

I have recently had an opportunity of re-examining the patient, now two and a half years since the plastic operation. Although it leaves nothing to be desired, as regards closing the defect, yet the patient has not entirely lost the liability to epileptic attacks. But they become more and more slight and infrequent. It is, however, to be noted that he has lately become addicted to alcoholic excess, which has always so adverse an influence in cerebral injuries.



Fig. 2.

I have also made use of this mode of bone grafting when operating for the cure of trigeminal neuralgia, by Krause's method, and with complete success. As ordinarily performed a large horse shoe scalp flap is turned down the temporal region, and the bone removed by means of trephine and cutting forceps so as to gain access to the cranial cavity to remove the Gasserian ganglion. Subsequently this leaves a considerable defect in the skull and produces a deep and unsightly depression, of the size of the bowl of a tablespoon, on the side of the temple. To avoid this, Krause advises that the skull be resected by Wagner's method,¹⁸ though he admits that this procedure is apt to take a disproportionate time, and is not, therefore, advisable in elderly or debilitated patients.¹⁹ I have found that, after the horse-shoe flap has been outlined by the scalpel, one can easily and rapidly by means of a broad sharp chisel shave off a thin film of bone adherent to the under-surface of the scalp flap. A small opening can then be made in the denuded bone, and rapidly enlarged to the necessary size by means of gouge forceps. When the ganglion has been removed, the temporal flap, with its adherent scale of bone, is sutured down over the defect. New bone is rapidly laid down from the bone-periosteum flap, and in a few weeks the defect is filled by firm and unyielding bone, and the disfiguring depression is thus obviated.

I think there can be no doubt that where the secondary closure of a bony defect is indicated the best method to use, if available, is that of the König-Müller flap, or some modification of it, for this method allows of many modifications. It does not seem necessary that the bone-periosteum flap should be adherent to the skin flap.²⁰ It may be raised up independently of the skin, merely receiving its blood supply through a small periosteum attachment. Indeed, there is evidence that a wholly detached periosteal graft is able to lay down true bone, and may be used for plastic purposes. F. von Mangolt²¹ has recently published two cases of pseudoarthrosis from loss of bone which were cured by the grafting of detached grafts of periosteum. Though obviously such a method exposes the graft to a far greater liability to necrosis should the wound become infected.

Where it is to be feared that firm adhesions might form between the cortex and the implanted strip of bone, the graft may be turned over so that the periosteal surface lies

against the brain.²² It is, however, by no means certain that the bony surface is liable to form adhesions with the dura mater or cortex. Czerny²³ reports that, having occasion to turn up a König-Müller flap which he had laid down some eighteen months previously, he found that the under-surface of the bone was not adherent to the dura, but that a new lamina vitrea had formed on the under-surface of the bone-graft. Hoffmann²⁴ substantiates this from experiments made by him on certain animals.

Where for any reason it is not possible to make use of the König-Müller method, or any of its modifications, the best homoplastic method is probably that advocated by Mertens, namely, the use of boiled bone. According to Bunge, this only succeeds when the implanted bone is placed in direct contact with osteoplastic tissue. When the dura mater is covered with strong granulations this condition is probably not fulfilled, and absorption of the implanted bone will take place unless the diploë of the cranial bones be refreshed and the engrafted bone comes in direct contact with the refreshed edges of the cranial defect.

REFERENCES.

- ¹ *Archiv f. klin. Chir.* ² *Beiträge z. klin. Chir.*, Bd. iii, Heft 1. ³ Ueber einige Bedingungen objectiver Heilung der Epilepsie, *Archiv f. klin. Chir.*, Bd. lix, 1899. ⁴ Untersuchungen über die Bedingungen und Methodik operativer Druckentlastung des Gehirns, *Zeitschr. f. Chir.*, 1899. ⁵ *Centralbl. f. Chir.*, 1899, No. 27. ⁶ *Handbuch der praktische Chir.*, Bd. i, S. 98. ⁷ Ueber die Bedeutung traumatischer Schädeldefecte und deren Deckung, *Archiv f. klin. Chir.*, Bd. lxxi, 1903. ⁸ On the Healing of Aseptic Bone Cavities by Implantation of Antiseptic Decalcified Bone, *Amer. Journ. of Med. Sciences*, 1899; also Kümmell, Ueber Knochenimplantation, *Deut. med. Woch.*, 1891, No. 11. ⁹ Ueber künstliche Erzeugung von Knochengewebe und über die Ziele der Osteoplastik, *Berl. klin. Woch.*, 1896. ¹⁰ Landerer, Ueber Osteoplastik, *Centralbl. f. Chir.*, 1895. ¹¹ Zur Frage der knöch. Deckung von Schädeldefecten, *Deut. Zeitschr. f. Chir.*, Bd. lvii, 1900. ¹² Seydel, Eine neue Methode, grosse Knochendefecte des Schädels zu decken, *Centralbl. f. Chir.*, 1889, No. 12; also Czerny. ¹³ There is an interesting case recorded by Job a Meekden (1670) of the successful implantation of a portion of a dog's skull for the cure of a cranial defect. Unfortunately the graft had to be removed because the patient was threatened with excommunication on account of it; Macewen and Sacchi from a dog; von Jacksch from a goose; Gerstein from a rabbit. ¹⁴ David. ¹⁵ Fraenkel, Ueber Deckung von Trepanationsdefecten am Schädel durch Heteroplastik, *Wien. klin. Woch.*, 1899, No. 25; also Ueber Heteroplastik bei Schädeldefecten, *Langenb. Arch.*, 1895, No. 50. ¹⁶ Der knöcherne Ersatz grosser Schädeldefecte, *Zentralbl. f. Chir.*, 1899, No. 27. ¹⁷ Zur Frage der temporären Schädelresektion an Stelle der Trepanation, *Zentralbl. f. Chir.*, 1899, No. 4. ¹⁸ Die temporäre Resektion der Schädeldächer, *Centralbl. f. Chir.*, 1889, 1891. ¹⁹ Die Neuralgie des Trigemini, *Handb. d. prakt. Chir.*, S. 657, 1st auflage. ²⁰ Carré, 1894. ²¹ F. von Mangolt, *Archiv f. klin. Chir.*, Bd. 74, S. 345. ²² Von Hacker, *Beiträge z. klin. Chir.*, Bd. 37, S. 499. ²³ *Verhandl. d. Deut. Gesellsch. f. Chir.*, 1895. ²⁴ *Deut. med. Woch.*, 1902, S. 587.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

A CASE OF DEATH UNDER CHLOROFORM.

A CASE of death under chloroform occurred at the Edinburgh Hospital for Women and Children, Brunsfield, on January 21st, under the following circumstances:

The patient, a married woman aged 40, was admitted for operation for irreducible umbilical hernia. The hernia had existed for five years, and had for some time brought on attacks of pain and retching after any exertion. There was nothing in the previous history to contraindicate the use of an anaesthetic; in the circulatory system nothing abnormal was detected; in the respiratory, there were some crepitations at the base of the right lung. The examination of the urine showed specific gravity 1015, alkaline, no albumen; precipitate, phosphates. The temperature was normal or slightly subnormal, and the pulse ran about 80. On the fourth day after admission, and after the usual preparation, chloroform was administered to the patient by the house-surgeon. She took the anaesthetic quietly; there was no holding of the breath. The chloroform was dropped steadily on the mask and lowered gradually to within half an inch of the face, and continued for three or four minutes. Then the patient began to breathe heavily and rapidly, and the pupils dilated; there was no stridor, and no pallor. The mask was held further from the face, but not at once entirely withdrawn; then respiration suddenly ceased, chloroform was stopped, and the face became congested. This was within five minutes of the commencement of the administration. The head was lowered immediately, the feet raised, and artificial respiration combined with tongue traction was begun and persevered with for four hours. Hypodermic injections of strychnine and ether were immediately given, followed

later by rectal injections of whisky and a large saline enema. Capsules of amyl nitrite were also used and the faradic current applied. Two of the four doctors present believed that they could feel the pulse running for an hour; there was also some bleeding from the tongue, and an occasional doubtful effort at response to artificial respiration, but death resulted.

At the *post-mortem* examination the blood was found fluid and the right side of the heart slightly distended with blood. There were no clots. The left side of the heart was empty, all the valves were normal. The muscle of the heart was fatty and friable. The trachea and air passages were clear and the lungs normal except for a patch of consolidated lung at the right base about 3 in. square, and some old, firm adhesions at the left base. In the abdomen there were evidences of the umbilical hernia, with adhesions of the omentum to the transverse colon in two places. There was some congestion of the liver and the spleen was large and flabby, but not congested. There were no other abnormal conditions.

The microscopic examination of the lung is reported to show that the area of consolidation was due to a localized, organizing pneumonia.

ISABEL VENTERS, M.B., L.R.C.S.,
Senior Attendant Medical Officer.
ERIE EVANS, M.B.,
House Surgeon.

FRENUM UVULAE.

MRS. L. aged 35, was seen on February 11th, 1905, for chronic ear trouble. On examination of the throat the uvula was seen to be bent forward at an acute angle, and to be tied closely to the soft palate by a distinct band, about the thickness of the frenum linguae, attached in the middle line to both uvula and soft palate. The uvula was quite half an inch long, and the frenum extended the whole length. No discomfort nor inconvenience was experienced by the patient, who was not aware of any departure from the normal.

The case is recorded on account of its rarity. The writer is not aware of any record of a similar condition.

Birmingham.

F. MARSH, F.R.C.S.

AN ANOMALOUS EPIDEMIC (? GERMAN MEASLES). DR. POYNTON has drawn attention in his lecture on the differential diagnosis of scarlet fever, German measles, and measles¹ to the difficulties which frequently arise, of which the following is a proof:

Two inmates of a school near Paris complained of feeling out of sorts, had slight sore throat, and developed a patchy red rash. They were apparently well in a day or two and returned to their studies, but their temperatures—taken by themselves—remained from 99° to 100°. Subsequently others of their schoolmates were attacked, some having sore throats only, some a rash, about half of whom desquamated, whilst some desquamated in whom no rash had been noticed, and who did not think they had been ill at all.

The temperatures were not taken, it not being thought necessary. The disease was supposed to be a form of eczema due to indigestion; a skin specialist being later called in pronounced it to be of a scarlatiniform nature, and finally, when about 50 per cent. of the inmates had been attacked, three physicians diagnosed "an epidemic of rubéole," and the school was promptly closed three months after the first case developed.

The rash lasted from a few hours to a day or two, the course of the disease was from eight to fifteen days, fever was never marked, desquamation occurred in about one-third of the cases, and, from the description given me, was more than "mealy," being originally noticed by fellow-students. The convalescent I saw had had sore-throat, thought to be caused by an open window, no rash, no fever (temperatures taken), yet the hands desquamated fairly freely.

Last year I saw an adult who, a fortnight after tonsillitis, developed, when apparently in perfect health, a distinct, copious, mealy rash, most marked on thighs and buttocks, slight on face and neck. There was a rise of temperature, 99° to 101°, lasting exactly thirty-six hours; the rash disappeared in three days. The patient never felt the least ill, there was no desquamation, no source of infection could be traced, and no infection followed. Drug rash and urticaria were both excluded. Would

I have been justified in signing a school certificate as "never having suffered or been exposed to infection"?

London.

WILLIAM HARTIGAN, M.D.Brux., D.P.H.

COLD AFFUSION IN HYPERPYREXIA.

I OBSERVE that hyperpyrexia is still being treated by the application of cold water sponging "done slowly and deliberately." It is now many years since I learned, as it were by accident, that it is not the cooling of the body that we should aim at so much as the cause of the hyperpyrexia. I found that the sudden shock produced by even a tumblerful of cold water in a case of hyperpyrexia relieved the worst symptoms, showing that it is through the nervous system any good is done by the application of cold water, and that it must be applied suddenly to cause a shock. Acting on that theory I used the cold affusion of Currie, and in a case of scarlet fever in a boy, unconscious and limp, on the second day; his mother held him in a tub while I poured a pail of cold water over his shoulders. Although unconscious of what was being done, so soon as the water was applied he put a hand on each side of the tub and sprang into bed, to my astonishment as well as to that of the mother. His temperature was only one degree lower after the affusion, but his pulse was very different, and he was perfectly conscious. What astonished me, as much as anything, was that his skin became moist. He asked his mother to bring the water when he began to feel uncomfortable, and had the affusion repeated. He had no other treatment, and his progress was uninterrupted, no sequela following. Why Currie's cold affusion, once so popular, was abandoned, it is difficult to imagine.

Denholm, Hawick, N.B.

JOHN HADDON, M.D.

DEATH FROM CANCER TWENTY-TWO YEARS AFTER PRIMARY OPERATION.

I HAVE recently lost a patient whose case is, I think, worth placing on record. She was a maiden lady, one of a large family, in which a strong tendency to cancer appeared to exist. An elder sister, also unmarried, died from cancer of the uterus, while a younger sister, also single, died from this disease, primarily of the stomach.

At the age of 50 my patient had the right mamma removed by the late Mr. Durham; the axilla was untouched, and for seventeen years there was no recurrence. Five years ago a small nodule was discovered just below the scar; this was removed, and a microscopic examination showed it to be a true scirrhus cancer; a little more than a year later another nodule was removed. About the same time the inner end of the scar became gradually fixed to the chest wall by a deep growth too firmly fixed for removal; this slowly increased until it threatened to ulcerate. Somewhat late Roentgen rays were tried, and for a time seemed to check the rapidity of growth. Finally, the skin ulcerated, the tumour sloughed, leaving a large malignant ulcer, which spread with a threatening of haemorrhage occasionally, the patient emaciating and succumbing to exhaustion at the age of 72.

At no time was there any sign or symptom of a secondary new growth, nor was it ever necessary to administer sedatives, as the disease was painless throughout.

London, N.W.

A. W. GEORGE, M.D.Edin.

SATINWOODS AND DERMATITIS.

SHORTLY after reading Dr. H. E. Jones's article on this subject I happened to mention the facts to a planter living in the western hills of this island, where the satinwood grows abundantly, and he at once informed me that an irritable eruption was well known among the labourers handling the wood, also that he had himself suffered from a painful rash in his hands after turning satinwood in a lathe. Lately, at my request, he has been good enough to send up specimens of the leaves and wood, from which it appears that the satinwood is derived from no less than four species of *Fagara* (a genus of the order *Rutaceae*), *F. flava* being the chief source of the supply. This is one of the most beautiful trees of the Jamaica forests, with compound pinnate leaves containing large quantities of an aromatic oil. I have frequently observed the natives gathering the leaves to prepare a decoction which they take in fevers. The West Indian satinwoods have been thoroughly investigated by Professor Urban of Berlin; an account of them is contained in the appendix to his admirable work on the flora of the West Indies.

Kingston, Jamaica.

M. GRABHAM, M.A., M.B.Cantab.

¹ BRITISH MEDICAL JOURNAL, February 4th, 1905.

IODIZED CATGUT.

IN the BRITISH MEDICAL JOURNAL of August 27th, 1904, p. 473, a short note from me on the above subject was published. Six months' further experience has more than confirmed the good opinion then expressed. Will you allow me once more to draw attention to the advantages of this material? They are:

1. *Ease in Preparation.*—The raw catgut wound on glass is placed in the solution of iodine. At the end of eight days, without any further trouble, it is ready for use. It is stored in the solution in which it is prepared. This method forms a pleasant contrast to the elaborate and laborious processes which have been commonly recommended. There is no scrubbing in soap and water, washing in ether, disinfecting in an antiseptic solution, and finally storage in alcohol; nor is there the inconvenience and expense of using special apparatus for sterilization by heat, nor the complexity of soaking in chromic acid and glycerine for varying periods.

2. *General Efficiency.*—It is tough, knots firmly, is not too quickly absorbed, and its black colour renders it easy to see. Careful bacteriological examination has proved it to be perfectly sterile. By using three thicknesses its life in the body may be made to vary from six days to a fortnight. In the skin, No. 00 lasts for about six days, No. 1 for eight days, and No. 2 from ten to fourteen days. No. 00 is quite resistant enough for ordinary skin sutures; for muscle and fascia No. 2 is best. Some have complained that occasionally it becomes brittle. This, I think, is due to the fact that iodine readily volatilizes, and, if not kept in a bottle with a well-ground stopper, the solution loses its strength, and the gut rots. Again, when rinsing, care must be taken that the water is not more than tepid; if hot, the catgut softens and unravels.

After ten months' constant use in all kinds of cases I have not found that catgut prepared by this method has any disadvantages, and cannot help thinking that when it is known it will come into very general use.

Lancaster.

A. S. BARLING.

TRAUMATIC SPINAL MENINGITIS.

A SEPOY, aged 32, a strong, tall man of splendid physique, when turning under the rope during a tug-of-war, and straining to his utmost, felt a crack in the back of his neck. He felt nothing more of this for fifteen days, but then he came to the regimental hospital complaining of fever, and showing a temperature of 104° F., pulse 80, and breath sounds slightly quickened. He was admitted to hospital on the fourth day; later, his temperature fell to normal. His voice became thickened and impeded, his breathing hard and short. He remained in this condition for three days, when all these symptoms increased and his breathing became stertorous. He was unable to swallow even milk and water, which simply regurgitated or stayed in his mouth.

On the ninth day of admission, the muscles of the back of his neck stiffened, and he was unable to move his head on his pillow. No paralysis existed and no eye symptoms. He died at 7.30 p.m., with marked stertorous breathing and practically unconscious.

M. B. PINCHARD,
Captain I.M.S., M.R.C.S., L.R.C.P.,
Medical Officer 84th Punjabis.

Secunderabad.

REPORTS

ON

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

THE DECCAN REGIMENTAL HOSPITAL.

A CASE OF FIBROID PNEUMONIA.

(Reported by Captain A. N. FLEMING, M.B., C.M. Edin., I.M.S., P.M.O. in charge of the XXth Deccan Horse.)

ON reading the interesting article on a Case of Fibroid Pneumonia, by Dr. A. G. Auld, in the BRITISH MEDICAL JOURNAL of February 4th, I was struck with the great similarity it bore to a case under my treatment, and I accordingly think the few notes I append may be found of interest. No formal notes were taken originally and in consequence I am giving the early history of the case from memory.

The man is a native trooper in this regiment, by caste a Mohammedan, 34 years of age. He has served as a soldier for

sixteen years which is a sufficient guarantee that he has been a healthy man till the onset of this illness.

First Admission.—He was admitted to hospital on December 12th, 1903, suffering from lobar pneumonia and remained in hospital until February 6th, 1904, when he was sent on two months' sick leave. The attack was a severe double pneumonia, but there were no complications, and recovery was considered to be complete when he left hospital.

Second Admission.—He again reported sick on November 30th, 1904, nearly ten months later, with fever and cough. The fever was of an irregular type, varying, as far as I can remember, between 103° and normal, and lasted about a month. On admission he expectorated fairly frequently, the sputum being of a frothy character. All over the right side of the chest mucous râles could be heard, but at the same time the breath sounds were much fainter than on the left side; no tubular breathing. Vocal resonance was slightly increased, and the percussion note was distinctly dull. The left side of the chest was normal. His sputum was examined on several occasions for the tubercle bacillus, always with negative results. After he had been in hospital a short time it was noticed that the respiratory movements were always much less on the right side than on the left, and that his respirations were rapid.

Present Condition.—The acute symptoms—namely, the fever, expectoration, cough, and moist sounds—gradually subsided in about a month's time, leaving the man in his present condition, which is as follows: He states that he has been subject to slight attacks of fever and cough up to the middle of February. He now feels a little weak and gets easily out of breath, but otherwise is perfectly well. In appearance he looks thin, but healthy and strong. The following is an account of the results of a physical examination of the chest:

Inspection in Front.—Right side contracted; right shoulder depressed. Almost entire absence of movement on respiration of right side except just above the costal margin, which rises and falls. Retraction of intercostal spaces on inspiration. Right nipple slightly but distinctly lower than left. Flatness of infraclavicular region. Above the nipple a certain amount of retraction is noticeable on expiration. Left side of chest normal.

Inspection Behind.—Right scapula does not move on respiration. Respiratory movements at the base good. Inferior angle of right scapula at the same level, but further from the spine than that of the left.

Measurement.—Circumference over nipple, right side, 15½ in.; left side, 16 in.

Vocal Resonance.—Increased all over right side.

Percussion.—Over clavicle higher pitched on right side. Over and below right nipple dull. Between these points the note is flat. Behind percussion note at the apex is only slightly more dull on the right side, but as you descend it gets progressively flatter. Absolute dullness at the base.

Auscultation.—Right side: Breath sounds progressively fainter from above down. Expiration just above the nipple prolonged. Increased vocal conduction. No accompaniments. Left side: Breath sounds puerile.

Heart.—Deep cardiac dullness about ½ in. internal to left nipple. Impulse not palpable. By auscultation heart sounds loudest about parasternal line, and normal in character. Pulse 90 to the minute. The extent of the cardiac dullness to the right cannot be made out by percussion owing to the condition of the lung.

REMARKS.—My impression of the case is that it is a similar one to that described by Dr. Auld. I do not think it is tuberculous, judging from the character of the breath sounds and sputum, as well as by the negative result of microscopical examination. I think any cause such as is met with in "miners' phthisis" need not be considered when one remembers the healthy outdoor life the man has always led.

VICTORIA NURSING HOME, SHANGHAI.

CINNAMON IN DYSENTERY.

(Reported by Staff Surgeon G. T. BISHOP, H.M.S. *Iphigenia*.)
THE following case was under my care in the Victoria Nursing Home, Shanghai:

State on Admission.—A. H., an able-bodied seaman, aged 25, was admitted from H.M.S. *Vestal* on October 8th, 1904, having been ill five days, in a serious condition. The stools were small, but so frequent as to require constant use of the bedpan; they were composed mainly of blood, blood clot, and small amount of mucus and faeces. There was much tenesmus, and pain referred to back, legs, and lower part of abdomen. Temperature 101.6° F. Pulse fairly good. Emaciation marked. Tongue coated.

Progress.—He was placed on a diet of chicken tea, rice water, and milk. Ipecacuanha was given twice a day in a 20gr. bolus with the usual precautions as to food, position, and opium. The drug was generally retained, but the patient suffered much from the retching and nausea that followed

vestigation of the dwelling, surroundings, and condition of each case notified have probably been conducted more systematically and thoroughly than in any previous epidemic.

But we have not yet fully realized the supreme importance of tracking out from the very outset all the scattered foci of infection which are invariably developed in a waterborne epidemic, and of exterminating all discoverable traces of the living poison.

In order to ensure protection from these many sources of infection we require an organized system prepared beforehand, and an outside staff trained and ready at the first signs of an epidemic to co-operate with and under the local sanitary authorities.

In the first outbreak of such epidemics the local authorities and health officers are too overwhelmed with the demands of each hour to be able to devote sufficient time for the detection of incubating and ambulant cases and other obscure sources of infection. Until this need is fully realized by the people, the medical profession, and our highest sanitary authorities, together with the necessity of instructing the people invaded with regard to the risks of direct and indirect infection, and the means of preventing these risks, the "secondary cases" will always be liable to equal and even to exceed those caused by the primary water infection.

NOTES ON HEALTH RESORTS. THE LUCAN SPA.

By THOMAS LAFFAN, M.R.C.S.,
Cashel, Ireland.

THERE is a popular saying which bids us look abroad for anything that is really valuable. To some extent it is universally prevalent, but nowhere does it obtain such hold as in our own country, where nothing merits support but that which has hailed from a distance. The Lucan Spa has cruelly suffered from the existence of this feeling. It offers many attractions, which add to the effects of its mere medical advantages. It is delightfully situated. It is in close proximity to a city which can boast of many art and other attractions. In later times the founding of an electric railway has brought it within easy reach of the City of Dublin, whilst the existence of two lines on its borders furnished easy access to visitors from all parts of Ireland. In the eighteenth century it was all the fashion, but for many a long year its fortunes were under a cloud, until that cloud was lifted by the enterprise of a number of intelligent and energetic gentlemen.

The waters of the Spa are alkaline, saline, and sulphurous. The amount of sulphuretted hydrogen exceeds that of Lisdoonvarna, and compares favourably with the best known waters of the same kind in Europe. The water is easy to drink, is brisk in its taste from the carbonic acid present, and the temperature is moderate, being estimated at 46° F. This moderate temperature confers on it advantages of its own, inasmuch as water of a very high temperature is over-stimulating. The primary effect of the Lucan water is that of a direct stimulant. It acts as an alterative, producing direct effects on the bowels, liver, kidneys, and skin. It is, therefore, a diuretic, diaphoretic, and tonic. It eliminates urea and uric acid, and other morbid elements, and is of great use in chronic internal congestions. It has a recognized place in uterine disorders. Its effect on gout and rheumatism is most pronounced, and well worthy of trial. Skin diseases, such as eczema, psoriasis, and other intractable affections derive the greatest advantages from residence here. The protean forms of dyspepsia are greatly improved, and, where not dependent on incurable organic disease, are every other day cured. Scrofulous diseases also are largely benefited, so also is chlorosis. More than one well-known writer has done justice to this Spa. Of these the most prominent are Mapother and Madden. Dr. Edgar Flinn has also produced a valuable monograph in its favour. The original apostle was, however, the celebrated Dr. Rutty, and it is now a century and a half since he did what was, after all, a bare justice to its merits. Various ulcers, which long resisted other treatment, have been cured at this Spa. For many years the late Sir Dominick Corrigan, the head of the profession in Ireland, recommended it for his chronic rheumatic cases, for enlargement of the joints, for piles, and for chronic mineral poisoning. Sir Charles Cameron shows that it is as rich in sulphuretted hydrogen as the new Spa at Harrogate, and he considers it quite as good. A strong point in favour of Lucan is the

chemical condition of the sulphur gas, which is held merely in solution in the Lucan water, while in that of Harrogate it is in combination with bases. Its chemical composition shows that it contains as much carbonic acid, more sulphur gas and cathartic salts than Harrogate. In conclusion, I abstain from giving any directions as to the quantity of water to be taken, the number of baths, etc., as these would be matters of detail, which can be best given on the spot.

I can add my personal testimony to the experience which I have derived from patients, and urge a trial on all those with minds open to conviction.

THE MIDWIVES ACT.

CAMBRIDGE.

A LETTER was received by the Cambridge Guardians, at their meeting on March 22nd, from the County Council, calling attention to the provisions of the Midwives Act. In certain cases a midwife must decline to attend alone, and must advise that a registered medical practitioner be sent for. The County Council suggested the possibility of medical officers of the union being instructed to attend cases when requested to do so by any registered midwife in the borough, and that their fees should be paid by the guardians, the latter, of course, reimbursing themselves where possible by calling upon the relatives for payment.

Dr. Dalton gave notice that at the next meeting he would move the following resolution:

That the district medical officers be informed that when summoned by a certificated midwife to attend an emergency, and there is not time to apply to the relieving officer, they attend the case as if they had been furnished with an order of the relieving officer, in such case the relief to be given on loan unless the Board decide otherwise.

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 86.

COMMISSION DEMANDED BY TREASURER.

J. W. T.—A correspondent writes that he has recently been appointed surgeon to a Friendly Society, and when the treasurer called on him to pay a quarter's salary, he asked for a commission for himself, stating that he had always received one from the late surgeon. Our correspondent wishes to know whether such a payment would be legitimate, and whether it does not come under the head of "secret commissions" so forcibly condemned by the Association.

. Such a payment would be a secret commission of a particularly bad character, and our correspondent should absolutely decline to consent to it.

CLUB RATES.

CANTAB. writes that he has been asked by large employers of labour to attend their staff of 4,000 employés. He is to see them at a surgery, and when necessary at their own homes within a radius of 3 miles. Drugs are supplied him, but neither horse nor assistant. The employés are nearly all girls, or young unmarried women. What ought he to charge?

. At the ordinary club rate (4s. per member) this would amount to £800 a year. As the members are all women, and a horse and assistant would almost certainly be required, £1,000 per annum is the least that we can suggest.

TUBO-UTERINE GESTATION: CRIMINAL ABORTION: DEATH.—

A case of much medico-legal interest in the annals of interstitial or tubo-uterine gestation was recently reported to a meeting of the Berlin Obstetrical and Gynaecological Society (*Zentralbl. f. Gynäk.*, No. 5, 1905, p. 146) by Dr. R. Schaeffer, who exhibited a ruptured fetal sac of this type. The patient had already induced abortion three times on herself, but the precise means are not stated; on the fourth occasion she said that she had introduced an irrigation tube into the uterus. One hour later violent pain set in, followed by deep syncope. Internal haemorrhage was evident, and the patient died on the way to hospital. On inspecting the uterus it was seen that the nozzle of the tube could not have entered the internal os, nor was there any perforation of the uterus, but a tubo-uterine sac had burst. Dr. Schaeffer believes that the lesion was caused simply by the forcible pushing upwards of the uterus by the tube forced into the cervical canal.

MEDICAL NEWS.

THE COMMITTEE appointed by the Corporation of Manchester which is to supervise the working of the Midwives Act of 1902 has recommended that application be made to the Local Government Board for power to pay for the medical assistance directed by the Act to be sought by midwives under certain circumstances. The fee which it is proposed to pay is one not exceeding a guinea.

GERMAN PSYCHIATRIC ASSOCIATION.—The German Psychiatric Association will hold its annual meeting this year at Dresden on April 28th and 29th. Professor Weygandt, of Würzburg, will present a report on idiocy, and twenty-one other communications are promised.

GARDEN CITIES IN BELGIUM.—A Garden City Association has just been formed at Brussels, in the neighbourhood of which it will probably begin its operations. Among the promoters is Dr. Van Ryn, General Secretary of the Belgian Antituberculosis League.

COMPULSORY VACCINATION IN AMERICA.—The Supreme Court of the United States has upheld the decision of the Massachusetts Court that the compulsory vaccination law is not unconstitutional. The ground taken is that as a police regulation compulsory vaccination may be enforced in protection of the health of the community.

THE UNIVERSITY OF BELGRADE.—The Servian Skupschina has lately passed a measure constituting the University of Belgrade a complete university with four faculties—medicine, law, philosophy, and technology. It is expected that the medical faculty will be in working order in the course of next year.

APPENDICITIS IN BERLIN.—In the report of the medical staff of the Friedrichshain Municipal Hospital, Berlin, for last year, attention is called to the large increase in the number of cases of appendicitis. During the year 216 cases were admitted, in the majority of which immediate operation was judged to be necessary.

A LADY LECTURER AT BERNE.—Madame Schwenter, M.D., has recently qualified as *privat docent* in dermatology and diseases of the skin in the University of Berne. She is the first woman who has obtained the *venia docendi* in that seat of learning. This was, it appears, refused by the Medical Faculty, but their opposition was overruled by the Director of Education.

CEREBRO-SPINAL MENINGITIS.—The epidemic of cerebro-spinal meningitis which has been in progress in Prussian Silesia since about the end of last October is reported to have spread over the frontier into Austrian Galicia. In response to a question on the subject in the Prussian Landtag last week the Minister for Public Instruction, Religion, and Medical Matters, stated that in some of the affected districts there had been a large number of cases with a heavy mortality, but there was no great cause for alarm. Such measures as were possible were in operation.

PROPRIETARY MEDICINES IN CUBA.—Several deaths having recently occurred in Cuba as the consequence of an overdose of one or another proprietary medicine, the Cuban Government revived an old Spanish law requiring that the formula of every nostrum should be printed on the label of the bottle in which it is sold. Manufacturers of American medicines, foreseeing the loss of the secrecy which is the most potent ingredient in their products, brought all available influence to bear on the Cuban Government, which gave way to the extent of conceding that the formula of every proprietary medicine should be filed with the Cuban Government, which undertook to keep it secret. If the formula shows cause for belief that the remedy is dangerous, its sale will be hedged about with suitable restrictions.

QUACKERY AND LEGISLATION IN AMERICA.—A Bill just passed by the State Senate of Nebraska to regulate the practice of medicines makes it unlawful for any one to heal or pretend to heal or treat by suggestion mental or physical ills, whether imaginary or real. The Bill was introduced early in the session, and was strenuously opposed by Christian Scientists. In the New York State Legislature a Bill introduced to make "mental science" a recognized branch of medical practice has been defeated, largely owing to the efforts of the New York State Medical Society. On the other

hand, a Bill recognizing osteopathy, now before the New York State Legislature, has been "reported favourably" by the Senate Judiciary Committee.

INTERNATIONAL TUBERCULOSIS SOCIETY.—The International Tuberculosis Society, which was established to study the best means of preventing and treating the disease, held its annual general meeting in Paris on March 14th under the presidency of Dr. Richelot, member of the Paris Academy of Medicine. Dr. Samuel Bernheim delivered an address, in which he dealt with the present state of the tuberculosis problem. The following were then elected office-bearers for 1905-6: President, Professor Lancereaux; Vice-Presidents, MM. Huchard, Richelot, S. Berneheim of Paris, Professor von Schroetter of Vienna, Sir Hermann Weber of London, Professor de Lancaster of Lisbon; General Secretaries, Dr. Georges Petit of Paris, Count Ivan Tolniewski, M.D., of London; Treasurer, M. Papillon of Paris; Assistant Treasurer, M. L. Garnier of Paris; Secretaries of Sitings, MM. Tartiere, Bourdin, Roblot, and Chauveau of Paris; Archiviste, M. Ruault of Paris. Applications for membership, etc., should be addressed to Dr. Georges Petit, 51, Rue de Roches, Paris.

BEQUESTS TO MEDICAL CHARITIES.—Under the will of the late Miss Elizabeth Caroline Brown, of Bayswater, East Grinstead, and Middlesbrough, which has now been proved, the Ormesby Cottage Hospital, Middlesbrough, receives £4,000; the North Riding Infirmary, Middlesbrough, £2,000; and the following institutions £500 each: Queen Charlotte's Lying-in Hospital, the Royal Free Hospital, the London Hospital, the London Fever Hospital, the Middlesex Hospital, the East Grinstead Cottage Hospital, the Children's Hospital (Paddington Green), and St. Mary's Hospital in the same neighbourhood.—The late Mr. George Ambler, of Baildon and Bradford, left £400 each to the Royal Infirmary, Bradford, and St. Catherine's Home for Cancer in the same town, and £125 to the Children's Hospital, Bradford.—Miss Thomasina Elizabeth Fawcett of Maidenhead, who died on February 3rd, left £2,000 each to the Brompton Hospital for Consumption and the Royal Hospital for Incurables and £500 to the Cottage Hospital at Maidenhead.

A STATE SANATORIUM FOR ILLINOIS.—On January 26th a Bill was introduced in the Illinois General Assembly by the Hon. Edward J. Glackin, one of the representatives of Chicago, providing for the erection, organization, and management of a State Sanatorium for persons afflicted with tuberculosis and for making an appropriation of £40,000 for the purchase of the land, the construction of the necessary buildings, and the maintenance of the institution. Chicago, with 35 per cent. of the total population of the State, has for years furnished nearly 45 (44.7) per cent. of the total deaths from pulmonary consumption. Yet Chicago is situated in a belt of territory along the western shores of Lake Michigan which furnishes, as a whole, an average of only 87 deaths from consumption out of every 1,000 deaths from all causes, as compared with an average of 126 out of every 1,000 in the entire United States, and of 137 in the remainder of the State outside that belt.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held on March 31st at 429, Strand, London. The chair was taken by Dr. de Havilland Hall. A long list of sickness claims occupied the attention of the Committee. As the number of members increases, and the average age of members is also growing, a continued expansion of the claim account must be looked for. Five years ago the amount of sickness pay disbursed in twelve months was a little over £8,000, and this has grown steadily until the amount paid away on this account last year exceeds £10,000. In fact, ever since the foundation of the Society in 1884 the amount paid away annually for sickness claims has steadily grown, the only disturbing causes being the epidemics of influenza, which on two occasions have made an abnormal addition to the total. At present the claims arising from influenza are few, and the attacks seem to be of a mild kind, as the sickness pay is required for a short time only. The growth of the sickness claim account was foreseen and provided for when the business was started, and the steady increase in the reserves of the Society, which now amount to nearly £200,000, shows that all necessary precautions were taken. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

G.W. Railway sent contingents, all the friendly societies in full regalia were there. The British Medical Association was represented by Dr. G. Young Eales, of Torquay, the Honorary Secretary of the Branch, and by every medical man in the place who was not prevented by illness from attending, and had a public funeral been sought, or the time and place of interment been publicly notified, members of the Association from all Devon and Cornwall would have crowded in; so popular was he. The quantity of wreaths and flowers from his friends and patients of all classes was great, but the number of people in tears was the best proof of his popularity and of the general sense of his loss.

Never did a man of simpler and more direct manner, of kinder heart, of deeper sympathy, of more energy and vigour, than Dr. Alexander pass away. He was essentially and in its best sense before all things, a Man—upright, honourable, and true. He leaves a widow and four children (three sons and a daughter) to mourn his loss, to whom the sympathy of members of our Association, especially of those who knew and loved him, will go out. His eldest son is a Sub-Lieutenant in the Royal Navy. It is proposed to erect a public memorial to his memory in Paignton.

Dr. Young Eales, Honorary Secretary of the South-Western Branch, writes: "I believe I am correct in saying that this is the first time in the history of our Branch of a President dying during his year of office. Dr. Alexander's death is felt very deeply by us in this part, as he was so universally loved by all. A man with a kindly honest eye, a most genial disposition and conduct as straight as a line, he was usually the life and soul of our meetings. I have known him a great many years, and a better friend or more thorough gentleman one could never wish to meet. To show what Paignton thought of him it is only necessary to state that at the funeral all the public bodies were represented, the church was crowded to excess, while hundreds were unable to gain admittance, and it is estimated that about a couple of thousand people awaited the funeral procession at the cemetery. Most of the local medical men were at the funeral, and the Branch sent a beautiful wreath. I have no doubt, too, that at the meeting to be held on the 26th the Branch will take further steps to mark the loss it has suffered through the untimely death of its President."

WE regret to announce the death, at the age of 86, of Dr. PAUL HERVIEUX, Member of the Paris Academy of Medicine, of which he was President in 1896. Dr. Hervieux was a pupil of the famous *Ecole Normale*, where he graduated in the Section of Literature in 1839. He was offered a professorial chair in a provincial college, but suddenly determined to study medicine. He took his doctor's degree in 1847, and was appointed Physician-in-Chief to the Paris Maternity in 1860. He was an Honorary Physician to the hospitals. He was the author of numerous writings on the prophylaxis of epidemics of puerperal fever. He was director of the vaccine service of the Academy of Medicine.

DR. DAVID SMITH of Glasgow, who recently passed away in his 70th year, was born at Ochiltree, Ayrshire. He studied at the Universities of Glasgow and St. Andrews, where he had a distinguished career, his name appearing in the prize lists of all his classes. After graduation he was appointed demonstrator and assistant to the distinguished ophthalmologist, Dr. Mackenzie, a post which he held for some seven years. Afterwards Dr. Smith started for himself in the East End of Glasgow, where he acquired a large general practice. After some years he abandoned general practice for ophthalmology, in which he acquired a considerable reputation. For upwards of thirty-three years Dr. Smith acted as Medical Referee for the Peninsular Insurance Company. A man of quiet and unobtrusive manner and simple habits, he was much esteemed by all who knew him, alike for his professional ability and for the sincerity and genuineness of his character. He was a student to the end, and his favourite maxim, which he most scrupulously carried into practice, was "Duty before pleasure." Dr. Smith was a member of the Glasgow Eastern Division of the Glasgow and West of Scotland Branch of the British Medical Association. He was a member of the Church of Scotland, and for many years an elder in Sandyford Church. He leaves a widow, a son, and a daughter to mourn his loss.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have lately died are Dr. Angelo Molina, Professor of *Materia Medica* and

Toxicology in the University of Parma; Dr. Eduard Himmel, well known in Vienna as a specialist in children's diseases, aged 58; Professor G. Meissner, the distinguished anatomist and physiologist of Gottingen, aged 75; Dr. Pietro Seganti, Director of the San Giacomo Hospital, Rome; Dr. Russell Murdoch of Baltimore, formerly lecturer on diseases of the eye and ear in the University of Maryland, and professor of diseases of the eye, ear, and throat in the Woman's Medical College, Baltimore, aged 66; and Dr. Michael H. Brophy, Dean of the College of Physicians and Surgeons of Quebec, and one of the founders of the *Bulletin Medical de Quebec* and of the Association of French-speaking Physicians of North America, aged 45.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

MR. ROOSEVELT ON THE CAREER OF THE NAVAL SURGEON.

ON March 25th Mr. Roosevelt was present at the graduation exercises of the United States Naval Medical School. After handing diplomas to twenty-three assistant surgeons, the President said to them that, as members of the great medical body and as officers of the United States navy, they had a double standard of honour to live up to. Just as the great doctor who stood high in his profession in any city counted as one of the most valuable assets in that city's worth, so in the navy or the army the effect of having thoroughly trained men with a high and sensitive standard of professional honour and professional duty was well nigh incalculable upon the service itself. He wished them to feel that on their shoulders rested a great weight of responsibility, that their position was one of high honour, and not hold it under penalty of incurring the severest reprobation if they failed to live up to its requirements. He was not competent to speak save in the most general terms of their professional duties. He did wish, however, to call their attention to one or two features connected with them. In the first place, in connexion with the work they did for the service they had certain peculiar advantages in doing work that would be felt for the whole profession. For instance, it would fall to their lot to deal with certain types of tropical diseases. They would have to deal with them as no ordinary American doctor—no matter how great his experience—would have to deal with them, and they should fit themselves by most careful study and preparation, so that they should not only be able to grapple with cases as they came up, but in grappling with them to make and record observation upon them that would be of permanent value to their fellows in civil life. They could do what no civilian doctor could possibly do. There probably was not a branch of the profession into which, during their career, they would not have to go; no type of disease that they would not have to treat. But there were certain diseases that they would have to treat that the ordinary man who stayed at home of course did not, and it was of consequence to the entire medical profession that they should so fit themselves by study, by preparation, that they should not only be able to deal with those cases, but to deal with them in a way that would be of advantage to their stay-at-home brethren. There was one other point. Every effort should, of course, be made to provide them with ample means to do their work. Every effort ought to be made to persuade the National Legislature to remember that in case of war it was out of the question to improvise a great medical service for the army and navy. The needed increase was more keenly felt in the army than in the navy, because it was always the army that underwent the greatest expansion. But it was felt in both services. If a war came for which they had no greater preparation than at present they had made; if, as was perfectly certain to be the case, there were fever in the camps; if there were trouble among the volunteer forces, it was foolish to the greatest degree for the public men, and especially for the public press, to complain and shriek over the people who happened to be in power at that time. Let them shriek, said the President, or, rather, do not let them shriek at all—for shrieking is a sign of hysteria—but let them solemnly think over and repent of the fact that they have not made their representatives provide adequately in advance for the medical system in its personnel, its material, its organization and physical instruments necessary to make that organization effective, which alone, if prepared in advance, will obviate the trouble which otherwise was certain to come if they had a war.

administration of the quarantine laws from the several States; and (2) the provisions necessary or desirable to introduce in a federal quarantine Bill in regard to a number of preventive methods, including prevention of introduction and dissemination of disease, and quarantine of animals and plants. The advice of the Conference was also requested on a number of special subjects connected with quarantine.

The report contains replies to all the questions. A unanimous opinion is expressed that it is advisable for the Commonwealth of Australia to take over without delay the administration of the quarantine laws. The chief reasons assigned are the securing of efficiency and uniformity. The report comprises forty-three separate paragraphs, to which we have not space to refer in detail. We note that in regard to the much-discussed question of consumptives, the delegates report: "While this Conference is of opinion that danger of spreading tuberculosis attaches to admission to the Commonwealth of persons in indigent circumstances suffering from consumption if they are not provided with proper accommodation on shore, it has concluded that quarantining measures at the port of arrival would be impracticable." Another recommendation is in favour of the establishment of a biological laboratory for the use of the Director-General, and a further proposal is for uniformity and amendment of plague regulations.

SOUTH AUSTRALIA.

THE CITY OF ADELAIDE.

Dr. T. Borthwick, the Medical Officer of Health to the Corporation of Adelaide, has furnished his annual report for 1904 (ending September). The estimated population of the city for 1904 was 39,625, and in that population the death-rate for the year was 15.7. The birth-rate was 22.3, as against 27.7 in 1899, since which date it has steadily declined. The infant mortality-rate was 117 per 1,000 births. Phthisis has shown a gratifying decline, but there has been no diminution in other forms of tuberculosis. Typhoid fever has been less prevalent than for several years past, and the same may be said of diphtheria and scarlet fever. "No case or measles occurred during the year." The medical officer reports a variety of sanitary works during the year.

AN attempt is being made to raise a sum of 5,000 dols. in order to secure a free bed for the use of distressed persons of British birth in the Good Samaritan Hospital at Los Angeles, California, which has recently been rebuilt. Title in the bed is to be vested in the British Vice-Consul, Mr. C. White Mortimer, and his successors in that office. Subscriptions may be sent either to him or to the Right Reverend J. H. Johnson, Bishop of Los Angeles.

MEDICAL LEGISLATION IN AMERICA.—A Bill suggested by Coroner Dugan, as a result of several recent sensational murder trials, is to be submitted to the Pennsylvania State Legislature, prohibiting the use of embalming fluids containing arsenic, mercury, or carbolic acid, and directing that these agents shall not be used in the preservation of dead bodies. Another Bill makes vaccination compulsory on all persons who have not been successfully vaccinated within five years, and providing for arrest and fine for violation of the law. Another Bill provides for the examination and licensing of midwives. A Bill relating to vital statistics has been presented, making failure of midwives or physicians to report births, clergymen or magistrates to report marriages, or physicians to report deaths a misdemeanour. From the public health point of view the most important Bill introduced is one giving absolute power to the Boards of Health of all cities, counties, townships, and boroughs in dealing with cases of contagious disease. In the list of contagious disease, besides small-pox, diphtheria, and scarlet fever, are included chicken-pox, measles, mumps, whooping-cough, influenza, and pneumonia. In all cases the Boards are to have power to make rules for the notification of cases of these diseases by persons attending the sick, the quarantining and disinfecting of persons and premises, the placarding of notices, and the placing of guards to enforce these measures; the total destruction of infected bedding, clothing, or other articles; the care and burial of persons who may have died from any of the diseases mentioned; fixing the limit of time for burial; methods to be used in advertising the funeral; the disinfection of all conveyances used in the burial; the attendance of persons at public and private schools, and the compulsory vaccination of all persons employed therein.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

RADCLIFFE TRAVELLING FELLOWSHIP.

ARTHUR F. HERTZ, M.A., B.M., Magdalen College, has been elected to a Radcliffe Travelling Fellowship for three years.

UNIVERSITY OF LONDON.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

The prizes for the work of the winter session at St. Thomas's Hospital have been awarded as follows: The William Tite Scholarship of £25 for Second year students, W. B. Johnson; the Musgrave Scholarship of £35 for Third year students, R. W. Rix; College prizes of £20 and £10 for Third year students, Messrs. J. A. Clarke and H. A. H. Kobson. Prizes of £10 each for Fifth year students: *Medicine*, C. L. Morgan; *Surgery*, H. T. Gray; *Midwifery and Diseases of Women*, J. M. Wyatt; *Pharmacology*, Messrs. H. T. Gray and L. E. C. Norbury; *Forensic Medicine and Insanity*, L. E. Norbury; *Public Health*, G. J. Langley; the Haddon prize in Pathology, C. J. Langley; the Mead medal and Seymour-Graves-Toller prize for Practical Medicine, Pathology, and Hygiene, G. J. Langley; the Wainwright prize, H. R. Dean; the Cheselden medal for Surgery and Surgical Anatomy, L. E. C. Norbury.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the Professional Examinations indicated:

First Examination: Chemistry.

J. R. Adam, D. Aiken, F. Armstrong, Janet Armstrong, Annie C. Austin, Alice E. M. Babington, T. H. Balfour, G. L. Batra, A. E. C. Beausoleil, R. A. Bell, W. M. Biden, J. G. Boal, T. C. Borthwick, A. M. Bose, E. O. Bowen, T. S. Bradburn, G. E. K. Branch, W. G. Brand, F. A. J. Brodziak, Peter de Bruijn, W. F. Buist, O. S. Bullock, W. L. Burgess, B. N. Burjoree, A. W. Burton, J. A. Campbell, J. A. H. Carter, J. Cathcart, J. P. Charnock, A. D. Child, B. R. Chopra, H. A. Cookson, N. A. Coward, J. J. Chrington, J. Crockett, Lucy E. Davies, R. W. Davies, I. D. Dickson, Adelaide A. Dreaper, F. A. Duffield, J. M. Elliot, A. M. Elliott, T. R. Evans, H. G. Feltham, G. F. Fisser, A. G. Forbes, F. R. Fraser, Mary M. Gardner, G. H. Garnett, A. W. Gill, T. J. Gilmore, R. L. Girdwood, M. A. V. H. Gordon, W. E. Goss, R. W. Greatorox, F. W. Greaves, A. G. Hamilton, E. S. B. Hamilton, R. Hamilton, R. C. Harkness, J. Henderson, Julia V. Henslow, H. Hutson, G. R. Inglis, Flora R. Innes, A. B. Jamieson, W. C. Jardine, W. D. S. Johnston, A. M. Jones, J. H. Jones, S. A. Karim, R. R. Kerr, C. E. King, Lina Kurz, J. M. Lal, J. H. Lawry, Janet Leiper, H. E. A. Lemerle, L. A. Lewis, H. Lipets, W. R. Logan, H. A. V. Looze, J. C. Lorraine, W. H. Low, H. F. Lumsden, J. C. MacCallum, A. J. McConnell, J. Macdonald, T. M. Pettridge, R. B. Macfie, Mary E. B. McIlwaine, J. Mackail, M. A. G. E. G. Mackay, J. M. McKeand, A. S. Mackenzie, A. D. McKenzie, J. T. McKenzie, W. McKie, D. Mackinnon, A. M. Nair, D. MacPhail, R. D. M. Macpherson, R. C. MacQueen, A. G. Macvie, S. D. Main, T. H. R. Mathewson, D. B. Maunsell, W. M. Menzies, W. Messer, E. L. Middleton, A. F. Miller, G. M. Miller, R. W. Miller, A. M. Minford, L. M. V. Mitchell, J. B. de W. Molony, J. Montgomery, Flora Morrison, J. A. Mortimer, J. M. Moyes, Rhoda M. Murdoch, W. J. Nisbet, H. O. O'Neill, J. E. Orchard, J. E. T. Oxley, R. J. E. Paterson, A. N. Pollock, Ella F. Pringle, S. P. P. Proctor, J. Renwick, D. G. Robertson, J. Robertson, W. S. Robertson, Agatha M. Robinson, C. Rogers, D. M. Ross, W. Ross, R. P. Rosser, Jessie A. Scott, J. M. Scott, S. C. Sen-Gupta, K. R. G. Shah, K. Simpson, G. H. Sinclair, W. Skirrow, T. W. Smart, H. F. Smith, B. A. C. Smith, M. A. J. Stevenson, W. Stevenson, F. M. Stewart, J. D. G. Stewart, W. Stewart, E. A. Strachan, R. K. S. Sutherland, J. Swan, L. W. O. Taylor, H. W. Teague, J. A. Thompson, W. S. Thomson, S. G. Tibbles, Mary M. M. Turpie, J. Ware, A. Watson, J. H. Watson, W. S. Watson, J. Welsh, S. Williams, R. C. Wupperman.

Second Examination.

Marion H. Archibald, M.A., Mary F. Bignold, A. Bremner, T. Buchan, T. Burrell, R. A. Campbell, R. J. Chapman, W. G. Cobb, C. E. A. Coldcutt, C. H. Corbett, F. W. M. Cunningham, F. J. Davidson, M. Douglas, M.A., J. C. Drysdale, G. L. Duncan, A. D. Edington, R. Edwards, P. A. Evvard, S. B. Faulkner, T. Y. Finlay, W. Fleming, W. S. Forbes, S. Forrest, M.A., J. Fraser, D. Geddes, J. B. Gibson, M.A., R. M. Glover, J. M. Grant, J. G. Greenfield, A. R. Gunn, D. J. Guthrie, F. G. Harper, G. Henderson, A. F. Hewat, J. E. Hill, J. K. A. Hofmeyer, J. H. Horne, T. J. Hughes, A. Hunter, H. B. Hunter, M.A., W. L. Johnston, J. F. Mackay, J. L. Mackay, A. T. Mackenzie, M.A., R. E. M'Laren, J. A. Manifold, F. W. Michael, G. G. Middleton, Margaret M. Miller, A. P. Mitchell, J. Morrison, J. Muckart, W. Murdie, M.A., F. V. Nanka-Bruce, J. J. H. Nelson, Katherine Nelson, B.A., Hilda M. Northcroft, J. L. H. Paterson, L. D. Stephen, Dorothy W. Stevenson, L. H. F. Thatcher, C. A. Thelander, C. F. Theron, B.A., D. Thomson, Lydia K. Towers.

Third Examination.

J. A. Ainscow, J. Alexander, M.A., W. L. L. Alston, E. H. Black, R. Bladworth, F. H. Bradley, J. W. Brebner, E. M. Brook, W. B. Buist, Alice N. Brown, S. T. Champtaloup, A. E. Chisholm, S. E. Corner, M.A., D. M. Cotterill, R. E. Cunningham, J. A. Currell, J. S. Daniell, A. M. D. Dick, J. H. Dickson, A. M. Drennan, J. O. C. Duncan, R. Duncan, S. S. Dykes, N. S. Fraser, L. Gibson, G. L. Gordon, M. C. G. Graham, G. R. Grievson, G. Gunn, J. R. Hall, H. W. F. Henderson, M.A., J. R. Johnston, N. W. Kidston, Olive T. Leonard, W. Lumsden, A. T. McDonald, J. F. Macphie, T. S. McIntosh, M. M'Lean, Helen M. Macmillan, J. B. M'Morland, A. C. B. M'Murtrie, K. W. D. Macrae, A. S. M'Tavish, J. N. M'Turk, D. Mann, G. M. McIlvill, Ada E. Miller, Agnes E. Porter, A. Prieston, G. Radan, Mabel L. Ramsay, E. N. Richardson, J. Ritchie, R. M'N. Robb, W. S. I. Robertson, J. Scott, T. H. Scott, H. L. Sells, Alice C. Sharp, R. C. S. Smith, R. St. C. Stewart, A. D. Stewart, R. R. Temple, F. B. Tannahill, D. B. Taylor, C. H. Towsley, H. A. Thorburn, J. G. Tocher, Annie D. Urquhart, R. H. Walton, A. I. B. Walwyn, W. E. R. Williams, Marion E. Wilson, Emily C. Wyburne.

The following passed under the new regulations:

G. F. Adshead, J. H. Aikman, M.A.; A. F. Baboun, J. D. Bowie, H. F. Briggs, C. H. Burgess, M. Christie, W. Core, M.A.; A. Davies, D. D. Dunn, J. S. Edwards, E. Fraser, J. W. Frew, E. C. Girding, W. L. Gordon, K. K. Grieve, Nettie D. Hendrie, A. S. Holden, W. T. A. Jolly, A. K. Ledger, A. Leitch, P. Lornie, J. M. Cuthcheon, W. K. McDonald, J. N. MacLaggan, J. A. Macleod, J. S. Manson, L. F. Mathers, C. P. Milne, H. J. More, G. Pollock, Edith Fyfe, E. Russell, W. O. Sculster, G. D. Simpson, E. R. Thompson, J. N. Turnbull, A. G. Visser, E. F. C. Wallis, O. H. Williams, Ethel Wiseman, and A. W. Young.

* With distinction.

GRADUATION CEREMONY.

At the Spring Graduation Ceremony, on Friday, April 7th, the honorary degree of LL.D. was conferred on Professor William Watson Cheyne, C.B., F.R.C.S., F.R.S., etc.; Sir Arthur Conan Doyle, M.D.; Dr. Hughlings Jackson, F.R.S., F.R.C.P.; Dr. Augustus D. Waller, F.R.S., Director of the Physiological Laboratory of the University of London; and on Colonel Sir Frank E. Younghusband, K.C.I.E.

The degree of D.Sc. in the Department of Public Health was conferred on Robert Martin Beattie, M.B., C.M., B.Sc. The degree of B.Sc. in the same department was conferred on John Crawford, M.B., C.M.; Robert Laurie, M.B., Ch.B., and Francis Watson More, M.B., Ch.B.

The degrees of M.B. and Ch.B. were conferred on Ernest Augustus Aylward.

UNIVERSITY OF ABERDEEN.

GRADUATION CEREMONY.

The following degrees in medicine were conferred at the Graduation Ceremony on Friday, April 7th:

Degree of M.D.—R. Grant, M.B., C.M. Thesis: Clinical Observations on the Summer Diarrhoea of Infants (under old regulations). A. R. Laing, M.B., C.M. Thesis: Some Experiments with Disinfectants, chiefly Formalin (commendation). A. Ledingham, M.A., M.B., Ch.B. Thesis: A Contribution to the Natural History of Enteric Fever.

Degrees of M.B., Ch.B.—R. Brown (with second class honour), Mary R. Bisset, A. Brown, D. Coutts, A. Dawson, W. A. Ellwood, W. G. Gordon, W. Low, M.A., J. B. McDiarmid, J. E. Merrit, A. Mitchell, M.A., J. Proctor, W. E. Reid, J. Sangster, J. A. B. Sims, R. H. Spittal, J. M. Taylor, M.A., Lisette A. M. Wilson.

* Passed Final Examination with distinction.

Pass Lists.

The following candidates have completed the Third Professional Examination:

H. Begg, W. Begg, W. Campbell, R. Chalmers, J. M. Clark, J. G. Copland, G. F. Dawson, Mary W. Durno, R. J. Duthie, W. M. Ferguson, A. D. Fraser, J. F. Gill, J. F. Grant, A. P. Hall, S. C. Howard, A. Hutton, C. V. Impey, W. B. Keith, A. Kellas, A. S. Leslie, D. B. McGrigor, A. K. McKenzie, J. R. Mackenzie, W. A. H. McKerron, N. MacPhail, R. W. MacPherson, D. J. Marr, Sophie J. Meiklejohn, W. L. Millar, M. A. Milne, J. E. Mitchell, J. H. Moir, J. Murray, S. V. Van Nickert, J. Raffan, P. M. Rennie, A. N. E. Rodgers, J. A. Scharenquival, F. J. Stuart, W. H. Wishart.

* Signifies distinction; † much distinction.

The following candidates have passed the Second Professional Examination:

W. Abel, E. E. Allaway, D. Anderson, W. Angus, J. W. Archibald, J. W. Barnett, Agnes V. Baxter, J. S. Beedie, J. A. M. Clark, A. L. E. F. Coleman, W. J. Dilling, J. Ferries, R. P. Garrow, N. S. Gilchrist, H. W. Glashan, W. I. Gordon, T. G. Gray, L. H. Hay, A. Horn, D. Horn, J. E. Kesson, B. Knowles, J. W. Littlejohn, J. M. Mathieson, H. Middleton, B. Mitchell, G. Mitchell, J. Mitchell, S. W. Munro, J. Murray, A. M. Niven, A. Noble, A. W. R. Pirie, A. H. Skinner, W. L. Stewart, J. J. P. Wilson, J. M. Wilson.

The following have passed a portion of the Second Professional Examination:

J. Leask, G. H. C. Lumsden, W. J. Macintosh, J. M. McQueen, J. P. Mitchell, A. E. C. Myers, A. J. Pirie, J. Robertson, R. W. A. Salmond, J. E. G. Thomson.

The following have passed the First Professional Examination for the Degrees of M.B., Ch.B.:

C. D. S. Agassiz, W. Anderson, J. S. Annandale, D. Craig, J. G. Danson, D. S. Earden, A. Gray, F. M. Greig, W. B. Hargreaves, Mabel Hector, G. F. Hunter, J. B. Macallam, C. McKerron, J. R. McRae, B. W. Martin, W. Mearns, J. L. Menzies, A. J. Milne, J. A. Neil, P. Nicol, W. J. Pirie, J. C. Rae, G. C. Soutter, D. M. Spring, W. Taylor, J. H. Will, C. G. Wood.

* Signifies distinction; † much distinction.

Prizes.

The following have been awarded gold medals for the Session 1904-5:—Fife Jamieson Gold Medal in Anatomy: Agnes V. Barter, M.A. The Lizars Gold Medal in Anatomy: N. S. Gilchrist, M.A., and Alexander Horn (equal). Keith Gold Medal for Systematic and Clinical Surgery: A. S. Leslie, M.A. Shepherd Memorial Gold Medal for Systematic and Practical Surgery: Alexander Dawson. Dr. James Anderson Gold Medal and Prize in Clinical Medicine: Alexander Mitchell, M.A. Matthews Duncan Gold Medal in Obstetrics: John M. Taylor, M.A.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

At the monthly business meeting of the President and Fellows on Friday, April 7th, William Osler, M.D., McGill University, F.R.C.P.Lond., Regius Professor of Medicine in the University of Oxford, was duly elected an Honorary Fellow of the College. At the same meeting Edmund Joseph McWeeney, M.D., R.U.I., F.R.C.P.I., 1896, M.R.C.P.I., 1900, D.P.H., 1899, Examiner in Pathology, R.U.I., Pathologist, Mater Misericordiae Hospital, Professor of Pathology and Bacteriology, Catholic University, Bacteriologist to the Local Government Board in Ireland, was duly elected a Fellow of the College.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

ELECTION OF EXAMINERS.

A MEETING of the Fellows will be held on Tuesday, May 2nd, at 4.30 p.m., pursuant to the provisions of the Supplemental Charter, to witness the election of the following Examiners: Two Examiners in Anatomy, four

Examiners in Surgery, two Examiners in Physiology and Histology, two Examiners in Pathology and Bacteriology, one Examiner in Midwifery and Gynaecology, one Examiner in Biology, two Examiners in Ophthalmology, one Examiner in Sanitary Law and Vital Statistics, one Examiner in Engineering and Architecture, two Examiners in Chemistry and Physics, two Examiners in Dental Surgery and Pathology, two Examiners in Mechanical Dentistry, one Examiner (not being a Fellow or Licentiate of the College) in Languages, one Examiner (not being a Fellow or Licentiate of the College) in Mathematics, Physics, Dictation, and English Essay. "Graduates of any University which may be from time to time recognized by the College shall be eligible for election as Examiners in the subjects of general education. All the other Examiners shall be Fellows or Licentiates of the College. Persons engaged in private teaching are not eligible to be Examiners." Candidates are requested to lodge their applications in writing with the Registrar at the College on or before Tuesday, April 25th, at 10 a.m.

CONJOINT COLLEGES IN IRELAND.

The following candidates were approved at the Spring First Professional Examination:

R. H. F. Taaffe (with Honours), P. N. Allman, H. F. Blood, B. W. Farrell, C. Greer, W. Mulcahy, G. C. Sneyd, F. Reardon.

The following have now completed the above examination: A. J. M. Blake, B. G. S. Belas, L. S. O'Hare, Miss Nora Williams, O. H. Woods.

The following candidates were approved at the Spring Second Professional Examination:

M. H. O'Sullivan (with Honours), S. Blake, W. Bomford, J. Ellenbogen, G. S. Lewis, A. E. S. Martin, G. W. Stanley, E. Waide.

The following completed the examination:

B. Foley, T. C. Casey, T. Fehilly, G. J. M. Martin, D. Sheehan.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION.

Part I.

The following candidates were approved at the April examination in the subjects indicated:

Biology.—H. S. Brown, E. C. R. Fisher, F. S. Hawks.

Chemistry.—U. J. Hourke, W. E. Dimond, F. S. Hawks, H. H. Smith.

Materia Medica and Pharmacy.—H. S. Brown.

Part II.

Anatomy.—D. E. S. Davies, A. R. Hardy, P. J. Lush, O. Marshall, P. D. Pickles, C. S. Spencer, E. F. Waddington, M. V. Webb.

Physiology.—F. M. Cunningham, D. E. S. Davies, A. R. Hardy, O. Marshall, P. D. Pickles, C. S. Spencer, M. V. Webb.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

CARE AND CONTROL OF IDIOTS AND EPILEPTICS.

A FURTHER meeting of the Royal Commission on the Care and Control of the Feeble-minded took place on April 10th, when the first evidence given was that of Miss P. D. TOWNSEND and Miss JEFFERIES, who attended on behalf of the National Association for Promoting the Welfare of the Feeble-minded. They thought the most desirable way to assist the mentally defective was to require county councils to provide industrial colonies for their accommodation, and to remove feeble-minded persons of all ages from the charge of the Poor-law guardians.

Dr. TREADWELL, Medical Officer at Parkhurst Prison, stated that weak-minded convicts there had the ordinary prison rules somewhat relaxed in their favour. A part of the prison was set apart for them, special officers looked after them, and they were employed in the work of a market garden, and at road scraping, sewing, etc. A certain number of convicts not actually classed as weak-minded, yet lapsed into habitual criminals owing to evil influences. Many of these, if taken in hand early and kept for a time in labour colonies, might be reclaimed; but, taking weak-minded convicts all round, there would remain a large number who should be subjected to life-long control if the aim were the protection of society from further crimes on their part.

Dr. J. H. WILSON, Medical Officer of Pentonville Prison, gave his experience of the feeble minded among the criminal classes at Millbank, Woking Invalid, and Pentonville prisons. The feeble-minded adult convict, who was in nearly all cases an offshoot from the defective juvenile, became in nearly all cases also an habitual criminal. He was acquainted with whole families of professional criminals, and had known various members of them as juveniles.

INSPECTION OF VACCINATION.

J. H. B.—There is no office of "Medical Inspector of Public Vaccination," but the medical inspectors of the Local Government Board are entrusted with the task of inspecting the work of the public vaccinators and vaccination officers in addition to their general duties in connexion with the sanitary administration of the country. Their salaries, according to *Whitaker's Almanack*, vary from £500 to £800 per annum, and their appointment is in the hands of the President of the Local Government Board, and is not open to competition. The names of the present medical inspectors may be found on page 36 of the current year's issue of the *Medical Directory*.

HARD WATER.

M.B., R.U.I. writes: Is a water supply to which lime is added to remove the hardness likely in any way to be unsuitable for drinking and cooking purposes?

* Excess of lime tends to increase hardness, and therefore the softening of water by the lime process in a large degree adjusts itself. At the same time it should be remembered that limestone waters are believed to be a cause of goitrous conditions.