

MEMORANDA:

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

A NOTE ON MOUTH-BREATHING AS A COMMON ANTECEDENT TO PHTHISIS.

OBSERVATIONS at three open-air sanatoriums from October, 1904, to April, 1905, give the following results:

Cases Examined.	Percentage under 20 years.	Percentage of Mouth-breathers.
Of robust build 23	—	34.7
„ neutral „ 25	12.0	16.0
„ weedy „ 19	26.3	5.2
Total 67	11.9	19.4

The mouth-breathing was due to:	Naso-pharyngeal conditions ... 2
	Deflected septum ... 1
	Habit and uncertain causes ... 8
	Projecting teeth ... 2

The inferences drawn are:

(a) Support to the inhalation theory of infection. The connexion between mouth-breathing and phthisis seems not to be adequately recognized, but it is obviously of practical importance, not only as regards prophylaxis, but also especially when a phthisical patient leaves a sanatorium to return to a more dusty air. Again, the deficiency of the inspired air in warmth and moisture cannot be favourable to cure nor to continued quiescence of a pulmonary tuberculous focus. As a measure of general hygiene among the healthy frequent change and speedy disinfection of handkerchiefs would seem advisable if (as some of Cornet's classical experiments also show) the nasal passages act as such an efficient filter.

(b) Indirectly, the value of pulmonary tuberculosis as a physical selective agency.

For the robust people who succumbed did so more often at a later age, and under the stress of continued dust inhalation, than did the obviously weakly.

The eugenic aspect of tuberculosis is of course too large a subject to be approached on scanty evidence. But that one-fifth of an unselected series of consumptives should be mouth-breathers, and that such a trifle as projecting teeth may conspire with unfavourable conditions to make a man phthisical, seem facts worthy of notice. I have not had much opportunity of compiling a bibliography; the only reference indeed that I can find to the condition under notice is in this year's *Medical Annual*, which I quote:

Moeller and Rappoport point out the importance of the condition of the air passages as predisposing to phthisis. Especially is this so in disease of the naso-pharynx in which the functions of filtering and moistening the air going to the lungs are lost. In support they show the very high percentage of some disease of the upper air passages occurring in cases of pulmonary phthisis. (*Zeits. f. Tuberk. u. Heilk.*, July, 1903).

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London, S.E. L.R.C.P.Lond., M.R.C.S.Eng., D.P.H.Dub.Conj.,
Lieut. R.A.M.C.

CEREBRAL SYMPTOMS IN MEASLES.

D. G., aged 12 years, was first seen on February 25th, the third day of the rash.

The girl had hitherto been in every respect healthy and the family history was singularly good, with the exceptions that three of the elder children who suffered from measles many years ago all showed severe infections, and that the eldest brother (now aged 24) nearly died when 12 years old from some cerebral condition which their then attendant (a man of much experience) believed to be tuberculous meningitis.

The parents were in good social circumstances, and the child, the youngest of the family, was receiving every care and attention. The rash appeared on the morning of February 23rd. The temperature, taken regularly for some days, had never risen above 102.5°. When I first saw her the case appeared to be a quite straightforward one of ordinary measles, with no pulmonary complications. The rash, which covered her from head to feet, was "out" well, the temperature was only 102.5°; but there had been much gastric irritability and vomiting. This subsided in a few hours with judicious dieting. During the next day the child seemed quite bright and cheerful, and was taking nourishment

better, but her mother noticed frequent twitchings of the limbs and face. At about 5.30 p.m. on February 26th she was sitting up in bed to take some nourishment, laughing and talking to a sister, when suddenly she fell back in "a fit." This is said to have been manifested by complete unconsciousness, accompanied by generalized convulsions of about half a minute's duration.

When I saw her some half-hour later the condition was as follows: The convulsions had completely passed off. She was lying on her left side, moaning and restless. External stimuli were responded to by impatient movements only. She could be made to turn on to her right side, but, in whatever attitude she lay, there was constant jactitation. She was entirely irresponsive to imperative commands and questions, and showed no recognition of her surroundings. The pupils were equal and were somewhat sluggish to light. No paresis anywhere could be recognized, but the right arm and leg were thought to move more stiffly than the left. She could swallow, though with difficulty. Owing to the restlessness, it was for some hours difficult to obtain reliable temperature and pulse records, but there was certainly no hyperpyrexia; in fact, my thermometer only gave a reading of 98.6°. Throughout the night her condition remained unchanged, and on the morning of February 27th, in view of the very unusual features of the case, I requested a consultation with a colleague. The restlessness, moaning, and semiconscious resistiveness were unabated, but we were unable to find any localizing sign or symptom in any organ or system. In especial, there was no middle-ear involvement; and the lungs were clear. Temperature 102°, pulse 120. Later in the day she began to have slight snatches of sleep. During this day and the next she passed urine under her. At 8 p.m. on February 28th she was decidedly better, less restless and resistive, but had not spoken. She began to swallow liquid food readily. Through the night she slept well, and next morning (March 1st) her temperature was 98°, pulse 108; the measles rash was fading, and she began to follow with her eyes the movement of persons in the room. The restlessness and resistiveness had ceased. At 9 p.m. she was evidently quite conscious, and said "Yes" in answer to a question.

By some misunderstanding, I did not obtain a specimen of urine until late in the course of the case. It then showed a very faint haze of albumen, but no other abnormality of any kind.

From this time her recovery was rapid and complete; the only points to be recorded being a complete lapse of memory for four days (February 26th to March 1st), this extending well into the time when to all appearances consciousness had been completely restored, and a slightly increased tendency to excitement on small occasions, accompanied by muscular twitchings. (Her mother's statement on this point was unconfirmed by my own observation.) When last seen on April 1st the girl seemed to be in perfect health.

The points of interest in this unusual case are:

1. The sudden appearance of alarming cerebral symptoms late in what appeared to be a case of measles of simple and uncomplicated form in a girl of 12 years.

2. The character of the seizure—a very short convulsive stage (half a minute), followed by intense restlessness and cerebral irritability, suggesting the onset of grave cerebral mischief, of forty-eight hours' duration.

3. The complete disappearance of all symptoms as the measles rash and fever cleared up.

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A CASE OF ALMOND OIL POISONING.

THE following case is interesting, first, because poisoning by oil of almonds is a rare accident; and, secondly, because after so large a dose recovery is not the usual result.

The patient, a boy, aged 9, was a strong healthy lad, who, according to the history given me, retired to bed in apparently the best of health save for a little toothache. Very shortly afterwards he aroused the attention of his younger brother, who slept with him, by vomiting and peculiar breathing. The mother, attracted by the screams of his brother, went to the boy's assistance, and found him unable to speak, eyes wide open, bright and staring, lips and fingers of a violet colour, jaws clenched, limbs in a state of tonic spasm, and breathing in gasps. When I saw him he was completely unconscious, breathing in gasps, the colour of his lips and fingers as above, jaws tightly clenched, eyes wide open and bright, pupils dilated, no response to light, pulse hardly perceptible at the wrist, limbs quite relaxed. Whilst examining him I noticed a strong smell of prussic acid about his mouth,

and it was then that I elicited from his mother that she had soaked a piece of cotton-wool in almond oil and placed the same in the offending tooth. The treatment carried out was artificial respiration, ammonia to the nostrils, and a mustard plaster over the precordium, together with the usual hot applications to his cold body, and a hypodermic of strychnine. In about half an hour his breathing became much better, the pulse also greatly improved. The treatment was persevered in until he showed signs of regaining consciousness, which occurred in three hours' time. Next day I found him quite conscious and complaining of headache; his lips were still rather bluish in appearance but his pulse and heart were quite normal. A light simple diet was ordered, the room being kept well ventilated. By the evening he was practically all right, and has remained so ever since.

The oil used was the oil of bitter almonds, which contains from 15 to 25 per cent. of prussic acid. The piece of cotton-wool was not found in his tooth; evidently he must have swallowed it on going to bed.

Liverpool. H. E. HEAPY, M.B., M.R.C.S., L.R.C.P.

REPORTS

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

CLACTON AND DISTRICT COTTAGE HOSPITAL.

RUPTURED KIDNEY: EMPYEMA: NEPHRECTOMY: RECOVERY.

(Reported by PERCY COLEMAN, M.B., B.S., Surgeon to the hospital.)

ON September 7th, 1904, during the landing of the troops for the military manoeuvres, R. W., aged 18, a seaman on board H.M.S. *Good Hope*, was kicked by a horse over the side of a transport, and fell a distance of 30 to 35 ft. into a horse boat, striking his back severely. When taken on board he was suffering a good deal of pain in the back and showed bruising over the left kidney. His pulse was fair; there was no marked collapse, and the patient was conscious. He passed 19 oz. of urine containing a quantity of blood, and also vomited.

Condition on Board.—During the night his condition became worse; the pulse began to fail, respirations quickened, and he rapidly became collapsed. Almost pure blood was passed on three occasions, and in amounts of about 3 or 4 oz. at a time. The next day a considerable amount of blood was voided, but in gradually-diminishing quantities until September 10th, when the urine became clear for the first time. A more or less collapsed condition continued until the same day, but after this his general state improved considerably. During this period the pulse was at times not to be felt, at other times it was just perceptible; there was tenderness and resistance over the left renal region and down the left side of the abdomen. The patient was delirious at times and passing his motions and urine into the bed; vomiting of green fluid took place at intervals. The tongue was clean and moist. He improved steadily until September 13th, when he was seized with acute pain in the belly and small of the back, associated with increased tenderness in that region and rise of temperature. On September 14th fullness and tenderness was noted over the left renal region and down left side of belly, but no fluctuation. He passed some urine, alkaline, foul-smelling, and containing pus. An hour afterwards he passed some more, which was acid, sweet, free from pus, but showing a cloud of albumen. As to treatment, collapse and haemorrhage were met by hypodermic injection of strychnine and ergot; pain was relieved by morphine.

Removal Ashore.—On this date (September 14th) it was thought desirable by Fleet Surgeon J. Menary that the man should be removed to sick quarters on shore and he was accordingly placed under my care in the Cottage Hospital. On admission his temperature was 101°; pulse 120, and of good quality; respirations, 36. There was much pain over the left lower thorax requiring morphine for its relief; 70 oz. of urine, containing a trace of albumen, were passed during the first twenty-four hours; and for the next three days it averaged 50 oz. per diem. Signs of fluid in the left pleura appeared and this rapidly increased in quantity, causing much dyspnoea. There were no sweats or rigors.

Aspiration.—On September 18th the temperature had reached 102° and breathlessness was so great that an aspirating needle was introduced and a pint of serous fluid withdrawn. This was followed by relief of the dyspnoea, but the temperature did not fall below 100° and fluid quickly reaccumulated. On the evening of the 24th a rigor occurred, so patient was put under an anaesthetic and a needle again introduced into the seventh space in the mid-axillary line.

Operation.—Pus being found it was thought advisable to resect a portion of rib. About 1½ in. of the sixth rib in the mid-axillary line were removed. On entering the pleural cavity, however, only about half a pint of serous fluid escaped. On introducing a finger and feeling to the

seat of the original puncture, no cause for the pus first withdrawn could be found. There was no bulging into the thorax of either the lateral chest wall or the diaphragm. We concluded that there must have been either a localized purulent collection between the ribs and pleura or that the needle must have reached a subdiaphragmatic abscess.

Progress.—A few days after this, when the resection wound was nearly closed, we opened a collection of pus which had become subcutaneous. The temperature now dropped and the patient seemed much easier, but very shortly the temperature again showed evening rises and profuse perspirations set in. Patient was now also becoming emaciated, and on November 1st had another slight rigor.

Second Operation.—An anaesthetic was therefore again administered and an oblique incision made in the left loin for the purpose of exploring the kidney. On reaching the lumbar fascia the tissues were felt to be much indurated, and on dividing this the finger entered a cavity from which curdy material escaped. On removing a quantity of this one could feel the kidney broken up into a number of fragments, widely separated from one another and surrounded everywhere by the curdy matter. These fragments were removed as thoroughly as possible, but nothing like a pedicle could be made out and the ureter could not be recognized. The cavity was well irrigated and a large drainage tube introduced.

Result.—The morning after the operation the temperature was normal, pulse 96. Sweats at once ceased. The evening temperature still showed an occasional tendency to rise a degree or so, until on November 19th it rose to 101°. On November 20th the old rib-resection wound gave way and allowed of the escape of a quantity of pus. A small tube was introduced for a few days, but matters did not much improve until the wound had been freely enlarged and a larger tube substituted. The discharge then rapidly diminished, and at the end of another fortnight had practically ceased. The patient was now able to walk about the ward and to take his food with avidity. Urine, free from albumen, was passed in quantities of 50 to 60 oz. daily. By the end of December the patient could walk about the garden for several hours a day without discomfort of any sort. A small sinus into which only the finest probe could be introduced existed in the loin, and this secreted a mere trace of serous fluid.

REMARKS.—This case shows the wonderfully-rapid compensatory action of the sound kidney. At the end of a week from the injury more than the average quantity of urine, namely, 60 to 70 oz., were passed per diem, and it is almost certain that none of this was contributed by the left kidney, remembering the completely disorganized condition of this organ subsequently found. It was torn quite away from the renal vessels. Moreover, the ureter was obviously imperious after about the tenth day, when every trace of pus and even albumen in the urine had disappeared. The large daily quantity of urine passed after the man's admission to hospital led me to believe that the damaged kidney was resuming its function. This mistake, it has since occurred to me, might have been avoided had a Luy's segregator been available, and the use of this instrument would probably have led to an earlier exploration of the kidney and a consequently more rapid recovery of the patient. I am much indebted to Naval Surgeon F. Nimmo for the notes of the case whilst on board the *Good Hope*, and to Dr. W. H. Slimon for his advice and help during the operations.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL.

SIMULTANEOUS INTRAUTERINE AND EXTRAUTERINE GESTATION: OPERATION: RECOVERY.

(Reported by WM. C. ALLARDICE, M.D. Glasg., Assistant-Surgeon.)

THE rarity of simultaneous intrauterine and extrauterine pregnancy is sufficient excuse for reporting the following case:

The patient, a primipara aged 23, was admitted under my care at the infirmary on August 15th, 1904.

History.—Previous to her marriage a year ago she had always enjoyed good health. She missed her period in February, and about the end of March was seized with acute abdominal pain in the right side, which caused vomiting and faintness. She recovered from this attack without medical advice, but had not been free from a dull aching pain in the right side ever since. When seven months pregnant she was delivered by a midwife, who stated that confinement was normal. As the abdomen remained enlarged and the patient became feverish a doctor was called in, who advised her removal to the infirmary.

State on Admission.—The patient was obviously seriously ill, the tongue being dry and furred, the temperature 103°, the pulse 137, and the respirations 48 to the minute. She complained of acute abdominal pain, vomiting, and obstinate constipation. On examination, the abdomen was found to be universally distended, with rigidity of the muscles of the abdominal wall. A large swelling was made out occupying the right side of the abdomen, extending from the flank to

MEDICAL NEWS.

A BILL has been introduced into the Japanese Diet providing for a stricter control of the drug business.

A DISCUSSION on housing in mansions let as flats will be opened by Dr. Louis C. Parkes, M.O.H., Chelsea, and Mr. W. Rolfe, at the Royal Sanitary Institute, Margaret Street, W., on May 8th, at 5 p.m.

THE annual dinner of the Hunterian Society will take place on Wednesday next, at 8 p.m., at the Great Eastern Hotel, Liverpool Street, following on the general meeting and delivery of the annual oration.

WE learn from the *New York Medical Journal* that Dr. William A. Dunn has been appointed one of the Pope's Physicians. Dr. Dunn, who is 50 years old, took his degree at Harvard in 1875, and practised for many years at Boston.

THE Metropolitan Hospital Saturday Fund, the annual public meeting of which takes place on Saturday at the Mansion House at 3.30 p.m., has issued an "honourable mention" list of all collections made last year of £25 and upwards both in ordinary workshops and in the establishments of public and private large employers of labour. Included are some twenty or more sums of over £100, ten of these being over £200, four over £300, two over £600, and one over £700. The last mentioned is the Royal Arsenal and Dockyard, Woolwich.

A TELEGRAM received at the India Office from the Viceroy last week gave a brief account of the medical measures taken for the relief of the surviving sufferers from the recent earthquake. They consisted of the dispatch to the affected area of officers of the Indian Medical Service with staffs of hospital assistants, who established temporary hospitals in the smaller villages and restarted others in the larger places. A precise idea of the general nature of the injuries caused may also be gathered from the report. They are much what might have been anticipated; large numbers of scalp wounds, and a smaller number of cases of severe injury to the head, of injury to the spine, and of fractures of limbs, simple and compound. Those were the cases which required attention; in addition, of course, there were many persons who received bruises and abrasions of a more or less trifling character.

MEDICAL MAGISTRATE.—Alderman Samuel Ebenezer Johnson, L.S.A.Lond., L.R.C.S.Edin., has been placed on the Commission of the Peace for the County of Worcester.

A MEDICAL CENTENARIAN.—The *Canada Lancet* states that Dr. Philip Chisholm, who died at Loch Lomond, Cape Breton, on March 10th, was born at Loch Charron, Ross-shire, Scotland, 102 years ago last June. He went to Nova Scotia in 1821. His surgical skill was in much demand over a large stretch of country, physicians being few and far between through the country in his early days.

CONFERENCE OF AMERICAN ANATOMISTS.—The first session of the Conference of American Anatomists was held in the Wistar Institute, Philadelphia, on April 11th. Among those present were representatives of anatomical science from every part of the United States. The meeting had under consideration the question of the advisability of selecting a central institute for co-operative research.

THE Rebuilding Fund Committee of St. Bartholomew's Hospital received last week a donation of £5,000 from Messrs. Wernher, Beit, and Co. This is the first piece of good fortune which this enterprise has experienced for some time past. Considering the importance of the institution and the admitted need for its complete renovation it is to be regretted that after so long a time the authorities should still be in the position of having to issue two column advertisements in the *Times* in the hope of obtaining the £30,000 still required before even the new out-patient building can be put in hand.

GERMAN LARYNGOLOGICAL SOCIETY.—The German Laryngological Society, which was founded on the initiative of Professor Moritz Schmidt, of Frankfort-on-the-Main, in August, 1904, will hold its first annual meeting at Heidelberg on June 13th. Professor Bernhard Fraenkel, of Berlin, will deliver an address on the future of laryngology. Professor Schmidt is the President, Professor Fraenkel Vice-President, Dr. G. Avellis, of Frankfort-on-the-Main, and Professor Paul Heymann, of Berlin, Secretaries, and Dr. Neumayer, of Munich, Treasurer of the new Society.

MEDICAL STUDY EXCURSIONS.—The seventh Voyage d'Études Médicales will take place this year from September 1st to the 14th under the presidency of Professor Landouzy. The health resorts of the South-West of France will be visited as follows: Luchon, Siradan, Barbazan, Capvert, Bagnères-de-Bigorre, Argèles, Barèges, Saint-Sauveur, Cauterets, Pau, Eaux-Bonnes, Eaux-Chaudes, St. Christau, Salies-de-Béarn, Biarritz, Cambo, Hendaye (Sanatorium), Dax and Arcachon. A detailed programme will be published later. All communications should be addressed to the Organizer of the Excursions, Dr. Carron de la Carrière, 2, Rue Lincoln, Paris.

NEW POOR-LAW TRAINING SHIP.—The sleeping decks of the ship which is to replace the vessel in use since 1876 by the Metropolitan Poor-law Unions for the training of boys for the naval and mercantile services have air-space equal to about 400 cubic feet for each boy. The new ship is a replica in external appearance of its predecessor, an old two-decker of 90 guns; it will bear the same historic name, the *Ermouth*, and provides accommodation for 600 boys. Special arrangements have been made for its ventilation, the incoming air being warmed in winter and cooled in summer. It has been built at Barrow by Messrs. Vickers, Son, and Maxim, and was launched on April 20th.

MILK AND SCARLET FEVER.—In a report to his authority on April 20th, Dr. Anningson, Medical Officer of Health for Cambridge, traced the origin of a recent outbreak of 78 cases of scarlet fever apparently to infected milk. The dairy farm immediately implicated was in good order, but the dairyman had supplemented his own milk by a purchase from a purveyor who obtained his supply from fifteen different sources. A man employed in milking at one of these was found to have his hands and feet in a state consistent with a belief that he had recently suffered from scarlet fever. His child was in the same condition, and both had visited relatives in a village in which scarlet fever was stated to have been present. No further cases attributable to the Cambridge dairyman's milk occurred after the supplementary supply was stopped.

QUACKERY IN GERMANY.—The following figures show the prevalence of quackery in the German Empire. In Prussia the number of persons who practise medicine without a legal qualification is 4,104, being in the proportion of 22.8 quacks to every hundred legitimate practitioners. That quackery is increasing rapidly may be gathered from the fact that in the period 1897 to 1902 while the population of Berlin increased by 30 per cent. the number of quacks increased by 57 per cent. There are in Germany 835 "nature healing" associations with a total membership of 111,887. In the course of three years 392,000 pamphlets setting forth the excellences of that system of quackery were distributed, and in the single year 1902 no fewer than 3,056 public addresses in praise of it were delivered. One of the journals devoted to the propagation of nature healing has a circulation of 112,000 copies. The textbook of Bilz, the prophet of the cult, has had a sale of a million copies, while of that of his former employé, Platen, 250,000 copies have been sold.

THE ADIRONDACK COTTAGE SANATORIUM.—Dr. Edward L. Trudeau, the founder and President of the Adirondack Sanatorium, has recently described the difficulties which his energy and determination overcame in the first years of the sanatorium, and the annual report for 1904, the twentieth year, shows what good work the oldest of such institutions for the treatment of consumptives in America has been and is still doing. During the year three new buildings were erected, two cottages for patients and a library. The number of patients treated during the year was 296, and in addition the free out-patient department, for patients who are unable to gain admission to the sanatorium and seek accommodation in the town, has been crowded. The practice of allowing patients to sleep out of doors throughout the entire year has been steadily extended, and, though the winter of 1903-4 was one of the coldest known at Saranac Lake for many years, 50 per cent. of the patients slept out not only without injury but with apparent benefit. A study of the after-history of the patients during the first seventeen years of the existence of the sanatorium shows that but 7 per cent. more of deaths occurred amongst apparently cured patients than would have occurred amongst healthy people during the same period. The death-rate of the "arrested" cases is much greater than the normal death-rate, and nearly half the patients discharged with the disease still active die during the first two years.

NOTES ON HEALTH RESORTS.

BOGNANCO.

AMONGST the resorts on the Continent, especially in the Italian Lake District, to which the new Simplon railway may bring increased numbers of visitors, is Bognanco, a little place in a typical valley of the Italian Alps, to the south of the Simplon, about 2,300 ft. above sea level. It is suitable for a stay in late summer and autumn, and possesses gaseous alkaline-earthly chalybeate waters, and also a weakly-mineralized effervescent spring which may be used as a table water. The little health resort is only $4\frac{1}{2}$ miles by carriage road from Domodossola, the Italian terminus of the Simplon railway. It is open from the beginning of June to the end of September, and is not overcrowded with trippers. There is a good hotel of 100 beds in connexion with the bathing establishment.

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 79.

THE GRIFFITHS TESTIMONIAL FUND.

DR. A. P. FIDDIAN (23, The Walk, Cardiff), Treasurer of this Fund, has received the following further subscription:

	Amount previously acknowledged	£	s.	d.
Dr. W. Lyne Blight	...	72	10	6
	...	0	10	6

The object and particulars of the fund were stated in our columns of January 21st. 1905, p. 160.

SPECIAL CORRESPONDENCE.

VIENNA.

Cerebro-spinal Meningitis.—A Protest against the Intrusion of Laymen into Medical Practice.—Patients' Written Consent to Operations.

AN outbreak of cerebro-spinal meningitis has occurred in the eastern provinces of the empire in Galicia and Silesia. The disease, which has not been observed in these regions for many years, has a tendency to run a very acute course. During the three weeks ending on April 8th, 742 cases were notified. The mortality exceeds more than 50 per cent., and the epidemic is spreading. It attacks not only children but adults. The importation of the disease has been traced to some Russian fugitives who crossed the Russo-German frontier and thence migrated to Galicia. Already a few sporadic cases have occurred on the track of railways westward, in Cracow, also one in Vienna, which ended fatally. It is well known that in certain prisons, barracks, and work-houses now and then a local epidemic occurs, but owing to the limited intercourse of the inmates of such buildings with the outside world it is easily controlled. Very stringent measures have been adopted to check the spread of the disease. Treatment by prolonged hot baths has been found beneficial in cases not too far advanced.

A meeting of practitioners was lately held in Vienna, which was attended by nearly a thousand members of the profession. The object was to present a petition to the Government against the intrusion of laymen into the profession. The fully-qualified dental surgeons, who hitherto were alone entitled to practise dentistry, have now competitors in their unqualified assistants, and the Government proposes to give them a licence to practise. The medical practitioners fear that this is only the beginning of a systematic campaign against them, and that soon midwives, opticians, truss-makers, etc., will come forward with similar demands. The imperfect organization of the profession makes it almost helpless against such encroachments. One outcome of the meeting is a proposal that all medical boards, representative societies, and medical associations should combine. Already the majority of these bodies have joined the union; it is felt

that racial and political disputes must cease in the presence of a common enemy.

Several actions for damages for injury said to be inflicted during an operation have recently been tried, and, although in every case the surgeon was acquitted, the authorities of the Vienna hospitals have made a rule that every patient who has to undergo an operation will be requested to sign a paper empowering the operator to do whatever he may judge necessary in the interest of the patient, and especially to extend the operation to any other organ in cases where the diagnosis is doubtful. It is thought that this rule should also be applied to operations in private practice.

MANCHESTER.

Allocation of Beds and New Appointments at the Royal Infirmary.—Should Children Under 5 Years Attend Public Schools?

THE allocation of beds in the proposed new Royal Infirmary is now under discussion, and it appears probable that no provision will be made for in-patient eye and ear cases, these being left to the special hospitals, provided that agreement on such subjects as site and the teaching requirements of the university can be reached. At the monthly meeting of the Board of Management Mr. G. Ashton was appointed Assistant Surgical Officer; Mr. C. H. Melland, Director of the Chemical Laboratory; Mr. F. C. Moore, Assistant Director; and Messrs. Ramsbottom and Cunliffe, Resident Medical Officers at the Infirmary and Manchester Convalescent Home respectively.

Dr. Laird, the medical officer for Crewe, in his annual report for the year, directs attention to the great infantile mortality in the borough. The number of deaths of children under one year was 228. In August last measles were first notified; by the end of the year fourteen schools were invaded, and in each school the department first and most seriously affected was the infants' department. Indeed, the very young children contributed by far the greatest number of cases. Dr. Laird raises the question as to the advisability of children under 5 years of age attending day schools, because of the risk of spreading measles amongst children at school. In Crewe the number of children in the public elementary schools is 9,342, and of these 1,270 are under 5 years of age. In the opinion of the medical officer of health it is questionable whether the educational benefit which such young children can derive outweighs the risks they run of contracting infectious diseases such as measles and whooping-cough. All the deaths from these diseases during 1904 occurred among children of 5 years and under.

CORRESPONDENCE.

THE DETERMINATION OF ARTERIAL BLOOD PRESSURE IN CLINICAL PRACTICE.

SIR,—The paper by Dr. Charles J. Martin in this week's BRITISH MEDICAL JOURNAL on blood pressure, as well as the lecture given a short time ago by Dr. Clifford Allbutt, have afforded me much interest and, I might say, satisfaction, since during the greater part of my medical career I acted from clinical experience in accordance with these more strictly scientific views. I always believed and taught that when the circulation was tolerably quick and free the pressure was less, judging by the fact that the blood vessels were less apt to give way and cause haemorrhage than when the circulation was slower. I remember having a controversy on this point in reference to haemoptysis, and in consequence kept for some time a record and found that in a very large majority of instances the bleeding occurred at night when the patient was in bed. This reminds me of the fearful treatment these patients had to undergo. I call to mind a young man sitting up in bed, frightened almost out of his life to move or speak, talking in a whisper, continually putting lumps of ice into his mouth, while a bag of the same material was hanging on his chest. How these cold applications and dilution of his blood were to favour coagulation in the pulmonary vessels I could not conceive. I did, however, see that the treatment appealed to the "common sense" of the doctor, the patient, and his friends (common sense generally meaning vulgar opinion opposed to knowledge).

Similarly, I was quite of opinion that apoplexy or cerebral haemorrhage occurred more frequently when the patient was quiet at home, rather than when out-of-doors employed at his

and of an impressive memorial address at the conclusion of the first part of the ceremony, for Albert Baines had the faculty of awakening the affection as well as the respect and esteem of those with whom he was brought into contact. Dr. Baines was married, and leaves behind him a widow and a son and daughter.

NEWS of the death of Colonel BARTHOLOMEW O'BRIEN, M.D., I.M.S., which occurred at Bognor, though not unexpected, will be heard with much regret by many friends in India and England alike. Bartholomew O'Brien, who was born in Dungarvan, co. Waterford, in May, 1848, was a student of Queen's College, Cork, and entered the Indian Medical Service immediately after graduating as M.D., M.Ch. of the Royal University of Ireland in 1872. After completing a term of instruction at Netley he went out to India, where he joined the civil side of the service, and was appointed Assistant Surgeon to the General Hospital at Calcutta. The next thirty years of his life he passed as a Civil Surgeon in the United Provinces, and as such won much esteem both from the public and from the Government, carrying on an extensive general practice, and acquiring a reputation as a bold and successful surgeon. It was in ophthalmic work perhaps that he took the greatest interest; his manipulative skill specially fitted him for this class of surgery, and at an early period of his career he devoted a tour of leave to its study under John Cooper and George Lawson at the old Moorfields Eye Hospital. In 1895 he was civil surgeon at Allahabad, and was successful in arresting a threatened outbreak of plague. Seven years later the Government of Bengal selected him as its principal medical adviser at Calcutta, a post which he held long enough to suggest and initiate a number of valuable sanitary measures which have since been completed. A year later, however, he was retransferred to his old Provinces as officiating Inspector-General of Civil Hospitals, and it was while in occupation of this post that he fell ill, and was invalided home for heart failure. He arrived home last summer, and after receiving advice in London went for treatment and repose to Bognor. Though the heart mischief was found to be very extensive, his health improved so materially for a time that some hope was felt that complete compensation might be established. This, however, unfortunately did not prove to be the case, and he died on April 1st.

By his death on March 23rd last from an acute and very brief illness, the career of Dr. KEITH CAMPBELL, of Ebbw Vale, which was so full of promise, was brought to a premature close at the early age of 32. In spite of difficulties, of which only those who were intimately acquainted with him were cognizant, and which were indomitably surmounted, his course of training and subsequent work were characterized by unusual brilliance. At Edinburgh University eight class medals out of a possible ten fell to his lot, and with the degrees of M.B. and C.M. he was awarded honours, and commendation with that of M.D., while the D.P.H. which he took at Aberdeen was also taken with honours. Unsparring of self, straightforward and conscientious in the performance of duty, his kindly nature, soundness of judgement in dealing with the affairs of others, his tactfulness in trying and most delicate circumstances and his unquestioned skillfulness in practice were such as to inspire confidence and esteem in all with whom he came in contact. It is hardly to be doubted that, in his efforts for the welfare of others, he drew too greatly upon his reserve of vitality, so that, when his fatal illness supervened, his power of resistance proved ineffectual. Of him it may truly be said that his life was sacrificed on the altar of duty.

Brigade-Surgeon FREDERICK WILLIAM MOORE, late Army Medical Staff, died on February 13th last. He joined the Army Medical Department as Assistant Surgeon, October 28th, 1853; became Surgeon, May 5th, 1863; Surgeon-Major, March 1st, 1873; and Brigade-Surgeon, November 27th, 1879; retiring from the service, November 14th, 1885. He served in the Jowaki expedition in 1878 as Principal Medical Officer (mentioned in dispatches, medal with clasp), and in the Afghan war in 1879-80 in charge of the base hospitals of the 1st and 2nd Divisions of the Khyber field force (medal).

Surgeon-Major GOUGH ASHTON, M.B., late Army Medical Staff, died at Oxmantown Hall, Birr, on January 20th. He entered the Army Medical Service as Assistant Surgeon,

October 1st, 1862; became Surgeon, March 1st, 1873; and Surgeon-Major, April 28th, 1876; retiring February 12th, 1887. He was in the Afghan war of 1878-80, receiving the medal granted for that campaign.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Theophil Jerofejeff, sometime Professor of Ophthalmology in the University of Tomsk (Siberia), aged 61; Professor Bornhaupt of Kieff, one of the leading surgeons of Russia, aged 62; Dr. Albert K. Hadel of Baltimore, a specialist on diseases of the throat and nose, and well known as a writer on historical subjects; Dr. M. Pastor y Pellicer, Professor of Therapeutics in the University of Zaragoza; and Dr. W. H. Doughty, sometime Professor of *Materia Medica* and Therapeutics in the University of Georgia, aged 69.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH. FOURTH CENTENARY CELEBRATION, 1905.

THE fourth centenary of the Royal College of Surgeons of Edinburgh, as already announced, will be celebrated on July 19th, 20th, and 21st. The following is the official programme:

Wednesday, July 19th, 9.30 p.m.—Reception of Honorary Fellows Elect by the President and Fellows in the Royal College of Surgeons. (Full evening dress.)

Thursday, July 20th, 10.30 a.m.—The Honorary Fellows Elect, Fellows, and guests will meet in Parliament Hall. (Academic robes, official costume, or uniform.) Admission by ticket only. 11.30 a.m.—Service in St. Giles's Cathedral, to which a procession will start from Parliament Hall at 11 a.m. 4 p.m.—Ceremony in the M'Ewan Hall. Address by the President. Presentation of congratulatory addresses. Conferring of Honorary Fellowships. Doors open at 3 p.m. Organ recital at 3.30 p.m. (Honorary Fellows Elect, Fellows, and guests will be expected to attend in their academic robes, official costume, or uniform.) Admission by ticket only. 9.30 p.m.—Evening reception in Royal College of Surgeons. (Full evening dress or uniform.) Admission by ticket only.

Friday, July 21st, 3.30 p.m.—Reception in the grounds of George Heriot's Hospital. Admission by ticket only. 7 p.m.—Banquet in the Music Hall. (Court dress, uniform, or full evening dress.) Dinner tickets for Ordinary Fellows one guinea.

Fellows of the College who desire to attend the celebration are requested to intimate the fact, and state at which of the ceremonies it is their intention to be present.

Answers addressed to the Honorary Secretary, Fourth Centenary Celebration, Royal College of Surgeons, Edinburgh, must be received on or before June 1st, 1905. After that date it may be impossible to guarantee tickets for the various functions.

THE following candidates were approved at the April Final Examination in Dental Surgery:

E. E. Cassady, M.B., C.M.; W. W. Dunlop, T. C. Dykes, J. L. Elphinstone, L. B. Glasspole, M. Michael, W. J. F. Middlemiss, A. H. Morgan, J. T. Reed, J. Scobie, H. T. Simpson, J. W. Smith, W. L. R. Tasker, R. M. H. Wilson, and A. A. Sumpter.

UNIVERSITY OF LONDON.

THE LONDON SCHOOL OF TROPICAL MEDICINE.

THE following is a list of the students who passed the Examinations in Tropical Medicine held at the end of the seventeenth session, January-April, 1905:

Dr. H. Ludovici (Colonial Service) (with distinction), Dr. F. B. Thompson (Colonial Service) (with distinction), Miss H. B. Hanson, M.D. (with distinction), Miss E. Watts, Dr. R. F. Williams (Colonial Service), Dr. H. A. Foy, Miss M. E. Hayes, M.B., Dr. R. van Someren.

UNIVERSITY OF DURHAM.

THE following candidates were approved at the April examinations in the subjects indicated:

Anatomy, Physiology, and Materia Medica.—Charlotte Purnell,* Elizabeth Tasken,* Gertrude E. O'Brien,* Helen Y. Campbell, H. R. Crisp, G. T. Cumberlege, R. M. Davies, L. K. Edmeades, Helen M. Gurney, Elizabeth N. Hazlock, D. E. Johnstone, T. D. Miller, H. Shield, H. J. Blade, E. D. Smith, J. F. Young.

Elementary Anatomy and Biology, Chemistry and Physics.—C. W. Greene,† E. C. Brathwaite,* C. M. Brown, C. E. L. Burman, B. G. H. Connolly, C. J. Henderson, W. Sacco.

Elementary Anatomy and Biology.—R. M. Angus, Harriett A. R. Apples, W. Barkes, A. H. Bower, J. G. Campbell, B. A., H. A. Cooper, L. W. Evans, F. H. Fawkes, R. C. H. Francis, P. A. Galpin, C. Gray, A. C. Greene, J. F. Jackson, Annie V. Mack, E. P. Martin, Ruth Nicholson, J. H. Owen, F. Rantkens, R. Raffle, C. E. Reindorf, Matilda A. Sinclair, T. W. Stallybrass, H. W. Sykes, G. H. Wood, A. A. Woodhouse, B. A.

Chemistry and Physics.—J. M. L. F. Coquelin, C. P. R. Harvey, E. P. L. Hughes, S. L. Randolph, L. M. Stewart.

† First-class honours. * Second-class honours.

CONJOINT BOARD IN SCOTLAND.

THE following candidates were approved at the April examinations indicated:

First Examination (5 years' course).—R. Anderson, J. D. Collins, R. M. Danks, G. N. K. Desai, A. R. H. Harrison, J. A. Irwin, A. Macaulay, N. S. Vaid, B. H. Willoughby.

Second Examination (5 years' course).—J. A. J. Crowley, J. M. Turk, H. A. Higginson, H. B. Bradley, J. Jefferies, T. R. M'Kenna, G. Coats, J. Legan, P. J. M'Arde, T. O. Wilson, J. H. Milne, H. G. Higgins, M. F. Anderson, W. F. G. Scott, O. T. Jones, J. D. Jones, W. E. Barrett.

Second Examination (4 years' course).—J. S. Lamech, J. H. Fullarton.

Third Examination.—J. R. D. Holtby (with distinction), G. Hart, W. F. F. Durr, R. W. Duncan, C. H. Bannerman, F. J. Breakell, N. B. Watch, J. H. Patterson, W. W. Johns, J. A. Ashurst (with distinction), A. F. Garrand, G. W. Hill, A. M'Millan, J. T. Anderson, W. T. Carter.

Final Examination.—P. Henderson, S. C. Chuckerbutty, E. Gaunt, P. A. M'Donald, C. H. Bannerman, A. Jack, W. W. N. Knox, W. M. Ramsay, T. P. Cox, W. H. Woodger, J. N. Datta, S. M. Dickson, J. Wylie, R. Basenow.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates having passed the necessary examination have been admitted Fellows of the College: Mr. S. S. Fringle, M.B., B.Ch., University of Dublin; and Mr. W. I. de Courcy Wheeler, M.D., B.Ch., University of Dublin. Both are Surgeons to Mercers Hospital.

CONJOINT COLLEGES IN IRELAND.

Third Professional Examination.

THE following candidates were approved at the Spring examination:

M. J. Ahern, W. H. Bourne, I. Clarke, K. Dillon, A. J. Faulkner, E. P. Harding, H. M. Harrison, E. J. Higgins, A. B. Hogan, M. R. J. Hayes, J. B. Kelly, T. Leonard, B. Leeper, R. Martin, H. S. Moorhead, S. McCausland, B. A. Odum, K. O'Kelly, T. T. O'Farrell, G. Petit, G. Sheppard, W. H. Soady.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates were approved at the April examinations in the subjects indicated:

Surgery.—*A. Anderson, †W. L. Crabtree, W. A. T. Lloyd, E. B. Miles, †E. W. A. Walker.

Medicine.—†E. J. Blewitt, †A. G. C. Findlay, P. C. W. Laws, †W. S. Mitchell, *R. H. Terry, †E. W. A. Walker.

Forensic Medicine.—E. J. Blewitt, S. A. Mahmood, J. P. B. Snell, A. R. Wade, E. W. A. Walker.

Midwifery.—W. G. O'Malley, R. St. Johnston, E. W. A. Walker.

The diploma of the Society was granted to Messrs. A. Anderson, W. A. T. Lloyd, and E. W. A. Walker.

* Section II. † Section I.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

WATER SUPPLY IN RURAL ESSEX.

DR. THRESH's report to the Essex County Council on the water supply to the rural districts of Essex is a complete and instructive piece of work, and in these days of rural depopulation such a report, showing the actual state of the water supply of these rural places, is of especial value. It is the outcome of a communication to the Essex County Council with reference to the migration of the rural population to the large towns and the necessity of making some effort to keep the people upon the land.

There is no question that in numerous parts of England many rural districts are very inadequately supplied with pure water, and this cannot but exercise a prejudicial effect upon the inhabitants, and cause some to migrate to the towns.

In the lengthy report under consideration, Dr. Thresh gives clear statements as to the water supply of each rural district, and the details are illustrated by excellent maps. On the whole the report amply demonstrates that the majority of the rural districts are well supplied with water, although in some the supply is very inadequate. Dr. Thresh particularly calls attention to the schemes which have been carried out severally by the Maldon, Chelmsford, and Rochford Rural District Councils. Of these the Purleigh Waterworks of the Maldon Rural District may be instanced as an example of what may be done in this way for more or less isolated parishes. These waterworks are the most extensive rural works in the county. The water used is derived from a series of springs in Woodham Walter parish, which yield from 60,000 to 100,000 gallons of water per day. The area round the wells was acquired to protect them from pollution. The water is collected in a reservoir, and pumped to a distributing reservoir sufficiently elevated to command all the district. The difference in elevation is 110 ft. From the distributing reservoir the mains ramify for miles, and standpipes are fixed along the route to supply houses and farms which are not directly connected with the mains. A number of hamlets are

supplied. The total cost of the works was about £13,000. The introduction of this supply to a previously waterless area has been an immense boon. The whole area upon London clay, and previously water was only obtainable from deep wells or collected rain water. An application is now being made for an increased loan to extend the main to two further parishes.

A considerable part of the rural area is supplied by wells, many being shallow wells. Dr. Thresh calls attention to this fact, and also that typhoid fever is very rare in the rural districts, and records his conviction that typhoid fever is never caused by well water when the well is so constructed that no impurity can get into it without having filtered through 8 or 10 ft. of soil. This question is, as Dr. Thresh points out, one of much importance; and the further one—as to how far chemical analysis is able to decide as to the purity or harmfulness of such water—is equally important.

A concise but clear statement of the geology of Essex in relation to its water supply adds greatly to the interest of the report.

CARE AND CONTROL OF IDIOTS AND EPILEPTICS.

THE Royal Commission on the Care and Control of the Feeble-minded heard further evidence on April 17th.

Sir JOHN BATTY TUCKER, M.P., explained the practical bearings of the Lunacy Act as regards certification. "Lunatic" under the Act meant an idiot or person of unsound mind. The latter was the better term; it was unqualified, and included all persons of unsound mind, whether the unsoundness was congenital or acquired, and also all forms of mental defect and feebleness. The essentials of the certificates under Form 8 of the second schedule were: (1) Evidence of unsound mind observed by certifier; (2) evidence founded on observation of others; (3) statement of belief that the case required care and treatment. The unsoundness of mind might consist of idiocy or of acquired insanity. The degrees of idiocy might range between absolute fatuity and mere feeble-mindedness. A manifest case of insanity might not require certification, because it might be under due care and attention, and its circumstances did not demand asylum treatment. On the other hand, a very much milder case might demand asylum treatment, because it was so situated as not to be able to obtain care and treatment. The mildest insanity, mere feeble-mindedness, might justify certification, because the afflicted person was not being properly cared for—for example, young weak-minded girls, who obviously should be protected. He agreed that the passage in Section XXVIII, which said that a reception order should not be made upon a certificate founded only upon facts communicated by others, might in rare instances create difficulty in the certification of a congenitally weak-minded person, or in the case of cases of apparently mild insanity, or in the case of mild dementia—for instance, feeble-mindedness following on an acquired insanity. He was not, however, prepared to advise that it should be possible to shut a person up only on facts observed by others than the certifier; there should be facts observed by the certifier himself. It was quite true that there were persons of unsound mind, and well known to be dangerous, who were regarded generally as uncertifiable, and who, if certified and sent to an asylum, would probably be there soon pronounced sane and discharged. The difficulty in getting such cases certified was due partly to the risk of an action for damages and partly to the difficulty of discriminating between ordinary wickedness and moral perversion. Asylums also disliked receiving such cases, especially if there was anything criminal in their history. He was in favour of colonies licensed in connexion with the Lunacy Commission, and would also be inclined to certify certain classes feeble-mindedness and imbecility much more freely than was at present common. Their certification was desirable, but in order to bring it about some modification of the law was necessary. The Scottish asylums were crowded with simple cases of senile dementia such as in England were treated in workhouses. A much cheaper form of institution would meet their needs.

Dr. JOHN TATHAM, one of the Census Commissioners, gave evidence as to the facts regarding lunacy revealed by the census of 1901.

Dr. JAMES SCOTT, medical officer of His Majesty's Prison, Brixton, said that people who could not at present be certified as insane, but who nevertheless could not fairly be held to be fully responsible for their misdeeds, formed somewhat a large class. To many of these a prison formed a harbour of refuge in which they were spared the trouble of thinking how to get food and lodging. It was important, in his opinion, to consider means by which these "undesirables" might be prevented from reproducing their like.

The Commission then adjourned until May 12th.

INFANT MORTALITY IN DUNDEE.

THE report of Dr. Templeman, Medical Officer of Health for Dundee, issued on April 14th, states that the total number of births for the year was 4,510—2,268 males and 2,242 females—while the deaths numbered 3,307—1,532 males and 1,775 females—equal to a death-rate of 20.22 per 1,000. The infantile death-rate of Dundee for the past year was 17.4 per 1,000 births, or 23.8 per cent. of the total mortality in the city, the total number of deaths of children in the first year of life being 788. The deaths under 5 years numbered 1,273, or 38.4 per cent. of the total mortality. The greatest factor in the production of the zymotic death-rate had been zymotic diarrhoea, causing 88 deaths, and in 82 cases investigated it was found that only 9 were breast-fed, 28 were partly fed by breast and partly by bottle, and 48 were entirely brought up by hand. Of 65 infants who died from diseases of the stomach and bowels, 9 were breast-fed and 44 were artificially fed. The total number of children under 2 years who had died from diarrhoea or disease of the digestive system and whose cases was inquired into was 186, and of these 21 were breast-fed, 52 partly breast-fed, and 113 were brought up by hand, while 115 of the mothers were at work. Regarding the municipal sterilized milk depot, Dr. Templeman says that the number of infants on the register continued to in-