

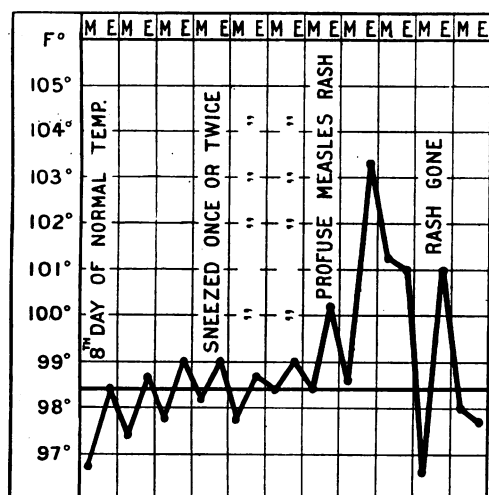
removed; during convalescence the patient passed a round worm.

The habit of the ascaris of inserting itself into apertures and ring-like bodies is well known, and it has seemed to me that an inflammation may be set up by the worm attempting to enter the appendix, sufficient to cause blocking of the lumen, leading to a resultant catarrhal appendicitis; or the worm may actually obtain a partial entrance if not more.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### MEASLES COMPLICATING ENTERIC FEVER.

IN THE BRITISH MEDICAL JOURNAL of February 10th Dr. Malcolm Campbell called attention to some interesting details in three cases of measles, in one of which pregnancy and the puerperium seemed to delay and modify the attack. In connexion with this subject the following case is of interest, the patient contracting measles during convalescence from enteric fever. He was visited by a relative who was in the prodromal stage of measles, and who subsequently had a severe attack, with well-marked bronchitis, the temperature not falling to normal for ten days. About a fortnight after this my patient developed measles and had a pronounced rash, but the whole attack was over in four days. The most interesting feature of the attack was the complete absence of catarrhal symptoms, or, indeed, of symptoms of any kind, for the patient never felt ill. There was no sputum, no cough, and no bronchitis; not even



sore throat or nasal catarrh. Since both measles and enteric fever are often associated with or followed by pulmonary complications, it was natural to watch the lungs with special apprehension, yet they remained singularly free throughout. Neither of these patients had previously suffered from measles. The whole course of the attack in the enteric fever patient makes one wonder whether or no there is any natural antagonism between the virus of enteric fever and that of measles. On the other hand, the mildness of the attack of measles might have been due to the freedom from exposure during the prodromal period. This would apply equally to the parturient lady mentioned by Dr. Campbell. I should add that in both of my cases the incubation period could be fairly accurately measured. In the first it was exactly fourteen complete days; in the enteric fever patient it was fourteen, fifteen, or sixteen days.

San Remo, Italy. CECIL F. LILLIE, M.A., M.D.Cantab.

**LUMBAR PUNCTURE IN PUERPERAL ECLAMPSIA.** IN considering the pathology of infantile convulsions and the recent treatment of lumbar puncture in these cases, I was led to speculating on its value in the analogous condition of some parturient adults. Eclampsia usually arises in cases with marked symptoms of disturbance of the kidneys, but whether the convulsions are due to toxæmia or to pressure on the cerebral centres has not been finally

settled by pathologists. I shortly had an opportunity of trying the treatment in two cases, with results so gratifying that I think my experience may be of value.

**CASE I.**—On Sunday, June 5th, 1904, I was called to Mrs. M., a primipara, at 4.30 p.m. The labour was normal, and terminated at 7.30 p.m. At midnight I was called again, and informed that the patient had had a fit; whilst I was in the room she went into an eclamptic convulsion. I gave a whiff of chloroform, and the convulsion stopped, the patient regaining consciousness in a few minutes. From then onward until the following afternoon she had fits at about two hours' interval, regaining consciousness between; from 4 p.m. to 7 p.m. she had fourteen fits, with deep unconsciousness throughout. I had given chloral, salt solution, croton oil, and wet packs. At 7 p.m. her pulse was irregular, quick, and feeble; in fact, she was rapidly dying. I then punctured in the third lumbar interspace with the needle of my antitoxin syringe and obtained a rapid dropping of fluid for some minutes. The fits ceased, and the patient gradually resumed consciousness, so that at midnight she was rouseable and the pulse distinctly better. At 3 a.m. she had a slight fit, but otherwise a quiet night, and was quite conscious in the morning. Thence onward the progress was uneventful.

**CASE II.**—On February 12th, 1905, I saw, at 10 a.m., in consultation, Mrs. B., a primipara, who had been having fits from 6 o'clock the previous evening. She was in a convulsion as we entered the room. The head of the child was on the perineum, and I at once delivered with forceps, whilst my colleague controlled the convulsions with chloroform. Afterwards the patient remained deeply unconscious, with stertor and blue face; the pulse was irregular and quick. I returned about an hour later and found her worse; there had been no return of consciousness. The pulse was scarcely perceptible, and the breathing was bad, only about one respiration in three getting any air into the chest, showing the respiratory centre giving way, either from poison or pressure. Pilocarpin, hot pack, croton oil, and other remedies had been tried, and I now introduced a needle into the third lumbar interspace; I used a needle from my aspirator of larger calibre than on the previous occasion, and there was at once a quick gush of fluid, evidently under pressure. About ½ oz. escaped, when the patient became unruly and I had to withdraw the needle; her breathing was now regular and her eyes opened intelligently. She had no more fits, and gradually recovered consciousness during the day and made a normal convalescence.

Since these cases I have had two others of a milder form, both recovering on emptying the uterus without resorting to other measures.

Maryport.

F. PROUD, M.D.Durh.

### HIGH-FREQUENCY CURRENT IN ERYTHEMA PAPULATUM.

MRS. S., aged 23, was first seen in May, 1904. She gave a history of an attack of rheumatic fever two years previously, and since then she has suffered from rheumatism more or less. The larger joints were principally involved. Shortly after the first attack she observed an eruption on her face and arms, which has remained more or less constant ever since.

When she first came under observation she complained of pain mostly in the ankles and knees, which were slightly swollen. She was anaemic, and her general health poor. The heart and lungs were normal. The condition of the skin was as follows: There was an eruption on the back of both forearms, on the back of both shoulders, on the nape of the neck, and on the face, principally on the forehead and round the eyes, with a few isolated spots on the cheeks and nose. This eruption consisted of papules varying in size from a millet seed to the size of a wooden match-head. The smaller ones were of a red hue, which paled on pressure. The larger ones were firm and elastic to touch, and were of a deeper red, passing on to a blue colour. Some of them assumed a cyanotic appearance. All the papules were elevated above the general cutaneous surface, and crowded together without any order. In some of the larger ones vesicles formed in the centre, which broke and dried up. In this case the papule tended to pass through bruise-like changes, and in the event of its subsiding altogether, as some did, a small pit of a bluish colour showed where it existed.

Drug treatment was employed in the first instance. Internally, salicylate of soda, iodide of potash, iron, arsenic, and sulphide of calcium were given from time to time. Locally, sulphur lotion, lead lotion, ung. hydrarg. nit., and ung. ichthyol. were applied. The rheumatism and the general condition of the patient improved somewhat, but the skin condition made no progress whatever,

notwithstanding the fact that the treatment was persevered in till the middle of October.

I then resolved to try the effect of the high-frequency current, and from this time till the end of December the patient had in all 36 sittings, consisting of auto-condensation (300 milliamperes) for twenty minutes, and also the application of the "effluve" to the affected parts of the skin sufficiently near to cause sparking. At the end of December it was noted that she was entirely free from rheumatism, and that the skin condition was very much improved. There were only a few isolated papules left, principally on the face. The skin over the affected areas was slightly pitted and deeply pigmented. Treatment was suspended during the month of January. She returned in the beginning of February, and as the papules on the face did not seem to be disappearing I gave her twelve more applications, with the result that the trouble cleared up. I saw her on January 30th, 1906, when the following note was made: Rheumatism gone, skin normal, all pitting and pigmentation entirely disappeared.

Penryn.

ALEX. GREGOR, M.B., C.M.

#### TRAUMATIC PNEUMONIA.

For some years I have made inquiry in every case of pneumonia I have attended as to injury, and I have been surprised at the frequency with which such a history is obtainable. To illustrate the amount of damage possible to lung tissue without much cutaneous bruising I will mention a case which came under my notice some years ago.

A lad was brought to the Salisbury Infirmary suffering from symptoms of internal haemorrhage. He had been found in the road, and although there was no eye-witness of the accident, the presumption was that the wheel of a wagon of which he was in charge had passed over his chest. He died, and I made a *post-mortem* examination in the presence of members of the staff. One lung was severely lacerated, so much so that a large piece of lung tissue was lying free in the pleural cavity. There was no fractured rib, and hardly any external bruising visible.

Curiously enough, only about a week ago I was called to see a patient who had the misfortune while driving to meet a motor car, and was upset. Among other injuries he had local tenderness over one rib, but, as far as I could ascertain, no fracture. On auscultation there was present a distinct pleural friction sound about 2 in. round the tender spot. This must have been traumatic. There was no pyrexia and no extension of the trouble, so I take it the pneumococcus had not time to take up its abode.

I believe traumatism to be a much more frequent cause of pneumonia than is generally recognized.

Salisbury.

H. L. E. WILKS.

#### VARICELLA BULLOSA.

The following case of varicella bullosa occurred in my practice during a recent epidemic of chicken-pox in this town:

The patient, aged 3, was the last of three children to develop varicella, the eruption having appeared on the other two, aged 5 and 2 years respectively, quite a week before. The eruption was at first of the ordinary chicken-pox type, but on the third day of its appearance three large bullae formed, the largest, on the right side of the abdomen, measuring  $4\frac{1}{2} \times 3\frac{1}{2}$  in., another on the upper and inner side of the right thigh, and a third over the right great trochanter of the femur. The child's temperature was  $99^{\circ}$  on the day the bullae made their appearance, and the latter dried up and healed quite uneventfully.

Llangollen.

H. FREETH, M.D.

**SUNDAY RESTS FOR DRUGGISTS.**—We have already referred to the recent initiation of a Sunday rest movement for medical practitioners in Germany. A similar movement on behalf of the druggists is now reported from South America. The National Board of Public Health of the Republic of Argentina has issued new regulations respecting Sunday rest. Among them is one which requires the pharmacies to close on Sunday, only one in each district remaining open. Each pharmacy takes its turn in remaining open and the Board has issued a list of the various pharmacies with the date of their open Sunday. The police are instructed to enforce the decree.

## REPORTS

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

GENERAL HOSPITAL, BIRMINGHAM.

A CASE OF DANGER DURING ETHYL CHLORIDE  
ANAESTHESIA.

(By A. J. FAIRLIE-CLARKE, M.C., F.R.C.S., Resident  
Surgical Officer.)

THE following case of grave difficulty occurring in the administration of ethyl chloride is, I think, worth recording, for we learn more of the dangers of a new drug by our mistakes and failures in its use than we do by recounting successes obtained with it.

A spare Irish woman, aged 33 years, was admitted to the General Hospital, Birmingham, on March 13th, 1906, with cellulitis of the right forearm. As immediate operation was advisable, it was done as soon as she could be got ready for it; thus no time was available for her to be adequately prepared for an anaesthetic.

After examining her chest and finding nothing amiss there, I decided to give ethyl chloride. I gave it in an Ormsby's inhaler, the sponge being pushed well to the top of the wire cage to allow free air-way to the bag. I sprayed 8 c.cm. of ethyl chloride, partly on to the sponge, but chiefly into the bag beyond, and applied the mask. The patient did not expand the bag well with her first breath, as asked, but struggled violently, and so got a good deal of free air owing to the displacement of the mask by her struggles. In a few moments she began to breathe deeply and was quiet and anaesthetic. The operation was then performed, the patient breathing regularly, with a slight stertor, and being allowed an occasional breath of air; but in a few moments she became blue and stopped breathing. The jaw was drawn forward and the tongue drawn out without difficulty, for there was no jaw spasm. Artificial respiration was employed. At this time the pulse at the wrist was imperceptible.

Under this treatment her colour quickly improved, and in a minute she began to breathe again, at first in deep gasps, then more regularly and quietly. During this time the muscles were rather rigid, and she had slight spasmodic movements of the limbs, while there was marked conjugate deviation of the eyes to the left, with slight nystagmus. The pupils all the while were moderately dilated. As the breathing improved she screamed loudly several times and struggled a little, being unconscious the while. Soon after this breathing and pulse again became very feeble. Artificial respiration was recommenced, 7 minims of the solution of strychnine were injected subcutaneously, and hot cloths were applied to the front of the chest. There was now marked jaw spasm, and much difficulty was experienced in opening her mouth to draw out the tongue; at the same time the general muscular spasm, with twitching of the limbs and deviation of the eyes, persisted, or was even more marked than before. Gradually she improved a second time, both pulse and respiration getting stronger, yet once or twice they showed signs of failing again. Quite a quarter of an hour elapsed from the conclusion of the administration (which itself did not last longer than three minutes) before the patient slowly regained consciousness, and the deviation of the eyes and twitchings ceased. Shortly afterwards she was able to swallow some brandy, and after that made a good recovery, not vomiting, or being otherwise distressed.

I hope that this short account may be of interest as showing one of the uncommon sequels of the administration of ethyl chloride, an anaesthetic which is very largely used for minor surgery at this hospital.

**MEDICAL STUDENTS IN AUSTRIA.**—The total number of students in the medical faculties of the universities of Austria on December 31, 1905, was 3,133, of whom 107 were women. These figures show an increase of 341 in the number of male and of 17 in that of female students as compared with the corresponding period of 1904. The numbers of matriculated students in the several universities were as follows: Vienna, 1,107; Graz, 255; Innsbruck, 141; Prague (German), 224; Prague (Czech), 407; Lemberg, 113; and Cracow, 227.

sometimes seen in ardent philozoists, his feelings towards his own kind were less tenderly sympathetic. We are at a loss which to wonder at most in his dealing with the unfortunate child—the ineptitude of his summing up or the cruelty of the sentence. One understands how a man capable of such an outrage on humanity came to be called “the Roman father.”

The *Vaccination Inquirer* of March 1st states that at the annual meeting of the National Antivaccination League, to which reference was made in the *BRITISH MEDICAL JOURNAL* of March 3rd, Mr. Bernard Shaw's letter, of which some choice extracts were there given, was read amidst “cheers and laughter.” Readers of *Dombey and Son* may remember Lord Feenix's account of his Parliamentary experiences when it was a standing instruction to Tory members to cheer whenever the name of Mr. Pitt was mentioned. This mandate was obeyed with such mechanical regularity that his Lordship expressed his belief that, if any one had come into the House and said that Mr. Pitt had suddenly fallen down dead, the announcement would have been received with loud cheers from his followers. It would almost seem that a similar order had been issued with regard to Mr. Shaw to the rank and file of the antivaccinists, and is carried out with the like indiscriminating zeal by that highly-disciplined body. Otherwise it is difficult to understand how even fanaticism could find matter for either applause or laughter in the statement that vaccination is “really nothing short of attempted murder.” Of course, coming from Mr. Shaw, this is nothing but what Lord Beaconsfield called “the babble of irresponsible frivolity.” But it is doubtless taken seriously by many of the antivaccinists, a fraternity whose predominant quality is a praeternatural dullness of apprehension. How, then, does it come about that they cheer a random statement which they know to be false, and laugh at a reckless charge of crime? Is it because they look upon it all as nothing more than clever mummung? We do not think they have the wit to see Mr. Shaw's jokes, far as these are from being to any thick sight invisible. We are therefore inclined to believe that at their meetings they have an organized *claque*, scattered about like the masters at Westminster School who give the signal for laughter and applause to the boys at the Latin play.

## MEDICAL NEWS.

THE will of the late Deputy Surgeon-General Sir Joseph Ewart, thrice Mayor of Brighton, has been proved at £24,029 net.

A MEETING will be held in Vienna on March 25th to consider a scheme for the establishment of organization of the medical profession throughout the Austrian Empire.

THE donations to the fund that is being collected for the establishment of an Institute of Cancer Research in connexion with the University of Heidelberg now amount to £34,000.

A FESTIVAL dinner in aid of the funds of the Royal National Hospital for Consumption, Ventnor, will be held in the Whitehall Rooms, Hotel Métropole, on April 3rd, under the presidency of Lord Roberts.

DR. W. BRAMLEY TAYLOR of Denmark Hill, a member of the committee of the Lambeth Division of the British Medical Association, has been placed on the Commission of Peace for the County of London.

M. MIRMAN, head of the Department of Public Assistance and Hygiene in the French Ministry of the Interior, has decided that women holding the degree of Doctor of Medicine are to be admitted to compete for the post of physician to lunatic asylums.

THE meeting of the Balneological Society on March 31st will be held at Bath. In the afternoon the members will hold a discussion on the treatment of disease by thermal methods, and in the evening attend a reception at the Pump Room given in their honour by the Mayor and Corporation.

A PRELIMINARY meeting to make arrangements for the Second International Congress of School Hygiene will be held at the University of London on Friday next, March 30th, when the Duke of Northumberland will take the chair at 5 p.m. The first Congress was held in Nuremberg in 1904, and it was there decided to hold the second Congress in London in August, 1907.

THREE or four years ago it was resolved that some memorial to Queen Victoria, who frequently visited the Riviera in the spring, should be erected there, and it was eventually decided that it should take the form of a cottage hospital, conducted on unsectarian lines. A suitable site was obtained on Mont Boron, Nice; the building was completed recently, and on March 17th was opened by Princess Christian, representing His Majesty. The need for such an institution has long been felt, and the movement was warmly supported by British medical men practising in the Riviera.

THE question of ambulance provision for the City of London has been under consideration at the Court of Common Council twice lately, much dissatisfaction being expressed at the continued delay of the Finance Committee in dealing with the horse ambulance scheme recommended by the Police Committee. The explanation given is that the delay is due to the fact that the London County Council was promoting a Bill in Parliament for a motor ambulance system for the whole of London. In this the County Council proposes to include the City area, and negotiations are in progress aiming at a harmonious rearrangement between the two bodies.

THE *Revista Medica del Uruguay* for February publishes the vital statistics of Montevideo for the month of October last *in extenso*, from which it would appear that the city, which has the large population of nearly 297,000, is in a satisfactory sanitary condition, the births being 700 in the month and the deaths 334. The third Latin-American Medical Congress is announced for January, 1907, and is to be held in Montevideo. Full details are given of the scheme and regulations. There are to be six sections, especial encouragement being given to hygiene. There will be held synchronously, but to remain open for two months, an International Exhibition of Hygiene, which will aim at representing fully all branches of the subject, both from its scientific as well as from its commercial aspect.

PROHIBITION OF ABSINTHE IN BELGIUM.—The Belgian Chamber of Deputies has recently passed by a large majority a measure forbidding the manufacture, importation, and sale of absinthe, under penalty of fines varying from £1 to £20, and imprisonment from a week to six months.

PRESENTATION.—Upon the occasion of his recent marriage, Dr. Herbert Coddington Major, of Swallowfield, Bushmead Avenue, Bedford, was presented with a handsome silver dessert dish, suitably inscribed in Latin, as the gift of all the members of the honorary staff of the Bedford County Hospital, in recognition of Dr. Major's services to the institution as honorary pathologist.

A COUNTRY HOSPITAL FOR TUBERCULOUS CHILDREN.—At a drawing-room meeting in Cadogan Gardens, last week, the claims of the Hospital for Children with Hip Disease were urged by Sir William Broadbent in writing, and by Mr. Warrington Haward, Chairman of the Invalid Children's Association, and by Mr. Tubby in person. The hospital is situated at Sevenoaks, but most of its patients are London children. It has a local staff of three medical practitioners and a London staff of five consultants. It was founded a good many years ago, but dates its more active existence from 1902, when new premises were provided for it. It is now desired to ensure greater efficiency by engaging a fully-trained nursing staff. This is undoubtedly a wise measure, while of course the general idea of treating surgical tuberculosis away from London is greatly to be encouraged.

A VETERAN.—Dr. T. H. S. Pullin, who was presented at a recent levée by the First Lord of the Admiralty, is by service the senior Admiralty surgeon and agent, having last month completed fifty years' service. Dr. Pullin has been in practice in Sidmouth for fifty-six years, and for thirty-five years has been Medical Officer of Health. He was one of the earliest Volunteer officers, receiving his commission in the Sidmouth battery of artillery, the first company to follow the 1st Devon volunteer company formed at Exeter in 1852 by the late Sir John Charles Bucknill, M.D., the originator and founder of the Volunteer movement in Great Britain. As a boy, Dr. Pullin was at Christ's Hospital, and was the chief choir soloist when on November 8th, 1837, “God Save the Queen” was first sung in public, on Queen Victoria's visit to the metropolis after her coronation. In 1849 he was appointed, with five or six others, by the General Board of Health to give assistance in the severe epidemic of cholera at Portsmouth. He became a Member of the Royal College of Surgeons of England and a Licentiate of the Society of Apothecaries in 1850. Dr. Pullin has never smoked and has been a total abstainer for forty years.

Bermuda. For many years he had been using numerous aliases. He alleged that he was entitled to use the letters "M.B., B.C." before the Charter of Philadelphia University was taken away. The Secretary of the Medical Defence Union, however, proved that at no time did that University grant the degrees which the prisoner declared he had acquired.

There were other charges which were not proceeded with, including one of fraudulently selling a practice. There were also two previous convictions.

The prisoner, who was prosecuted by Mr. W. R. D. Adkins and Mr. B. S. Foster, on behalf of the Medical Defence Union, and conducted his own defence, was on the next day sentenced to three years' penal servitude, the judge saying it was clear he had for some time been carrying on a system of fraud.

#### MEDICAL ETIQUETTE.

J. RAE.—We do not understand how, if the patient "exercised his choice," as our correspondent says he did, Dr. D. remained in attendance. Surely, however, the patient did not exercise his choice, for, as our correspondent says, he "accepted the services" of Dr. D. "for fear of offending his employer." It is impossible for us to go into motives; we all know how weak people sometimes are; it is possible that the patient has made one statement to C. and another to D.; we can only judge by what he does; and it is clearly admitted by our correspondent that the patient accepted D.'s services, whatever his motives may have been. We respect our correspondent's claim to be superior to monetary considerations, and agree that the question of injury to his pocket is not everything, but there are so many more serious causes of dispute between medical practitioners that we deprecate attaching too much importance to a small thing, such as this appears to be.

M.D.LOND. writes: A patient is under the care of a medical man in the country. A well-to-do neighbour who is interested in the patient and not satisfied with his progress applies to me for the name of a London specialist to give an opinion. I suggest that the patient come to see me and that I take him to a suitable consultant so as to get that opinion. This is done; my well-to-do friend pays the fees and gets the opinion. I am now accused by the country practitioner, whom I have put in possession of the facts, of unprofessional conduct. Is this accusation justified?

\* \* Our correspondent appears to have acted with want of consideration towards the country practitioner. His proper course was to tell the well-to-do person that the consultation must be proposed to the practitioner in attendance, with a request that he should name a specialist. If this request had been rejected our correspondent might have been justified in suggesting a suitable specialist, but he should not have taken any personal part in the proceeding.

#### LIABILITY OF WIFE.

BANKRUPT writes that he attended a lady in her confinement and made other attendances on her family. Later on he sent in his account to her husband, but has not been paid. The husband has since been made bankrupt and left the neighbourhood. His patient has means of her own, and he wishes to know if he can legally recover from her.

\* \* As the patient was living with her husband at the time of the attendance, in the absence of any special agreement to the contrary, the husband would alone be liable to pay for the same. It is to be feared that our correspondent can only send in his account to the trustee and receive his dividend in the same way as other creditors.

#### A FRIENDLY LEAD.

A. is surgeon to a Friendly Society, which proposes to establish another lodge at the other end of the town. Would it, he asks, be unprofessional for him to attend at the place—a public-house—where the lodge is held, to examine candidates, who think it too far to come to his house.

\* \* It is very unusual for a medical practitioner to attend at a public-house to examine candidates for a Friendly Society, and it would be better if "A." declined to be a party to such an arrangement.

#### HOSPITAL OFFICERS AS WITNESSES AT INQUESTS.

T. E. W. writes: I am a resident medical officer at a hospital supported by voluntary contributions. I attended to and admitted a child who had sustained an injury to the head and who had died within twenty-four hours. The coroner ordered me to make a *post-mortem* examination and attend at the inquest. I did so, but received no fee. Also, at the coroner's request, I supplied him, previous to the inquest, with a written report of the case and of the *post-mortem*

examination. Is the coroner within his rights in ordering me to make a *post-mortem* examination without paying a fee? Can I claim a fee for the report? I may add that the court is about a mile from the hospital; I was absent at the inquest over two hours at the busiest time of the day, and had to get a substitute to do my work. I do not even get my out-of-my-pocket expenses, though of course these are small.

\* \* There is no fee payable for making a *post-mortem* examination, or for giving evidence at the coroner's court, to medical officers of hospitals, if the deceased died in the hospital. This is by statute law. For the report which our correspondent furnished to the coroner previous to the inquest no fee is payable, but any information which the medical witness can furnish previous to the inquest frequently saves the time of the court and his own too. It is not, of course, obligatory, but only a matter of courtesy. As to out-of-pocket expenses, some county councils allow witnesses such expenses at the rate of 2d. per mile, but not exceeding 2s. Should any alteration in the law take place (which is contemplated), all medical officers rendering service to the State will be remunerated.

#### "MESSAGES RECEIVED."

AJAX writes: Would it be considered bad form, or in any way unethical, for a medical man living in a suburb of a large town to put a plate up in an adjoining district, where there are other medical men—the plate having on his name, qualifications, and a notice saying messages may be left?

\* \* This is a practice which may easily be abused. In widely-scattered country districts it has to be sanctioned, but under other circumstances it is liable to evoke protest when brass plates are put upon houses of which the medical man is not a tenant.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

Degrees.—In a congregation held on March 15th, the following degrees were conferred:

M.D.: F. P. Nunneley, Brasenose College.

M.B., B.Ch.: C. J. Singer, Magdalen College; W. D. Sturrock, Magdalen College.

D.Sc.: W. Garstang, Lincoln College; D. Randall-MacIver, Fellow of Worcester College.

### UNIVERSITY OF CAMBRIDGE.

DR. G. H. F. NUTTALL, M.A., F.R.S., of Christ College, has been approved for the degree of Doctor of Science.

The following degrees were conferred on March 15th:

M.B.—R. E. French, King's.

M.B., B.C.—C. N. le Brocq, Pemb.; T. W. N. Dunn, Gonv. and Cai.; H. E. Graham, Jes.; T. L. Drapes, Sid. Suss.

### UNIVERSITY OF EDINBURGH.

#### UNIVERSITY COURT.

At a meeting on March 12th the Court approved of arrangements for the taking over of the anatomy rooms of the New School of Medicine, Bristo Street, till recently occupied by Dr. R. J. A. Berry, for purposes connected with the Anatomical Department of the University. Subject to the approval of the Senatus, Dr. E. B. Jamieson, Second Demonstrator of Anatomy at the University, was appointed Lecturer, and to have the chief charge of the rooms taken over.

On the recommendation of the Senatus, the Court approved of an arrangement under which Dr. Logan Turner, Senior Assistant Surgeon to the Ear and Throat Department, Royal Infirmary, should conduct the class of the University Lecturer on Diseases of the Larynx, etc., during Dr. McKenzie Johnston's absence on account of ill health for part of the current session.

On the recommendation of the Senatus, the Court appointed Dr. A. H. Freeland Barbour to be University Lecturer on Systematic and Clinical Gynaecology, and the Managers of the Royal Infirmary have agreed that Dr. Barbour in that capacity should have charge of Ward 35.

### UNIVERSITY OF LONDON.

#### PRELIMINARY SCIENTIFIC EXAMINATION.

The following candidates have been approved:

Part II (*Organic Chemistry*).—W. R. W. Asplen, J. L. Atkinson, W. A. Berry, B. Blackwood, C. F. S. Broom, Barbara Broster, S. J. Clegg, G. B. Cockrem, Ethel Mary Connan, C. H. Crump, G. V. Deshmukh, A. Ferguson, A. J. Gibson, T. Hare, W. R. Harris, K. S. Harvey, R. M. Hiley, F. W. Hogarth, J. S. Hopwood, Florence Ida G. Hunter, K. P. Jones, E. C. Lindsay, G. G. Lyttle, Gladys Muriel Macaskie, D. A. Mitchell, R. Montgomery, A. E. Morgan, T. T. O'Callaghan, A. C. Palmer, T. C. Reeves, D. Scurlock, W. F. V. Simpson, W. R. Thomas, C. U. Whitney, G. Whittington, Violet Katherine Maria Wilde, C. Witts, S. Wyard.

## UNIVERSITY COLLEGE.

*Annual General Meeting.*

THE annual general meeting of the members of University College, London, was held on February 21st, when the chair was taken by the President, Lord Reay.

*New Fellows.*—The following graduates in the Faculty of Medicine were elected Fellows in the College: Thomas Lewis, M.B., B.S., C. S. Parker, M.B., B.S., F.R.C.S., and W. B. L. Trotter, M.S., F.R.C.S. Three graduates in the Faculty of Arts and Laws, two of them ladies, and three in Faculty of Science, one of them a lady, were elected Fellows at the same time.

The President, in moving the adoption of the report, dwelt upon the services rendered to the College by the late Emeritus Professor Christopher Heath, F.R.C.S., who was a member of the Council, and devoted his life to the College, and by the late Sir John Burdon-Sanderson, formerly Jodrell Professor of Physiology. Lord Reay mentioned that the gift of £16,000 by Mr. E. G. Bawden had completed the sum of £200,000 required for the incorporation, and referred to the gifts of the Fishmongers' and Drapers' Companies. The financial position of the College had been further improved by the permanent increase in the Parliamentary grant. There had been during the year 90 graduations in the University of London in the different faculties. The meeting was the last under the old order; by incorporation the College would to a certain extent lose its independence, but all were convinced that unless and until the University obtained direct control of all the chief centres of university education in London, the task committed to it of organizing and directing university education in London would not be completed. It was therefore satisfactory to know that the authorities of King's College were proposing to follow the example of incorporation set by University College, but he regretted that the report of the Departmental Committee on the Royal College of Science showed that there was doubt in the minds of the members of that Committee as to the nature of the relationship between the College of Technology and the University. The President was convinced that increased facilities for higher technological work were required in London, but that unless all the higher technological work was in the hands of the same authority there would be the same risk of overlapping, duplication, and possibly triplication, that there has been in the past. If brought within the University, the new College of Technology might be managed by a college committee, much as University College would be managed. That college committee would be subject to the general direction of the Senate on matters of university policy, but in all other matters it might be practically self-governing. He believed, therefore, that it would be possible to start the new college at once within the University and while starting it with a committee under the Senate constituted in the way suggested in the report, there would be time to consider what modifications in the general constitution of the University are necessary. The incorporation of University College and the developments of the last few years, together with this proposed College of Technology, might make some modifications in the organization of the University desirable. It was possible that the Senate itself might in the course of the next few months be prepared with a scheme, but if not the suggested Royal Commission could be appointed for the purpose.

## APOTHECARIES' HALL OF IRELAND.

THE Spring Medical Examinations, 1906, will commence on Tuesday, April 17th, with the First Professional. All entries must be lodged at least fourteen days previously with the Registrar, 40, Mary Street, Dublin.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

## THE LOCAL GOVERNMENT BOARD ON WHOLE-TIME PUBLIC VACCINATORS.

At the meeting of the Croydon Board of Guardians on March 20th a letter was read from the Local Government Board with reference to the post of public vaccinator for the Croydon district, rendered vacant by the death of Dr. T. R. Adams, who had held the appointment for many years. The guardians had proposed to divide the district and to appoint several private medical practitioners. The letter from the Local Government Board drew attention to paragraph 93 of the report of the Departmental Committee on Vaccination, and on the score of efficiency and economy the Board advised the guardians to appoint a permanent public vaccinator at a fixed salary, the duly-qualified medical practitioner appointed being required to give his whole time to the work, or, at any rate, agree not to engage in private practice. The letter continued: "He might, perhaps, if the district were not large enough to occupy the whole of his time, be allowed to engage in certain other professional work of a public character, but the Board think it would be better so to arrange the district that the whole of the officer's time would be occupied in public vaccination. They think, too, that the appointment of the public

vaccinator should be in the nature of a permanent appointment, and that it should only be determinable with their approval." In the course of the discussion which followed, the Chairman stated that the fees recently paid for vaccination amounted to between £400 and £500 a year. The matter was referred to the finance committee.

## DEATH FROM RUPTURE OF INTESTINAL ULCER.

A DEATH from an unusual cause has given occasion for an inquest in the Battersea Coroner's Court, and has afforded Mr. Troutbeck an opportunity of pillorying a member of the medical profession, and various newspapers occasions for some striking headlines. The deceased person, a horsekeeper, aged 57, who had been in and out of the workhouse for about seven years, had at various times been under the treatment of Dr. Dodson, the medical officer to the workhouse, for hydrocele, stricture, and chronic valvular disease of the heart. He was employed as a helper at St. James's Road Branch Workhouse. Death was proved on *post-mortem* examination to be traceable to perforation of a small chronic ulcer of the small intestine, about 8 ft. from the stomach; it was about  $\frac{1}{4}$  in. long by  $\frac{1}{8}$  in. wide; through this a few drops of faecal matter had percolated, and there were signs of commencing peritonitis. The history was that on the evening of February 10th the man, while carrying a tray and passing through a door, ran against the corner, hurting himself. At the *post-mortem* examination a bruise was seen in the left groin, and a slight bruise on the internal abdominal wall, corresponding with the bruise on the surface; the bruise was about a foot from the spot at which the ulcer in the intestine had ruptured. The assistant master of the branch workhouse telephoned to Dr. Dodson about 10.20 p.m. on February 10th, stating that the man had knocked himself in the groin and was unable to pass water. Dr. Dodson, knowing the patient well, directed that hot fomentations should be applied and an opium pill and a dose of stimulant mixture given, adding that if the man was not relieved he would respond to a telephone call during the night. At 9 a.m. on February 11th, he communicated by telephone with the branch workhouse master, and was informed that the man had passed water on the previous evening after the fomentations, had slept, and was much easier. At 11.30 a.m. Dr. Dodson visited him and found him in bed, not suffering any pain, and free from tenderness or distension; the pulse was 80; the patient begged not to be sent to the infirmary, and took a meal of bread and milk. At 1 a.m. the following morning he died suddenly.

The Coroner (Mr. Troutbeck) apparently not appreciating that the latency of symptoms in this case rendered diagnosis difficult, if not impossible, took a very serious view of Dr. Dodson's conduct and referred the matter to the Local Government Board.

At a meeting of the Wandsworth Board of Guardians on March 16th the report of a special committee appointed to investigate the case at the request of the Local Government Board was adopted. The committee reported that they did not think any great blame could be attached to the medical officer, who, in saying that he would come and see the patient if he was not better, was evidently not unmindful of the case; but, while making allowance for the fact that the assistant master did not realize the patient's serious condition, they felt that considerable blame attached to him. They thought it advisable that Dr. Dodson should arrange for some medical man living nearer the workhouse to visit cases of emergency. This Dr. Dodson has undertaken to do.

## VACCINATION.

*The Relations of Public Vaccinators with other Practitioners.*

BRISTOLIAN.—(1) A public vaccinator is exceeding his legal requirements in calling to offer to vaccinate a child of 3 months old, unless the parents, or guardians, request him to do so. Failing such request he ought not to call until he receives notice (Form H, Vacc. Acts, 1898) from the vaccination officer; such notice ought not to be issued by the latter until the child is 4 months and 7 days old, and after a personal visit from the vaccination officer to the parents [General Orders, Schedule IV, 6 (a)]. It is difficult to believe that a public vaccinator could "over-rule" the wishes of a mother, and vaccinate without her consent, and some other evidence than the statement of the person would be necessary. (2) In the second case also it is difficult to credit that the public vaccinator vaccinated the children "against the mother's wishes"; such a procedure would constitute a grave assault. It is impossible to decide on such a case upon the mere statement of the mother; she was probably threatened with summary proceedings, which were legally justifiable, and gave a grudging consent. On the larger question as to whether the vaccination of children, whose parents can pay, should be provided gratuitously by the State it must be remembered that a general principle has grown up in English legislation that when certain proceedings are forced upon individuals by statute, the expense of such proceedings shall be borne by public taxation. The principle is not confined to vaccination; it was applied to compulsory education, at the instigation mainly of Mr. Chamberlain in 1886, and under lies many other enactments.