

protuberance of the abdomen shown in the photograph, eats well and sleeps well, and is making great progress in his studies, in which, owing to his ill-health, he was very backward.

In recorded cases of constipation the fortnightly evacuation is almost common, and longer periods not unknown, as instance a case recorded by Oliver in the *BRITISH MEDICAL JOURNAL* in 1896 (vol. ii, p. 839), where there was complete closure of the bowels for two months, and an extreme one, quoted by Eustace Smith, of three months.

This case owes its interest rather to the duration of the condition of constipation, the enormous amount of the retained material—practically a third of the body weight—and the satisfactory result of treatment.

ERGOT AND ARSENIC IN CHOREA.

By OLIVE RIVIERE, M.D., M.R.C.P.,

Assistant Physician, East London Hospital for Children, Shadwell;
Physician, Out-patients, City of London Chest Hospital,
Victoria Park.

IN the *BRITISH MEDICAL JOURNAL* of July 18th, 1903, Dr. Eustace Smith introduced to general notice the value of ergot in the treatment of chorea. Dr. Smith had used this treatment in his wards at the Shadwell Children's Hospital for a long period previous to that communication, and, having been favourably impressed with what I saw of it, I determined to give it a systematic trial among out-patients, where the favourable surroundings of in-patient treatment are not present to throw doubt on the action of the drug. Accordingly, between December, 1902, and May, 1903, I made notes of some 35 such cases coming under my care in the out-patient department at St. Bartholomew's Hospital, and have since treated a number of cases both there and at the Shadwell Children's Hospital. It is the result of this treatment that I now desire to record.

It will be seen that the determination of drug action on out-patients has certain advantages and certain disadvantages. The chief advantage is that the patient remains in the same general surroundings, so that whatever changes arise may more fairly be attributed to the effects of drug treatment. The main disadvantages are the risk that the medicine is not administered (not a serious one, I think), and the difficulty of giving sufficiently powerful doses without fear of poisoning. With certain diseases, and especially with chorea, comes in besides the fallacy of spontaneous temporary or permanent improvement, and the various changes to be observed from week to week in all such cases, apart from treatment. In consequence of these sources of error, and the great variety in the types of cases treated, I have decided that a statistical table of the results of treatment would be valueless, a general statement of results and impressions being more likely to prove reliable. The ergot was given in doses of 3j or 3jss of the liquid extract thrice daily, with 2 minims of liquor strychninae as recommended by Dr. Eustace Smith. These doses gave rise to no symptoms of poisoning, nor, indeed, to any physiological effects that were appreciable to myself. Among such out-patients I have found no signs of arterial spasm as indicated by slowing of pulse, increase of pulse-tension to palpation, or accentuation of the aortic second sound. The slowing of pulse, perhaps the most delicate sign, is of course valueless among child out-patients owing to the disturbing effects of temporary excitement or exertion.

My early conviction was that the ergot mixture had a marked curative effect on certain cases of chorea, and that in other cases the disease remained unchanged or became worse. My results show that about half of the cases were rapidly improved or cured by this means, and that most of the remainder improved when arsenic was substituted. I have endeavoured, but with negative results, to separate by some clinical features the type of case which responds to treatment by ergot. Several divisions of chorea may be made, all more or less arbitrary. Thus, cases may be divided into rheumatic and non-rheumatic, into those with much and those with little voluntary control, into those with little or much movement, into first attacks and later attacks, etc. To none of these divisions do the ergot-cured cases belong; examples of such may be found in all these classes. That it is the drug treatment which acts in these cases there is no doubt, since often if it is stopped the case relapses, and is again cured or improved by its readministration.

When the ergot treatment was found to have failed, arsenic was given, and in many cases improvement dated from that

moment and progressed slowly to cure. These may have been cases where arsenic would have benefited from the first. On the other hand, in two cases a curious thing happened. Their first ergot treatment was ineffectual, arsenic made them worse, but, on returning to ergot after arsenic had been tried, they were immediately improved or cured. This suggested to me the advisability of trying ergot and arsenic in combination. This I did with a mixture containing 3j of extract of ergot and 3 minims of liquor arsenicalis, these doses being increased as seemed desirable. I have used this mixed treatment for the past year, and have had such desirable results with it that I have been tempted to make this communication for the purpose of recommending it. Its good effects embrace, no doubt, three kinds of cases: (1) Those that are benefited by ergot; (2) those that are susceptible to arsenic; and (3) those, perhaps few in number, where, as in the two cases already mentioned, the one drug seems to supplement the other. I may say that among out-patients there are few cases which remain unbenefited by this treatment, and I confess to a feeling of great helplessness when I meet with such. In the majority the improvement begins at once.

The unbenefited cases consist mainly of those violent choreas for which so little beyond isolation can be done. Ergot and arsenic, given in such doses as one dares prescribe for out-patients, have no beneficial effect, and admission to hospital soon becomes imperative. The effect of ergot on those violent and protracted cases which gain admission to the hospital wards has been already described by Dr. Eustace Smith in the article to which I gave reference at the beginning of this communication.

MEMORANDA:

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

THE PETECHIAL RASH OF VOMITING.

IN certain cases of whooping-cough a petechial rash has been described as occurring on the patient's brow and temples;¹ and in certain cases of epilepsy a similar petechial rash (known as Trousseau's) has been described as occurring on the patient's brow and neck. In both cases the rash is obviously due to a sudden rise of intrathoracic pressure caused respectively by prolonged and violent coughing and by the violence of an epileptic fit. This pressure is transmitted against the hydraulic stream back along the superior vena cava and its tributary veins to the capillaries of the face and neck. Where those capillaries are least effectively supported, that is commonly in the skin wall, rupture may take place and a petechial rash be formed.

But there is another petechial rash, of which I have found no description in any textbook; nor have I ever heard of it except in the oral teaching of Dr. Graham Steel, whose clerk and house-physician it was in turn my privilege to be. This is the petechial rash of vomiting, which, I think, deserves a few lines in our textbooks.

A year ago I was consulted by a domestic servant, aged about 22, concerning a rash on her face. She was not alarmed about it, because she had had it once before, and believed it to be due to the common aperient pills which on both occasions she had taken a few hours before the rash came out. Her fellow-servants feared it was "something catching," and she had failed to reassure them. I found the pulse, respiration, and temperature normal, the tongue moist, but slightly furred. The patient declared that she felt well. Two days before she had suffered from acute indigestion; the previous day she had taken an aperient pill, and had vomited with great violence, standing up and leaning over a basin. Then she found the rash had appeared, and she consulted me on the morrow. The rash consisted of petechiae of various size, from a pin's head to a shirt button, irregular in shape, and often confluent, not disappearing on pressure; it extended thickly all over the areas of the temporal fossae and the brow between them, most marked in front, and fading away till it vanished on its upper and outer limits almost exactly where the hair normally begins, and at its lower limit, more suddenly, at the line of the eyebrows. Epilepsy, pertussis, and the violent onset of a haemorrhagic form of one of the exanthemata

¹ "During the extensive venous congestion, haemorrhages are very apt to occur in the form of petechiae," Osler's *Principles and Practice of Medicine*. Third edition, p. 93. See also p. 1097 for Trousseau's petechiae in the case of epilepsy.

were easily eliminated, and I confidently made the diagnosis of the petechial rash of vomiting. The sequence of events was evidently: acute indigestion, followed by the administration of a pill; before the pill could remove the disturbing cause per rectum, the stomach tried to remove it by the mouth; there was violent vomiting, accompanied with such strain on the capillaries of the brow as to cause their rupture and the appearance of the petechial rash. Treatment: milk diet, bismuth mixture, cascara pills. The rash gradually faded, and was almost imperceptible in five days.

Several years before this I had seen a precisely similar rash on the face of a middle-aged man, who on waking one morning felt a desire to vomit. Wishing to throw up all at the first attempt, he put a basin on the floor, and, keeping his body and legs still in bed, placed the palms of his hands on the floor, one each side of the basin, and in this position, with his mouth a foot lower than his stomach, vomited with one effort into the basin. This lowering of the head increased the tension of blood in the temples, and predisposed him to the haemorrhages which occurred.

Those who have in many short sea voyages gained a great experience of the act of vomiting, perhaps may be allowed to testify that the sudden congestion of the skin of the brow is commonly a very startling sensation; so acute is the frontal flush which is felt that, even though their capillaries may have always thus far stood the strain, they would never be at all surprised to see in the mirror the petechial rash of vomiting after one of their evil hours at sea. Far from being surprised at the occurrence of this rash, I am surprised at having seen it so seldom, in view of the violent strain to which, by the act of vomiting, the capillaries of the brow are subjected. So great may that strain be that I have once known it cause a deadly intracranial frontal haemorrhage in a youth of 19.

Birmingham.

CHARLES GASKELL HIGGINSON.

THE INFECTION OF SCARLET FEVER.

REFERRING to Dr. Poynton's very interesting lecture reported in the BRITISH MEDICAL JOURNAL of February 4th, p. 229, the following case, which has recently come under my notice, is remarkable as showing the persistence of infection after the lapse of twelve weeks:

H. T., aged 6, developed a typical attack of scarlet fever and was sent to the Isolation Hospital on 29th October. She remained there nine weeks—longer than usual on account of the persistence of nasal discharge. Both this and the desquamation had, however, entirely ceased on her discharge, nor had she any recurrence of it. Her brother, E. T., aged 14 months, who remained perfectly well in the interval, in order, as was thought, to obviate any possibility of infection, was sent away before her return to the home of a sister—who had herself three children—and remained there three more weeks.

H. T. and E. T., therefore, did not come into contact for twelve weeks after the beginning of H. T.'s illness.

A family reunion now took place at the home of H. T.'s parents, when the baby was brought back home accompanied by the three cousins. The house had, of course, undergone the usual disinfection at the hands of the sanitary authorities.

This reunion took place on a Sunday. The following Wednesday two of the cousins sickened with scarlet fever and were sent to hospital, and the third had a sore throat but no rash. On the Friday the baby developed a typical rash but no sore throat to speak of, and a day or two later acute otitis media with discharge.

Careful inquiry shows that there was no other source of infection as far as can be ascertained.

Southport.

R. M. LITTLE, F.R.C.S., etc.

THE DIAGNOSIS OF SCARLATINA.

I HAVE never seen any reference to a remarkable cutaneous reaction I have observed at times during the past twelve years, and which appears to have some diagnostic value. I first observed it accidentally when in charge of the male venereal ward of a workhouse. The patient had a brilliant red skin eruption, perhaps due to copaiba, and also a bubo threatening to suppurate. I marked on his skin an area to be painted with iodine, by drawing round it lightly the vulcanite end of a fountain pen, and was surprised to see a brilliant white line form twelve or fifteen seconds later, exactly corresponding to the track of the penholder. This white line gradually disappeared during the succeeding twenty or thirty seconds. I repeated the experiment several times, with the same result,

on that patient, and I have been in the habit since then of testing erythematous or scarlatiniform rashes in the same way. In scarlet fever I have never seen a good white line form, but only some slight fading in patches of the erythematous blush, on which the punctiform rash stands out rather more boldly, and this result I think I have always been able to obtain on the first day of the rash, though not always later.

Of the diagnostic value of this sign I cannot say much, as I have not had the opportunity of testing it on more than a very few cases of drug rashes, erythema, and similar conditions. In cases of simple hyperaemia, such as may be seen in the early stage of feverish states, I have found this reaction to occur. To produce it, sufficient pressure should be used to leave a momentary blanching of the skin, and a smooth instrument which does not scratch or irritate the skin is required, so that the end of a fountain pen does much better than a finger-nail. After the initial blanching has disappeared, no further change is visible for more than ten seconds, but in fifteen seconds the white line is vividly marked in good cases, and it always fades in less than one minute from the initial stimulus. It seems very strange that so long a period as nearly fifteen seconds should elapse between a stimulus and an apparently reflex contraction. It would be interesting to have the test tried on the scarlatiniform prodromal rashes mentioned in the BRITISH MEDICAL JOURNAL of February 4th, as I think they might give results differing from that obtained in scarlet fever.

Nottingham.

G. A. FERRABY, L.R.C.P., M.R.C.S.

ANTISTREPTOCOCCUS SERUM IN TOXIC SCARLET FEVER.

THE heavy fatality from toxic scarlet fever, and the comparative helplessness of the ordinary methods of treatment to reduce this condition, induce me to call your readers' attention to a remedy which I have had the opportunity of using during the last nine months in a series of six cases of toxic scarlet fever treated by me in our borough isolation hospital.

The remedy I refer to is the polyvalent antistreptococcus serum prepared by Messrs. Burroughs and Wellcome. My attention was first called to it by Dr. Gordon, of the Manchester Fever Hospital, and it was on his suggestion that I gave it a trial.

All the cases occurred in children under 8 years of age, and three out of the six recovered. Two of the cases which ended fatally were not received into hospital until the third day of the disease, the anomalous appearance of the rash coupled with the dusky cyanosis having rendered diagnosis difficult. In all cases there was high fever, delirium, vomiting, rapid pulse rate, and signs of cardiac failure; 10 c.cm. of the serum was administered every four hours during the first two days, and subsequently at gradually-increasing intervals.

In the cases which recovered there was slight fall of temperature after each injection and marked improvement in the general condition.

Hyperpyrexia was treated by cold sponging done slowly and deliberately, plenty of cold water being used. In all cases the throat and fauces were thoroughly douched with a mild alkaline antiseptic, the nose being thoroughly washed out at the same time.

Although in these toxic cases it would seem as if the blood provided the site for the manufacture of the poison rather than the throat and fauces, still the beneficial results which follow vigorous local treatment of the throat, nose, and fauces in the commoner form of septic scarlet fever points to the necessity of not neglecting local treatment in this more generalized toxæmia.

I am well aware that from so few cases it is not possible to draw many positive conclusions, but still the results are striking to those who have dealt with this type of disease on the ordinary lines. I am informed that this serum is prepared from horses immunized against ten varieties of streptococci.

Macclesfield.

J. HEDLEY MARSH,
Medical Officer of Health, Macclesfield.

LARGE VESICAL CALCULUS.

I SEE in the BRITISH MEDICAL JOURNAL of January 7th a case of vesical calculus reported by Mr. Pike, of St. Vincent. A stone of 13½ oz. in weight was removed by him by suprapubic operation, and Mr. Pike remarks that he can only find one instance of a stone exceeding this in size having been removed during life by lithotomy.

I may mention that some years ago I operated on a male patient in Bombay, and removed entire by suprapubic lithotomy a calculus weighing 17 oz., which I sent to the King's College Museum (London). As I went on leave to England shortly afterwards, I assisted Dr. Playfair, then Curator of the museum, to unpack the box, and found to my disappointment that the stone had been broken into fragments. To the best of my belief the stone is still in the King's College Museum.

W. K. HATCH, F.R.C.S.,
Lieut.-Col. I.M.S. (retired).

Norwich.

REPORTS

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

HOSPITAL FOR WOMEN AND CHILDREN, SWATOW. CASE OF LARGE URINARY CALCULUS FORMING ROUND FOREIGN BODY INTRODUCED INTO THE BLADDER.

(Reported by TINA M. BLAIRIE, M.B., Ch.B., English Presbyterian Mission, Medical Officer to the Hospital.)

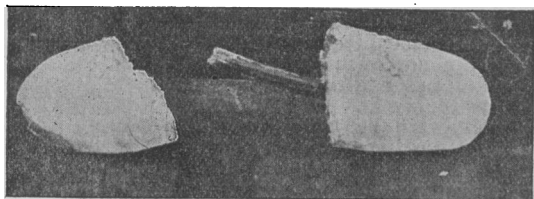
The following case of cystic calculus presents certain points of interest: X. Y., a Chinese woman, was admitted to hospital on June 20th, 1904, complaining of pain on micturition.

State on Admission.—She had a temperature of 103° F., and was in a very debilitated condition. The urine was scanty, ammoniacal, and pus-laden. The bowels had not moved for twelve days.

Treatment and Progress.—The bladder was washed out with warm boracic and the bowels opened with purgatives, and in two days the patient felt greatly relieved. On the third day after admission she had sudden and violent vesical pain on attempting to micturate, only a few drops of pus being passed. On passing a sound I found a large stone pressing down and blocking the urethra. An attempt to remove the stone per urethram proved unsuccessful, owing to the stone being very large and embedded in the bladder wall. Chloroform was therefore administered and a suprapubic cystotomy performed, when the stone was successfully removed. The wound was left open and free drainage established; a silver catheter was also fastened into the urethra, but for three weeks much foul pus was discharged from the bladder though it was washed out twice daily. Urotropine was pushed and antipyretics, chiefly quinine, administered. The main points during convalescence were as follows:—Constipation was very intractable; her temperature occasionally ran up to 105° F. in a most unaccountable way, and on one occasion, five weeks after operation, the patient suffered for several days from intractable vomiting and great prostration, so that rectal feeding was resorted to for forty-eight hours.

Result.—After this convalescence was steady, the bladder wall and abdominal wound healing quickly. From the twelfth day onwards attempts had been made to remove the catheter for a few hours but always with unfavourable results to the abdominal wound. Only after six weeks was the catheter altogether dispensed with, and in two more days the patient had complete control of the bladder. A week later, July 29th, she was discharged well, bowels regular, urine normal, appetite good.

REMARKS.—The annexed illustration is a photograph of the stone removed. It was a phosphatic calculus measuring $2\frac{1}{2}$ in. by $1\frac{1}{2}$ in., and weighed 11 drachms. It had formed round a piece of stick. After the discovery of the stone in



hospital the patient informed us that twenty-eight months before a man by whom she had wrongfully become pregnant used a piece of wood steeped in some native medicine in hope of procuring abortion, but passed it by mistake into the bladder. The pregnancy continued and a live child was born. Pain in the bladder soon commenced and gradually became very intense, until finally she was forced to come to the hospital for relief.

MEDICAL MAGISTRATE.—Dr. W. E. St. Lawrence Finny has been appointed to the Commission of the Peace for the Borough of Kingston.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Sir R. DOUGLAS POWELL, Bart., M.D., F.R.C.P., K.C.V.O.,
President, in the Chair.

Tuesday, February 14th, 1905.

INFLUENCE OF STIGMATA OF DEGENERATION ON THE PROGNOSIS OF EPILEPSY.

Dr. W. A. TURNER read this paper, which was based on 100 consecutive cases of confirmed epilepsy in the Chalfont Colony. The stigmata were facial deformity and asymmetry, deformities of the hard palate, of the external ears, and dental anomalies and displacements. Of 100 epileptics, 62 were males and 38 were females. Stigmata occurred in 52 males and 23 females, being 75 per cent. of the total number of cases. The greater freedom of females from stigmata was in relationship to the greater exemption from mental deterioration in the female. Direct parental heredity to epilepsy or insanity was usually associated with more pronounced stigmata than collateral heredity. Those cases in which the disease commenced between birth and 5 years of age showed a larger percentage of stigmata than at other ages. The absence of stigmata did not necessarily imply an early or favourable termination of the disease. The purely *petit mal* type did not exhibit marked evidence of hereditary degenerative disposition. Of those in whom there was marked mental enfeeblement, 53 per cent. exhibited, and only 7 per cent. were free from stigmata. Hence there would appear to be a close association between degrees of mental impairment and the presence of neuropathic stigmata, a fact which was in favour of the view that the interparoxysmal mental condition was a part of the disease.

Dr. C. H. BOND emphasized the importance of grouping cases of epilepsy into age-periods for statistical purposes. Stigmata might be used as a basis for distinguishing spurious from real mental defect.

Mr. S. PAGET doubted if the stigmata had any special reference to epilepsy except as a part of a wide neuropathic degeneration; the proportion of their occurrence in the cases of epilepsy corresponded fairly closely with that in the London poor in general. Facial asymmetry was practically universal.

Dr. G. SHUTTLEWORTH thought a single stigma occurring alone had little importance. Facial asymmetry, as shown by the experience of hatters, was especially frequent in distinguished people. The mental defect in the presence of stigmata was probably a developmental defect, and not due to the epilepsy.

Dr. FLETCHER BEACH referred to the effect of structural brain disease on cranial deformity, and on the presence of webbed fingers as a stigma.

Dr. TURNER replied.

CONGENITAL DEFECT OF ABDOMINAL WALL AND OF THE GENITO-URINARY APPARATUS.

Dr. A. E. GARROD and Dr. WYNNE-DAVIES communicated this paper, in which they described the clinical features and *post-mortem* appearances observed in the case of a male infant which presented almost complete absence of the muscles of the abdominal walls, hypertrophy and dilatation of the urinary bladder (which had in similar instances been attached to the umbilicus either directly or by a urachus), a linear scar-like umbilicus, and undescended testicles. Microscopical examination of the spinal cord and muscle excluded intrauterine poliomyelitis and atrophy as against non-development of the muscle. The authors leaned to the view, advocated by Stumme in his monograph, that of the three possible theories—namely, (1) that the condition of the bladder was due to the non-development or atrophy of the muscles, (2) that the two malformations had a common cause, or (3) that the non-development or atrophy of the muscles was secondary to a temporary obstruction of the escape of urine occurring during intrauterine life—the last was the most likely to be correct.

Dr. L. GUTHRIE suggested as an alternative theory of causation a primary defect of the abdominal wall, which was supported by Dr. E. F. BUZZARD, who, with Dr. NEWTON PITT, discussed the paper; and Dr. GARROD replied.

NORTH OF ENGLAND OBSTETRICAL AND GYNAECOLOGICAL SOCIETY.—The annual general meeting of this Society was held at Owens College, Manchester, on January 20th, when the following office-bearers were elected:—*President*: D. Lloyd

MEDICAL NEWS.

MR. MALCOLM MORRIS will deliver the Harveian Lecture before the Harveian Society of London on March 9th at 8.30 p.m. The subject will be some modern therapeutic methods in dermatology, with exhibition of cases treated by the *x* and Finsen rays.

The annual general meeting of the supporters of St. Mark's Hospital for Fistula was held on February 9th. It was stated in the report presented and adopted that £113 18s. had been received from out-patients, while the two paying wards opened last March had given a return of £154 16s.

At a provincial sessional meeting of the Royal Sanitary Institute, to be held at the Town Hall, Newcastle-upon-Tyne, on Saturday, March 4th, at 11 a.m., a discussion on the aerial dissemination of small-pox round hospitals will be opened by Dr. H. E. Armstrong, M.O.H. Newcastle-upon-Tyne.

A SOMEWHAT belated but unusually successful Christmas entertainment was given this week to the patients in St. Peter's Hospital for Stone by Mr. Stanley Brett, of the Vaudeville Theatre, who enlisted as his voluntary assistants for the occasion several of the principal performers at the Lyric and Vaudeville Theatres.

A SANATORIUM AT MADEIRA.—The first of the German sanatoriums founded by Prince Hohenlohe in the island of Madeira has lately been opened. It is situated at a height of 300 metres above the sea level and has accommodation for sixty patients.

A MEDICAL PRELATE.—Mgr. George H. Doane, Vicar-General of the Roman Catholic Diocese of Newark, New Jersey, who died on January 20th, was a graduate of the Jefferson Medical College. Though a regular member of the profession, he seems never to have practised medicine.

REQUESTS TO HOSPITALS.—The late Mr. Wingfield-Digby, M.P., bequeathed £500 to Yeatman Hospital, Sherborne, and the late Mrs. Emily Wilson, of Tipton Hall, Sheffield, bequeathed £200 to the Jessop Hospital for Women, and £100 each to the Royal Hospital and Royal Infirmary, all in Sheffield.

THE PUFFING PARAGRAPH.—The County Medical Society of Otero, California, some time ago requested the newspapers of the county to refrain from mentioning in any way the name of any member of the Society in news items relative to illness or accident. In *La Junta* the request has been complied with, and the editor has promised not to offend again in the same way.

THE UNIVERSITY OF CHICAGO AND PURE WATER.—The report of Dr. Charles P. Small, Physician to the University of Chicago, for the last quarter of 1904 has recently been issued. It shows that of the 3,000 students in residence at the University last year only 355 (240 men and 113 women) sought counsel of him. During the last quarter there was not a single case of typhoid, and in the summer there were only three. This is the best record ever reported at the University. The good health of the students is attributed to the improvement in the supply of drinking water, which is the outcome of an energetic agitation carried on for a year.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The annual dinner of the West London Medico-Chirurgical Society was held on February 8th at the Hotel Great Central, London, with Dr. C. M. Tuke, the President of the Society, in the chair. After the Royal toasts had been duly honoured, Mr. A. Doran, in proposing the toast of the "Imperial Forces," referred to the work done by the officers in the Royal Navy and Army Medical Services, not only as scientists but as soldiers and administrators. After this toast had been responded to by the Director-General of the Medical Department of the Royal Navy, Lieutenant-Colonel Wilson replied on behalf of the Army Medical Service and observed that the men in that service were very keen on their work, and the best men were being picked out for special work and given opportunities for study and practice. Dr. Seymour Taylor was entrusted with the toast of "The Kindred Societies and Guests," which was acknowledged by Sir W. Church and Mr. Langton. Dr. Savage, in proposing the toast of "The Society and its President," gave particulars of the increase in the number of the members of the Society, and commented on the excellent clinical evenings, and complimented those re-

sponsible for the interesting cases shown. In the course of the evening Dr. Elliot, the Senior Honorary Secretary to the Society, received many congratulations on the success of the dinner, which was a record one, covers being laid for over 120 guests.

INTERNATIONAL ANTIALCOHOL CONGRESS.—The programme of the tenth International Antialcohol Congress which is to be held at Buda-Pesth from September 12th to 16th has just been published. Among the questions proposed for discussion are: The influence of alcohol on the resisting power of the human and animal organism; is alcohol a food? alcohol and sexual life; alcohol and the penal law; alcohol and physical fitness, with special reference to military training; the organization of the temperance movement; school and education in the struggle against alcoholism; the reform of the liquor trade; and the corrupting influence of the trade in spirituous liquors on the natives of Africa. Among the reporters we observe the names of Dr. Malins (Birmingham), Professor Lombroso (Turin), Dr. Legrain (Paris), and Professor Gruber (Munich). Communications should be addressed to the Executive Committee of the Congress, IV Kospontivaroshaza, Buda-Pesth.

AMERICAN MEDICAL ASSOCIATION.—A Bill to incorporate the American Medical Association was introduced in the House of Representatives on January 9th, 1905. The Bill was referred to the Committee on the judiciary, and was ordered to be printed. It provides that Drs. Robert M. O'Reilly, Presley M. Rixey and Walter Wyman, of Washington; Dr. E. H. Gregory, of St. Louis; Dr. Henry O. Marcy, of Boston; Dr. Nicholas Senn, of Chicago; Dr. George M. Sternberg, of Washington; Dr. J. M. Mathews, of Louisville; Dr. W. W. Keen, of Philadelphia; Dr. Charles A. L. Reed, of Cincinnati; Dr. J. A. Wyeth, of New York; Dr. Frank Billings, of Philadelphia; Dr. T. J. Happel, of Trenton; Dr. Miles F. Porter, of Ft. Wayne; Dr. E. E. Montgomery, of Philadelphia; Dr. W. W. Grant, of Denver; Dr. H. L. E. Johnson, of Washington; Dr. A. L. Wright, of Carroll; Dr. William H. Welch, of Baltimore; Dr. M. L. Harris, of Chicago; Dr. Philip Marvel, of Atlantic City; and Dr. Lewis S. McMurty, of Louisville, and their successors, and those who may be associated with them, shall be "made and constituted a body politic and corporate by the name American Medical Association, with perpetual succession and power to take, for the purposes of its incorporation, by devise, bequest, grant, gift, purchase, or otherwise, and hold or convey, both real and personal property and transact business anywhere within the United States." The object and purpose of such corporation are declared to be to promote the science and art of medicine and the public health throughout the United States.

MIDLAND MEDICAL UNION.—The fourth annual meeting of the Midland Medical Union was held at the Hotel Portland, Chesterfield, on January 26th, Dr. George Booth, the retiring President, in the chair. The annual report was printed, and on the proposition of Dr. Macdonald, seconded by Dr. Brownlow Smith, was adopted. In the absence of the Honorary Treasurer, Dr. F. R. Mutch, of Nottingham, the General Secretary presented the account of income and expenditure which showed a balance in hand of £29 15s. 3d. The accounts were approved and adopted, and on the proposition of the President, seconded by Dr. Favell Edmunds, Dr. G. G. Macdonald, of Crich, was elected President, and took the chair. The officers for the ensuing year were then elected as follows:—*Vice-President*: Mr. R. G. Allen, of Belper. *Honorary Treasurer*: Dr. F. R. Mutch, of Nottingham. *The Council*: representing the Nottingham Branch—Dr. A. Fulton, Nottingham Road, Basford; Dr. J. H. Thompson, Arkwright Street, Nottingham; Mr. J. H. Cox, Alfreton Road, Nottingham, and Dr. J. W. Noble, Burns Street, Nottingham (Honorary Secretaries). Representing the Mansfield Branch—Dr. T. Tate, J.P., Mansfield; Dr. E. H. Houghton, Mansfield; Mr. J. C. Palmer, Mansfield Woodhouse (Secretary). Representing the Belper Branch—Mr. R. G. Allen, Belper; Dr. G. G. Macdonald, Crich, near Matlock Bath; Dr. W. B. A. Smith, Belper (Honorary Secretary). Representing the Chesterfield Branch—Dr. J. G. Shea, J.P., Chesterfield; Dr. George Booth, J.P., Chesterfield; W. Duncan, Clay Cross (Honorary Secretary). *Honorary Auditors*: Mr. J. H. Cox and Dr. A. Fulton. *General Secretary*: George S. O'Rourke, M.A., LL.D., Albion Chambers, King Street, Nottingham. The General Secretary was instructed to add a list of members of the union to the report. The annual dinner will be held on March 9th.

Ireland.

THE LEINSTER BRANCH.

THE annual meeting of the Leinster Branch of the British Medical Association will be held in the Royal College of Physicians, Dublin, on February 25th, when the incoming President, Sir Thomas Myles, will deliver an address. The members of the Branch will dine together in the evening.

SEWAGE SCHEME OF THE PURDYSBURN INFECTIOUS DISEASES HOSPITAL, BELFAST.

Several years ago the City Council decided to build the new city fever hospital at Purdysburn. A very large majority of the profession thought the site most undesirable, and more than one deputation pointed out the disadvantages, and warned the council of the probability of an institution at such a distance turning out a white elephant on their hands. The scheme has, however, been carried out at considerable expense, and the profession were settling down and prepared loyally to make the best of what was offered. On January 30th a large meeting of ratepayers of one of the wards was held to protest against the proposed sewage scheme. It would bring the whole sewage of the hospital and of the adjoining asylum back through the intervening country, across the River Lagan, and then, by means of force pumps, raise it to the level of one of the best residential districts in Belfast, and empty it into the beginning of the city sewers, by which it would travel across the whole town for about four miles before passing into the Lough. Objection is taken not only on account of the danger and the apparent Gilbertian method of removing typhoid patients three to eight miles, according to where they live, from home, and then carrying their excreta back again, and diffusing it throughout the city sewers from one end to the other; but also to the heavy capital and annual expenditure involved in a high-pressure iron pumping main and pumping station.

A deputation laid these views before the monthly meeting of the City Council on February 1st. A very objectionable feature in the whole case was brought out by the deputation that the representatives of the ward chiefly affected said they knew nothing about the scheme, and that the newspapers referred to it in such a way that it was unintelligible to the ordinary reader; and although passed on June 1st last it did not become publicly known till a ratepayer accidentally asked the meaning of the laying down of the pipes. In explanation the Chairman of the Health Committee stated that the sewerage would be all disinfected before being emptied into the city drains.

There is a very general feeling that the citizens have lost faith in the City Council. The revelations brought out by the Local Government Board inspector as to the expense of the new City Hall have intensified this mistrust; the electric lighting, estimated originally to cost £500,—much too small a sum—has already cost over £5,000. The total cost of the building at the beginning was said to be £150,000; already £300,000 has been spent. It is not finished, and there are potentialities for any amount of litigation. It is said in this huge building there is no sanitary department or department for public health. This is in keeping with the facts that the town clerk gets something like £3,000 a year, and the medical superintendent officer of health £500 a year; it is also in keeping with the death-rate, which is amongst the highest of the large towns of the kingdom, and with the fact that the mortality from phthisis exceeds that of Whitechapel.

LITERARY NOTES.

SIR H. A. BLAKE, Governor of Ceylon, is said to have stated at a recent meeting of the Asiatic Society at Colombo that Sinhalese medical books of the sixth century described 67 varieties of mosquitos and 424 kinds of malarial fever caused by mosquitos.

The Pope has conferred on Sir Francis Cruise, M.D., D.L., Honorary Physician in Ordinary to the King in Ireland, the Knighthood of the Order of St. Gregory the Great, together with the star, or decoration of that order, in recognition of his researches on the *Imitation of Christ* and its author. Sir Francis Cruise's earlier work concerning the authorship of the *Imitation* has been translated into French and German, and so great is the influence of the German version that it has led the Municipality of Kempen to name a new street after Sir Francis Cruise, as the champion of their famous townsman, Thomas à Kempis. A new translation by him of the

Imitation, with an outline of the author's life, has recently been published.

The *Index Medicus Hispanus*, of which the first number (January-April, 1904) appeared during the course of last year, is published under the auspices of the Colegio de Medicos of Gerona. It is intended to supply a bibliography of current Spanish medical literature, of which, for want of a publication of the kind, comparatively little has hitherto been known in other countries.

A new periodical entitled *Medical Notes and Queries* is to appear at Philadelphia. Ten numbers will be issued in the year. The journal, which will be edited by Dr. Henry W. Cattell, is to be devoted to the "practical side of medicine, but from a scientific point of view."

The Committee on Historical Pharmacy of the American Pharmaceutical Association has undertaken to collate data bearing on the military and naval pharmacy of the Civil War, and has issued an appeal for information from all who have any knowledge of this subject.

In the BRITISH MEDICAL JOURNAL of July 2nd, 1904, it was stated that the Peniarth (previously known as the Hengwrt) Library, which was described by Dr. Gwenogvryn Evans as "undoubtedly the premier collection of Welsh MSS. both in extent and in quality," had been acquired by Sir John Williams, M.D., who in 1899 also purchased the Welsh portion of the Shirburn Castle Library. It was added that Sir John had made definite provision for the eventual transfer of these as well as his own private collection to a Welsh national library if it were established at Aberystwyth, or if not to the library attached to the University College of Wales in that town. In the *Court Circular* of February 12th it was announced that the Treasury having agreed to make a contribution from public funds towards the cost of establishing and maintaining a national museum and a national library, on condition that sufficient public support is forthcoming, the Lord President of the Council has appointed Lord Balfour of Burleigh, the Earl of Jersey, and Lord Justice Cozens-Hardy, a Committee to consider the place at which each of the two institutions should be established, the probable cost of erecting and maintaining them, the contributions which may be expected from local sources towards such cost, and the constitution of the trust or governing body which should be appointed to manage the institutions if established. Lord Balfour of Burleigh is the Chairman of the Committee.

M. Henri Meige, in a recent number of the *France Médicale*, gives an account of two French saints whose speciality was the cure of madness. One of these was St. Menoux, whose tomb is still to be seen behind the high altar of the fine old church of a village, near Bourbon-l'Archambault, which bears his name. One of the walls of the stone sarcophagus is pierced with a hole large enough to let a human head pass through. Patients suffering from headache or from mental derangement put their heads through this hole and recite a special prayer. A similar practice is found in the cult of St. Dizier, whose shrine still exists in the neighbourhood of Delle, in Alsace. He was Bishop of Rennes in the seventh century, and was held in great veneration through Alsace, Franche-Comté, a part of Switzerland, and Champagne. The sarcophagus of St. Dizier, like that of St. Menoux, has a hole in it, through which the patient's head is thrust. At both shrines bathing is a part of the treatment. A particularly interesting point about St. Dizier, however, is that he seems to have established a colony in which lunatics were treated on the boarding-out system. M. Tallon, who has investigated the matter historically, says that when a patient was brought to St. Dizier two respectable men of firm character and irreproachable conduct were chosen to be his guardians. They first put him to bed in a room off the church set apart for the purpose. If he did not appear to be dangerous he was taken into the house of one of the appointed custodians, and the treatment consisted of amusements, walking, manual labour, and during the winter social assemblies. The village was, in fact, a large asylum, or rather a large family, of which the *curé*, at once priest and physician, was the head.

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.

Dr. NATHANIEL DAVIDSON, who was born in 1805 and would have completed his century in March. Dr. Davidson was educated at Edinburgh and took the licence of the Edinburgh College of Surgeons in 1828. He obtained the licence of the Apothecaries' Society of London in 1829, and practised for many years in George Street, Portman Square. In 1861 he obtained the licence of the Royal College of Physicians, which at that time conferred the brevet rank of "doctor," and retired about twenty-five years ago.

Dr. ROBSON ROOSE, at one time a "Society doctor" of considerable note, died on February 12th at the age of 56. He studied at Guy's Hospital, and obtained his first qualification in 1870. He was a Member of the Royal College of Surgeons of England, a Licentiate of the sister College of Edinburgh, a Fellow of the Royal College of Physicians of Edinburgh, and a Doctor of Medicine of Brussels. He practised for some years at Brighton, where, among the aristocratic and fashionable invalids sent to that health resort to recuperate, he laid the foundation of a practice which in time became very large, and included leaders in politics and society, and still more exalted personages. When he felt his position secure he transferred his base of operations to the metropolis, where for a long time he flourished exceedingly. He was a noted Amphitryon, and at his table might be found potentates, peers, and politicians of different parties who found his house a convenient neutral territory where they could meet without attracting public attention. Society journalists vied with each other in singing the praise of the hospitable physician in the lay press. There must have been something beyond the common in a man who was able to win and retain the confidence of men so shrewd and so experienced in the world's ways as Randolph Churchill, Montagu Williams, Edmund Yates, the Duke of Devonshire, Mr. Labouchere, and Mr. Chamberlain, to mention only a few of the first names that come to mind. Yet Dr. Roose held no hospital appointment, and although his name was attached to a book or two and to a few magazine articles, he added nothing to the sum of knowledge, and his position in the profession scarcely accorded with that which he held in the eyes of the public. His knowledge of medicine was considerable, but his knowledge of men was still greater, and he had to a consummate degree the art of managing patients. Some years ago Dr. Roose became involved in a lawsuit brought against a company of which he was a director. Although he was acquitted of all blame, the result of the trial caused him not only heavy financial loss, but much vexation of spirit. He retired to East Grinstead, retaining only consulting rooms in London. He was a man of kindly disposition and found legitimate satisfaction in the fact that he had risen from the position of assistant to a parish doctor to an important place in the social life of London.

We announce with much regret the death from appendicitis on February 1st, of Dr. MAURICE E. LING. The deceased was born at Saxmundham in 1855, and was the son of a medical man much respected and esteemed. Dr. Ling, who was educated at the London Hospital, qualified as L.S.A. in 1877, M.R.C.S. Eng. in 1878, and took the degree of M.D. Durham in 1900. He was in practice for some years at his home in Suffolk, and came to London in 1894, where he practised first in West Halkin Street and subsequently in Harley Street. Dr. Ling was a man of wide experience, and even in the short time that he followed his profession in London obtained support from several distinguished physicians and surgeons. He was greatly esteemed by all his friends for his practical and thorough knowledge of his profession and for his genial presence and courteous conduct to all with whom he came in contact. A charming companion, an accomplished and exceptionally well-read and resourceful practitioner, his death is deeply regretted by all his friends. It is quite certain that if he had lived he would have obtained a very high position and would have made his mark among the many distinguished and brilliant general practitioners in London. One who knew him intimately writes: "It is a matter to me of deep sorrow and regret that an able and accomplished practitioner should have been thus cut off in the prime of life, on the verge of supreme success. I can only say that I profoundly feel his loss." Dr. Ling leaves a widow and three children.

Dr. GEOFFREY HETT of Westbourne Park Road, who died on January 25th, in his 61st year, received his medical training at King's College Hospital, where he was a prizeman in anatomy. He afterwards studied at Edinburgh University,

where he graduated M.D. in 1871. Previously to settling in practice Dr. Hett travelled, and acted as House Surgeon to the Lincoln County Hospital, and after at Weston-super-Mare. Thirty years ago he was elected to the staff of the Westbourne Provident Dispensary. To that institution, which was subsequently affiliated with the Metropolitan Provident Medical Association, he gave unstinted service. It was no unusual thing for him to see as many as sixty or seventy out-patients on the day of his attendance. For about twelve years past Dr. Hett, with the help of skilful amateurs, gave yearly a dramatic entertainment for the benefit of the members of the dispensary. Indeed, he devoted himself so much to the poor that he sacrificed much practice among the richer classes. Possessed of an excellent constitution, Dr. Hett enjoyed long walks, and he celebrated his 50th birthday by walking to Brighton from London. He was for many years a member of the Harveian Society and London Lincolnshire Society. Dr. Hett leaves a widow, one daughter, and three sons, the eldest of whom is a member of the medical profession.

It is with regret that we announce the death of Mr. ALFRED VAVASOUR GRIFFITHS, M.R.C.S., L.S.A., which occurred at his residence in Fenton, Staffordshire, on January 27th, at the age of 56, from pneumonia following influenza. After receiving his medical education at Queen's College, Birmingham, Mr. Griffiths took the diploma of M.R.C.S. in 1872 and that of L.S.A. in 1873. He for many years filled a large and important place in the town life of Fenton. In his public capacity he was Medical Officer of Health for Fenton and held many other appointments. The position he took in the estimation of his fellow-townsmen as a medical man was well expressed by the Vicar of Fenton, the Rev. the Hon. H. L. Tyrwhitt, in an obituary notice: Dr. Griffiths, he said, was a martyr to duty, a willing slave to conscience, who but for that splendid trait would, he believed, have been with them still. During the many years of his high, honourable profession in the midst of the sick and suffering and the poor he won the affection and gratitude of thousands of human hearts. Quiet, reserved, with no ostentation, and generous just where generosity was most needed, they honoured him in death as they revered him in life. It seemed as though not only a man, a person, had gone, but as if an institution had been removed. With him, of course, it was well; Dr. Griffiths died in the act of duty as much as any soldier of the King on the battlefield.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor L. Jacobson, a well-known otologist of Berlin, aged 52; Professor Karl Klein, head of the third Surgical Clinic at St. Petersburg; Dr. Otis Eugene Hunt, of Newtonville, Massachusetts, one of the physicians present at the first public use of ether as an anaesthetic, aged 82; Dr. Beugnies-Corbeau, of Gidetz, a man of great erudition, author of a treatise on the medical archaeology of Egypt and Judaea, aged 52; Dr. Baudon, of Momy in the Oise Department, author of important works on palaeontology, aged 84; Dr. Nicolai Jaklakoff, Director of the St. Sophia Children's Hospital, Moscow, and sometime President of the Russian Medical Society, aged 60; Dr. J. Felix of Bucharest, sometime Director-General of the Roumanian Public Health Department; Dr. Cordelia A. Greene of New York, one of the oldest medical women in the United States, aged 74; Dr. Edward Linzee Cunningham, the second oldest graduate of Harvard, where he was in the same class as Oliver Wendell Holmes, and the oldest graduate of its Medical School, aged 95; Dr. Béraud, representative of the Vaucluse in the French Senate; Dr. Theodor Roschtschinin, Physician to the Czar, aged 63; Dr. Hugo Huppert, Professor of Chemistry in the German University of Prague from 1872 to 1902, author of a treatise on urine analysis and many other works, aged 72; Dr. Gustav Ludwig, who was a long time on the staff of the German Hospital in London, well known as a collector of art treasures and antiquarian curios and a recognized authority on the history of Venice; and Dr. August Falco, Director of the Sanct Gilgenberg Lunatic Asylum, near Bayreuth, aged 74.

SURGEON-MAJOR-GENERAL THOMAS WALSH died at Booters-town, co. Dublin, on February 5th, in his 67th year. He was appointed Assistant Surgeon, May 25th, 1858; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1873; Brigade-Surgeon, July 16th, 1884; Surgeon-Colonel, October 28th, 1889; and Surgeon-Major-General, July 18th, 1894; retiring

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD. *Board of Faculty of Medicine.*

THE following have been elected members of the Board of Faculty of Medicine, and will hold office until February, 1907: Sir William Selby Church, Bart., D.M., Christ Church, Honorary Fellow of University College; Walter Ramesden, D.M., Fellow of University College; Ernest William Ansley Walker, D.M., Fellow of University College; Walter William Fisher, M.A., Corpus Christi College; Samuel Hatch West, D.M., Christ Church; William Bruce Clarke, B.M., Pembroke College.

UNIVERSITY OF CAMBRIDGE.

ERRATUM.—In the list published last week of gentlemen upon whom the degree of M.D. Camb. was conferred on February and the initials of Dr. A. J. Hall were incorrectly given.

The third examination for medical and surgical degrees will begin on Tuesday, May 2nd, and the examination for the M.C. degree on Thursday, May 4th. The names of candidates should be sent to the Registrar on or before Monday, April 17th. Liverpool United Hospitals has been added to the list of hospitals recognized for the purposes of the regulations for medical degrees.

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.

THE following candidates satisfied the Examiners at the January examination:

S. H. C. Air, C. E. Anderson, C. J. Armstrong-Dash, Muriel C. Bywaters, Hilda Clark, P. C. Conran, Eleanor Davies-Colley, Bella Dawson, E. J. De Verteuil, M. R. Dobson, Clara Eglington, E. D. Ellis, J. H. Farbstain, F. P. Fisher, Margaret Fisher, N. K. Foster, A. Fothergill, T. C. H. S. Frankau, Gertrude Gazdar, F. Gooding, H. L. Grabham, Ethel R. Griffiths, H. Hawker, C. T. Hawkins, J. A. B. Hicks, F. N. S. Hitchcock, F. G. Hodder-Williams, E. H. Hugo, A. E. Iles, W. A. M. Jack, G. G. James, J. P. Johnson, E. J. G. Jones, E. R. Jones, A. J. Kendrew, T. E. H. Kettle, A. J. Lee, *B. A. Lloyd, C. Lovell, E. L. W. Mandel, H. L. Morgan, J. G. Morgan, H. P. Orchard, R. C. Paris, B. T. Parsons-Smith, E. H. A. Pask, A. M. Pollard, P. J. Probyn, D. Ranken, M. J. Ratray, A. H. Rich, *C. F. Robertson, T. G. S. Smith, E. W. Squire, R. Y. Stones, A. A. Stratton, J. J. Suckling, A. J. Symes, R. E. Todd, R. S. Townsend, C. W. Vining, C. F. Walker, P. I. Watkin, H. O. Williams, C. McM. Wilson, E. M. Woodman.

*Distinguished in Anatomy. †Distinguished in Physiology.
‡Distinguished in Pharmacology.

MEETING OF THE SENATE.

A MEETING of the Senate was held on January 25th.

Chair of Physiology at University College.

It having been reported that the Worshipful Company of Mercers had voted a sum of £1,000 to the University for the promotion of the study of physiology at University College, it was resolved that the thanks of the Senate be conveyed to the Company for their munificent donation.

Recognition of Graduates of other Universities.

It was reported that during the year 1904 twenty graduates of other Universities and other persons similarly qualified under Statute 113 had been admitted as candidates for the Doctorate in one or other of the faculties. Of these, four had come from Oxford, four from Cambridge, and others from Bombay, Durham, Heidelberg, the Royal University of Ireland, Madras, Melbourne, Sydney, the Victoria University of Manchester, and the University of Wales.

Mutual Recognition of Certificates by the Universities of Oxford, Cambridge and London.

The negotiations which have been carried on during the past few months between the Universities of Oxford, Cambridge, and London, for the mutual recognition of matriculation and other certificates, have now resulted in a definite agreement by which, under certain conditions, the Cambridge Previous Examination and the Cambridge Senior Local Examination will be accepted in lieu of the London Matriculation Examination, and the London Matriculation Examination, whether taken in its ordinary form or in the form of the School Examination (Matriculation Standard) for the school leaving certificate, will give exemption from the Cambridge Previous Examination.

The negotiations are still in progress for a corresponding mutual recognition of certificates between the Universities of Oxford and London.

The Senate resolved to interpret retrospectively the agreement with the University of Cambridge and that with the University of Oxford when concluded.

Appointment of Francis Galton Research Fellowship.

Mr. Edgar Schuster of New College, Oxford, has been appointed to the Francis Galton Research Fellowship in national eugenics. Under the scheme for the Fellowship, national eugenics is defined as "the study of the agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally." Mr. Schuster will in particular carry out investigations into the history of classes and families. The office of Mr. Schuster will, for the present, be at University College.

Appointments.

Dr. A. D. Waller, F.R.S., and Dr. T. L. Mears were re-elected Director and Treasurer of the Physiological Laboratory respectively.

King's College.

Dr. D. Somerville has been appointed Lecturer in Public Health.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on February 9th, with Mr. John Tweedy, President, in the chair.

Diplomas.

Diplomas of Membership were issued to 99 candidates found qualified at the recent examination. Diplomas for the Licence in Dental Surgery were issued to 9 candidates, and 17 diplomas in Public Health (in con-

junction with the Royal College of Physicians) were granted to successful candidates.

Examiners in Surgery.

Mr. W. H. A. Jacobson was re-elected. Mr. Bilton Pollard was elected in the vacancy occasioned by the death of the late Mr. A. Q. Silcock.

The Queen Victoria's Jubilee Institute for Nurses.

Mr. Thomas Bryant was re-elected as the College representative on the Council of this Institute.

School for the Teaching of Earlier Subjects.

A Committee was appointed on the motion of Mr. Makins, to consider and report upon the practicability of the institution by the College of a school for the teaching of the early and intermediate subjects of the medical curriculum and advanced pathology.

Central Midwives Board.

Mr. Ward Cousins was re-elected to represent the College on this Board.

The late Mr. Luther Holden.

A resolution was passed in appreciation of the late Mr. Luther Holden, past President of the College, who died on Monday, February 6th, at the age of 90; and a vote of sympathy with Mrs. Holden.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Charter Dinner.

THE Charter Day dinner at the Royal College of Surgeons, which was to have taken place on Saturday evening, February 11th, was postponed owing to the illness of His Excellency the Lord Lieutenant, who had accepted an invitation to be present. The new date has not yet been fixed.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE ROYAL INFIRMARY, LIVERPOOL.

THE annual meeting of the Royal Infirmary was held on January 26th, Mr. E. R. Bickersteth, F.R.C.S., Consulting Surgeon, who has held the office of President during the past year, being in the chair. The Honorary Treasurer, in his report, stated that the average number of beds occupied was ten more than last year, in fact the number was the largest on record. A member of the Committee had generously provided means for reorganizing the Pathological Department, which was now equipped with a cold storage room and the necessary plant for maintaining a low temperature. As a memorial of the late John Lawrence, a most valued member of the Committee, a bed had been endowed by his friends, and his place on the Committee had been filled by the election of Mr. A. F. Warr, M.P. A bed has been endowed by the retiring president, Mr. Bickersteth, in memory of his father, the late Mr. Robert Bickersteth, for many years surgeon to the Infirmary. After tributes to the late Dr. Alexander Davidson and Sir William Mitchell Banks, the report showed that the cost of the year's work had been £15,269. To meet this there had been received £12,985 of comparatively assured income. The total expenditure had been £20,102, in which was included the investment of specially appropriated donations, £3,000. To adjust the figures £2,659 had been transferred from the maintenance fund. From legacies only £575 had been received. From the Hospital Sunday and Saturday Fund £3,152 was granted. There had been 3,795 persons treated in the wards, and 20,033 out-patients, involving some 76,000 attendances.

The President, in moving the adoption of the report, said that he was the first medical man who had held the office of president. He had been associated with the infirmary considerably over fifty years. When he thought of the improvements made during that period he was wonderstruck, but they were yet far from perfection. When a special call had been made it had often been met by a generous individual, and generally great philanthropy was displayed. The time had come for extending the out-patients' department. He would therefore make an appeal to the public for liberal funds. The infirmary had an additional claim on popular generosity because of its association with the University, and the part it had long played in completing the training of young medical men.

Mr. Edward Kewley, Chairman of the Committee, in seconding, paid a tribute to all the officers and staff, and said the Committee had hesitated, because of other pressing claims, to bring before the public the necessity of enlarging the out-patient department; but the association of the proposal with a memorial to the late Sir W. M. Banks had facilitated the matter, and to a certain extent forced the hands of the Committee. The Committee felt they must make up their minds to appeal for money. It might be some years before building operations could be commenced.

Mr. Bickersteth, on retiring from the office of president, has made a donation of 100 guineas to the Infirmary. His successor is Mr. Robert Gladstone, Chairman to the Dock Board.