

medical men were called on the man's behalf—one of whom probably never has operated and never will operate on a case of hernia, who can have no special surgical knowledge of such matters; and the other a young and inexperienced beginner who never held any responsible surgical appointment, and whose opinion on such matters in any medical assembly would be entirely ignored. This is what the first witness deposed, and the second corroborated:

There was an operation scar, and on one side of the lower part of the abdomen was a rigidity of the muscle, although the leg was flexed. It was suggested that the injury produced local peritonitis, which caused adhesions between bowel and bowel, and all this caused the man great pain nine months after the injury, so that he was incapable of doing any kind of work. It was further stated that "the atrophied muscles might wear away if he could use the muscles and keep himself erect."

To me this is slightly ambiguous, but then I am only a surgeon. Then after this we find the evidence of the surgeon who operated, who has had a large experience of such cases of his own, and whose opinion on such matters is authoritative, and he tells the Court that—

He had operated on the man for hernia, and he was in due time discharged as cured. He found recently no reason for the alleged pains; the abdomen was soft, and he had no reason to think there were adhesions or peritonitis. There was a wasting of the muscles from having done no work so long. There was no peritonitis at the time of the operation, and none since.

After hearing both sides, the learned judge (having refused to entertain the idea of a medical assessor or referee) sums the matter up by saying he "preferred" the evidence of the doctors for the plaintiff; he "considered the surgeon for the defendant might have overlooked the peritonitis; it was not his business to find it out," and so on. Surely this is little less than an insult to surgical common sense, and a premium on ignorance. What can be the good of surgical knowledge and experience if it is to be kicked aside by a judge, however eminent, in order to make the case fit in with his own views of it? Unless he happens to have a hernia himself, I do not suppose a judge knows any more about it than the advertisements in the papers describe; and, if he is so innocent as to accept a man's statement as to pain when no physical cause is apparent for it, then it seems to me that every one who gets a headache or a bellyache, or any other ache, provided he has had some previous injury, will always meet with a sympathetic hearing, and we shall proceed by degrees to engender a class of workers more and more effeminate. Perhaps I ought not to use this word "effeminate." It is unfair to women, for they are, as a rule, much more brave than men with regard to physical pain—indeed, I cannot recall the case of a woman whose claim to exemption from her work has rested on the "pain" which men are so fond of trotting out as an excuse for their ergophobia.

Some very pleasing contrasts to the cases I have alluded to sometimes crop up, such as a man aged 56, whom I saw some time ago with a stiff shoulder-joint following dislocation. The arm was useless, but the man took the advice offered him, had the joint freed under an anaesthetic, and began work almost immediately. What would have happened to me if I had ventured to offer such advice in the county court, I leave you to imagine—probably this paper might never have been written.

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

A NOTE ON THE ACTION OF PHENOL-PHTHALEIN (DIHYDROXYPHTHALOPHENONE).

This synthetic product is the latest addition to the class of hydragogue purgatives, and has been put on the market under various fancy names. It has been widely advertised, and has received some attention in the columns of medical journals, but I do not remember to have seen a single contraindication to its use mentioned. It has the advantage over the salines that it need not be given fasting, that it is palatable, and if given in a sufficient dose produces one, or at most two, copious fluid motions, generally about four or six hours after being taken. Compared with other hydragogues such as colocynth, it has the advantage that it rarely gripes, and it is not absorbed to any appreciable extent, and may therefore be given to nursing women. I have, however, noticed one great drawback to its use which is the reason for this communication. If given to patients subject to piles a

very few doses will generally provoke an attack, and a single dose often causes some irritation, while if the piles are troublesome at the time of administration they are made much worse, and often bleed freely.

I have given the drug now in a great many cases, and did not at first connect this effect with its action, but further observation has placed it beyond a doubt, and I am now careful to inquire as to the existence of piles or of a predisposition thereto before prescribing it, and I get much more uniformly satisfactory results. It seems probable that the effect is due to an irritant action on the mucous membrane of the rectum, which in ordinary circumstances merely produces a desire for evacuation, but, where the membrane is abnormally sensitive, causes the results I have described. In one case where there were symptoms pointing to an abnormal state of the mucous membrane of the whole of the large bowel but no piles, pain in the region of the sigmoid flexure appeared to follow its administration.

If this one drawback be borne in mind I am of opinion that this new synthetic product will be found a most useful addition to the group of hydragogue cathartics, though other contraindications may yet be found.

It would be of great advantage if medical men using new remedies would carefully note and place on record their drawbacks as well as their merits. Too often the remedy is allowed to drop if found unsatisfactory at first, and the eulogistic circulars of the manufacturing chemist are the only record of its pharmacology, though it must be admitted that perhaps the majority of new drugs which are nowadays produced in such bewildering variety deserve no better fate than to be forgotten, while much of their vogue is undoubtedly due to the defective teaching of the principles of treatment to the senior student, who is thus, in the earlier years of practice at any rate, led to rely on the principles of therapeutics which he gathers from the copious "literature" so generously supplied by the drug companies, which appear to thrive especially in America.

Buxton.

CHARLES W. BUCKLEY, M.D.Lond.

A CASE OF ABSENCE OR RUDIMENTARY CONDITION OF THE UTERUS.

A SINGLE young lady of attractive appearance, aged 22 years, came complaining of never having menstruated. She showed none of the common signs which generally accompany that condition. Of average height and slender build, with plenty of hair, and not obviously anaemic, one had to fall back on "debility" as a possible cause and a temporary diagnosis. She denied morning sickness, and there was no reason to doubt her chastity. She was therefore advised to take plenty of good food, and was put on iron.

After the second or third visit it was suggested that she should be examined, and after some little while had elapsed an examination was made. The abdomen was natural; there was no distension. No pain on pressure was elicited from any part of it.

On vaginal examination the forefinger passed into a passage which was smaller in all proportions than the vagina of a healthy and well-formed virgin usually is. It was narrower and shorter, but took the forefinger easily, and its distal extremity could easily be reached. The cervix uteri was nowhere to be found, nor could one detect by the forefinger any depression, or mark where it should have been. The vagina formed a *cul-de-sac*, the distal end of which was dome-shaped, and the whole organ appeared like the finger of a glove.

On bimanual examination, the bladder being empty and the forefinger still in the vagina, nothing could be made out. The finger was then withdrawn from the vagina and passed into the rectum. In this cavity bimanual examination failed to discover the uterus; the forefinger in the rectum and the left hand on the abdomen could with ease be approximated quite closely, the abdominal wall only intervening. The hypogastric and both iliac regions were investigated in this manner, and by approaching quite closely to the symphysis pubis nothing like the uterus or any other body could be found. I was unable to palpate either ovary.

The vulva was of small size and of infantile proportions. The clitoris was present, though small. Both large and small labia were otherwise natural, as was the hymen. The mons veneris was not well-developed, and was devoid of hair; there were only a very few hairs—about half a dozen—scattered on either side of the vulva.

The breasts were large—larger than generally found in a virgin—pendulous, and appeared to consist mostly of fat. The nipples were ill-developed and small, as were the areolae.

The patient in features appeared her age, had all the appearances of femininity, was lively, quick, and sharp, and attractive both in manner and looks. There was no growth of hair on her face.

She gave no evidence of having experienced sensations or pains which, designated by the term "molimina," accompany ordinary menstruation; or, in the absence of blood appearing, afford the only evidence to the individual of her monthly times. Nor was there any so-called vicarious menstruation, such as bleeding from the nose or other parts.

The patient was the third of six children, all of whom are healthy, and her parents are alive and healthy too.

Dr. Herman, in his book on *Diseases of Women*, says:

The uterus may be absent, or its situation only indicated by some V-shaped bundles of muscular and connective tissue. Such extreme want of development as this is very rare, except in monsters, where it co-exists with other defects. Descriptions of cases in which the uterus is said to have been absent are common, but remember that when the uterus is very small and thin it is difficult to identify it by bimanual examination. It has been overlooked in *post-mortem* examination.

R. H. PARAMORE,
M.B.Lond., M.R.C.S. Eng.

London, W.C.

REPORTS

ON

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

CANCER HOSPITAL, BROMPTON.

EPITHELIOMA OF SOFT PALATE, ETC.

(Under the care of Dr. HERBERT SNOW, Senior Surgeon.)

CASE I. *Epithelioma of Soft Palate, Tonsil, and Both Alveoli:* *Excision: Recovery.*—T. W., aged 52, a hale, sturdy-looking man, was admitted on August 10th, 1904. A typical epitheliomatous ulcer occupied the left side of the soft palate and the internal aspect of the cheek. The alveolar processes of both upper and lower jaw were infiltrated for about $\frac{1}{2}$ in., and the tonsil was slightly involved. The tongue appeared free. No enlarged glands could be detected. Lancinating pain was felt. On August 19th a 3-in. incision was made around the left angle of the mandible and the bone exposed. From the centre of this another, splitting the cheek, was carried to the corner of the mouth. The lower jaw was sawn through above the angle and again between the sockets of the first and second molars, the latter having been previously extracted. This portion of the bone was removed. Next the diseased part of the soft palate with the left tonsil was excised with the thermo-cautery, working from its attachment to the tongue upwards to the infiltrated alveolar process of the maxilla. Lastly, the latter also was pinched off with pincer-shaped callipers, the last two molars being still embedded. There was no appreciable haemorrhage. An excellent exposure had been secured by the incisions. The wounds were accurately sutured with silkworm gut and united by first intention. The patient made a favourable recovery. His highest temperature was 100° F., on the fifth day. On August 27th it was subnormal, and so continued until discharged from hospital on September 26th. On January 9th last the man attended in the out-patient department with the operation wounds firmly cicatrized, with no trace of disease, and with no outward sign of the extensive operation, the scar being well covered by his beard. He has remained well to the present time.

CASE II. *Epithelioma of the Uvula: Excision: Recovery.*—J. P., aged 61, was admitted on October 26th, 1904, on the recommendation of Dr. J. Orr, of Chelsea. There was a history of four months' difficulty in swallowing, with burning pain in the throat. The patient denied syphilis and alcoholism. He drinks claret moderately, smokes, has had much recent trouble. An inspection of the fauces showed the uvula to be entirely wanting. Its usual position was occupied by a characteristic epitheliomatous ulceration, with raised, hard edges, exactly in the middle line. Its outer border just touched the anterior faucial pillars. There was slight tenderness of a deep cervical lymph-gland on the left side, but no appreciable enlargement.

On November 4th the patient was anaesthetized, his head drawn well over the edge of the table, and two gags inserted. The growth was then excised with the thermo-cautery, including a fair margin of uninfiltrated tissue as far as the edge of

each tonsil. The cutting edge of the thermo-cautery was first passed across the soft palate in front, so as to make a crescent-shaped fissure. Then the diseased tissue was grasped by the vulsellæ, pulled downwards, and divided from behind forwards. The disease was found to extend deeply into the posterior faucial pillars. There was some haemorrhage, which promptly yielded to the application of iron-lint, tied around a dry stick-sponge, and firmly pressed on the raw surface. The residual slough separated without any bleeding in ten days, and the wound cicatrized. A small papillary growth was then found on the left side, and this was again shaved off with the cautery. The man was discharged, free from any trace of cancer, on January 3rd, 1905.

LIVERPOOL ROYAL INFIRMARY.

PYLOROPLASTY AND GASTRO-ENTEROSTOMY FOR CHRONIC GASTRIC ULCERATION: RECOVERY AND GOOD HEALTH FOR OVER TWO AND A HALF YEARS.

(Under the care of Mr. RUSHTON PARKER.)

R. L., aged 51, a varnish maker, patient of Mr. C. W. Dean of Lancaster, consulted Dr. T. R. Glynn of Liverpool in December, 1901, on account of pain in the stomach after food, with occasional vomiting of four or five hours' duration. The patient had been previously treated by washing out the stomach with some relief, but in spite of all was steadily losing flesh. Dr. Glynn sent him to Mr. Parker for operation in the Liverpool Royal Infirmary. This was done on December 12th, 1901, by opening the abdomen in the middle line of the epigastric region and examining the stomach. The organ was much dilated and marked by a few external cicatrices, such as are not unfrequently found in cases of internal ulceration. The pylorus was incised and found to be the seat of ulcer, while another was found in the stomach about $\frac{1}{2}$ in. to the left on the anterior surface.

Pyloroplasty was first done to relieve the tension on the ulcer in that situation and to provide a margin for the contraction that must follow its healing. Gastro-enterostomy was then done to provide an additional way out and relieve the diseased pylorus. A loop of jejunum was attached to the front of the stomach, and the patient made an uneventful and sound recovery in a month. He began work in less than six weeks after operation, and wrote several times between February, 1902, and January, 1904, always reporting his health and digestion as excellent.

Some months later his former medical attendant was again suddenly called to him, and the unusual pathological features of his case deserve to be recorded, and are stated in the following interesting letter:

Lancaster, August 17th, 1904.

Dear Mr. Rushton Parker,—About two and a half years ago—I cannot give exact dates—you operated on a man named L_____, a patient of mine. I think he first consulted Dr. Glynn, who sent him on to you. His symptoms were those of gastric ulcer. You performed gastro-enterostomy, and the result was perfect. From being a wreck, the man regained absolute health and strength, and worked in the usual manner until last Saturday, the 13th. On that day he was moving some object—I don't know what, but it was not a heavy weight—when he felt a sharp pain in the abdomen, and became collapsed. This was at 7.30 a.m. A doctor was sent for, and he gave him a hypodermic of morphine. With the usual delay of the British workman, he was not removed home until about 11, and I did not see him until about 5 p.m. He was then pulseless, quite conscious, abdomen tympanitic and tender all over, and in a generally bad condition. He was removed carefully in an ambulance to the Infirmary, where I had a consultation with my colleagues; but we all considered him to be too ill to operate upon. He died some hours afterwards, and I felt sure you would like to hear the result of the *post-mortem* examination after so long an interval since the operation.

The intestines were all adherent, covered with lymph, and the cavity was full of fluid. The operation had evidently been an anterior gastro-jejunostomy, and at the base of the triangle formed by the jejunum was a large perforation about the size of a shilling.

The ulcer was an old one with thickened edges. On slitting up the stomach the pylorus would hardly admit the tip of the scissors, and was as hard as cartilage. Two pieces of twisted silk came away, absorbed at the ends, but perfect in the middle portion. We could not find any evidence of previous ulceration in the stomach, but no doubt such ulceration had existed. It seemed curious to me that the process which had previously caused ulceration of the stomach walls should cease in that organ, and attack by preference the attached gut.

I am, yours sincerely,
C. W. DEAN.

SUCCESSFUL VACCINATION.—Mr. John J. Huey, Public Vaccinator for the Mexborough, Adwick, and Bamboro' districts of the Doncaster Union, has received the Government grant.

a basis of glycerin of starch and anhydrous wool fat, is claimed to be of value. It is also employed, mixed with sulphur and soft soap, in parasitic affections of the skin.

STYPTOL.

Styptol (Knoll), or cotarnine phthalate, is claimed to be a valuable uterine haemostatic. A similar substance—stypticin, or cotarnine hydrochloride—has been in use for some time, but in styptol the cotarnine is combined with phthalic acid, which is also an active haemostatic. It is supplied in sugar-coated tablets, each containing $\frac{1}{4}$ gr., the dose being one tablet three to five times a day. Three grains dissolved in 35 minims of water can be injected subcutaneously in order rapidly to arrest serious haemorrhages.

STYRACOL.

Styracol (Knoll), the cinnamic ester of guaiacol, is the latest recruit to the ranks of the tasteless preparations of guaiacol. Pharmacological experiments are said to demonstrate that it splits into guaiacol and cinnamic acid in the intestine; both these bodies undergo further changes, as a result of which the former appears in the urine combined with ethyl-sulphonic acid and glycuronic acid, and the latter as glycocoll. Styracol is used in a similar way to guaiacol carbonate as an intestinal disinfectant, and also in the treatment of phthisis. It is practically insoluble in water, but fairly soluble in organic solvents, and is best prescribed in powders, cachets, or tablets. The usual dose is 15 gr. (1 gram) three times a day.

LITERARY NOTES.

THE late Dr. Samuel Smiles is said to have left an autobiography. It is, we learn, being edited by Mr. Thomas Mackay, author of a life of Sir John Fowler. The autobiography will be published by Mr. John Murray, with whose firm Samuel Smiles, as a writer, was so long associated.

The Walter Scott Publishing Company will shortly issue a translation of *Science and Hypothesis*, by the distinguished French mathematician and scientist, Mons. Poincaré. He discusses the validity of the methods and ideas upon which modern theories are based, and shows how they affect new theories concerning the interaction of matter and ether. A preface is contributed by Professor Joseph Larmor, F.R.S., Secretary of the Royal Society.

Mark Twain, who is an opponent of vivisection, recently wrote a story on the subject. It is about to be published in a small volume, here and in America, by Messrs. Harper. The title of it is *A Dog's Tale*, and it purports to relate a dog's experiences of vivisection.

Mark Twain's booklet comes opportunely at a moment when, as we gather, antivivisectionists are feeling the want of a story pointing an antivivisectionist moral. In their monthly organ, the *Animals' Guardian*, a prize of £50 is offered for the best antivivisectionist novel sent by next June. The want, it appears, is not a new one, and it would seem, further, that it is not altogether an easy one to supply. The editor of the *Animals' Guardian* is reported to have complained that Wilkie Collins and James Payn, who were both anti-vivisectionists, essayed the task, but found it difficult, owing to their knowledge of the subject being limited. In this they are by no means singular among their brethren of the "anti" persuasion. Ouida, Marie Corelli, and Miss Arabella Kenealy have all written on vivisection in a manner at once uninspiring and unilluminating, and it is a little unkind of the editor to make no mention of their well-meant efforts. Although naturally somewhat depressed, he tries to find comfort in the thought that knowledge of the meaning of vivisection is more diffused, and a number of eminent literary men are in sympathy with the movement. Some very "eminent hands" have touched vivisection without adorning either the subject or their reputation. Tennyson, we believe, lived to be ashamed of *In a Children's Hospital*; if he was not, he certainly had cause to be.

The January number of the *Practitioner* contains an interesting account of John Frederick Struensee, the German doctor who, in the eighteenth century, became the lover of Queen Matilda of Denmark, sister of our own George the Third, and the virtual dictator of that country. Born at Halle in 1737, he took his doctor's degree at the University of that city before he had completed his 20th year. He practised for several years at Altona, but got into debt and was thinking of seeking his fortune in the East Indies when destiny brought him in the way of Christian the Seventh of Denmark, who attached him to his person as

his body physician. This gave the ambitious doctor a chance of which he was not slow to avail himself. He insinuated himself into the good graces of the Queen, and through her ruled Denmark in the name of the King. He was a man of large ideas, but without political knowledge or training in statecraft. Hence, although the reforms which he introduced were for the most part good in themselves, the Danish people was not ripe for them. Struensee made enemies of every order in the State, and was overthrown by a conspiracy in which the leading spirit was the King's mother. He was put to death in 1772. The most wonderful part of his strange story is that the whole period of his rise and fall covered not more than two years, and he was only 34 when he died.

We have received the first number of the *Annals of Psychical Science*, "a monthly journal devoted to critical and experimental research." The directors are Dr. Dariex and Professor Charles Richet, the editor M. Caesar de Vesmes. Among the committee we note the names of Sir William Crookes, Professor Lombroso, Professor Enrico Morselli, Dr. Ochorowicz, and Dr. Albert von Schrenck-Notzing. Among the contents the *pièce de résistance* is a paper, or rather a short treatise, by Professor Richet entitled "Should spiritism be seriously studied?" Speaking of mediums, he says that in spite of all that has been said and written on the trickery of mediums: (1) There are some who have never cheated. (2) There are many who, although suspected of fraud, have never been caught in the act and convicted of having made fraudulent preparations. (3) It is possible to experiment under test conditions which render fraud impossible. We give his conclusions in his own words:

Instead of seeming to ignore spiritism, scientists should study it. Physicians, chemists, physiologists, philosophers ought to take the trouble to know and understand the facts affirmed by spiritists. A long and diligent study of the subject is necessary. It will certainly be fruitful, for, however absurd the theories may be, these do not alter the facts. And if there are many errors and illusions in the assertions of spiritists, there are probably—nay, certainly—many truths, truths which for us are still enveloped in mystery. These truths, when they are better understood, will profoundly modify the puny notions we at present entertain concerning man and the universe.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the week ending January 7th, the deaths from plague in India numbered 24,385, compared with 22,642 during the last week of 1904. The principal figures are: Bombay City, 115; Bombay Districts, 3,176; Calcutta, 31; Bengal Districts, 3,067; North-West Provinces and Oudh (United Provinces), 10,817; Punjab, 5,017; Kashmir, 5; Rajputana, 416; Karachi, 54; Central Provinces, 409; Central India, 99; Hyderabad, 566; Mysore State, 277; Madras, 361.

It will be observed that the increase of plague in the United Provinces and in the Punjab is marked, being 10,817 against 9,574 in the week ending December 31st in the United Provinces, and 5,017 against 4,643 in the Punjab. In the Bengal Districts the mortality from plague is higher, but in the Bombay District it is considerably lower.

SOUTH AFRICA.

Port Elizabeth.—During the weeks ending December 31st, 1904, and January 7th and 14th, 1905, the fresh cases of plague numbered 0, 1, and 0; the deaths during these periods amounted to 0, 1, and 0. One case remains under treatment.

East London.—During the weeks ending December 31st, 1904, and January 7th and 14th, 1905, the fresh cases of plague numbered 7, 1, and 0; and the deaths during the three weeks amounted to 3, 2, and 0. Three cases remain under treatment. Rats and mice infected by plague continue to be found at Port Elizabeth and at East London.

MAURITIUS.

During the weeks ending January 26th and February 2nd the fresh cases of plague in Mauritius numbered 8 and 9, and the deaths from the disease 6 and 7.

HONG KONG.

During the weeks ending January 21st and 28th the fresh cases of plague in Hong Kong numbered 3 and 3, and the deaths from the disease 3 and 3 respectively.

BURMAH.

Rangoon.—According to a telegram dated February 7th, 4 cases of plague have occurred in the native quarters of Rangoon. Other cases under observation.

CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 87.

MEDICAL NEWS.

A CASE of typhus fever in a girl, aged 12, was notified in Stepney on January 28th.

THE following have been added to the honorary medical staff of King Edward VII's Hospital for Officers: Mr. Watson Cheyne, C.B., Mr. Pearce Gould, and Dr. Bruce Porter.

At a meeting of the Pharmaceutical Society to be held at 17, Bloomsbury Square, W.C., on Tuesday next, Mr. W. S. Glyn-Jones will open a discussion on a comparison of the methods in the United States and in England to secure the purity of foods and drugs. The chair will be taken at 8 p.m. by the President.

At the next meeting of the Royal Medical and Chirurgical Society on Tuesday next, a paper will be read by Dr. Aldren Turner on the influence of stigmata of degeneration upon the prognosis of epilepsy; and a joint paper by Dr. Garrod and Dr. Wynne Davies on a group of congenital malformations, including almost complete absence of the abdominal wall, and abnormalities of the genito-urinary apparatus. At the meeting on February 28th there will be a discussion, introduced by Sir Frederick Treves, upon the subsequent course and later history of cases of appendicitis after operation.

A SEVERE epidemic of typhoid fever prevails at Lincoln. The first case was notified on December 2nd, 1904, and the second on December 22nd, 1904; by January 10th the number had risen to 18; since then the increase has been rapid, and down to February 8th the total number of notifications was over 500, and they were coming in at the rate of over 30 a day. It has been ascertained that the water supply is contaminated by sewage, and an investigation is being conducted by Dr. Reece and Dr. Klein, F.R.S., for the Local Government Board.

DR. CHARLES A. L. REED, of Cincinnati, has been appointed by President Roosevelt one of the two United States representatives on the Joint Commission to which is entrusted the settlement of the dispute between the United States and the Republic of Panama as to certain property rights. Mr. T. T. Gaff, of Washington, is the other. The duties of the Commissioners will be to assess the value of property in the canal zone which is to be used in the construction of the canal. Two Commissioners have been appointed by Panama, and this country is represented by the British Consul.

LEPROSY IN THE PHILIPPINES.—A recent report of the Board of Health for the Philippine Islands shows that there are 3,628 lepers now living in the islands. The cases are distributed very unequally among the various provinces. The province of Cebu heads the list with 675 cases; Mindanao comes second, with 143. Only one province is wholly free from the disease.

SANITARY INSPECTORS' EXAMINATION BOARD.—At the examination for sanitary inspectors under the Public Health (London) Act, 1891, held last month by the Sanitary Inspectors' Examination Board, 15 candidates passed, of whom 8 received instruction at the Royal Sanitary Institute, 3 at the Bedford College for Women, 2 each at the National Health Society and King's College.

METHYLATED SPIRIT AS A "DRINK" IN MANXLAND.—It appears that methylated spirit is largely consumed as a "drink" in the Isle of Man. Several deaths have recently been attributed to indulgence in this "fiery drink," while the police frequently arrest persons under its influence, particularly in Douglas and Ramsey. There is a probability of a Bill being submitted to the Manx Legislature, having for its object the placing of restrictions upon the sale of this spirit. At present it can be purchased at a cheap rate in all chemists' shops.

GERMAN SURGICAL CONGRESS.—The German Surgical Society will hold its thirty-fourth congress in the Langenbeckhaus, Berlin, on April 26th, and three following days under the presidency of Professor R. U. Kroenlein, of Zurich. The following are the questions proposed for discussion: (1) The amount of bad results of bloodless and cutting treatment of subcutaneous transverse fracture of the patella; (2) the question of perityphlitis: the most favourable time for operative intervention; (3) the occurrence, causes, and prevention of post-operative pneumonia after abdominal operations; (4) what are the indications and contraindications

respectively of nephrectomy, especially in renal tuberculosis, considered on the basis of recent researches as to the diagnosis of the functional activity of the kidneys?

GERMAN BALNEOLOGICAL CONGRESS.—The twenty-sixth congress of the German Balneological Society will be held at Berlin from March 9th to 13th, under the presidency of Professor Oscar Liebreich. Among the communications promised are the following: Professor Heubner—watering-place "cures" in childhood; Professor Ewald—diseases of the stomach and balneology; Professor Eulenburg—balneotherapy in nerve diseases; Professor F. Krause—balneology and surgery; Professor Grawitz—balneology and blood diseases; Professor Posner—balneotherapy of the uropoietic apparatus; Professor Koblank—hydrotherapy and diseases of women; Professor Passow—balneology and diseases of the ear; Professor Winternitz—failures of water cures; Professor Dunbar—etiology and specific treatment of hay fever.

SANITARY INSPECTORS' ASSOCIATION.—The twenty-second annual dinner of the Sanitary Inspectors' Association was held at the Holborn Restaurant on February 4th under the Presidency of Sir Hugh Gilzean Reid. Alderman Francis, ex-Mayor of Southend, proposed the toast of "Local Government," and Sir Shirley Murphy, in responding, spoke of the enormous development of local government during recent years, and attributed much of its success to the medical officer of health and the sanitary inspector. The Chairman, in proposing the toast of "The Association," acknowledged the services of the President, Sir James Crichton-Browne. In responding, Mr. Young, Chairman of the Council, said that the Association had 1,000 members, and he anticipated an increase of 300 or 400 before the next annual meeting. The toast of "Science and Art," proposed by Dr. Sykes, was responded to by Sir Lauder Brunton and Mr. Andrew Clark, Chairman of Council of the British Medical Association. Mr. Clark said that the British Medical Association would be pleased to give all the assistance in its power in obtaining for sanitary inspectors security of tenure of office.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held on January 27th, at 429, Strand, London; Dr. de Havilland Hall in the chair. There was an unusually long list of current sickness claims. More than half the claims recently sent in were due to influenza, and there seemed at one time some reason to fear that an epidemic had set in. The number of new claims had, however, considerably decreased. The greater part of the time of the Committee was occupied in examining the special reports furnished at the beginning of each year by those members who are on what is called the chronic list, cases in which the sickness pay has been continuously drawn for more than twelve months; they now number twenty-nine. In such cases the sickness pay allowed is practically an annuity, amounting usually to 100 guineas a year. The Society now disburses rather over £10,000 per annum in sickness pay, and of this a little over one-quarter goes to members permanently incapacitated. Prospectives and all other particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

CHILDREN'S PROTECTION LEAGUE.—This Society will hold its annual meeting at the Kensington Town Hall on Tuesday, February 21st, at 7.30 p.m. The objects of the League are to enforce and extend the Child Messenger Act and the Inebriates Bill as it affects the children, to keep children out of public-houses, and to promote scientific teaching on the properties of alcohol in schools. Important work has been carried out by the League during the past year. Lord Dunboyne, the chairman, carried his Bill, Sale of Intoxicating Liquors to Children (Amendment) Bill, through the House of Lords, twenty cases of inebriate parents have been dealt with, and committees have been formed and meetings held to further the teaching of temperance and other matters of hygiene in elementary schools. Special efforts have been made to raise funds in support of the objects of the League, and several important contributions have been made to the literature of the subject, notably by Mr. John Newton, Lady Biddulph, Lord Dunboyne, and Mr. R. A. Jameson. An increase in the number of regular subscribers would enable the League to extend its work, and in many cases to rescue children from perilous conditions. The treasurer of the Society is Mr. Matthew Hodgson, Morton House, Kings-worth, Winchester.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

PROPOSED ABOLITION.

THE following paragraph, which appeared in the *Western Morning News* of January 30th, and has been copied in several naval and military journals, crystallizes a rumour which has been in circulation for some time:

Additional important changes in the navy affecting the officers will, we are informed, soon be announced by the Admiralty. It is fully recognized that a naval surgeon, after some years in the service, not only deteriorates, professionally speaking, through no fault of his own, but is also unable to keep up with the almost daily advances in medical science. A scheme is, therefore, in process of formation by which civil surgeons will entirely supplant the present branch, without, however, entailing any hardship whatever on those now serving, who will, in some cases, be able to requalify under the new scheme, while others will either serve out the remainder of their time or be offered extra compensation for immediate retirement. The new plan has not yet been fully formulated, but it has been decided that an appointment will be for one commission only, it being compulsory after that to spend a certain period at some hospital, and receive specified recommendations before further employment.

We do not know upon what foundations this very positive statement rests, but we suspect that they are not very substantial. At the same time, it must be recognized that there is a certain school in the navy, army, and India who have long been known to hold views with which this alleged scheme for the abolition of the Royal Navy Medical Service would be in harmony. We live in a time when no scheme is too wild for so-called reformers, who reorganize in haste and leave other people to repent at leisure. The aim of the re-organizers is no doubt efficiency, but we do not pretend to understand the mental process by which they arrive at the conclusion that the best way to promote efficiency is to destroy the work of years and put nothing in its place.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degrees in Medicine.

THE following Degrees in Medicine were conferred in a congregation held on Thursday, January 26th:

Bachelors of Medicine and Surgery (B.M., B.Ch.)—R. H. Sankey, Christ Church; J. Freeman, University College; J. A. Vlasto, New College; E. M. Smith, Queen's College; E. H. White, University College; A. W. Brodrribb, University College; A. H. Hogarth, Christ Church.

UNIVERSITY OF CAMBRIDGE.

LECTURESHIP IN PATHOLOGY.

THE Senate recommend that a University Lectureship, to be called the Huddersfield Lectureship in Special Pathology, be established at a yearly stipend of £50.

Degrees.

The following degrees were conferred on February 2nd:

M.D.—S. H. Nathan, Trin.; A. T. Hall, Gonv. and Cai.; S. W. Curl, Down.

Inceptor in Surgery.—A. R. Brailey, Down.

M.B.—J. C. Lucas, Cla.; C. W. Cunningham, non-coll.

B.C.—L. Dukes, Trin.; R. C. Mott, Trin.; C. W. Cunningham, non-coll.

UNIVERSITY OF LONDON.

Representation in Parliament.

SIR MICHAEL FOSTER has consented to offer himself for re-election to the next Parliament as member for the University of London. He seeks re-election as a representative of science and higher education; if re-elected he will take his seat as a member of the Liberal party. A Committee, with Sir Thomas Barlow as chairman, has been formed to promote his election. This Committee comprises graduates belonging to different political parties who are supporting Sir M. Foster on the ground of his many public services and in the belief that his special knowledge will continue to prove of great value to the House of Commons.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal Colleges of Physicians of Edinburgh was held on Tuesday, February 7th, Dr. Playfair, President, in the chair.

Fellowship.

Alexander Goodall, M.D., F.R.C.P.E., was introduced, and took his seat as a Fellow of the College. David Duncan Main, M.R.C.P.E., L.R.C.P.E., Shanghai, China, was admitted by ballot to the Fellowship of the College.

Membership.

Patrick Hehir, L.R.C.P.E., F.R.C.S.E., Manipur, Assam, was admitted by ballot to the membership of the College after examination.

Licence.

The Registrar reported that since the last quarterly meeting forty-four persons had obtained the licence of the College by examination.

UNIVERSITY OF DURHAM.

FACULTY OF MEDICINE.

Degrees of Doctor in Medicine and Master in Surgery.

THE Senate of the University of Durham has decided that German may be offered as an alternative subject for Greek in the Preliminary Examination for these degrees. This concession will come into force in September, 1906.

Appointment of Examiners.

The following have been appointed Extern Examiners for 1905: *Medicine*, Sir Isambard Owen; *Surgery*, Dr. G. H. Hume; *Midwifery*, Dr. G. E. Herman; *Physiology*, Professor Stirling; *Anatomy*, Professor Arthur Thomson.

UNIVERSITY OF MANCHESTER.

THE following have satisfied the Examiners in the Diploma in Public Health Examinations: F. B. Blandy, M.B., M.R.C.S., L.R.C.P.Lond.; B. K. Goldsmith, M.B., Ch.B., Edin.; E. B. Leech, M.B., B.C.Camb., M.R.C.S., L.R.C.P.Lond.; R. Lawrence, M.D., Manc.; A. H. Radcliffe, M.B., Ch.B., Manc.

At a meeting of Convocation held on February 1st, it was stated that in future the Registrar of the University Court will communicate to the Clerk of the Convocation all recommendations of the Senate which, if adopted, would involve a change in the ordinances of the University, and that such recommendations are to be communicated as soon as passed by the Senate, unless the Senate otherwise direct. A resolution was carried "that until otherwise determined by Convocation graduates of the University shall become qualified for registration immediately upon the conferring upon them of their degrees." At present three years must elapse between a graduate receiving his degree and becoming qualified for registration as a member of Convocation.

Appointment of Examiner.

PROFESSOR EDWARD MAINS, M.Sc., M.D., Edin., F.R.C.P., Professor of Midwifery in the University of Birmingham, has been appointed Examiner in Midwifery and Diseases of Women.

ROYAL UNIVERSITY OF IRELAND.

Appointment of Examiner.

PROFESSOR JOHN W. BYRNE has been reappointed Examiner in Obstetric Medicine.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Charter Dinner.

THE annual dinner of the Royal College of Surgeons in Ireland will take place this (Saturday) evening at Dublin. The President (Mr. Arthur Chance) will be in the chair, and His Excellency the Lord Lieutenant will be the guest of the evening.

General Medical Council.

The Council of the Royal College of Surgeons in Ireland has elected Sir Thomas Myles to be its representative on the General Medical Council in room of Sir Charles Ball, resigned.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a stated business meeting of the College held on January 13th, Dr. Henry Jellett, F.R.C.P.I., was unanimously elected an Additional Examiner in Midwifery, to take the place of an absent censor or examiner.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the examinations mentioned:

FINAL EXAMINATION.—SECTION A.

G. W. Thompson, W. Hutchinson, R. A. Connell, M. K. Acheson, A. L. Robinson, T. C. Somerville, C. G. Sherlock, H. D. Woodroffe, W. L. Hogan, L. V. Hunt, H. J. Wright, F. O'Brien, Kennedy.

PREVIOUS MEDICAL EXAMINATION.

Anatomy and Institutes of Medicine.—A. L. Robinson, G. H. Stack, Eleanor E. Finegan, J. W. Lane, W. D. Mitchell.

Physics and Chemistry.—J. G. W. Ponton, S. Swinburne, C. O'Brien, Fitzgerald, W. R. Allen.

PREVIOUS DENTAL EXAMINATION.

Materia Medica.—A. K. McDonald.

* Passed on high marks.

SOCIETY OF APOTHECARIES OF LONDON.

The Gilson Scholarship in Pathology.

THIS scholarship, of the annual value of £50, is open to competition by Licentiates of the Society or candidates for its diploma, under conditions which can be obtained on application to Mr. Frank Haydon, Secretary to the Court of Examiners. The scholarship is awarded for the encouragement of original research in connexion with any branch of pathology. Candidates must send in their names with two testimonials by February 28.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

STOCKPORT UNION.

In the Stockport Union in 1903 there were 588 cases of lunacy; in 1904, 604; at present there are 621. The County Borough of Stockport, with a population of 92,732, contributed 416 cases, and the other townships in the Union, with a population of 64,310, contributed 205 cases. There are 432 of the patients in asylums, 148 in the workhouse, and 41 are taken care of by friends. The cost of maintenance in asylums is 9s. 4d. per head per week, and in the workhouse 7s. 4d.

ANTHRAX IN BRADFORD.

Not for a long time have so many cases of anthrax occurred in Bradford. Already there have been five cases this year, and three have been notified within the last ten days. In some of the cases injection of serum was employed, but it is too soon to give a just opinion as to the efficacy or otherwise of the treatment.

DUTIES OF THE MEDICAL OFFICER OF A WORKHOUSE.

CAM. asks the following: Is the visiting medical officer to a workhouse who dispenses his own medicine supposed, under the orders of the Local Government Board, to keep a dispenser's drug account on exactly similar lines to those which would exist when there is a dispenser?

* We know of no regulation of the Local Government Board which throws this duty on the medical officer of a workhouse.