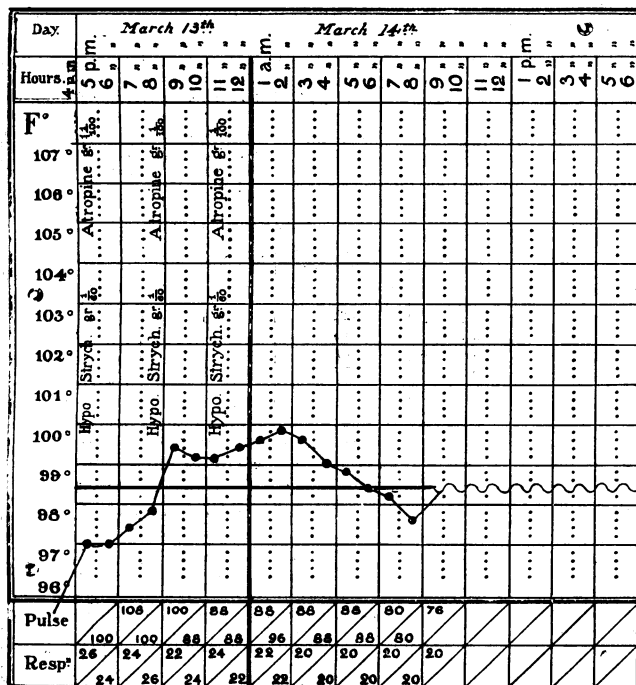


all speed to the Stanley Hospital. He arrived there within one hour of taking the seed, and as I happened to be in the hospital I saw him at once.

State on Admission, 4 p.m.—The man was then in a condition of great collapse; his face was swollen and blue, his pupils a little dilated, the surface of his body cold, and his hands and feet cold and cyanosed. His respirations were very shallow, and his temperature could not be registered in the axilla or mouth. His pulse was imperceptible at the wrist; there was no cardiac impulse, and the heart sounds were very feeble and distant. He would reply sensibly when roused, but otherwise remained in a semi-conscious condition.

Treatment.—His stomach having been washed out with a warm saline solution, he was then given a dose containing a drachm each of the spirits of ether, chloroform, and aromatic ammonia (previously, while in the ambulance, the house-surgeon had injected $\frac{1}{10}$ gr. of strychnine). He was put to bed in hot blankets, hot bottles applied, 1 oz. of brandy given every two hours, and a hypodermic solution of $\frac{1}{100}$ gr. of strychnine and $\frac{1}{100}$ gr. of atropine was injected at 5 p.m., 8 p.m., and 11 p.m.



This stimulating treatment had a marked effect, his temperature steadily rose (see chart), reaching 97° F. at 5 p.m. and 6 p.m., and his pulse (which could be counted at 6 p.m., when it was 100) steadily improved in strength and volume, and the blueness and coldness of his face and extremities gradually disappeared. He slept 7½ hours during the night. The following day—March 14th—the volume and tension of his pulse was good, and his temperature, which had risen to between 99° and 100° F. during the night, was normal. His eyelids were a little puffy, and his tongue and lips rather swollen, the former being coated. As the bowels had not acted since admission, he was ordered a mixture containing gr. x of magnesium carbonate and gr. xxx of magnesium sulphate thrice daily, which acted the following day, the motions being well formed and of normal colour. He continued to improve, and left the hospital perfectly well in every respect on March 18th.

Remarks.—This case demonstrates the potency of the poison, as one bean only had been eaten. It is also interesting to note the rapid onset of the symptoms, and the entire absence of vomiting and purging which are usually present in persons poisoned by these seeds.

BEQUESTS TO MEDICAL CHARITIES.—Under the will of the late Rev. Edmund Lord, of Beaumont Street, Portland Place, and New Steine, Brighton, who died on March 4th, the London Hospital and the Sussex County Hospital each receive a sum of £100.

MEMORANDA:

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

CEREBRO-SPINAL MENINGITIS.

THE following are brief notes of the early stages in the case of cerebro-spinal meningitis, due to the diplococcus intracellularis, which came under my observation recently in Richmond.

The patient, W. H. A., is a coachman, aged 35, married, and with three young children. He lives over stables. As there had been two severe cases of septic tonsillitis in his family during the last year, the drainage of the house and stables had recently been thoroughly tested and made efficient. I have known the patient for some years as a healthy, temperate man.

I was called to see him on the evening of March 20th. He complained of feeling very ill and of severe headache. He stated that he had been quite well until four days previously, when he had felt very cold, shivered, had severe headache, vomited repeatedly, and had kept nothing down; was obliged to give up work on account of the severe pain in his head. His temperature on the evening of March 20th was 103°, pulse 110, tongue deeply furred, with anorexia and constipation. The pain in the head, which was undoubtedly most severe, was referred to the vertex—the base of the occiput and both sides of the neck immediately beneath the ears. There was no swelling or tenderness. He also complained of pain in the lumbar region. He ceased to vomit upon being put to bed. There was nothing wrong with his nose, throat, eyes, or ears. No discharge and no tenderness in connexion with them. His teeth, however, are very defective. All other organs normal. Urine scanty, but free from albumen.

During the ten days that I had him under observation his condition became steadily worse. The pains in the head were paroxysmal—chiefly at night, and at the onset of each severe period of pain the temperature rose from normal to 103.4°. The pain was unrelieved by ordinary drugs. Morphine alone gave him ease. The stiffness of the neck—a marked feature in the case—increased. He was perfectly rational during the day, but his wife stated that at night he was rambling. The blood gave no Widal reaction. There was never at any time any eruption, nor were there any spots, haemorrhagic or otherwise, upon his skin.

It became clear that the case was either one of cerebral abscess or meningitis. There were no localizing symptoms, and as the case seemed to present unusual features, and to be one of possibly an infective type, I took him up to King's College Hospital where he was admitted and where the diplococcus intracellularis was found to exist in the meningeal fluid.

Richmond.

J. R. JOHNSON.

* The later history of this case was published in an annotation in our issue for April 22nd, at p. 899.

THE following is a report of three cases which occurred in my practice in the country near Banbridge, co. Down, twelve months ago, and which I regarded at the time as cerebro-spinal meningitis:

1. The first patient was a girl, aged 9 years. She had been ill for five days with headache and pains in the back, but she had not been in bed before I saw her. She cried frequently, was dull and listless, slow to answer questions, and had marked photophobia. Temperature 102°, pulse 100. Examination of the chest and abdomen revealed nothing abnormal except a slight petechial rash over the skin; the spots were small, distinctly haemorrhagic, and unlike any of the ordinary exanthemata. The tongue was slightly coated, the throat inflamed; no diarrhoea existed. She was placed in bed in a darkened room, with ice applied to her head. Four hours later I got a telegram saying she was dying, which proved to be true. She had had a series of very severe convulsions, her temperature ran up to 106.4°, and she died half an hour after I arrived. I was painfully surprised at this abrupt termination, but I did not suspect then that the case was anything but a meningitis of one of the usual types.

2. Nine days later in the same house I saw a boy, aged 14, a brother of the first patient. He had been ill for two days, and his symptoms were almost identical with those of his sister when I first saw her. Continuous pain, mental torpor, photophobia, and petechial rash were all present. He also

had an inflamed throat, and his temperature was 102° F. The following day he was worse, there was well-marked retraction of the neck and spine, and Koenig's sign was present; later on there were spasms of the muscles but no convulsions, also hyperaesthesia over spine with increasing pain and difficulty in extending the legs. It seemed a typical case of cerebro-spinal meningitis, and to confirm this belief I prepared to perform lumbar puncture so as to have the cerebro-spinal fluid examined for the diplococcus. In this, however, I unfortunately failed, for on inserting the needle, owing to the violent struggles of the boy and the sympathy of his father, I was compelled to desist, to my lasting regret. This was on the fifth day of his illness; about the seventh the symptoms began gradually to subside, and he was convalescent in a fortnight. He was placed on no special treatment beyond rest and isolation in a darkened room, ice-cap, bromides, and antipyrine. The rash gradually disappeared during recovery after the other symptoms subsided.

3. During the convalescence of the last patient his sister, a girl of 18, fell ill in exactly the same way. She developed all the symptoms enumerated above, including the petechial rash, but they were less severe, and convalescence set in about the tenth day. Both these last two cases were quite well within three weeks, and no other similar cases occurred in the house or neighbourhood.

Do the above history and symptoms justify a diagnosis of cerebro-spinal meningitis in the absence of an epidemic, and if so in what way can such a sporadic outbreak be explained? There was an epidemic in Dublin five years ago, and this I was fortunate enough to witness, but subsequently I neither saw nor heard of any cases in Ireland until these three occurred in such a curious and to me inexplicable manner.

Glasgow.

J. HOPE REFORM, M.D., R.U.I.

PROTECTIVE VALUE OF VACCINATION.

THE following interesting case, which recently occurred in this town, illustrates the protective value of vaccination very strongly. On March 22nd I was called in to see a young girl, aged 15, who is employed as a hosiery hand. She presented a well-marked pustular eruption all over the body, but the associated constitutional symptoms were far from severe. She was removed as soon as possible to the small-pox hospital some distance away. She had never been vaccinated. The remaining members of the family, consisting of father, mother, and five children, were kept isolated in their own house. All these again had never been vaccinated, so I most strongly urged them as to the advisability of immediate vaccination. They all consented, with the exception of the mother and eldest daughter, who absolutely refused to take advantage of the protection thus offered them (an instance of ignorant obstinacy which is very prevalent in Leicestershire).

The cases which were vaccinated reacted well to the lymph, each insertion being followed by well-marked reaction. Fourteen days later the two unvaccinated persons exhibited unmistakable signs of small-pox, and of a far more severe type than the original case. These again were promptly dispatched to the isolation hospital, while the remaining members—namely, the vaccinated ones—are well, and show no signs of the disease; and this in spite of the fact that all the family during the period of incubation, had been living in a small house, and in close intercourse with the patients.

E. LYNN-JENKINS, M.B., B.S., M.R.C.S., L.R.C.P.,
Medical Officer to the Isolation Hospital,
Hinckley and District.

HETEROCHROMIA IRIDIS.

THE following notes may be of interest in connexion with a case of heterochromia recorded in a recent number of the BRITISH MEDICAL JOURNAL. When administering an anaesthetic to a labourer, 24 years of age, under treatment for a septic bursa of the elbow, I discovered that his left iris was of two colours. The upper and inner quadrant (if one may use the term) was of a brown colour, while the rest of the iris was blue. An interesting point was that the two colours stood out, so to speak, in bold relief—the one did not fade into the other. It looked as if a distinct line had been drawn separating the two. The iris of the right eye was brown.

On questioning the patient later on it was ascertained that although he was aware of the condition, he did not think anything about it, as no trouble resulted and his sight was in no way affected. The pupils were regular and responded equally well to the light and accommodation tests. The patient did

not know of a similar condition in any of his relatives, nor could he give any particulars as to the colour of his parents' eyes. No ophthalmoscopic examination was made.

The condition does not seem to cause any inconvenience, and, according to Berry, the percentage of people with this condition is infinitesimal.

Ayr.

JOHN ALLAN, M.B., Ch.B.

REPORTS

ON

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

WADSLEY ASYLUM, SHEFFIELD.

NOTES OF A CASE OF BILIARY CALCULI IN THE PERITONEUM.

(Reported by DANIEL GILLESPIE, M.B., B.Ch., Assistant Medical Officer.)

THE patient to whom the following notes relate was admitted to this institution in the year 1889, suffering from mania with epilepsy.

His fits were always preceded by active visual and articulate auditory hallucinations, and followed by longer or shorter periods of excitement, during which he was often extremely restless. In the spring of 1898 he had icterus, and was confined to bed, complaining of pain in the hepatic region. On examination the liver was at that time slightly enlarged. He had always a habit of rubbing his abdomen, although he never complained of pain except in the one instance just mentioned. The following figures show how the succession of fits which caused his death was distributed:

Date.	Fits During the Day.	Fits at Night.	Total.
1905.			
January 17th	—	1	1
January 18th	10	1	11
January 19th	17	30	47
January 20th*	—	—	9
			68

*Died in ninth fit about 10 a.m., despite active treatment.

Post-mortem Notes.—The pia arachnoid was thickened, and showed milky lines along the smaller vessels; it stripped readily from the cortex cerebri, leaving no erosions, and the blood vessels which ran in this membrane were distended with blood. The whole brain was found to be much congested, and the convolutions were atrophied with a compensatory increase of arachnoid fluid. Basal vessels were thickened.

The organs in the thorax showed the characteristic appearances of death during an epileptic fit.

On opening the abdominal cavity, one or two small brownish calculi were observed to stud the peritoneum of the gut. It was found on careful examination that in places—for example, the renal surface of the spleen and recto-vesical pouch—they were aggregated into masses. All the calculi were firmly attached to the peritoneum, evidently as the result of an irritative inflammation. They were faceted more or less, and in size varied from a millet seed to a large pea. There were no adhesions between the coils of the intestines, and no fluid was present in the peritoneal cavity.

Liver.—There was evidence of a perihepatitis in the neighbourhood of the fundus of the gall bladder, also at the inferior part of the posterior surface of the right lobe just where the diaphragm passes into the right crus. Thirty or forty calculi, were fixed to the diaphragm close to this spot. On section, the liver showed venous congestion, and in places fatty accumulation. The gall bladder was packed with small calculi. At the anterior half of the fossa vesicae felleae was an old-standing perihepatitis, which was probably due to a rupture of the gall bladder at the left superior aspect of the fundus, as the wall at this spot was only formed by the thickened peritoneum, and an edge could be felt distinctly to correspond in the wall of the gall bladder. The ducts were thickened but pervious. Chemical examination of the stones proved they were biliary calculi.

REMARKS.—The patient gave no indications of the condition present in his abdominal cavity, which was only discovered on the *post-mortem* table. It would be difficult to say whether his peculiar habit of rubbing the abdomen was due to discomfort and pain or was the result of his mental condition, as he was a most deluded man. The contents of the gall bladder in this case were sterile, and it is probable that only the calculi with a little mucus were extruded, since the peritoneum

promoted to the full staff and having charge of beds, and, on the other hand, in consequence of this, would remain on the staff till an unduly advanced age.

The matter was very fully discussed in all its bearings, and the rules were again modified, and are now framed on lines which may be summarized as follows:

The assistant physicians and assistant surgeons (including the assistant ophthalmic surgeon) are appointed for ten years only. When they have held office as such for this period, they shall, if they wish to continue to work in connexion with the infirmary, submit themselves for election for the post of physician or surgeon with charge of out-patients. If elected to such post they shall succeed to the full staff on vacancies arising in order of seniority, and without further election. If not elected they shall retire from all connexion with the infirmary. This promotion to the position of physician or surgeon with charge of out-patients does not give occasion to the election of an assistant physician or an assistant surgeon, as the case may be, for no change of duty is involved, and the officer will continue to fulfil the same duties as an assistant physician or surgeon—that is, those of attending to the out-patient department and acting as deputy for the members of the full staff. It is also provided that after five years' service each member of the assistant staff becomes entitled to the use of a certain number of beds, an assistant physician to 4, an assistant surgeon to 6, and an assistant ophthalmic surgeon to 3.

The rules as to the retirement of the members of the full staff have been modified by the addition of an age limit of 60 years, with the retention, however, of the previous twenty years' time limit, so that members of the full staff must retire on the completion of twenty years' service in that capacity, or on the attainment of the age of 60 years, whichever event may first happen. They then become members of the honorary consulting staff without further election. Lest this age limit should press unduly on those members of the present staff who were elected under the conditions that have prevailed during the last twenty years, it was agreed that in their case the age limit should be 65.

The bearing of these rules may perhaps be appreciated by dealing with some examples of what may actually occur. It is clear that while the number of the honorary staff remains as at present the effect of the twenty years' term of office of the full staff will be as follows. As there are three physicians, each serving for twenty years, there must be three vacancies to be filled in each period of twenty years, and as there are two assistant physicians, the expectation of length of service of each, prior to his getting on the full staff, will be thirteen and one-third years, which under the new rules will resolve itself into ten years as assistant physician and three and one-third years as physician with charge of out-patients. The addition, however, of the age limit of 60 years certainly may, and very probably will, lessen this term of thirteen and one-third years, and it will doubtless often happen that, prior to the completion of his ten years' service, an assistant may be able to apply for promotion to the full staff without holding the intermediate position of physician with charge of out-patients. In such a case he has to be appointed by the Election Committee, who, however, as has already been said, are not necessarily limited in their choice to the members of the assistant staff. As there are four surgeons and two assistant surgeons, and as there are two ophthalmic surgeons and one assistant ophthalmic surgeon, it follows that the average expectation of service on the assistant staff will in these instances be ten years, and here, again, the age limit of 60 years will tend to shorten this. The new rule, therefore, as to promotion to the position of physician, surgeon, or ophthalmic surgeon with charge of out-patients will only come into play if any one has to remain in a junior capacity longer than ten years, which under existing circumstances as to the relative number of the members of the full staff and the assistant staff, is, in the case of the surgeons rather more, and in the case of the physicians probably rather less, than the average expectation. To any honorary officer who has to come under the operation of the rule it affords the double consolation that his title is improved, without indeed any alteration in his duties, and, what is very important, that he is put in an assured position for promotion to the full staff on a vacancy occurring, without further candidature.

It is undoubtedly possible that vacancies arising either from death or from resignation before the age limit or time limit is reached, while expediting the promotion of some members of the staff, may result in others having to serve as much as twenty years before coming on the full staff. The addition of

the sixty years' age limit for the full staff will in such cases safeguard the hospital from any one remaining on full duty to an unduly advanced age, while the hardship to the individual will be lessened by his partial promotion at the end of ten years' service.

The retention of the twenty years' time limit may, indeed, result in a member of the full staff having to retire before he attains to the age of 60, but any such member must have had the advantages of an early promotion. It is, we believe, the rule in some of the London hospitals, where the tenure of office is based on an age limit, that that limit is fixed at a greater age in the case of the physicians than in that of the surgeons, and much may be said in favour of this practice. In Leeds, however, those who revised the rules in 1884 very wisely decided that the members of the consulting staff should retain the right of using a certain number of beds. This is a provision which makes retirement from the full staff a very different thing from that complete dissociation with the work of the hospital which, coming as it may at a time that a man is in the full activity of professional work, is a severe wrench in his life. That this is the case we know from conversations we have had with senior members of the profession who have come under the operation of this rule. In Leeds the system adopted has been productive of the happiest results by retaining for the service of the infirmary those whose long experience commands the respect of their colleagues on the acting staff.

THE ASSOCIATION OF ECONOMIC BIOLOGISTS.

THE first congress of the Association of Economic Biologists was held in the University of Birmingham on April 19th, under the chairmanship of Mr. FRED V. THEOBALD, President. The association was welcomed to Birmingham by Professor T. W. BRIDGE, F.R.S., as the senior member of the biological staff.

Mr. A. E. SHIPLEY, F.R.S., then moved the following resolution:

That the Association of Economic Biologists respectfully draws the attention of the President of the Board of Agriculture and Fisheries to the fact that on the Committee recently appointed to inquire into the nature and causes of grouse disease there is no pathologist, bacteriologist, or parasitologist, and that in the opinion of the association some expert in bacteria or animal parasites should, if possible, be added to the Committee.

Mr. Shipley read a list of gentlemen forming the Committee, and remarked that they were more noted for the destruction than the preservation of grouse. It was well known that diseases of grouse were caused by bacteria or parasites, and yet no single member of the Committee was qualified to express an opinion or suggest experiments which would be effective in discovering a remedy for the disease. This was not the first time the Government had ignored economic biologists in appointing committees to investigate questions of economic biology, and he thought it was the duty of the association to enter a mild protest.

Mr. CECIL WARBURTON seconded the motion, which was carried unanimously.

The President (Mr. Theobald) then read a paper, entitled "A Plea for the Study of British Aphides in connexion with Cultivated Plants," and reminded his hearers that plant lice were more plentiful during 1904 than in any other year during the last quarter of a century; rare specimens were plentiful and common species swarmed. Other papers on animal parasites of economic plants were read by Dr. MACDOUGALL, Mr. WALTER E. COLLINGE, and Professor CARPENTER. In the absence of Professor Cave his paper on the presence of *ascaris suilla* in the liver of pigs was read by Professor SHIPLEY. The concluding paper was by Mr. FRED V. THEOBALD, on ticks and flies as agents in the distribution of disease.

CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 87.

MEDICAL NEWS.

A MARBLE memorial of the late Professor Giulio Bizzozzero is to be placed in the Institute of General Pathology at Turin.

THE Lord Mayor of London will preside at the festival dinner of the City of London Hospital for Diseases of the Chest, Victoria Park, to be held at the Trocadero Restaurant on May 26th.

DR. F. W. CLARK, Acting Principal Colonial Medical Officer of Hong Kong, has been appointed an official member of the Executive Council in the room of Dr. J. Mitford Atkinson, who has left the colony on leave.

THE post-graduate college and past and present West London Hospital dinner will take place at the Trocadero Restaurant, Piccadilly, London, W., on Wednesday, June 7th, when the chair will be taken by Dr. Seymour Taylor at 7.30 p.m.

THE late Mr. William Holbourn, of Campden Hill, W., in addition to making a bequest of £2,000 to the Royal Hospital for Incurables, directed that a similar sum should be paid by his executors to any hospital which they might choose to select.

A PUBLIC meeting will be held at the Mansion House on Wednesday, May 17th, at 3 p.m., under the presidency of the Lord Mayor, in furtherance of an appeal for £10,000 on behalf of the National Association for the Prevention of Consumption and other forms of Tuberculosis.

THE eighth annual meeting of the Childhood Society will be held at 7, St. James's Square, S.W., on Wednesday, May 10th, when the President (Earl Tatton of Egerton) will take the chair at 3 p.m. Professor H. E. Armstrong, F.R.S., will deliver an address on the teaching of common sense in the school of the future.

THE President of the Board of Agriculture and Fisheries has appointed a committee, with the Earl of Onslow as chairman, to inquire into the administration and working of the Small Holdings Act, 1892. The committee does not appear to contain any person having special knowledge of the important public health bearings of the question at issue.

THE five cases of small-pox in Lewisham, the announcement of which gave rise to some local alarm in the early part of last week, all occurred in one family. The first patient was a boy, who remained ill with an unrecognized attack of the disease for three weeks, and all the family caught it in turn. Since then only one further case has been notified in Lewisham, while in London generally the disease is less prevalent than usual.

THE Congress on Quackery, which was to have been opened in Paris on May 8th under the presidency of Professor Brouardel, has been postponed till April 30th, 1906. A programme of the work of the Congress appeared in a recent issue of the BRITISH MEDICAL JOURNAL. It may have been noted that it was very extensive, and it is not surprising therefore to learn that the reason of the postponement of the meeting is that many of the reports which were to serve as introductions to the discussions are not ready.

INVITATIONS have been issued by Alderman Mr. George Clifton, J.P., Chairman of the Asylums Committee of the Borough of Leicester and President of the Leicester Medical Union, to attend a meeting in the Council Chamber of the Town Hall on May 11th, at 3.30 p.m., when a lecture will be delivered by Dr. Robert Rentoul of Liverpool on physical degeneration and its causes and prevention. Special reference will be made to the question of the sterilization of certain degenerates, and the lecture will be followed by a short discussion.

MEDICAL MAGISTRATE.—Dr. C. H. Wise of Walthamstow has been appointed to the Commission of the Peace for the county of Essex.

ABERDEEN UNIVERSITY CLUB, LONDON.—The May dinner of the Aberdeen University Club, London, will be held at the Trocadero Restaurant, Shaftesbury Avenue, W., on Wednesday, May 17th, at 7.30 p.m. The Very Rev. John Marshall Lang, D.D., Principal of the University, Aberdeen, will be in the chair. Members desiring to be present should communicate with Dr. R. J. Collie, Honorary Secretary, 25, Porchester Terrace, W., not later than May 13th.

A DOYEN INSTITUTE IN LONDON.—It has been announced in most of the daily newspapers that M. Doyen has decided to

open an institution in London, to be conducted upon the same lines as his clinic in Paris, for the treatment of cancer. It is stated that the institute, which will be conducted under Dr. Doyen's personal supervision, will be situated in St. John's Wood, and will accommodate forty patients.

REQUESTS TO MEDICAL CHARITIES.—Under the will of the late Mr. Joseph Proctor Mann, of Moreton-in-the-Marsh, Gloucestershire, which has now been proved, the following institutions each receive a sum of £100: the Royal Medical Benevolent Institution, the "Medical College at Epsom," Guy's Hospital, St. Thomas's Hospital, and King's College Hospital.

NORTH-EAST LONDON POST-GRADUATE COLLEGE.—The opening lecture of the summer session of the North-East London Post-graduate College will be given by Dr. H. D. Rolleston, Physician to St. George's Hospital, on Thursday, May 11th, at 4.30 p.m., at the Tottenham Hospital, N., on High Arterial Tension: its Results and Prevention. The series of clinical lectures, of which this is the first for the present session, is free to all qualified medical practitioners.

GERMAN ASSOCIATION OF SCIENTISTS AND MEDICAL PRACTITIONERS.—The German Association of Scientists and Medical Practitioners will hold its seventy-seventh annual meeting this year at Meran from September 24th to 30th. The work of the scientific branch of the Congress will be distributed among fourteen, that of the medical branch among seventeen, sections. At the general meetings addresses will be delivered by Professor Langley of Cambridge on recent researches on the nervous system, and by Professor Correus of Leipzig and Professor Heider of Innsbruck on the laws of heredity.

THE AIMS OF THE PAN-AMERICAN MEDICAL CONGRESS.—At the closing meeting of the Pan-American Medical Congress held at Panama in January it was resolved that the next Congress should arrange (a) for an international American pharmacopoeia; (b) for an international code of sanitation; (c) for an international code on temperance; and (d) as a sequel, for the establishment of sanatoriums for the treatment of alcoholism; (e) for the establishment of lectureships on medicine as a part of the prescribed courses of jurisprudence. It was also decided that the next Congress should include a section on tropical diseases; that Red Cross branches, both civil and military, should be created; and that encouragement should be given to those engaged in the campaign against tuberculosis.

UNDERFERD SCHOLARS.—The Committee on Medical Inspection and the Provision of Meals for Children appointed by the Board of Education has definitely started its inquiry. The Committee has issued two forms to local authorities: the first inquires into the present methods of medical inspection in the schools, and the second into the methods at present employed in the various districts for feeding hungry school children. The object of the inquiry is to find out the actual state of affairs with regard to the underferd, and how far existing charitable organizations meet the case. In Paris a similar problem has been solved by the Cantine Scolaire conducted by the municipality. Some 8,000,000 meals are provided annually for school children at a cost of £70,000. Of this sum, £45,000 comes from the rates, £20,000 from the sale of dinner coupons to parents, and the balance from voluntary contributions. There are dining halls provided for groups of schools; coupons are given to the really necessitous, and sold to parents able to pay for them.

COLONIAL AGRICULTURE AND HYGIENE.—The French National Exposition of Colonial Agriculture which is to be held in the Colonial Garden at Nogent-sur-Marne from June 20th to July 20th includes a section of hygiene. It is pointed out in the official notification that the connexion between colonial agriculture is of the closest, as in the colonies more than elsewhere, it is impossible to carry any undertaking to a successful issue if health fails. The Organizing Committee is composed as follows: Chairman: Professor Charrin, of the Collège de France; Secretary: Dr. Loir, Lecturer in the Superior School of Colonial Agriculture; Members: Drs. Grall, Medical Inspector Colonial Sanitary Service; Granjux, Editor of the *Caducée*; Laveran, Member of the Institute of France and of the Paris Academy of Medicine; Le Dantec, Professor of Exotic Pathology in the Medical Faculty of Bordeaux; Mallet, Physician to the Superior School of Colonial Agriculture, and Mathieu, *agrégé* of the University of Paris, and Director of the Burgundy Oenological Station.

unassailable basis. One is that for the first time the writer succeeded in imparting spirillum fever to a monkey by means of the tick. The other is contained in a postscript dated February 12th, and is to the effect that a monkey had been infected with spirilla by the bite of young ticks—at their first feed after hatching—the ticks having been reared from naturally infected parents. As regards the condition of the spirillum in the body of the tick, he was unable to trace it beyond the stomach and the Malpighian tubes.

It would be difficult to over-estimate the value of these discoveries if, as there is little doubt will be the case, they are confirmed by subsequent observers; and it is sad to think of this young man cut off on the threshold of what seemed certain to prove a brilliant career, a career which bid fair to bring incalculable benefits to humanity. During his student days and afterwards at the College and in the Royal Infirmary Dr. Dutton was held in the highest esteem by his teachers, his fellow students, and all who came in contact with him. He was devoted to his work and his demeanour was characterized by a gentleness and an entire absence of self-assertion which made him as much beloved as he was esteemed and respected. In him medical science has lost one of its most promising and distinguished men, and the University of Liverpool one of its most gifted students, who combined a great intellect with a charming personality.

Professor RONALD ROSS, C.B., F.R.S., writes:

I have been kindly asked by the Editor of the BRITISH MEDICAL JOURNAL to write a few words about our most lamented colleague, Dr. J. Everett Dutton. It is very hard to write anything coherently so early after the arrival of the unexpected news of his death, occurring as it did just as he was about to return to England full of scientific experience garnered during several years in Africa. I can only say that his loss is to all of us like that of a family bereavement. I personally have known him during six years, and should like to say that I have certainly never met any scientific worker for whom it was possible to have more respect and affection. He was a true Knight of Science. Indeed, we all considered him as the Galahad of that group of enthusiastic young men who, with so little recompense to themselves, have during the last few years pushed forward the cause of tropical medical science at such a rapid rate. For years, with little prospects to look forward to, without rest or recreation, and in spite of frequent illnesses, he has worked unremittingly in the cause of science and his country. He perhaps, of all others, deserved the reward given to Galahad. His great scientific ability was supported by a singular purity, modesty, and courtesy of character. All we can do for his memory is to place him in a niche beside that other martyr to the same cause, Walter Myers; but if there is any sense of gratitude in my countrymen, they will not, I hope, allow such services and such a fate as those of Everett Dutton to be quickly forgotten. I can say no more at the moment.

THE LATE COLONEL BARTHOLOMEW O'BRIEN, I.M.S.—We are informed by a correspondent in a note of appreciation of the public services of the late Colonel O'Brien that during his service in Calcutta he was under the Military Department as Principal Medical Officer of the Calcutta District. As such it necessarily follows that he was not, as stated, principal medical adviser to the Government of Bengal, a post which at the time was held by another officer employed on the civil side. Colonel O'Brien took much interest in the sanitation of Fort William, and it was in connexion with that place that the chief improvements mentioned in the obituary notice were initiated.

THE name of Dr. ROBERT PATRICK CONNELL must be added to the long list of members of our profession who have sacrificed their lives in pursuance of their work. Whilst attending on a patient suffering from a mild attack of discrete small-pox at the Bradkirk Isolation Hospital, Bamber Bridge, near Preston, he contracted the disease, which developed into a most virulent attack of the haemorrhagic type, to which he succumbed on the sixth day, despite the incessant attention of his friend and neighbour, Dr. Thomas Sharples. Dr. Connell had only been in practice at Bamber Bridge for some two years, but had succeeded in gaining many friends, by whom his loss is greatly deplored. The funeral took place on April 29th, at Brownedge Church, and was attended by a very large

number of his patients and sympathizing friends. He was a member of the Preston Division of the Lancashire and Cheshire Branch of the British Medical Association.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have lately died are Dr. Alberto Costa, Inspector-General of the Sanitary Department of the Argentine Army and one of the founders of the School of Military Sanitation, Buenos Aires; Dr. E. Garcia Duarte, Professor of External Pathology in the University of Granada; Dr. Andreas Kornhuber, Professor of Zoology in the Vienna Technical High School, aged 83; and Dr. Eduard Himmel, of Vienna, a specialist in children's diseases of considerable reputation, aged 58.

MEDICO-LEGAL AND MEDICO-ETHICAL.

CORONERS' INQUESTS AND PAYMENT OF MEDICAL WITNESSES. E. P. writes: A coroner in a murder case holds an inquest at which the doctor attends by request, but his evidence is not taken. A guinea is paid for this attendance. A *post-mortem* examination is made the next day and the adjourned inquest some ten days afterwards. The coroner (a medical man) pays two guineas for the *post-mortem* examination and another guinea for the adjourned inquest—in all four guineas. I should mention that the inquests and *post-mortem* examinations were held at a village inn three miles away. The county finance clerk raises the question whether three or four guineas should be the correct payment. The coroner is anxious to establish some precedent, and would value the opinion of the BRITISH MEDICAL JOURNAL in support of his contention, basing his payment scale upon the fact that the doctor had three separate attendances and *post-mortem* examination at a distance of three miles from his house.

. Medical witnesses at inquests are remunerated for their attendance and for making *post-mortem* examinations, if previously ordered by the coroner, in the following manner, as provided by Act of Parliament (Coroners Act, 1887, Section XXII): (a) For attending to give evidence at any inquest whereat no *post-mortem* examination has been made by such practitioner, one guinea. (b) For making a *post-mortem* examination of the body of the deceased with or without an analysis of the contents of the stomach or intestines, and for attending to give evidence thereon, two guineas. The interpretation of these clauses has often been made a matter of discussion between coroners, medical witnesses, clerks of the peace, and county auditors, and the general consensus of opinion has resulted in the payment to medical witnesses of one guinea for giving evidence when no *post-mortem* examination is made, and two guineas when a *post-mortem* examination has been made, ordered either before or at any time during the course of the inquiry, and as all adjournments are considered as part of the same inquest no other fee than the two guineas is paid. The council of the Coroners' Society of England and Wales has reluctantly come to the same conclusion, and it is generally acted upon in the counties of London and Middlesex. As to travelling expenses, over two miles, we believe medical witnesses can claim the same amount a mile as that allowed to other witnesses under a scale of disbursements made by the county councils and municipal authorities, which the coroner may allow at his discretion. In London and Middlesex travelling expenses are allowed at the rate of two pence a mile. There is a Bill now being promoted by the British Medical Association which, when it becomes law, will provide increased remuneration for medical witnesses with payment for each attendance at the court, and we would refer our correspondent to the SUPPLEMENT of the JOURNAL of March 11th, 1905, p. 91, where it is fully set forth.

INQUEST FEES TO HOSPITAL OFFICERS.

IN a case to which our attention is drawn by a correspondent, a patient admitted to a country hospital with fractured ribs, who was seen on admission by the resident house-surgeon, subsequently died, and the coroner requested the attendance at the inquest both of the house-surgeon who, at his request, made an autopsy, and of the visiting surgeon under whose care the man had been. No fee was paid to either of these gentlemen, and we are asked to say if this was legal.

. The coroner's legal justification is found in Section xx of the Coroners Act, 1887. By Subsection II it is provided that "When an inquest is held on the body of a person who has died in a county or other lunatic asylum, or in a public hospital, infirmary, or other medical institution, or in a building or place belonging thereto, whether the place be supported by endowments or by voluntary subscriptions, the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid, shall not be entitled to such fee or remuneration." This subsection it is proposed to repeal in the Coroners Bill promoted by the Medico-Political Committee of the British Medical Association.

MEDICAL MEN AND ADVERTISEMENTS OF PROPRIETARY ARTICLES.

F. W. S. sends us a cutting from an advertisement which appears in the *Daily Mail* under the heading "Messages from Medical Men," which purports to give the text of a number of testimonials given by members of the medical profession to iron-ox tonic tablets. The signatures are

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degree Days.

THE degree days for the ensuing terms are as follows: In Easter term: Thursday, May 4th, Thursday, May 25th; in Trinity term: Thursday, June 22nd, Thursday, June 23th, Saturday, July 8th.

D.M. Degree.

The following have received the degree of Doctor of Medicine: Owen William Richards, New College; Oscar Hildesheim, Magdalen College.

Natural Science Scholarships.

Examinations for scholarships and exhibitions in natural science are announced as follows: May 2nd, Merton College and New College; July 4th, Brasenose College.

CAMBRIDGE UNIVERSITY.

THE following candidates were approved in both parts of the April examination for the diploma indicated:

D.P.H.—D. G. Advani, R. Ahern, C. A. Bentlev, Isabella D. Cameron, C. J. Coleman, J. W. Cornwall, T. S. Elliott, H. B. Fawcus, C. Fisher, T. B. Heggs, A. E. Jones, H. G. Jones, E. W. Routley, A. M. Simpson, J. B. Thackwell, D. B. Waters.

The M.D. degree was conferred on April 27th on Messrs. S. P. Pollard and W. L. H. Duckworth, and that of M.B. on Mr. F. W. M. Palmer.

UNIVERSITY OF LONDON.

Meeting of Convocation.

At the meeting on Tuesday, May 3th, at 5 p.m., a Deputy-Chairman of Convocation and the Clerk of Convocation will be elected. Dr. T. L. Mears is nominated for the former office. Mr. Henry E. Allen for the latter. Certain members of the Senate are also to be appointed. The graduates in medicine will select one, and Dr. J. Frank Payne, B.Sc. has been duly nominated. The report of the Standing Committee states that there is nothing in the Parliamentary Bill for transferring University College to the University which in any way injuriously affects Convocation. The Committee recommend the formation of a University Athletic Union, and the establishment of a University Boat Club to enable an eight of the University to compete at Henley. It will be proposed to change the hour for the meetings of Convocation from 5 to 5.30 p.m. Resolutions favouring these various recommendations will be proposed to the meeting.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the Second Examination of the Board at the quarterly meeting of the Examiners in the subjects indicated, namely:

Passed in Anatomy and Physiology.—W. A. Alexander, B.A. Camb., C. H. F. Atkinson, C. J. Aveling, B. F. Bartlett, A. W. Bevis, R. F. Capon, H. B. Carter, T. Evans, J. A. Clark, W. Dean, E. L. Fyffe, M. N. K. Dikshit, L. M. and S. Bombay, E. G. Gauntlett, W. Gilliat, J. M. Hammond, F. T. Hancock, M.R.C.V.S., A. T. Jackson, R. H. H. Jolly, T. W. Jones, A. R. Hardy, J. E. L. Johnston, R. J. Jones, G. F. Jotham, P. Lang, A. Miles, A. N. Leeming, O. W. McSheehy, M. H. E. R. Montesole, M. K. Nelson, D. North, H. E. Perkins, O. M. Plumptre, W. J. Petty, W. E. Roberts, A. Samuel, E. J. J. Quirk, P. C. Raiment, J. S. Robertson, R. W. Rix, H. A. H. Robson, A. F. Sanderson, F. C. Searle, R. Sacknovis, B.Sc. Vict., E. P. Stibbe, W. E. Wilks, C. H. S. Webb, and H. A. F. Wilson.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia was held at the College on Thursday, April 27th, the President (Sir R. Douglas Powell) in the chair.

Plague in India.

THE PRESIDENT announced that he had nominated Sir Patrick Manson and Drs. Payne, Norman Moore, Anderson, Simpson, and Beaton to serve on a Committee to consider the constantly-increasing mortality from plague in India since 1896, and to report to the College on the desirability of the College addressing His Majesty's Government on the subject.

International Medical Congress, 1906.

THE PRESIDENT also announced that he had nominated Sir Dyce Duckworth to represent the College at the International Medical Congress to be held at Lisbon in April, 1906.

Cancer Research Committee.

Sir William Church was reappointed to represent the College on the Cancer Research Commission.

Membership.

THE following gentlemen were admitted members of the College: Arthur John Jex-Blake, M.A., M.B. Oxon.; Frank Edward Taylor, M.A. Vict., M.B. Lond., L.R.C.P.; George William Watson, M.D. Lond., L.R.C.P.; William Henry Wynn, M.D. Lond., L.R.C.P.

Licences.

In conjunction with the Royal College of Surgeons, licences to practise were granted to 108 gentlemen.

Fellowship.

On the nomination of the Council, the following gentlemen were elected Fellows of the College: Duncan Burgess, M.B. Cantab.; Bedford Pierce, M.D. Lond.; James William Russell, M.D. Cantab.; James Harry Sequeira, M.D. Lond.; Arthur Whitfield, M.D. Lond.; Thomas Watts Eden, M.D. Edin.; William Barnett Warrington, M.D. Lond.; Wilfred John Harris, M.D. Cantab.; Robert Arthur Young, M.D. Lond.; Leonard Rogers, M.D. Lond.; Harold Batty Shaw, M.D. Lond.; Edmund Ivens Spriggs, M.D. Lond.

Communications.

Communications were received from (1) the Secretary of the Royal College of Surgeons, reporting certain proceedings of the Council on April 13th; (2) the executors of the late Mrs. Begley, announcing a bequest of £500 to the College.

University of London.

On the nomination of the Council, Dr. Fye Smith was re-elected as the Representative of the College on the Senate of the University of London.

Baly Medal.

On the recommendation of the Council, the Baly Medal was awarded to Professor Pavlov of St. Petersburg, as having pre-eminently distinguished himself in the science of physiology.

Reports.

The following reports were received:

1. From the Committee on the Care and Control of the Feeble-minded. Suggested verbal amendments were approved, and the report adopted.

2. From the Committee of Management, dated February 6th, recommending that the Swansea General and Eye Hospital be added to the list of the General Hospitals, and the Willesden District Isolation Hospital to the list of the fever hospitals recognized by the Examining Board in England.

3. From the Laboratories Committee, dated January 27th, reporting that (a) during the month of December 2,475 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 7,425,000 units; (b) that on January 1st the laboratories and staff were taken over by the Metropolitan Asylums Board; (c) that, as the duties of the Committee have now been completed, no further meetings will be held.

4. From Dr. Fye Smith, on the history and work of the laboratories of the Royal Colleges since their opening in January, 1890. This was received, and a cordial vote of thanks was passed to Dr. Fye Smith for his interesting and valuable report.

5. From Sir William Church and Sir Lauder Brunton, the representatives of the College on the Conference of the Sanitary Institute on School Hygiene, February 7th to 10th, 1905.

Dr. Norman Moore moved "That the generous offer of the Worshipful Company of Barbers, conveyed in a letter to one of the Censors, to restore to the College an Inspecimus Charter of Charles II, now in possession of the Company, be accepted." This was carried unanimously, and a special vote of thanks was passed to the Company for their generosity.

Books and other publications presented to the library during the past quarter were received, and thanks returned to the donors.

The quarterly report of the College Finance Committee, and the quarterly report of the Examiners for the Licence on the January examinations were received and adopted.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE FIELD AMBULANCE.

SURGEON-LIEUTENANT-COLONEL R. R. SLEMAN (London) writes: A description of the new unit, "The Field Ambulance," has recently been published by the War Office. It takes the place of the bearer company and the field hospital, and is under the command of a lieutenant-colonel. The total personnel consists of 252 of all ranks; these are divided into:

- (1) A bearer,
- (2) A tent, and
- (3) A transport division.

The bearer division consists of a personnel of 129, of which 117 are privates; 90 of these may be "specially enlisted men."

The tent division has accommodation for 150 patients; three of the officers may be civilian surgeons.

In the transport division no less than 60 of the Army Service Corps are employed, but without an officer from that corps.

Each field ambulance is attached to a brigade. There is also one for the corps troops.

In a cavalry brigade there is only accommodation for a field ambulance equipped for 50 patients, and the personnel is accordingly reduced to 120.

FIRST AID IN THE ARMY.

THE annual contest for the Connaught Challenge Shield for regimental stretcher bearers took place at Aldershot on April 26th. Seven teams competed, each team consisting of four stretcher bearer squads under a non-commissioned officer. The work was judged by a committee, of which Major Hinge and Captains Steele and Thom, all of the Royal Army Medical Corps, were the technical members. The test consisted of each team in turn going at the double to a spot about 300 yards distant at which four nominal patients were lying. Arrived there, the patients had to be dressed in the way which seemed to be indicated by the nature of the imaginary injury inscribed on a ticket attached to each patient's jacket. The dressings completed, the patients had to be placed on a stretcher and carried back to a field hospital, where the party was examined *visu voce* as to the work done. Points were awarded for time, care, and skill in handling the patient, correct bandaging, steadiness in carrying, and intelligent answering of the questions put. The winning team belonged to the 1st Royal Welsh Fusiliers with a total of 154 marks out of a possible 180; a team from the 3rd Grenadier Guards was placed second with 108 marks, and one from the 3rd Scots Guards with 100. Colonel Bulfin, who presented the shield to the winning team, remarked on the importance of the contest, as the injuries of men in actual warfare had often been aggravated through lack of necessary skill on the part of men forming bearer parties.

THE VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE annual banquet of the School will be held at the Trocadero Restaurant, Piccadilly Circus, W., on Thursday, May 18th, at 7.15 p.m. The chair will be taken by the senior medical officer, Surgeon-Colonel P. B. Giles, V.D., F.R.C.S. The string band of the 1st Cadet Battalion of the Royal Fusiliers will perform a selection of music during the evening. Past and present members of the School can obtain tickets by applying to the mess president, Surgeon-Captain E. M. Callender, M.D., 47, Connaught Square, W.