

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

PAINLESS LABOUR.

DR. HORROCKS's statement that there is no such thing as painless labour is contrary to my experience. About sixteen years ago a lady engaged me for her fourth confinement, and incidentally mentioned that all her children, including the first, had been born before the doctor's arrival. I noted this, mentally resolving to be in time. It was in vain. Within ten minutes after receiving the summons I was at the patient's bedside, but the infant was born. To my astonishment I learned that she had never yet experienced what are known as "labour pains," nor did she ever suffer "after pains." Eighteen months later she wanted me again. One evening she and her husband with a couple of friends were enjoying a game at cards, when she suddenly told her husband to fetch the doctor while she went upstairs. As before, ten minutes probably covered the interval between her rising from the table and my arrival, and again I found the child born. A third opportunity in due time was given me to attend this lady, but as this proved to be a twin pregnancy I was in time to witness the birth of the second child, the first having appeared on the scene before I could reach the house. All through there were no pains, no warnings of impending accouchement until birth was almost accomplished—no complications or after discomfort of any kind. This patient informed me that her sister, the mother of several children, was likewise fortunate in absolutely escaping the pains which usually accompany labour.

Scarborough.

JOHN IRVING, M.D.

IN corroboration of Dr. Allan's case, the following may be of interest;

I was engaged by a young lady to attend her at her first confinement. One morning her husband came for me in great excitement, and on my asking when she was taken bad he replied, "Just now." I said probably the baby would not be born for eight hours, but went at once, meeting a second messenger on the way. On arrival at the house I found the baby born and the afterbirth expelled. The patient, it appeared, said to her mother, who lived with her, that she felt "queer," and the mother said, "Well, perhaps it will come to-day," and then the patient stepped across the room and leaned on the mantelshelf, when without warning the baby fell on the floor, rupturing the cord, and almost immediately the placenta was expelled. The patient made an uninterrupted recovery.

Ashton-on-Mersey.

HAROLD RENSHAW, M.B.

I THINK the following is a case of almost complete absence of pain in labour. In January, 1901, I was called to a case at 7 a.m., and found the child born when I arrived. The patient, a 3-para, aged 28, stated that she awoke at about 6.30 a.m., and the child was born immediately. She told me that she had "neither ache nor pain." Recovery was uneventful. In December, 1905, I was again called to the same patient at 4.30 p.m., and found the child born. She stated that she had been in the next house talking to her neighbour, and feeling as well as usual, when she was seized with a "pain in her body." She was only just able to get back to her house, and throw herself on to the bed, before the child was born. In neither of her first two labours did she suffer much pain, and they both terminated quickly. The first lasted somewhat longer than the second, but she was not sure about the time.

King's Lynn.

G. D. TREVOR-ROPER.

DEATH FROM ENLARGED THYMUS GLAND.

THE thymus gland is of such extreme interest both clinically and pathologically that cases of death due to its agency should always be recorded.

The child in this case had been sitting up at its tea when it was suddenly seized with a fit of choking, and died; at the time of choking he was not eating anything. The history of the boy was as follows: He was a healthy boy, aged 18 months, but had been subject to attacks of

dyspnoea almost from birth, attacks in the nature of laryngismus stridulus; the day previous to his death he had been taken to the Children's Hospital for this complaint, and there adenoids and enlarged tonsils were diagnosed, and he was ordered in 'for operation in two days' time. In the intervening time he died.

At the *post-mortem* examination the body was found to be well nourished and well grown. On opening the thorax a large thymus was found occupying the usual mid-sternal position, and embracing the bifurcation of the trachea. Its weight was 1 oz. 6 drachms, and its length from above downwards $3\frac{1}{2}$ in. There is no standard of weight to which to compare it, as the greatest diversity of opinion holds as to an average weight; but, taking 2 drachms as approximating the average, one can appreciate the enlargement. In addition to the lymphatic hyperplasia seen in the thymus, tonsils and adenoids, there were no other signs except in the spleen, which weighed and measured the same as the thymus. Rickets is so often part of the status thymicus that careful search was made for signs of it; none were found, though the lower ribs were drawn in as is usual in attacks of dyspnoea in children. As to the cause of death there are, of course, two principal theories, the toxic and the mechanical. Considering the small space between the manubrium sterni and vertebral column in a child, and the intimate relations of the thymic mass to the innominate arteries and veins, the auricles of the heart and the trachea, the mechanical theory presents no difficulties whatever to my mind; in those cases where young adults have died owing to some shock, and a status lymphaticus has been found, it is reasonable to inquire whether toxic agencies have not been also at work.

I would urge all practitioners to make *post-mortem* examinations in so-called cases of overlaying, as it is almost certain that a percentage of these deaths are due to the status thymicus, and many women consequently are wrongly accused of suffocating their infants.

Brighton. JAMES ROTH, M.R.C.S., L.R.C.P., B.A.Oxon.

SCARLET FEVER AND THE PUERPERIUM.

ON February 1st I delivered a woman, aged 27 years, of her second child; labour was tedious, and forceps were used with antiseptic precautions. All went well till the third day, when she developed obvious scarlet fever. The uterus was immediately washed out with four pints of hot water, to which tincture of iodine, 3ij, were added, and an injection of antistreptococcus serum administered; both douche and serum injection being repeated the following day, February 4th.

On February 5th the temperature fell from 104.2° to 101° , and never rose again above that point. The lochia never ceased, but continued as usual in a normal labour case. As soon as scarlet fever was diagnosed the infant was weaned, and milk gradually disappeared. Desquamation was free, hands and feet especially. Slight rheumatic pains occurred in wrists, hands, and shoulders at the end of the second week, and was relieved by a few doses of salicylate of soda (15 gr.). The temperature remained between 100° and 101° in the mornings till February 21st, when the patient was convalescent. Infection was traced to the patient's attendant; she lived close by, and had two unrecorded cases of scarlet fever in her family, and a third during her attendance on my patient. My patient had herself been in the infected house a day or two before she was delivered.

In addition to the treatment noted quinine was given all through the case, and brandy in regular doses of a table-spoonful every three hours during the first week. This is the first case of scarlet fever I have seen in a puerperal case in my own practice during the last ten years, and as I am constantly called to fever cases of all kinds, it must be very unusual for infection to be carried by the medical man with ordinary precautions, such as washing hands (biniodide of mercury tablets have always been used) and changing clothes.

P. S. HARRIS, M.R.C.S., L.R.C.P.

Heanor, R.S.O., Derbyshire.

VENTRIFIXATION.

IN a recent communication to the BRITISH MEDICAL JOURNAL, Sir William Sinclair expressed an opinion to the effect that ventrifixation in cases of prolapse at or past the

menopause were just those in which the operation was not indicated, and altogether unjustifiable. I venture to think that the following case proves this view to be incorrect.

K. E., aged 45, married, four children, youngest 14 years of age. Consulted me April, 1901. Complained of prolapse of the uterus, inability to walk owing to this, menorrhagia, and all the symptoms of extreme anaemia.

Examination: The cervix, hypertrophied to about the size of a Tangerine orange, was protruding from between the labia. It was seen to be excoriated in places from constant exposure and friction. Upon pushing this back into the vagina it was found that the body of the uterus was retroverted. The appendages could be easily felt and appeared healthy. There was an old rupture of the perineum extending nearly to the anus. The patient informed me that she used to push the lump back when she went to bed, but it was always outside when she woke in the morning. The patient was extremely anaemic and very feeble.

By way of treatment the patient was confined to bed for one month and the cervix kept within the vagina by a pad and tapes attached to a belt round the waist. Warm boracic douches were given once a day, and she was put on a nourishing diet, with iron and arsenic for medicine. At the end of the month she was much improved in general condition, but still extremely anaemic. Ventrifixation was then performed in the following manner: An incision $2\frac{1}{2}$ in. in length in middle line. The uterus was pushed up by an assistant from the vagina, and a No. 4 silk suture passed through its muscular wall fairly deeply; gentle traction was then made upon this, and the uterus drawn up into the wound as far as it would come. Then while still held by the suture the silk fixation sutures were passed, three in number of No. 3 size. They were all passed in the following manner: first through the parietal peritoneum from below upwards, and then over a space of about $\frac{1}{2}$ in., and then from above downwards; then through the uterine tissue, and finally through the parietal peritoneum at the opposite side in the same manner as described. The suture used for traction in the first instance was passed through the skin on either side after the fixation sutures had been tied and cut short, and after the incision had been closed with silkworm this suture was tied over the gauze pad, being subsequently withdrawn on the fifth day. As she was not fit to bear the further prolongation of the anaesthetic the plastic operation upon the perineum was deferred. I performed this some two months later. She made an uninterrupted recovery from both operations.

The after-history of this case is very satisfactory, and bears out, I think, my contention that Sir William Sinclair's view is not tenable. Thus, it is now nearly five years since her operation, and I have examined her recently within a few months. The uterus, as can be made out easily by palpation, is still in position as fixed; the cervix is almost of normal size, the perineum is sound. The patient is now past the climacteric. She can walk a matter of three miles to do her shopping, and on a Saturday carry her purchases home, which amount to a fair load.—I am, etc.,

Marskè-by-the-Sea. B. MAYHEW BONE, M.B., C.M. Edin.

ANTIDIPHThERIAL SERUM BY MOUTH.

I was much interested by Dr. A. M. Pilcher's list of cases in which antidiphtherial serum was administered by the mouth. May I venture, however, to make the following criticism? Since the majority of his cases were only slight, it appears hardly justifiable to attribute to a method of treatment a result which may have been due to the *vis medicatrix Naturae* alone. In pre-antitoxin days the multiplicity of "remedies" for diphtheria bore testimony to their inefficacy. Then, as now, benign cases tended to get well, whatever treatment was adopted, or, indeed, with no treatment at all.

Inestimable as are the benefits conferred by the introduction of antitoxin, there is no doubt that a certain number of cases can dispense with such treatment without any untoward results. Thus, out of 900 consecutive cases of diphtheria that have been under my care at the Grove Hospital during the last few years, 35 patients, or 3 per cent., did not receive antitoxin, and only 13 of the 35 had local treatment—for example, syringing the throat with boracic lotion, or a solution of potassium chlorate and myrrh. Dr. Pilcher, unfortunately, does not state if his patients received local treatment in addition to the oral administration of the serum. Beyond slight and transient albuminuria, no complications developed in my 35 cases to make me regret abstention from specific treatment. All the cases were detained in hospital long enough for any paralysis to develop, but none occurred.

It is to be regretted that Dr. Pilcher has not stated the

ages of his patients. Older patients, in my experience, are, as a rule, afflicted most by serum phenomena and least by paralysis, and are therefore less likely to suffer than younger ones through want of antitoxin treatment. The average age of my 35 patients was 11.5 years, which may be regarded as a relatively advanced age, as 769 of the total 900 were below that age.

The value of the oral administration of antitoxin as a preventive measure cannot be gauged from so small a number of cases as is given by Dr. Pilcher, especially if one considers how large a number of those exposed to infection escape an attack of diphtheria without prophylactic treatment, not only among the nursing and medical staffs of large fever hospitals but also among the more susceptible population of younger persons. On the other hand, the value of preventive injections is well established, and has recently been exemplified by the fact that among 671 children who received such injections at the Hôpital des Enfants Malades at Paris no case of diphtheria developed (vide *Bull. et Mém. de la Soc. Méd. des Hôp. de Paris*, December 8th, 1905).

Tooting.

J. D. ROLLESTON, M.D.

REPORTS

ON

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

BOLINGBROKE HOSPITAL, WANDSWORTH COMMON.

A CASE OF URAEMIA WITH PERSISTENT HICCOUGH: DEATH.

(Reported by W. A. REES, M.B. Lond., F.R.C.S. Eng., Registrar to the Hospital.)

A PATIENT, E. C., male, aged 52 years, was admitted to hospital on July 28th, 1905, under the care of Mr. Ryall. He was sent in as a case of cystitis and chronic ischio-rectal abscess. The history obtained from the man and from his friends was as follows:

History.—For the last twenty years he had suffered from rheumatism affecting the small joints of hands and feet and also the knees; this had led to the deformity of the hands characteristic of rheumatoid arthritis. In addition he had suffered from very severe gout, tophi forming in his ears and at the finger tips. The trouble with his urine first began three years ago, and throughout the symptoms were chiefly those usually associated with bladder trouble—namely, frequency of micturition and difficulty in starting the act. Blood had been present in the urine at times, and he had also passed "gravel." During the same time he had suffered from painful defaecation, and lately with the motions there had been a discharge of pus from the anus. Ten days before admission he began to suffer for the first time from hiccough, which varied, however, from time to time in severity. Thus he had one severe spell, with two or three hiccoughs to the minute, lasting thirty-six hours, and interfering greatly with sleep and the taking of food, but when this had passed off he was only troubled by an occasional hiccough through the day. When first admitted into hospital, and for the first two days after admission, the hiccoughs were only occasional, and hence no notice was taken of them, and this history concerning them was only elicited two or three days after admission when the hiccoughs became more frequent. The man stated that his appetite had been very bad lately, that his sleep had been very disturbed, and he had frequent headaches, which he put down to a blow on the head received when in the police some years before.

State on Admission.—The man was evidently very ill. He was greatly emaciated; the skin was harsh and dry, face sallow, and a general appearance of cachexia was present. His chief complaint was of pain in the region of the anus, and also of the difficulty and pain that he had on passing his urine, there being a feeling of soreness throughout the urethra. He had a slight cough, pulse was 100 to the minute, and temperature 100° F. The superficial cardiac dullness was enlarged, and the first sound of the heart accentuated at the apex; throughout the body the arteries showed well-marked arterio-sclerosis. On examining the anus, a swelling could be seen on the right side of the anal margin, pressure on which caused pus to ooze out from the anus; a chronic ischio-rectal abscess with an opening into the rectum was diagnosed. The urine was alkaline and rather offensive, specific gravity 1012, and contained pus and albumen, but no red blood corpuscles could be seen under the microscope. There was rather more albumen than could be accounted for by the amount of pus that was present.

Treatment and Progress.—As the patient complained so

MEDICAL NEWS.

IN August, 1908, the University of Jena will celebrate the 350th anniversary of its foundation.

A SCHOOL of criminology has been founded in Madrid, and, it is hoped, will shortly be in working order.

THE *Jewish Chronicle* announces the appointment of Dr. Charles Singer as Resident Medical Officer in charge of the Government General Hospital, Penang. Dr. Singer served as Medical Officer to Sir Charles Harrington's Abyssinian expedition.

It is announced that Professor von Recklinghausen, who has been head of the Pathological Institute of the University of Strassburg since it was constituted a German University, will retire at the end of the current semester. The distinguished pathologist is in his 73rd year.

THE Middlesex Hospital Musical Society held its annual concert to the nurses and patients in the Board Room at 5.30 p.m. on March 21st. A very good programme had been provided, and was very much appreciated. Dr. J. J. Pringle conducted, and Mr. T. G. A. Burns accompanied.

DR. JOHN ROBERTSON, Medical Officer of Health for Birmingham, will read a paper upon some aspects of housing reform in Germany at the meeting of the Incorporated Society of Medical Officers of Health to be held at 7.30 p.m., on Friday, April 6th, in the Society's Rooms, 1, Upper Montague Street, Russell Square.

WE learn from the *St. Thomas's Hospital Gazette* that Baron Takaki, Director-General of the Medical Service of the Japanese Navy in the late war, who is on a visit to Europe, has undertaken to give a course of three lectures at St. Thomas's Hospital. The dates provisionally fixed are May 7th, 9th, and 11th. Baron Takaki, who is a Fellow of the Royal College of Surgeons of England, is an old student of St. Thomas's.

THE Postmaster-General (Mr. Sydney Buxton, M.P.) has accepted an invitation to attend the annual dinner of the Association of British Postal Medical Officers, which is to take place at the Whitehall Rooms of the Hotel Métropole, London, on Wednesday, July 11th. The honorary secretary is Dr. Giddings, 206, Mansfield Road, Nottingham, and medical men who have recently become medical officers to the Post Office are advised to communicate with him.

THROUGH the generosity of Mrs. Phillips there has been established in the Aberdeen University Union a medical reference library in memory of her husband, the late Dr. C. D. F. Phillips. Every branch of medical science will be represented in the library, but special attention will be paid to the pharmacological section, which it is desired should be brought and kept abreast of the latest advances in materia medica. The Library Committee will welcome any reprints of papers on original work in pharmacology, a good number of which have been already received from Dr. William Murrell, Professor Stockman, Professor Cash, and others.

THE permanent staff of the British Medical Association, administrative and executive, dined together in the Medici Room of the Hotel Cecil on March 23rd, as the guests of Dr. Langley Browne, Chairman of Council. The proceedings were pleasantly unceremonious, and in addition to "The King" the only toast was one to the host, which was received with musical honours and an extra cheer. In proposing it Dr. Dawson Williams reminded the company that they had to thank Dr. Langley Browne not alone for a Red-letter day in the history of their service under the Association but for his very material assistance in the successful establishment of a scheme for a Clerical Staff Superannuation Fund. In reply Dr. Langley Browne said that the idea of giving a dinner party had occurred to him as a pleasant way of making the acquaintance of those with whose work he was now associated as Chairman of Council. The British Medical Association was now a great, powerful, and beneficent machine. Its success it doubtless owed to many factors and persons, but it owed it not least to its little-seen working parts; to the intelligent daily industry of those whom it employed; to the conscientious performance by each of his guests of the duty it was given to him to fulfil. As Chairman of Council he felt this strongly himself, and they would be glad to know that in paying this meed of recognition to their services he had the support of another of his guests, Dr. Radcliffe Crocke, the Treasurer. The party separated shortly before eleven o'clock on the completion of a programme of vocal and instrumental music which served to reveal that the clerical staff can boast of a good deal of real musical talent.

ANTIRABIC INSTITUTE IN BORDEAUX.—The Bordeaux Municipal Council has adopted a report presented by one of its members, Dr. Lamarque, urging the erection of a large building for the adequate housing of the antirabic, antidiphtherial, and vaccination stations. The City of Bordeaux will thus have an independent Pasteur Institute, of which Professor G. Ferré has been appointed Director.

ANTITOXIN AND DIPHTHERIA.—*American Medicine* states that in the few months that the system of free distribution of diphtheria antitoxin throughout Pennsylvania has been in force, the death-rate from that disease in the State has been reduced by almost 80 per cent. This means that instead of claiming 420 lives out of every 1,000 children or adults afflicted with the disease, diphtheria now slays only 88 out of every 1,000 whom it attacks.

THE POISONS AND PHARMACY BILL.—The Society of Apothecaries has addressed a vigorous protest to the Lord President of the Council against the introduction of any amendment to this Bill which would tend to deprive the numerous holders of the assistant's or dispenser's certificate granted by the Society of their right to dispense medical prescriptions, or to limit that right. An answer has been received which is deemed satisfactory.

TOTAL ABSTINENCE AND LIFE ASSURANCE.—Our recent note on the relative experience of teetotalers and non-teetotalers in insurance offices has brought us two further annual reports, on which a note may be made. The Sceptre Life Association at its recent annual meeting showed in its general section a mortality experience which was 80 per cent. of the experience expected on the basis of the Institute of Actuaries H^m Table, while in its temperance section the mortality experience was 48 per cent. of the expected mortality. Similarly, in the Abstainers and General Insurance Company the mortality experience of the abstainers' division was only 47.4 per cent. of the expected mortality.

MALARIA IN THE CAMPAGNA.—The King of Italy recently received in private audience Professor Postempski, Medical Inspector of the Red Cross of Italy, who presented to His Majesty the first copy of his report on the antimalarial campaign in the Roman Campagna in 1905. In the first campaign, which was undertaken in 1900, no medicinal prophylaxis was used, the proportion of cases among the population being 31 per cent. In the second campaign (1901), when quinine was given prophylactically, the proportion fell to 26 per cent.; in 1902 it fell to 20 per cent.; in 1903 to 11 per cent.; in 1904 to 10 per cent.; and in 1905 to 5.1 per cent. The King expressed the greatest satisfaction at the good results of the efforts of the Red Cross Society.

INTERNATIONAL MEDICAL ASSOCIATION FOR THE SUPPRESSION OF WAR.—The annual general meeting of the International Medical Association for the Suppression of War was held in Paris on March 21st, under the presidency of Dr. J. A. Rivière, and was attended by a number of doctors of various nationalities. Resolutions were passed that in future international disputes should be settled by two tribunals (International and Humanitarian); that in the twentieth century a generous spirit of human solidarity should be substituted for racial, religious, and class hatred; that force should not be employed in any form for the modification of the natural groupings which occur in society; and that the good direction which orders the acts of the individual should find its application in the family and in society as well as in nationalities.

CANCER RESEARCH IN GERMANY.—Some particulars as to the arrangement and organization of the Institute of Cancer Research about to be erected at Heidelberg are given by the *Allgemeine medicinische Central-Zeitung*. They are taken from an explanatory statement of the Budget Commission of the Baden Government. The Institute is to consist of two departments—clinical and scientific. The former is to be built on a site, opposite the University Hospital, which has been given by the State. It will contain eight beds for patients of the first and second classes, and twenty-three for patients of the third class. In the Scientific Department the nature and causes of cancer will be studied by experimental research and bio-chemical and anatomical investigations. The Institute will be under the superintendence of the Baden Ministry of Education. Professor Czerny, to whose initiative and active efforts the Institute chiefly owes its establishment, has accepted the post of Director for a period of at least five years. The laboratory buildings are already in course of construction, and the main building will be proceeded with at once. It is hoped that the Institute will be in working order by the middle of next September.

free to recommend the patient to place himself under the care of his friend. While such conduct is injudicious, as likely to offend the regular medical attendant, it does not involve a breach of etiquette, as would be the case if the patient had been sent by Seniat to B., who probably asked no questions, and was ignorant of Seniat's connexion with the case.

MEDICAL CERTIFICATES.

TAUBE says that he has been asked to fill up a certificate for an accident insurance company in which the two following questions occur as to the applicant; (1) Is he of sober and temperate habits? (2) Was he in your opinion perfectly sober at the time of the accident? and our correspondent asks whether if he were unable to reply in the affirmative to both these questions he would be justified in answering in accordance with the truth or whether he would be liable in such case to an action for damages. He adds that in his opinion "any man who would grant a certificate in general terms to a patient knowingly unqualified in such a manner, would not violate his conscience greatly by filling up the queries in question in the affirmative."

* * Any such difficulty is avoided if the medical practitioner recognizes that he has no right to answer such questions for an insurance company without first obtaining the permission of his patient, which should be in writing; if the answers are likely to be prejudicial to the patient's claim this should be made known to him when asking his consent. The meaning of our correspondent's final remark is not quite clear, but it is a truism that any one who is in the habit of trifling with his conscience in small matters will find it no longer a sure monitor on greater occasions. It is hardly necessary to say that it concerns the honour of the medical profession that medical certificates should be given with the most scrupulous regard for the truth.

AGREEMENTS NOT TO PRACTISE.

E. S. B. EAMES writes: A. buys a practice from B., B. signing an agreement not to practise within ten miles for a period of ten years. A. sells this same practice to C. After fourteen years have elapsed B. comes back and puts up his plate in the same house he practised in before. Would (1) this be considered correct medical etiquette? (2) or an honourable proceeding? As B. has called on the doctors around, what would be the correct way for those doctors, including C., to treat B.?

* * As the contract was limited to ten years, it does not seem reasonable to complain of B. for returning after fourteen years.

COMPETING FOR CLUB APPOINTMENTS.

A MEMBER writes: A. is medical officer to a certain provident institution, B. is a member of its committee, and C. is a medical practitioner in the district. B. came to C. as a private patient, and incidentally told him that several members of the said institution wished C. to join it, because they did not get proper and personal attendance from their present medical officer, who resides at a longer distance, and B. asked whether C. would accept the appointment if offered to him. C. consented, and B. brought the matter before the committee, who said that if at least twelve members of the institution sent in a written requisition their application would be considered. B., along with others, sent in such a requisition; the result is not yet known. A. complains of C. for canvassing to his detriment. Is it justifiable?

* * It is generally regarded as unfair to allow oneself to be put in competition for a club appointment before a vacancy is declared.

TESTIMONIALS IN TRADE ADVERTISEMENTS.

R. W.—The Dr. Andrew Wilson, F.R.S.E., whose pamphlet on Sanatogen has been received by our correspondent, is not a registered medical practitioner, but a popular lecturer on physiology, and the writer of numerous articles on diet and allied subjects in the newspapers and magazines.

DENTAL PRACTICE QUALIFIED AND UNQUALIFIED.

Z.—(1) At the last session of the General Medical Council several registered dentists were brought before it on account of their connexion with an advertising company, and certain of them were struck off the *Dentists' Register*. (2) There is nothing to prevent a registered practitioner, whether medical or dental, from opening a medical or dental institution for gain so long as the conduct of such institution does not include any proceeding which has been held by the General Medical Council to constitute infamous or disgraceful conduct in a professional respect. (3) Any unqualified person calling himself surgeon-dentist is liable to prosecution in an ordinary court of law, and any one can prosecute (see

Dentists' Act, sec. 4, amended by Medical Act 1886, sec. 26). (4) Probably a person holding the diploma L.D.S. could continue to call himself L.D.S., even after his name has been erased from the *Dentists' Register*, if the licensing body has not itself taken steps to remove his name from their own lists. But they generally take this step. The legal point has not however been, so far as we are aware, decided by a law court.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

The Quick Professorship of Biology.

THE Council of the University has recommended to the Senate a scheme for the administration of the Quick bequest which contains the following proposals: That a Quick Professor of Biology be appointed at a stipend of £1,000 a year; that the professor shall devote himself to the study of protozoology; and that the professorship shall not be tenable for more than three years without a fresh election, the election of the professor to be made by the Board of Managers for the administration of the fund. The report embodying these proposals will be voted on by the Senate next term. The electoral body for the Quick Professorship cannot be appointed until after the report has passed the Senate. Teaching and research posts in biology and assistance in the general maintenance of the laboratory will also be provided out of the income of the fund.

Readership in Hygiene.

The General Board of Studies recommend that Dr. G. H. F. Nuttall, M.A., F.R.S., of Christ College, be appointed Reader in Hygiene, at a stipend of £250 a year: £150 of which will be provided by the State Medicine Syndicate.

Compulsory Greek.

The Studies and Examination Syndicate have issued a second report to the Senate. It is proposed to make a distinction between students in Letters and students in Science, and that the former only shall be required to take both classical languages in the Previous Examination. Students in Science must take either Latin or Greek, and one other language, either French or German. The Tripos Examinations would be divided into two groups, one for Letters and the other for Science, and the corresponding degrees would be Bachelor of Arts in Letters or in Science. Other proposals are made also for the examination for ordinary degrees. A notice of non-placet has already been issued by the Master of Emmanuel, and the Syndics are not unanimous, so that opposition is expected.

UNIVERSITY OF LONDON.

INSTITUTE OF MEDICAL SCIENCES FUND.

THE Senate has authorized the formation of a general committee to promote the objects of this fund. The following have expressed their willingness to join the committee:

The Chancellor, the Earl of Rosebery, K.G. (President), Sir Edward H. Busk (Vice-Chancellor), Sir Arthur Rücker (Principal), the President of the Royal College of Physicians of London, the President of the Royal College of Surgeons of England, Lord Avebury, Lord Justice Cozens-Hardy, Lord Rothschild, the Bishop of London, the Bishop of Stepney, Sir Thomas Barlow, Bart., Mr. Alfred Beit, Mr. Cosmo Bonser, Sir Wm. Broadbent, Bart., Mr. A. C. Cole, Sir Michael Foster, K.C.B., Sir Edward Fry, Mr. Henry Harben (Chairman of St. Mary's Hospital), Sir Francis Laking, Sir Charles Metcalfe, K.C.M.G., Sir Walter Palmer, Sir Cooper Perry, Sir William Ramsay, Sir Henry Roscoe, Mr. Alfred de Rothschild, Mr. Leopold de Rothschild, the Hon. W. F. D. Smith, Sir Frederick Treves, Bart., Mr. J. G. Wainwright (Treasurer of St. Thomas's Hospital), Sir John Wolfe-Barry. The Honorary Treasurers are Dr. J. K. Fowler and Mr. H. T. Butlin. A considerable sum is still required in order to carry out the scheme.

KING'S COLLEGE.

THE Chair of Obstetric Medicine and Diseases of Children at King's College, London, having become vacant through the resignation of Dr. T. C. Hayes, the Council resolved to divide the Professorship, and to appoint a Professor of Diseases of Children and a Professor of Obstetric Medicine and Diseases of Women. Dr. G. F. Still, Assistant Physician for Diseases of Children to the hospital, has been appointed to the first-named chair, and Dr. John Phillips to the second. So far as we are aware, Dr. Still is the first Professor of the subject in this country, although in many of the medical faculties of the universities of Germany and America professors of the diseases of children were appointed many years ago. Dr. Still, who has made many contributions to the knowledge of disease in childhood, especially with regard to posterior basic meningitis, has previously lectured on the subject at King's College, and in future will give six lectures during the winter session.

Dr. W. E. Dixon, of Downing College, Cambridge, has been appointed to the Chair of Materia Medica and Pharmacology. Dr. Frank E. H. Taylor has become Demonstrator of Bacteriology.

UNIVERSITY OF LEEDS.

At a congregation of the University held at the Medical School on March 23rd the following were presented by the Dean of the Faculty of Medicine for the degrees of Bachelor of Medicine and Bachelor of Surgery, which were conferred by the Vice-Chancellor:

J. S. Crawford, R. B. Radcliffe, and A. L. Walker.

The following students have passed Part I (Anatomy and Physiology) of the Second M.B. and Ch.B. Examination:

H. L. Fline, J. H. M. Frobisher, S. M. Hepworth, G. A. C. Mitchell, G. C. H. Nicol, and H. Vallow.

The third term or summer session begins on April 23rd, and closes on July 13th.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

Anatomy and Physiology.—J. A. Bateman, T. B. Bolton, Norman Booth, C. H. Broomhead, G. Crawshaw, W. C. Denniston, H. M. C. Green, J. H. C. Green, Frances M. Huxley, F. F. Laidlaw, E. K. Lomas, W. P. Marshall, W. W. Martin, John Morley, L. M. C. Skillern, J. Thompson, R. B. Thompson, W. W. Uttley, T. G. Williams, A. E. Woodall.

Materia Medica and Pharmacy.—Elsie Brown, W. A. Bullough, E. Gandy, C. Pimblett, B. E. Trevor-Roper.

Final Examination (Part I).—J. W. Bride, J. F. Dow, J. A. Fairer, F. Hartley, C. G. Howlett, R. Lakin, W. P. Moffet, P. Moran, W. Nightingale, Alice Oberdorfer, C. H. S. Redmond, R. Robertson, Elsie M. Royle, A. C. Turner, G. B. Warburton, H. Whitehead, N. R. Williamson.

Part II.—C. Brown, F. da Cunha, H. M. Fort, W. George, P. J. Harris-Jones, G. Heathcote, A. W. Howlett, F. H. Lacey, R. Nightingale, P. L. Pollard, M. B. Potts, Julia C. White.

Diploma in Public Health (Part II).—H. J. Crompton, C. H. Dyer, H. D. Haworth, A. S. Parkinson, F. E. Tylecote.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the Preliminary Examination in March:

J. Gormley, F. J. Eager (with honours); E. T. Beatty, T. Buckley, W. N. Burack, S. Carroll, H. F. Connolly, H. G. Crawford, L. E. Egan, T. FitzGibbon, P. Grace, F. Healy, G. J. Hosty, D. Kelly, B. F. Murphy, P. McGrath, J. J. O'Connell, M. O'Donnell, C. H. Oliver, C. Petit, J. J. Reynolds, J. R. Kelly, E. U. Russell, W. Stewart, W. W. Shorten, L. J. C. Smyth, T. M. Thomson, F. W. Warren, and L. Wynn-Roberts.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE President and Council have appointed Dr. Wolfenden Collins, of Sydenham, formerly Surgeon to Jervis Street Hospital, Dublin, a delegate to represent the College at the coming International Medical Congress at Lisbon.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the Intermediate Medical Examination, Part I:

S. F. A. Charles, W. E. Hopkins, G. G. Mecreedy, N. P. Jewell, D. P. Clement, A. H. Smith, *C. W. Laird, *F. R. Seymour, †E. C. Lambkin, †H. H. Ormsby, †R. de C. Wheeler, J. F. Clarke, A. S. M. Winder, F. A. Anderson, W. H. McCarthy, H. R. Kenny, J. H. Morton, W. E. M. Armstrong, F. Smartt, J. B. Jones.
* Equal. † Equal.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

Surgery.—†A. J. Ambrose, †J. B. Banister, *W. V. Pegler, *T. R. Roberts, †A. F. Van Dijk.

Medicine.—†J. B. Banister, †A. W. S. De Vine, *R. C. T. Evans, J. P. E. Henery, F. F. L. How, *F. J. F. Jones, †E. Lowry.

Forensic Medicine.—J. B. Banister, F. J. F. Jones, J. W. Peatt, C. S. Spencer.

Midwifery.—J. B. Banister, M. L. A. Boileau, A. W. S. De Vine, P. Moxey.

The diploma of the Society has been granted to Messrs. J. B. Banister, J. P. E. Henery, F. J. F. Jones, E. Lowry, T. R. Roberts, and A. F. Van Dijk.

† Section I. * Section II.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

EVOLUTION AND CONSCIENCE.

SPEAKING at a meeting of the York Health and Housing Reform Association last week, the Bishop of Ripon put the present position of public feeling in regard to questions of hygiene in a somewhat interesting light. He was optimistic as regards the future, because, he said, he was a thorough-going evolutionist, and believed that this world of ours was ordained by God to go forward. Physical evolution might have ceased because physical development had reached its climax, but evolution itself had not ceased; it was merely taking another direction—that of intellectual, moral, and social progress. One of the direct results was the development of a collective conscience. Truly, to estimate the magnitude of this and to assess the improvements to which it had led and would lead, they must look back sixty or seventy years. At that time there was very little in the nature of the feeling which he described as a collective conscience among the public at large respecting poverty, weakness, and

suffering in relation to insanitation and neglect of hygiene. But if we looked at what was going on at the present day in America, in France, in Germany and among ourselves, there was evidence of a wonderful advance in the sense of responsibility towards the weak. As for the national life of Great Britain in particular, we were beginning to see people take an interest, and to feel bound to take an interest, in the conditions of the life of the poor around them. The evolutionary process had gone on, and not only was a collective conscience aroused, but there was an individual sense of responsibility, obligation, and affection within the limits of the family and the tribe; it was growing too, but more slowly with regard to the nation as a whole. Such societies as the York Health and Housing Reform Association were valuable, because they stimulated the evolution of the collective conscience, and showed the way in the direction of practical work. By the stupidity of our own arrangements we often at present cut off God's gifts; we made fresh air impossible to some and put sunshine out of the reach of a great many. There was no good reason why people should be crowded into insanitary dwellings nor was it right that children should be brought into the world and so inadequately fed that they had no chance of maturing. It was our duty to see that every fresh human being born had a fair chance to develop healthily. To those engaged in preaching the gospel of hygiene and in endeavouring to secure its practical application, the progress is apt to seem slow, and the Bishop's reminder that we should compare the present with the past is to the point. On the other hand, he has perhaps rather overestimated the extent to which the formation of a collective conscience has been completed. Whatever opinions may be held on this point, the medical profession, at any rate, can take credit to itself for the existence of any public conscience in matters of hygiene at all.

FEE FOR ATTENDANCE ON COMPLICATIONS AFTER CONFINEMENT.

P. V., a district medical officer, in obedience to medical order, attended a patient who had been confined (under a midwife) three days previously. He found the woman in almost a hopeless condition from retention of parts of placenta, which he removed under chloroform, and, after much subsequent attention, she recovered. He asks whether he is entitled to the fee of £2.

* * * As the proper order for medical attendance on this case was granted soon after confinement and the patient was then in a serious, or perhaps more correctly a very dangerous, condition, which was unmistakably a direct consequence of her past labour, our correspondent is no doubt entitled to the maximum fee of £2.

DISTRICT MEDICAL OFFICERS' APPOINTMENTS.

AGRICOLA is a medical man resident in a union divided into two districts, No. 1 and No. 2; the latter is further subdivided into two wards. Agricola is a new comer, who has been recently appointed medical officer and public vaccinator in one ward only of No. 2 district. He asks whether he is entitled to hold the appointments for the whole of No. 2 district, and if so what steps he ought to take in the matter.

* * * We do not quite understand how it is that "Agricola" has become appointed to any part of a medical district. If this is really the case it is quite an exceptional appointment; but whether it be a correct description of his present position or not, we cannot advise him to take any steps whatever to disturb present arrangements unless a vacancy to some post now filled should be declared.

FEE FOR TEMPORARY TREATMENT OF FRACTURED THIGH.

GOIDEL, a district medical officer, attended a tramp who had fracture of the femur, which he put up temporarily, and then sent the patient to the workhouse, where he was subsequently treated by the surgeon there. He asks what fee he can claim.

* * * We assume that attendance on the patient in question was in compliance with a formal medical order, and, if so, our correspondent would have been entitled to a fee of £3; but this only if he had continued to treat the case. This he evidently could not undertake, and consequently he is not entitled to the full fee. We should recommend him, therefore, to make a claim for one-half of that amount only, and even this might be disputed by the guardians if no medical order for attendance was given.

THE LOCAL GOVERNMENT BOARD ON WHOLE-TIME PUBLIC VACCINATORS.

A PUBLIC VACCINATOR writes: The action of the Local Government Board in advising the appointment of a "whole-time" public vaccinator at Croydon denotes a weak concession to the clamour of public bodies for economy (at the expense of their servants), and connotes a strange dis-

family practice for nearly eighty years. His father, uncle, three brothers, three nephews, and a cousin were, or are, members of the medical profession and were all educated at Guy's. In his younger days at the hospital he was well known as a good athlete, both on the cinder track and on the water, and took his place in the hospital boat.

By the death of Mr. **FREDERICK HAROLD HAND**, House-Surgeon of the West Norfolk and Lynn Hospital, the medical profession loses another member whose life has been sacrificed in the performance of duty. He was a son of Rear-Admiral G. W. Hand, and was a student of St. Mary's Hospital. He had held the post of House-Surgeon at Lynn for upwards of a year. After a very brief illness he died from cellulitis following a *post-mortem* examination on March 2nd. His genial manner and the kindness of his disposition made him a general favourite. He was buried in the Lynn Cemetery on March 5th. His funeral was attended by the Mayor, the members of the Weekly Board, and the medical and other staffs of the hospital, while several hundreds of the inhabitants of the town testified their respect by being present at the interment.

THE death occurred at Matlock on February 4th of Dr. **JOHN CHESTNUTT**, of Howden, Yorkshire, at the age of 55 years. He was the eldest son of the late Rev. W. Chestnutt, of Tralee. He had a distinguished career at Queen's College, Cork, being senior scholar, exhibitioner, and prizeman. He studied also at Leeds and Edinburgh, graduated B.A. with honours at Queen's University, and obtained the licence of the Royal Colleges of Physicians and Surgeons of Edinburgh. He settled at Howden some twenty-five years ago, having succeeded the late Dr. H. Morris. He enjoyed a large practice, being extremely popular with all; he was Medical Officer to Howden Workhouse and district, to the post-office staff, and to various clubs. For many years he was Lecturer and Examiner to St. John Ambulance Association, of which he was a member. Through his efforts, also, the Howden Nursing Association was formed for work among the sick poor. An ardent Volunteer, he retired some years ago with the rank of Major, receiving the "Volunteer Decoration" for long and good service. He rejoined in the Medical Department as Surgeon-Lieutenant, being gazetted Surgeon-Major just a week prior to his death. He was a member of the British Medical Association, Royal Society of Antiquarians of Ireland, of the Yorkshire Archaeological Society, and of British Gynaecological Society.

Dr. **E. GÉLINEAU**, who died not long ago at Blaye in his 79th year, was the founder of the *Prévoyance Médicale*, a medical benevolent society which has now a membership of 3,800. Born at Blaye in 1827, Dr. Gélinau spent the early years of his professional career as a medical officer of the French navy. On retiring from the service he settled in practice at Aigrefeuille, in the department of Charente-Inférieure. After working as a country doctor for fifteen years he went to Paris, where he made a reputation as a specialist in nerve diseases, particularly epilepsy. He embodied his experience in a large volume.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Constant Vernet, Chief Physician of the Men's Department in the Lunatic Asylum of Maréville, aged 53; Dr. Otto Wanscher, Extraordinary Professor of Surgery in the University of Copenhagen; Dr. Phisalix, Assistant to the Chair of Comparative Pathology (Professor Chauveau) at the Paris Natural History Museum, aged 50; Dr. Paul Stolper, Professor of Forensic Medicine in the University of Goettingen, aged 40; Dr. H. F. von Hoelder, of Stuttgart, widely known as an anthropologist, aged 88; Dr. Ignaz Kraus, one of the best-known physicians of Carlsbad; Dr. N. Ljubinoff, Professor of Pathological Anatomy in the University of Kasan; and Dr. Marduel, one of the founders of the *Lyon Médicale*, to which he was for many years a constant contributor, and a prominent figure in the professional life of Lyons, in his 65th year.

HOSPITAL AND DISPENSARY MANAGEMENT.

WOLVERHAMPTON EYE INFIRMARY.

At the annual meeting of the Wolverhampton Eye Infirmary the report showed the subscriptions for the year to be £810, as against £845 in 1904; the workmen's contributions had increased to £989, although trade had not shown any great corresponding increase. The total receipts were £2,524. The total number of patients was 5,841, of whom 485 were in-patients. Over 2,500 injuries were attended to during the year. Inasmuch as eye infirmaries have recently been opened at Dudley and Stourbridge, it is expected that in the future the number of cases sent to Wolverhampton will diminish.

CHARING CROSS HOSPITAL.

THE eighty-fifth annual general meeting of the supporters of Charing Cross Hospital was held on February 21st. The report of the Council showed that although the new wards contain some ninety beds, others have had to be closed, so that the actual number of beds available still falls 67 short of the 250 which, nominally, the hospital provides. It is a question, indeed, whether the beds in use will not have to be reduced to 150, for although the Council has determined to let the remainder of the rebuilding scheme stand over, the financial outlook is not promising. Practically a sum of £120,000 appears to be required to put the finances of the institution on a sound footing, and a special effort is to be made this year to raise a sum sufficient to prevent the accommodation of the hospital being further reduced. An interesting account was given at the meeting of the work which the hospital did in connexion with the collapse of Charing Cross Station, a useful object lesson in proof of the great utility of the hospital on its present site.

THE ROYAL FREE HOSPITAL.

FROM the report laid before the supporters of the Royal Free Hospital, Gray's Inn Road, on February 21st, it appears that all the structural improvements and renovations in progress during the last few years have now been completed and paid for. Before other work, such as another operating theatre and a better out-patient department, can be undertaken, further ground as well as further funds will have to be found. The income from all sources did not fall very far short of expenditure last year, but as the expenditure is fairly fixed at some £15,000 a year and the income fluctuates greatly, large additions to the invested capital of the charity are still required to place matters on a satisfactory footing. The census of in-patients which is taken at this hospital on the second Sunday in January every year, showed, as on previous occasions, that over 50 per cent. of all inmates belonged to the districts in its immediate neighbourhood. The maternity work carried on by the students appears to be growing considerably, 431 maternity cases having been treated in their own homes last year.

ROYAL LONDON OPHTHALMIC HOSPITAL.

THE report presented to the annual general meeting of the supporters of the Royal London Ophthalmic Hospital (Moorfields Eye Hospital), on February 22nd showed that 20 of the beds still remain closed for want of funds. During last year 2,051 persons were treated in the wards and 42,336 in the out-patient rooms, the attendance in the latter averaging 418 a day. The income for the year from donations seriously diminished, while expenditure remained about the same as in the previous years. The Ladies' Guild working in connexion with the institution was noted as having afforded much assistance.

HOSPITAL FOR CHILDREN, SHADWELL.

At the annual Court of Governors of the East London Hospital for Children, Shadwell, held on February 26th, it was reported that in default of materially increased financial assistance some of the wards will have to be closed. Its revenue from investments is less than £1,100, against an expenditure of ten times that amount. The institution received last year from the King's Fund a donation of £1,700, and this was pointed out as satisfactory proof that the work of the hospital is being conducted on desirable lines.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL.

THE admissions last year to Queen Charlotte's Lying-in Hospital, Marylebone Road, as reported at the annual meeting on February 26th numbered 1,560, while 1,969 other maternity cases were attended in the patients' own homes. There were five deaths among the in-patients, all the cases, it was stated, being admitted in a very grave condition. Among the extern patients there was no mortality. The ordinary income for the year fell some £1,200 short of ordinary expenditure, which was £6,168. The principal present need of the hospital is an extension of the nurses' home. To effect this, and to pay off the outstanding debt on the new wards, a sum of £10,000 is required.