Walsall, 23.5 in Wigan, 23.6 in Warrington, 24.0 in Swansea, 24.1 in Stockton-on-Tees, 24.4 in Gateshead, 24.5 in York, and 35.0 in Preston. In London the rate of mortality was 16.8 per 1,000, while it averaged 18.3 per 1,000 in the seventy-five other large towns. The mean death-rate from the principal infectious diseases was 1.5 per 1,000; in London this death-rate was equal to 1.3 per 1,000, while in the seventy-five other large towns it ranged upwards to 3.4 in Wigan, 4.1 in Willemsden, 4.5 in Bury, 5.2 in York, 5.5 in Warrington and in Rotherham, 6.3 in Gateshead, and 13.7 in Preston. Measles caused a death-rate of 1.1 in West Ham, 1.3 in Aston Manor, 1.5 in Ipswich, 2.0 in York, 3.1 in Warrington, 3.6 in Bury, 3.7 in Willemsden, 4.6 in Rotherham, and 10.5 in Preston; whooping-cough of 1.1 in Wolverhampton, 1.2 in Walsall, 1.5 in Merthyr Tydfil, 1.6 in Warrington and in Swansea, 1.7 in Wigan, 1.8 in Rochdale, 1.9 in Liverpool, 2.6 in York, and 3.2 in Gateshead; and diarrhoea of 1.2 in Walsall, 1.4 in Gateshead, 1.5 in Merthyr Tydfil, 1.7 in Rhondda, and 1.8 in Preston. The mortality from scarlet fever, from diphtheria, and from "fever" showed no marked excess in any of the large towns. Two fatal cases of small-pox were registered in Gateshead and one in Warrington, but not one in any other of the seventy-six large towns. The Metropolitan Asylums Hospitals contained 26 small-pox patients on Saturday, December 19th, against 40, 35, and 32 on the three preceding Saturdays; 6 new cases were admitted during the week, against 5, 3, and 2 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,770, 1,715, and 1,717 at the end of the three preceding weeks, had further declined to 1,654 at the end of the week under notice; 188 new cases were admitted during that week, against 157, 161, and 173 in the three preceding weeks.

During the week ending Saturday last, December 26th, 6,251 births and 4,464 deaths were registered in seventy-six of the largest English towns. The annual rate of mortality in these towns, which had been 18.6, 19.2, and 17.8 per 1,000 in the three preceding weeks, further declined last week to 15.4 per 1,000. The lowest death-rates among these towns were 7.1 in Barrow-in-Furness, 7.3 in Leyton, 7.6 in East Ham, 7.8 in Walthamstow, 7.9 in Hastings, 8.0 in Hornsey, 8.9 in Smethwick, and 9.0 in Tottenham and in Reading; the highest rates were 21.1 in Great Yarmouth, 21.5 in Bradford, 22.6 in Merthyr Tydfil, 23.4 in Stockport, 24.1 in Stockton-on-Tees, 24.6 in Preston, 26.7 in Warrington, 29.4 in Wigan, and 30.6 in York. In London the rate of mortality was 13.6 per 1,000, while it averaged 16.3 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.3 in the seventy-six large towns; in London this death-rate was equal to 1.2 per 1,000, while it ranged upwards in the seventy-five other large towns to 3.1 in West Bromwich, 3.8 in Swansea, 4.1 in Willemsden, 5.1 in Gateshead, 4.6 in Rotherham, 6.3 in Warrington, and 10.5 in Preston. Measles caused a death-rate of 1.2 in Leeds, 1.6 in Warrington, 2.1 in Sunderland, 3.0 in Great Yarmouth, 3.1 in West Bromwich, 3.3 in Willemsden, 3.6 in Rotherham, and 9.1 in Preston; diphtheria of 1.6 in Hanley; and whooping-cough of 1.5 in Leyton, 1.6 in Liverpool, 2.0 in Stockton-on-Tees, 2.4 in Warrington, 2.5 in Wigan, 2.7 in Swansea, and 3.6 in Gateshead. The mortality from scarlet fever, from "fever," and from diarrhoea showed no marked excess in any of the large towns. Three deaths from small-pox were registered in Warrington, one in London, and one in Tynemouth, but not one in any other of the seventy-six large towns. The number of small-pox cases remaining under treatment in the Metropolitan Asylums Hospitals, which had been 35, 32, and 26 at the end of the three preceding weeks, had risen again to 27 at the end of last week; 2 new cases were admitted during the week, against 3, 2 and 6 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on Saturday, December 26th,

was 1,617, against 1,715, 1,717, and 1,654 on the three preceding Saturdays; 142 new cases were admitted during the week, against 161, 173, and 188 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending December 19th, 1,001 births and 686 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.7, 20.0, and 20.4 per 1,000 in the three preceding weeks, declined again to 21.0 per 1,000 during the week under notice, but was 3.2 per 1,000 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 13.7 in Leith and 15.8 in Greenock, to 23.2 in Perth and 23.3 in Paisley. The death-rate from the principal infectious diseases in these towns averaged 1.9 per 1,000, the highest rates being recorded in Glasgow and Aberdeen. The 346 deaths registered in Glasgow included 2 which were referred to small-pox, 30 to measles, 2 to scarlet fever, 4 to whooping-cough, 2 to "fever," and 10 to diarrhoea. Two fatal cases of measles and 2 of diphtheria were recorded in Edinburgh, and 3 of whooping-cough in Aberdeen.

During the week ending Saturday last, December 26th, 814 births and 680 deaths were registered in the eight Scotch towns. The annual rate of mortality in these towns last week was 20.8 per 1,000, or 5.4 per 1,000 in excess of the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 12.0 in Paisley and 13.7 in Leith to 23.3 in Greenock and 24.9 in Dundee. The death-rate from the principal infectious diseases in these towns averaged 2.3 per 1,000, the highest rates being recorded in Glasgow and Perth. The 350 deaths registered in Glasgow included 4 from small-pox, 23 from measles, 2 from scarlet fever, 13 from diphtheria, 8 from whooping-cough, 2 from "fever," and 10 from diarrhoea. Five fatal cases of whooping-cough occurred in Aberdeen and 2 in Edinburgh. Two deaths from diphtheria occurred in Dundee.

### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, December 19th, 465 births and 454 deaths were registered in six of the principal Irish towns, against 502 births and 388 deaths in the preceding period. The mean annual death-rate of these towns, which had been 15.3, 24.3, and 19.9 per 1,000 during the three preceding weeks, rose abruptly to 27.5 in the week under notice, this figure being 9.7 per 1,000 above the mean annual rate in the seventy-six English towns during the corresponding period. The death-rates from the principal zymotic diseases during the same period averaged 1.1 per 1,000, the highest point, 2.5, being reached in Belfast, while Waterford registered no deaths under this heading at all. During the following week, ending Saturday, December 26th, only 348 births and 348 deaths were registered in the same six towns, while the mean annual death-rate underwent a sudden decline to 15.6 per 1,000, and thus fell to only 0.2 above the mean of the seventy-six English towns during the same period instead of nearly 10 per 1,000 above it. The death-rate from zymotic diseases in the same towns also dropped to 0.8 per 1,000, the highest rate, 3.2, being reached in Belfast, while Londonderry, Limerick, and Waterford registered under this heading no deaths at all. The heavy rate in Belfast was due to whooping-cough, which was also the principal cause of death from zymotic disease during the fortnight in all the towns.

### SORE THROAT AND MILK.

THE Local Government Board has issued a report by Dr. L. W. Darra Mair on an outbreak of illness which occurred at Lincoln in May, 1902. The persons affected were mostly adults, and exhibited similar symptoms—sickness, sore throat, fever, and sometimes a rash. Nearly all the affected households were supplied with milk from one dairy. The local practitioners, whilst agreeing that a particular milk supply was responsible for the outbreak, held different opinions as to whether the disease was or was not scarlatina. Dr. Mair had no opportunity of seeing any of the patients in the initial stage of the disease. He did not see the rash, nor could he observe the earlier characteristics of the throat and tongue. Most of the patients he saw were desquamating, and in many of these the nature of the desquamation appeared to him to be typical of scarlatina. But on making inquiries as to the general course of the disease from the practitioners who attended the cases, Dr. Mair found that many symptoms present were unlike those of scarlatina.

He has arrived at the conclusion that "the Lincoln epidemic was not only quite distinct from scarlet fever, but was in fact a special disease." Some of the points of distinction on which he lays stress are its frequent occurrence in old people, the rarity of albuminuria, the fall of temperature at the appearance of the eruption, the absence of "strawberry" tongue, and the rarity of vomiting. He also mentions that Dr. Samuel Gee saw one of the cases in consultation, and expressed the opinion that it was not scarlatina. Dr. Mair finds further corroboration of his views in the bacteriological investigations of the disease conducted by Drs. Klein and Gordon, of which a preliminary account has already been issued. From none of the seventeen swabbings of throats examined by these authorities was there streptococcus scarlatinae obtained; but in three cases an interesting yeast was isolated which proved pathogenic to animals, and the suggestion is raised that this may have been the specific organism. But as we are told that Dr. Klein has not yet concluded his investigations of the yeast in question, it would be premature to discuss at present the value of this hypothesis.

### WATERCRESS AND ENTERIC FEVER.

DR. A. T. WOOLDRIDGE (Camberley) writes: I am glad to see that the Public Health Committee of the London County Council is causing inquiries to be made by the Medical Officer of Health with regard to the condition of watercress beds in the County of London, and that the inquiries are to be extended to sources outside the county from which watercress is supplied to London if it is found practicable to do so. I have for some time past been growing more and more suspicious of the succulent watercress as a carrier of typhoid germs, and have on several occasions, while passing some large "beds" in the train, seen what appeared to be garden privies at the ends of cottage gardens abutting on these "beds." Unfortunately I have not had time to visit the spot and verify my suspicions, as it is some miles off, but I intend doing so shortly. Surely it is high time something was done to remedy this state of affairs, and the county medical officers of health should have such danger spots closely inspected, so that country dwellers may be protected as well as their brethren in London.

### MEDICAL OFFICERS IN THE HIGHLANDS AND ISLANDS OF SCOTLAND.

DR. ALEXANDER MURCHISON, Parish Medical Officer, Uig, Skye, writes us concerning difficulties he has experienced in connexion with the granting of medical certificates to school boards. The school board of Uig apparently declined to accept certificates granted by Dr. Murchison, and prosecuted the parents because their children had not attended school. A letter appeared in the *Northern Chronicle*, Inverness, on February 25th, signed "Clach Ard," to certain statements in which Dr. Murchison objected; as no apology was forthcoming he raised an action in the Sheriff's Court for defamation, but before the case came on for proof the following apology from the writer of the letter was received:

#### APOLOGY.

Wester Daldowie, Broomhouse,  
November 13th, 1903.

To Dr. Alex. Murchison, Uig, Skye,  
Dear Sir,—With reference to the letter published in the *Northern Chronicle* under date February 23rd, 1903, under the name of "Clach Ard," I beg to acknowledge that I was the writer thereof, and at the time it was written I was principal clerk in the office of the Kilmuir estate in Skye, and resided at Uig.

I beg to express my regret for having written the letter in question, and I apologize therefor, and acknowledge that I was under a misapprehension as to the facts mentioned in my letter. In particular, I acknowledge that I have been mistaken when I stated that the sheriff said "that it was disgraceful that any public official should discharge his duties in such an irregular manner," or words to that effect.

The letter in the *Northern Chronicle* was written by me hastily, and without due consideration, and I regret if you have thereby been injured in your practice, or wounded in your feelings.

I agree to the publication of this letter in the *Northern Chronicle*, and in any other way which you may think proper.

Yours faithfully,

(Signed) WILLOUGHBY M. DUNN.

The recently-formed Medical Union of Scotland acted for Dr. Murchison.

\*.\* We congratulate Dr. Murchison on his success. At the same time the case is an example of the difficulties and annoyances to which medical practitioners in the Highlands of Scotland are subjected, and is an additional proof that applicants for such appointments should make every inquiry before accepting office.

### MAGISTERIAL ACTION IN REFERENCE TO LUNATICS.

LEX.—(1) We should consider it very undesirable for a medical man acting in his capacity as magistrate to call in his own partner to certify a lunatic residing in the district of another medical man, except in the case of extreme urgency. (2) It is contrary to the provisions of the Lunacy Act, 1890, for two partners to certify the lunacy of the same patient for detention under the Act. It is not contrary to the Act for the acting magistrate and the certifying medical practitioner to be partners. (3) We can only suggest that the matter should be brought to the notice of the local Division of the British Medical Association.

### POOR-LAW MIDWIFERY IN SCOTLAND.

BETA states that he attended a pauper patient during her confinement (posthumous), and claimed a special fee from the Inspector of Poor, which was disallowed on the ground that such service was covered by his salary. He states that any information he can obtain from Rules and Regulations for Attendance upon Poor-law Patients is embraced under the headings of Medical and Surgical Practice. He does not think it was ever intended to include midwifery under the heading of Medical Practice to Poor-law Patients, but wishes information on the subject.

\*.\* We understand that under the Poor-law (Scotland) Act, the parish medical officer has to give his services under all circumstances to paupers, and that no special fees are given for attendance on cases of midwifery unless there is a special arrangement in the agreement with the parish council. If there is no special arrangement, and the inspector of poor was to pay a special fee, the auditor would surcharge it. Thus it entirely depends on the arrangement "Beta" has made whether he is entitled to a fee or not.

### MEDICAL CERTIFICATES BY DISTRICT MEDICAL OFFICERS.

BETA writes as follows: A labouring man, who is a member of a benefit society which has no medical officers, falls ill, and then obtains from the relieving officer an order for medical attendance. Is the district medical officer bound to supply gratuitously a certificate to enable the patient to draw sick pay from his society?

\*.\* By Article 205, No. 3, of the Consolidated Order of the Local Government Board, dated July 24th, 1847, it would appear to be the duty of the district medical officer to give the certificate required in this case.

## MEDICAL NEWS.

THE *Deutsche medicinische Presse* published a *Festnummer* on December 11th, 1903, in honour of Professor Robert Koch who on that day celebrated his sixtieth birthday.

MR. WILLIAM HENRY FRETZ, Principal Medical Officer and Health Officer, has been appointed an Official Member of the Legislative Council of the Residency of St. Christopher and Nevis.

A discussion upon Sophistication of Foods will be introduced by Dr. J. Spottiswoode Cameron at the meeting of the Society of Medical Officers of Health to be held at 9, Adelphi

Terrace, Strand, at 8 p.m. on Friday, January 8th. The meeting is open to public analysts and others interested in the question.

THE spring term of lectures at the Samaritan Free Hospital will commence on January 7th, when Mr. Alban Doran will give a lecture on Abdominal Tumours and Swellings in Women. The lectures are given on Thursdays at 3 p.m. and are free to medical practitioners.

DR. ARTHUR NEWSHOLME will deliver the inaugural address in connexion with the post-graduate lectures and demonstrations at the Mount Vernon Hospital for Consumption and Diseases of the Chest at 7, Fitzroy Square, on Thursday, January 7th, at 5 p.m. The subject of Dr. Newsholme's address will be Public Preventive Measures against Tuberculosis in relation to the Medical Practitioner.

PRESENTATION.—Dr. and Mrs. Geoghegan, who left Mickleton last year, have been presented with a handsome silver sugar bowl and cream-jug and a testimonial "with Christmas greetings and all good wishes for their future happiness and prosperity from the undersigned friends and children of Mickleton, Christmas, 1903."

SIR CHARLES NICHOLSON, M.D., LL.D., D.C.L., J.P., who recently died at his residence, The Grange, Totteridge, Herts, at the age of 95, left estate of the gross value of £87,810, including net personality valued at £73,808. Sir Charles was a member of the first Legislative Council of New South Wales (1844), and three times Speaker of that assembly (1845-56).

REMUNERATION OF MEDICAL WITNESSES IN AUSTRALIA.—In response to the representations of the Council of the New South Wales Branch of the British Medical Association, the following amended scale of fees payable to medical witnesses came into force on November 1st: For giving evidence, one guinea for each case (maximum per diem, two guineas); for attendance at court, one guinea for each day actually and necessarily away from his practice.

CRAIG COLONY PRIZE.—The "Craig Colony Prize" of 200 dollars (£40) is offered for the best essay on the etiology, pathology, and treatment of epilepsy. The following conditions must be complied with: The paper must show original work; its subject-matter must not have been previously published; the manuscript must be in English, and must be in the hands of Dr. Frederick Peterson, 4, West 50th Street, New York, before September 30th, 1904. The manuscript must be accompanied by a sealed envelope enclosing the name and address of the writer, and bearing on its outside a device or motto corresponding to the device or motto on the manuscript.

INCREASED LONGEVITY IN THE UNITED STATES.—At the International Congress of Insurance Actuaries recently held in New York, Mr. John K. Gore, of Newark, New Jersey, presented statistics showing that during the last five years of the nineteenth century there had been a very perceptible decrease in the mortality rate. From 1870 to 1874, the period including the fatal small-pox epidemic of 1872, there was an increase in the death-rate of every age group but one. From 1880 to 1884 the rate was relatively high, owing to the great prevalence and wide distribution of diphtheria, scarlet fever, and measles. The influenza epidemic of 1891 caused an augmented death-rate from 1890 to 1894. As to causes, it was stated that there had been a remarkable decrease in the death-rate from phthisis, and a slight decrease from typhoid fever in the northern countries. In a discussion on the subject there was practical unanimity as to the fact of the increase in longevity. Among the factors contributing thereto were mentioned the advance in medicine and surgery, the growth of hospitals, and the better care of the poor and suffering, and the more enlightened treatment of sick and weakly children.

### MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

BOURNMOUTH: ROYAL VICTORIA HOSPITAL.—House-Surgeon; resident. Salary, £100 per annum.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Third House Surgeon; resident. Salary, £60 per annum.

CAMBERWELL: PARISH OF ST. GILES.—Assistant Medical Superintendent of the Infirmary; resident. Salary, £190, increasing to £160 per annum.

CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.—Surgeon Apocourer. Salary, £100 per annum and fees.

HULL ROYAL INFIRMARY.—Fourth House-Surgeon; resident. Salary, £250 per annum.

LANARK COUNTY.—Resident Physician for the Middle Ward Isolation Hospital. Salary commencing £140 per annum.

LEEDS: YORKSHIRE COLLEGE.—Junior Demonstrator of Pathology, Salary, £120 per annum.

MANCHESTER: ANCOATS HOSPITAL.—Resident House-Surgeon, Salary, £100 per annum.

**METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—Surgeon.  
**NORTH-EASTERN HOSPITAL FOR WOMEN**, Hackney Road, E.—(1) Surgeon.  
 (2) Medical Officer in charge of Electrical Department; salary, £50 per annum.  
 (3) Pathologist and Bacteriologist; salary, £50 per annum.  
**ST. MARK'S HOSPITAL FOR FISTULA**, City Road, E.C.—(1) Honorary Surgeon;  
 (2) Honorary Assistant Surgeon.  
**ST. MARK'S HOSPITAL MEDICAL SCHOOL**, Paddington, W.—Demonstrator of Physiology. Salary, £150 per annum.  
**SAMARITAN FREE HOSPITAL FOR WOMEN**, Marylebone Road, N.W.—Clinical Assistants.  
**STOCKPORT INFIRMARY**—Junior/Assistant House-Surgeon; resident. Salary at the rate of £60 per annum.  
**TIVERTON INFIRMARY AND DISPENSARY**—House-Surgeon and Dispenser. Salary, £80 per annum.  
**UNIVERSITY OF LONDON**—Two Examiners each in Medicine, Surgery, and Pathology, and one each in Materia Medica and Pharmaceutical Chemistry, and Mental Diseases.  
**WESTERN GENERAL DISPENSARY**, Marylebone Road, N.W.—Honorary Surgeon.  
**WOLVERHAMPTON EYE INFIRMARY**—House-Surgeon; resident. Salary, £70 per annum.

### MEDICAL APPOINTMENTS.

**BLAYNEY, J. H.**, L.F.P.S.Glasg., Certifying Factory Surgeon for the Middleton District, Lancashire.  
**BOYD, A. J.**, B.A., M.D.Dub., Honorary Assistant Medical Officer Hertford General Infirmary.  
**CROSSLER, E. E.**, M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer and Public Vaccinator of the Mifford and Launditch Union Workhouse.  
**FOKKE, H. H.**, M.R.C.S., L.R.C.P., Certifying Factory Surgeon for the Hanley District, Staffordshire.  
**GARBUTT, R.**, L.R.C.P. & S.Edin., Medical Officer for the Wolsingham District of the Wearale Union.  
**ISHERWOOD, F.**, L.R.C.P. & S.Tin., L.F.P.S.Glasg., Certifying Factory Surgeon for the Cocker-mouth District, Cumberland.  
**MENABE, H.**, Horsman, M.D., Assistant Honorary Surgeon to the Manchester Eye Hospital.  
**STANLEY, John Douglas**, M.D.Edin., M.R.C.P.Lond., Honorary Physician to the Birmingham Children's Hospital, Spots Road, A. E. Clark, resigned.  
**TURNER, H. N.**, M.B., Certifying Factory Surgeon for the Castle Bytham District, Lincolnshire.  
**WADE, Henry, M.R.**, F.R.C.S.Edin., Conservator of the Museum of the Royal College of Surgeons, Edinburgh.  
**WALKER, J. D.**, M.B. C.M.Aberd., Certifying Factory Surgeon for the Shaftesbury District, Dorsetshire.  
**WATSON, O. Gordon**, F.R.C.S.Eng., Assistant Surgeon to the Metropolitan Hospital.  
**WILLIAMS, S. R.**, M.R.C.S., L.R.C.P., Clinical Assistant to the Chelsea Hospital for Women.  
**WILLIAMSON, H. H.**, M.R.C.S., L.S.A., Certifying Factory Surgeon for the Ludgershall District, Wiltshire.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

**Pathological Society of London**, 20, Hanover Square, W., 8.30 p.m.—**Drs. Poynton and Shaw**: The staphylococcus aureus and Rheumatic Fever. **Dr. H. M. Stewart** and **Dr. F. Buzzard**: Dermoid Tumours of Brain. **Dr. Drysdale**: Macromes Aneurysm of Aorta. **Messrs. H. L. Barnard and H. M. Rigby**: Pulsating Exophthalmos with Aneurysms of the Internal Carotid.

#### WEDNESDAY.

**Obstetrical Society of London**, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by **Dr. R. Hamilton Bell** and **Mr. J. D. Malcolm**. Communications: **Dr. Victor Sanger**: Pyometra in One Half of a Septate Uterus. **Dr. A. W. W. Le**: Abscess of the Uterus Pueri. **Dr. Herbert R. Spencer**: Fibromyoma of the intra-abdominal Portion of the Round Ligament of the Uterus.

#### THURSDAY.

**Röntgen Society**, 20, Hanover Square, W., 8.30 p.m.—**Dr. G. B. Batten**: On the Revelations of Radium.

#### FRIDAY.

**Incorporated Society of Medical Officers of Health**, 9, Adelphi Terrace, Strand, W.C., 7.30 p.m.—**Dr. J. Spence**: Sophistication of Foods.  
**Clinical Society of London**, 20, Hanover Square, W., 8.30 p.m.—**Sir Dyce Duckworth** and **Professor Howard Marsh**: A case of Pneumococcal Peritonitis. **Dr. Frederick Taylor**: A case of Pneumococcal Peritonitis. **Dr. Sidney Phillips**: A case of Fibroid Disease of the Pancreas with Calculi, accompanied by Jaundice and subsequently by Diastole; Laparotomy; Relief of Symptoms; Death.

### POST-GRADUATE COURSES AND LECTURES.

**Charing Cross Hospital**, Thursday, 4 p.m.—Demonstration of Medical Cases.  
**London Temperance Hospital**, Hampstead Road, N.W., Wednesday, 4 p.m.—Lecture on Gastric Ulcer.  
**Medical Graduates' College and Polyclinic**, 23, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye.  
**Samaritan Free Hospital for Women**, Marylebone Road, N.W., Thursday, 8 p.m.—Lecture on Abdominal Tumours and Swellings in Women.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**ANDERSON**—On December 26th, 1903, at Newholme, Pitlochrie, Perthshire, the wife of John Anderson, M.B., C.M.Edin., of a son.  
**LE RICHE**—On Wednesday, December 23rd, 1903, the wife of Philip J. Le Riche, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., of Wenington House, Marine Parade, Worthing, of a son.  
**MURRAY**—On December 27th, 1903, at 2, Chavering Road, Kensal Rise, W., the wife of Richard Murray, M.R.C.S., L.R.C.P., of a daughter.  
**NEWSOME**—On December 26th, 1903, to Dr. and Mrs. H. Newsome, Pill, near Bristol, a daughter.  
**PENFOLD**—On December 21st, 1903, at 21, Kingsley Road, Muttley, Plymouth, the wife of Staff-Surgeon E. A. Penfold, M.B., B.N., H.M.S. "Aurora," of a son.  
**SAW**—On December 24th, 1903, at 13, Granada Road, Southsea, the wife of Major F. A. Saw, R.A.M.C., of a son.

#### MARRIAGE.

**ARMOUR-SMART**—At North Morningdale United Free Church, Edinburgh, on December 23rd, 1903, by the Rev. David W. Forrest, D.D., assisted by the Rev. Alexander Mott, D.D., Ministers of the Church, and the Rev. Robert Oswald, B.D., St. Stephen's Parish Church, Perth, Edward Parr Armour, M.A., M.B., C.M., to Elizabeth Gray, only daughter of John Smart, Solicitor in the Supreme Courts of Scotland, 1, Greenhill Place, Edinburgh.

#### DEATHS.

**CLATTON**—On December 27th, 1903, at 41, Eltham Road, Lee, S.E., Mary, wife of Edward Clatton, M.D., F.R.C.P., aged 69.  
**O'FARRELL**—On December 16th, 1903, at 44, Waterloo Road, Dublin, Maria, the dearly beloved wife of Surgeon-General O'Farrell, R.I.F.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

**COMMUNICATIONS** respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 428, Strand, W.C., London.

**ORIGINAL ARTICLES** and **LETTERS** forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

**AUTHORS** desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 428, Strand, W.C., on receipt of proof.

**CORRESPONDENTS** who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

**CORRESPONDENTS** not answered are requested to look at the Notices to Correspondents of the following week.

**MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.**

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

**TELEGRAPHIC ADDRESS**—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

#### TREATMENT OF BILIARY FISTULA.

FISTULA has a case of biliary fistula, and would be glad of any suggestions for treatment. The wound, which is now very small, admits a probe; and the discharge, which is somewhat mucoid, is not at all free. Some months back it healed up for a fortnight. The patient's general health is good. She refuses further operation.

#### HISTOLOGY OF BONE.

B.M.A. asks: (1) Have nerve fibrils been found in the Haversian canals of compact bone? (2) Are Volkmann's canals the only canals which open on the exterior of long bones by piercing the periosteal lamellae; or do Haversian canals of Haversian systems also open upon the exterior, in addition to Volkmann's canals?

\* (1) Nerve fibrils have been demonstrated in bone by Kölliker, Rémy, and Variot. (2) Volkmann's canals are not the only canals which open on the exterior of long bones; Haversian canals also open on the surface.

#### COCAINE IN POST-PARTUM HAEMORRHAGE.

**DR. C. FOX** (Caerphilly) writes: On November 30th I was called suddenly to a case of post-partum haemorrhage. On entering the room I could see at a glance the patient was in an exceedingly grave condition. Uterus on examination, flaccid; haemorrhage profuse, the countenance portraying approaching death. Having no ergotine, I bethought me of a solution of cocaine hydrochlorate I happened to have in my bag. I immediately injected a quantity equal to 1 gr., and in the course of two minutes at most was gratified by seeing a total change in the aspect of affairs. The uterus had contracted, the haemorrhage had ceased, and the facial expression completely altered. The patient then spoke in her usual voice and said she felt "quite well." She made an uninterrupted recovery. I should be very glad to hear if any of your numerous readers ever tried cocaine in a similar case, I have not heard of it being so used, though I have often inquired. To me the effect was marvellous.

#### THE MIDWIVES ACT.

**M. O. H.** asks for information as to the scale of fees which should be paid by the local supervising authority under Section VIII of the Midwives Act, 1902, to a medical officer of health, whose appointment is not whole time, instructed to carry out Rule 20, Section 2, of the Rules of the Central Midwives Board, when that officer does not hold a full-time appointment.

\* So far as we are aware no such scale has yet been published. The duties of the local supervising authorities will vary with the population or area of the county or county borough, and the medical officers of health will be entitled to remuneration for the extra duties imposed upon them, and also to expenses for help in carrying out the rules made under the Act. The county councils are responsible for the payment of local expenses, and these must include the fees due to medical officers of health and their assistants.

### ANSWERS.

**H. E.** is recommended to consult an ophthalmic surgeon.

**R. W.**—We have referred our correspondent's question to Mr. S. G. Shattock, F.R.C.S., who writes: The original and fullest description of the plant disease known as "fingers and toes" is by Woronin, published in *Pringsheim's Jahrb.*, vol. xi, 1878; the article is fully illustrated with figures of the *Plasmodiophora brassicae*. A concise account of the disease will be found in *A Textbook of Plant Diseases*, by George Massee, published by Duckworth and Co., London. For a copy of the work *Das Gewebe und die Ursache der Krebsgeschwülste*, 1903, our correspondent is advised to apply to Gustav Fischer, Jena.

**J. D. M.**—Probably one of the following works would suit our correspondent's needs: *Atlas of Diseases of the Skin*, by H. Radcliffe Crocker, M.D., F.R.C.P., in 16 fasciculi (London and Edinburgh: Young J. Pentland: 2s. each fasciculus); or, *A Pictorial Atlas of Skin Diseases and Syphilitic Affections*, edited and annotated by J. J. Pringle, M.B., F.R.C.P., in 12 parts (London: Rehnman, Limited, 1895-7; 10s. 6d. each part); or the small *Atlas der Haut-Krankheiten*, von Dr. F. Macek (Munich: J. F. Lehmann, 1899; M.14). An English edition of the last named has been published by Messrs. W. B. Saunders and Co. at 1s.

#### EMBRYOLOGY OF EYE AND EAR.

**OCULIST**—A complete list of the literature of the development of the vertebrate ear and a summary of the present knowledge of the