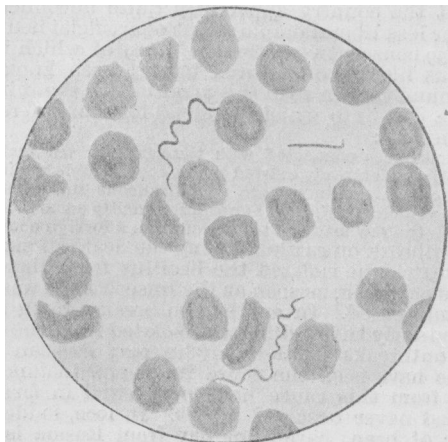


# MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, ETC.

## A CASE SHOWING SPIRILLA IN BLOOD SIMULATING MALARIAL FEVER.

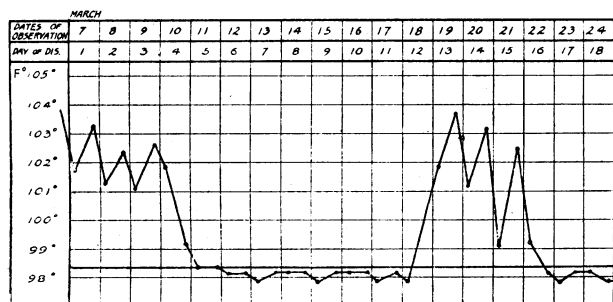
THIS case seems to be of interest, as in many particulars it differs from ordinary relapsing fever, and had it not been for the accidental discovery of spirilla whilst searching for the malarial parasite it would have been considered a case of the latter disease, and in this respect is somewhat analogous to the case reported by Sir Patrick Manson in the *BRITISH*



*MEDICAL JOURNAL* of March 5th, 1904. The following are the notes on the case:

Sowar, J. K., aged 24, service four years, 23rd Cavalry, admitted March 7th, 1904. A strong, well nourished man, previous health good. No prodromal symptoms to speak of.

*Condition on Admission.*—Temperature  $104.0^{\circ}\text{F.}$ , pulse 129. Respirations 31; complains of headache and usual febrile symptoms. Spleen enlarged and rather soft, reaching nearly to umbilicus. Diagnosed as "malarial fever with enlargement of spleen." Temperature remained high ( $101^{\circ}$  to  $103^{\circ}\text{F.}$ ) until March 10th (fourth day), when it fell by crisis, all his symptoms rapidly abating, and he felt quite fit by March 16th. On March 19th (thirteenth day) his temperature rose to over  $103.0^{\circ}\text{F.}$ , with the usual febrile symptoms, but nothing out of the common. It remained between  $101^{\circ}$  and  $103^{\circ}\text{F.}$  till March 21st (fifteenth day), when it fell by crisis to normal, with rapid amelioration of all symptoms. From this date onwards he made an uninterrupted recovery, his spleen getting steadily smaller. It is now at date of writing (April 12th) only just palpable.



On examination for malaria no parasites were seen in his blood, but spirilla were discovered in small numbers. They seem longer than the spirillum obermeyer and there are very few, no field containing more than two, and they take some time to find at all. He was not a broken-down and badly-nourished man, in fact quite the reverse, and he has not been away from the station this year. The regimental lines are new and commodious and well situated and the general health of the regiment is very good. No other cases have, as far as is known, occurred either in this regiment or in the rest of the station, which is a very healthy one.

The case was exactly like many cases one sees in the Punjab which are diagnosed as malarial, as this one was until the spirilla were accidentally discovered.

The attached drawing is considered fairly correct as regards the general appearance and comparative size of the spirilla.

I had no means of obtaining a photomicrograph. (I discovered the above before the *BRITISH MEDICAL JOURNAL* containing Sir Patrick Manson's case had reached me.)

Nowshera, Punjab.

G. BROWNE, B.C.Cantab.,  
Captain, I.M.S., 23rd Cavalry F.F.

## THE CALCULATION OF THE DATE OF DELIVERY IN PREGNANCY.

HAVING read Dr. Caie's communication in the *BRITISH MEDICAL JOURNAL* of February 4th, and being interested in the subject, I venture to point out a reason why he has found Naegeli's method unsatisfactory in its results.

The method is really only a rough-and-ready one giving the approximate date of delivery which is, I suppose, good enough for everyday work, as according to the highest authorities the length of pregnancy may vary from 240 to 320 days, though the general rule is about 280 days (Winckel states the duration of pregnancy is over 300 days in 6.8 per cent. of all cases). At any rate, if we test Naegeli's method we find that when pregnancy dates from five out of the twelve months the calculation gives us 281 to 283 days. While starting from the other seven months we get 280 days in each case. Taking the average of the different months we find that Naegeli's method would give 280.75 days as the average period of pregnancy. This alone is 2.45 days longer than what Dr. Caie calculates the average, while in a pregnancy beginning in the month of May we get 283 days or 4.7 days above that average.

When a method is so inaccurate for five out of the twelve months I cannot understand why it was considered necessary to make the special rule for Leap Year.

It seems to me, if we wish to make accurate calculations as to the probable date of delivery, we must discard these "simple" methods, such as those of Naegeli and Matthews Duncan. I have worked out the following table for accurately calculating 280 days, which according to Winckel is the average duration of pregnancy, and I see Löwenhardt's average is 279.8, which is practically the same thing.

As in the method under discussion, count three months back from the first day of the last menstruation (in the cases of May 29th to 31st, July 31st, December 31st, where there is no such date in the third month previous count the necessary number of days into the second month previous, that is, May 31st less three months = May 28th less three months + three days = March 3rd) then add the following number of days according to the month of last menstruation:

January	...	...	add 7 days.
February	...	...	" 7 "
March	...	...	" 5 "
April	...	...	" 5 "
May	...	...	" 4 "
June	...	...	" 7 "
July	...	...	" 6 "
August	...	...	" 7 "
September	...	...	" 7 "
October	...	...	" 7 "
November	...	...	" 7 "
December	...	...	" 6 "

and count a year forward to get probable date.

In Leap Year, where February 29th is included in the period, it will be necessary to add 1 day less than usual. This may look difficult to remember, but it would be very easy to note the exceptions to Naegeli's rule—namely, where pregnancy dates from March and April add only 5, from May only 4, and from July and December only 6. I have tried this calculation for pregnancy, beginning the first and last day of each month, and in every case it gives the exact 280 days.

It would be interesting to know how Dr. Caie's analysis of his cases would be affected by deducting 3 days from the expected date of delivery in cases where pregnancy started in May—2 in March and April, and 1 in July and December. I believe he would find it make them approximate to the results he obtained by Löwenhardt's method.

I don't see how his suggestion of uniformly adding 2 days fewer to Naegeli's average will greatly improve it, for in this way he would only alter the centre of gravity, so to speak—that is, in A. labour would have occurred, on the average, 1.4 days before expected date, and in B. labour would have occurred, on the average, 3.8 days after.

Debenham, Suffolk.

HOWARD HENRY, M.B.Dubl.

## DESQUAMATION IN SCARLET FEVER.

APROPOS of Dr. Poynton's article in the *BRITISH MEDICAL JOURNAL* of February 4th, I have lately witnessed an unintentional experiment bearing on the two points of "the danger or innocuousness of the peeling in scarlet fever."

A. H., aged 9, was seen by me on October 17th. He had been taken ill the day before with vomiting and slight feverishness; at night a scarlet rash was noticed on his chest. He complained of a sore throat and feeling ill. His face was flushed, the fauces were red, and tongue furred; the temperature  $101^{\circ}$  F. On the front of the chest and abdomen there was a punctiform red rash; it had been brighter the night before. On the thighs and arms it was bright scarlet, of the same character, but in some places coarsely papular. There were no enlarged posterior cervical glands and no catarrhal symptoms. I formed the opinion that the case was one of mild scarlet fever, and notified it accordingly. As isolation was impossible at home I had the boy removed to the Fever Hospital.

On the eleventh day after this I saw the case again. Desquamation on the neck was then in full swing; it was coarse and profuse. The skin on the hands and feet in time came off in large flakes, and desquamation was completed between the sixth and seventh weeks. I could not trace the infection, but I learned afterwards that several cases of the disease were notified by different practitioners to the authorities just before mine.

Thus far I have described what most physicians would consider an ordinary case of mild scarlet fever. From our present point of view the further relation is full of interest. The boy was dismissed from the hospital after ten days' detention (the superintendent taking the view that it was not a case of scarlet fever). At home he mixed with his brothers and sisters, none of whom had had the disease. They all escaped the infection. During the fifth week, and while the peeling of the hands and feet was not complete, he went back to a large Board School without conveying the disease to his fellow scholars. In his case there were no nasal or aural discharges.

St. Andrews, Fife.

D. HAMILTON KYLE, M.B.Glasg.

## REPORTS

ON

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

#### KETTERING AND DISTRICT GENERAL HOSPITAL.

##### A CASE OF PERFORATED GASTRIC ULCER.

(Reported by Mr. J. P. ROUGHTON, Honorary Surgeon.)  
T. S., a male, aged 26, was admitted December 29th, 1904, at 12.30 p.m., complaining of acute abdominal pain, with frequent vomiting of green fluid.

*History and State on Examination.*—He stated that he had breakfast at 6 a.m., and felt fairly well except for indigestion, which he had had frequently during the past three months. At 9 a.m., while at his work (that of an ironstone labourer), he was suddenly seized with violent pain in the abdomen, shortly followed by vomiting. Since then pain had been constant, and it had not diminished in severity, while the vomiting continued. He had felt pain in the stomach for three months, always in the same area. The abdomen, on examination, gave signs and symptoms of free fluid in its cavity, with commencing peritonitis, and a diagnosis of perforated gastric ulcer having been made, preparations for operation were at once commenced.

*Operation.*—On opening the peritoneal cavity it was found to contain a large amount of fluid, while the serous membrane showed signs of inflammation. A perforation of the stomach wall was found on the posterior surface, near the lesser curvature; this was closed in by invaginating a portion of the stomach wall; all fluid was removed from the peritoneal cavity, and lymph from peritoneum as far as possible, and the wound closed, the section being sutured by silver wire.

*Progress and Result.*—There was some suppuration round the silver-wire sutures, which necessitated their removal, but apart from this the case progressed well up to January 24th, on which day at 6 a.m. the patient ate his usual breakfast of bread and butter and milk; at 10 a.m. that day he was suddenly seized with violent abdominal pain, and vomiting of green fluid, with all the accompanying signs of general peritonitis, and died collapsed before any further operation could be attempted.

*REMARKS.*—At the necropsy, on opening the abdomen about 1 pint of sero-purulent foul-smelling fluid was found, but the stomach was healthy; no breaking down of sutures had occurred. The great omentum was found running diagonally across the abdomen from the colico-splenic ligament to the right iliac region, where it was adherent to the posterior layer of peritoneum, and formed a tightly constricting band across the intestines; all those portions of bowel above it were widely distended, and

those below collapsed. The cause of death thus appeared to be general peritonitis from obstruction to the bowel. On the relapse taking place the appearances suggested a recurrence of the gastric perforation, and had an operation been undertaken the true condition could only have been ascertained by tracing downwards the signs of inflammation in the omentum and bowel, which were most marked at the site of the lower attachment of omentum. The explanation of the condition is no doubt that the omentum had become attached to the inflamed peritoneum after operation, had gradually been dragged down by adhesions.

## British Medical Association. CLINICAL AND SCIENTIFIC PROCEEDINGS.

### BIRMINGHAM BRANCH.

#### PATHOLOGICAL AND CLINICAL SECTION.

Birmingham, Friday, February 24th, 1905.

W. F. HASLAM, F.R.C.S., in the Chair.

*Dry Gangrene of Lower Limb.*—Mr. GAMGEE showed a man, aged 27, who contracted syphilis six years ago. He was treated with mercury for twelve months. In August, 1904, he began to suffer from a feeling of "pins and needles" in the right foot. In the middle of December the right leg and foot began to "feel dead." On January 11th, 1905, the right foot and lower half of the leg became affected with dry gangrene. On January 16th the foot was black and shrivelling. There was then no pulsation to be felt in the right femoral artery and very feeble pulsation in the left, while the radial arteries felt hard and small. On January 31st a line of demarcation had formed, and so the limb was amputated through the middle of the thigh. The femoral artery and vein were both thrombosed, and further examination proved that the popliteal and both tibial arteries were also thrombosed. Microscopic examination showed thickening of the inner coats of the arteries.

*Hereditary Syphilis.*—Mr. LUCAS showed a woman, aged between 50 and 60, and her grandchild, a boy, aged 5 years. The grandmother had been under his care for several years past suffering from gummata of the upper parts of both legs. Her daughter, when 16 years old, was treated by him for a congenital gumma in the popliteal space, and later, when 20 years old, for ulceration of the pharynx, followed by an almost complete stricture of the naso-pharynx. The child was born when the mother was 22 years old, and soon after developed ulceration of the scalp and a discharge from the nose; this entirely cleared up in a fortnight under an anti-syphilitic treatment. The child now appeared perfectly healthy except for having rather prominent frontal eminences, and a depressed bridge of the nose.

*Chronic Syphilitic Nephritis.*—Dr. EMANUEL showed a girl, aged 15½ years, suffering from chronic syphilitic nephritis. The patient showed well-marked stigmata of hereditary syphilis, including Hutchinson's teeth, a depressed nasal bridge, a large square forehead with prominent frontal eminences, and disseminated choroiditis. About eight months ago she began to suffer from oedema of the face, albuminuria, and increased frequency of micturition at night. There was no history of any infectious disease, and indeed she had never been ill before in her life. She underwent the ordinary dietetic and drug treatment of Bright's disease for two months without any improvement; she was then given potassium iodide, and was permitted an unrestricted diet, and from that time the oedema and albuminuria began to disappear, and the patient gradually recovered her usual health.

*Syphilis of the Lungs.*—Dr. DOUGLAS STANLEY showed a woman, aged 37, who came under his care at Queen's Hospital two years ago on account of swelling and pain in the left knee. There was a distinct syphilitic history. Physical examination of the chest showed deficient expansion on the left side; the note above and below the right clavicle was resonant, but at the level of the third rib showed impairment of resonance. Posteriorly the note over the right apex was resonant, but became impaired in the interscapular area. On the left side anteriorly the percussion note was resonant down to the second space, posteriorly to almost the whole extent, showing only some impairment at the base. The breath sounds were distant over the right lung anteriorly and posteriorly, and a few medium crepitations were present.

## MEDICAL NEWS.

DR. MACNAUGHTON-JONES, M.A.O.(Hon.)R.U.I., formerly University Professor of Midwifery in the Queen's University, has been elected Honorary Member of the Obstetrical Society of Leipzig.

DR. S. WEIR MITCHELL of Philadelphia, who has won equal distinction in the diverse provinces of practical medicine, scientific research, and what used to be called "polite letters," celebrated his seventy-fifth birthday on February 15th.

DR. ANITA NEWCOMB MCGEE, who served as an acting assistant surgeon in the war between the United States and Spain, has been elected a member of the United Spanish War Veterans. She is said to be the only woman who has the privilege to belong to that body.

THE Royal Meteorological Society has arranged to hold an exhibition of meteorological instruments in the library of the Institution of Civil Engineers, Great George Street, Westminster, next week. The exhibition will be opened on Tuesday afternoon, and will remain open for the three following days.

THE special meeting of the Laryngological Society, in connexion with the celebration of Signor Garcia's centenary, has been fixed for Friday next, at 3 p.m., when many foreign laryngologists of eminence are expected to be present. On the following day, at 2 p.m., it has been arranged that Professor Gluck of Berlin shall give a demonstration of his method of removing the entire larynx, and all surgeons specially interested in the subject are invited to attend. Both meetings will take place at 20, Hanover Square, W.

THE annual Court of the Governors of the Royal Free Hospital, Gray's Inn Road, W.C., is to be held on Wednesday next at 3.30 p.m., H.R.H. Princess Christian in the chair. The report which is to be presented thereat contains, we understand, a further account of the interesting habitation census which the authorities have taken for the last few years in respect of the patients under treatment in the wards. Like its predecessors it is believed to prove that the institution is well situated for its work among the sick poor, and that it receives the majority of its patients from the parishes in its immediate neighbourhood.

PRESENTATION.—Lieutenant-Colonel Alfred Clarke, M.D., has been presented by the past and present officers of the Royal Military College, Sandhurst, with a silver salver, suitably inscribed, on the occasion of his leaving the College after twenty-two years' service as surgeon. Mrs. Clarke was at the same time presented with an opal and diamond ring.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—At the twenty-eighth annual meeting of the above Association, to be held on March 18th, Surgeon-General Sihthorpe, C.B., will resign the Presidential chair to Sir William Whitla, who will preside at the festival dinner to take place the same evening (Saturday) at the Hotel Cecil. Tickets may be obtained from Mr. E. Canny Ryall, Hon. Secretary, 30, Harley Street, W.

REQUESTS TO MEDICAL CHARITIES.—Under the will of the late Mr. Augustus George Hubbuck, of Chislehurst, the East London Hospital for Women receives £2,000, and the Chelsea Hospital for Women half that sum. The Dorking Cottage Hospital and the Tamworth Cottage Hospital each receive the sum of £500 under the will of the late Miss Ellen Peel, of Dorking. The Manchester and Salford Sick Poor and Private Nursing Institution has been left £1,000 under the will of the late Mrs. Mary Worthington, of Chester.

MILLFIELD CONVALESCENT HOME AND CONSUMPTIVE CHILDREN.—At a meeting of the Metropolitan Asylums Board on March 5th the Children's Committee submitted a report by Sir William Broadbent as to the suitability and value of the Millfield Convalescent Home in the treatment of children suffering from pulmonary tuberculosis. After some discussion the Board agreed to instruct the Works Committee to submit plans for carrying out the alterations at Millfield outlined by Sir William Broadbent, with an estimate of the cost.

CHRIST'S HOSPITAL.—Consequent on a munificent gift of £20,000 for the maintenance and education in the Girls' School of Christ's Hospital of an additional number of girls, the Council of Almoners are prepared to consider application, on behalf of orphan daughters of commissioned officers in the

naval or military services of the Crown, civil servants, clergymen of the Church of England, and members of the legal and medical professions. Candidates can only be admitted between 9 and 11 years of age, must be of good character, and in sufficient bodily health, and the guardians must be in need of assistance. Forms of application may be had from the Clerk of Christ's Hospital, London, E.C.

DENTISTRY IN THE ARMY.—A weak point seems to have been discovered in the plan, of which an account was given in the BRITISH MEDICAL JOURNAL of November 12th, p. 1334, and by which the War Office hoped to avoid the necessity of rejecting on account of deficient teeth so many otherwise suitable recruits. It would appear that large numbers of men have been accepted upon a promise that they would allow themselves to be fitted with the dentures necessary to proper mastication, but they have afterwards declined to carry the promise out, and the authorities do not see their way to enforcing the agreement.

VANITY FAIR CARTOONS.—The proprietors of *Vanity Fair* (Essex Street, Strand, W.C.) by way, it would appear, of extending the list of their medical subscribers, are offering in return for a year's subscription of 28s. to supply their publication weekly for a year and together with it sixteen cartoons of medical men who in one way or another have become public characters. These are to be sent framed and glazed ready for hanging and may be selected from a list of the thirty-four members of the profession whose portraits have up to the present appeared in *Vanity Fair*. Many of those represented, such as James Paget, William MacCormac, and Gull, are now dead, and to those who have been associated with the originals this fact may lend the collection additional attraction. All the drawings are keen, if kindly, facial character studies, and in many instances give, perhaps, a better idea of the man in his habit as he lived than more formal portraits.

THE annual general meeting of the London Medical Graduates College and Polyclinic will be held at the College, 22, Chancery Street, W.C., on March 24th, at 5 p.m., when the chair will be taken by Dr. C. Theodore Williams. The register shows that the number of members, including life members, is now 184, and of subscribers, including temporary subscribers, 687. The number of cases of disease, many of extreme rarity and interesting, shown during the year was 1,225, and the number of attendances of medical practitioners 13,471. There were four sessions of practical classes, each of six weeks' duration, and a vacation course of three weeks in September. The number of clinical investigations carried out in the laboratories was 347, and this department of the college work is, it is stated, receiving increased support from subscribers and members. Many additions have been made to the Hutchinson Museum, and the collection has been classified and arranged. The financial position of the college is not satisfactory, and, but for increased annual subscriptions and donations from subscribers and their friends, it would have been impossible to avoid a serious deficit on the year's working; as it is, however, it has been possible to reduce the debt by £200.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on February 24th. The records of the early part of 1905 show as usual a large number of sickness claims, arising from exposure to weather chiefly, received from members of the Society engaged in country practice. Influenza also has produced a considerable number of claims, but all danger of a serious epidemic seems to have passed away. At the last cash division of the surplus made in 1899 those members who had not been in the Society for three years received no allotment. The necessary amount was reserved, and the Committee has now resolved: "That those members of the Society who, on December 31st, 1898, had been for less than three years in sickness benefit, and accordingly did not participate in the division of surplus made in the following year, should now be paid a bonus of 10 per cent. on every full annual sickness premium paid by them on or before December 31st, 1898." The payment will be taken in hand as soon as the pressure of the spring work makes it possible to do so, and it is hoped that the cheques will be sent to the members before the annual general meeting to be held in May. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

of one firm employing 1,100 hands not one refusal to subscribe to the fund was experienced.

#### AMOUNT RAISED.

A considerable sum of money is obtained from ward carnivals, Sunday concerts, galas, school collections, etc., which are all organized by the various Committees, and from the numerous collecting boxes fixed in the many public-houses in the city. For the year 1904 the amounts obtained from these various sources were as follows:

Workshop collections	...	...	£7,832
Public houses...	...	...	1,078
Ward carnivals	...	...	425
Sunday concerts	...	...	354
Gala	...	...	1,039
Club collections, socials, etc.	...	...	152
School collections	...	...	133
Music hall benefits, football matches, etc.	...	...	212
Total	...	...	11,225

The total income for 1904 reached £11,225, which with the balance brought forward from last year has placed £12,551 at the disposal of the Committee.

This large sum has more demands on it than when the fund was started in 1887, as will be seen from the list of institutions given below to which grants are made.

#### CONVALESCENT HOMES.

A new and important departure was also made some few years ago, when it was decided that a legitimate expenditure was incurred in the purchase, equipment, and maintenance of convalescent homes, and in the purchase of recommendations for patients to be admitted to existing homes. In this way £11,000 has been expended in the acquisition of the two convalescent homes for men and women respectively at Horsforth and Ilkley, the former of which was opened in 1898 and the latter in 1900. Since the opening of these homes 4,283 Leeds workpeople have enjoyed their benefit. The amount expended in their maintenance during 1904 was £2,138. As evidence that the establishment of these homes has not diverted money from the primary objects for which the fund was started the officials of the fund are able to point to the fact that the amount divided among the charities is now £1,000 greater in amount than it was just before the homes were opened, and that these, which are now freehold, have been purchased out of income.

#### EXPENSES.

The general expenses, including office rent, salaries, etc., amounted to £707, and the balance dealt with by the Committee at their annual meeting held on February 22nd amounted to £9,346.

#### GRANTS.

The following grants were made:

Leeds General Infirmary	...	...	£5,000
Leeds Public Dispensary	...	...	750
Leeds Hospital for Women and Children	...	...	750
Tuberculosis Association	...	...	280
Leeds District Nursing Association	...	...	225
Bramley District Nursing Association	...	...	50
Stanningley District Nursing Association	...	...	50
Leeds New Maternity Hospital	...	...	100
Meanwood Convalescent Home	...	...	40

Total ... .. £7,245

Towards the reserve fund for the new convalescent home a sum of £2,500 was carried forward.

### 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 91*

GERMAN OTOLOGICAL SOCIETY.—The German Otological Society will hold its fourteenth annual meeting this year on June 9th and 10th at Homburg, under the presidency of Dr. F. Kretschmann, of Magdeburg. The principal subject proposed for discussion is deafness in school children, on which reports will be presented by Professors Arthur Hartmann and Passow, of Berlin.

### THE TEACHING OF HYGIENE IN SCHOOLS.

#### XIII.—PERSONAL CLEANLINESS: DRESS.

ON entering the schoolroom of an elementary school, the first things any hygienically-instructed person looks at are the windows to see if they are open, and then the heads of the children to see if they are brushed and tidy. To hear the grandiose way those in power speak of a free country and the rights of the citizen, one would imagine that the hair of these unfortunate children was their most precious possession. As a matter of fact, the heads are a sure index to the sort of district the children come from. The lower and the poorer in the social scale the more ragged and neglected the hair, until among the dregs one comes to the proverbial three hairs of Cadet Roussel, tied tight with a bootlace and standing straight out at the back of the skull. Knowing the homes they come from, who can blame these poor creatures? But one can blame the State for its feebleness in not taking drastic measures to secure the self-respect of the children and the comfort of the teachers. Dr. Kerr's admirable cleansing scheme is too well known to require repetition; but what an infinity of trouble—and only those behind the scenes know what friction there is, not only of heads, but with certain of the teachers and with the majority of parents—would be saved if only there was a universal cropping of hair in the elementary schools, as in France and other countries! It must naturally be a grievance to respectable clean parents to see their children contaminated by filthy schoolmates. Hairdressers recommend keeping the hair short to thicken it; all the girls leave school at 13; where is the grievance?

What speaks badly for the beneficial effects of school training is that the older the girl the more slovenly, as a rule, she becomes; the smaller the child, the less neglected it is. It is apparent how difficult the problem of personal cleanliness is to tackle, when it is realized what kind of homes many of the children come from. Until the houses of the labouring poor can be built with bath rooms, it is too much to expect the children to be spotless. It is to be hoped that some philanthropic engineer will come forward and suggest the manner by which those poor unable to pay more than a meagre house rent may be enabled to have the means of bathing their children in their homes. Practically all that the teachers can insist upon is that children should appear with clean faces and hands. If they fail to do this, they are obliged to wash them in the school lavatories. Dr. Kerr has pointed out that the supply of towels is insufficient in most of the London schools, and he has suggested that a clean towel should be supplied daily, or at least on alternate days, for each 100 children in attendance.

The following table, compiled from the reports made by the nurses as to washing arrangements at London schools, is of interest:

Schools.	Number of Departments Noted.	Average Attendance of Schools.	Number of Wash-Basins.	Weekly Supply of Clean Towels.
Infants...	192	68,437	1,304	411
Girls ...	175	59,215	1,434	452
Boys ...	163	55,090	902	352
Mixed and special...	49	14,435	382	147

The system to employ would be to exclude the child and then prosecute the parents, if, after due notice, they refused to send him to school in a fit state. In the article on the teeth the question of tooth-brushes has been dealt with. As one may conclude that few children have parents conscientious or hygienic enough to keep tooth-brushes at home for them, the London Education Committee should supply each London child with a tooth-brush, which would be kept at school and used twice a day; and the same rule would apply to the provinces. It would be a good thing to allow a special time each day for the inspection of children. Teachers should keep a record noting their cleanliness, so as to see if any good effect is being produced upon them by talking to them. It is just to say that splendid work is being done in some schools where the mistresses talk to them about personal cleanliness, neat clothes, and general cleanliness. And it is only right to add that the teachers themselves are almost always particularly neat, and thus set a good example to their class. There should be parents' meetings at

thought of by his seniors. His was a personality that it was good to know, and a large circle of junior medical men feel deeply the loss. Much sympathy is felt with his mother and family.

LIEUTENANT-COLONEL EDWARD DENHAM TOMLINSON, M.D., late of the Royal Army Medical Corps and the York and Lancaster Regiment, died at Folkestone on February 17th, in his 69th year. He entered the service as Assistant Surgeon, January 19th, 1860; became Surgeon-Major, April 1st, 1873; and retired with the honorary rank of Brigade Surgeon, July 7th, 1880. He served in the New Zealand war in 1860-6, and was present at the capture of the redoubt at Katikara, and of the pahs at Manutahi, Mataitawa, Te Arei, Waikoukou, and Warea, at the action of Poutoko, and the ambuscades at Tapuai and Waran (medal). After his retirement he held a half-pay appointment at Beverley for some six years. Later on he interested himself in the work of the St. John Ambulance Association, lecturing and examining on its behalf as long as his health lasted. The funeral took place on February 22nd.

DEPUTY-SURGEON-GENERAL WILLIAM PERRY, late Royal Artillery, died at Hereford, on February 21st, in his 80th year. He was appointed Assistant Surgeon October 23rd, 1849; Surgeon, July 20th, 1855; Surgeon-Major, September 13th, 1869; and Honorary Deputy-Surgeon-General on retirement, October 15th, 1876. He served with the Royal Artillery throughout the Eastern campaign of 1854-5, including the battles of Alma and Inkerman, the siege and fall of Sebastopol, and the sortie of October 26th, 1854. He had received the Crimean medal with three clasps, the Sardinian and Turkish medals, and the 5th class of the order of the Medjidie.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Alberti, Director of the Hospital of St. Joseph at Potsdam, well known as a surgeon and gynaecologist, aged 56; Dr. A. Rezzonico, a leading practitioner of Milan, and President of the Medical Mutual Aid Society of Lombardy; Staff-Surgeon Major Mally, Austro-Hungarian Delegate in the International Sanitary Council and physician to the Austro-Hungarian Embassy, Constantinople; Dr. Frederic Quintin, Honorary President of the Belgian Medical Federation; and Professor Bastian, Director of the Berlin Museum of Ethnology, originally a naval surgeon, and author of works on the Peoples of Furthest Asia, the civilized peoples of ancient America, Buddhism, etc., founder and editor of the *Review of Ethnology*, aged 78.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

### SANITARY CONDITION OF CUBA.

We have received from Senor Luis M. Garzon y Duany, the Consul attached to the Cuban Legation in London, an extract from the last annual report of Mr. Frank Steinheart, United States Consul-General at Havana, which was published by the American Department of Commerce and Labour on January 5th. The report states that the extremely healthful condition of Cuba is due largely to the efforts of the chief sanitary officer for the island, Dr. Carlos J. Finlay, and his able corps of assistants, and of the maritime sanitary service under the charge of Dr. Hugo Roberts and to the constant vigilance of the department of immigration, under charge of Dr. Frank Menocal. The last two departments are enabled to inform the superior Board of Health of the island of the approach of danger along the Cuban coast, or the development of an infectious disease imported from foreign ports while an immigrant is still at the detention camp or quarantine station. The more important causes of death during the past year have been tuberculosis, diseases of the circulatory system, enteritis (under two years), bronchitis and pneumonia, tetanus, meningitis, and malaria. Not a single case of yellow fever has developed on the island during the past year or the two preceding years, nor, with a single exception has there been any small-pox. Malaria, too, has lost the prominent place formerly occupied among the causes of death, and is evidence of the constant and thorough prosecution of sanitary work. The annual death-rate per 1,000 inhabitants is 16.37. The cleanliness inculcated and enforced during the period of military intervention is faithfully adhered to, and street brooms and disinfection spray pumps have attacked the enemy and paralyzed his activity. Educated Cubans have become convinced that by proper sanitation alone, rigorously and intelligently enforced, the island can be made as safe to inhabit as any part of our own country, and in that knowledge lies the assurance that their weight of influence and means will be thrown into the scale for good government and the continued enforcement of sanitary measures.

### CARE AND CONTROL OF IDIOTS AND EPILEPTICS.

THE Royal Commission on the Care of the Feeble-minded resumed its sittings on Monday last, March 6th, when Dr. James Craufurd Dunlop, of Edinburgh, who has been appointed an additional member, took his seat for the first time.

Evidence was given by Mr. C. E. TROUP, Under-Secretary at the Home Office, as to the law respecting criminal lunatics. He thought that juries ought to have some other course open to them besides those of finding a prisoner simply guilty, and finding him insane upon the ground that he did not know the nature of the act he was committing, or did not know that he was doing wrong. If a criminal adjudged by the jury to be insane were sentenced to a definite term of imprisonment he passed out of control upon its termination. Otherwise he might be detained indefinitely or discharged conditionally.

Mr. SHADWELL, a Commissioner in Lunacy, also gave evidence. There was, he said, a tendency, which he regretted, to remove harmless lunatics from workhouses to asylums. Anybody could receive a single patient without a licence or subsequent inspection, but in each case a Reception Order was necessary, and this could only be granted by a judge of the High Court or magistrate, and after due inquiry.

The Commission then adjourned.

### VACCINATION IN GLOUCESTERSHIRE.

It is curious to note how greatly the prevalence of infantile vaccination varies in nearly-adjointing districts. In Gloucestershire, the county town is notoriously neglectful of its duty in the matter, but the last report of the Local Government Board showed that in some neighbouring unions, such as Cirencester and Thornbury, the Vaccination Acts were being well administered. Cirencester is evidently maintaining its reputation in this respect. At a recent meeting of the Board of Guardians the vaccination returns for the year 1903 and for the first half of 1904 were submitted. In the latter period, of 247 cases that came under the notice of the vaccination officers, only 4 were unaccounted for, and in the calendar year 1904 there were received 444 certificates of successful primary vaccination, and only 5 cases were unaccounted for. The number of persons applying for exemption certificates appears to be very small. If the Vaccination Acts were as well administered elsewhere throughout the country as they are in Cirencester, the juvenile population would be very much better protected against small-pox than it can possibly be in presence of so much neglect of a preventive measure so simple and safe as vaccination.

### VACCINATION AND SMALL-POX.

SHRA.—We are not aware of any "records" of shortest intervals. To the third question the answer is in the affirmative. The Reports of the Royal Commission on Vaccination give many statistics, from which the general conclusions as to averages are as follows:

3. That the protection it affords against attacks of the disease is greatest during the years immediately succeeding the operation of vaccination. It is impossible to fix with precision the length of this period of highest protection. Though not in all cases the same, if a period is to be fixed, it might, we think, fairly be said to cover in general a period of nine or ten years.

4. That after the lapse of the period of highest protective potency, the efficacy of vaccination to protect against attack rapidly diminishes, but that it is still considerable in the next quinquennium, and possibly never altogether ceases.

5. That its power to modify the character of the disease is also greatest in the period in which its power to protect from attack is greatest, but that its power thus to modify the disease does not diminish as rapidly as its protective influence against attacks, and its efficacy during the later periods of life to modify the disease is still very considerable."

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### REVISED RATES OF PAY FOR THE ARMY MEDICAL SERVICE IN INDIA.

CALCUTTA, February 17th.—The following revised rates of pay are notified as made applicable to appointments indicated to take effect from April 1st last, namely:

To Lieutenant-Colonels holding appointments of Principal Medical Officer of a field force or of Derajat Brigade, Rs. 1,600 monthly consolidated. To Secretary to Principal Medical Officer, His Majesty's Forces, India, or to Principal Medical Officer of a field force of two or more divisions, pay of rank plus Staff pay, Rs. 500 monthly. To Personal Assistant to Principal Medical Officer of a Command, pay of rank plus Rs. 150 Staff pay. To Surgeon to Commander-in-Chief or Staff-Surgeon Army Headquarters, pay of rank plus Rs. 350 Staff pay. Staff-Surgeon at Bangalore, pay of rank plus Rs. 200 Staff pay. Staff-Surgeon at Poona, pay of rank plus Rs. 380 Staff pay. Principal Medical Officer of Army General Hospital of 500 beds, Rs. 1,600 monthly consolidated. Officer in medical charge of a General Hospital of less than 500 beds, pay of rank plus Rs. 400 Staff pay. Officer of Royal Army Medical Corps in medical charge of a Field Hospital as a whole, pay of rank plus Rs. 400 Staff pay. Medical Storekeeper, pay of rank plus Rs. 400 Staff pay for Captain, or Rs. 500 Staff pay if above Captain's rank. Surgeon Naturalist of Marine Survey, pay of rank plus Rs. 200 Staff pay. Medical Officer, Lawrence Asylum, Sanawar, Rs. 450 for Lieutenant, rising after ten years' service as Captain to Rs. 650 monthly. Staff Surgeon, Secunderabad, pay as for medical charge of a native corps. Substantive charge of a Remount Depot, pay as for medical charge of a native corps.

A note adds that the pay of rank for Army Medical Corps officer is the same as for Indian Medical Service officers of similar rank, also that any present incumbent who would be a loser under the revised scale will continue to receive existing rates of pay.



each of the surgeons in the Western Infirmary of Glasgow a system had been adopted which was not only an effectual check on waste, but a valuable and easy means of comparison of the amount of dressings used from day to day, week to week, or month to month. He doubted very much whether the detection of unusual expenditure under the heading of surgical dressings was possible to a lay superintendent. On the contrary, it was only a man who had himself been a resident medical officer and knew by experience what surgical dressing implied who could suggest economies, that were practical and did not sacrifice efficiency, in the junior medical and nursing staff who had the immediate charge of the dressings. It ought not to be taken for granted that a medically-trained man was necessarily devoid of administrative capacity, nor ought it to be assumed that in order to effect economy he would interfere with the treatment of the surgical patients in the wards. There was no interference with the methods of the surgeons, and he asserted that any demand whatsoever for dressings that came direct from the surgeon in charge was immediately responded to without comment or criticism. He believed that a layman in charge under such circumstances would be obliged either to interfere ignorantly or not to interfere at all; in the first place he would not have the practical knowledge required, and in the second place it was not probable that he would be listened to by the junior members of the staff with the same respect as a qualified member of their own profession. Considering the question of the control of hospital expenditure as a whole, Dr. Mackintosh maintained that it all turned upon the central supervision of all details. The minutiae of hospital superintendence should be concentrated in the resident administrator, and that official must have the good sense to secure willing and loyal co-operation. He should be able to utilize the advantages of the varied knowledge and experience of the members of his Hospital Board who were connected with large business concerns. Economy in purchase by means of such expert advice was, however, only one aspect of the problem, and he contended that economy in use was probably of even greater importance. The secretarial and the administrative work were distinct; the administrator must be at the hospital and the secretary should be, as he was in Scotland, in the middle of the business quarters of the cities, where he would be in constant touch with business men in every department of commerce and manufacture.

Mr. CONRAD THIES (Secretary of the Royal Free Hospital) suggested that there was some difficulty in comparing the cost of the different hospitals, inasmuch as in some the patients provided their own tea, sugar, and butter, whilst in others everything was provided for them. He also alluded to the increase in the rates and taxes.

The Hon. SYDNEY HOLLAND urged that the best way to secure efficiency in hospital management was to employ a lay superintendent, and he concluded his remarks by contending that the success that had attended the efforts of Dr. Mackintosh as medical superintendent in the Glasgow Western Infirmary was not due to the fact that he was a medical man, but had been achieved in spite of that fact.

Sir HENRY BURDETT placed before the meeting his views as to the advisability of a hospital being conducted by a superintendent who was a medical man, and argued that by paying first-class men with good abilities good salaries economy was effected.

The meeting then terminated with a vote of thanks to Dr. Mackintosh and to the Chairman.

#### KING'S COLLEGE HOSPITAL.

THE sixty-sixth annual report presented to the annual court of the corporation of King's College Hospital on February 23rd stated that while the number of in-patients treated during the year showed an increase of 36 as compared with the previous year, there had been a considerable decrease in the work of the out-patient department, mainly attributable to the great changes now in progress in the neighbourhood of the hospital. The committee regarded this decrease as a striking justification of the policy of removing the hospital to a position where it would be surrounded by thousands of the poorest classes, at present denied easy access to any hospital; that there was no diminution in the number of in-patients was due to the fact that a number of cases came from a distance. In order to prevent the abuse of the out-patient department a lady almoner, Miss M. H. Lloyd Davies, had been appointed from January 1st, 1905.

The Chairman, the Rev. Dr. Headlam, said that an Act of

Parliament sanctioning the removal of the hospital had been obtained, plans for the new buildings were to be submitted by six architects at the end of March, and it was hoped that the selected plan would be adopted in April or May. The fund for the removal now amounted to £133,000, and efforts were being made to increase the amount.

#### CANCER HOSPITAL, BROMPTON.

At the fifty-fourth annual meeting of the governors of the Cancer Hospital, Fulham Road, S.W., held on February 22nd, it was reported that the average number of beds daily occupied throughout the year had been 86; there had also been under treatment 1,762 out-patients. Ordinary income proving unfortunately insufficient for current expenditure, it had been found necessary to spend £6,500 of the capital fund. A new nurses' home had been opened, and an electric lift provided by a lady who desired to remain anonymous. Arrangements were in progress, it was stated, to place every bed in telephonic communication with the Chapel and Entertainment Room. The secretary of this charity is Mr. F. W. Howell.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

PERMISSION to incise in surgery has been granted to Joseph Griffiths, M.A., of King's College.

##### Compulsory Greek.

The Senate decided in favour of retaining compulsory Greek in the Little-go by 1,559 votes against 1,052.

##### Degrees.

E. H. Hankin, M.A., St. John's College, has been approved for the degree of Sc.D.

The following degrees were conferred on Thursday, March 2nd:—Sc.D. (*honoris causa*): E. B. Tylor, Professor of Anthropology in the University of Oxford. M.D.: R. H. Urwick, Trin.; G. M. MacDonald, Christ's. M.B.: J. S. Pearson, Trin.; R. A. Worthington, Clare.

#### UNIVERSITY OF LEEDS.

##### APPOINTMENTS.

We are glad to be able to state that Dr. Trevelyan, who filled the position of Professor of Pathology for ten years, and whose resignation was much regretted by his colleagues on the Board of the Faculty of Medicine, has been appointed Lecturer on Materia Medica and Therapeutics.

Dr. Porter, who is the Assistant Medical Officer to the City, has been appointed Demonstrator of Public Health.

Mr. J. F. Dobson has been elected Assistant Surgeon for Children to the Hospital for Women and Children, and the Public Dispensary has secured the services of Dr. Oskar C. Gruner as Honorary Pathologist.

At the Infirmary Mr. P. K. Steele succeeds Dr. Watson as Resident Medical Officer, and Mr. J. A. Coupland succeeds Mr. H. Collinson as Resident Surgical Officer.

#### UNIVERSITY OF ST. ANDREWS.

THE Senate of St. Andrews University has resolved to confer a number of honorary degrees in March. Among the recipients of the degree of LL.D. will be Dr. George A. Gibson, Physician to the Edinburgh Royal Infirmary.

#### UNIVERSITY COLLEGE, CARDIFF.

*The New College Buildings.*—At a meeting of the Council of the University of South Wales and Monmouthshire, held on March 1st, it was resolved to ask H.R.H. the Prince of Wales, Chancellor of the University of Wales, to perform the ceremony of laying the foundation stone of the new College buildings during the approaching summer, and an Executive Committee was appointed to make the necessary arrangements in the event of the Chancellor consenting to perform the ceremony.

*Plant Diseases.*—The Colonial Secretary has appointed Mr. Illydd Pole Evans to be an assistant for plant diseases in the department of Agriculture in the Transvaal. The appointment is worth £500 a year. Mr. Evans was for some years a student of the University College, Cardiff, and graduated in science in the University of Wales in 1903. Since then he has been a research student in the University of Cambridge.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE Registrar of the College has arranged that the April examination for the Membership shall commence this year on Tuesday, April 11th, instead of April 18th, which would have carried it into Easter week.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

*Final Fellowship.*—Miss A. F. M. Cornall.

*First Fellowship.*—J. Campbell, R. H. B. Cunningham, D. Adams, R. M. Bronte, J. D'Alton, P. G. T. Elvery, J. B. Hanafin, F. M. Hewson, J. Molyneux, C. Sheahan, T. Sheehy, G. F. Shepherd.

*D.P.H. (Conjoint Board).*—Captain E. A. Bourke, R.A.M.C., P. T. Bolger, S. G. Gordon.

*L.D.S.*—T. Flanagan.

#### TRINITY COLLEGE, DUBLIN.

THE following candidates were approved at the Hilary term Final Examination in Surgery: H. E. M'Kelvey, R. Magill, M. J. M'Auliffe, and E. G. Scroope.