a vapour is used, or the anaesthetic is given slowly, or too large a bag is used. If a little care is taken, and the exact dose requisite for the patient given, nausea and headache are uncommon; they are much more common if an overdose is administered.

Vomiting occurs after mouth operations from the swallowing of blood; this must not be confused with vomiting caused by the anaesthetic; as the anaesthetic period of ethyl chloride is twice as long as that of nitrous oxide, the patient has a greater opportunity of swallowing blood. For this reason the head should be inclined forwards as soon as possible and the patient encouraged to spit out.

Headache and excitement are common in subjects of a naturally excitable temperament.

Safety.

Ethyl chloride is not nearly as safe an anaesthetic as nitrous oxide in the hands of the untrained. This I attribute to the absence of well-defined "leave-off" symptoms like cyanosis and jactitation. When the administrator is accustomed to it, it is probably safer than any other anaesthetic (nitrous oxide included); as so small an amount is necessary to render the patient insensible to pain, recovery from a light anaesthesia is rapid, and there is no cyanosis or venous congestion. The anaesthetic is a cardiac stimulant, and, if a full dose is given, dilates the peripheral arterioles.

Children.

Ethyl chloride is taken exceedingly well by children of a few weeks or months; I prefer it to chloroform or ether for circumcision. A piece of lint is placed in the hand, which is bent into a cuplike form and held over the mouth and nose; a little ethyl chloride is then sprayed on the lint and the anaesthesia continued with the tube of ethyl chloride held in the wrong position, so that the vapour alone comes from it and is conducted into the hollow of the hand. Recovery is rapid, signs of anaesthesia are marked, and laryngeal stridor does not occur when the prepuce is divided.

Precautions.

The bladder should always be emptied beforehand, and it is not wise to give this anaesthetic if a purgative has been taken and its action is still proceeding.

When a gag is used the jaw should be kept well forward; this is essential for a successful administration, and if not attended to cyanosis and marked stertor will be the result in a good many cases; besides this, the patient will take two or three times as long to go under. As there is generally a strong contraction of the masseter, the gag should not be placed between obliquely-situated incisors, as these may be forced out. The tongue forceps should always be to hand when giving the anaesthetic for dental purposes, as that organ commonly slips or is retracted backwards. A mouth-opener or wedge is also needed, owing to the masseteric spasm. When a large number of teeth have to be extracted the patient may be allowed to wake up once or twice to rinse out the mouth and get rid of blood; after the first administration the patient goes under more rapidly and requires a very much smaller dose.

Ethyl chloride is a very reliable anaesthetic; only in very rare cases is it found impossible to get a patient under with it. The drug is not suitable for prolonged administration on account of the strain on the anaesthetist and the expense.

Preliminary to Chloroform or Ether.

As a preliminary to chloroform it is a pleasure to use; the patient does not come out between the two anaesthetics, and it saves a lot of crying and struggling with children or nervous patients. One should be cautious when combining the two drugs, as it is difficult to tell the effect of the chloroform until the effect of the ethyl chloride has worn off.

It is invariably used in this hospital as a preliminary to ether in place of nitrous oxide. There are two methods of starting with ethyl chloride; they are equally satisfactory. One method is to get the patient well under with ethyl chloride, and then turn the ether on to "3" rapidly; the other is to give a small dose of ethyl chloride, and then rotate the ether chamber gradually.

The ether need not be pushed when a sphincter has to be dilated; the patient should be kept under lightly, and ten or fifteen seconds before the operation 2 c.cm. of ethyl chloride sprayed into the bag; the patient at once drops into a very deep anaesthetic state.

When respiration is embarrassed by free secretion of mucus the patient may be allowed to come out sufficiently to swallow it, and 2 c.cm. injected into the bag sends him under again before vomiting has time to set in.

Apparatus.

An ordinary Clover's bag is the best size to use; a large bag is wasteful of time and anaesthetic.

A wet bag gives very bad results. Those who use inhalers containing a sponge should dry it after each administration, as the moisture from the breath collects.

There are two pieces of apparatus I find useful—one is a two-way gas stopcock, of the drum pattern, fitted with a tube; the stopcock fits on an ordinary Clover's inhaler between the tank and bag. The tube enables one to spray ethyl chloride into the bag at the commencement or at any period during the administration—for instance, when the patient has been allowed to come out too far and is retching. It also acts as a very convenient air-valve and renders it unnecessary to lift the ether apparatus at all from the face to give air. Instead of doing so the drum is revolved a half-turn, and this opens the air-valve and shuts off the bag; this apparatus can be fitted directly on to a facepiece, and makes a splendid inhaler for continuous administration.

The other apparatus is an ethyl chloride inhaler with a glass tube in the angle piece, containing 10 c.cm. of the drug; there is a tap to control the introduction into the bag, and the amount used can be read off on a scale as it is being run out of the tube. The loss from leakage is infinitesimal, so that absolutely accurate dosage is possible, and one can give ½ or 10 c.cm. with equal facility.

MEMORANDA:
MEDICAL, SURGICAL, OBSTETRICAL.

PAINLESS LABOUR.

"Now, please remember there is no such thing as a painless labour." These words occur in the course of the interesting and instructive address by Dr. Horrocks, which was published in the BRITISH MEDICAL JOURNAL of March 10th. In my opinion this is far too sweeping a statement and one which I cannot agree with. I maintain and fully believe that there are cases of labour which are, practically speaking, painless. The following case which I attended some years ago supports my contention:

I was called to a case one morning about 10 a.m., and found a primipara, 18 years of age, in labour. She had complained of slight pains in the stomach and upper part of the abdomen. Examination of the abdomen proved that she was pregnant and near full term. On vaginal examination, the os was found to be very slightly dilated. The examining fingers were with difficulty introduced into the vagina. Uterine contractions appeared to be going on, but were very slight. It was concluded that the first stage would last many hours, and therefore I left the house. About two hours later I received a message asking me to come at once, as the child had been born about half an hour after I left. I went at once to the case, and found that the placenta was unexpelled and that the child was still attached to the umbilical cord. The infant was a well-developed male, weighing about 8 lb. On questioning the mother, it was ascertained that there had been no pains since I had been there, and that the child had been born unconsciously. There was not the slightest tear in the perineum. The placenta was easily expelled by pressure from above. The mother made a rapid and an uninterrupted recovery and the child did well.

This case seems to show that labour may be painless. From start to finish there were no pains in the accepted sense, and I think it very questionable if the slight pains which were complained of had any relation to the uterine contractions. It is all the more remarkable when one considers that it occurred in a young primipara, which is just the case in which one expects to have severe pains. The case supports Dr. Horrocks's contention that Nature herself is well able to provide for and to perform this physiological act. It shows the power she has of relaxing the parts, because the passages which with difficulty

admitted two fingers were within an hour sufficiently relaxed to allow of the painless passage of a well-developed male infant.

Brighton. J. ALLAN, M.B.

AN AID TO PROGNOSIS IN TYPHOID FEVER.

IN the BRITISH MEDICAL JOURNAL of November 18th, 1905, I published a short note on this subject. The conclusion at which I arrived was that in cases in which polyuria occurred, however grave seemed to be the condition of the patient, the issue was, without exception, favourable. This conclusion I have to modify to this extent: Of 214 cases of which I have notes, and which occurred between the years 1893 and 1904, only 3 died after polyuria had been established. Of these, 2 died after an interval of two and six months respectively from septic causes, and the third died from haemorrhage, the only death which could fairly be attributed to the incidence of the typhoid poison.

Dr. Biernacki and Dr. Hare wrote kindly and critically about my paper, both complaining very fairly of its brevity and of the absence of anything like a statement of the cases on which my opinions were based. I propose shortly to publish in the *Birmingham Medical Review* a more or less complete account of my cases, with charts indicating the amount of urine passed.

Meanwhile I submit herewith a brief summary of 214 cases. Of these, 21 died—an average mortality of nearly 10 per cent.; in 18 of these the amount of urine passed was low, never exceeding 40 oz. Of the remainder, in 138 cases there was marked polyuria. In the other 55 cases no polyuria was noted, though in all of them the amount exceeded 40 oz. before convalescence was established. Of the 138 cases in which polyuria occurred, 16 showed a large amount throughout; in 28 polyuria began after the fall of temperature; in 34 it occurred before the fall of temperature; and in the remainder it showed itself as the temperature fell to normal.

It is not contended that polyuria is an invariable guide to prognosis. My paper was written to elicit the opinions of others, and to state the conclusion to which, rightly or wrongly, I had come—that, however desperate might appear the condition of the patient, the case should never be regarded as hopeless if polyuria had been established, and never treated lightly or with other than great concern when the amount of urine passed was below 40 oz. daily.

ROBERT M. SIMON, M.D., F.R.C.P.,
Physician, General Hospital, Birmingham.

PLUMBISM FROM THE INGESTION OF DIACHYLON AS AN ABORTIFACIENT.

IN the BRITISH MEDICAL JOURNAL of February 24th, p. 428, Dr. Hall mentions that the area over which the practice of using diachylon as an abortifacient is bounded on the south by Bedfordshire, but this is hardly the case, as last year I had a patient who aborted owing to lead poisoning, the drug having been sent from London by the patient's sister in the form of a lump of diachylon plaster, with the direction that it should be made up into pills, and taken until the desired effect was produced. Severe anaemia with colic accompanied the miscarriage.

Alresford, Hants. F. W. JOLLYE.

FREQUENT TAPPING FOR ASCITES: RECOVERY.

THE following case seems worthy of record. Whether it creates a record I do not know.

In July, 1896, I attended a woman, at that time aged 51, with a very large goitre. She was suffering from aortic and mitral disease, and the heart was very dilated. The pulse was very fast, and I thought at the time that she had very few days to live. The constant administration of digitalis, however, produced gradual improvement. During the next few months she developed dropsy in the legs and abdomen. This gradually increased until February, 1897, when she was quite waterlogged and scarcely able to turn in bed. I tapped her for the first time on February 5th, 1897, and drew off 3 gallons of fluid from the abdominal cavity. This afforded temporary relief. Between that date and July, 1903, I tapped her no less than 222 times. During the latter part of this period the necessity for tapping became less frequent, and during the last few months I only tapped her about once a month. The size of her legs gradually diminished during this period.

Since July 17th, 1903, she has not required tapping. Her condition has steadily improved, and she was able to walk to the village, a distance of a quarter of a mile, last autumn. She now does a good part of her housework, though she has chronic bronchitis and suffers a good deal from palpitation of the heart.

The pathology of such a case must be of interest. After the abdominal cavity was emptied of fluid the liver could be felt as a large, hard, rounded mass, more like a fetal head than a liver in shape. The only pathological explanation I can offer is that the mitral regurgitation produced huge engorgement and finally nutmeg liver. As the condition of the heart improved the engorgement became less, the fresh tissue in the liver contracted, and constricted the portal vein, thus causing dropsy in the legs and abdomen. As time went on and the heart's action improved, the pressure of the blood in the portal vein gradually overcame the constriction caused by the liver tissue, and made the channel again large enough to carry on the normal circulation.

During the time I was attending her I had been making observations on the whey treatment of typhoid fever, and had been much astonished at the small amount of nitrogenous food that is required to sustain life. This patient was an exceedingly small eater; the average amount of fluid drawn off at each tapping was from 2 to 3 gallons; consequently it appeared that the amount of albumen lost in this way must exceed the amount taken as food, and I began to wonder whether the case would prove that the body can absorb nitrogen for nutrition from the atmosphere. However, chemical analysis showed that the fluid contained such a minute quantity of nitrogen that the fuller investigation of the matter was rendered unnecessary.

PRIDEAUX SELBY, M.R.C.S.Eng.,
Teynham, Kent. L.R.C.P.Lond.

A CASE OF LEUCOCYTHAEMIA TREATED BY X RAYS.

MRS. P., aged 35, had been ill about three years. She was in the General Hospital, Nottingham, from December, 1903, to February, 1904, and was treated by liq. arsenicalis up to half a drachm daily. On admission she had 2,700,000 red, and 252,000 white, corpuscles per c.mm. On discharge the numbers were 2,848,000 and 46,800 respectively.

She was readmitted on November 7th, 1905, having been ailing more or less during the interval. She was given liq. arsenicalis ♏vij thrice a day, but from November 17th she had had *x* rays in addition.

Blood Counts.

November 19th, 1905:	January 13th, 1906:
Red corpuscles = 3,200,000	Red corpuscles = 3,000,000
White ,, = 160,000	White ,, = 8,500
Haemoglobin = 45 per cent.	Haemoglobin = 70 per cent.
December 9th, 1905:	February 1st, 1906:
Red corpuscles = 2,400,000	Red corpuscles = 5,600,000
White ,, = 45,000	White ,, = 6,520
Haemoglobin = 35 per cent.	Haemoglobin = 75 per cent.

Leucocythaemia.

An exact differential blood count was not made on admission, but there was a marked excess of myelocytes, and this was also the case in January, 1904. On December 14th a differential count gave 38 per cent. polymorphonuclear leucocytes, 42 per cent. myelocytes of various kinds, other forms 20 per cent.

On January 26th, 1906, a count of 500 white corpuscles kindly made by Dr. Jacob gave

Polymorphonuclears	= 53.6 per cent.
Myelocytes...	= 17.8 ,,
Large hyalines	= 15.6 ,,
Lymphocytes	= 6.6 ,,
Mast cells	= 4.4 ,,
Eosinophiles	= 2.0 ,,
Nucleated red corpuscles	= 14.0 ,,

The patient's weight was 7 st. 5½ lb. on admission, sank to 6 st. 11 lb. by December 2nd, and rose again to 7 st. 5½ lb. on January 27th. She expressed herself as growing steadily stronger both while losing and gaining weight. The girth of the abdomen fell from 33 to 31 in., but increased to 32 in. as she put on flesh. The splenic

enlargement diminished to a distinct but not great extent.

From November 17th to December 17th the *x* rays were applied almost daily for ten minutes over the spleen; but from December 17th to January 30th they were also applied over the bones of the limbs and the sternum for ten more minutes each day. She had about fifty applications in all. A soft tube was used at a distance of 10 in. with a primary current of 3 milliampères. There has been no trace of *x*-ray burn, but the pigmentation of the abdomen, which was marked on admission, has much increased.

SUMMARY.

There has been much more improvement under *x* rays and arsenic than under arsenic alone. The patient has gained strength and flesh, her dyspnoea and languor have been much reduced, and the blood corpuscles in point of numbers have returned to normal. Indeed, there is a slight polycythaemia of red corpuscles. Some abnormal elements—myelocytes and a few nucleated red corpuscles—however, still remain.

The initial reduction in red corpuscles and haemoglobin during the first three weeks of treatment may be noted.

Nottingham. W. B. RANSOM, M.D., F.R.C.P.

A CASE FOR LOCAL ANAESTHESIA.

A SHORT time ago I had occasion to remove a sebaceous cyst about the size of a walnut from immediately in front of the left ear of a patient. It had existed for some nine years, but had recently been growing rapidly larger; hence the man desired its removal. Having decided to do the operation under local anaesthesia, I cleaned the parts in the usual manner and then injected hypodermically $\frac{1}{50}$ gr. of hemisine and ½ gr. of cocaine hydrochloride; both drugs were in soloid form, and I dissolved them together in the injection syringe. The skin over the cyst was covered by a network of small blood vessels, and so vascular that, upon withdrawing the fine hypodermic needle after the injection, a large drop of blood exuded. I injected at two points along the course of the proposed incision, and some fifteen minutes later the parts were so thoroughly blanched that, upon transfixing the cyst and making an incision of about 1½ in. in length, not a drop of blood escaped. The operation was completed in the usual manner, the patient feeling nothing of the whole process, and the wound healed well. The man was extremely nervous, and had been a good deal worried over the idea of the operation, but the result greatly pleased him.

I regarded this as such a trivial operation that I had not thought of publishing it, until talking with another practitioner, I heard from him of a very different experience he had with a similar case. He gave an anaesthetic for a medical man who removed the cyst, but had a good deal of trouble with the bleeding which occurred from the small blood vessels, which in my case were effectually constricted by the haemostatic injection that was used. Furthermore, no assistance was required.

Leicester. L. ERASMUS ELLIS, M.D.Brux., M.R.C.S.Eng.

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

TAMBOUR BRANCH DISPENSARY, SITAPUR DISTRICT, OUDH.

CASE OF DERMOID CYST OF THORAX.

(By W. SELBY, Captain I.M.S., F.R.C.S., Civil Surgeon, Sitapur, Oudh.)

A HEALTHY Hindu boy of 11 years had a tumour situated over the front of the sternum which, his father said, had been present since birth, and had lately increased in size. It was about 2 in. in diameter, soft, fluctuating, and freely movable.

In making the incision through the deep fascia, the tumour was punctured, and a milky fluid containing granular fatty *débris* escaped. The cyst was attached to its surroundings by areolar tissue only, and easily shelled out. It was globular in shape, thin-walled, and contained 6 to 8 oz. of the fluid described above. Its lining had the appearance of delicate epidermis, and was unpigmented. No hairs could be found.

I was unable to get a microscopical examination of its wall, as I operated on the case when paying an inspection visit to this dispensary, which is thirty-five miles by unmetalled road from head quarters.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

Birmingham, Thursday, March 8th, 1906.

Sir THOMAS CHAVASSE, M.D., President, in the Chair.

Endothelioma of the Brain.—Mr. BARLING showed a patient fifteen months after the removal of an endothelioma from the surface of the brain, the symptoms before the operation having been fits of the Jacksonian type and optic neuritis. The patient now was free from optic neuritis, and suffered only from weakness of the right limbs and spasms at times of the right arm.

Cranial Meningocele.—Mr. BARLING also showed an infant, aged 9 weeks, from whom a large cranial meningocele had been removed. The meningocele was removed on the second day after birth because the skin was beginning to ulcerate; the swelling at that time was larger than the head itself. A very good recovery followed, but there were indications that the child was becoming hydrocephalic.

Transposition of Viscera.—Dr. STACEY WILSON showed a case of complete transposition of viscera in a girl, aged 11 years.

Ruptured Kidney.—Mr. GEORGE HEATON showed a ruptured kidney, removed by nephrectomy for haemorrhage. The man received a blow at football from a man's elbow. Profuse haematuria took place and a large tumour formed in the left loin. The haemorrhage continued for four days, when it was decided to remove the organ. The man made an excellent recovery. The specimen showed a kidney with a large stone in the pelvis, and with pelvis and calyces very much dilated; one of the dilated calyces had given way under the violence.

Inhalation.—Dr. FOXWELL read a paper entitled Inhalation, under the following heads: Inhalation, its action and scope; different methods of employing it as used at Allevard, Challes, Marlioz, and Uriage; regulations necessary to obtain satisfactory results; comparative value of various medicaments.—The paper was discussed by Drs. BRIGGS, MELSON, SYDENHAM, WHITE, MOUNSEY, and SHORT; and Dr. FOXWELL replied.

Treatment of Uterine Myoma.—Mr. J. F. JORDAN read a paper entitled Notes on the Treatment of Myoma of the Uterus, of which the following is an abstract: "Myoma, if left alone, is often fatal, and very often the cause of invalidism. The number of cases that can be left alone is extremely small. Few are amenable to palliative treatment. Such methods of treatment as curetting, electricity, and ligature of the uterine arteries are a waste of time and money. The only successful treatment is by removal of the tumour. Occasionally this may be done by a myomectomy, but more often it can only be successfully carried out by a hysterectomy."—Professor J. W. TAYLOR spoke to the paper, and Mr. JORDAN replied.

FRENCH CONGRESS OF SURGERY.—The next meeting of the French Surgical Congress will be held in Paris in October next, under the presidency of Professor Monprofit, Professor of Clinical Surgery in the Medical School of Angers. The questions proposed for discussion are: (1) The surgery of the great venous trunks, to be introduced by reports from MM. Lejars and Morestin, of Paris; (2) ectopia of the testicle and its complications, to be introduced by reports from MM. Souligoux, of Paris, and Villard, of Lyons; (3) routes and means of access to the interior of the thorax from the operative point of view, to be introduced by reports from Dr. Willems, of Ghent, and Dr. Loison, medical officer of the army.

MEDICAL NEWS.

THE extra-metropolitan meeting of the Otological Society of the United Kingdom will be held this year at Leeds on June 23rd.

AT the meeting of the Royal Meteorological Society on Wednesday next, at 7.30 p.m., Mr. H. R. Mill will give a lecture on "South Africa as seen by a Meteorologist."

MR. L. A. BIDWELL, F.R.C.S., after fifteen years' service as Surgeon to Out-patients, has been appointed an additional full Surgeon to the West London Hospital.

THE University of Heidelberg has awarded the Kussmaul Prize to Professor Bier of Bonn for his work on artificial hyperaemia as a therapeutic process.

AT the meeting of the Royal Microscopical Society of Wednesday next, at 8 p.m., Mr. E. M. Nelson will read a paper on the resolving limits for the telescope and the microscope.

THE motor-car exhibition arranged by Messrs. Cordingley and Co., at the Agricultural Hall, London, will open on Saturday, March 24th. It is stated that nearly 300 firms will exhibit.

THE Harveian Lecture of the Harveian Society will be delivered this year by Dr. J. Risien Russell, the subject chosen being myelitis. Further particulars will be found in the Diary notices.

THE seventh annual general meeting of the National Association for the Prevention of Consumption and other Forms of Tuberculosis will be held at 20, Hanover Square, on Tuesday next, at 4 p.m.

A MEMORIAL of the late Professor Nothnagel is to be erected in the great quadrangle of the University of Vienna. A fund will also be established, the interest of which will be devoted to delivery of an annual commemorative lecture.

THE Nottingham Medico-Chirurgical Society, at its meeting on March 7th, decided to call a special meeting "to consider the indiscriminate mode of distributing letters of recommendation to the General Hospital and other medical charities, and whether a remedy can be suggested to check the growing abuse of these charities."

A WARRANT has been granted for a "Trinity College Dublin Lodge, No. 3,153," which will be consecrated on March 19th, at the new Gaiety Restaurant, Strand, by Sir Edward Letchworth, Grand Secretary. Worshipful Brother P. S. Abraham, M.D., will be the first W.M. Worshipful Brother G. Cowen, M.D., of New Malden will be the Secretary.

THE National Health Society has arranged for a course of three lectures on Food and Diet by Dr. R. Hutchison, on Temperance by Professor Sims Woodhead, and on Dust by Sir Dyce Duckworth. The lectures will be given at 20, Hanover Square, the first on Wednesday next at 5 p.m. Subsequent lectures will be on March 28th and April 3rd at the same hour.

THE first Italian Congress of Physical Therapeutics will be held in Rome on March 25th, 26th, and 27th, under the presidency of Professor Guido Baccelli. Among the members of the Organizing Committee are Senators De Renzi, Grocco, and Maragliano, Professors Bozzolo, Forlanini, Morselli, and Tamburini. After the Congress an Italian Association of Physical Therapeutics will be formally constituted.

A MONTH or two ago we mentioned that Dr. W. G. Stevens, Medical Officer of Health for the Burgh of Renfrew, had issued an illustrated health almanack for hanging on the wall. We have now received a similar almanack issued at Brighton, the cost being defrayed by subscription. It is printed in colours, and has illustrations of various places and public buildings in Brighton. In the centre Dr. Newsholme, Medical Officer of Health, prints some remarks on alcohol, with quotations from speeches by Sir William Broadbent and Sir Frederick Treves.

BY the will of the late Mr. Thomas Mabbutt, the New General Hospital, Birmingham, receives a sum of £1,250 for the endowment of a "Thomas Mabbutt Bed." Sums of £100 are also left to the following other Birmingham medical institutions: Queen's Hospital, the Eye Hospital, the Children's Hospital, the Deaf and Dumb Asylum, the General Institution for the Blind, the Birmingham and Midland Skin and Urinary Hospital, the General Dispensary, the Birmingham and Midland Counties Orthopaedic and Spinal Hospital.

IT is proposed to form a Royal Arch Chapter in connexion with the Rahere Lodge, to be open to all St. Bartholomew's men who are Masons, whether they be members of the Rahere Lodge or not. It is difficult to communicate with those who are not members of the Lodge, but all such who would like to join the Chapter, or, being Royal Arch Masons, to become founders, are requested to communicate at once with the W.M., 15, Wimpole Street, London, W., when further particulars will be sent. The first Founders' meeting is fixed for Tuesday, March 27th, at 5.30 at 15, Wimpole Street, W., but names of Founders could be received for two or three weeks later.

THE Metropolitan Asylums Board is now distributing to medical men in London a very useful card of instructions with reference to its ambulance service. It is intended to hang on the wall, and contains a clear account of how to secure the prompt removal of a case of infectious disease, whether it is to be sent to one of the Board's own hospitals or to some other place. The whole procedure is expedited if the medical attendant leaves at the patient's house a paper stating the name, age, sex, and full address of the patient, and the disease from which he is suffering. If then the same particulars are sent to the Board by telephone or otherwise, the patient will be removed without further formality and usually within an hour of receipt of the application.

THE INTERNATIONAL MEDICAL CONGRESS.—The Booth Steamship Co. have arranged for their steamer *Ambrose*, 4,187 tons, to leave Liverpool on April 9th for Lisbon via Havre and Oporto. The R.M.S. *Anselm*, 5,442 tons, of the same company, will leave Lisbon on April 29th, arriving at Liverpool on May 5th. The first-class fare is £22 throughout, including twelve days' hotel expenses at Lisbon. Further particulars can be obtained from the Booth Steamship Co., 8, Adelphi Terrace, Strand, London, W.C., and 30, James Street, Liverpool.

GERMAN CONGRESS OF INTERNAL MEDICINE.—The German Congress of Internal Medicine will hold its twenty-third annual meeting at Munich under the presidency of Professor von Strumpell of Breslau, from April 23rd to 26th. The principal subject proposed for discussion is the pathology of the thyroid gland, to be introduced by Professor F. Kraus of Berlin, and Professor Kocher of Bern. Professor Hering of Prague will present a critical report on irregularities of the heart's action. Among the communications promised are the following: Dr. Jacob of Cudowa, afebrile pneumonia in subjects of heart disease; Dr. Feinberg of Berlin, the cause and prevention of tumours; Dr. A. Bickel of Berlin, experimental researches on the secretion of gastric juice in man; Dr. Passler of Dresden, clinical observations on anuria; Dr. Dietlen of Giessen, on the normal size and position of the heart; and Dr. P. Krause of Breslau, on lipaemia in diabetic coma. In connexion with the Congress there will be an exhibition of preparations, apparatus, and instruments relating to internal medicine. Communications relative to the Congress should be addressed to the Perpetual Secretary, Geh. Sanitatsrat Dr. Emil Pfeiffer, Wiesbaden.

THE UNION OF LONDON MEDICAL SOCIETIES.—The anniversary dinner of the Medical Society of London was held at the Hotel Métropole on March 14th, with the President, Sir Lauder Brunton, in the chair. The company numbered over 180, and the success of the evening was due to the energy of the Honorary Secretaries, Dr. J. S. Risien Russell and Mr. Cuthbert S. Wallace. After the usual loyal toasts, Dr. Donald MacAlister, President of the General Medical Council, proposed "The Medical Society of London." He congratulated the members of the Society on taking such an active part in regard to the movement for the union of London medical societies, because it was very necessary that general medicine should have a full voice and a sufficient vote in the constitution of the new academy. The Chairman, in replying, described the satisfactory financial position of the Society, which was saving about £400 a year. Its total indebtedness amounted to about £2,500, and every year their financial condition was improving. The Council of the Medical Society had not called a general meeting to consider the scheme for the union of societies because complete information had not yet been received. Mr. J. Langton, who proposed the toast of "The Guests," said that he did not think there was much fear that the union would not take place. Mr. Tweedy, in replying for the Visitors, also discussed the proposal, and hoped that whatever happened the independence of the Medical Society would be continued under the scheme. After Director-General H. M. Ellis, R.N., had also responded, Dr. J. Sillonville was called upon, and described how he initiated the visit of French medical men to London. The health of the Chairman, submitted by Sir William Whitla, concluded the evening.

NEWSPAPER ADVERTISING BY MEDICAL PRACTITIONERS IN THE COLONIES.

WE have received a copy of the *Winnipeg Tribune* from a correspondent, who directs attention to its advertisement column, in which there is a list of thirteen medical practitioners, of whom six claim to possess British qualifications. The advertisements generally give merely the name and address, sometimes the telephone number and the hours of consultation, and in a few cases only the speciality practised. We are informed that these represent about 10 per cent. of the medical practitioners in the city, and that it is only this small minority which, departing from the customs recognized in this country, attempts to secure practice by means which would here be unhesitatingly condemned.

*** We have always been unwilling to express an opinion upon questions relating to the conduct of practitioners in places where the customs are unknown to us, as it would be unsafe to judge them by standards formed in an older and more complex society. If, as we are informed, such advertisement is not approved by the general body of the local profession, we regret that gentlemen possessing British qualifications are to be found amongst those who resort to it, and we suggest the desirability of referring the matter to the local Branch of the British Medical Association, which might endeavour to get the Provincial Medical Board to lay down rules of professional conduct on the same lines as those of the General Medical Council.

COVERING.

A CORRESPONDENT writes: Will you kindly inform me if a medical man possessing an English qualification, who became an employé of Sandow and treated patients by correspondence, would be liable to have his name taken off the *Register?* Sandow uses no medicines, but advertises in the daily paper for patients, who have exercises, etc., prescribed for them.

*** We do not presume to anticipate what the decision of the General Medical Council in such a case might be, but a charge might undoubtedly be brought against a practitioner who occupied such a position for covering an unqualified person engaged in the treatment of disease.

SHOULD A MEDICAL PRACTITIONER UNDERTAKE A FIRE INSURANCE AGENCY?

NERO asks: Is it etiquette to take a fire assurance agency? Of course, no canvassing except to patients and no name to appear on forms.

*** We know of no general rule that would be infringed by accepting such an appointment, but it might injure our correspondent with his patients if he canvassed them too actively for such a purpose.

THE METHODS OF A NURSING HOME.

MEDICAL SUPERINTENDENT writes that a temporary nurse engaged from a private nursing home by a local authority for their isolation hospital contracted enteric fever. She was maintained at the expense of the authority till convalescent, a period of eight weeks; a claim is now being made for her services during the whole of this period. Can this claim be enforced; if so, can the local authority charge for the nurse's maintenance as a patient?

*** Unless a legal notice had been sent at the time, when the nurse was taken ill, to terminate the contract, the local authority is responsible, and must pay the charges of the nursing home, but a set-off could possibly be pleaded for the nurse's maintenance.

RECOGNITION OF FOREIGN MEDICAL PRACTITIONERS.

DR. MORRIS writes to ask whether he is justified in acknowledging a certificate issued by a foreign medical man who is not qualified in this country, the certificate being a recommendation for admission to a convalescent home to which our correspondent is medical referee?

*** It depends upon the rules of the institution, but it would be usual and courteous to accept a certificate given by a foreign medical practitioner residing abroad, to a patient whom he had seen abroad. If, however, the foreign medical man is living in this country, and practising without being registered, his certificate should not be recognized.

THE TITLE OF "DOCTOR."

PINECLIFF writes, in reply to "B." (BRITISH MEDICAL JOURNAL, March 10th, p. 598), that he is quite aware of Dr. Rainy's letter in the JOURNAL of June 3rd, 1905. The By-law (No. CLXXVII) of the London Royal College of Physicians says, "No Licentiate shall assume the title of Doctor"; The Edinburgh Royal College of Physicians' rule is, "The diploma granted by the College shall not entitle the holder to assume the title of Doctor." The meaning of the ruling of both Colleges is of course quite clear and identical, but the fact remains that this Licentiate of the Edinburgh College does assume the title of Doctor, and finds it profitable to him. Unless the Edinburgh Royal College of Physicians issue a strict mandate to their Licentiates forbidding them under penalty from assuming the title, this abuse (which is very unfair to men possessing the M.B.Lond. or M.R.C.S., L.R.C.P.Lond.) will continue. "Pinecliff" has commented to a Licentiate on his assumption of title, and his reply was, "You Fellows are expressly told 'you shall not assume the title of Doctor,' whereas we are merely told 'we are not entitled to it.'"

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

University Representative on the Council of the Lister Institute.

THE Hebdomadal Council has appointed William Osler, D.M., Hon. D.Sc., F.R.S., Student of Christ Church, Regius Professor of Medicine, Representative of the University on the Council of the Lister Institute of Preventive Medicine in the place of the late Sir John Burdon-Sanderson, Bart., D.M., F.R.S., Honorary Fellow of Magdalen College.

Radcliffe Infirmary Committee for Appointments.

Professor Osler has been appointed by the Hebdomadal Council a member of the Committee for appointment of Honorary Medical Officers of the Radcliffe Infirmary, in the place of the late Sir John Burdon-Sanderson, Bart.

UNIVERSITY OF CAMBRIDGE.

THE examination in Sanitary Science commences on Wednesday, April 4th.

Mr. L. A. Borradaile, M.A., of Selwyn College, has been appointed an Examiner in Elementary Biology for the First M.B., in place of Mr. Shipley, who is unable to examine.

The following degrees were conferred on March 10th:

M.B., B.C.—W. H. Hastings, Trin.; C. Akerman, Gonv. and Cai.

M.B.—C. E. A. Armitage, Emm.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on February 21st.

Recognition of Teacher.

Dr. Archibald E. Garrod was recognized as a teacher of pathological chemistry at St. Bartholomew's Hospital Medical School.

Annual Report of the Physiological Laboratory Committee.

The annual report of the Physiological Laboratory Committee for 1905 stated that six courses, consisting of twenty-eight lectures, had been delivered, and that sixteen papers, the outcome of work conducted in the laboratory, had been published.

The department of chemical physiology initiated in July, 1905, has been in working order for the last four months under the immediate supervision of Mr. J. A. Gardner, who has investigated the relation of haemin to hydrogen peroxide, the quantitative estimation of chloroform in blood and tissues in conjunction with Dr. Buckmaster, and the relation of cholesterin in the blood in conjunction with Mr. Charles Dorée.

Two research students in experimental psychology have been registered as internal students studying in the University and laboratory for the degree of D.Sc., offering as the subject of their theses Studies in Fatigue.

Degree of D.Sc.

The degree of D.Sc. was conferred upon Dr. J. O. Wakelin Barratt; the thesis presented by Dr. Barratt, who was formerly research scholar of the British Medical Association, was on studies in the physiology of unicellular organisms.

Death of Sir John Burdon-Sanderson.

The Senate adopted a resolution expressing the deep regret with which they had heard of the death of Sir John Burdon-Sanderson, and their high appreciation of the services rendered by him to the University and to the Brown Animal Sanatory Institution.

Board of Studies in Veterinary Science.

A Board of Studies in Veterinary Science has been formed, and among the medical members are Professor J. R. Bradford, Professor T. G. Brodie, Professor Sir John McFadyean, Dr. E. S. Shave, F.R.C.V.S., Professor H. W. M. Tims, and Dr. C. J. Martin.

Jubilee of the University of Melbourne.

Dr. William A. Osborne, Professor of Physiology and Histology in the University of Melbourne, was appointed to represent the University of London and to present an address.

Matriculation Examination.

The pass list for the matriculation examination contained 170 names in the first division and 764 in the second.

UNIVERSITY COLLEGE.

At the annual meeting of University College, held on February 21st, it was reported that the buildings of the new medical school were now in progress, and the new buildings of University College School at Hampstead had been begun. A sum of £45,000 was required to enable the Council to complete the new school buildings and to finish their equipment.

KING'S COLLEGE.

Dr. C. J. Martin, F.R.S., will deliver a second lecture on Some Aspects of the Physiological Defence against Invasion by Micro-organism, in the Physiological Laboratory of King's College on March 19th, at 4 p.m.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

PORK FROM TUBERCULOUS PIGS.

A REPORT by Dr. G. S. Buchanan to the Local Government Board on administration in London with regard to meat of pigs affected by tuberculosis[1] has been published recently. The object of the inquiry was to ascertain what data are available regarding the existence of tuberculosis in pigs, the meat of which is sold in London as fresh pork, or used in various preparations of pork; what action is at present taken by the public authorities concerned and by their officers for the detection of tuberculosis in the carcasses or viscera of such pigs; to what extent such action may be relied upon for the detection of tuberculosis in the pig, either by examination at the place of slaughter or by subsequent examination of the dressed carcass; and what practice, as regards condemnation, official "seizure," and prosecution of offenders is adopted by the different authorities concerned when dealing with meat derived from pigs which have been affected by tuberculosis.

Prevalence and Cause.

Dr. Buchanan, in drawing up the reoort, which makes a Blue Book of 60 pages, divides the subject into six main parts. In the first he discusses the prevalence, causation, and prevention of tuberculosis in pigs. The disease in swine is usually of the bovine type, and is apparently largely derived from taking as food the milk of tuberculous cows, and possibly offal from tuberculous animals. The disease is also communicated from pig to pig by saliva or sputum. The most frequent path of entry of the infection is by the alimentary tract.

Detection.

Part II deals with appearances and detection of tuberculous lesions in pigs. It is assumed that the presence of tuberculosis is judged practically by naked-eye appearances without the confirmation of microscopical examination. The special characteristic of the disease in pigs is a conspicuous tendency to generalization. No meat inspector, however skilled, can have sufficient evidence to declare that the disease is certainly localized unless he can see the internal organs, though practically he may so conclude with considerable probability. On the other hand, the slaughterer or butcher who exercises any care in the matter can hardly fail to observe any considerable evidence of generalization of tubercle.

Risks of Meat from Tuberculous Pigs.

In Part III considerations regarding the use for food of meat from tuberculous pigs, though affording no direct evidence as to the infective ability of such meat when eaten, tend to the conclusion that precautions to prevent or minimize the possible risk are desirable.

Inspection in London.

A classification of the places of origin of pigs whose meat is sold in London as fresh pork or used in various preparations of pork is comprised in Part IV of the report. The nature of the official inspection of the pork supplied in London varies according as the pork has or has not passed through the Central Meat Market at Smithfield.

Part V details the procedure of meat inspection in London. First, the inspection at the Corporation Central Meat Market at Smithfield is described and discussed, together with the action of the City authorities in respect to condemnation of meat for tuberculosis. Following this comes the consideration of the inspection before arrival at the Central Meat Market of pork in Holland, Denmark, the United States, the Corporation slaughter-houses at Islington, and elsewhere. The careful inspection of pork in Holland is considered by Dr. Buchanan to be one of the main circumstances which in recent years have operated to increase the export of pork from the Netherlands to London. From a table given on page 19 of the report it appears that out of a total of 368,428 pigs submitted to official inspection for export from Holland to England in 1903 and 1904 5,516 were refused a label on account of tuberculosis. An account of inspection at the "outside meat market" (practically an overflow from the Central Meat Market) and inspection in metropolitan boroughs at the retail shops complete this section of the report.

Conclusions.

Part IV contains the general observations resulting from the inquiry. Comment is made on the present lack of uniformity in administrative measures. The significance of official "inspection" varies greatly in different cases, and the existing administrative system, even if fully and uniformly applied, has only a limited value. If the meat of tuberculous pigs is allowed to be sold, an improved system of administration is needed. The suggestions for improved administration include the marking of meat which has been adequately inspected; greater attention at the Central Meat Market to unmarked carcasses; the establishment of meat inspection stations; and the appointment of special "food inspectors" in metropolitan boroughs. In the absence of an improved system, existing checks on the sale of meat from tuberculous pigs should not be relaxed.

Dr. Buchanan considers it desirable that the question of dealing with condemned meat, as by special cooking or sterilizing, so that it can be utilized as food, should be carefully considered. Such meat would necessarily be sold at a cheap price, as is the custom at various places abroad, with great advantage to the poorer members of the community.

[1] Reports of Medical Inspectors of the Local Government Board. No. 225. Dr. G. S. Buchanan's *Report on Administration in London with regard to Meat of Pigs affected by Tuberculosis.* London: Wyman and Sons. Edinburgh Oliver and Boyd. Dublin: E. Ponsonby. 1906. 1s.

INFECTIOUS DISEASE HOSPITALS.

DOUBTFUL.—Cases of diphtheria are as a rule admitted to infectious disease hospitals maintained by local authorities. Cases of erysipelas are not as a rule admitted.

FEE FOR PREMATURE CONFINEMENT FOLLOWED BY DEATH.

EXTRAS was called to a case of labour (medical order granted). He found the child stillborn and premature by about six weeks, and placenta expelled, the patient apparently doing well, but with a mitral systolic murmur. The following night he was again summoned, and found she had suppression of urine, which continued for eleven days, at the expiration of which time she died. He certified the death as primary heart and kidney disease, secondary suppression of urine (premature confinement eleven days). Our correspondent asks whether he can charge £2 for his attention on this case, and whether his certificate was correct.

*** We are afraid he is only entitled to the ordinary midwifery fee, as the labour itself was neither prolonged, complicated, nor dangerous, and the disease which he correctly certified as the cause of death was not, strictly speaking, a puerperal malady or one which could be rightly regarded as being a direct consequence of the labour.

PAROCHIAL MEDICAL OFFICERS IN SCOTLAND.

DR. HENRY P. TAYLOR (Mid Yell, Shetland), in the course of a letter with reference to a note under this heading published on January 20th (p. 175), writes: Permit me respectfully to say that the information is still open to question. The Local Government Board have power to know the reason why a medical officer in Scotland is dismissed, and I have no doubt do ascertain, by asking or otherwise, the "reason" it suits a parish council to give them. If every medical officer who is trampled upon by his parish council would take a lesson from what occurred in the late action of Dr. Macara of Durness *versus* his parish council,[1] there would be fewer dismissals. Parish councils received a check in that case which has been more of a lesson to them than, I regret to say, it has been to Scotch Poor-law medical officers. If every medical officer in the highlands and islands would join either of the medical defence unions, and on his threatened dismissal—providing he was clear in his conscience that no valid reason could be assigned for his dismissal—ask the solicitor to the union to communicate with the parish council, he would soon find a remedy at once powerful and effective.

CLEAN MONEY.

IT has been proved that banknotes and even coins may convey the germs of disease. The danger arising from this cause is made all the greater by the activity with which money circulates from hand to hand. The attention of the public has often been called to this possible source of contagion, but probably most people hold with the Emperor Vespasian that money *non olet*. A step in the right direction has, we learn from the New York *Medical Record*, been taken in America. A Bill has been introduced at Washington enabling any person or corporation to send worn out or mutilated United States currency to the Treasurer of the United States by registered mail, and to receive in exchange therefor new United States currency without postage or registration charge either way.

[1] BRITISH MEDICAL JOURNAL, July 15th, 1904, p. 153.

THE first award out of the Salomonsohn Fund has been made to Dr. J. Siegel, who has been granted £100 in furtherance of his researches on the etiology of syphilis.