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estimate to a nicety the tension of the cervix, and so cause dilatation to proceed quickly or slowly as the occasion demands. As dilatation progresses the replacement of one of the blades removed will still allow sufficient room for the finger, until finally all the blades may be replaced, there being still room to admit the finger between any of the blades. I know of no other 8-bladed dilator on the market which will admit of one or more blades being removed or replaced without taking the whole instrument asunder.

Working upon past experience, when a case comes under my care which for one reason or another requires induction of labour, and great haste is not essential for the safety of the patient, I shall, if the os be small, dilate up to about No. 16 or 18 Kelly's dilators, inserting then into the uterus three of the largest bougies capable of passing through the os at the same time, and tightly plugging the vagina with sterilized gauze.

If this had not the desired effect in twenty-four hours I would repeat the treatment, and as soon as the cervix was partly taken up, if uterine contractions were not strong I would use the Frommer to stimulate them, and allow Nature to complete delivery if no complication arose later. Should it happen—and so far I have been fortunate in its not occurring with me—that the membranes were accidentally ruptured during manipulation with the dilator, then, and not till then, would I be tempted to use the hydrostatic dilators to assist me in the induction of labour.

THE SPREAD OF CANCER BY THE THORACIC DUCT.

By NATHAN RAW, M.D., M.R.C.P.LOND.,
Physician, Mill Road Infirmary, Liverpool.

IN the BRITISH MEDICAL JOURNAL of April 29th, 1905, is published an interesting and instructive case by Dr. Mitchell Stevens of latent carcinoma of the stomach, spreading by means of an infected thoracic duct to the left side of the neck. It is one of the very few recorded cases of definite involvement of the thoracic duct in cancer within the abdomen, and will greatly strengthen the view advocated by Toisier and others that the thoracic duct plays an important part in the spread of cancer.

I have often observed that malignant disease of the glands of the neck occurs much more frequently on the left side than on the right, and I have frequently seen cases of apparently primary cancer in these glands, in people of middle or old age, without any evident focus of infection such as cancer of tongue, mouth, oesophagus, or tonsils. Although necropsies have been frequently made in such cases, I have never carefully examined the thoracic duct, and it is possible that some latent cancer within the abdomen may account for these glandular infections through the thoracic duct.

The writer of the case referred to was able to diagnose cancer of the stomach apparently from the appearance of enlarged glands in the left supraclavicular region, and this was confirmed *post mortem*.

In the case under my care recently I was not so fortunate, although in the light of my present knowledge I had ample grounds to suspect such a condition. The following is a brief account of it:

Primary Carcinoma of the Pancreas, with Secondary Infection of the Cervical Lymphatic Glands and Orbit.

A. H., aged 46, a labourer, was admitted into Mill Road Infirmary, March 30th, 1905, complaining of general weakness and a swelling in the left side of his neck of eight weeks' duration.

History.

Has always been a healthy and temperate man, has had to work very hard all his life as a labourer at the docks, lifting very heavy weights. No history of syphilis. For the last six months he has complained of want of appetite, constipation, and increasing weakness, with a gradual and steady loss of flesh. He has never suffered from attacks of pain or jaundice. He was treated by a medical man for anaemia, but with no good result. Four months ago he noticed a great difficulty in moving his bowels. Strong purgatives were required, but the stools were always large and well-formed; no blood. Two months before admission a hard, inflamed swelling appeared on the left side of his neck, extending upwards behind the ear and downwards to the clavicle. It was very painful. At the same time he noticed loss of vision in the

left eye, with some projection of the eyeball, and considerable headache, but no vomiting. He had in the last two months lost over 2 st. in weight, but had no active gastric symptoms.

Condition on Admission.

The patient is a strong muscular man, well nourished, but somewhat anaemic. No oedema or jaundice; pulse 80, moderate tension, regular. Heart and arteries show nothing abnormal. The lungs appear healthy, and although it was thought that possibly there might be a primary mediastinal growth in the chest to account for the enlarged glands in the neck, the most careful examination failed to reveal it. There is a moderate distension of the intestines which is uniform, and on deep palpation over the splenic area there is some pain and a sense of resistance. In the left supraclavicular region there is considerable general swelling, redness and slight oedema, extending above the lobe of the ear. No pain on deep pressure and no evidence of suppuration. A diagnosis of lymphadenoma was made, and he was informed that operation was not advisable.

Progress of Case.

April 10th. The patient has become generally weaker since admission, he is losing weight, and the difficulty of evacuating the bowels continues, although no cause can be detected. Every system was carefully examined, but nothing definite could be detected to account for his condition, excepting the growth of glands in his neck.

April 20th. A curious feature has developed in the case. He complained of pain in the left orbit with inability to read with the left eye. In the course of a few days there has developed a marked proptosis with total loss of vision. The eyeball has the appearance of being forcibly pushed forwards by some intraorbital growth of very rapid development.

April 22nd. The patient is rapidly going downhill, is drowsy and partially delirious. There is some more distension of the abdomen, but the bowels are acting regularly. He died to-day after becoming comatose two hours before death.

Necropsy.

The examination was made twenty hours after death. The body was emaciated. Rigor mortis pronounced. On opening the abdomen there was found a general distension of the intestines with slight ascites. All the organs were found healthy with the exception of the pancreas, which was transformed into a large irregular cancerous mass involving chiefly the body and tail, the head remaining comparatively free from growth. Several enlarged cancerous glands were found in the locality of the pancreas, some very large and hard, and compressing the splenic flexure of the colon, thus accounting for the difficulty of evacuating the bowels. The thoracic duct in this region was not examined. There were no secondary growths in any of the viscera. On opening the chest the organs were found healthy with the exception of recent oedema of the lungs. The left side of the neck comprising all the triangles was involved in an irregular cancerous growth, evidently originating in the deep part of the subclavian region. The thoracic duct near its termination was found involved in the cancerous growth, and was greatly thickened and enlarged. Microscopically, the sections of pancreas, secondary glands in abdomen, and neck show a typical glandular (scirrhous) carcinoma.

It is possible that a more minute search in all cases of abdominal cancer would point to the more common spread to other viscera and lymphatic glands by means of the thoracic duct, and I intend in future to pursue this line of inquiry.

In this case it is easy to understand the rapid enlargement of the neck glands, but not so the secondary growth in the orbit, which was of the same nature pathologically, and was pressing forwards the eyeball without being in any way attached to it. Another point of great clinical interest was the entire absence of symptoms which would point to involvement of the abdominal viscera. The wasting without obvious cause would of course suggest malignant disease, but not until the swelling appeared in the neck was there anything definite on which to make a diagnosis. I place on record this case in association with that of Dr. Mitchell Stevens in the BRITISH MEDICAL JOURNAL of April 20th, 1905, as I feel certain that the question is of great importance in the investigation of the spread of cancer.

MEMORANDA:

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

DILATATION OF THE GALL BLADDER SIMULATING OVARIAN CYST.

THE interesting clinical lecture by Mr. Alban Doran under the above heading (BRITISH MEDICAL JOURNAL, June 17th, p. 1316) prompts me to add a brief record of the following case upon which I operated last year.

I saw the patient with Dr. Sawyer of Bradford. On the day previous to my seeing her she was seized with acute abdominal pain, vomiting, and fever. A swelling in the abdomen of which she had been cognisant for many months had also become acutely tender. It had given rise to no symptoms previous to this attack. I found a large tender tumour on the right side of the abdomen. It extended upwards from the pelvic brim, was oviform in shape and apparently cystic. Below the umbilicus the swelling extended to the left of the middle line, forming a second rounded prominence like a small cocoanut. There was a well-marked resonance between the upper limit of the tumour and the liver margin. The abdomen was distended and there were the usual signs of peritonitis. The sudden onset of typical symptoms, together with the presence of such a tumour, seemed to admit of no other interpretation than that of ovarian cyst with twisted pedicle. On opening the abdomen the following conditions were found. The smaller prominence to the left of the middle line was a cystic left ovary. It was almost gangrenous from twisting of the pedicle. The main mass of the tumour on the right side was a dilated gall bladder reaching to the pelvic brim. It contained a little over a pint of purulent fluid, and a large stone was impacted deep in the cystic duct. The upper part of the gall bladder was overlaid with distended intestine. The two tumours and the adjacent intestine were all coherent with recent adhesions. An excellent recovery followed the removal of the ovarian tumour and the gall bladder with the cystic duct and its impacted stone.

In this case, although I recognized the symptoms of twisted pedicle, I attributed them to the wrong tumour. I was under the impression that the dilated gall bladder was a right-sided ovarian tumour, the pedicle of which had undergone torsion.

Bradford. J. BASIL HALL.

A CASE OF SPONTANEOUS EVOLUTION.

I VENTURE to think the following case may be of interest. I was called about 2.30 p.m., on May 22nd, to see a woman who had been in labour since midnight. The patient gave the following history: She had had three previous confinements, all of which were over very quickly, and one miscarriage at seven months between the second and third confinements. Labour pains were first felt on this occasion about midnight, and had been gradually getting stronger. The water had broken nine days previously, and had been running away at intervals ever since. Movements of the child had been felt up to about two hours before I saw her. The child seemed no nearer being born than three hours before.

Upon inspection a hand was seen protruding from the vagina, and on vaginal examination the shoulder was found to be jammed tightly down, the head bent forwards on to the sternum, the uterus contracting very strongly, thereby making it impossible to reach the legs. I found version impossible, as I could neither raise nor move the child at all, and I therefore called in a fellow practitioner, and the patient was fully anaesthetized with chloroform. Further attempts to move the child were made, but these were unavailing, owing to the powerful action of the uterus, and so the patient was allowed to recover from the effects of the anaesthetic. After coming round she had three very violent pains and the child was expelled at 4 p.m. The fetus, though dead, was fully developed and of average size and weight, and this I think of interest, as I believe it is generally stated in textbooks that spontaneous evolution can only occur when the fetus is small, premature, and dead, although Denman, in his original description of the process, says: "I believe, on the contrary, that a child of the common size, living, or but lately dead, in such a state as to possess some degree of resiliency, is best calculated for expulsion in this manner."

Long Buckby.

ERNEST A. COX, M.R.C.S., L.R.C.P.

TRIPLETS.

As the birth of triplets is comparatively rare, a certain amount of interest is attached to the circumstance. On May 11th, 1905, I was called to assist one of the local midwives, and found the patient, a multipara, already in labour. One child (male) was born when I arrived. On making a vaginal examination, I found the head of another child and the membrane intact. Active uterine contractions had ceased, so I delivered by means of the forceps. To my surprise, I found there was a third child, which presented head and right foot,

the membrane being again intact and very strong. I brought down the foot after a most difficult manipulation to get clear of the enormous quantity of membrane. The placenta came away with ease. It was an extraordinary size, weighing many pounds. On examination I found it was divided into two distinct parts—one part with two cords and two separate membranes was attached to the two male children; the other part, smaller in size, complete in itself as regards cord and membrane, belonged to the female child.

The father is 34 years of age. The mother 35 years. She has had four children in addition to the triplets, now aged respectively 10, 7, 5, and 3 years. She had a miscarriage in May, 1904. The parents and children are healthy.

The chief points of interest in the case are: (1) There was no previous evidence of multiple pregnancy. (2) The first child (male) was born at 2.30 p.m., without assistance; uterine contraction ceased immediately without haemorrhage ensuing. Six and a half hours afterwards the second child (male) was born alive also, with forceps, and half an hour later the third child (female) was born alive also by turning. (3) Each child was enclosed in a separate membrane. (4) The two male cords were attached to the same placental mass. The female cord and placenta were completely separate. (5) The first child (male) weighed 4 lb. 4 oz.; the second child (male) weighed 5 lb.; and the third child (female) weighed 5 lb. 2 oz.

F. H. COLLINS, M.D.,

Manchester.

Consulting Physician, Hulme Dispensary.

ERYTHEMA SCARLATINIFORME AND GONORRHOEA.

(Communicated by the DIRECTOR-GENERAL, Medical Department, Admiralty.)

ERYTHEMA SCARLATINIFORME has been described in connexion with gonorrhoea, but the occurrence of such an eruption seems uncommon. Within recent months, however, I have met two cases in which an eruption, closely resembling that of scarlatina, was present on the whole body, arms and thighs, and very slightly on the neck. It faded in from four to seven days. In one of the cases the eruption, for which advice was sought (the venereal affection being unnoticed or concealed), was so vividly characteristic of scarlatina as almost to make one discredit the diagnosis, had it not been for the absence of any sore-throat, constitutional symptoms, and elevation of temperature, the presence of the gonorrhoeal discharges, and the subsequent task of desquamation. In these cases the eruption, if connected with the gonorrhoea at all, as appears certain, must have been directly due to it, for no drugs had been taken previous to its appearance. During fifteen years in the Royal Navy, I do not recall having seen any more cases. It would be of interest to learn whether, in the experience of others, such a gonorrhoeal exanthem is a more frequent occurrence.

W. H. S. STALKARTT, M.D., C.M., F.R.C.S.E.,
Staff Surgeon.

A METHOD FOR FREEING PARAFFIN FROM CEDAR-WOOD OIL.

IN the use of cedar-wood oil for embedding tissues in paraffin it is a disadvantage that the oil is not volatile, and is thus retained in the paraffin, rendering it unfit for further use. I have found that by the following simple method a large part of the paraffin can be recovered in a tolerably pure condition. The contaminated paraffin is allowed to solidify at room temperature. It is then placed on top of a pledget of cotton-wool in a suitable vessel and allowed to remain in the incubator at body temperature over-night. Next morning the wool will be found saturated with a melted mixture containing a great deal of oil and little paraffin, while the solid mass of paraffin above is fairly pure. This is removed and placed in the paraffin oven to filter, and the filtrate will be found quite satisfactory for at least the first paraffin bath.

WILLIAM MAIR, M.B.,

Belfast.

Demonstrator in Pathology, Queen's College, Belfast.

SUSPENDED RESPIRATION UNDER CHLOROFORM.

THE following episode at an operation for removal of tuberculous cervical glands in a girl of 17 seems worth recording:

The anaesthetic was chloroform, which she took badly at first; when, however, completely under, respiration and

pulse were quiet and good, though the face was slightly cyanosed. About twenty minutes after the operation began, when the glands had been removed but the wound had not been sutured, the pupils became widely dilated; otherwise there were no untoward symptoms. A few minutes later, without further warning, respiration ceased. Artificial respiration was at once commenced, and at the same time nitrate of amyl capsules were used and a hypodermic of strychnine administered. The pulse, which had become very weak, slightly improved; respiration remained suspended. A second hypodermic of strychnine was given and a cylinder of oxygen sent for. Before the latter arrived the radial pulse ceased to be perceptible, nor could the heart be heard. After administration of three bags of oxygen, artificial respiration being kept up, the radial pulse could again be felt and feeble breathing efforts began. In about a quarter of an hour the patient had completely recovered.

Two important points seem to be emphasized by this case: (1) That the anaesthetic should be at once suspended if the pupils become widely dilated. (2) The value of oxygen in restoring respiration. I am firmly convinced, humanly speaking, that the life would have been lost but for this agent, and it is amazing to note the number of deaths under chloroform which have been reported in which it has not been used.

Belfast.

H. NORMAN BARNETT, F.R.C.S.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

SHROPSHIRE AND MID-WALES BRANCH.

Shrewsbury, May 15th, 1905.

EDWARD CURETON, M.D., President, in the Chair.

Case.—MR. RUSS WOOD showed a boy who had been under observation for some time suffering from paralysis of the sixth and seventh nerves.

Evolution in Tuberculosis.—Professor LEITH, of the Birmingham University, read a paper on evolution in tuberculosis. In thanking the Branch for the honour done him in asking him to read a paper before it, he explained how he thought that the present was a favourable time to review the evidence which had gradually accumulated of late years, which went far to establish the biological position of the tubercle bacillus upon a practically incontrovertible basis. He discussed this evidence under the three headings of (1) morphological characters of the bacillus, (2) artificial cultures of the bacillus, (3) pathogenic characters and virulence of the bacillus. The special point of interest in the morphological characters was the occasional appearance of aberrant forms (filamentous, branched and clubbed) indicating a special phase in the life-history of the bacillus, a reversion to an ancestral type which showed its close relationship with the actinomycetes and with various pathogenic streptothrices of recent discovery. The pathogenic characters were evidenced by noting that tuberculosis occurred naturally in a very large number of animals, namely, man, monkeys, cattle, horse, sheep, and other ungulates; dog, cat, lion, and other carnivores; rabbit, and other rodents, and that mammals were not the only animals attacked, as all the other great divisions of the vertebrate kingdom suffered, namely, birds, reptiles, batrachians, and fishes. The similarity in essentials of the lesions produced by the bacillus in all these cases was pointed out, and the conditions and characters of the artificial cultures of the bacillus in each case were contrasted. From the effect of inoculation of such artificial cultures into different animals, and after making due allowance for difference in strains, it was shown almost incontrovertibly that human, bovine, in short, mammalian, avian, reptilian and piscine tubercle were, if not modifications of one another, at least modifications of a general stock. Taking the evidence as a whole, it showed that they were descendants of a general ancestor, some hardy saprophytic germ of wide distribution in nature, the same or closely allied to some of the acid-fast bacilli, many of the members of which had been discovered only comparatively recently, for example, the Timothy grass bacillus, other grass bacilli, the butter bacillus, etc. The piscine tubercle was a little further removed from the parent bacillus by its having acquired a parasitic habit in fishes, the avian still further removed because its host was warm-blooded,

and the mammalian still further because of that and other reasons. Bacillary plasm was germ plasm and hence liable to be greatly and comparatively quickly influenced by environment. That though Koch's dictum that bovine and human tubercle were entirely different was untrue at the present time, it was easy to see that in the process of time further differentiation might follow, when it would become really true. Some attention was paid to the difference of virulence shown by different strains of human bacilli, but the facts at present at our disposal were too fragmentary to entitle us to form anything like the stable conclusions we were able to draw in other branches of the study. A discussion took place on the paper, and a hearty vote of thanks was passed to Professor Leith.

Detection of Carbon Monoxide in the Blood.—Dr. LAW WEBB drew attention to the frequency of poisoning by illuminating gas and carbon monoxide. Often such cases were followed by legal proceedings to recover damages, and it had become necessary to be prepared with reliable tests for CO when present in the blood in poisonous amount. After describing the spectroscopic tests, he demonstrated Kunkel's very simple colour test. As this requires only a pipette, two small test-tubes, and a 3 per cent. solution of tannin, it can be readily applied by practitioners, who will find it described in Dixon and Mann's *Forensic Medicine*.

Adenoids.—Mr. RUSS WOOD read a short paper on adenoids, and dwelt upon the most important points in the etiology and treatment of the condition. He emphasized the fact that the operation must be done early, and that when freely removed recurrence was a rare event. In analysing 500 cases Mr. Wood inclined to the use of nitrous oxide as an anaesthetic which he had found safe and sufficient; he always operated with the head well over the end of the table. The after-treatment was important—local and general—and patients must be systematically taught nasal breathing.

BATH AND BRISTOL BRANCH.—The seventh ordinary meeting was held at University College, Bristol, on May 31st, Mr. R. H. J. SCOTT, in the chair.—Dr. WALTER C. SWAYNE showed the following specimens: Chorion-epithelioma, fibroids removed by myomectomy during pregnancy, carcinoma of the cervix uteri, and dermoid cyst removed simultaneously by the abdominal route, and an ovarian cyst.—Dr. J. ODERY SYMES exhibited a preparation showing granular degeneration of erythrocytes from a case of chronic lead poisoning, and a preparation showing trypanosomes in rat's blood obtained by inoculation.—Dr. CARRY COOMBS read a paper on a case of removal of gall stone from the jejunum. In the discussion which followed the following took part: Mr. PAUL BUSH, Mr. MONRO SMITH, Mr. LANSDOWN, Dr. LACE, Dr. J. M. CLARKE, Dr. SHINGLETON SMITH, Dr. W. O. SWAYNE, Dr. THEODORE FISHER.—Dr. THEODORE FISHER read a paper on some unusual cases of swelling of acute onset affecting the extremities. In all the oedema of the hands was ushered in by acute pain. In one pain quickly subsided, but in the others lasted several weeks. In two the oedema was recurrent and associated with hysterical stigmata. In a case which had followed a blow not only oedema, but haemorrhage, had recurred two or three times a year during two years. Dr. J. M. CLARKE had not especially observed pain in connexion with hysterical oedema, and mentioned some exceptional cases where pitting had been obtained on pressure. Dr. F. H. EDGEWORTH laid stress on the value of the glove distribution in the diagnosis of hysterical oedema, and the sharply-defined edge of the swelling. He referred to the great variety of conditions included under the term "angio-neurotic oedema." The PRESIDENT and Dr. ALEXANDER and Dr. NEWMAN NEILD also discussed the cases.—In a note on the prevention of ventral hernia after abdominal sections, Dr. WALTER C. SWAYNE gave a summary of the methods in vogue for suturing the abdominal wall after laparotomy, giving the advantages and disadvantages of each, with especial reference to ventral hernia as a sequela. He advocated uniting the edges of the peritoneum by a continuous suture of fine silk, the rest of the structures being united by a modification of Stanmore Bishop's method. The aponeurotic expansion of the oblique muscle is freed from fat and muscle for a short distance from the margin of the incision and made to overlap that of the other side, when a long silkworm gut stitch is passed alternately up and down through the layers, the ends being brought through the skin at either end. After the skin has been sutured the ends of the long suture are strongly drawn upon and fixed one at each end of a lead plate by passing each

Scotland.

PROFESSOR WALDEYER ON THE NEURON DOCTRINE.

THE third special meeting of the Royal Society of Edinburgh was held on June 14th, Sir John Murray, K.C.B., F.R.S., Vice-President, in the chair, when, at the request of the Council, Wilhelm Waldeyer, M.D., LL.D., D.Sc., Professor of Anatomy, University of Berlin, and Permanent Secretary of the Royal Prussian Academy of Sciences, Honorary Fellow of the Royal Society of Edinburgh, gave an address on "The Present Position of the Neuron Doctrine." In introducing Professor Waldeyer, the Chairman, on behalf of the President, Council, and Fellows, extended a cordial welcome to one of their most distinguished Honorary Fellows, and invited him to inscribe his name on the roll of Honorary Fellows of the Society. Before proceeding to his address Professor Waldeyer expressed his thanks for the honour conferred upon him in admitting him to the Fellowship of the Royal Society of Edinburgh, a society, he said, celebrated throughout the whole world. He also expressed his thanks for the honour of being asked to deliver a scientific address to the Society, and he hoped the matter on which he had to speak, and the manner in which he would give it, would be worthy of the Society. But he was not able to speak well enough in the English language, and, therefore, he asked their pardon for using his own language, one in which he was accustomed to discuss scientific problems. Professor Waldeyer began his lecture with an historical retrospect. He referred to the earlier observations by dissection with the scalpel, such as were made by Rolando, Stilling, and Reil; to the discovery of the nerve cells by Ehrenberg in 1833, to the proof of the connexion of the nerve cells with the nerve fibres by Hannover, Helmholtz, Kölliker, and Rudolf Wagner (1844-1847); to the discovery of the axis-cylinder of the nerve fibre (axon of Kölliker) by Robert Remak in 1845, and to the medullary sheath and the sheath of Schwann in 1848. Deiters, of Bonn, in 1865, was the first to demonstrate the protoplasmic processes and the axis-cylinder processes (the dendrites and neurites of W. His, of Leipzig) proceeding from the nerve cells.

The function of the neurites or axis-cylinder processes was soon ascertained to be for the conduction of nervous impulses, but much doubt had remained with regard to the dendrites. Golgi first considered their function was for the nutrition of the cell. Then Kölliker regarded them as nervous and conducting elements. Van Gehuchten added to this the idea that the dendrites conducted towards the cell, or were cellulipetal, and that the neurites were cellulifugal or conducted away from the cell. The neurites might be of great length, even a yard or more. Golgi discovered that they gave off side-branches. These were termed collaterals by S. Ramon y Cajal, and these collaterals had small terminal branches, named terminal arborizations or telodendron by Kölliker. The dendrites were also subject to manifold transformations, especially in the same organs, of which the retina constituted a good example. With regard to nerve conduction in the central nervous system the theories of Gerlach and Golgi, which were the first in the field, were contrasted. According to Gerlach in 1871, the fibres which entered the the spinal cord broke up into a fine network, which became continuous and fused with the network entering the dendrites of the nerve cells. Golgi, in 1882, discovered the cells which bear his name, the cells of Golgi, intermediary or association cells, which lay between the terminal fibres of the afferent nerves and the motor cells, but which gave off branches, some of which entered into association without direct continuity with the nerve cells, but also became directly continuous with collaterals that entered the motor nerves without first passing through the nerve cells. Thus, according to Golgi, the nerve cell was not necessary to conduction. According to the present position of the neuron doctrine, the neuron is a unit composed of dendrites, nerve cells, and neurites. It was the influence-sphere of the nerve cell. It held that the cell was necessary for conduction. A series of neurons might be associated, however, in any particular line of conduction, and the example of the retina was cited. The objections of the opponents of the neuron doctrine—namely, Apáthy, Bethe, Nissl, etc.—were next dealt with. These observers considered that the cell was only necessary for nutrition, and that conduction could take place through a network of fibres which pass by the side of the cell. The

function, then, of the nerve cell was simply to give origin to the nerve net, and then to nourish it. It was also claimed that fibres could pass through the cell without forming part of it. The investigations of G. Retzius, Schiefferdecker, Bielschowsky, and others, but especially the new discoveries of Ramon y Cajal, weighed heavily against the views of Apáthy, etc., and had shown that fibres, whether they entered by the dendrites or the axis cylinder, did not pass through the cell, but broke up in its interior; and also that fibres which came into proximity with the cell terminate in a basket-like work, but did not enter it, and that when the arborizations of one series terminated near the dendrites of another they merely intermingled, but did not fuse. There was thus no proof that conduction could take place independently of cells. It might, therefore, be held that of all the doctrines which have been advanced the neuron doctrine appears at the present moment to have the surest foundation.

The Lord Provost welcomed Professor Waldeyer to the Scottish capital. Sir William Turner moved that the large assemblage of the Society should confer a special vote of thanks to Professor Waldeyer for his address. Professor McKendrick seconded.

Among those present were the Lord Provost, Sir William Turner, Sir John Batty Tuke, M.P., Sir Arthur Mitchell, Professors Crum Brown, Chrystal, Cunningham, Schäfer, Greenfield, Cossar Ewart, Eggeling, Niecks, of Edinburgh University; Professor McKendrick of Glasgow; Professor Symington of Belfast; Drs. Clouston, Byrom Bramwell, A. Bruce, A. Buchan, J. O. Affleck, C. E. Underhill, David Waterston, etc. Apologies were received from Lord Kelvin, the President of the Royal College of Physicians (Dr. John Playfair), Professor Wylie, Edinburgh; Professor Reid, Aberdeen; and Professor Graham Kerr.

THE GIRGENTI INEBRIATE HOME.

The fourth annual report of the Girgenti Home, forwarded by the Town Clerk of Glasgow, is melancholy reading. When this institution was started its first report was very promising. The plan of management was very good, and the special report of the medical officer, who seemed to have been at great pains to diagnose and classify his patients on scientific lines, led us to believe that some excellent work was about to be done in Glasgow.

It is disappointing to find that, judging by the most recent report, this belief has not been justified. It is not to be supposed that the cases which come under treatment in the Girgenti Home differ intrinsically from those committed to other reformatories, and the question why the home has not given the very modest good results of other inebriate institutions seems deserving of elucidation. Any one reading the report with a desire to understand the exact results obtained will be puzzled to discover how the table described by the managers as "a fair indication of results," has been arrived at. The table treats of 29 persons, who have all (with one exception) been under the care of the managers for three years, and a detailed outline of the reformatory life of the 29 is given. The table gives the following figures: Doing well, 9; hopeful, 6; doubtful, 7; hopeless, 7; total, 29. On looking at the details, four cases, Nos. 6, 13, 34, 46, appear to have done very well. Two more have, during a period of about five months' freedom, not relapsed. Total, 6.

It is said of one patient who has relapsed twice during the five months following her discharge that she "seems to be doing well," and of one who had relapsed under licence and whose sentence had expired about a month before the date of the report that "she is now doing well." Of a third, "*with the exception of an occasional relapse (the italics are ours) she is giving satisfaction.*"

If these three cases are included, we may perhaps admit the managers' statement that nine are "doing well," though we may think their standard of reckoning a very odd one. But in the case of the inmates of reformatories, the majority of whom are in many respects extremely disorderly persons, the phrase "doing well" may mean much or little. "Has remained a total abstainer" would perhaps be a more precise wording, though it would unquestionably alter the managers' figures. It is impossible to criticize the matter of the 20 hopeful, doubtful and hopeless cases, such categories do not seem to lend themselves easily to statistics. Indeed, on looking at the detailed report we learn that seven of the ex-inmates have been entirely lost sight of, so it is impossible to conjecture under which of these three headings they are supposed to come. Two inmates are also in the poorhouse and therefore also outside the reckoning.

There are other interesting facts in the detailed report

which are not embodied in the table. For instance, out of the 29 cases, 14 (that is, almost half) relapsed while actually under sentence and licensed out. One was licensed out three times and twice relapsed. During the year 1904, in which there were ten new admissions there were fourteen escapes, and three of these persons were not recovered. Nearly all were old cases who had been in the home a considerable time or who were licensed out.

It is, of course, impossible for the managers or officials of a reformatory to follow up the subsequent history of all cases. Still, it hardly seems necessary for them to confuse their printed "results" with such entirely indefinite statements as these: "Seems to be doing well," "Did well for a time," "So far as the managers know she has not relapsed," "So far as the managers know she has not since been found the worse for liquor," "Appears to be living a sober life," "The managers have not heard that she has relapsed," "This inmate, though promising, cannot be said to have proved a success." If only for the purpose of determining whether it is worth while to keep a reformatory or not, this kind of evidence is inadequate. Respecting the causes of the extremely poor results with their first batch of inmates, the managers appear to have nothing to say, nor do we learn from them anything about the special influences or conditions which may be supposed to have contributed to the well-doing of the satisfactory remnant.

The whole report is painfully negative, and if we turn to the medical officer's own report our disappointment reaches its climax. The managers expressly state that "the medical officer is responsible for the medical treatment of the inmates," otherwise nothing in the medical officer's own report would have led us to that conclusion, for the managers themselves tell us that the health of the patients has been good, and that there has been no serious illness during the year. The medical officer does not mention the patients' health. The real mental or physical condition of the patients, the prognosis or treatment of the cases who have been discharged or who are still under treatment, are not discussed.

The medical officer's report consists of a short, vague, and half-hearted account of an experiment which was carried out during the year on 22 patients. "A drug" was administered to these for a month. The medical officer does not state what was given, whether he himself gave it, or with what object it was given. He does not say what considerations influenced the selection of the 22 patients who were treated, why it was necessary for the 22 patients to write letters about the drug, or its effects on them, their feelings, hopes, sensations, and symptoms. He does not tell us to whom the letters were addressed, nor why he as medical officer thought it advisable to publish them in his report. Possibly the members of the Glasgow Corporation would have been none the wiser if they had known the name of the "drug" and the medical officer's reasons for trying it. But it is reasonable to suppose that persons capable of understanding the detailed account of the effects of the drug on the 22 patients which occupies almost the whole report would be able to understand all the rest.

This method of allowing the patient's own testimonies to speak for themselves is very much in vogue amongst the vendors of "cures" for alcoholism; it is not in common use in the medical profession, and it seems hardly desirable that it should be. As this report stands, it is unconvincing.

The mysterious "drug" is a very well known one. It has stood the test of time and experience, and whatever its value in treating symptoms, it is certainly no specific remedy for inebriety any more than the numerous other drugs for which an equal claim is made, while it is unquestionably a highly unsuitable drug for some cases.

When a public institution publishes a report it is hardly too much to expect that its details should be such that experts, at any rate, should be able to understand it. Statistics should be intelligible to those versed in statistics. The medical report should, however slight, be susceptible of comment by medical men, otherwise why publish it at all?

PROPOSED THREE-TERM SYSTEM AT THE SCOTTISH UNIVERSITIES.

For some years a movement has been on foot to establish the three-term system at the Scottish Universities, in place of the present winter and summer sessions. The proposal originally came from Glasgow University, and a scheme was drafted by the late Professor Adamson. The consent of all the universities concerned must be received before any definite steps towards the attainment of the change can be taken.

For some reason or other the proposal has hung fire, but an important meeting of delegates from the four universities took place recently. It was private, but according to a short notice in the *Glasgow Herald* the general opinion was decidedly in favour of the proposed change. To effect it application to Parliament for permission to amend the present regulations will probably be necessary. The desire for the three-term system originated in the Arts Faculty, but the remaining faculties would also be affected. It is hoped that by instituting three terms in the year the present system of vacations would be improved, and that a better working-year would result.

PROFESSIONAL GOLF CLUBS.

One of the most popular medical institutions in Glasgow is the Medical Golf Club. It was started three years ago, and the membership now numbers upwards of a hundred drawn from the medical men of Glasgow and the neighbourhood. Monthly meetings are held on different courses, and there is always a good turn-out of members. An annual match is played against the University Golf Club, and so far the medical men have proved victorious. The clergy and legal lights have followed the example of the medical men, and now these professions also have golf clubs.

PROPOSED COLLEGE CLUB IN GLASGOW.

The old University Club which was situated in Bath Street was wound up some years ago on the termination of the lease. Since then there has been no University Club in Glasgow. It was recently resolved to establish a small club in Hillhead, composed of gentlemen connected with the University and others interested in University matters. The membership is limited to 200 resident and 50 non-resident members. The necessary funds were raised by the issue of debenture stock which was readily taken up. Premises have been secured at 2, Viewfield Terrace, Ann Street, Hillhead, and it is hoped that they will be ready for occupation in October. The club is intended to be a meeting place for those interested in University matters; it is not to be residential, but there will be a reading-room, writing room, and billiard-room, while light refreshments will be obtainable. The name proposed is the College Club.

BUBONIC PLAGUE AT LEITH.

The three patients—mother and two children—in East Pilton Hospital continue to do well, and are now able to be out of bed, though not yet fit to be discharged. No case of plague has occurred since May 10th. Nothing definite as to the cause of the outbreak has yet been discovered.

Canada.

MALT EXTRACTS.

In the *Sanitary Journal of the Provincial Board of Health of Ontario*, vol. xxii, Geo. G. Nasmith, M.A., Ph.D., reports the result of the examination of malt extracts with a view to determining their diastatic and food values.

All of the malt extracts obtainable in Toronto, he writes, have been examined with a view to determining their diastatic and food values. Malt extract is obtained by the evaporation of an infusion of malt, preferably in vacuo and at a low temperature. It should be light in colour, the taste characteristic of malt, and the odour pleasant like that of new bread. The solution in nine parts by weight of water should only be slightly turbid, and should give an abundant precipitate a few minutes after being mixed with an equal quantity of a cold aqueous solution of picric acid.

The diastatic value of malt extract is very variable, depending largely on its method of preparation. Too high a temperature destroys the diastase, such specimens being of little more value than an ordinary syrup. This diastatic power is the feature of greatest importance in malt extract, and is determined by allowing a definite quantity of the malt extract to act upon a fixed quantity of starch mucilage, the end-point being determined by iodine. The blue colour of the starch with iodine gradually disappears, passing through purple, red, pink, brown, and yellow before the end-point is reached. In practice about 1.5 gram of the malt extract was allowed to act on 0.1 gram of starch mucilage in 100 c.cm. of water. Preparations acting on this quantity of starch, and which will not cause the total disappearance of the starch in three hours, are condemned as being utterly worthless, in diastatic activity at least. A good preparation will give no yellow colour after

acting for half an hour. As acids destroy diastatic activity, and since the contents of the human stomach are usually acid in about half an hour, samples which will not digest a fifteenth of their weight of starch in three hours are little better than honey or other saccharine solutions.

Nine specimens of malt extract manufactured in Ontario, and eight of them by brewers, were found to be absolutely without diastatic action, although, without exception, all were claimed to be active. None of them caused the disappearance of the starch after fifteen hours, proving that not even traces of diastase were present. All were dark brown in colour, indicating that they had been sterilized by heat, the diastase of necessity being killed in the process. All contained alcohol, were of thin consistency, and contained only from 4 to 16 per cent. of solids. The only three of the thick malt extracts obtainable proved to be very different from those mentioned above. All were free from alcohol, were pleasant-smelling, had characteristic taste, and were very actively diastatic. Only one was brown, the other two being quite light coloured. These three extracts were compared with Parke Davis taka-diastase.

One fifth of a gram of taka-diastase will digest one-tenth of a gram of starch completely in four minutes at 40° C. Evans and Sons' preparation took thirty-four minutes, maltine took twenty minutes, bynin took thirty-nine minutes. From these results Dr. Nasmyth concludes that the ordinary thin malt extracts sold in Ontario are to all intents and purposes ordinary beer. Some of them contain more actual solids than beer, but the medicinal qualities of the diastase for which so much is claimed are entirely lacking. The light-coloured thick malt extracts, on the other hand, are all that they are claimed to be, and are actively diastatic, besides containing large quantities of sugar.

TYPHOID OUTBREAK IN HAMILTON.

A recent outbreak of typhoid fever in the City of Hamilton, Ontario, has some interesting features. In all there were 30 cases; all but 4 were inmates of the General Hospital, the Hospital for Infectious Diseases, and the House of Refuge. The four exceptions were in one locality of the city; there was no typhoid at this time in any other part of the city. As there was no typhoid in other parts of the city, the water supply and the vegetable market can be excluded as sources of infection. The milk supply, all from one dairy, and supplied to these institutions and used by the other sufferers, was undoubtedly the cause. The milk was brought to the hospital and poured out-of-doors into the hospital cans; the cans themselves have never been brought into the building.

On analysis all the waters used by this milkman in the washing of cans were found to show some chemical pollution and infection with the colon bacillus. The wells from which the water was taken were so placed as to be liable to contamination in the case of heavy rain, and the meteorological reports show that as there were three distinct outbreaks of the epidemic, so there were three great rain storms which bore a relation in time to these outbreaks.

There was no typhoid on the farm, nor had there been any in the neighbourhood for three years, but the cases were undoubtedly typhoid, though the cause of the contamination could not be found. One of the sources of water was from an artesian well 50 ft. deep, which seems to derive its flow from a very wide radius, as much as one and one-half mile, and which showed contamination in the case of heavy rains.

DR. O'REILLY OF THE TORONTO GENERAL HOSPITAL.

Dr. Charles O'Reilly has resigned the position of Medical Superintendent of the Toronto General Hospital, a position which he has held for almost thirty years. During this period great changes have taken place in the status of the medical profession and in the size of the hospital which now has a population of over 500, and is thoroughly equipped in the most up-to-date way; over 100,000 patients have passed through the wards under his supervision and thousands of practitioners all over the world will hear with regret that such a tried friend has left the institution. Dr. O'Reilly is Examiner in Clinical Surgery for the Ontario Medical Council, Vice-President of the Association of Hospital Superintendents and of the Ontario Hospital Association. It is his intention to take a prolonged holiday travelling abroad. The City Council tendered him a complimentary banquet and presented him with a service of silver, and addresses and presentations were also made by the profession, by the Clinical Society and by the Post-Graduate Society.

THE ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1903.¹

THIS voluminous report, which takes over a year to compile, is always comprehensive, exact, and lucid.

The relatively large amount of inefficiency, through sickness, is to be deplored; but it must not be overlooked that a very large proportion of it is directly due to venereal diseases.

If an effective system of public control over the spread of such diseases were instituted in areas where soldiers are congregated, these annual returns would present a very different aspect.

The oft-drawn comparisons between the vital statistics of the British and those of foreign conscript armies may be very misleading; first, because the conditions of service are very unlike; and secondly, because ratios are based on totals widely dissimilar in value.

In a review of French army statistics in the BRITISH MEDICAL JOURNAL of December 27th, 1904, it was pointed out that slight cases of illness among French soldiers are treated in quarters, under a classification in which there is an entry for *malades à la chambre*, and are not included in the hospital ratios, whereas in our army every case is treated in hospital and counted in the returns thereof; this alone makes an important difference in the ratio of admissions and constantly sick.

RATIO OF SICK.

On the whole the sick ratios for troops at home and abroad in 1903 compare favourably with the decennial averages, 1893-1902, notwithstanding that the general strain of the war must have adversely affected the returns for the year. The figures are as follows:

Ratio per 1,000 of Strength.

European Troops.	Admitted.	Died.	Sent Home as Invalids.	Discharged as Invalids.	Constantly Non-effective from Sickness.	Average Sick Time to each Soldier.	Average Duration of each case of Sickness.
Troops at Home and Abroad, 1903.....	758.1	7.13	31.17	18.95	47.29	21.73 Days.	28.77 Days.
Ditto, 1893-1902.....	927.4	8.57	30.14	19.44	56.54	20.64	22.31

United Kingdom.

It is stated that the health ratios for 1903 for troops in the United Kingdom compare favourably with those in foreign armies; especially the death-rate of 3.41 per 1,000 of strength, which "cannot be regarded as excessive, when it is remembered that it is not a rate resulting alone from sickness originating in the United Kingdom, but also contributed to by disease contracted during service abroad."

There were 92 admissions and 28 deaths from enteric fever; and of 27 cases at Aldershot it is stated that 16 were probably contracted in South Africa; such is the difficulty statisticians have in locating sources of origin or infection in this disease.

Foreign and Colonial Stations.

In the Mediterranean stations and Egypt the health conditions in 1903 compared favourably with decennial averages.

Canada was very healthy.

Bermuda fairly so.

In Barbados there was a marked decrease in malarial fevers, partly attributable, at least, to draining and clearing carried on at St. Lucia, and "the great diminution in the number of *Anopheles* brought about by these and other antimalarial measures."

South Africa.

During 1903 the troops in South Africa had been reduced to about 28,000, and their general health was, on the whole, satisfactory.

Enteric fever was still prevalent. The disease shows decided seasonal prevalence. It begins in October, declines in May, and almost disappears in the dry, cold months following. It is emphatically reported: "As in India, so the teaching of South African experience is, that the key to the prevention of this disease is the *prevention of soil pollution*,"

¹ London: Wyman and Sons. Edinburgh: Oliver and Boyd. Dublin: E. Ponsonby. 1905. (2s.).

MEDICAL NEWS.

THE German Public Health Society will hold its annual general meeting this year at Munich from July 7th to 9th.

DR. CLEMENT GODSON has been elected a corresponding member of the Società Italiana di Ostetricia e Ginecologia.

THE Tallerman Institute for treatment by superheated dry air has been removed from Welbeck Street to 20, Manchester Street, Baker Street, London, W.

THE Lord Mayor will preside at a public meeting, to be held at the Mansion House on Wednesday, June 28th, at 4.15 p.m., for the establishment of a national league for physical education and improvement.

A DEPUTATION from the Certifying Factory Surgeons' Association had an interview on June 21st with Mr. Cochrane, Under-Secretary of State for the Home Department, with regard to the Accidents (Mines and Factories) Bill.

DR. AXEL MUNTHER, Physician to Her Royal Highness the Crown Princess of Sweden and Norway, has been appointed an Honorary Commander of the Royal Victorian Order, on the occasion of the marriage of Princess Margaret of Connaught and Prince Gustavus Adolphus of Sweden.

THE Incorporated Society of Medical Officers of Health will hold its annual provincial meeting on July 1st at Lancaster. In addition to ordinary business there will be a discussion in the morning on the public-health aspects of motoring. The afternoon will be given up to excursions in the neighbourhood.

At the annual general meeting of the Association of Registered Medical Women, on June 6th, Miss Aldrich-Blake, M.S., M.D., was elected President for the ensuing year, and Mrs. Stanley Boyd, M.D., Treasurer. The annual dinner was held the same evening, at the Midland Grand Hotel. There were seventy-two medical women present, the chair being occupied by the outgoing President, Miss Helen Webb, M.B. Among the guests present were Miss Smith, M.D., and Miss Culbertson, M.D., of Boston, U.S.A., and Dr. Margaret Todd.

MR. TWEEDY, President of the Royal College of Surgeons of England, will distribute the prizes at the Westminster Hospital Medical School on Thursday next, at 4 p.m., and will deliver an address at 4.30 p.m. on the same day. Sir John Gorst, M.P., will distribute the prizes to the students of St. Mary's Hospital Medical School, and Mr. H. T. Butlin those gained by the students of the London School of Medicine for Women. The Rev. James Gow, Litt.D., Head Master of Westminster School, will distribute the prizes and certificates at King's College, London, on Wednesday, July 25th, at 3 p.m.

At the Sixth International Congress of Applied Chemistry, which is to be held in the spring at Rome next year, India and its work in this direction will be officially represented for the first time. The Committee in charge of matters consists of Major C. H. Bedford, D.Sc., M.D., of the Indian Medical Service, Chemist to the Imperial Government of India, as President, and of eight members, all of whom are either Professors of Chemistry at the Indian Universities or chemists to one or other of the provincial Governments. There is room for a great deal of original work in India in various branches of applied chemistry, and of late years much activity has been shown. In particular the physiological action and chemical nature of various by-products found in different kinds of native spirits is being investigated at the Country Liquors' Laboratory at Kasauli, of which Major Bedford is director, the object being to enable the Government of India to prescribe standards and tests of quality for the different forms of alcoholic liquor locally prepared.

SOUTH-WEST LONDON MEDICAL SOCIETY.—The annual Bolingbroke Lecture in connexion with this Society was delivered on June 14th by Sir R. Douglas Powell, Bart., who took for his subject, *Some Clinical Lessons from the History of Medicine in the Last Half Century*.

A SANATORIUM FOR THE NERVOUS.—The late Baron Nathaniel Rothschild, of Vienna, is said to have left £850,000 to be devoted to the foundation of a sanatorium in the neighbourhood of Vienna for persons suffering from nervous affections other than epilepsy, insanity, and incurable spinal disease.

THE ALBERT MEDAL.—The *London Gazette* of June 10th contains an announcement that the King has been pleased to amend the rules governing the award of the Albert Medal by the abolition of the ordinance that the medal for saving life on land shall only be awarded for acts of gallantry performed within the British dominions.

INSANITY IN NEW YORK.—According to a report which has just been submitted to the New York State Commission of Lunacy by the State Charities Aid Association, the number of insane persons in the State hospitals and licensed private asylums increased by nearly 1,000 during the past year. While this increase is less than that of the previous year, it is in excess of other years, the average annual increase being 738. The total number of insane persons in State hospitals and licensed private asylums on October 1st, 1904, was 26,861—an increase of 927 over the previous year.

MOSQUITO REDUCTION IN CALIFORNIA.—The California State Board of Health, in its monthly leaflet for April, 1905, calls attention to the utility of a crusade against mosquitos in certain parts of the State for the purpose of minimizing malarial infection. Last year the marshes about San Rafael were inspected by representatives of the entomological department of the University of California, and those found infested with mosquitos were treated with crude oil, giving the most satisfactory results, until late in the year when lack of funds caused a suspension of work and a consequent increase of mosquitos. A large marsh area, extending from South San Francisco nearly to San Mateo, is the seat of operations this year. Fresh-water areas, which abound in the region under treatment, are either filled up with earth, drained, or treated with oil.

BEQUESTS TO MEDICAL CHARITIES.—By the will of the late Mr. Henry Hargreaves Bolton, of Newchurch-in-Rossendale, Lancashire, which has now been proved, the following legacies are directed to be paid by his executors: The Cancer Pavilion and Home Hospital Gardens, Manchester, £550; to the following institutions, £500 each: the North-Eastern Hospital for Children; Cheyne Hospital for Sick and Incurable Children; Alexandra Hospital, Bloomsbury; Victoria Hospital for Sick Children, Chelsea; Royal Hospital for Children and Women, Waterloo Bridge Road; Hospital for Sick Children, Great Ormond Street; Manchester Children's Hospital; Children's Home, Victoria Park; East London Hospital, Shadwell; the Albert Asylum, Lancaster; the Mildmay Mission Hospital, Bethnal Green; and the Royal Hospital for Incurables, Putney Heath. The Cancer Hospital, Fulham Road, is to receive £300, while £250 each goes to the Manchester Clinical Hospital, the Friedenheim Home for the Dying, and the London Homoeopathic Hospital.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—A dinner in aid of the National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., was held at the Whitehall Rooms on June 15th, Lord Strathcona presiding. There were a great many ladies present, but the really distinctive feature of the occasion was the number of medical men who showed their interest in this hospital by attending. Plenty of explanation of the popularity of the institution was forthcoming in the speeches, both of Lord Strathcona, of Mr. F. Macmillan, the new Chairman of the hospital, and of Dr. Ormerod, who responded to the toast of "The Medical Staff." It was shown that this institution in many respects stands alone, that the scientific value of the work which is carried on in its wards is recognized not only at home but abroad, and that foreign as well as British medical men seek it as a desirable place for post-graduate study. As for the patients, they, too, were proved to be of the most diverse origin in point of nationality. Hospital economies, as illustrated by the domestic reforms recently effected in its management, also received attention, and, in speaking of them, Mr. Danvers Power, the late chairman, took occasion to mention the great assistance which in all respects he had ever received from the medical staff. During the evening subscriptions to the amount of £3,077 were announced, the sum including an anonymous donation of £500. The hospital has 160 beds in Queen Square, and 40 at its convalescent branch at Finchley. The out-patients number about 6,000 every year and there are also 90 pensioners—persons suffering from incurable nerve complaints. The annual expenditure equals about £17,000, ordinary income falling short of this sum by £5,000.

PREVENTION OF CONSUMPTION.

A CITY OF CONSUMPTIVES.

THE National Fraternal Sanatorium for Consumptives, acting in the interest of 8,000,000 members of fraternal organizations in the United States, has accepted 10,000 acres of land given by the city of Las Vegas, New Mexico. The Santa Fe railroad has given a large hotel building in the Rio Gallinas canon, including several structures in the vicinity, several hot springs, and 1,000 acres of land, the whole representing a value of £200,000. On this site, with the 10,000 acres given by the city of Las Vegas, a city of consumptives will be founded. It is to be a huge sanatorium, maintained by per capita contributions of members of the great fraternal and religious orders. It is hoped that it will be opened in the autumn. Plans are being prepared for the reception of 5,000 patients, and this number will be increased indefinitely as far as funds will allow. It will require an expenditure of £15,000 to put the place in order for the reception of patients; a part of this sum has already been contributed in small amounts. The government of the sanatorium will be vested in a Board of Managers composed of fifteen representatives of fraternal and religious orders. It will be governed on the basis of common ownership, with profits to none. Most of the patients will come from the fraternal orders, but others will be admitted by the payment of a small fee. Those who wish to work will be given an opportunity of stock-farming, or of holding any of the numerous positions which the working of so large an establishment will make necessary.

MIDWIVES ACT, 1902.

CARDIFF.

ON Tuesday, June 13th, a deputation from the Cardiff Division of the South Wales and Monmouthshire Branch of the British Medical Association waited upon the Local Supervising Authority (the Health Committee) of the County Borough of Cardiff, with regard to the payment of medical practitioners called in by midwives under the rules of the Central Midwives Board. The deputation, which was introduced by Councillor Dr. Robinson, consisted of Drs. Charles Yachell (Chairman of the Division), D. R. Paterson (Vice-Chairman), W. D. J. Morris (President Cardiff Medical Society), Thos. Wallace, and Ewen J. Maclean (Hon. Divisional Secretary).

The deputation, through its spokesmen—Drs. Charles Yachell and Ewen J. Maclean—admitted there was no provision in the Midwives Act itself under which the payment might be made, but pointed out that Section 133 of the Public Health Act, 1875, was available for the purpose. The Liverpool City Council had already, under that section, passed the following resolution:—

"That in cases of urgency in which medical practitioners have been called in by certified midwives, as contemplated by Rule 17 of the rules issued by the Central Midwives Board, pursuant to Section 3, Sub-section 1, of the Midwives Act, 1902, a fee of not exceeding one guinea be paid on the certificate of the Medical Officer of Health to each such medical practitioner in the event of his failing to obtain payment of his fee from the patient or the Poor-law authorities."

Reference was also made to the letter of the Assistant Secretary of the Local Government Board in reply to Dr. J. H. Taylor, Honorary Secretary of the Manchester Medical Guild, as set forth in the BRITISH MEDICAL JOURNAL, March 11th, 1905.

The Chairman of the Health Committee having expressed for himself and for the Committee their sympathy with the object of the deputation, the deputation then withdrew.

The Committee subsequently passed a resolution recommending the County Borough Council to adopt a resolution similar to that adopted by the Liverpool City Council.

NOTIFICATION BY MIDWIFE OF INTENTION TO PRACTISE AS SUCH.

Dr. Gerard C. Taylor (County Medical Officer, Berkshire) writes: Considerable diversity of opinion appears to exist amongst local supervising authorities as to whether a certified midwife can be required to notify on Form 12, provided she acts merely in the capacity of monthly nurse under the direction of a doctor.

The accompanying reply was kindly sent me by the Secretary of the Central Midwives Board in answer to my inquiry, and the publication of it in the BRITISH MEDICAL JOURNAL would, I think, tend to promote uniformity of action.

In actual practice, I am glad to find that, as a general rule,

when the parish nurse is a certified midwife, she registers her name with the local supervising authority, even if she does not usually attend confinements without a doctor. This is really the simplest course for her to follow, since the Act prescribes a penalty if, on any occasion, she acts otherwise than under medical direction without giving the required notice.

[Copy.]

CENTRAL MIDWIVES BOARD.
6, Suffolk Street, Pall Mall,
London, S.W.
June 15th, 1905.

Midwives Act, 1902.

Dear Sir,—In reply to your letter of the 14th inst., the position of affairs appears to me as follows.

Any woman certified by the Central Midwives Board becomes *ipso facto* a midwife by the operation of Section XVIII of the Midwives Act. Being midwife, she is bound by all the Rules of the Board if she practises as such. The obligation to give notice to the Local Supervising Authority arises under the Act, not under the Rules, and it only operates in the case of a woman who practises, or holds herself out as practising, as a midwife. If she does neither of these things, but merely practises as a monthly nurse under the direction of a qualified medical practitioner, she is not bound to notify the Local Supervising Authority. If, however, on any occasion, she acts otherwise than under medical direction, she is liable to the penalty prescribed by Section x of the Midwives Act for having omitted to give notice.—Yours faithfully,

(Signed) G. W. DUNCAN,
Secretary.

Dr. G. C. Taylor,
County Medical Officer for Berks,
District Council Offices, Church End, Finchley, N.

MONTHLY NURSES.

BABY.—A nurse, who does not hold a midwifery certificate, may act as nurse to a woman in labour provided that she discharges her duties under the direction of a registered medical practitioner. The Midwives Act regulates and restricts the practice of certified midwives.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

ENGLAND.

PARTICULARS of the case of plague which occurred in Manchester last week are given in the letter of our special correspondent at page 1401.

INDIA.

During the weeks ending May 13th, 20th, and 27th, the deaths from plague in India numbered 42,003, 35,492, and 23,038 respectively. The principal places where a high mortality prevailed were during the week ending May 27th as follows:—Bombay Presidency, 918 deaths; Bengal, 1,040; United Provinces (North-West Provinces and Oudh), 2,941; Punjab, 16,612; Rajputana, 1,171; Kashmir, 133; Central Provinces, 7; Central India, 5; Hyderabad, 41; Mysore, 24; Madras Districts, 11; and Burma, 110.

SOUTH AFRICA.

East London.—During the weeks ending May 13th, 20th, and 27th, the fresh cases of plague numbered 8, 0, and 3, and the deaths from the disease amounted to 1, 1, and 1 respectively. On May 27th, 13 cases of plague remained under treatment.

King Williamstown.—During the weeks ending May 13th, 20th, and 27th, the fresh cases of plague numbered 0, 0, and 1 respectively. No death.

Queenstown.—During the weeks ending May 13th, 20th, and 27th, the fresh cases of plague numbered 1, 0, and 3; deaths, 1, 0, and 1 respectively.

No cases of plague occurred in any other part of South Africa. Rats and mice infected by plague continue to be found in Port Elizabeth, Uitenhage, East London, and King Williamstown.

HONG KONG.

During the weeks ending May 27th, June 3rd, and 10th, the fresh cases of plague numbered 20, 21, and 21; and the deaths from the disease, 19, 19, and 21 respectively.

MAURITIUS.

During the weeks ending June 8th and 15th, the fresh cases of plague numbered 1 and 4; and the deaths from the disease 0 and 3 respectively. No cases of plague have been reported in Mauritius since the middle of March of this year.

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 75.

DR. EUGENE H. PORTER, Editor of the *North American Journal of Homoeopathy*, has been appointed Commissioner of Health of the State of New York, in succession to Dr. Daniel Lewis, Editor of the *Medical Review of Reviews*, whose term of office has expired.

In the British Medical Association, 51 Divisions, out of 67, consider that in present conditions the minimum contract rate for medical attendance should be 5s. Surely everybody can afford that sum! In 1900 the expenditure of the population per head was £3 18s. 8d. upon alcoholic drinks, a luxury, now doctors are "trying" to get 5s. per annum for a necessity! Why drag in the creation of another form of medical abuse, the provident dispensary?

Let our leaders do their duty by their examinees whose fees they have so gladly taken; then may we hope for "unity in the profession." "Live and let live" should be their motto.—I am, etc.,

Earlestown, June 14th.

J. P. WALKER, M.R.C.S., L.R.C.P.

DISPENSERS, QUALIFIED AND UNQUALIFIED.

SIR,—In the profession we are "sticklers" in distinguishing qualified from unqualified practitioners. Let us now consider the position of those who dispense for us, and their qualifications.

Of course, anybody can dispense medicine; but the question arises as to the responsibility. Any unqualified person may dispense when in the presence of, or under the superintendence of, a doctor. But a properly qualified person may dispense without the superintendence of a medical man.

Those are properly qualified dispensers and chemists who have passed the minor examination of the Pharmaceutical Society. Many are carried away with the idea that a certificate as a dispenser obtained at the Apothecaries' Hall is as good as the qualification obtained from the Pharmaceutical Society; but this is a great mistake. There is as much difference between the two as there is between a dresser in the wards and a fully qualified surgeon. The certificate from the Apothecaries' Hall does not permit of the holder acting on his or her own responsibility.

There are many unqualified dispensers employed by medical men and in provincial hospitals. The parties so employing them undertake a great responsibility, and in case of any accident occurring in the dispensing of medicine they may incur the grave censure of the coroner.

During the last few days an Association has been formed of properly-qualified lady dispensers, under the leadership of Miss Buchanan, of Gordon Square, and of Miss Hooper, of the School of Pharmacy. One of the chief objects of the Association will be to uphold the diplomates of the Pharmaceutical Society, and to secure a proper status for them.—I am, etc.,

Durham, June 19th.

EDWARD JEPSON.

ESPERANTO.

SIR,—There seems to be no doubt whatever that the cause of the international language is going ahead and that Esperanto has indeed come to stay. In France they have a medical Esperantist group which includes some really distinguished members of our profession there. Every month one of their number contributes to the *Internacia Scienca Revuo* (International Scientific Review) an article on some medical, surgical, or obstetrical subject. The review has proved itself, so far, worthy of its high aim.

The profession in England is as yet not well represented in this international scheme; our conservative and insular ideas are probably responsible for the fact that there are as yet fewer Esperantists per thousand in England than in any other civilized European country. There are medical men here who are conversant with and who use Esperanto, but they are comparatively few, and they are scattered over the land, and generally members of one of the thirty-one lay groups.

A British Esperanto Association (office, 13, Arundel Street, Strand), has now been formed, though Esperanto was only introduced into Great Britain two years ago. It includes among its members Sir William Ramsay, K.C.B., and Dr. John Pollen, O.I.E.; and it has for President, Dr. Louis Zamenhof, author of the International Language.

At the coming Congress of Esperanto at Boulogne, August 5th to 12th, the claims of that language to be an easy international medium of communication will be definitely proved. Let him who is sceptical of the possibilities or advantages of such an international auxiliary tongue as Esperanto visit Boulogne even to-day. Preparations on a grand scale are being made to receive the 4,000 persons who, from various countries of Europe and Asia, have already definitely signified their intention to be present at the coming triumph of this wonderful language.

The French Esperanto Medical Group is about to publish an Esperanto Medical Dictionary—in Latin, French, and Esper-

anto, so that ere long the reading of a technical medical article in the International Language need present no difficulties.—I am, etc.,

London, N., June 17th.

MARTYN WESTCOTT.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degree by Decree.

THE degree of D.M. has been conferred upon William Osler, Hon. D.Sc., Regius Professor of Medicine, by a Decree of Convocation.

Appointment of Examiners.

The following appointments of examiners have been confirmed: In Human Anatomy: Robert Howden, B.M., M.A. Durh. In Pathology: James Ritchie, M.A., B.Sc., Fellow of New College. In Surgery: D'Arcy Power, B.M., Exeter College.

UNIVERSITY OF CAMBRIDGE.

Appointments.

DR. SHORE, of St. John's College, has been reappointed University Lecturer in Physiology for five years. Mr. G. B. F. Nuttall, of Christ's College, has been reappointed University Lecturer in Bacteriology and Preventive Medicine for five years. Mr. G. C. Low, M.B., C.M. Edin., has been appointed an Examiner in Tropical Medicine and Hygiene.

Degrees.

The following degrees were conferred on June 15th:

M.D.—E. W. Hedley, King's; W. S. Fox, Trin.; W. Malden, Trin.; J. D. C. White, Trin.; T. E. Holmes, Caius.

M.B.—J. M. Hamill, Trin.; J. C. Newman, Trin.; W. E. Paramore, John's; H. L. Wilson, H. Selwyn.

B.C.—W. S. Fox, Trin.; J. M. Hamill, Trin.; J. C. Newman, Trin.; C. R. Crowther, John's; W. E. Paramore, John's; T. J. Faulder, Clare.

The following degrees were conferred on June 17th:

M.D.—W. B. Knobel, Trin.; J. Barnicot, Pemb.; G. S. Graham Smith, Pemb.

M.B.—J. Goss, Jesus.

B.C.—C. E. Droop, Trin.

The following candidates were approved at the Easter Examinations in the subjects indicated:

First Examination.

Chemistry and Physics.—G. W. M. Andrew, H. J. Baldwin, R.A., H. W. Barber, A. M. Bodkin, N. L. Clarke, R. F. P. Cory, H. J. Couchman, R. Ellis, E. St. G. S. Goodwin, R. E. Grieve-Hutchinson, H. K. Griffith, S. J. Higgins, A. L. Hobhouse, G. N. Humphreys, K. H. Hutchinson, B.A., H. G. G. Jeffreys, A. C. Jepson, R. F. Jones, K. T. Khong, G. C. Lim, M. Maclaren, O. de B. Marsh, G. Moore, P. A. Opie, C. H. G. Philp, F. A. Powell, J. B. Pulling, A. E. Rayner, F. E. W. Rogers, J. B. Ronaldson, F. G. Rose, W. J. D. Smyth, G. N. Stathers, C. J. Stocker, F. J. Thorne, F. H. Watson, N. S. Williams.

Elementary Biology.—G. W. M. Andrew, H. W. Barber, H. G. Bayne, A. H. Birks, A. M. Bodkin, H. B. Brown, W. T. Channing-Pearce, D. G. Cherrington, N. L. Clarke, R. F. P. Cory, H. J. Couchman, E. V. de Souza, J. Ellison, A. E. Evans, A. W. Gaye, A. C. Gemmell, R. A. R. W. B. Gibson, E. St. G. S. Goodwin, S. W. Green, H. K. Griffith, L. S. M. Habich, A. L. Hobhouse, A. C. Jepson, R. F. Jones, K. T. Khong, G. C. Kidd, G. C. Lim, N. F. Lock, H. W. Malden, C. H. Maxwell, G. Moore, C. G. H. Morse, F. C. Newman, P. A. Opie, C. H. G. Philp, B. A. Playne, T. E. G. Poynder, J. B. Pulling, A. E. Richardson, F. G. Rose, F. D. Sauer, F. P. Saunders, W. Supton, C. J. Stocker, A. W. Stott, A. D. Taylor, F. J. Thorne, W. W. C. Topley, F. Tweedale, J. van Schaikwijk, K. H. Vercoe, L. C. Walker, J. M. Wallace, P. B. Wallis, F. H. Watson, H. M. Whiting, N. S. Williams, H. F. Wilson.

Second Examination.

Human Anatomy and Physiology.—A. C. Anderson, R. R. Armstrong, A. Barker, B.A., C. T. V. Benson, B.A., W. J. Carr, R.A., A. E. A. Carver, R. M. Collinge, B.A., R. Cox, A. H. Crook, A. E. Cullen, F. C. Davies, H. Dearden, B.A., S. Dixon, M.A., G. H. Dunn, B.A., A. J. S. Fuller, B.A., T. S. Gibson, B.A., B. Haig, B.A., A. Hamilton, G. Hoffman, B.A., B. E. Ingleby, B.A., R. Knowles, F. H. Lester, B.A., C. Mackenzie, B.A., H. McLean, B.A., W. Mathieson, L. Meakin, B.A., E. E. Paget-Tomlinson, B.A., B. H. Palmer, B.A., L. B. Perry, F. S. Poole, B.A., A. V. Poyser, B.A., K. D. Pringle, B.A., R. P. M. Roberts, J. H. Ryffel, M.A., S. E. T. Shann, B.A., L. W. Sharp, B.A., O. R. Smale, B.A., E. R. Stone, B.A., R. Svensson, B.A., C. H. S. Taylor, B.A., G. W. Twigg, B.A., G. B. Wainwright, B.A., G. Walker, B.A., K. W. S. Walker, B.A., H. K. Waller, J. N. Wheeler, B.A.

Third Examination.

Pharmacology and General Pathology.—A. G. Atkinson, G. B. Bartlett, B.A., H. Becton, M.A., H. J. D. Birkett, B.A., W. T. Briscoe, B.A., R. Burgess, B.A., H. Chapple, B.A., R. G. Chase, G. G. Collett, B.A., S. H. Daukes, B.A., L. T. Dean, B.A., G. H. Drew, B.A., G. W. Dryland, B.A., T. W. N. Dunn, B.A., T. G. Elger, B.A., A. W. Ewing, B.A., R. L. Gamlen, B.A., J. F. Gaskell, M.A., H. J. Gauvain, B.A., H. E. Graham, B.A., M. Grundy, B.A., H. Hardwick-Smith, B.A., R. N. Hart, B.A., N. G. Horner, B.A., A. E. Kerr, B.A., E. Lloyd, B.A., J. H. B. Martin, B.A., L. Nicholls, B.A., G. W. de P. Nicholson, M.A., H. F. G. Noyes, B.A., A. S. M. Palmer, R.A., P. R. Parkinson, B.A., M. Phillips, B.A., E. Slack, M.A., A. C. H. Suhr, B.A., B. S. Taylor, M.A., C. H. Treadgold, B.A., A. Walker, B.A., A. C. Warren, M.A., H. N. Webber, B.A., C. J. Wilson, B.A., J. F. Windsor, B.A.

UNIVERSITY OF DUBLIN.

Honorary Degrees.

AMONGST those who are to receive honorary degrees at the forthcoming commencements on July 6th are Sir Richard Douglas Powell, Bart., Mr. H. R. Swanzy, Professor E. A. Schäfer, and Professor Sydney Young. The two former receive the degree of M.D., the two latter the degree of Sc.D.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen, having passed the necessary examinations and having conformed to the by-laws and regulations, have been admitted Members of the College, and have received their diplomas, namely:

S. C. Allen, F. B. Ambler, B. N. Ash, I. G. Back, A. O. Bisson, E. Brabazon, R. C. Bright, C. B. D. Butcher, H. C. Cameron, T. A. Chater, G. H. Cheyney, C. St. A. Coles, R. J. H. Cox, S. E. Crawford, V. A. Crinks, C. H. Cross, A. S. Daly, D. M. Davies, W. L. Dickson, P. A. Dingle, C. J. S. Dismorr, J. S. C. Douglas, A. M. Dowdall, S. M. Dowling, T. W. N. Dunn, W. Edmondson, J. N. F. Fergusson, G. Finch, E. V. Frederick, K. F. Gordon, H. E. Graham, S. L. Graham, G. F. Hardy, W. D. Hartley, C. F. A. Hereford, W. H. Hey, G. Holroyd, E. C. Hood, A. W. Hooker, C. W. M. Hope, A. S. Hosford, J. B. Howell, T. M. Hughes, C. W. Hutt, R. R. Huxtable, C. E. Iles, A. M. A. James, F. A. Juler, E. N. Jupp, F. W. Kemp, B. W. Lacey, L. Llewellyn, F. J. Loveday, D. G. MacGill, F. S. Machin, T. W. Maddison, H. P. Martin, J. C. Mead, W. Miles, H. Mills, P. F. Minett, B. E. Moss, R. C. Neil, A. B. O'Brien, D. C. L. Orton, V. N. Ouranofski, P. R. Parkinson, P. L. Pearce, A. H. Pinder, R. E. Pitts, G. C. Pounds, G. Raymond, A. G. L. Reade, J. D. Reid, P. G. Reilly, F. M. P. Rice, D. H. Richards, R. L. Ridge, J. C. L. Roberts, H. H. Rolfe, G. F. Rudkin, J. E. Rutherford, E. Schwarz, A. E. Scoones, H. M. Scott, W. L. Scott, T. W. Sexton, C. A. Smallhorn, A. Smith, T. Sturdy, S. H. Sweet, A. B. Sykes, E. C. Tatam, G. Thom, J. D. Thomas, L. C. Thompson, A. Toulmin, W. S. Tresawana, J. R. R. Trist, R. A. Veale, W. C. A. Ward, W. J. Weston, A. G. Whitaker, F. E. Whitehead, A. S. Williams, W. P. G. Williams, D. Wilson, and E. D. Wolf.

The following gentlemen passed the First Professional Examination for the diploma of Fellow at the quarterly meeting of the Examiners—namely:

Messrs. J. J. Abraham, M.B. Dub.; D. M. Aitken, M.B. Edin.; F. R. C. S. Edin.; D. T. Barry, M.D. R. U. I.; D. P. H. Lond.; T. H. C. Benians; W. E. Brierley, M.B. Vict.; C. Clarke, A. J. Couzens, K. H. Digby, R. L. E. Downer, G. G. Farquhar, M.B., Ch.B.; W. S. Fenwick, C. W. Greene, B.A. Camb.; E. H. Kettle, K. A. Lees, B.A. Camb.; A. Levy, B.A., M.D., C.M.; B. A. Lloyd, R. B. Lloyd, B.A. Camb.; A. E. A. Loosely, M.A., M.B., B.Ch. Oxon.; W. J. O. Malloch, B.A., M.B. Toronto; H. L. Morgan, W. M. Munby, M.B., Ch.B. Edin.; H. Nockolds, C. A. Pannett, B.Sc. Lond.; R. N. Porter, M.D., Ch.B. Vict.; H. V. Pryne, H. R. Rawlings, R. L. Rawlinson, B.A. Camb.; J. E. H. Roberts, D. Robertson, A. B. Rooke, D. W. Roy, B.A. Camb.; H. F. Shorney, M.D., B.S. Melbourne; W. Stansfeld, L. S. Talbot, M.B., Ch.B. New Zealand; H. D. Thomas, R. S. Townsend, H. F. Vellacott, J. Walker, H. G. Webb, C. E. Zundel.

122 candidates presented themselves, of whom 40 passed and 82 were referred. Of the 82 candidates who were referred, 42 failed to reach the required standard in both anatomy and physiology, 23 in anatomy only, and 17 in physiology only.

The following gentlemen having passed the necessary examination, and having conformed to the By-laws and regulations, have been admitted Fellows of the College in order of seniority as Members of the College—namely:

Messrs. F. A. Spreat, L.S.A. and D.P.H. Lond.; F. Norman, M.D. Brux.; L.R.C.P. Lond.; W. Selby, D.S.O., Captain, I.M.S., L.R.C.P. Lond.; T. H. Foulkes, Captain, I.M.S., L.R.C.P. Lond.; J. M. G. Swainson, L.R.C.P. Lond.; T. Perrin, M.B., L.R.C.P. Lond.; E. Taunton, M.B., L.R.C.P. and D.P.H. Lond.; C. B. Thomson, L.R.C.P. Lond.; R. A. Walker, M.B., B.C. Camb., L.R.C.P. Lond.; C. Killick, M.B., B.C. Camb., L.R.C.P. Lond.; C. I. Graham, L.R.C.P. Lond.; C. E. Lakin, M.D., L.R.C.P. Lond.; R. V. Dolbey, M.B., B.S. Lond.; G. F. D. Smith, M.A., M.B., B.Ch. Oxon., L.R.C.P. Lond.; O. W. Richards, M.D., B.Ch. Oxon., L.R.C.P. Lond.; H. Pierpoint, L.R.C.P. Lond.; B. J. Ward, L.R.C.P. Lond.; M. T. Williams, M.B., L.R.C.P. Lond.; W. W. James, L.D.S. Eng., L.R.C.P. Lond.; O. F. H. Atkey, M.B. Lond.; W. L. M. Goldie, L.R.C.P. Lond.; T. Guthrie, M.B. Camb., L.R.C.P. Lond.; H. B. Mylvaganam, L.R.C.P. Lond.; F. S. Kidd, B.A., M.B. Camb., L.R.C.P. Lond.; L. Noon, B.C. Camb., L.R.C.P. Lond.; J. D. Cooke, M.B. Melb., L.R.C.P. Lond.; A. C. Hudson, M.B. Camb., L.R.C.P. Lond.; F. W. Daniels, L.R.C.P. Lond.; T. Bates, L.R.C.P. Lond.; T. B. Henderson, M.A., M.B., B.Ch. Oxon., L.R.C.P. Lond.; S. C. Allen, M.D. New Zealand, L.R.C.P. Lond.; J. Dundon, M.B., B.Ch. R. U. I.; F. W. Ellis, M.B., Ch.B. Aberd.; E. M. Pileher, D.S.O., Major R.A.M.C., M.B., B.C. Camb.; A. F. Hamilton, M.D., L.R.C.P. Lond.

ROYAL NAVY AND ARMY MEDICAL SERVICES.**VOLUNTEER MEDICAL ASSOCIATION—CHALLENGE SHIELD COMPETITION.**

THE annual competition for the Challenge Shield of the Volunteer Medical Association took place at Wellington Barracks on June 17th, in the presence of a good many spectators. After a keen competition, the 2nd V.B. Royal Fusiliers came out first, for the second time in succession and the sixth altogether. They were closely followed by the 1st V.B. Royal Fusiliers and the Cadet Battalion of the King's Royal Rifle Corps. At the conclusion, Surgeon-General Keogh, C.B., Director-General A.M.S., addressed the teams and presented the badges to the winners. The arrangements were made by Brigade-Surgeon-Lieutenant-Colonel Thompson in the absence through illness of Captain Montgomery-Smith, the Honorary Secretary.

INDIAN MEDICAL SERVICE.**PRIVATE PRACTICE.**

B. L. writes: Allow me to add my personal experience to the testimony of private practice among civil surgeons in India. I have been about seven years in India, and I have held appointments both in head-

quarter towns and in the districts, yet my total private practice is embraced in the following cases: (1) One case of midwifery (in the case of a European lady), Rs. 100; (2) one case of dyspepsia (in a native), Rs. 5; (3) one case of incurable cancer (in a native), Rs. 16; (4) a few certificates and insurance examinations, about Rs. 50 in all.

VOLUNTEERS.**UNIFORM OF REGIMENTAL MEDICAL OFFICERS.**

W. C. C.—The uniform described has long been out of date. Regimental Medical Officers of Volunteers wear the uniform of their corps, except that in full dress they wear the Departmental (Medical) belts (black leather with silver lines) and sword knot. When the other officers wear the Sam Browne belts they will also wear them. Commanding officers of corps cannot alter the uniform without authority.

MEDICO-LEGAL AND MEDICO-ETHICAL.**CRIMINAL APPEALS.**

THE full text of the Criminal Cases (Reservation of Points of Law) Bill, as amended in the House of Lords, has recently been published, and it is probable that it will eventually become law in a form closely akin to that in which it will be presented to the House of Commons for consideration. The object of the measure is to provide a remedy for a party aggrieved by the refusal of a judge to state a case. It has always been a defect in the administration of the criminal law that if the chairman at quarter sessions, the Recorder of a borough, or even a judge of the High Court refuses to state a case upon a question of law raised at the trial, this refusal is absolute and cannot be impugned. Thus, suppose counsel for the prisoner takes the objection that certain evidence is inadmissible, the judge overrules the objection and allows the evidence to be given. After verdict found, counsel asks the judge to state a case for the consideration of the Court for Crown Cases Reserved—a court which is usually composed of six or seven judges of the King's Bench. If the judge refuses to state a case his refusal is final. One example may be given of the kind of point which it is sometimes desired to bring before the Court for Crown Cases Reserved. In a case which was heard not long since at assizes in the country a woman was charged with child murder. Evidence was tendered on the part of the prosecution and was admitted to the effect that a box containing the bodies of several other children was found in the prisoner's house. The question of the admissibility of such evidence ought certainly to have been brought to a higher court. The Bill now before Parliament is drafted with this object; but it contains the wise provision that if the court consider that no miscarriage of justice has in point of fact occurred, notwithstanding that they are of opinion that the question of law should have been decided in favour of the person convicted, they may allow the conviction to stand. This will prevent the escape of an obviously guilty person on a merely technical ground. We recall a case in which an objection was taken to an indictment because the date of the alleged offence was written in figures and not in words. The judge refused to amend the indictment, and an application was formally made to the King's Bench for an order that the conviction should be quashed. In this case the appeal failed; but it is an example of the kind of frivolous objection which was formerly taken.

A CHARGE OF NEGLIGENCE.

At the Isle of Wight County Court, holden at Newport, on June 7th, His Honour Judge Gye heard the case of Wood v. Bailey, which involved a charge against a medical practitioner. Mr. Minton Senhouse, instructed by the Medical Defence Union, appeared for the plaintiff and Mr. John Marsh for the defendant.

It appeared that on February 16th, 1903, the plaintiff, Dr. G. Benington Wood, who practises at Sandown, was called in to see the defendant's son, who was suffering from pleurisy. He attended the patient three or four times a week down to March 15th. On this day he was hastily summoned, and found that the lad had had a bad night, and that his parents were in a state of considerable anxiety. The plaintiff continued his visits daily down to March 27th, when Dr. Ross, of the Royal National Hospital for Consumption at Ventnor, was called in consultation with the plaintiff. He found that the previous treatment was correct, and recommended that it should be continued with certain modifications, in consequence of the affection of the lung. The plaintiff continued his visits until April 10th, on which date, as the patient got no better, he suggested that a London physician should be summoned. The defendant demurred to this, and suggested Dr. Barker, of Sandown; but before the plaintiff could arrange a consultation with Dr. Barker, the defendant intimated that he did not wish the plaintiff to attend his son any more. Since then he had from time to time sent in his list of fees, but as only £3 3s. was paid, he now brought this action to recover £12 1s. The defence was that the plaintiff's treatment was so altogether wrong that he was not entitled to any fees. It was alleged, amongst other things, that he had wrongfully subjected the defendant's son to the open-air treatment, and that he had failed to discover that the patient was suffering from empyema.

The PLAINTIFF, in giving evidence, said that he had tapped the chest and had drawn off a small quantity of clear fluid. He had seen no traces of pus. The treatment which he had adopted had been approved by Dr. Ross.

Dr. WARD COUSINS, of Portsmouth, Dr. Ross, and Dr. TURNER, Medical Officer of the Royal Isle of Wight County Hospital, Ryde, all gave evidence to the effect that the plaintiff's treatment of the case was correct.

The DEFENDANT, in his evidence, said that the open-air treatment was not adopted until after Dr. Ross had seen his son. After the plaintiff left an operation was performed, when a considerable quantity of pus was removed.

Dr. GOWPER, who performed the operation, said that he could not give any idea as to how long the pus would take to form. He would not criticize the treatment to which the patient had been subjected. He attended for some time.

Dr. HAMMOND of Shanklin was also called for the defendant. His HONOUR, in giving judgement, said it was not sufficient for one who was sued for fees to allege that the medical man did not cure the patient, but there must be proved some want of skill or negligent act or omission to disentitle to fees. It was not said in this case that the plaintiff was generally unskillful, but that he adopted a course which was improper

and *Urethra* (the fifth edition of which appeared in 1884), *The Student's Surgery* (1890), and a *Guide to the Examinations by the Conjoint Board in England and for the Diploma of F.R.C.S. Eng.*; this has seen seven editions. Other books of a different character came from his pen: *The Lord of Humanity* (1889), *The Mystery of Suffering, Our Dead Selves to Higher Things* (1892), *Perfect Womanhood* (1895), and *Mock Nurses of the Latest Fashion* (1900). The two last-named works were written during visitations of suffering, which perhaps coloured the author's perception of his environment, and led to his sweeping denunciation of an entire profession because of the few examples with which he was brought into contact. His *Autobiography* appeared in the spring of this year.

The London School of Medicine for Women became connected with the Royal Free Hospital in 1878, and Mr. Gant held the post therein of Clinical Teacher of Surgery for twelve years; upon his resignation in 1890 he received the warmest thanks of the Committee. He delivered the Lettsomian Lectures of the Medical Society of London in 1871, choosing for his subject *Excisional Surgery of the Joints*; was President of that Society in 1880-1, and was for two years a Vice-President of the Royal Medical and Chirurgical Society.

He married in 1859 Miss Matilda Crawshaw (the Mabel Carlton in *Perfect Womanhood*), who was for forty years his devoted wife, and died in 1899. They had one male child, who succumbed in infancy. For the last ten years of his life Mr. Gant was a great sufferer, and retired from the active work of his profession, but followed assiduously his literary pursuits. As he himself wrote, "I generate uric acid as fast as Arabian trees their medicinal gum." He underwent lithotomy, large calculi were removed; and for years daily catheterism was necessary. Pneumonia was the immediate cause of death. The funeral took place on June 10th at the cemetery, Richmond, Surrey, where he was buried in the same grave as his wife, and beneath the tombstone on which he had placed the following words, "To the unspeakable distress of her husband, his age and bodily affliction debar him from ever visiting her grave, at a distance of ten miles from London."

DR. DONALD URQUHART MACLENNAN, Medical Officer of Health, Widnes, Lancashire, was born at Milton, Glen Urquhart, on April 5th, 1851. He was the second of three brothers all of whom became members of the medical profession. He received his early training at the parish school of his native place—a glen famous for its beautiful scenery and romantic surroundings. He attended arts classes for one or two sessions at Glasgow University, but his medical studies were pursued at the University of Edinburgh, where he graduated M.B., C.M., in 1878, and M.D. in 1882. For a year after graduation he acted as assistant to the late Dr. Cran of Salford. In the year 1880 he commenced practice at Widnes, and there he spent twenty-five busy years. In later years he became medical officer of health for the newly-formed municipal borough, and those who remember Widnes twenty years ago will be ready to appreciate how much the chemical town owes to his energy and skill. Dr. Maclennan's professional career was one of hard and strenuous work. He was an active general practitioner of the best type, and secured a large practice in the town and district. A Highlander to the backbone, Dr. Maclennan was possessed of a buoyancy and exuberance of spirits that is alien to the Scoto-Celtic temperament. Good at his work, an active and vigorous personality, and generous to a fault, he was a bright, breezy companion—a man that made friends and kept them. Deeply interested in all things Celtic, he was one of the founders and original members of the Caledonian Medical Society, and was president of the society in the year 1884. He was also chiefly instrumental in founding the Widnes and District Medical Society in 1895, and he was their first president. He often referred with pride to the fact that he had taken an active part in founding and establishing two distinct medical societies—one connected with his fatherland, the other with the town of his adoption. Eight years ago he broke down with a serious attack of pleurisy, which developed into empyema. From this he made a wonderful recovery; but about a year ago hepatic troubles manifested themselves, and despite the most careful nursing and all that his medical friends could do for him, they pursued their relentless course to the fatal end. He faced the inevitable not only with fortitude, but with a cheerfulness, brightness and patience that were marvellous, particularly in a man of his untiring and indomitable energy. He was attended in his illness by his friend Dr. Logan of Liverpool.

The funeral took place on June 7th, and the ceremony was attended by the Mayor, Corporation and officials, by many hundreds of the townspeople and by numerous sorrowing friends from a distance. Dr. Maclennan is survived by his widow and five of a family. His eldest son is studying medicine at Edinburgh University.

WE regret to announce the death of Dr. W. C. LUCEY, at the age of sixty-four, on June 14th, in a nursing home in London, shortly after the completion of a severe surgical operation. He had been ill for eighteen months, and during the last few weeks had endured very severe pain. Dr. Lucey, who had practised in many suburban districts of North London, was a thoughtful, painstaking practitioner, much respected, having a handsome face and cheery voice and manner; it was no wonder, therefore, that he speedily became the friend of those who consulted him, or that his friends were staunch and many. He was the eldest son of Mr. William Lucey, shipowner, of Bermondsey, where he was born in January, 1841. He received his early education at King William's School, Isle of Man, and his medical training at Guy's Hospital. He became M.R.C.S. Eng., L.M., and L.S.A. in 1863; and graduated M.D. and C.M., at Aberdeen, in 1864. For eight years he practised in Upper Holloway; then became Resident Physician (three years) at the Ben Rhydding Hydropathic Establishment, Ilkley, Yorkshire. Afterwards he practised at Enfield for fifteen years and for seven years at Hampstead. He retired three and a half years ago, and had subsequently resided at Haslemere, Surrey. Dr. Lucey married in 1877 Eleanor, the second daughter of T. R. Harding, Esq., J.P., D.L., of Leeds; and has left his wife, five sons and two daughters to mourn his death. He was buried at Haslemere on June 17th, and was followed to the grave by his widow and children and by relatives and friends, amongst the latter being some of those whose friendship with him dated from their student days in 1860-64.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Surgeon-General A. von Wegner, formerly private physician to the late Empress Frederick; Dr. Eduard Croner, physician to Prince George of Prussia, aged 67; Dr. T. Krieger, formerly Chief of the Medical Department in Alsace-Lorraine; and Dr. R. M. King, sometime lecturer on physiology and clinical medicine in the St. Louis College of Physicians and Surgeons, and afterwards one of the founders of the Beaumont Medical College, in which he occupied the chair of *Materia Medica* and *Clinical Therapeutics*, aged 62.

HOSPITAL AND DISPENSARY MANAGEMENT.

EXTENSIONS OF TOTTENHAM HOSPITAL, N.

THE Lord Mayor of London, who was accompanied in state by the Sheriffs and the Master of the Drapers' Company, visited Tottenham on June 20th to lay the foundation stones of the extensions to the present hospital. They were received by the Chairman of the Hospital, Sir Francis Cory Wright, Bart., and by representatives of the Board of Management and of the honorary medical staff. The extensions include a north wing to the front of the hospital consisting of a residential block in its lower self-contained part for the resident, medical, and surgical officers, and in its upper part for a portion of the nursing staff; a block to the rear of the hospital consisting of two new wards and an operating theatre; of the enlargement of two of the existing twelve-bed wards so that they will hold twenty-four beds; of a new x-ray and electrical department, which is largely owing to the generosity of one of the honorary surgical staff; and of a pathological department containing a spacious museum and a clinical and pathological laboratory.

Before the Lord Mayor laid the foundation stone of the front residential block, Sir F. Cory Wright said that when six years ago the hospital was reconstructed it was in a languishing condition, with only 17 patients for its 73 beds. Since then the needs of the district had increased to such a great extent that it had become absolutely necessary to increase the accommodation. It was his belief that one day the institution would become a second London Hospital. The King Edward's Fund and the Drapers' Company had come forward with most generous support, and the Committee looked forward with confidence to raising the sum of £6,000, which would enable them to bring up the number of beds to 120.

After the Lord Mayor had laid the stone, with a silver trowel presented to him on behalf of the hospital by Mr. Rowland Plumbe, the architect, a vote of thanks was proposed by the Hon. Treasurer of the hospital, Mr. J. P. Beavan, and seconded by Mr. J. Cloudsley. The vote was acknowledged by the Lord Mayor, and for the Sheriffs by Sheriff Vesey Strong.

The second stone, that of the foundation of the block in the rear of the building, which is to be called the Drapers' Block, was laid by Mr. J. Tolhurst, the Master of the Drapers' Company, with a silver trowel handed to him by the architect. The Chairman of the hospital stated that of the £20,000 required for the present extensions the Drapers' Company had given £6,000. A vote of thanks to the Worshipful Master and Court of Assistants was proposed by the Chairman of the Medical Committee, Mr. John Langton, F.R.C.S., and seconded by Mr. Charles Churchill, Vice-Chairman of the hospital.

After the ceremony the guests, who were present in large numbers, inspected the wards of the hospital, and walked through its grounds, which extend to more than three acres.

JUNE 24, 1905.]

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SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

Etc.

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