

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

EPISTAXIS AND CALCIUM CHLORIDE.

MR. J., aged 60, a short, thick-set patient of a distinctly apoplectic type, with atheromatous arteries, sent for me on August 14th, 1905. I found him suffering from severe epistaxis, which had lasted two hours. The usual remedies, suprarenal, etc., were used, the haemorrhage ceased, and I kept him in bed for two days, and put him on mist. alb.

On August 17th, after he had been up an hour or two, he had a second attack worse than the first, which stopped without plugging. Such attacks continued off and on till October 1st. Apart from some rhinitis, there was no disease of the nares. The haemorrhage was always from the left side, and the ruptured vessel was high up above the usual seat of these haemorrhages.

The use of the actual cautery I did not advise, owing to the danger of apoplexy, which has followed in some cases so treated. At first no doubt the haemorrhage was beneficial. On October 1st he had another attack. I put him on calcium chloride gr. x three times a day, with a dose of mist. alb. every morning. I kept him on the calcium chloride about ten days, and he has not had a single attack of epistaxis since.

Although calcium chloride has been used successfully in haemoptysis by myself amongst others, and is doubtless well known, I have no recollection of hearing that it had been used in epistaxis, and I think that it may prove useful. Its use in this case was suggested to me by a recollection of a statement that the effect of chloride of calcium is to increase the coagulability of the blood.

Leytonstone.

ARTHUR TODD-WHITE.

A NEW TREATMENT FOR "HOUSEMAID'S KNEE": SUBCUTANEOUS RUPTURE OF ENLARGED BURSAE.

I HAVE treated three bursae in my own person much after the fashion described by Dr. Buckley Pogson in the *BRITISH MEDICAL JOURNAL* of October 14th, 1905, p. 952. Twenty years ago my right bursa olecrani was largely distended, and got ruptured subcutaneously by accident, the result being a perfect cure. A year or two later the corresponding left bursa became similarly affected, and I ruptured it by striking it with a boot—though, may be, mere compression would have sufficed. Much more recently the right bursa patellae became distended, and I ruptured it by deliberately kneeling on it. The bursting gave not the slightest discomfort, the sensation merely suggesting the squashing of a gooseberry. There has been no recurrence of trouble in either instance. The bursa may tend to fill slightly again for a day or two after rupture; but the gentlest pressure suffices to drive the fluid out through the artificial opening, and apparently a free communication is soon established between the bursa and the adjacent lymphatics.

Cambridge.

F. J. ALLEN.

CHLOROFORM IN CONSUMPTION.

At the present time, when so much is being written and spoken on the subject of consumption, I should like to draw attention to the use of chloroform in connexion with this disease.

When a student I was impressed by the good recoveries consumptive patients made from operations, only ere long to fall back into their old state of bad health and steady progress to the fatal end. The discovery of the bacilli of tuberculosis and the knowledge that chloroform is a parasiticide gave what seemed to me to be a clue: Was not the improvement due in a great measure to the wholesale slaughter of all free bacilli in the lungs, and the subsequent relapse due to the bacilli multiplying from those that were left, and not all due to the operation? Acting on this idea, I, when in general practice, used chloroform very largely as an inhalant mixed with a little eucalyptus oil and terebene to disguise the colour and smell. I let my patients have a Squire's inhaler to use for the drops. The results were almost uniformly good, but only as a palliative. The same was the experience of a medical

friend, who unfortunately died long ago. Had I continued in general practice I should (long ere this) have tried the effects of using chloroform almost if not quite to the extent of complete anaesthesia. For very many years, however, I have not been called upon to treat a case of consumption, and have therefore not had an opportunity of doing so.

Of course the deep inhalation would have to be repeated on more than one occasion, and at comparatively short intervals to prevent the remultiplication of the bacilli. I have thought it likely that many bacilli will not be killed outright but so weakened as to fall an easy prey to the white blood corpuscles, when otherwise they might be too strong for them.

A very little consideration must show that chloroform being very volatile and a parasiticide must be an ideal drug for use in the lungs when bacilli are to be destroyed. I trust the drug will have a full and free trial, and the results published.

It is almost needless to add that I do not recommend chloroform to the exclusion of open air, good food, etc.

Ainsdale.

JAMES HOLMES, M.D.

LARVAL SCARLET FEVER.

On September 3rd, 1905, I was asked to see a boy, aged 16, who was stated to have been unwell for some days, but had been going about until the previous day, when severe pain developed in the side, and led to my being summoned. The pain was aggravated by movement, coughing, or deep inspiration. I examined the chest, but could hear no rub; his temperature was 101° F., and he looked ill. There was a slight cough. I diagnosed pleurisy, and on inquiry learnt that seven days previously he had suffered from sore throat, and that his sister had likewise had a sore throat three weeks before my visit. This led to an examination of the sister. I found her hands and feet were desquamating, and both patients then stated that they had noticed a rash at the beginning of their illness which had subsequently disappeared. The boy's throat was injected and the tongue still rather raw and strawberry-like. He subsequently desquamated.

Although I was never able to detect a rub in the chest, I have no doubt that the boy was suffering from pleurisy, which seems to have begun on the sixth day of the disease. Osler mentions pleurisy as a rare complication, more often occurring during convalescence, and terminating in empyema. Fortunately in this case it cleared up under rest and counter-irritation. The case seems to me worth recording, not merely owing to the rarity of the complication, but owing to the fact that, except for its occurrence, both cases would probably have remained undiagnosed, as no medical man would have been called in.

J. M. FORTESCUE-BRICKDALE, M.A., M.D. Oxon.
Clifton.

CANCER CONTAGION AND INOCULATION.

IN view of the recent authoritative statements in the *BRITISH MEDICAL JOURNAL* concerning cancer contagion and inoculation, the following suggestion may be of interest: Fourteen months ago I opened the abdomen of a man, aged 29 years, suffering from intestinal obstruction. For a few weeks previously he had suffered from colic and had difficulty in evacuating the bowels. I made a mesial incision of about 3 in., and found the sigmoid flexure, low down, nearly blocked and contracted for about 2 in. by a cancerous growth. Several lymphatic glands lying along the iliac vessels were white and hard. I brought the large bowel as high up on the sigmoid as possible to the surface through a lateral incision, subsequently opening it for relief of the obstruction. Before closing the mesial incision I tried to separate one of the involved lymphatic glands, but only succeeded in tearing it somewhat with my fingernail. The man is to-day very thin and cachectic-looking, and his cancer is considerably enlarged. At the upper end of the mesial scar, just under the skin, is a small, hard nodular growth about the size of a small marble, gradually enlarging. There does not seem to be any direct connexion between this and the original tumour, and it has occurred to me that it may be a transplantation from the gland I tried to remove, carried by my finger. If this be so, does it not suggest a possible explanation of recurrent cancer in many instances? Where

the original tumour has been removed entire inside a mass of surrounding tissue, like a core of paper in a ball of worsted, there will be no possibility of transplantation, but where the tumour is broken into during an operation the risk of transplantation must be very great. In such a case small portions conveyed by the fingers or knife might easily find a suitable position on the raw surface for renewed growth, and hence the so-called recurrence.

Ramsbottom, Lancs.

H. LAWRIE, M.B., C.M., D.P.H.

REPORTS

ON

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

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

A CASE OF COMBINED CYSTIC DISEASE OF LIVER AND KIDNEYS.

(By C. A. MacMunn, M.A., M.D. Dub., Honorary Physician
and Pathologist to the Hospital.)*

THE patient, J. B., aged 46, engine-fitter by trade, was admitted to the General Hospital in February, 1903. The following notes were then taken:

Previous History.—Six years before had pleurisy in right side, otherwise always healthy. Denied syphilis. Was a married man with three children, wife healthy, no miscarriages. Had gonorrhoea when 18 years old. Never a teetotaler, but not a heavy drinker.

Present Illness.—Twelve months before admission he felt languid and tired, and for the last two months pain and discomfort in the abdomen set in. Had lost flesh and felt cramps in the hand. Had felt a fullness in stomach lately and pain when he stooped, and felt exhausted on any exertion. Never had swelling of the legs, nor pain in them, they only felt weak. Bowels regular, no abdominal pain, no blood in stools, never jaundiced, motions had always been healthy in colour.

Condition on Admission.—General wasting, all the muscles thin. Slightly yellow tinge in face and cachectic appearance. Skin of body rather brownish in tint. Mouth edentulous, breath heavy, tongue furred. Nothing abnormal in the chest; heart's apex-beat normal and its sounds fairly good and free from murmur. On examining the abdomen, general fullness was very marked. There was dullness on percussion to 1 in. below the umbilicus in mid line. On palpation a large mass was felt below the costal border to 1 in. below the umbilicus, corresponding to a much enlarged liver; surface of this felt irregular and knobby, its lower border was easily palpated, very firm, with irregular outline, and passed almost to the right iliac crest. This mass was not tender. In the left hypochondrium and lumbar region a large irregular mass could be felt passing down in the direction of the left groin, clearly being a distinct tumour from the liver; it was dull on percussion. Nothing abnormal could be found on rectal examination, and there were no enlarged glands anywhere. The urine was pale, clear, and gave a very faint trace of albumen, but was otherwise normal and passed in normal quantity.

Progress.—The patient never improved after admission, but did not appear to suffer any pain or discomfort.

Result.—He became steadily weaker, the abdomen became more and more distended, and fluid began to accumulate in it a few days before death; at the same time some oedema of the legs appeared. Respiration became embarrassed, numerous loud bubbling râles were heard in the lungs, and the patient rapidly died.

Post-mortem Examination.—Nothing abnormal was found in the lungs or heart. The abdominal cavity contained a small quantity of clear serous fluid. The liver was seen projecting $1\frac{1}{2}$ in. below the umbilicus, and its surface covered with small cysts; it weighed $12\frac{1}{2}$ lb. Its surface was entirely covered—except for a small portion in the region of the gall bladder—with clear, transparent cysts, varying in size from that of a Tangerine orange to that of a pea. The cysts were thin-walled and multilocular, in places grouped so as to give the appearance of a cluster of grapes. The left liver lobe was completely involved in this cystic change, so as to be quite translucent. The right liver lobe was in a similar condition. But near the gall bladder there was a small area of what appeared to be almost normal liver substance left, with here and there a cyst in it. The whole liver felt firm and rigid. The kidneys were both enormously enlarged, and presented an almost unique appearance. They were about 14 in. in length, and showed one mass of cysts covering their whole surface, as well as scattered throughout their substance on section. The cysts were closely studded all over the kidneys and beautifully

coloured, some containing a clear yellow fluid, others a dark amber, and others a dark purple. These cysts were all clear and transparent, and almost gave the appearance of a substance covered with small closely-studded glass balls. The suprarenals were also involved in the general cystic state. The ureters were normal. On cutting into a kidney the whole substance contained nothing but multilocular cysts; no normal kidney substance was left, as far as the naked eye could see. The spleen and pancreas were normal, and there were no enlarged mesenteric glands. On microscopic examination of the contents of the cysts from both liver and kidneys, nothing indicative of a parasitic origin could be found.

REMARKS.—It was surprising how this man showed so few symptoms of such extraordinary cystic invasion of liver and kidneys, for hardly any hepatic or renal tissue was left, and yet he appeared to be fairly comfortable when he came into hospital. According to Blackburn¹ (up to the date of his paper in 1904) 41 cases of combined cystic disease of liver and kidney had been reported. He, like others, had difficulty in understanding how organs with no apparent relationship to each other, such as liver and kidneys, should be affected with cystic disease at the same time; and he—contrary to those who think that the disease may be considered "accidental" when it affects liver and kidneys—found that these organs have always been involved together. He states that one kidney only may be affected in the combined disease. Blackburn further states that while the smaller cysts are lined with epithelium, the larger ones are free from it, all traces being lost, and he notices the overgrowth of richly cellular tissue not only in the portal spaces, but also spreading between the lobules, an appearance well marked in the present case. Blackburn gives five theories as to the origin of the cysts in the liver, but as none have been proved correct, it is useless referring to them further.

Mr. J. Bland-Sutton,² in a recent paper, remarks that all cysts in the pathologic limitation of the term arise in pre-existing epithelium-lined spaces and ducts, even in ducts and canals of microscopic proportions; and he accepts the generally received opinion that these cysts in the liver arise in the bile canals. He further adds: "The most remarkable circumstance connected with general cystic disease of the liver is its occasional association with general cystic (congenital) disease of the kidneys, a condition due to ectasia of the uriniferous tubules. The cause of this cystic disease in the liver is even more uncertain than that in the kidney." Blackburn, already quoted, however, does not think that polycystic kidney is always congenital.³ He distinguishes two forms—one in infants, the other in adults, seldom found before middle age, and he remarks that the co-existence of cysts in liver and kidney in so many cases must be more than an accidental relationship. This is an idea which may occur to any one who comes upon such a case as the present one.

REFERENCES.

¹ *Trans. Path. Soc. Lond.*, vol. IV, 1904. ² *BRITISH MEDICAL JOURNAL*, November 4th, 1905, p. 1167, where a figure of a cystic liver is shown in section. ³ See also a paper by Milward, the Symptoms of Congenital Cystic Disease (Multiple Cystomata) of the Kidneys in Adults, etc., *Birm. Med. Rev.*, August, 1904.

THE ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

TORSION OF THE PEDICLE OF AN OVARIAN DERMOID IN A CHILD.

(By H. BRUNTON ANGUS, M.B., M.S. Durh., F.R.C.S. Eng.,
Honorary Surgeon.)

MANY cases have been reported of ovarian tumours in children, and in some of them torsion of the pedicle is noted; still the following case is worthy of record: M. A., aged 6 years, was admitted into the Royal Infirmary on July 6th, 1903, having been seized three days previously with abdominal pain and vomiting. The pain continued and the abdomen began to distend, but the vomiting ceased.

Condition on Admission.—The tongue was coated but moist, the temperature 99° F., the pulse 116. She passed a motion containing much bile. Nothing abnormal was found in the chest. **The abdomen on inspection** showed some distension to be present, and the abdominal movements to be restricted. **On percussion** dullness was evident above the pubes and in the right flank; the left flank was resonant. **On palpation** a distended bladder was felt, rigidity and pain were present on handling, especially in the right iliac region. **Per rectum** something was found to be bulging into the anterior wall. A diagnosis of appendicitis with exudate into pelvis was made.

Operation.—The same day the child was anaesthetized, and

* Communicated to the Birmingham Branch of the British Medical Association, December 14th, 1905.

MEDICAL NEWS.

AN anonymous donor has presented £1,000 to Guy's Hospital for the purpose of endowing a bed in recognition of benefits received through a surgeon of the hospital.

THE new cruiser H.M.S. *Black Prince* will be on view at the Victoria Docks, London, on Saturday afternoons, January 27th and February 3rd, and February 4th. A charge of 1s. admission will be made, and the proceeds will be divided between the Seamen's Hospital Society, the Poplar Hospital, and the West Ham Hospital.

DR. FRANCIS WARNER will begin a course of twelve lectures on the study of children, under the auspices of the National Association for the Feeble-minded, at Denison House, Vauxhall Bridge Road, Westminster, on Monday next, January 29th, at 6 p.m. The course forms a part of the University Extension lectures of the University of London. Each lecture will last an hour, and afterwards a class will be held for those who wish to study the subject more fully. Further information can be obtained on application to the Secretary, Miss A. H. P. Kirby, 72-73, Denison House, Vauxhall Bridge Road, S.W.

DR. LLEWELYN TREHARNE, J.P., who for nearly thirty years practised at Cardiff and took a very active part in the public life of the town, died on January 10th at Portllanfraith. He obtained the diplomas of M.R.C.S.Eng. and L.S.A. in 1874, and was a member of the Cardiff Division of the British Medical Association. He had been ill for three or four years, and as a result he had had to give up the appointment he held as medical officer to Cardiff Gaol. The interment took place at the Cardiff New Cemetery on January 13th.

SOME interesting statistics are furnished by Mr. Buchmann, H.B.M.'s Consul in Munich, with regard to the meat and beer consumption in that city. Throughout Bavaria the rise in price of butcher's meat has brought about a corresponding decrease in its consumption, and while from 1881 to 1885 the average amount annually consumed per head of the population in Munich was 200 lb., this rate fell in 1904 to 165 lb. per head. One result of this has been a considerable increase in the sale of horseflesh, and even in small provincial places, where horse butchers have hitherto been unknown, shops have been opened in the course of 1905. The consumption of beer is also markedly decreasing. In 1901 the annual average stood at 75 gallons per head of the population of Munich, but in 1904 it had fallen to 69 gallons. Passing to the wine output, the vintage of this latter year was distinctly good, indeed, quite excellent in the Palatinate, but it is noteworthy that the United Kingdom takes less and less German wine every year, and of late has been chiefly demanding low-priced wine of inferior quality. The sanitary progress of Munich has been very remarkable. Since the year 1870 the municipality have expended the sum of £2,750,000 sterling on improved water supply, drainage, hospitals, cemeteries, and slaughter-houses, and that the money has been well spent is manifest from a consideration of the death-rate. In 1871 this was 41 per mille, in 1881 it was 32, in 1891 it had fallen still further to 27, and in 1901 to 22. In the present report, which brings the statistics up to the end of 1904, the rate stands at 20.5, and there is no reason to believe that this steady improvement has ceased. Munich is developing rapidly, and is now the third largest of the German cities, Berlin and Hamburg being alone superior to it in size and population.

JAPANESE HONOUR FOR A BRITISH LADY.—The Emperor of Japan has conferred a medal with a blue ribbon on Miss Lyddell, a British lady, in recognition of her steady devotion since 1890 to work among the inmates of the leper asylum in Tokyo. The honour is said to be unprecedented.

NEW SUTURE MATERIALS.—At the last annual meeting of the Association of Military Surgeons of the United States, Dr. Nicholas Senn, Surgeon-General of Illinois, called attention to new suture materials which he had obtained on a recent trip to Greenland. He presented future material made from the tendon of the whale, the walrus and the narwhal, and also presented a vegetable fibre from New Zealand, the use of which he recommended for superficial sutures.

A CANCER INSTITUTE AT HEIDELBERG.—It is hoped that the Cancer Institute, in the foundation of which Professor Czerny has taken a leading part, will be opened at Heidelberg on the occasion of the Cancer Congress which is to be held there in the middle of September next. Already a sum of £35,500 has been contributed towards the cost, and

the Government of the Grand Duchy of Baden and the University of Heidelberg have between them undertaken to maintain the Institute for at least fifty years.

AN ANTITRACHOMA CONGRESS.—An Antitrachoma Congress is to be held at Palermo next April. Among the questions proposed for discussion are the anatomical conditions underlying the various clinical forms of conjunctival and corneal trachoma and follicular conjunctivitis; experimental researches on the contagiousness of trachoma; the general prophylaxis of the disease; the treatment of trachoma of the lachrymal passages; and the limits of surgical treatment in trachoma.

HAMBURG INSTITUTE OF TROPICAL DISEASES.—The Hamburg Institute of Marine Pathology and Tropical Diseases is about to be considerably enlarged in order to meet the steadily-increasing demands made upon its resources. Both the teaching staff and the accommodation for workers will be increased; the course of study for medical officers of the army, navy, and Colonies will be extended, and the library enlarged. It is proposed to offer the post of Scientific Assistant in Zoology to Dr. Schaudinn.

THE SALE OF ABSINTHE.—A petition, to which 82,000 signatures are attached, of which 35,000 are those of men, has lately been presented to the State Council and Great Council of the Canton of Vaud in Switzerland, praying that the sale of absinthe may be forbidden. Professor Weber, President of the Swiss Society of Alienist Physicians, having been asked as to the opinion held in regard to absinthe by his brother specialists, submitted a schedule of questions on the subject to the members of the Society. Of 52 replies received, 51 express the belief that absinthe is a particularly poisonous drink, the sale of which should be prohibited as a matter of public utility.

PNEUMONIA IN NEW YORK.—In the first of a series of lectures under the auspices of the New York Academy of Medicine, delivered on December 29th, 1905, Dr. Darlington, the Health Commissioner, after giving a number of statistics, said: "A fair conclusion is that the recent apparent increase of pneumonia has been mainly due to the transfer of part of the bronchitis mortality record to the pneumonia record, either as a matter of classification by registrars or of diagnosis by physicians, or both. While the figures do not bear out the belief that pneumonia is on the increase—showing, in fact, just the contrary to be true—we must remember that the general death-rate for all diseases has decreased by about one-fourth. The decrease in pneumonia, therefore, has not kept pace with the general improvement in the health of the inhabitants." Dr. Darlington then gave the results of a study of 321 cases of pneumonia in New York, in December, 1904, and January, 1905. Among these there were 56 deaths—7 in persons under 15 years old, 31 in the ages between 15 and 50, and 18 in persons over 50. The average mortality-rate was 20.5 per cent.

HEALTH CONDITIONS IN CUBA.—A supplementary Consular Report on the trade of Cuba shows not only a very satisfactory condition of affairs from a statesman's point of view, but also an almost equally favourable sanitary outlook. The total number of births in the island, which in 1900 were some 43,000 have steadily increased to over 51,000, while the deaths have no less steadily decreased during the same periods from 28,779 to 23,776. The excess of births over deaths has thus just doubled in five years; and since a good deal of immigration takes place, averaging over 20,000 every year, there has been added to the population of the island during the quinquennial period just mentioned not very far short of a quarter of a million persons. The population at the end of 1905 may therefore be roughly put at about 1,840,000. For an island lying wholly within the tropics the death-rate is astonishingly low, being only 13.75 per mille on the estimated population for 1904. Even in Havana the rate is not particularly high. During 1904 the number of deaths in the city was 5,583, which on an estimated population of 273,000 gives 20.50 per mille. The city of Matanzas shows remarkably good returns, the death-rate for its 60,000 persons being 15.59. The satisfactoriness of these figures is no doubt in great measure due to the energetic work of the Americans in combating malaria and yellow fever. For nearly four years Cuba has been practically free from the latter malady; but it made its appearance again last October, being introduced from one of the southern ports of the United States, in some of which the disease has been very virulent, and up to the end of November, 1905, there had been 27 cases and 5 deaths in Havana. Speaking generally, tuberculosis appears to be the principal cause of death, and trismus among the new-born. One baby in every 40 dies from this disease.

Hobhouse, M.P., Mr. W. H. Dickinson, M.P., Mr. H. D. Greene, K.C., Mr. C. S. Loch, Mr. W. P. Byrne, Mrs. Pinsent, Dr. Needham, the Rev. H. N. Burden, Dr. Donkin, Dr. Dunlop, and Mr. Mothersole (Secretary). Sir John McDougall, a member and an ex-Chairman of the London County Council, said he had been struck by the large increase within the last sixteen years in the number of lunatics belonging to the County of London. When the Council took over the county asylums from the justices of the peace in 1899 there were 10,100 pauper lunatics certified for detention in a lunatic asylum chargeable to London unions and parishes. While during the last fifteen years the approximate increase in the population was 489,209, or at the rate of 11.87 per cent., the number of certified pauper lunatics had during that time increased from 10,100 to 17,770, or at the rate of 75.9 per cent. A similar comparison of the increase of all classes of pauper lunatics—that is, those certified for asylums, those in the Metropolitan Asylums Board asylums, those in workhouses, and those with relatives and friends—showed that there had been an increase of pauper lunacy during the fifteen years at the rate of nearly 553 per annum, or 50.7 per cent. for the whole period. He was of opinion that the increase in the class of certified lunatics was to some extent due to the want of provision of accommodation by the Asylums Board. He thought that all lunatics in a county should be under the care of one and the same authority—namely, the Asylums Committee of the county council. Dr. Lionel A. Weatherly, Resident Medical Superintendent and licensee of Bailbrook House Private Asylum, gave evidence respecting feeble-minded criminals, as to the recognition of their real mental condition, where such prisoners should be sent, and the form of certificate. He held that there could be no doubt a prison was not the place to send them to, and the county asylum, as at present constituted, was also not the place. He strongly advocated a special penal colony for such cases, where every chance should be given to the prisoners of being educated to some congenial and suitable occupation, which in many cases might be made to be remunerative.

LOCAL EXPENDITURE IN ENGLAND AND WALES.

THE President of the Local Government Board has appointed a Departmental Committee to inquire and report with regard to:

1. The systems on which the accounts of local authorities in England and Wales are at present kept;
2. Generally as to the system on which the accounts of the various local authorities in England and Wales should be kept, and, in particular, whether such accounts should be prepared on a system requiring the entries of receipts and payments to be confined as far as possible to actual receipts and payments of money or not; and
3. The regulations which should be made on the subject, regard being had to the necessity for showing accurately the amounts raised by local taxation and the purposes for which they are applied.

The Committee will consist of: Mr. Walter Runciman, M.P. (Chairman), Mr. J. Bromley, C.B., Mr. T. Pitts, C.B., Mr. R. Barrow, Mr. E. P. Burd, Mr. J. J. Burnley, Mr. J. Kane, and Mr. F. Merrifield, with Mr. G. R. Snowden, of the Local Government Board, as secretary.

According to a writer in the new number of the *Quarterly Review*, the local debt of England and Wales increased from £67,548,653 in 1892-3 to £129,206,764 in 1902-3. The average rate in the pound has increased from 3s. 4d. in 1875 to 5s. 7d. at the present time, while at the same time the rateable value has increased from 130 millions in 1878 to 199 millions in 1904. The increase has been quite out of proportion to the increase of the population, so that the average amount of the local rates per head of the population is 30s. 6d., against 16s. 2d. in 1875. Between 1899 and 1904 the estimated increase of population in England and Wales was 5.1 per cent, but the assessments rose 16 per cent., the amount of rates levied 30.4 per cent., and the outstanding loans 34.2 per cent. The local indebtedness of England and Wales in 1902-3 was estimated at over 370 millions, and it has increased since that date. A large part of this debt has been incurred for drainage and water supply, and having regard to the huge increase in the urban population was inevitable, but it can hardly be made remunerative. At present the method of keeping local accounts and of raising local revenue is most confusing; only a little more than a third of the poor-rate, for instance, is applied to the actual relief of the poor

THE DUTY OF A MEDICAL OFFICER OF HEALTH.

RETIRED PRACTITIONER.—A medical officer of health, like other people, should acknowledge letters addressed to him, but we are by no means certain that a medical practitioner, whether retired or not, has a right to obtain from him information about diseases notified. It seems to us it would have been much better if our correspondent had taken steps to ascertain whether his suspicions were correct, or had stated exactly what were the grounds of his suspicions, and had asked in the interests of public health that the necessary steps should be taken. So far as our correspondent and his family are concerned, he could protect himself and them by obtaining his milk from another source, but it is the duty of the medical officer of health to take notice of

any trustworthy information that scarlatina existed at a dairy farm, and the responsibility would rest with him for taking the necessary measures to prevent the spread of disease.

SCARLET FEVER AT A DAIRY.

QUERIST writes: A milk-seller who supplies milk from his house has a lodger staying with him suffering from scarlet fever. The milk-seller alleges that the patient is isolated in a room upstairs, has nothing to do with the milk supply, or with any one dealing with it. Can any legal proceedings be taken against the milk-seller under the Dairies and Milkshops Order, 1885 and 1886 (Section 9)? Failing which, what steps should be taken by the sanitary authority to prevent the spread of infection, there being no infectious hospital in the district?

*** If there is no communication or contact whatever between the milk vendor and the patient, we do not think action can be taken by the sanitary authority under Clause 9 of the Dairies, Cowsheds, and Milkshops Order of 1885. The only steps the authority can take is to insist upon absolute isolation of the patient.

SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS. D. O. D. writes: Is a Poor-law medical officer obliged to submit to deductions for superannuation allowance from his salary, when he has no intention whatever of serving in that capacity for the requisite 40 years?

*** All Poor-law officers now holding appointments, unless they contracted out of the provisions of the Superannuation Act within "three months of its commencement," and all others who may be appointed in the future are obliged to contribute to the superannuation fund on the scale therein enacted.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

DEGREE DAYS.—The following are the Degree Days appointed for the present term: Saturday, January 27th; Thursday, February 15th; and Thursday, March 15th.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on January 18th:

- M.D.—A. C. Hudson.
D.Sc.—H. J. H. Fenton, Christ's.
M.C.—C. B. Goulden, Down.
M.B.—N. C. Carver, King's; W. R. Honeyburne, [Pet; R. Puttock, 7 Emm.; W. P. Williams, Down.
B.C.—F. S. Smith, King's; A. D. Brunwin, Trin.; H. T. Gray, Trin.; A. H. Miller, Trin.; F. F. Leighton, Joh.; T. M. Neatby, Joh.; G. C. E. Simpson, Joh.; J. C. L. Roberts, Cla.; C. Lillingston, Pemb.; C. H. W. Page, Corp. Chr.; G. W. de P. Nicholson, Jes.; G. L. Cox, Christ's; C. T. Scott, Sid. Suss.; W. D. Keyworth, H. Selw.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

- Surgery.—J. A. Kilpatrick (Section II), S. Zweiback (Section II).
Forensic Medicine.—L. C. W. Brigstocke.
Midwifery.—J. P. E. Henery, C. Mulholland, H. F. Wight.

The diploma of the Society has been granted to the following candidates, entitling them to practise Medicine, Surgery, and Midwifery: J. A. Kilpatrick and S. Zweiback.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE TITLE "BRIGADE-SURGEON-LIEUTENANT-COLONEL."

M.D. suggests that the new War Minister should be approached with the view of having this obsolete and cumbrous old title, with which retired medical officers are officially and socially handicapped, cut down to the military part of it. It is true that former War Ministers declined, in deference to military prejudices, but the new Minister is not likely to be so dominated, even if such prejudices now exist, which is doubtful.

*** There could, at least, be no harm in approaching Mr. Haldane on the subject; and it might be urged that the compound title has been extinguished among those officers who have been employed since retirement. Official action in such matters, however, is very conservative. But officers who have the double-barrelled title have the remedy much in their own hands. Nobody we know of wants to retain the title in full; and none but a pedant could object to their using the military part of it only, to which they are already fully entitled, both by rank and courtesy.