

the bony walls of the antrum and small size of the cavity (asymmetry). (2) Thickening of the antral lining membrane in consequence of previous disease. (3) Solid tumour in the antrum. (4) More or less obstruction of the corresponding nasal fossa. On the other hand, the antrum that transilluminates well may, as shown under 1, contain pus.

3. Both antra may transilluminate badly or not at all, and yet they may contain no pus. The bilateral darkness is usually due to the light being too weak, or to conditions outside the antrum influencing transillumination unfavourably—for example, thick bones, high palate, and obstructed nasal cavities.

#### Assistance in Prognosis.

I shall merely mention the assistance that transillumination occasionally gives in forming a prognosis. Thus, if an antrum that was previously dark, after its purulent contents have been washed out, transilluminates almost as well as the opposite normal antrum, the suppuration is more likely to yield to treatment than if it remained dark.

It is evident, from what has been stated, that transillumination is not an infallible diagnostic test. Not infrequently it suggests antral disease when none exists; on the other hand, if suppuration be going on in the antrum its presence is almost invariably indicated. On this account, and because of its easy application and the absence of discomfort to the patient, transillumination deserves to be used as a routine procedure in chronic affections of the nose accompanied by purulent or mucopurulent discharge.

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## MEMORANDA:

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

#### LEAD AS AN ABORTIFACIENT.

ON March 6th this year I was called to a young married woman who had had two children. She was collapsed and complained of attacks of severe colic, vomiting, and diarrhoea. She informed me that having missed a period she had taken pennyroyal, steel pills, and gin and salts. I asked about lead, but did not examine her gums. She improved at first under treatment, but on March 12th, 13th, and 14th, she again had colic and vomiting and diarrhoea, and finally miscarried on March 16th. On March 18th I read Dr. Arthur Hall's paper in the current issue of the *BRITISH MEDICAL JOURNAL*, and then examined my patient's gums and found the blue line. I also found she had some pills other than the pink-coated ones which she had first shown me. Those which I found, and which I took away with me, were evidently hand-made, and came from Derby, so medical men in that neighbourhood had better be on the look-out for other cases.

I have tested them roughly by dissolving in  $\text{HNO}_3$  and adding water. Potassium iodide gives a precipitate of yellow lead iodide, which disappears on boiling and reprecipitates on cooling in beautiful golden scales. Potassium bichromate also gave yellow precipitate. I should think these pills are made from diachylon.

Barnoldswick, Yorkshire.

HAROLD C. CADMAN, M.B.

THE following case seems to me of interest seeing that Dr. Arthur Hall has just drawn attention to increase in the use of lead as an abortifacient. A woman, aged 32 years, complained to me of vomiting, abdominal colic, and constipation; she was markedly anaemic. Her abdominal muscles were rigid; upon flexing the thighs upon the abdomen, faecal masses, pitting upon pressure, were readily felt in the sigmoid and descending colon. Her tongue was thickly furred, and a very marked blue line was present on the gums. On

questioning her, I discovered that eight days previous to my visit she had aborted, and she acknowledged that to procure this result she had taken some pills supplied to her by a neighbour. Under treatment she recovered.

Bedford.

S. J. ROSS, M.D.

M. B., a married woman, aged 34, with four children, called me to see her on February 20th, 1904. She gave a history of pain in the abdomen, and of constipation, and amenorrhoea for three months. A blue line was visible on the gums. She admitted taking diachylon in the form of home-made pills. There was no sign of haemorrhage.

About three weeks later I received an urgent message to visit her. On doing so I found her collapsed, with cold sweats, quick feeble pulse, great pallor, and severe haemorrhage; she aborted.

On November 17th, or some eight months later, she had a return of abdominal pain, and amenorrhoea which had lasted two months; there was no haemorrhage, but the blue line was still present. She admitted taking pills but no diachylon. On December 6th she aborted again. There was severe haemorrhage, but she recovered.

A sister of hers was taking diachylon pills at the same time, and they made her very ill, but she was found to be not really pregnant.

Manchester.

W. EALES.

#### RUPTURE OF THE LEFT CORONARY ARTERY.

ON January 30th, at 10.45 p.m., I received an urgent summons to see a patient who was suffering great pain and vomiting continuously. The patient had a history of vertigo and slight chronic gastric disturbance. I found Mrs. H., aged 76, who complained of extreme pain in the lower part of the chest, penetrating through to the back; it came on quite suddenly, and was accompanied by violent retching and vomiting, and great shortness of breath, the patient feeling as though she were "full of wind." The pulse was 90, regular and moderate in volume and pressure. The vessels were somewhat thickened, but not markedly so. There was no sign of hernia, and nothing to suggest biliary or renal colic, and the pain was not apparently of cardiac origin, but there was marked tenderness on pressure over the epigastrium, though it was not localized to any particular point. The vomited matters consisted of unchanged food, and there was no blood with them.

I diagnosed acute dyspepsia, in the absence of any other obvious lesion, and as the symptoms did not yield to ordinary measures and the pain continued acute, I gave morphine gr.  $\frac{1}{2}$  hypodermically at 12.45 a.m., and at 1.15 a.m. I left the house, as the patient was much easier, though she was not sleeping and not entirely free from pain. At 4 a.m. I was told that the patient was dead, having slept quietly till 2.30, then breathed stertorously for some seconds and died in her sleep. As I had never seen her before, I obtained a *post-mortem* examination on February 1st, and found the following condition:

The pericardium was full of fluid and clotted blood, the heart itself somewhat small and showing pronounced brown atrophy; the valves appeared competent and healthy; the aorta showed numerous calcareous plates, and both coronary arteries were very atheromatous; the tissues in the auriculo-ventricular groove were infiltrated with blood which apparently had come from a rupture of the left coronary artery or one of its branches, which was probably caused during the strain of vomiting. The stomach showed chronic catarrh, and the vessels were injected, suggesting a recent acute exacerbation.

The patient had had food at 8 p.m., consisting in part of cold rice pudding, and this, as there was no sign or suggestion of poisoning, seems to have caused the gastric disturbance.

Had I not obtained a *post-mortem* examination, I should have been forced to conclude that death was due to the very moderate dose of morphine which I had given, but the condition found was a relief to me, although a surprise, as while I was with the patient she showed no signs of collapse and no urgent dyspnoea, such as were marked in another case of haemopericardium which I have recorded elsewhere.<sup>1</sup> The questions arise, When did the rupture occur? and Could the condition have been diagnosed had any one been present at the time of the occurrence?

Cheltenham.

A. F. R. CONDER, M.D. Edin.

<sup>1</sup> *Eur. Med. Journ.*, September, 1903, p. 207.

### MEASLES AND CHICKEN-POX OCCURRING CONCURRENTLY IN THE SAME PATIENT.

THE occurrence of measles and chicken-pox at the same time in a patient is sufficiently rare to merit record. A little boy (H. J.), aged 4 years, first came under notice on January 2nd, 1905, with measles. The rash was well marked over the face, body, and arms, and had probably been out about four days. It presented all the appearances of the rash of ordinary measles, not rubella. There was running from the eyes and nose, slight bronchitis with croupy cough, a temperature of  $100.1^{\circ}$ , and the other usual signs. The next morning two small vesicles developed on the back and one on the right leg, followed in twenty-four hours by a numerous crop. The vesicles were scattered about amongst the measly rash and seemed quite independent of it, not necessarily being thicker where the measles rash was the thickest or reddest. On the scalp, where there was no rash, several vesicles appeared, and on the back and feet vesicles were seen in the middle of well-marked red patches. The temperature fell on this second day to  $100.2^{\circ}$ , and did not rise with the further development of the vesicular eruption, being  $98.4^{\circ}$  the following day, and rising to  $99^{\circ}$  for three days afterwards, when it fell below  $98^{\circ}$  and remained so till January 13th, when it reached normal again and stayed there. The measles rash faded much more slowly than usual, and did not entirely disappear until three weeks had elapsed. This slow fading of the rash might have been due to the influence of the varicellar eruption, but not necessarily so, because a similar delayed disappearance of the eruption had occurred in several of my cases during the epidemic of measles occurring last year. The fresh vesicles of the varicellar eruption appeared in crops for three days and then ran the ordinary course. On February 3rd a few scabs were left, but otherwise the child was quite well. No history could be obtained in this case, so that it was impossible to say how he became infected, and whether the incubation period of either disease was affected by the presence of the infection of the other.

Birmingham.

T. SYDNEY SHORT, M.D.

## REPORTS

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

#### WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

##### CASES OF URETERAL SURGERY.

(Reported by Mr. E. DEANESLY, B.Sc.Lond., F.R.C.S.Eng., Honorary Surgeon.)

[From Notes supplied by Messrs. GARNET WRIGHT, M.B., and G. A. ROBERTS, F.R.C.S., House Surgeons.]

OPERATIONS on the ureters, though more common than formerly, are still comparatively infrequent; so the following three cases, which illustrate certain important points in the surgery of these tubes, are deemed worth recording:

##### CASE I.

A man, aged 27, was admitted on May 23rd, 1903, complaining of pain in the left groin.

*History.*—Eleven years previously he had undergone operation elsewhere for left pyonephrosis. An attempt had been made to remove the kidney, but owing to shock the operation could not be completed. The sac therefore was drained, and the patient remained well for two years. He then began again to suffer from pain in the left groin, and it gradually became more constant and severe.

*State on Admission.*—His temperature was normal, the urine acid and free from albumen and pus. In the left loin there was a scar, but although the parts were lax no kidney could be felt. In the iliac region there was marked tenderness on deep pressure.

*Operation.*—The ureter was exposed by the ordinary curved incision in the iliac region. It was very thick, and about 1 in. in diameter. It was traced upwards into the small sac, representing the only remains of the kidney, and downwards to within 2 in. of the bladder. On incising it a quantity of very foul thick pus poured out, but little or no urine. A stone felt with a probe at its lower end was easily removed by long forceps. The probe was then passed into the bladder, its entry being verified by touching it with a metal sound passed by the urethra. The stone, roughly ovoid in shape, measured  $\frac{3}{4}$  by  $\frac{1}{2}$  in., and weighed when dry 30 gr. The ureter was not sutured but drained by a rubber tube passed into its lower end. The parietal wound was sutured and drained.

*Result.*—The wound healed rapidly and soundly, and no hernia has developed since. All symptoms were relieved, and at the present time (January, 1905) the man is well and at work.

##### CASE II.

A man, aged 29, was admitted September 17th, 1904, complaining of symptoms which suggested stone in the left kidney.

*History.*—Ever since childhood he had suffered from pains in the left loin and groin, and used frequently to pass blood in his water. Owing to the latter symptom he had been admitted to the hospital ten years previously, and his bladder sounded, with a negative result. After that the blood never reappeared, but the pains became worse and were so increased by exertion that at length he was unable to continue his work as a fitter. At times also he had pain in the penis after micturition.

*State on Admission.*—His appearance was healthy, and no objective symptoms were detected beyond marked tenderness over the left kidney or the loin, and the presence of blood, pus, and oxalate crystals in the urine. An attempt to use Luys's segregator failed, owing to the spasm set up in the bladder.

*Operation.*—The symptoms pointed so clearly to the left kidney that this organ was examined through an incision in the loin on September 22nd. It was brought outside, and found to be dilated to about three times the normal size, the kidney substance being very thin. The ureter was of enormous size, being not less than  $1\frac{1}{2}$  in. in diameter as far down as it could be traced—that is, about 5 in. from the kidney. Careful palpation and inspection of the kidney detected no stone in it, nor could one be felt in the ureter. An opening was made in the latter, and a flexible bougie passed easily for a distance of 3 in., but could not be made to enter the bladder. A metal bougie was also passed down the ureter, but no stone was felt. No doubt, however, was felt of its existence, and the kidney was replaced, leaving a tube in the ureter to drain it. A rectal examination was made while the patient was still under the anaesthetic, and an unmistakable stone was felt exactly in the position of the lower end of the left ureter. Fourteen days later, the lumbar wound having healed with the exception of a small sinus, the patient was again anaesthetized and examined with the cystoscope. A marked difference was seen in the appearance of the two ureteral orifices, the left being larger and surrounded by very prominent muscular bands. Urine was seen plainly ejected from this with great force. No other change was seen. The ureter was now exposed by the ordinary curved incision in the iliac region. It was so large, and the walls were so thick and muscular, that it resembled a piece of large intestine without its peritoneal coat. It was traced downwards and freed from its surroundings until a stone could be felt between the finger and thumb close to the bladder. An incision was made and a smooth uric calculus, the size and shape of a Barcelona nut, was drawn out by forceps. A probe still failed to enter the bladder, and a further search resulted in the removal of two more stones closely resembling the first in size and shape. The three stones lay one above the other in the last part of the ureter, where they had been felt per rectum. Each measured about  $\frac{3}{4}$  in. in diameter, and the three together weighed 156 gr. A rubber drain was inserted in the ureter.

*Result.*—The wound healed readily in spite of the urine having become septic since the first operation. A urinary fistula persisted till the sixth week after the operation, but was soundly healed when the patient was discharged on November 19th, 1904.

##### CASE III.

A married woman, aged 28, was admitted in August, 1904.

*History.*—This patient had been under treatment in the hospital in September, 1900, when she was suffering from frequent attacks of pain in the right loin and iliac region accompanied by vomiting. She had had two children, was thin, and had a very lax abdominal wall. The right kidney was easily felt and very movable. In its extreme descent the whole organ lay in the iliac fossa, with its upper border well below the ribs. It was not enlarged. The urine was normal. The kidney was exposed in the loin and the perinephric fat found almost absent. The kidney was not enlarged. The capsule was turned down from the lower end of it and sutured with silk to the lumbar fascia close to the last rib, fixing the kidney firmly in its normal position. The patient was discharged four weeks after admission with the wound healed and all symptoms relieved. In 1901 she became pregnant, and during her pregnancy had a good deal of abdominal pain and discomfort, not specially referred to the kidney. After her confinement she was examined on several occasions, and the kidney was found to remain in its normal position. She remained well for three years after the operation. She then began to suffer again from attacks of pain and swelling in the right loin, together with vomiting. These attacks usually ended with the passage of a large quantity of urine.

*Condition on Examination.*—At the date first mentioned she was re-admitted during one of the attacks described, and a large tender elastic tumour was felt in the right hypochondriac region by the house surgeon. On the following morning the tumour had completely disappeared, and did not reappear until several days later, when it was accompanied by the previously noted symptoms and by high temperature. The urine was found to be alkaline and offensive, and to contain abundant pus. By means of Luys's segregator urine from the two sides was collected separately. There was a marked difference in the two specimens, that from the right being turbid with pus, while that from the left was comparatively clear. The observation was vitiated somewhat by failure to wash out the bladder completely, so that some pus was found in the left specimen, although very much less than in the right.

*Operation.*—On September 24th the loin was reopened and a portion of the twelfth rib removed. The kidney was brought outside, and found to be somewhat dilated and enlarged. The swelling, which had been felt as an abdominal tumour, was formed not by the kidney itself, but by the pelvis of the ureter, which was dilated and distended to the size of the

thought at present more than sufficient to serve the Bills of Mortality, with Convenience and Ease to the Inhabitants thereof: In each of which Colleges there are as followeth:

One Master, Head or Principal.	Six Senior Itinerants.
Two Senior Visitors.	Seven Junior Itinerants.
Two Junior Visitors.	One Senior Amanuenses.
One Principal Secretary.	Two Junior Amanuenses.
One Sub-Secretary.	

In all Twenty three.

The convenient places for the Seven Colleges may be

1. The Present College.
2. Lincoln's-Inn-Fields.
3. Near Charing-Cross.
4. Near the Poultry.
5. Southwark near the Hospital.
6. Near Bishops-gate.
7. In or about Goodmans-fields.

Which places are to be published in Print about a Fortnight before the Settlement, that all may know where to apply for help.

### THIRDLY, Chyrurgions.

One Master.	Twenty eight Assistants.
One Deputy.	Fifty six Mates.
Seven Wardens.	Twenty eight Junior Mates.

In all One Hundred twenty one.

Of this Number, besides the Master and Deputy, at the Chief College, there are Seventeen in each of the Colleges, viz.

One Warden.	Eight Mates.
Four Assistants.	Four Junior Mates.

In all Seventeen.

Some of which, besides Chyrurgery, shall practice Midwifery, cut for the Stone, Reduce Dislocations, And draw Teeth, in each College.

### FOURTHLY, Apothecaries.

One Master.	Forty two Mates.
One Deputy.	Forty two Journey-men.
Seven Wardens.	Forty two Sub-Journey-men.
Fourteen Assistants.	

In all One hundred forty nine.

Of this Number, besides the Master and Deputy at the Chief College there are Twenty one in each College, viz.

One Warden.	Six Journey-men.
Two Assistants.	Six Sub-Journey-men.
Six Mates.	

In all Twenty one.

If the Number of any Exceeds the Inhabitants Necessities, it may be (as they dye out) lessened, by not supplying: But if not sufficient it may be Augmented.

The arguments in favour of the scheme and the advantages which would flow from its adoption are thus set forth:

### INDUCEMENTS FOR THIS NEW ESTABLISHMENT OF PHYSICK.

I. To preserve Health and save Lives, is always a Publick Good, but more especially in time of War.

II. That Medicine is highly useful to those great Ends, is and has been always the General Judgment of Mankind.

III. That every Good *eo Communis eo Melius*; but that as Physick is now managed, not only the very Poor, but meaner sort of Tradesmen and their Families, Servants, and Misers, deter'd by Physicians Fees, and Apothecaries Bills, have little or no Benefit by Physick.

IV. That by these means, together with the want of timely and frequent visits, many dye yearly that might be preserved; and Epidemical and Contagious Distempers rise and are propagated.

V. That Physicians and Chyrurgions may (and possibly many do) having no Check, or Supervisors, for Lucre sake, prolong Cures to the hazard of Life; and by new Experiments on their own single Judgment destroy many.

VI. That Apothecaries, may be careless in their Mixtures, or Unskillful; or may Administer things improper or decayed, or tire their Patients with needless and nauseous Medicines for their own Advantage.

VII. Mountebanks, and Cheats in Physick, are found by Experience, to conduce extreamly to the Ruine of Peoples Healths, and loss oft-times, of their Lives, as well as of their Money.

VIII. That by this Constitution all those Ills will be prevented, all will have equal Help and Benefit: all will apply in time, since they may hope for Cure without fear of Charge: Diseases taken early more easily removed: Frequent Visits will be made, which in acute Diseases are most necessary: changes therein being often so great and sudden, that Life is frequently lost for want of a timely Visit: Consultations will be had, when necessary, though of the whole Faculty in difficult cases: Medicine publickly and faithfully prepared will only be given: And Mountebanks, with such others, will hereby sink of themselves, without Law or Trouble.

IX. Nothing will be here Clandestine, that in its own Nature requires not Secrecy. No Mans Ignorance or Negligence can here be prejudicial, for the Constitution directs all, inquires into and supervises all.

X. Physick and Chyrurgery will be extremely improved, and in little time, by the multitude of Experiments, recording of Observations, and mutual candid Assistance of the Members come near to a Demonstration.

XI. The Members of both Houses of Parliament, with their Families, not being House-Keepers in Town, will be attended Gratis: And indeed all the Inhabitants of every House, for the Small Rate charged thereon: Visits, Physick, and Chyrurgery therein included.

XII. The Advantages of this Constitution may be immediately extended to the Great Benefit both of the Navy and Army.

XIII. The Improvement of Health, and Preservation of Life, Increases People, and that Augments Consumption, Trade, Power, and Wealth. And many Forrigners will repair hither for Remedy, when incurable abroad.

XIV. The Proposers are sensible that many Objections will be raised by Prejudice, Interest, and for want of a true information of the nature and Tendency of this Constitution; all which they are ready to answer, and hope the Publick Benefit will outweigh all by, and little Ends."

The scheme, it will be noted, is of the most comprehensive character, and shows a faculty for organization which should have saved the name of the unknown begetter of this "Constitution of Physick" from oblivion. Like all framers of constitutions, he was a little blind to practical difficulties. His suggesting of consultations of the whole faculty in puzzling cases appears to show that he was imperfectly acquainted with the facts of medical practice, and his confidence that under the system proposed by him "mountebanks would sink of themselves without law or trouble" reveals an ignorance of human nature that is not infrequently found in devisers of schemes for the reform of things in general. The fact that nothing is said about the amount of the salaries to be paid to the physicians and "chyrurgions" who are to be at the beck and call of the public may perhaps be taken to reveal a shade of doubt in the author's mind as to this important point. He does not, it must be admitted, display any particular regard for the interests of the medical profession; his philanthropy, like that of so many social reformers, was probably vicarious.

We do not know whether the scheme was ever actually presented to Parliament; if it were, it may reasonably be conjectured that the Government had, as a Cabinet Minister said not long ago with reference to a proposal concerning the public health, matters of greater political importance to occupy its attention.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

*Huddersfield Lecturer in Special Pathology.*

The Vice-Chancellor of the University of Cambridge has announced that the General Board of Studies have appointed T. S. P. Strangeways, M.A., St. John's College, as the first Huddersfield Lecturer in Special Pathology, the duties to commence on Lady Day, 1905, the Lectureship in the first instance to be held until Michaelmas, 1909. This appointment has been confirmed by the Special Board for Medicine, and Mr. Strangeways will commence his work at the commencement of the Easter term. It is hoped that the precedent created by Huddersfield may be followed by other important and wealthy communities. Mr. Strangeways, who is well known to St. Bartholomew's Hospital men, has been University Demonstrator in Pathology for nearly seven years and is admirably qualified to perform the duties of the important post to which he has been appointed.

### D.P.H. Examination.

The examination in Sanitary Science commences on Monday, April 3rd

### Degrees.

The following degrees were conferred on March 16th.  
*M.D.*—O. Inchley, Joh.; C. E. Williams, Govv. and Cal.  
*M.B.*—G. Cowan, King's; E. Harrison, Trin.; C. D. Mathias, Trin.; C. E. Palmer, Govv. and Cal.; N. G. Harry, Jes.; H. Statham, Christ's.  
*B.C.*—G. Cowan, King's; C. E. Palmer, Govv. and Cal.; N. G. Harry, Jes.

### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates were approved at the March examination in the subjects stated:

*Surgery.*—†J. Borle, J. M. S. Duncan, †J. H. Harrison, †W. G. O'Malley, A. R. Paterson, \*A. Rogers, \*L. Sells, \*P. L. Vawdrey.

*Medicine.*—†\*A. Bernfeld, †J. Borle, †H. A. Browning, †M. B. Dawson, †H. R. Grellet, J. E. Jones, †G. H. Rains, †R. H. Terry, †P. C. West.

*Forensic Medicine.*—D. L. E. Bolton, J. Borle, M. B. Dawson, G. H. Rains.

*Midwifery.*—J. Borle, W. H. Lister.

The diploma of the Society was granted to the following candidates: J. Borle, J. M. S. Duncan, J. E. Jones, and A. Rogers.

† Section I. \* Section II.

**HEROISM AT SEA.**—At the annual meeting of the Royal Humane Society, held on March 15th, it was announced that the Stanhope Gold Medal for the most meritorious case of the year was awarded to Captain T. C. Mackenzie, R.A.M.C., for his gallantry on September 22nd, 1904. He was being invalided home after a severe attack of typhoid fever, and when the steamer by which he travelled was in the Ionian Sea a boy fell overboard. Captain Mackenzie at once jumped after him, and securing two life-belts which were thrown, he caught the lad, lashed him to one, retaining the other himself, and awaited rescue. Owing to the choppy sea and the speed of the vessel they had been lost to sight, and it was forty minutes before they were again seen and picked up.

## MEDICAL NEWS.

ON February 23rd His Royal Highness Duke Karl Theodor of Bavaria, celebrated the 25th anniversary of his graduation as a Doctor of Medicine.

A NUMBER of ladies belonging to the highest society in Rome have formed a committee to devise means for the relief of sufferers from ringworm, which is very prevalent in the Province of Rome.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held at Bristol on April 8th, at 11 a.m., when a discussion on Isolation Hospitals will be opened by Dr. D. S. Davies, M.O.H., and Mr. T. H. Yabbicom, City Engineer and Surveyor of Bristol.

DR. CHANG A. HOLT has recently passed the California Board of Medical Examiners, being the first Chinaman licensed to practise medicine in that State. He is 26 years old, and was born in Canton. He received his medical education in San Francisco. It is said that he intends to practise his profession in his native country.

THE EPIDEMIC OF TYPHOID FEVER AT LINCOLN.—The total number of notifications of typhoid fever in Lincoln for the week ending Friday, March 17th, was 46, making a total of 861 since December 1st, 1904. A large proportion of these cases are found to be "secondary," occurring in houses where there has been previous infection.

THE ABOLITION OF THE CORONER IN NEW YORK.—A Bill is now before the New York State Legislature by which the office of coroner and the jury system connected therewith are abolished, and it is believed that if the efforts of the Committee by which it is promoted are effectively backed by the medical profession, it will become law this year. The Bill transfers the judicial functions of coroners to the city magistrates, whose duties are essentially those of judges. The medical duties associated with the office of coroner are transferred to the Department of Health, in which a special branch is created for the purpose. The legal duties necessary for the proper conduct of inquests are transferred to the District Attorney, to whose province they rightly belong. The civil duties of the coroner are transferred to the City Chamberlain.

CANCER IN YOUNG SUBJECTS.—Ten recent cases of carcinoma in subjects under 31 have been collected by Rhode (*Inaug. Dissert.*, Greifswald, 1904). These cases are (1) cancer of the rectum in a tanner's boy, aged 19; (2) cancer of the ovary in a maid-servant, aged 19; (3) cancer of the stomach in a girl, aged 22; (4) cancer of the pancreas in a workman, aged 23; (5) cancer of the cardiac end of the stomach in a shepherd's boy, aged 24; (6) cancer of the duodenum in a tavern-inspector, aged 25; (7) cancer of the pylorus in a maid-servant, aged 26; (8) malignant gastric ulcer in a girl, aged 26; (9) cancer of the stomach in a maid-servant, aged 29; (10) colloid cancer of the rectum in a baker (female), aged 30. These 10 cases were taken from a series of 322 cancerous patients on whom necropsies were performed in the Greifswald clinic in the course of twelve years. The number of cases from 30 to 50 years of age was 121; from 50 to 70, 156; and from 70 to 90, 35. Thus, although the number of cases in aged subjects was three and a half times as many as the number in persons under 30, the latter are not so free from malignant disease as is generally supposed.

BEQUESTS TO HOSPITALS.—The late Mr. James Holmes Lucking, of Streatham Hill, bequeathed some £100,000 to charities, and among the bequests are the following: £2,000 each to St. George's Hospital, King's College Hospital, London Hospital, St. Mary's Hospital, Middlesex Hospital, Brompton Consumption Hospital, National Hospital for the Paralyzed and Epileptic, Royal Hospital for Incurables at Putney Heath, Earlswood Asylum, and the British Home and Hospital for Incurables at Streatham; also £1,000 each to Charing Cross Hospital, Guy's Hospital, Metropolitan Hospital, Royal Free Hospital, Seamen's Hospital Society, Westminster Hospital, University College Hospital, East London Hospital, Victoria Park Hospital for Chest Diseases, Great Ormond Street and the Evelina Children's Hospitals, Hospital for Women (Soho Square), Samaritan Free Hospital, Cancer Hospital at Brompton, Female Lock Hospital (Harrow Road), and the Royal London Ophthalmic Hospital; also £500 each to the Mount Vernon Consumption Hospital, the City Road Chest Hospital, and the Royal National Hospital at Ventnor.

THE LEPER COLONY OF MOLOKAI.—Dr. William C. Wile, an American physician, who has recently paid a long visit to the leper settlements of Hawaii, gives the following account of Molokai: "The unfortunate victims of the leper colony on the island of Molokai now number about 1,100. They are well cared for, and have everything done for them that can alleviate their pitiable plight. From the period of infection, which occupies about two years, the leprosy patient may have his existence prolonged from four to six years, rarely longer than the latter period. Curiously enough, the taint of leprosy is not always transmitted; a child of a leprosy father and an uninfected mother may grow up in good health. One noteworthy feature of the colony is the heroism often displayed by non-leprosy husbands who go to dwell in the disease-stricken settlement, to be by the side of a wife marked for death, and of as equally devoted wives who take the same risks." Dr. Wile thinks that more women act in this self-sacrificing manner than men.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.—An extraordinary meeting of the Northumberland and Durham Medical Society, under the presidency of Dr. G. H. Hume, was held in the College of Medicine, Newcastle-upon-Tyne, on March 9th, when an address was given by Mr. Stiles, Surgeon to the Royal Edinburgh Hospital for Children, on Some of the Surgical Diseases of Childhood. Mr. Stiles, after referring to the pathology and treatment of harelip, dealt with the pathology of congenital hydrocephalus, giving his experience of the treatment of this affection by ligature of the carotid arteries. The subjects of ectopia vesicae and the success which followed the establishment of a junction of the ureters with the rectum was discussed, and talipes and its treatment were also reviewed. The lecture was much appreciated, as was evident by the close attention with which it was followed. Later in the evening Dr. Hume took the chair at a banquet held at Tilley's. The Health of "Our Guest" was well received. Mr. Stiles subsequently proposed the toast of "The Northumberland and Durham Medical Society," which was responded by Mr. H. B. Angus, one of the secretaries. "The Health of the Chairman" was given by Dr. James Adamson. The dinner was attended by upwards of sixty gentlemen.

THE EYES AND EARS OF SCHOOL CHILDREN.—A Bill providing for the better care of the health of children in public schools has been passed by the Vermont State Legislature, and will come into operation on July 1st. Under the terms of the Act, the State Board of Health and the Superintendent of Education must prepare suitable test cards, blanks, record books, etc., to be used in testing the sight and hearing of school children, and necessary instructions for their use; these cards and books are to be supplied free of charge to every school in the State. The superintendent, principal, or teacher in every school, during September in each year, must test the sight and hearing of all pupils under his charge, and keep a record of such examinations according to the instructions furnished. He must give information in writing to the parent or guardian of every pupil who shall be found to have any defect of vision or hearing, or disease of eyes or ears, with a brief statement of such defect or disease; and must send a written report of all such examinations to the Superintendent of Education.

AMERICAN DIET.—According to census statistics, quoted in the *Journal of the American Medical Association*, there has been a large decrease in meat consumption and a corresponding increase in that of cereals and vegetables in the United States in the past half century. In 1850 the consumption of wheat was 4.30 bushels to each American, in 1900 it was 6.23 bushels. The Scotch diet of oatmeal has been adopted by the Americans within the last fifty years to a very great extent, as shown by the increase of from 0.90 bushels in 1850 to 3.86 bushels per capita consumption in 1890. There has been a corresponding increase in the consumption of vegetables, though the use of potatoes seems somewhat to have decreased. The use of sugar has been tripled per capita in the last fifty years. These statistics must not be taken to indicate that our American cousins are abandoning the fleshpots and giving themselves up to vegetarianism, but they show that a change has taken place in the national diet which can scarcely fail in time to exert some influence on the national temperament. Will the diminution of meat eating and the increased consumption of vegetables make hustling a less pronounced feature in the American character?

It has been decided to publish on behalf of the recently-formed Students' Representative Organization of the Universities of Great Britain and Ireland a monthly magazine which will provide past and present students with news of the chief events at their own university, and also of important incidents and developments in other universities. The magazine, which will be called the *University Review*, will thus, it is hoped, serve as a record of the movement of thought at the universities in relation to all matters of scientific, literary, and educational interest. Among the regular monthly features of the *University Review* will be original articles of scientific, literary, and educational interest; general information and descriptive notes of the academic and social life from the universities of Great Britain and Ireland and from the university colleges, communicated by local correspondents; official information from the university authorities relating to important phases of university work, university developments, appointments, etc.; and correspondence from representatives in the principal universities of France, Germany, and the United States. The movement has already obtained the support of, among others, the Right Hon. James Bryce, the Right Hon. Sir John Gorst, Professor Cormack (University College, London), Principal Donaldson (St. Andrews University), Professor Patrick Geddes and Professor John Geikie (Edinburgh), Professor John Joly (Dublin), Principal Lang (Aberdeen), Professor Sherrington (Liverpool), Sir Isambard Owen (Newcastle-upon-Tyne), Professor Schuster (Manchester), Professor Firth (Oxford), Professor Reichel (University College of North Wales), Dr. Windle (Principal of Queen's College, Galway), and Canon Barnett (Warden of Toynbee Hall). All these gentlemen have promised their assistance as editorial advisers, and the support of members of other universities is being sought. The *University Review* will be edited by Mr. W. G. Fuller, the editorial offices are at 65, Long Acre, London, W.C., and the price will be 6d. monthly.

We have received the first three parts of the *Harmsworth Encyclopaedia* (Thomas Nelson and Sons, Paternoster Row). It certainly is a marvel of cheapness, and contains a vast amount of information. The medical articles as far as we have tested them are clearly and accurately written, though necessarily brief. We note, with due appreciation of the compliment, that in the article on appendicitis the *BRITISH MEDICAL JOURNAL* is given as the *locus classicus* on the illness of the King. The print is wonderfully clear considering the smallness of the type, but we confess we find the maps rather trying. Altogether, the *Encyclopaedia* justifies the description of it on the title page as "Everybody's book of reference."

## IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

### *Annual Meeting.*

THE twenty-eighth annual general meeting of the above Association was held on March 3<sup>rd</sup> at the Hotel Cecil, when Surgeon-General SIBTHORPE, C.B., resigned the presidential chair to Sir WILLIAM WHITLA.

The following officers were appointed for the ensuing year: *President-elect*: Dr. E. Irwin Scott (Brighton). *Vice-Presidents*: Dr. W. Alexander, Dr. P. S. Abraham, Surgeon-General Sibthorpe, C.B., and Sir James N. Dick, K.C.B., R.N. *Chairman of Council*: Dr. J. H. Swanton. *Vice-Chairman*: Dr. A. de T. Mouillot. *Hon. Treasurer*: Dr. M. J. Bulger. *Hon. Secretaries*: Dr. James Stewart, Dr. T. H. Frampton, and Mr. E. Canny Ryall. *Hon. Auditors*: Dr. W. B. Johnston and Colonel James Morhead, R.A.M.C.

The following were elected members of the Council: Drs. G. V. Benson, A. J. Boyd, James Chambers, E. Wolfenden Collins, George Cowen, MacDonagh Cuffe, C.B. (Surgeon-General); G. W. Dawson, M. Dockrell, W. Douglas, F. W. Goodbody, H. J. Hildige, J. J. Macan, T. Neville, W. B. Pearsall, W. Whitlaw Scott, Whitley B. Stokes, R. Jocelyn Swan, and T. Telford-Smith.

The annual report showed a continuance of prosperity of the Association, the number on the roll of members reaching 894. The financial report was equally satisfactory. A beautifully-carved loving cup of Irish bog-oak of massive proportions, presented by Dr. E. Wolfenden Collins, was accepted by the Council with many thanks to the donor.

### *Dinner.*

The St. Patrick's Festival Dinner of the Irish Medical Schools' and Graduates' Association was held on March 18<sup>th</sup> at the Hotel Cecil, London, with Sir William Whitla, the President

of the Association, in the chair. After the usual loyal toasts had been honoured with more than the usual enthusiasm, the presentation took place of the Arnott Memorial gold medal to Captain Thomas Campbell Mackenzie, D.S.O., R.A.M.C. He was introduced by the Chairman of the Council of the Association, Dr. Swanton, who said that the medal was founded in the year 1900 by Mr. David T. Arnott, to be awarded every year to a medical graduate of an Irish university or a diplomate of an Irish corporation who had performed an act of heroism or distinguished service in the naval or military services or in civil life at home, on the high seas, or abroad. The medal might also be awarded for any achievement in medicine, surgery, or in medical research. Dr. Swanton explained that the medal had been awarded four times already, twice for distinguished medical service on the battlefield, once for an act of heroism in discharge of medical duties at home, and once for an achievement in the art of surgery. The circumstances connected with the presentation of the medal that year were that Captain Mackenzie on the voyage home from Mauritius during the passage of the vessel through the Ionian Sea dived over the ship's side to help one of the hands who had fallen overboard. Two life-buoys were thrown overboard, and Captain Mackenzie lashed one to the drowning man and retained the other himself. Owing to the rough sea and the speed of the vessel Captain Mackenzie was soon lost to sight, and it was forty minutes before he and the sailor were rescued, in an exhausted condition. The Director-General of the Army Medical Service had written that Captain Mackenzie was already distinguished for his gallantry and devotion to duty with the Irish Brigade in South Africa, and was a credit to his country and to the Irish medical schools. Captain Mackenzie, in acknowledging the honour conferred upon him, said it was just his luck to be where the accident occurred, and any one else at that dinner would have done the same thing. Dr. J. Gubbins Fitzgerald proposed the toast of "Our Defenders," which was responded to by Inspector-General W. H. Lloyd, R.N., by Director-General A. H. Keogh, C.B., and by Colonel Leese. Mr. A. Chance, President of the Royal College of Surgeons, Ireland, in submitting the toast of "Our Guests," complained that certain London hospitals were unwilling to elect on to their medical staffs for the surgical posts any Irishman unless he had passed the F.R.C.S. England. This toast was acknowledged by Mr. T. Loch, M.P. Mr. J. Tweedy then gave the toast of "The Association," and detailed the particulars of its rise and successful progress. After this had been suitably replied to by the President, the company dispersed.

## THE PLAGUE.

### PREVALENCE OF THE DISEASE.

#### INDIA.

DURING the weeks ending February 18<sup>th</sup> and 25<sup>th</sup> the deaths from plague numbered 27,837 and 29,465 respectively. The principal figures are: Bombay City, 618 and 735; Bombay Districts, 2,514 and 2,450; Calcutta, 88 and 84; Bengal Districts, 4,761 and 4,914; North-West Provinces and Oudh (United Provinces), 10,869 and 12,213; Punjab, 6,975 and 6,940; Hyderabad State, 319 and 602. During the week ending February 18<sup>th</sup> the deaths from plague in the following districts were: Rajputana, 543; Madras Districts, 261; Mysore State, 295; Burmah, 20.

Although the numbers quoted show a considerable improvement upon the weeks immediately preceding, when the highest mortality from plague stood at 36,117, telegrams dated Bombay, March 19<sup>th</sup>, state that plague is causing 45,000 deaths weekly.

#### SOUTH AFRICA.

*East London.*—During the week ending February 25<sup>th</sup>, 1 case of fatal plague occurred in East London. There had been no fresh cases of plague in Cape Colony for the previous three weeks. At East London and Port Elizabeth rats and mice were found during the week in question to be plague-infected.

#### MAURITIUS.

During the week ending March 16<sup>th</sup>, fresh cases of plague numbered 1 only, and deaths from the disease 1.

## 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.*