

cation. Reared in greater comfort or comparative luxury, with no brothers or sisters of similar age to rub off its angles and selfishness, it was ill prepared for every step of the succeeding battle of life, and it was very generally the child of the larger family and poorer parents who pushed his way in front of him, and elbowed him to the wall.

III.

The third part dealt with the prognosis of "prevention." Attention was drawn to the present condition and statistics of France, where for 50 years the birth-rate had been falling, until the population has become stationary, or even less than stationary.

During the last 50 years criminality had trebled itself in France, that of children and young people being specially remarkable, and particularly so regarding crimes of lust and prostitution. During the last 20 years the consumption of alcoholic drinks had trebled, and France had passed from the seventh place in order of consumption of alcohol to the first. Insanity was steadily increasing, and the ratio of suicides had risen from 112 per million in 1880 to 205 (or nearly double) in 1885.

It was pointed out that after half a century of trial, with an increasingly limited population, France showed more and more a lowered and still-falling moral average, a lessening virtue or strength, and an increasing natural neurasthenia, which seemed to crave and to need the help of constant stimulation in order to face the ordinary routine of life. The future danger of this under a democratic form of government was considered and insisted on. So long as the race progressed the people could be trusted with the powers of government, but when decadence had been going on for years, or even for ages, what could be the final outcome of such democracy but anarchy and confusion?

IV.

The fourth part dealt with the treatment of this national evil, apportioning to the Church, the State, and the profession of medicine, their proper share in the re-creation of a healthier moral standard and practice. The birth loss in the United Kingdom must be due to causes operating in the married life of its inhabitants. Therefore there was no reason to fear any high ideal of chastity or continence, and especially when this was associated with the care of those forces which go for the defence of the nation and that child life which was its future hope.

On the other hand, there was every reason to fear that debased ideal of married life which was secretly and insidiously working for the ruin of the nation's power and the destruction of its hope.

National decay or degeneration was by no means the inevitable consequence of age. The history of Japan was one evidence of this, and it was worthy of notice that the present power of Japan was directly associated in the mind of the Japanese with the knowledge of their own racial strength and increase; indeed it was that which gave them youth. Insisting on the necessity of arousing the public conscience and of aiming at a truer and braver conception of life, Mr. Taylor concluded his address as follows:

I must confess, when I hear of thoughtful men among the Boers in South Africa, military authorities in St. Petersburg, and Japanese in far Japan noticing and counting on their own racial increase, and comparing this (kindly or unkindly) with our own comparative stagnation, I would like, if I could, to sting my fellow-countrymen into some proportionate sense of shame and duty. My voice is weak, but in the responsible position in which you have so generously placed me, as the temporary head of a great British society which may well claim to be the greatest British authority on such questions, I am surely not overstepping my province if I ask for the grave interest of every Fellow in this important subject—if I ask, not so much for any following of my leadership as for the fullest independent investigation into all the facts, figures and arguments I have brought before you. For with us lies a great responsibility, and ours will be to a very large extent the blame if in after years the lamp of the Anglo-Saxon is found to be burning dimly.

CANCER RESEARCH IN PORTUGAL.—By a decree dated January 21st the Portuguese Government has appointed a Commission to investigate cancerous diseases. The members of the Commission are Dr. Ferraz de Macedo (President), Drs. Curry Cabral, Oliveira Feijao, Custodio Cabeca, and Azevedo Neves (Secretary).

MEMORANDA:

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

A CASE OF PERFORATED GASTRIC (OR DUODENAL) ULCER; RECOVERY WITHOUT OPERATION.

THE patient, an anaemic nursemaid, was seen by me, in consultation with Mr. J. J. Blagden of Horrabridge, on July 10th, 1903.

Previous History.—Fourteen months previously she had symptoms of gastric perforation. Coeliotomy was at once performed in the South Devon Hospital, the only abnormality found being an oedema of the posterior peritoneum, which was attributed to a retroperitoneal leak from the duodenum. Recovery ensued after three days' coffee-ground vomiting.

Present Illness.—For the past three days she had been confined to bed by epigastric pain and vomiting after food. At 8 a.m. on the fourth day, July 10th, she was seized with intense epigastric pain, and was seen by Mr. Blagden, who found her in acute pain, with pulse 120. She was given morphine ($\frac{1}{4}$ gr., subcutaneously). On account of her semi-collapsed condition Mr. Blagden declined to sanction her removal to hospital, a distance of twelve miles. I saw her with Mr. Blagden at 1 p.m., with a view to immediate operation. She was then much easier; pulse, 104; temperature, 99°, with tenderspots in the epigastrium, right hypochondrium and left iliac region. The abdominal walls moved fairly with respiration. There was slight rigidity of the upper portions of the recti. We decided that operation was not immediately called for, although it might become necessary later; that she was suffering from a leak from the stomach (or duodenum), and had recovered sufficiently to stand the journey by road to the South Devon Hospital. Prior to starting a quarter of a grain of morphine was injected hypodermically. She stood the journey well. Her history after arrival at the hospital—for the account of which, and also of her previous illness, I am indebted to Mr. R. H. Lucy—was that of uneventful recovery, except that for the first week after admission her temperature fluctuated between 98.4° and 100°.

REMARKS.—The well-marked peritonism decided the diagnosis of perforation of either the stomach or duodenum, the latter being suggested by the condition found at the operation fourteen months previously. The uncomplicated recovery indicates that the leak was small and localized. Moynihan,¹ in quoting two cases illustrating recovery from perforation without operation, says: "There can be no doubt that recovery by medicinal treatment alone is possible both in the acute and subacute forms of perforation." It is not sufficiently recognized that immediate operation, although usually imperative, is not invariably called for in the case of a viscus which has leaked. In the above case if the attacks of pain recur an operation such as gastro-jejunostomy, to give the ulcer a chance of healing, will probably be necessary.

Plymouth. C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.

A SIMPLE METHOD FOR THE ADMINISTRATION OF ETHYL CHLORIDE.

IN the BRITISH MEDICAL JOURNAL of December 26th, 1903, Dr. E. H. Kitchin describes under the above heading a device for utilizing a Clover's ether inhaler for the administration of ethyl chloride either alone or as an antecedent to ether by spraying the liquid through a perforated cork into the ether chamber.

This method, though admirable for the administration of ethyl chloride alone, seems to me to have one drawback if it is intended to follow up the ethyl chloride by ether, namely, that it is necessary to suspend the administration for a short time whilst ether is poured into the chamber; and with a fleeting anaesthetic like ethyl chloride this is a matter of importance.

A simple and satisfactory method that I have used for some time past is the following: The ether chamber being filled with ether, a little cotton-wool or gauze is put into the aperture at the top of the Clover's apparatus. The facepiece being then adjusted and the patient being instructed to breathe, some 2 c.cm. to 3 c.cm. of ethyl chloride are gradually sprayed on to the gauze. After a few breaths the bag may be put on, and the warm expired air rapidly volatilizes the frozen liquid. As consciousness is lost, the ether

¹ *Lancet*, August 29th, 1903, p. 603.

chamber is gradually rotated, the pointer hitherto having been opposite the zero mark. In this way there is no break at all in the administration. It is not essential to put on the bag at all in an early stage of the anaesthesia; but in doing so there is a saving of time and of the amount of ethyl chloride used. If this is done, however, it should be remembered that one is administering a very volatile and rapidly-acting anaesthetic by a closed method, and therefore due care must be observed.

Guildford. H. F. PARKER, M.D.Cantab., M.R.C.S.

ASCITES DUE TO PRESSURE ON THE PORTAL VEIN BY ENLARGED SPLEEN.

CASES of ascites due to enlargement of the spleen are so rare that I think the following may be of interest:

J. L., a man aged 41, came under my care about the beginning of September last. He had been ill for about eighteen months. He complained of loss of appetite, feeling of a load in the stomach after eating, gradually increasing distension of the abdomen—a distension which never subsided completely but which was always worse after taking food.

His previous health had not been good. There was a history of a cough—especially in the mornings—for several years. He had pleurisy about three years before the onset of the present illness, and he also had had three or four attacks of haemoptysis.

When I examined him first the temperature was normal; the tongue was clean but raw-looking; the pulse was good; the heart was normal; dullness and fine crepitant rales could be heard at the apices of both lungs. The abdomen was distended, and percussion elicited a tympanitic note all over, except in the left hypochondrium, where there was dullness. This dullness extended beyond the margin of the costal arch, and the anterior border and notch of the spleen could be felt quite distinctly. The liver dullness was normal. There was no albuminuria, and there was no oedema.

The spleen continued to enlarge until the dullness extended as far down as the umbilicus, and across towards the middle line until it became continuous with the hepatic dullness. Towards the end of October symptoms of obstruction of the portal circulation became evident. Hitherto there had been obstinate constipation, and now uncontrollable diarrhoea developed; haemorrhoids also became very troublesome, and gradually fluid accumulated in the abdominal cavity. The fluid increased very rapidly, and in a few days was so great, and the breathing embarrassed so much, that the patient could not lie down. The abdomen was tapped on November 4th, and 180 oz. of serous fluid drawn off—much to the relief of the patient. The breathing became better, the haemorrhoids almost disappeared, and the diarrhoea was not so troublesome. However, the fluid rapidly accumulated again, and the patient died suddenly on November 7th.

Post-mortem Examination.

With the assistance of a neighbouring practitioner I made a necropsy about ten hours after death. The body was very emaciated.

On opening the thorax, extensive adhesions were found in both pleural cavities. So firm were the adhesions at both apices that it was difficult to separate them without tearing the lung substance. There were cavities in both apices. The heart was normal.

The abdomen contained about 70 oz. of serous fluid. The omentum was adhering to the intestines, but was easily separated. The coils of the small intestine were matted together by adhesions, evidently of very recent date as they were very easily broken up. The omentum and the intestines were studded with numerous miliary tubercles, apparently not very old as they did not penetrate deeply, but were all superficial, just under the peritoneal covering. The spleen was found to occupy the whole of the upper part of the left side of the abdominal cavity. From the left side it extended in front of the stomach, under the left lobe of the liver and under the edge of the right lobe. The portal vein was pressed between the spleen in front and the posterior part of the liver behind. The spleen had practically retained its normal shape. It measured 13 in. in length, and 8 in. in breadth at its broadest part. Its weight was 5 lb. 13½ oz. There was no evidence of tubercle or any new growth except simple hypertrophy. A section was examined microscopically, and was found to resemble normal spleen in structure. The liver, kidneys, and other abdominal organs were normal.

The chief interest of this case seems to me to consist in the fact that although the case was undoubtedly of a tuberculous nature, yet the more urgent symptoms in the later stages of the illness, and death itself, were due not directly to tuberculosis, but to the enlargement of the spleen.

Renfrew.

5

JAMES HILL, M.D.

REPORTS

ON

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

HULL ROYAL INFIRMARY.

A CASE OF PRIMARY QUADRUPLE AMPUTATION: RECOVERY.

(Under the care of E. HARRISON, M.A., M.D.Cantab., F.R.C.S.Eng., Honorary Surgeon to the Infirmary.)

P. B., aged 29, a fisherman, was admitted into the Hull Royal Infirmary at 3 a.m. on May 28th. He had been found lying on the railway near the Albert Dock with all four limbs terribly mangled. He must have fallen across the metals, in such a way that the wheels of one side of the train passed over his wrists, while those of the opposite side cut the lower extremities.

State on Admission.—He was almost pulseless and was naturally suffering greatly from shock though not perhaps to the extent which might have been anticipated considering the magnitude of the injury. When seen by the house-surgeon (Mr. Carter) his injuries were as follows. The right leg from 6 in. below the knee downwards to the toes the limb was actually reduced to ribands and presented a most sickening appearance. The left thigh was hopelessly crushed at the junction of the middle and lower thirds, while both forearms were terribly mangled at the level of the wrist joints.

Operation.—A subcutaneous injection of ½ gr. of strychnine was administered and a telephone message sent to Dr. Harrison. When he arrived the patient was in the operating theatre being anaesthetised and an intravenous infusion of normal saline fluid was being given by Dr. Eve (house-physician). This was continued during the operation. Four pints were infused in which was 11x of adrenalin. The preliminary cleansing of the limbs and the operations were performed as rapidly as possible. Dr. Harrison amputating the lower extremities while Mr. Carter simultaneously operated on the forearms. The right leg was amputated about 4 in. below the knee; the left thigh about the junction of upper and middle third, while both forearms were amputated about 2 in. above the wrists. There was but little bleeding and only the main vessels required ligature. The four amputations were completed in twenty-five minutes and in a little over the half an hour the patient was in his bed. The pulse at the conclusion of the operation was much better than at the commencement.

After-progress.—The subsequent treatment consisted of hot bottles, elevation of the foot of the bed; 11v adrenalin every half hour for twelve hours. At 5 a.m. he was given ½ gr. of morphine subcutaneously, which was repeated at 10 a.m. Later in the day phenalgin gr.x was administered to relieve pain with a satisfactory result. The reaction from the shock was vigorous and sustained. He had a flushed face, a full bounding pulse, and a temperature of 101°. Calomel and mist. alba were prescribed. On May 30th the right arm was dressed; the dressings when removed were quite dry, and union by first intention was taking place. On the 31st the right leg was dressed, and found to be suppurating; it was irrigated with izal and dressed with aristol, and made a good recovery, healing by granulation. The left arm and left thigh were dressed on the eighth day, and were found healed by first intention.

REMARKS BY DR. HARRISON.—This is as far as I have been able to ascertain the only successful case of primary amputation of the four extremities which has been published. A case is recorded in the *Lancet*, 1870, ii, p. 397, where the four limbs were amputated for gangrene in a woman, the legs at one operation, and the arms three weeks later. The case is narrated in Mr. Heather Bigg's book on artificial limbs. He fitted her with limbs by means of which she was able to earn her living by knitting. The patient is now dead, and her artificial limbs are in the Royal College of Surgeons Museum. Allen of Grimsby reports a case in *Lancet*, 1889, i, p. 730 of triple primary amputation which was successful. It was a railway injury in a boy aged 8. Right leg amputated below knee, left leg a Syme; left arm through elbow joint. Another triple amputation is reported by Ashurst,¹ in which amputation through left leg, right thigh, and

¹ *Med. Surg. J. Reports*, January, 1888.

to the inspection of the members; and, in addition, the electrical department was opened by them for purposes of demonstration.

SMALL-POX.

The small-pox epidemic at Glasgow shows some signs of abating, although it would be rash to expect any very rapid reduction in the number of cases at this particular season. Only 30 new cases were admitted last week, as against 47 during the previous week. The number of dismissals has been so large that on February 14th the number of cases in hospital was only 176. During the last two or three weeks the numbers have always been above 200. The mildness of the illness is still a feature of the epidemic, and this is illustrated by the fact that there have been only 41 deaths among over 600 cases. The disease still retains some hold in several of the surrounding towns and burghs. This is notably the case at present at Greenock, where within the last week or so quite a large number of cases have occurred—no fewer than 49 last week. In fact, the outbreak has been so serious that it has more than taxed the hospital and isolation accommodation of the town, and for a few days a certain number of patients and contacts had to be kept at their own homes until further accommodation could be provided. One of the Roman Catholic schools has already been closed, and there is some talk of shutting all the schools in the town, and also some of the public institutions.

In the week ending midday Saturday, February 13th, 19 fresh cases of small-pox were notified to the public health authorities in Edinburgh, and 1 death was registered.

Ireland.

ROYAL COLLEGE OF SURGEONS, IRELAND.

The annual charter dinner of the Royal College of Surgeons was held on February 13th, the chair being occupied by Sir Lambert Ormsby, the President. His Excellency the Earl of Dudley was present, and there were many guests. In reply to the toast of his health and prosperity to Ireland, his Excellency made a speech which dealt entirely with the working of the new Land Act and the future of the country. The toast of "The Navy, the Army, and the Auxiliary Forces" was proposed by Sir T. Myles and responded to by Captain Gamble, R.N., and Major-General Vetch; that of "The College of Physicians" by Sir C. Cameron, responded to by Sir A. Macan; and that of "The Guests" by Mr. Chance, Vice-President, responded to by Sir Antony MacDonnell, G.C.S.I., and Mr. Justice Ross. The Lord Chancellor proposed "The President," who replied.

THE ROENTGEN-RAY CASE.

This trial, after a hearing of seven days in Dublin, came to an end on February 12th. The judge, Mr. Justice Gibson, said that there were three things to consider on the question of negligence: First, what was the rule, the standard, of danger? Secondly, was that standard overpassed? And, thirdly, was the overpassing of the standard the result of negligence? The jury found that the College was not employed for reward to do the photograph, but that Haire was; that the sore was caused by the rays; that they were not negligently used by either Haire or Dr. Colohan; and the verdict was accordingly entered for the defendants.

The result is one that will be accepted as the common-sense conclusion. But the case again illustrates the scandalous costliness of law, and the mysterious way in which the machinery is sometimes put in motion. A child received a burn as a result of the application of x rays. The ulcer appears to have been about $2\frac{1}{2}$ in. by $1\frac{1}{2}$ in., involving the whole thickness of the skin. It healed slowly, as such ulcers do; but no deeper damage was inflicted, and it was sworn by competent witnesses that the child was not permanently injured. Now in order to settle the responsibility in this case, it took a judge and jury and no fewer than ten King's counsel and four juniors seven days. The plaintiff appears to have been not very affluent, for he was sent to the hospital in Galway, and afterwards to a hospital in Dublin. Yet he was able to face a very expensive fight. He had three King's counsel and a junior all to himself; the others were engaged in resisting his assault. Then there were seven experts, and a crowd of other witnesses. And now that the case has gone against him, he has to face a bill of costs which includes his own and the defendant's expenses. It will be big enough to take even a wealthy man's breath away. But this is one of the mysteries

of the law, and the question to which one would like an answer is, "How is it done?" The lawyers will get, or have got, their fees somewhere. They are usually more careful than the doctors, and they take care not to do anything for nothing. But here surely is a case in which they might depart from usage. The unhappy plaintiff must go down under such a monstrous burden of costs, unless his mute appeal for mercy can reach the tender corner which is said to be somewhere in a lawyer's heart.

PATENT MEDICINES.

In the **BRITISH MEDICAL JOURNAL** of January 23rd an account was given of a warning issued by the Rotherhithe Workmen's League in a leaflet about patent medicines and the harm that accrues by their sale to the working classes. This leaflet mentioned that a section of the religious press was particularly active in advertising such things, and as an illustration thereof a medical man at Belfast has forwarded us a copy of the *Missionary Herald of the Presbyterian Church in Ireland*. Some time ago he endeavoured to get its managers to drop this kind of advertisement, but the only definite reply he could get was to the effect that "the printers would naturally cry out were I to veto every advertisement which I might not thoroughly approve; this payment is partly secured by advertisements." The printers, it would appear, are *The Witness*, the official organ of the Presbyterian Church of Ireland.

ASSOCIATION NOTICES.

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1904.

MEETINGS of the Council will be held on Wednesdays, 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.

GUY ELLISTON, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

BATH AND BRISTOL BRANCH.—A meeting of this Branch will be held at the Royal United Hospital, Bath, on Wednesday, February 24th. Specimens will be shown at 7.45, and the meeting will begin at 8 o'clock; Dr. Barclay Baron, President. The following communications are expected:—Dr. Carey Coombs: A Case of Anthrax. Mr. T. D. Ransford: Ovarian Cyst, complicated with Appendicitis. Dr. G. C. Taylor: Two Contrivances for Use after Colotomy (a patient to be shown). Dr. Preston King: The Condition of our Streets.—W. M. BEAUMONT, Bath, J. MICHELL CLARKE Bristol, Honorary Secretaries.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—The next meeting of this Division will be held at the Coventry and Warwickshire Hospital on Tuesday, March 1st. Mr. Milner Moore will take the chair at 8.30 p.m. Agenda: Dr. Hawley will show Two Cases of Epithelioma of the Forehead under X-ray Treatment. Dr. Harman Brown will give the Notes of Four Cases of Cancer treated by Thyroid Extract. Dr. Phillips will read a Paper on Old Age, with some Methods of Treating its Allments. The Committee will recommend the formation of a book section of the Division. The Holborn Surgical Instrument Company will exhibit a collection of new instruments in the out-patient room of the hospital from 8 to 8.30 p.m.—E. H. SNELL, Knighton House, Coventry, Honorary Secretary.

BORDER COUNTIES BRANCH.—The next meeting of this Branch will take place at Maryport on Thursday, March 10th. Members desiring to make communications are requested to inform the Secretary of the Branch at their earliest convenience. Further details will be notified by circular shortly before the meeting.—FRANCIS R. HILL, 62, Warwick Road, Carlisle, Honorary Secretary.

BORDER COUNTIES BRANCH: WEST CUMBERLAND DIVISION.—A meeting of this Division will be held at Workington on Tuesday, March 1st. The Secretary will be glad to receive a communication from any member who intends to read notes on cases or to exhibit specimens, etc.—T. G. MATHEWS, 6, Scotch Street, Whitehaven, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—A dinner will be held at the Worple Hall, Wimbledon, on Thursday, February 25th, at 7.15 p.m. Tickets 6s. each (wines extra). Dr. Still will read a paper at 9 p.m. on the diagnostic significance of some Signs and Symptoms in Diseases of Children. Members are entitled to bring guests, and are asked to book places for the dinner by February 17th if possible, as a certain number have to be guaranteed.—E. ROWLAND FOTHERGILL, M.B., Torquay House, Southfields, S.W., Honorary Secretary.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—A meeting of this Branch will be held at Barrow-in-Furness on Wednesday, February 24th, at 3.30 p.m.—A. S. BARLING, High Street, Lancaster, Honorary Secretary.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.—The next quarterly meeting of this Division will be held at Berwick-upon-Tweed, at the residence of Dr. Mackay, on Tuesday, February 23rd, at 2.30 p.m. Dr. Burman will open a discussion on Pneumonia.—R. B. ROBSON, 20, Bondgate, Alnwick, Honorary Secretary.

PERTSHIRE BRANCH.—A clinical meeting of this Branch will be held in the Station Hotel, Perth, on Friday, February 26th, at 4 p.m. Business: (1) Minutes; (2) appointment of Joint Secretary; (3) report of Council on the Medical Acts Amendment Bill; (4) cases, etc.—Dr. Stirling: Abdominal Cases; Dr. Taylor: Autitoxin in Diphtheria. Dinner after the meeting in the hotel, at which a presentation will be made to Dr. Urquhart. The Honorary Secretary will be obliged by members informing him of their intention to be present.—WILLIAM A. TAYLOR, 10, Marshall Place, Perth, Honorary Secretary.

SOUTH-EASTERN BRANCH: EASTBOURNE DIVISION.—A meeting of this Division will take place on Thursday, February 25th, at 8.30 p.m., in the Mayor's Parlour, Town Hall, Eastbourne. Agenda: Minutes of the last meeting; Dr. E. Staines, Physician to the Skin Department, St. Thomas's Hospital, will read a Paper on the Results of Treating New Growths, etc., by application of Roentgen Rays, Radium, etc. All members of the South-Eastern Branch are entitled to be present and to introduce professional friends.—W. J. C. MERRY, 2, Chiswick Place, Eastbourne, Honorary Secretary.

SOUTH-EASTERN BRANCH: NORWOOD DIVISION.—A meeting of this Division will be held at the Queen's Hotel, Upper Norwood, on Thursday, March 10th, at 4 p.m.; Mr. J. Sidney Turner in the chair. Agenda: Minutes of last meeting. To arrange the number, dates, and places of meetings to take place annually, and to decide when and where the next meeting shall be held, and to nominate a member of the Division to take the chair thereat. Communication from the Medical Secretary as to alteration of boundary of Division. Communications concerning the transfer of King's College Hospital to Denmark Hill. To consider the following questions referred by the Representative Meeting and Council of the Association to the Divisions: (a) Six resolutions as to the reforms required in the Vaccination Laws. (b) Proposed Medical Acts Amendment Bill. (N.B.—The text of the resolutions above referred to and of the Medical Acts Amendment Bill will be found in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL for August 22nd, 1903, and members are advised to bring their copies of this SUPPLEMENT to the meeting.) (c) The advisability of petitioning the Privy Council in favour of direct representation of the British Medical Association on the General Medical Council. The following papers will be read:—Mr. W. Arbuthnot Lane: On Certain Abdominal Conditions. Mr. H. G. Plimmer: Diseases in Men and Animals caused by Trypanosomata. Exhibition of instruments by Down Bros. Members desirous of exhibiting specimens or reading notes of cases are invited to communicate at once with the Honorary Secretary. Dinner at 6 p.m.; charge 7s., exclusive of wine. The Honorary Secretary would be much obliged if members would kindly inform him by the first post on the Tuesday before the meeting whether they intend, if possible, to be present at the meeting, and if likely to remain to dinner. By so doing they will very materially facilitate arrangements and promote the success of the meeting. All members of the South-Eastern Branch are invited to attend and to introduce professional friends, but will be unable to vote on Divisional questions.—HENRY J. PRANGLEY, Tudor House, Anerley, Honorary Secretary.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: MONMOUTHSHIRE DIVISION.—The quarterly meeting of this Division will be held in the Asylum, Abergavenny, on Friday, February 26th, at 3 p.m. Chairman, Dr. J. W. Mulligan. Business: Minutes of last meeting at Newport. Correspondence. Annual Report of Division to Branch Council. Report from the Medical Secretary, giving the opinion of the Solicitor to the Association on the Regulations. Dr. W. D. Steel will move: That the members of this Division approve of the Association taking up the defence of its members for such additional subscription as the Defence Committee may decide; that steps be taken to amalgamate such Defence Union with the existing Medical Defence Unions and Societies. Papers: Dr. W. F. Nellis: Patients suffering from Paralysis of the Insane, illustrating the various stages of the disease. Mr. R. J. Coulter: The Orthoptic Treatment of Concomitant Squint. Mr. W. J. Greer: Surgical Analgesia by Spinal Cocainization at the Beaujon Hospital, Paris.—W. J. GREER, Newport, Honorary Secretary.

STAFFORDSHIRE BRANCH.—The next meeting of this Branch will be held at Stafford on Thursday, March 2nd, instead of Thursday, February 25th, as one of Sir Oliver Lodge's lectures occurs on the latter date.—E. FERGUSON JOHNSON, Stoke-on-Trent, Honorary General Secretary.

AMBIDEXTERTY.—The Ambidextral Culture Society for the Promotion of Symmetrical, Physical, and Mental Development has arranged a course of lectures, to be given in the rooms of the Medical Society of London at 5 p.m. during the next four months. The subjects will vary from ambidexterity in fly-fishing to the same accomplishment in the infants' school. Further particulars can be obtained from the Honorary Secretary, St. Dunstan's House, Fetter Lane, London, E.C.

SPECIAL CORRESPONDENCE.

MANCHESTER.

Annual Report of the Royal Infirmary.—Feeding of Poor Children.—Joseph Priestley Memorial.—Infant Mortality.—City Grant to the Victoria University.

At the annual meeting of the Trustees of the Royal Infirmary on February 11th the report of the Board of Management was submitted and approved. It stated that arrangements for the sale of the present infirmary site had been made with the Manchester Corporation for the sum of £400,000, and that the first instalment of £100,000 had been received. The formal conveyance of the Stanley Grove site from the Owens College to the infirmary would shortly be completed. The new site had been enlarged by the acquisition of three houses adjoining the Royal Eye Hospital in Nelson Street, the cost of which (irrespective of chief rents) was £8,000. The Manchester Southern Hospital had agreed to relinquish, upon the payment of the sum of £18,500, the land adjoining Union Chapel, which had been conveyed to that hospital by the Owens College as a site for their new hospital. A sum of £6,000 was to be paid to the Owens College in compensation for the expense involved in the removal of the Bacteriological Laboratory from Stanley Grove, and towards the acquisition of a suitable adjacent site. Arrangements had been made with the Committee of the Christie (Cancer) Hospital to provide suitable access to their buildings. The requirements for a new infirmary, containing 500 beds, with provision for 600 beds if and when required, had been carefully prepared in concert with the medical staff. Applications from fifty-six architects desiring to compete for the erection of the new buildings were received; from these a selection of twelve had been made, upon the advice of Mr. J. J. Burnet, F.R.I.B.A. The question as to whether any and, if so, what provision should be made in the centre of the city for accident and urgent cases and for out-patients would receive the consideration of the Board as soon as the plans of the new infirmary had been decided upon. The report also stated that an inquiry instituted into the circumstances of all the home and out-patients showed that only 4.33 per cent. of them were unsuitable for free medical relief. The Chairman of the meeting, in reply to observations, stated that the importance of the question of provision in the city for accidents and urgent cases was duly recognized, but that it would be unwise to commit the Board at present to its future policy in the matter.

The third of the public-health lectures at the University was given on February 11th by Dr. Niven, the Medical Officer of Health, on the feeding of poor children. Where the combined earnings of a family exceeded 35s. a week children, he thought, generally received sufficient food, but much waste was due to drink and want of knowledge on the part of mothers as to how economically to select and prepare food. This knowledge should be imparted in the schools, and remedies were mainly to be looked for from improvement and extension of the machinery now in the hands of the education authorities. Girls at school should be taught the elements of domestic economy and hygiene, special attention being given to the care and feeding of infants. In this way only could there be reform in the feeding of infants. Physical exercises were admirable for well-fed children, but they were most deleterious to ill-fed or ailing children. Teachers, therefore, should be trained carefully to detect signs of illness or weakness, and to assign them to their true cause, whether disease or privation. This knowledge should be obtained by instruction given to teachers by medical experts while examining classes of children. Legislation was required enabling the education authority to enforce the provision of sufficient food and the maintenance of cleanliness in school children by the parents. The children in all the schools should be weighed, and their height measured once a term, and a record kept of their age, height, and weight. By this means it would be possible to gauge the condition of the children both collectively and individually.

On February 6th, the anniversary of his death, Warrington played its part in the celebration of the Priestley Centenary. In Warrington is the "academy" in which Joseph Priestley spent six quiet years of his life as a tutor before he went to Leeds to be minister of the Mill Hill Chapel. Upon the front of the old building of the academy, now given over to the purposes of trade, the Warrington Society has placed a bronze tablet, which was unveiled by Dr. T. E. Thorpe, C.B.,

tematic examination was made of the blood for some weeks prior to the date when their absence was first noted. We have, however, a record of the numbers present twenty-four days after the first operation, and we find that at that date they were present in large numbers in the blood. In my paper I ascribed the cure thus effected in my patient to the removal of the adult worms in the scrotal tissue excised.

Sir Patrick Manson, in a paper published in the JOURNAL of January 9th,¹ states that in his opinion the cure of my patient resulted from the attack of lymphangitis forty-six days after the operation on the scrotum, and not to the removal of the adult worms in the scrotal tissue. He comes to this conclusion because he considers the number of adult worms found in the scrotal tissue was not enough to account for the disappearance of such a large number of embryos from the blood, and suggests, also, that the embryos were present in the blood after the operation for a period longer than would have been the case had all the parent filariae been removed from the man's body with the scrotal tissue.

I would not venture to combat Sir Patrick Manson's view of the case, and in fact the arguments he puts forward in favour of the conjecture that my patient was cured at the time of the attack of lymphangitis are very convincing. My object in referring again to the case is to suggest that possibly the sequence of events in the clinical history of my patient would afford an argument in favour of operation in cases of lymphangitis where the affected tissues are accessible for operation, this procedure probably having been a factor in my case, along with the operation on the scrotum, in effecting a cure. I find on reference to my notes that I removed a mass of tissue from the neck "as large as a hen's egg," and although I failed to find parent worms there I am convinced that they were present. I have found it is by no means easy to discover and isolate parent worms from the tissues, and I was not at all sure that we had secured all the worms even from the scrotal tissue in the first operation.

In this connexion I may refer to the cases which have been recorded by Lieutenant-Colonel Maitland of the Indian Medical Service, Madras. In a paper in the JOURNAL of January 25th, 1902,² he records several successful operations in which he had operated for lymphangiectasis, and succeeded in curing his patients by removal of the parent worms. He recorded a case in which he had removed a number of adult filariae from the arm as early as 1894.³ Other papers recording similar experiences are published by the same author in the *Indian Medical Gazette*.⁴ I have recently received a letter from Lieutenant-Colonel Maitland, in which he states that the discovery of the adult worm in the tissues of the scrotum is a very rare occurrence. In this respect the case I have recorded will therefore be of interest.

Let me express my appreciation of the interest manifested by both Sir Patrick Manson and Dr. Maitland in my paper. One does not often get an opportunity for the study of tropical disease in this country, and it is a matter of satisfaction to know that the clinical record of my case has proved of sufficient value to attract the attention of men of such wide experience in this interesting sphere of work.—I am, etc.,

Toronto, Jan. 28th.

A. PRIMROSE.

ABERDEEN ANATOMICAL AND ANTHROPOLOGICAL SOCIETY.

SIR,—A propos of your notice in the BRITISH MEDICAL JOURNAL of February 6th of the Quain Society at University College, London, it may be of interest to mention that a similar Society has been in active existence for some years at Aberdeen—the Anatomical and Anthropological Society of Aberdeen University, a society of undergraduates for the purpose of promoting the higher study of anatomy and anthropology quite apart from the ordinary work of the medical curriculum. Started in 1899 at the instigation of Professor R. W. Reid and conducted under his presidency, the Society has had much success and has shown gratifying evidence of interest in the subjects concerned, apart from the

¹ A Note on Dr. Primrose's paper on Filariasis, Sir Patrick Manson, BRITISH MEDICAL JOURNAL, January 9th, 1904.

² The Operative Treatment of Lymphangiectasis of Filarial Origin. Lieutenant-Colonel Maitland, BRITISH MEDICAL JOURNAL, January 25th, 1902.

³ A case of "Filarial Disease" of the Lymphatics in which a number of Adult Filariae were removed from the Arm, Lieutenant-Colonel Maitland, BRITISH MEDICAL JOURNAL, April, 1894.

⁴ Filarial Disease, *Indian Medical Gazette*, March, 1895; a clinical lecture on Filarial Lymphangiectasis, *ibid.*, March, 1898; on some of the less common manifestations of Filariasis (*Filaria Bancrofti*), *ibid.*, October, 1898—all by Lieutenant-Colonel Maitland, Madras.

demands of examinations; about one-fourth of the members have already concluded the study of anatomy for the medical degrees. A volume of *Proceedings* is published biennially; the first appeared in 1900, the second in 1902, and the third will be issued shortly. The work has not been confined to a few but has been widely shared amongst the members. The present membership is 65.—I am, etc.,

J. A. MACWILLIAM.

Physiological Laboratory, University of Aberdeen, Feb. 9th.

CERTIFICATES FOR SCHOOL CHILDREN.

SIR,—I am pleased to see Dr. Wells's letter with reference to the above important question. The Education Act, like many other Acts, requires amendment in the direction of payment for the services rendered by medical men. I have told the Educational Committee here that as soon as they decide to grant me a reasonable fee for each certificate I shall be pleased to serve them. Meantime, open war has been declared, and I am determined to be the winner.—I am, etc.,

JOHN WISHART, M.D., B.Sc.

Dudley, R.S.O., Northumberland, Feb. 15th.

LEPROSY IN TRAVANCORE.

SIR,—With reference to Dr. H. Traill Skae's letter in the BRITISH MEDICAL JOURNAL of November 28th, 1903, regarding the controversy on the connexion of leprosy and putrid fish, and in contradistinction to the facts stated in his letter, I write to certify that in the Travancore State putrid fish is much indulged in as a diet by the peasantry here, but leprosy is quite common in the State, so much so that there is a special leper asylum here with 120 odd inmates. I do not mean to assert from this statement that this is cause and effect, as I have not completed my inquiry into the subject locally, but such are the bare facts that exist here. I hope to send a further communication on this subject at a later date.—I am, etc.,

CHAS. A. JOHNSTON, M.B., etc., Major I.M.S.

Travancore, India, Jan. 25th.

THE SAMARITAN FREE HOSPITAL FOR WOMEN.

SIR,—Many thanks for your notice of our dinner. If you have fallen into error in your remarks about the conspicuous absence of the medical profession, it is entirely my fault.

I should have explained to you that the designation "Hospital Committee" includes the whole of the executive interests of the institution. It was considered best to amalgamate them rather than differentiate them. As a matter of fact there will be six "hospital" tables, at three of which the hostesses will be distinguished ladies—wives of distinguished medical men connected with the hospital. The Medical Committee are individually and collectively giving me most generous support.—I am, etc.,

London, Feb. 15th.

E. DOUGLAS WHITE.

Secretary, Samaritan Free Hospital for Women.
Special Appeal Building Fund.

OBITUARY.

GEORGE NIVEN, M.A., M.B.

On Sunday, February 7th, at the early age of 45, Dr. George Niven succumbed to pneumonia. He was born at Peterhead, and of a family several members of which have achieved distinction. One brother is Sir William Niven, formerly Director of the Royal Naval College, Greenwich; another, Mr. Charles Niven, is Professor of Natural Philosophy in Aberdeen University; while a third is the Medical Officer of Health of Manchester. Dr. George Niven had a very distinguished career as a student at Aberdeen, where he took his M.A. degree in 1877, and at Cambridge, where he took the degrees of B.A. in 1882, and M.B. in 1886, obtaining also in the latter year the diploma of M.R.C.S. On the completion of his university studies he entered upon professional work at Didsbury, Manchester, where he built up a large practice, and was greatly respected by the community among which his labours lay. He leaves a widow and three young children.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. J. A. Teykens, of Brussels, for many years Treasurer of the Belgian Medical Federation; Dr. A. Schmidt-Monnard, of Halle, well known as a specialist in diseases of children, and as a writer on matters concerning the hygiene of infancy; Dr. Isidor Rosenthal, Professor of

Physiology in the University of Erlangen, author of well-known textbooks on medical electricity, the physiology of the muscles and nerves, the regulation of heat in warm-blooded animals, etc.; and of a German translation of Huxley's *Elementary Physiology*, aged 68; and Dr. A. Plumeau, Assistant Professor of Anatomy and Physiology in the Preparatory School of Bordeaux, and Deputy Mayor of that city, in which capacity he had taken a prominent part in the enactment of measures for the protection of infant life and the promotion of vaccination.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Royal Visit.—On the occasion of the opening of the new Medical School on March 1st, their Majesties the King and Queen and the Princess Victoria will be conducted over the building by the Regius Professor of Physic, the Professor of Surgery, the Downing Professor of Medicine, and the Professor of Pathology.

State Medicine Syndicate.—It is proposed to enlarge the Syndicate in view of the new duties respecting tropical medicine imposed on it, by the addition of the Professors of Surgery and Pathology *ex officio*, and of three other members of the Senate. Of the latter, some from time to time will be chosen from non-residents who are specially conversant with tropical medicine and pathology, or who are officially connected with hospitals for tropical diseases.

Medical and Surgical Examinations.—The third M.B. Examination, Part II, begins on April 26th, and lasts till May 4th. The M.C. Examination begins on April 28th. Names of candidates must be sent to the Registry by April 14th.

Degrees.—At the Congregation on February 11th the following medical and surgical degrees were conferred:—M.D.: J. C. S. Rashleigh, Trinity. M.B.: G. T. Birks, King's. B.C.: A. Wylie, Pembroke; E. Bigg, Caius.

Diploma in Tropical Medicine.

The following regulations for the examination in tropical medicine and hygiene, conducted by the State Medicine Syndicate of the University of Cambridge, have just been issued:

"An examination in Tropical Medicine and Hygiene will be held in Cambridge during the year 1904. The examination will begin on August 9th, and extend over three days.

Any person whose name is on the *Medical Register* is admissible as a candidate to this examination, provided

1. That a period of not less than twelve months have elapsed between his attainment of a registrable qualification and his admission to the examination;

2. That he produce evidence, satisfactory to the Syndicate, that he has diligently studied pathology (including parasitology and bacteriology) in relation to tropical diseases, clinical medicine and surgery at a hospital for tropical diseases, and hygiene and methods of sanitation applicable to tropical climates.

As evidence of study and attainments a candidate may present to the syndicate (1) any dissertation, memoir, or other record of work carried out by himself on a subject connected with tropical medicine or hygiene; (2) any certificate or diploma in public health or sanitary science he may have obtained from a recognized examining body. Such evidence will be considered by the syndicate in determining whether he is qualified for admission to the examination, and by the examiners in determining whether, if admitted, he shall be included in the list of successful candidates.

The examination will have reference to the nature, incidence, prevention, and treatment of the epidemic and other diseases prevalent in tropical countries. It will comprise the following subjects:

1. The methods of pathological and bacteriological investigation. The examination of the blood. The characters, diagnosis, and life-history of animal and vegetable parasites. The examination, chemical and microscopic, of poisonous or contaminated foods and waters.

2. The origin, pathology, propagation, distribution, prevention, symptoms, diagnosis, and treatment of the epidemic, endemic, and other diseases of tropical climates, including malaria, blackwater fever, trypanosomiasis, relapsing fever, dengue, yellow fever, plague, tetanus, beri-beri, dysentery and hepatic abscess, cholera, enteric fever, Malta fever, and specific diarrhoeal affections of the tropics. Diseases due to cestode and other worms, filariasis, bilharzial disease, specific boils, sores, and other cutaneous affections, mycetozoa, ophthalmic affections of the tropics, affections caused by poisonous plants and animals, and by poisoned weapons and sunstroke.

3. The general effects on health in the tropics of seasons and climate, soil, water, and food. Personal hygiene, acclimatization. Principles of general hygiene, with special reference to food and water supplies, sites, dwellings, drainage, and the disposal of refuse. The sanitation of native quarters, camps, plantations, factories, hospitals, asylums, galleys, pilgrim and coolie ships. Principles and methods of disinfection.

"The examination will be partly in writing, partly oral, and partly practical and clinical. The clinical part will be conducted at a hospital for tropical diseases, at which cases will be submitted for diagnosis and comment.

"Every candidate will be required to pay a fee of 6 guineas before admission or readmission to the examination. A candidate who after being approved for admission fails to present himself at the examination will not have the fee returned, but will be entitled to present himself without further fee on one subsequent occasion.

"Every candidate who passes the examination to the satisfaction of the examiners will receive from the University a diploma testifying to his knowledge and skill in tropical medicine and hygiene.

All applications for information respecting the examination should be addressed to Mr. G. H. F. Nuttall, Pathological Laboratory, Cambridge.

Candidates who desire to present themselves for the examination must send in their applications on forms supplied for the purpose, and

transmit them, together with the required evidence of study, and the fee of 6 guineas, to The Registry of the University, Registry, Cambridge, not later than July 22nd. Cheques should be crossed 'Barclay and Co., Ltd.'

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on February 11th.

Diplomas.

Diplomas were issued to 114 candidates in regard to the Membership of the College, and to 14 in regard to the Licence in Dental Surgery; and to 23 in regard to Public Health, conjointly with the College of Physicians.

Report on the Central Midwives Board.

The following report was received and entered on the minutes:

Mr. President and Gentlemen.—I have the honour to present to you a short statement of the work of the Central Midwives Board during the past year. Twenty-two meetings have been held, and also many other meetings of Committees which were duly appointed by the Board. The first meeting of the Board was held on December 11th, 1902, and the last meeting took place on January 28th, 1904.

The preliminary business consisted in framing rules in accordance with Section III of the Midwives Act of 1902, and this important work occupied many meetings and caused considerable discussion. As soon as the report of the majority of the Board was completed it was forwarded to the Privy Council, together with another report prepared by a minority of the Board.

The present rules sanctioned by the Privy Council are the outcome of these two reports, and they are arranged in the following sections: (1) Rules regulating the proceedings of the Central Midwives Board. (2) The conditions of admission to the roll of midwives and the issue of certificates. (3) The course of training and the conduct of examinations. (4) The admission to the roll of women already in practice as midwives at the passing of the Act. (5) The supervision and restriction within due limits of the practice of midwives. (6) The conditions under which midwives may be suspended from practice.

The attention of the Board was next directed to the preparation of other important details: (1) Suggestions to county and county borough councils in reference to the duties assigned to them under the Midwives Act. (2) Special rules of procedure for the removal of a name from the roll and the cancelling of a certificate. (3) Other rules of procedure respecting the restoration to the roll of a name previously removed.

The first roll of midwives was opened in November, 1903, and it records the names of the midwives who have been accepted by the Board under Section II of the Midwives Act. The following table indicates the number of midwives certified up to date:

| | | |
|--|---|-----|
| Women holding certificates from | London Obstetrical Society..... | 468 |
| Institutions specified in Section II of the Midwives Act. | Rotunda..... | 27 |
| | Coombe..... | 1 |
| | Queen Charlotte's Hospital..... | 26 |
| | St. Mary's Hospital, Manchester..... | 22 |
| | Glasgow Maternity Hospital..... | 19 |
| | Liverpool Lying-in Hospital..... | 3 |
| Women holding certificates from | City of London Lying-in Hospital..... | 1 |
| Bodies not specified in Section II, but approved by the Board. | Edinburgh Royal Maternity..... | 1 |
| | Salvation Army Maternity..... | 2 |
| | Manchester Southern and Maternity Hospital..... | — |
| | British Lying-in Hospital..... | — |

Women certified as having been in bona-fide practice at least one year before July 1st, 1902. 1,079

Total certified..... 1,649

The regulations respecting the course of training and the conduct of examinations have not yet been completed. The following training institutions have been already accepted by the Board under Section C of the Rules:

Queen Charlotte's Lying-in Hospital; Liverpool Ladies' Charity and Lying-in Hospital; Manchester Southern and Maternity Hospital; British Lying-in Hospital; Newcastle-on-Tyne Lying-in Hospital; General Lying-in Hospital, Lambeth; Glasgow Maternity Hospital; Dundee Maternity Hospital; District Nursing Association, Cheltenham; Maternity Charity and District Nurses' Home, Paisley; National Maternity Hospital, Dublin; Edinburgh Royal Maternity Hospital; City of London Lying-in Hospital.

An unforeseen difficulty has recently arisen between the Irish Training Institutions and the Central Midwives Board respecting the certificates which must be produced before a candidate can be admitted to the Board Examination. The rules under Section C make it compulsory that every woman shall have personally conducted twenty labours, and also nursed twenty lying-in women during ten days following labour.

On behalf of the hospitals, such as the Rotunda and the Coombe, in Dublin, it is stated that the medical staff of these institutions are unable to arrange that every midwife pupil should personally attend twenty cases of labour, as this would necessitate doubling the size of the hospitals and increasing the number of patients. It is also equally impossible to enable every midwife pupil to nurse twenty patients for ten days following labour, as nearly all the women leave the hospital on the eighth day and refuse to remain longer, even when the medical officers are anxious to detain them.

Now these regulations are scarcely fair to the Irish midwifery institutions, and a solution of the difficulty could easily be secured (1) by a modification of the regulations of admission to the examination; or (2) by accepting the six months' training in the wards of the hospitals, and the long course of instruction conducted by the staff, as equivalent to the three months' midwifery tutelage required by the Central Midwives Board.

At a recent meeting of the Board two important and conciliatory communications were read from the Irish hospitals, but the majority of the Board declined to consider any alteration of the existing rules; and, therefore, it is probable the matter will be referred for the decision of the Privy Council.

The appointment throughout the country of local bodies for carrying out the Midwives Act is a very hopeful and practical method, but up to

the present time very little has been reported to the Central Midwives Board to indicate the progress of the work. The supervision of midwives is everywhere in the hands of local supervising authorities; but it is quite certain that effectual supervision and the successful operation of this Act must in a great measure depend upon the co-operation and assistance of the medical men practising within the area.

I am,

Mr. President and Gentlemen,

Yours very faithfully,

JOHN WARD COUSINS.

College Triennial Prize Committee.

A Special Committee was nominated for the above prize adjudication in place of the Committee appointed in regard to the Jacksonian Essay.

Report of the Committee on Physical Disabilities.

The following report, dated February 1st, 1904, was adopted by the Council:

In pursuance of the request of the Council the Committee have taken into consideration the letter of December 6th, 1903, from the Rev. Benjamin Waugh, Director of the National Society for the Prevention of Cruelty to Children, and the tables of average heights and weights of school children compiled on behalf of the Society by Mr. C. T. W. Hirsch, M.R.C.S.

Two tables have been prepared by Mr. Hirsch—one compiled from the weights of 2,000 children at two church schools and two Board schools in Woolwich, and the other compiled from the weights and heights of 3,000 children at Church schools in Bow, Poplar, Stepney, Peckham, Bermondsey, and Camberwell.

The ages of the children range from 2 to 16, and the Committee observe that, with three exceptions, the average weights at the different ages are rather lower in the Woolwich table than in the other.

The investigation appears to have been carried out in a careful and methodical manner; but, while the Committee regard the results obtained as most valuable, they could not recommend that the Royal College of Surgeons should assume responsibility for statistics compiled from an investigation undertaken without the supervision or authority of the Council of the College.

The Committee have, however, been able to make use of Mr. Hirsch's tables for the purpose of testing the assertion, which Mr. Waugh states is often made, that the standard weights given in Tidy's *Legal Medicine*, 1882, are not a fair standard for to-day, as the race has deteriorated both in height and weight. Dr. Tidy states that his figures are deduced from the French weights and measures given in Quetelet's *Anthropométrie* (Brussels 1870), and that they are the averages of a large number of observations on Belgians, and are probably a little under the mark as regards the English.

The Committee have compared Mr. Hirsch's tables with the tables given by Dr. Tidy; and after the consideration of this comparison and of other tables, to which they have referred, they are of opinion that there is no reason to regard the standard given in Dr. Tidy's tables as too high for the present time.

The Committee would add that Mr. Waugh might be advised that, if it be the object of the National Society for the Prevention of Cruelty to Children to show that Dr. Tidy's tables are not an unfair test under present conditions, it appears to them that enough has been done in the way of investigation.

It was arranged that a copy of this report be sent to the Rev. Benjamin Waugh.

Bradshaw Lecture.

Mr. A. W. Mayo Robson was chosen lecturer for the ensuing collegiate year.

CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the First Examination of the Board in the subjects indicated:

Chemistry.—J. H. Bulcock, Owens College, Manchester, and Technical School, Blackburn; J. H. Burdett, St. Mary's Hospital; W. Burton, Liverpool University and Technical School, Liverpool; H. Carter, Birkbeck Institution; H. R. Cotton and A. Downes, St. Bartholomew's Hospital; C. H. Douglas, Guy's Hospital; A. E. Forster and J. L. Houlton, St. George's Hospital; C. R. Gardner, Westminster Hospital; A. Da V. Gibson and J. H. Meers, St. Mary's Hospital; J. R. Liddell, University College, Sheffield; T. M. Miller, St. Bartholomew's Hospital; C. M. Plumtre and A. H. V. St. John, Guy's Hospital; G. H. Pridham and J. Startin, St. Thomas's Hospital; E. J. J. Quirk, Charing Cross Hospital; T. F. Skinner, University College, Sheffield; F. S. Tamplin, St. George's Hospital; H. S. Thomas, London Hospital; A. K. Wise, Birkbeck Institution.

Practical Pharmacy.—C. C. Austen, Westminster Hospital; A. R. Beaumont, L.D.S.Eng., L. H. Burner, and G. H. Cheyney, Guy's Hospital; W. Byam, St. George's Hospital; E. Christofferson, University College, Bristol; H. D. Clapham, private study; W. T. Clarke, University College, Bristol; J. E. Collins, London and Guy's Hospital; H. G. S. Courtney, St. George's Hospital; E. J. Dermott, University College, Bristol; H. H. Emmerson, University College, Sheffield; V. G. Heseltine, St. Bartholomew's Hospital; J. A. Ireland, University College, Liverpool; J. E. Lascelles, St. Mary's Hospital; W. Lister, St. George's Hospital and Yorkshire College, Leeds; A. H. McCandlish and G. R. Panton, London Hospital; H. A. Parker, C. T. Pellow, and H. S. Singleton, St. Thomas's Hospital; J. S. Pascoe, Charing Cross Hospital; M. Remers, Owens College, Manchester; W. D. Southern, private study; M. Spotswood, Liverpool University; J. L. V. Tilley, L.D.S.Eng., University College, Bristol, and Charing Cross Hospital; W. Tregea, and H. W. Ward, University of Birmingham; W. C. A. Ward, St. Thomas's Hospital.

Elementary Biology.—H. P. Aubrey, Birkbeck Institution; H. G. Balls, Middlesex Hospital; F. Brachi, St. George's Hospital; E. F. W. Buckell, University College Hospital; H. Carter, Birkbeck Institution; C. H. Douglas, Guy's Hospital; B. C. Eskell, Merchant Venturers Technical College, Bristol; G. D. G. Ferguson, St. Mary's Hospital; A. E. Forster and J. L. Houlton, St. George's Hospital; H. W. Gabe, Middlesex Hospital; H. W. Heasman, E. P. L. Hughes, and V. P. Hutchinson, Guy's Hospital; A. T. Jackson, L.D.S.Eng., Birkbeck Institution; G. L. H. Johnson, Westminster Hospital; H. G. Kilne, and M. H. Langford, Middlesex Hospital; J. R. Liddell, University College, Sheffield; C. A. Meaden, Birkbeck Institution;

R. A. Morrell, St. Thomas's Hospital; S. Mozumber, St. Bartholomew's Hospital; H. R. Mullins, Guy's Hospital; P. O. Raiment, London Hospital; R. B. N. Reade, St. Mary's Hospital; J. Richards, and A. D. Rope, Middlesex Hospital; A. Samuel, University College, Cardiff.

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

Anatomy and Physiology.—J. Birch, Owens College, Manchester; W. F. Blandford, B.A.Camb., Cambridge University and St. George's Hospital; W. E. Bristow and G. W. M. Custance, St. Thomas's Hospital; B. M. Collard, London Hospital; J. F. Cutler, Guy's Hospital; F. C. Doble, King's College Hospital; H. J. Duske, St. Mary's Hospital; L. Edwards and C. A. Ellis, London Hospital; J. S. Farnfield, L.D.S.Eng., Guy's Hospital; R. Farrant, Westminster Hospital; J. R. Foster, University College Hospital; P. J. Franklin, University of Heidelberg and King's College Hospital; E. S. Goss, Middlesex Hospital; P. H. G. Gosse and H. M. Grey, St. Bartholomew's Hospital; W. R. Greening, Guy's Hospital; R. E. V. Hale, B.A.Camb., Cambridge University and St. Andrews University; A. W. Hayward, B.A.Camb., and C. C. Rieck, Westminster Hospital; R. B. Heygate, Middlesex Hospital; C. J. R. Hofmeister, Cambridge University and Middlesex Hospital; G. Holroyde, Yorkshire College, Leeds; R. de V. King and J. J. Louwrens, St. Mary's Hospital; H. H. Leeson, St. George's Hospital; T. F. Lumb, Middlesex Hospital; J. F. McQueen, King's College Hospital; W. B. Martin, Owens College, Manchester; V. L. Matthews, London Hospital; O. Le F. Milburn, University College Hospital; W. A. Owen, St. Mary's Hospital; G. D. Perry, University of Birmingham and London Hospital; G. R. Phillips, S. A. Piper, and J. L. Rankine, Guy's Hospital; H. J. D'A. G. Price and T. R. St. Johnston, Birmingham University; F. Rawsthorne, Owens College, Manchester; N. V. H. Riches, University College, Cardiff; H. T. Rossiter, F. O. Spensley, and R. W. Stocks, St. Thomas's Hospital; W. F. Skinner, University College, Sheffield; S. Slade, Middlesex Hospital; F. H. Stephens, St. Mary's Hospital; E. Stratford, Cambridge University; H. F. Webb-Bowen, St. Bartholomew's Hospital; N. H. Vakeel and M. D. Wadia, Grant Medical College, Bombay, and St. Bartholomew's Hospital; H. W. B. Wallings, J. A. Von W. Wieee, and R. Willan, Guy's Hospital.

Anatomy only.—J. W. Heekes, Charing Cross Hospital.

TRINITY COLLEGE, DUBLIN.

CANDIDATES have passed examinations as under:

Final in Medicine.—H. St. M. Carter, A. W. Goldsmith, W. Mitchell, O. J. Parry-Edwards, H. M. Crawford, J. C. Hall, W. Thunder, W. J. M'iver, D. C. Pearson.

M.B.—R. Moore.

MEDICO-LEGAL AND MEDICO-ETHICAL.

SMALL-POX HOSPITALS AND AERIAL CONVECTION.

THE case of the Attorney-General and Others v. the Mayor, Aldermen, and Citizens of the City of Nottingham, was heard before Mr. Justice Farwell in the Chancery Division on February 10th and following days. Judgement was given on February 17th, dismissing the action with costs as between solicitor and client. The case raised the question of the aerial convection of small-pox.

Mr. Upjohn, K.C., opened the case for the plaintiffs.

Dr. J. C. Thresh, M.O.H. Essex County Council, gave evidence with regard to the occurrence of small-pox in the Orsett district, where he said that with the small-pox hospital ships in the Thames there were constant dropping cases, whereas in other districts not in the neighbourhood of the hospital ships small outbreaks might occur, but were promptly stamped out. He had been unable to trace any personal communication between the ships and the shore. When cases were admitted to the small-pox ships on the Thames in numbers, the people in the Orsett district expected small-pox to occur in the district, and made preparation for it; what was expected happened, and when the number of the cases on the ships rose to 130 or 150 the disease broke out at Purfleet, continued there all the time numerous cases were on the ships, and spread to the adjoining districts of West Thurrock and Grays, and, to a less extent, to parishes round about. In cross-examination by Mr. Asquith, K.C., M.P., the witness said that the distance from a small-pox hospital at which a person would be safe from the danger of aerial infection depended on the size of the hospital and on other factors, such as weather, wind, and so on, concerning which nothing was known. He thought that, even with a hospital used for not more than 40 patients, there would be a certain amount of danger, especially near the highway. It is his opinion, the zone of danger, with 40 persons in the hospital, would on occasions extend beyond the radius of a quarter of a mile if the cases were acute and if the weather and wind were favourable; if the wind were favourable, a man working within a distance of half a mile might be infected. He thought the stipulation of the Local Government Board that the site of a small-pox hospital must not be within a quarter of a mile of a population of as many as 200 persons absurd, inasmuch as it neglected to take account of the number of patients; so with regard to the stipulation that the site must not be within half a mile of the population of as many as 600, it would be right for a small hospital, but it would be absurd for a hospital for a large town. The aggregation of numbers in a hospital constituted the real source of the danger. The risk of infection was less great during a period of wind than in the period of calm, perhaps because wind scattered the organisms.

Dr. G. B. Wray, M.O.H. for the District of Basford, said that from his experience he believed that if 40 cases, with a normal proportion of acute cases, were placed in the Nottingham Hospital they would be a source of danger to persons living in the neighbourhood. Mr. Macmorran in cross-examination stated that the defence would prove that all the cases attributed to the hospital referred to by the witness could be accounted for

gymnastics are freely used with beneficial results. The Commissioners state the wards and dormitories are in a generally satisfactory state, and some important improvements have been effected, though they refer to the asylum as being overcrowded, there being 26 patients in excess of the proper number.

BRADFORD CHILDREN'S HOSPITAL.

At the twenty-first annual meeting of the governors of the Bradford Children's Hospital it was stated that in view of the growth of the work, and with a desire to bring the institution more into line with other leading children's hospitals throughout the country, it had been decided to divide the surgical from the medical cases, and to increase the professional staff of the hospital by the appointment of two honorary medical officers and an anesthetist.

MEDICAL NEWS.

THE SMALL-POX EPIDEMIC IN SCOTLAND.—The Local Government Board of Scotland reports, under date February 17th, that the greatest incidence of small-pox in Scotland during the first fortnight of this month was in the burgh of Greenock, where the cases amounted to 6.60 per 10,000 of the population, as compared with 1.70 in Govan, 1.10 in Partick, and 1.03 in Glasgow. It is also stated that of 22 cases intimated in the last report as having occurred in Coatbridge, 18 are now regarded as not small-pox, and that no other genuine cases have since occurred in that locality.

BEQUESTS TO HOSPITALS.—Under the will of the late Mr. James Rankin, of Stonehouse, Ardnachais, N.B., £5,000 has been bequeathed to the Glasgow Royal Infirmary, £1,000 to the Victoria Infirmary, and £500 each to the Glasgow Eye Infirmary and the Gartnavel Asylum.—The late Mr. Alfred L. Cohen has bequeathed £1,000 to Guy's Hospital for the endowment of a bed, and £100 each to the London Hospital, St. Mary's, the Middlesex Hospital, the Great Ormond Street Children's Hospital, the London Fever Hospital, and the Poplar Hospital.

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.

BELGRAVE HOSPITAL FOR CHILDREN, Clapham Road, S.W.—(1) Assistant Physician. (2) Assistant Surgeon.

BIRMINGHAM AND MIDLAND EYE HOSPITAL—House-Surgeon, resident. Salary, £75 per annum.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES—Clinical Assistant. Honorarium at the rate of 52 guineas per annum.

BRADFORD CHILDREN'S HOSPITAL—House-Surgeon, resident. Salary, £100 per annum.

BURTON-UPON-TRENT COUNTY BOROUGH—Medical Officer of Health and Public Analyst. Salary (combined), £400 per annum.

CANONB HOSPITAL, Fulham Road.—Surgical Registrar. Honorarium, £26 5s. per annum.

CARMARTHEN: JOINT COUNTIES ASYLUM—Junior Assistant Medical Officer, resident. Salary, £150 per annum.

CHELTENHAM GENERAL HOSPITAL—Junior House-Surgeon, resident. Salary, £70 per annum.

CROYDON GENERAL HOSPITAL—(1) Senior House-Surgeon. (2) Junior House-Surgeon. Both resident. Salaries, £100 and £60 per annum respectively.

DUDLEY: GUEST HOSPITAL—Senior Resident Medical Officer. Salary, £100 per annum, increasing to £120.

EAST INDIAN RAILWAY—Assistant Medical Officer. Salary commencing Rs.400 per mensem.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.—(1) Medical Officer for Casualty Department. Salary at the rate of £100 per annum. (2) House Surgeon, resident. Honorarium, £25 for six months.

EDINBURGH: CHALGLOCKHART POORHOUSE AND HOSPITAL—Resident Medical Officer. Salary at the rate of £100 per annum.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Physicians, resident. Salary, £25 for six months.

HOSPITAL FOR WOMEN, Soho Square.—House-Physician. Salary, £30 for six months.

ISLE OF SKYE: GESTO HOSPITAL—Resident Medical Officer. Salary, £200 per annum.

LIVERPOOL CHILDREN'S INFIRMARY—Assistant House-Surgeon, resident. Salary, £32 10s. for six months.

NORWICH: HIGHAM HALL ASYLUM—Assistant Medical Officer.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Salary at the rate of £50 per annum.

READING: ROYAL BERKSHIRE HOSPITAL—Assistant, House-Surgeon, resident. Salary, £80 per annum.

ROYAL PIMLICO DISPENSARY, 14, Buckingham Palace Road, S.W.—Attending Medical Officer.

ST. MARY'S HOSPITAL, Paddington.—Resident Casualty House-Surgeon. Salary at the rate of £100 per annum.

SALFORD: ROYAL SALFORD HOSPITAL—Junior House Surgeon, resident. Salary at the rate of £70 per annum.

WAKEFIELD: OLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY—Junior House-surgeon, resident. Salary, £80 per annum.

WEST BROMWICH DISTRICT HOSPITAL—House-Surgeon, resident. Salary, £100 per annum.

WEST RIDING ASYLUM, Wadsley.—(1) Fourth Assistant Medical Officer, resident. Salary £150, rising to £180, per annum. (2) Fifth Assistant Medical Officer, resident. Salary £140, rising to £160, per annum.

WEST RIDING OF YORKSHIRE—Bacteriologist and Assistant to County Medical Officer. Salary, £250 per annum, rising to £400.

MEDICAL APPOINTMENTS.

ACLAND, H. T. D., F.R.C.S. Eng., Honorary Surgeon to the Christchurch Hospital, New Zealand.

BOWEN, J. A., M.D., B.C. Cantab. Certifying Factory Surgeon for the Herne Bay District, county Kent.

BURKITT, O., L.R.C.P. & S.I., Ear and Throat Surgeon, Perth Hospital, West Australia.

CAMPBELL, R. B., M.B., C.M. Edin., Medical Superintendent of the Inverness District Asylum.

DAVEY, T. G., M.R.C.S., Physician to In-patients, Perth Hospital, West Australia.

GRANT, Lachlan, M.D., C.M. Edin., Certifying Factory Surgeon for the Ballachulish District, county Argyll.

HARRIS, Matthew, M.B. Aberd., Physician to the Wee Waa Hospital, New South Wales.

HADLEY, A. S., M.B., B.S. Durh., Certifying Factory Surgeon for the Rothbury District, county Northumberland.

IVENS, Frances, M.S. Lond., Surgical Assistant to the New Hospital for Women.

LESCHEN, H. A., M.B., Ch.M. Edin., Physician to In-patients, Perth Hospital, West Australia.

LOVEGROVE, F. J., M.R.C.S. Eng., L.S.A., Government Medical Officer and Vaccinator at Gunning, New South Wales.

MARSHALL, J. Cole, M.B., F.R.C., Clinical Assistant to the Chelsea Hospital for Women.

MONTGOMERY, S. H. E., M.B., B.S. E.U.I., Inspector-General of the Insane, Western Australia.

MORGAN, Edward H., M.B.C.S., Health Officer for the Hamilton District, Tasmania, vice Dr. J. Stewart.

WATSON, G., M.B., Ch.M. Edin., Health Officer for the Burnie District, Tasmania, vice C. Rooke, M.R.C.S., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons of England, 5 p.m.—Professor Arthur Keith: On the Structure and Evolution of the Auricles of the Heart. (Lecture I.)

Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—On the Treatment of Stomatitis by Mr. J. Thornton Carter. Casual Communication by Dr. H. Bellamy Gardner.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. T. B. Hyslop: The Progressive Paralysis of the Insane. Dr. C. W. Buckley: Brachial Neuritis.

TUESDAY.

Therapeutical Society, Apothecaries' Hall, Water Lane, Blackfriars, 4 p.m.—Dr. J. Burnett: On Ictothorm and Ictothorgan. Mr. W. McAdam Eccles: Some Remarks respecting Trusses and their Use.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Dr. G. C. Garratt: Observations on Metabolism in the Febrile State in Man.

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Professor Arthur Keith: On the Structure and Evolution of the Auricles of the Heart. (Lecture II.)

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Clinical Evening. Exhibition of Cases.

THURSDAY.

Harveian Society of London, St. Mary's Hospital, W., 8.30 p.m.—Clinical Meeting. Patients in attendance at 8.15 p.m.

Royal College of Physicians of London, 5 p.m.—Dr. W. Williams: On Deaths in Childhood, a Preventable Morality. (Milroy Lecture I.)

FRIDAY.

Royal College of Surgeons of England, 5 p.m.—Professor Arthur Keith: On the Structure and Evolution of the Auricle of the Heart. (Lecture III.)

Clinical Society of London, 20, Hanover Square, W., 8 p.m.—Exhibition of clinical Cases followed by Discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital Thursday, 4 p.m.—Demonstration of Surgical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Lecture on the Compressed Air Bath and its Uses.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on the Eye Signs of Syphilis in Children.

London Temperance Hospital, Hampstead Road, N.W., Wednesday, 4 p.m.—Lecture on Diseases of the Stomach.

Medical Graduates' College and Polyclinic, 92, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medicine; Wednesday, Surgical; Thursday, Surgery. Lectures will be delivered at 5.15 p.m. as follows: Monday, Gonorrhoea in Women; Tuesday, the Thymus and Lymph Glands; Wednesday, Some of the Newer Remedies in Eye Disease; Thursday, Errors of Refraction, their Diagnosis and Treatment.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 5 p.m.—Lecture on the Treatment of Advanced Phthisis at Home.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 3.30 p.m. as follows: Tuesday, Subacute Combined Spinal Disease; Friday, Surgery of the Nervous System.

North-East London Post-Graduate College, Tottenham, N., Thursday, 4.30 p.m.—Lecture on the Significance of Gynaecological Signs.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Practical Surgery; Tuesday, Posterior Displacement of the Uterus; Wednesday, Pneumonia; Thursday, Dislocation of the Elbow; Friday, Beriberi.

Samaritan Free Hospital for Women, Marylebone Road, N.W.—Thursday, 3 p.m.—Lecture on Cases from the Wards.

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 orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTH.

SOUTHALE—On the 8th inst., at 256, Monument Road, Edgbaston, Birmingham, the wife of Stephen Southale, M.D., of a daughter.

MARRIAGES.

SANFORD-JOHNSTON—On the 10th inst., at the Parish Church, Devonport, by the Rev. A. Maill, late Senior Chaplain to the Forces, George Calrow Sanford, M.D., youngest son of the late Rev. Wm. Sanford, Kingsland, Shrewsbury, to Olive, youngest daughter of Colonel Moncrieff Johnston, of Stoke, Devonport.

WEIR-SKEY—On February 13th, at St. George's Church, Penang, Straits Settlements, by the Rev. F. Haines, Colonial Chaplain, Hugh Herod Weir, M.A., M.B. Camb., fourth son of the late Archibald Weir, M.D., of St. Mungo's Malvern, to Margaret Mary Denison, youngest daughter of Rev. Frederick O. Skey, Vicar of Weare, Somerset, and granddaughter of the late Frederick Carpenter Skey, C.B., F.R.S., of St. Bartholomew's Hospital.

DEATHS.

FAIRBANK—On February 16th, at his residence, Wedesdale House, Hesse Road, Hail, Henry Samuel Fairbank, M.B., C.M. Edin., aged 50.

HIND—On February 16th, at Blytholme, Harrogate, Annie Charlotte, wife of Henry Hind, F.R.C.S.

MARVAL—On January 4th, at St. Catherine's Hospital, Cawnpore, U.P., Alice M. Marval, L.R.C.P. & S. Ed. of pneumonic plague.