

of the shadows from the opposite surfaces of compact bone.

The following experiment shows graphically the two types of distortion:

Four parallel saw cuts were made through the external margin of a tibia, of sufficient width and depth to take a sixpenny piece in each, and three ordinary No. 5 shot were fixed in little pits on the surface of the bone at the points *s*, *t*, *b*, as shown in the photograph (Fig. 3).

I call the sentinel shot, as it serves to localize the relative position of the bone to the photographic plate in the three skiographs, and is not liable to appreciable distortion owing to its proximity to the plate. *t*, top shot furthest from the plate. *b*, bottom shot nearest to the plate.

The three skiographs marked *x*, *y*, and *z*, were taken separately on one plate (12 by 10). The relative positions of the bone and plate were the same in *x*, *y*, and *z*. The differences in appearance between each skiograph depend solely upon the position and the distance of the anticathode from the object.

The anticathode was over the centre of the bone in each case, and not to one side; this relationship can best be obtained by dropping a plumb-line from the focus tube after the fashion I recommended in my paper to the Roentgen Society for investigating the existence of transverse fractures in bone.

In *x* and *z* the anticathode was over No. 4; in *x* it was 10 in. from the plate, and in *z* 5 in. In *y* the anticathode was over 1 at 10 in. distance.

The photograph 3 shows that the sixpenny pieces are all parallel and lie perpendicular or at right angles to the plate.

The letters and figures in the skiographs *x*, *y*, and *z* (Fig. 4) correspond to those in the photograph of the tibia (Fig. 3).

The distortions, which are graphically represented in *x*, *y*, and *z*, show how extraordinarily they become affected by simply shifting the position of the anticathode; I need hardly state that these would become grossly and grotesquely exaggerated by placing the object for examination at a different lateral angle to the plate in each case.

For example, I would point out that the shot *t* can be made to travel round the shot *b* in every direction and almost in any position that one desires by suitable shifting of the anticathode; and as these two shots may be taken as representing two surfaces of bone—the one (*b*) being next to, and the other (*t*) being the furthest from, the photographic plate—one sees at a glance that overlapping of the surfaces takes place in every portion of a skiograph except in that particular situation where the vertical rays strike the object under investigation; at that spot *alone* there is correct superposition of the compact surfaces opposite each other. Note the half eclipse of *b* by *t* in *z*.

#### CONCLUSIONS.

The following are my conclusions as to the influence which *x* rays have exercised upon treatment of fractures and dislocations:

1. No new methods of treatment have been introduced since or due to the discovery of *x* rays.

2. The ordinary symptoms of fractures and dislocations are sufficient to form a correct diagnosis in the vast majority of cases, and *x* rays are unnecessary.

3. In injuries to bones or joints which are obscure from any cause the aid of *x* rays should always if possible be obtained.

4. The value of *x* rays *alone* in forming opinion with regard to treatment is *nil*.

5. *X*-ray photographs should be obtained when doubt exists with regard to reduction of a recent dislocation; in old dislocations they do not assist us in deciding upon any line of treatment.

6. *X* rays are of no value in forming opinion as to the progress of the process of repair in recent fractures, and they are also useless in forming opinion as to the usefulness of a limb; their value is limited to the determination of the mechano-pathological conditions of the fragments.

7. The evidence afforded by *x* rays is deceptive, misleading, and should only be submitted to and acted upon by those who understand their value.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### THE TREATMENT OF HUMAN TRYpanosomiasis BY ATOXYL.

In Memoir XVI of the Liverpool School of Tropical Medicine Thomas and Breinl published an account of their attempts to treat experimental trypanosomiasis in animals by a meta-arsenic anilin compound—"atoxyl." The results they obtained were far from conclusive, but they were distinctly encouraging. Since it has given better results than any other drug, this compound of aniline and arsenic should certainly have a careful trial in at least early cases of trypanosomiasis.

It is useless to attempt a treatment by "atoxyl" unless one is prepared to continue it carefully and intelligently for a long period. Besides medication, the patient should have plenty of good food, and his general health should be carefully built up.

"Atoxyl" must not be given by the mouth; its composition is altered by the acid of the stomach. In animals the best experimental effects were obtained by intravenous injection, but it would manifestly be impossible to employ this method regularly in men over a long period of time. It is suggested by our experience with this drug in Liverpool that in the routine treatment of human trypanosomiasis it should be administered as follows:

Make a 20 per cent. solution of "atoxyl" in distilled water, or, preferably, normal saline. Inject it subcutaneously in the doses indicated below. The solution should be warmed to almost blood heat just before use. In this way the pain at the site of injection, which occasionally follows the use of the drug, is obviated. Give in this manner for four to six days 0.6 c.cm.; then raise the dose to 0.8 c.cm. for four to six days; then again raise the amount given to 1 c.cm. per day. Continue to give this dose until signs of intoxication commence to appear. When this happens reduce it, as in the ordinary administration of arsenic, until the limit of the patient's tolerance is reached, and keep the dose at that point.

If those who have an opportunity of treating cases of human trypanosomiasis with this drug are careful to note exactly both the doses given and the reaction of the patient and parasites (microscopically and by animal inoculation with large amounts of blood), it should not be many months before at least an idea of its efficiency can be formed.

JOHN L. TODD,  
Runcorn Trypanosomiasis Research Laboratories of the  
Liverpool School of Tropical Medicine.

#### GOITRE IN ENGLAND.

THE recent discussion at the Royal Medical and Chirurgical Society has greatly interested me for the reason that some ten years ago I investigated a large number of cases of goitre. These occurred in West Hertfordshire and the adjacent parts of Buckinghamshire; they occurred equally on a tableland among the Chiltern hills, at an elevation of some 700 to 800 ft., and in the lovely valley in which Aldbury is situated, which is about 400 ft. lower. Part of the district is on chalk, with a large admixture of flints, and part is on clay. There is no running water. Here I found about sixty cases of goitre, and no doubt a closer investigation would have disclosed many more. A patient to whom I was speaking on this subject to-day, and who has a goitre herself, tells me of another village in Buckinghamshire where there are twenty or more cases, some very large; this is on clay with a vein of sand.

I found the disease occurring among a people who are very closely intermarried, and among whom there are a good many of low intellect, several of them "village naturals." It seemed to run in families; in one instance an old woman had a hard, fibrous, bilobed goitre; her daughter had an enormous one, and at one of her confinements at which I was present, the baby was born with one (the only instance I have seen); each lobe was rather larger than a walnut, round and firm.

As regards the water supply, many of these families drank water from ponds; some from wells in chalk or in clay; but (and here is the interesting point) I came across quite a number of cases where only rain water was and had been used for many years (many generations of the

same family often occupy a house). This rain water is collected from the roof and stored in cisterns above ground or bricked-in tanks underground; and I fear its quality is often by no means good. Since I investigated these places many of them have been supplied by the Chiltern Hills Water Company, whose delicious water is procured from the chalk formation.

Here, then, we have undoubted cases of goitre occurring in people who have always drunk rain water. The disease is almost entirely confined to the female sex (but the lady mentioned above told me of a boy with a large one). Do the men ever drink water, unless very occasionally in the form of tea? I found that the people afflicted with the disease had little inconvenience from it, except that the gland was apt to swell during menstruation, and especially during pregnancy, and in one or two cases during a "cold" or attack of bronchitis great distress was caused by pressure on the trachea. There were perhaps about five cases of exophthalmic goitre among them, one of which was quite cured by thyroid extract.

London, N.W.

JOHN SPURWAY, M.B.

#### CALCIUM SALTS IN CHILBLAINS AND OTHER SEROUS HAEMORRHAGES.

À PROPOS of Dr. G. Arbour Stephens's interesting communication in the BRITISH MEDICAL JOURNAL of April 7th, allow me to note that the nature of chilblains as one of the serous exudations or "serous haemorrhages" has been worked out by Dr. A. E. Wright, to whom we are indebted for so much light on the pathology of the blood. In a series of papers published during the last twelve years, Dr. Wright has shown, amongst much else, that the subjects of chilblains possess blood of deficient coagulability, and that the administration of calcium salts cures the disorder by increasing the coagulating power.<sup>1</sup>

Dr. Wright's discoveries are enabling us to range a series of diverse symptoms in their due relation to diminished coagulability of the blood, and have shown how this hitherto unrecognized cause explains their occurrence. Amongst these are a common type of headache,<sup>2</sup> so-called physiological albuminuria,<sup>3</sup> many cases of chilblains, urticaria and weeping eczema, and forms of oedema. In regard to albuminuria, the diagnosis of the innocent (haematojenous) form and its cure by the administration of calcium lactate is likely, I think, to prove one of the most useful discoveries in modern medicine. I hope to expound this more fully in a paper to be read before the next meeting of the Life Assurance Medical Officers' Association.

London, W.

R. HINGSTON FOX.

FOUR MALFORMED MALES IN ONE FAMILY.—Dr. Albert Sippel of Frankfort-on-Maine has recently reported a remarkable family history ("Einer Serie missbildeser Knaben von einem Elternpaar." *Zentralbl. für Gynäk.*, No. 15, 1906, p. 425) which must interest all observers who, like Geddes and Thomson, Andrew Wilson, Schenk, and Rumley Dawson, have endeavoured to determine the essential factor in the causation of sex. A healthy and powerful man, who neither smoked nor drank alcohol, married twice. His first wife bore him twelve children—five boys and seven girls, all born healthy, and free from any malformation. The mother died, and the father married her sister, who, like the first wife, was a healthy woman. The husband in this second marriage begat no less than seven children—first a girl, then four boys, lastly two girls. All the three girls were strong and healthy. The four boys were all afflicted; the first soon died of spina bifida, the second had a big thymus and succumbed soon after birth, and the third was stillborn, yet remarkably well developed. No *post-mortem* examination was permitted, but Dr. Sippel seems convinced that there was some internal malformation. The fourth boy was born with congenital myxoedema; this was successfully treated with thyroid extract, but idiocy developed. When 6 years old a bronchocele appeared, and the thyroid gland had to be removed as asphyxia was feared. Dr. Sippel holds that the obscure origin of four (or three?) marked congenital malformations must have lain in the mother, the second wife. He denies altogether that it could be ascribed to the father.

<sup>1</sup> See BRITISH MEDICAL JOURNAL, July 14th, 1894; *Lancet*, 1896, vol. i, p. 253, vol. ii, p. 807, and especially 1897, vol. i, p. 303; *Transactions of the Pathological Society*, 1900; and *Transactions of the Royal Medical and Chirurgical Society*, 1903.

<sup>2</sup> Dr. G. W. Ross. *Lancet*, 1906, vol. i, p. 143.

<sup>3</sup> Drs. Wright and Ross, *Lancet*, 1905, vol. ii, p. 1164.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

BATH AND BRISTOL BRANCH.—At the sixth ordinary meeting of the session, held at Bath on April 25th, Dr. J. MICHELL CLARKE (President), in the chair, Dr. T. WILSON SMITH and Mr. F. LACE showed a specimen of colloid carcinoma from the sigmoid flexure of a boy aged 16.—Mr. W. M. BEAUMONT showed three cases of ptosis.—Dr. C. J. WHITBY read a paper on the doctor as an expert and pioneer, which was discussed by Mr. C. E. S. FLEMMING, Dr. NEWMAN NEILD, and Dr. MICHELL CLARKE.—Dr. T. WILSON SMITH read notes of a case of mediastinal tumour with some unusual features.—Dr. W. P. KENNEDY read a paper entitled Coprostasis, and remarks were made upon it by Mr. J. R. BENSON and the PRESIDENT.

### REPORTS OF SOCIETIES.

#### CLINICAL SOCIETY OF LONDON.

##### CLINICAL EVENING.

H. H. CLUTTON, M.A., M.C., F.R.C.S., President, in the Chair.

*Friday, April 27th, 1906.*

##### VON RECKLINGHAUSEN'S DISEASE.

DR. G. A. SUTHERLAND showed a Jewish boy, aged 5, who, besides many bony deformities due to rickets, had a firm nodular swelling over the right frontal bone, the right eyelids hypertrophied, and eye proptosed, and patches of brown pigmentation over the frontal swelling, the trunk, axillæ, and groins, but none on the extremities. There was no pain or tenderness, nor evidence of central nervous disease.

The PRESIDENT suggested a diagnosis of leontiasis ossea, in spite of the age.

Mr. W. G. SPENCER considered it a hypertrophy in the distribution of the fifth nerve.

Mr. G. PERNET thought the pigmentation less than usual. Some of the cases of von Recklinghausen's disease eventually developed sarcoma.

Dr. PARKES WEBER likened the case to that of the "elephant man," and thought the combination of swelling and pigmentation stamped the diagnosis as correct.

##### SPONTANEOUS FRACTURE OF TARSUS.

Dr. PARKES WEBER exhibited a married woman, aged 45, whose right foot a year ago became swollen and painful. Six weeks ago a radiograph showed the head of the astragalus broken off. She had Argyll-Robertson pupils on both sides; the knee-jerks were present. No history of syphilis could be obtained.

The PRESIDENT thought it a case of commencing tabetic arthropathy.

Dr. WEBER said there were no signs due to tabes only. The Argyll-Robertson pupil was met with in many conditions besides tabes.

##### RINGWORM CURED BY EXPOSURE TO X RAYS.

Mr. G. PERNET showed a boy treated for ringworm occupying the occiput by one sitting of  $x$  rays gauged according to the Sabouraud-Noiré method (platino-cyanide of barium pastille). The results had been excellent; the stumps and hairs on the parts exposed had fallen out, and growth had followed.

Mr. W. G. SPENCER hinted at the chance of overdoing the exposure.

Mr. PERNET further mentioned that the general adoption of this method in Paris had greatly lessened the expense of treating the cases of ringworm.

##### LYMPHANGIECTODES.

Mr. G. PERNET showed a woman, aged 26, in whom the disease had commenced at the age of 5 months. Nine or ten groups of vesicles occupied the right wall of the chest below and in front of the axilla; some haemorrhage had occurred into the lesions. The patient was otherwise healthy.

Mr. CAMPBELL WILLIAMS had excised such vesicles as lymphatic naevi in young patients.

Plague in Jamu, Kashmir, has occasioned many deaths amongst the troops stationed there and in the household of the Palace. According to a telegram dated Lahore, April 25th, there were 285 deaths in Jamu during the week ended April 21st.

## HONG KONG.

During the weeks ended April 14th and 21st the fresh cases of plague in Hong Kong numbered 21 and 24; and the deaths from the disease amounted to 23 and 37 respectively.

## AUSTRALIA.

*Brisbane.*—A case of plague was reported in the city on March 6th. No cases of plague have occurred in Brisbane since June 14th, 1905. Up to March 24th, no other case of plague has been reported from Brisbane. Plague-infected rats ceased to be found in Brisbane from July 14th, 1905, that is, for one month after plague disappeared in man, to December 1st, 1905. Since December plague-infected rats have been found on February 19th, March 7th and March 8th, 1906. Since plague last occurred in man in Brisbane, namely, June 14th, 1905, no fewer than 8,003 rats have been examined, of which 12 have been shown to be plague infected; of 1,657 mice examined no cases of infection by plague have been found.

*Western Australia.*—On March 22nd a death from plague was reported, making the seventh fatal case in Western Australia since the outbreak.

## PERU.

In the city of Lima plague has gained ground lately.

## EGYPT.

During the week ended April 15th 35 cases of plague were recorded in Egypt, chiefly in the Minieh and Keneh provinces. Steps are being taken to prevent the influx of strangers into the country towns, and the religious feast being celebrated at present has been curtailed from seven to one day only.

## MEDICAL NEWS.

At the meeting of the Society of Engineers at the Royal United Service Institution, on Monday next at 7.30 p.m., Dr. David Sommerville will read a paper on the chemistry and bacteriology of potable water.

MR. ERNEST WAGGETT, M.B., B.C.Cantab., has been appointed Surgeon to the newly-constituted Department for Diseases of the Throat, Ear, and Nose at Charing Cross Hospital.

UNDER the will of the late Mrs. Sarah Code, of Marazion, Cornwall, the Penzance Infirmary and Dispensary receives £500, and the Hospital for Sick Children, Great Ormond Street, and the Royal Hospital for Incurables, Putney, £200 each.

THE Orient Company has arranged for the ss. *Ophir*, on her first cruise to Norway this season, to visit Trondhjem in time for the Coronation of King Haakon VII on June 22nd. The vessel leaves London on June 15th, and Grimsby the following day, returning on June 29th.

THE summer course of lectures at the Hospital for Sick Children, Great Ormond Street, will be opened on Thursday next, when Mr. Arbuthnot Lane will lecture on cleft palate. Lectures will be given on every following Thursday during May, June, and July, at 4 p.m. on each day.

DR. COLLINGRIDGE, in his monthly report as Medical Officer of Health to the City of London, states that a bacteriological examination made by Dr. Klein of periwinkles purchased at Billingsgate suspected to have caused a case of enteric fever at Wandsworth gave negative results. The winkles did not show general pollution, nor did they contain the specific microbes searched for.

THE half-yearly dinner of the Glasgow University Club, London, will take place in the Trocadero Restaurant, Piccadilly Circus, W., on Friday, May 25th, when Sir Thomas McCall Anderson, M.D., Regius Professor of Medicine in the University of Glasgow, will take the chair at 7.30 p.m. Applications for dinner tickets to be made to the Honorary Secretaries, 63, Harley Street, W.

At the annual meeting of the governors of the Evelina Hospital for Sick Children, Southwark, on April 27th, the financial report presented showed that expenditure had exceeded income by over £1,200; nevertheless it has been

decided to rebuild the out-patient department at an estimated cost of at least £12,000.

A WELL-ATTENDED drawing room meeting at the house of Dr. McManus was held in Wandsworth on April 26th, the object being to augment public interest in the provision of crèches in working-class districts. One of these has recently opened its doors in Battersea, and a motion, welcoming the inauguration of work of this character, was passed unanimously.

A CONFERENCE of charity organization societies will be held at Tunbridge Wells in the second week of June next. Among the subjects to be discussed will be the feeding of school children. The congress is being arranged by the local charity organization society, and further particulars can be obtained on application to the Honorary Secretary, 32, Dudley Road, Tunbridge Wells.

THE annual meeting of the Invalid Children's Aid Association will be held on Wednesday, May 30th, at 3 p.m., at 17, Bruton Street, W., by kind permission of Lord and Lady Stratheden and Campbell. Sir Frederick Treves will preside, and the Bishop of London and Mrs. Craigie (John Oliver Hobbes) will be among the speakers. Cards of admission can be obtained from the Secretary, 69, Denison House, Vauxhall Bridge Road, S.W.

THE dinner to celebrate the jubilee of the Incorporated Society of Medical Officers of Health will be held at the Hotel Cecil under the Chairmanship of Sir Shirley Murphy, on Friday next, May 11th, when a large attendance is expected, among those who have accepted invitations being the Presidents of the Royal Colleges of Physicians and Surgeons in London, and the Chairmen of the London County Council and of the Metropolitan Water Board. Sir Shirley Murphy will give his presidential address at the Society's rooms, 1, Upper Montague Street, Russell Square, W.C., at 5 p.m. on the same day.

NEXT year the London Bible Women and Nurses' Mission will complete the fiftieth year of its existence. Bible readers it supplied to the sick poor from the beginning; nurses it added ten years later, thus, with the East London Nursing Society which started the same year, initiating district nursing in London. Its total expenditure is some £14,000 a year, and as many of its earlier supporters have now died out a general appeal for that assistance to which its fifty years' work entitles it is now being circulated. It is signed by, amongst others, Sir Thomas Smith, Sir William Broadbent, Professor Clifford Allbutt, and Dr. C. J. Cullingworth. Subscriptions may be sent to the Honorary Secretary, Miss E. M. Andrews, 2, Adelphi Terrace, London, W.C.

AGRICULTURAL HYGIENE.—A Committee of Agricultural Hygiene has been appointed by M. Ruau, French Minister of Agriculture. The President is Professor Brouardel. MM. Chauveau and Bordas are Vice-Presidents. Among the members of the Committee are Dr. Binot, of the Pasteur Institute; Drs. Chassevent, Thoinot, and Guiart, *professeurs-agréés* of the Paris Faculty of Medicine; Dr. Thierry, General Sanitary Inspector of Paris; Dr. Georges Brouardel, Physician to the Paris hospitals; and Professor Vallée, of the Veterinary School, Alfort. It will be the duty of the Committee to draw up a scheme of clear, simply-expressed rules for the protection of the health of human beings and animals in the country. These rules will be circulated in rural districts under the auspices of the Ministry of Agriculture.

VIEW DAY AT ST. BARTHOLOMEW'S HOSPITAL.—The annual view day at St. Bartholemew's Hospital takes place this year on Wednesday, May 9th. In addition to the customary ceremonies in the wards, the buildings of the new out-patient and special departments block, now in course of erection, will be open for inspection during the afternoon. In the evening, at 8.30, a special entertainment has been organized in the great hall of the hospital for the benefit of the building fund of the projected pathological block. The entertainment consists of ancient dances, presented as exactly as possible in costumes of the period, and with contemporary music of the sixteenth and seventeenth centuries. It is given by Miss Nellie Chaplin, who has already presented it with great success at the Albert Hall, at Oxford and elsewhere. Those who have seen it describe the entertainment as not only charming from the aesthetic and spectacular point of view, but of great historical interest. Seats, price £1 1s., 10s. 6d., and 5s., may be obtained from the Honorary Secretaries, Entertainment Committee, School Offices, St. Bartholomew's Hospital, E.C.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

## A CHARGE DISMISSED.

A MAGISTERIAL inquiry into a charge of assault on two children brought against one of the medical officers of the London County Council, which has been dragging on for some weeks, was happily concluded on May 1st. The children were two little girls in one of the Special schools whom Dr. A. E. Jones had occasion to examine at one of his official visits. Statements subsequently made by them to one of the mistresses led Dr. Kerr, Principal Medical Officer of the Education Department of the London County Council, to inquire into the matter. He came to the conclusion that it was nothing more than a case of imagination of a kind common in neurotics, and this view has been confirmed by the Court of Justice before which it was thought well the matter should be brought.

## SLANDEROUS STATEMENTS.

T. RANDOLPH HUNTER.—We should advise our correspondent to consult a medical defence society if he is a member of one, or failing that, a solicitor, as the circulation of false statements is calculated to be highly injurious to him.

THE PRACTICE OF DENTISTRY BY MEDICAL MEN. G. P. P. C.—Under Section 3 of the Dentists' Act medical men are expressly exempted from the prohibitory clauses of the Act, but no persons can be registered upon the *Dentists' Register* unless possessed of a licenship in dental surgery, or of foreign or colonial dental qualifications recognized for this purpose by the General Medical Council.

## PARTNERSHIP DOORPLATES.

NORTH BRITON writes: If A. has recently bought a share of a practice from B., is it not contrary to custom for B. to object to A.'s name appearing with his own outside B.'s residence? Outside A.'s residence both names appear.

\*.\* It is customary for the name of the firm to appear outside the residences of all the partners.

FEES FOR LUNACY CERTIFICATES IN SCOTLAND. T. B. L. (Scotland).—There is no statutory regulation as to the payment for medical certificates in lunacy. It is quite competent for the parochial board to pay a salary by way of remuneration, but the tendency in such cases is to "sweat" the medical officer by making an utterly inadequate addition to his salary. We advise our correspondent to come to an understanding with his colleague to decline to undertake the work by salary, and to insist upon the regular fee of one guinea being paid in each case. If the matter were brought before the local Division of the British Medical Association, it could probably be easily arranged that no other member of the Association would undertake to certify at the instance of the inspector of poor in parochial cases.

## SCHOOL CERTIFICATES.

W. W. (Scotland) asks whether a family medical attendant is bound to state on a certificate the name of the disease which prevents a pupil from attending school. His impression is that he should not do so without consent of parent or guardian.

\*.\* There is no legal decision ruling the point as to what constitutes a competent medical certificate for exemption from school attendance. But if our correspondent gives a certificate simply stating, on soul and conscience, that a child is unfit to attend school, no sheriff or bench of magistrates would convict the parents if brought before them by the School Board.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

## THE VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE annual dinner of the staff and members of the Volunteer Ambulance School of Instruction will take place at the Trocadero Restaurant on Thursday, May 17th (Mafeking night), at 7.45 p.m. Surgeon-General A. Keogh, C.B., M.D., Director-General Army Medical Department, will be the guest of the School.

ROYAL ARMY MEDICAL CORPS VOLUNTEERS. ON April 28th the London companies of the Royal Army Medical Corps Volunteers paraded outside the Finchley Road Station at about 5 p.m., whence they marched to Hampstead Heath, erecting part of a field ambulance camp on a piece of level ground near the Viaduct pond. The weather was very boisterous, and rendered the erection of the hospital marquee a somewhat difficult task. The field ambulance camp, which is a modification of the old field hospital encampment, was mapped out with flags, and bell tents were erected at the

corners. The Adjutant, Captain Langford Lloyd, then gave an interesting lecture on the construction of the camp. Several small boys were requisitioned to act as patients, and were brought into the camp from various directions by the stretcher bearers, who rendered them first aid. The camp was struck about 8 p.m., and the corps marched back to the Albert Gate, Regent's Park, where it was dismissed.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF OXFORD.

*Diploma in Anthropology.*—An examination for the Diploma in Anthropology will be held in Trinity Term on Tuesday, June 12th and following days.

*Examination in Preventive Medicine.*—The Board of Faculty of Medicine gives notice that certain alterations in the regulations for the above examination will come into force in November, 1906. The amended regulations are published in the *University Gazette* of April 24th.

## UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on April 26th:

*M.D.*—J. F. Alexander, Trin.; E. S. Scott, Pemb.; G. W. Greene, Down.

*D.Sc.*—F. W. Keeble, Gon. and Cai.; G. H. F. Nuttall, Christ's.

*M.B.*—H. F. Wilson, Trin. H.; F. D. Crew, Emm.; E. W. Sheaf, Down.

*B.S.*—W. P. Morgan, Clare; F. D. Crew, Emm.

## UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

*First M.B. (All Subjects) (Elementary Anatomy and Biology, Chemistry and Physics).*—\*J. E. Dainty, \*C. Marks, F. E. Chapman, H. E. Fullerton, W. Reynolds, W. R. E. Unthank, C. L. Wigand.

*Elementary Anatomy and Biology only.*—E. C. Abraham, I. Bainbridge, J. A. Caulcrick, R. V. Clayton, Helen G. Clark, J. Hare, J. P. Higham, H. T. Hunter, L. H. W. Iredale, G. E. W. Lacey, H. V. Leigh, S. Littlewood, G. C. M. M'Gonigle, C. O'Hagan, E. H. Shaw, H. R. G. Vander Beken, S. Worthington, J. C. Young.

*Chemistry and Physics only.*—E. W. Blake, A. H. Bower, F. F. T. Hare, J. H. Owen, Elliot J. Ramsbotham, C. E. Reindorf, Madeline R. Shearburn, Olivia N. Walker.

*Third M.B. (Pathology, Medical Jurisprudence, and Public Health).*—

\*Gertrude E. O'Brien, \*S. D. Metcalfe, C. M. Brown, G. I. Cumberidge, R. M. Davies, W. H. Edgar, Helen M. Gurney, H. Shield, J. F. Young.

\*Second-class Honours.

## UNIVERSITY OF WALES.

## PROPOSED DEGREES IN MEDICINE.

A SPECIAL Committee, representing the University of Wales, met at the Royal College of Physicians of London on April 30th, to prepare a draft of a statute to establish a faculty of medicine under the proposed Supplementary Charter of the University. At present the University of Wales has no power to confer a degree in medicine. The first step will be to secure that power and the next to institute such facilities for training as shall allow the student to qualify for the degree. At present the University College at Cardiff possesses Chairs in Anatomy and Physiology, and in order to complete the faculty there would be necessary at the least Chairs in Pathology, Surgery, and the Practice of Medicine. The chief difficulty seems to be with regard to clinical hospital work, and it has been suggested that the practice of Oxford and Cambridge should be followed, and medical students required to go to one of the London hospitals for clinical work. It must be noted, however, that Cardiff possesses a big infirmary, where the necessary training could be given; and the advantages to be derived would be mutual as far as the College and the infirmary are concerned. The question also arises, of course, as to whether sufficient money could be found for such salaries as would attract the best men to Cardiff; but there would be no real difficulty in this. It may also be noted that it would not be necessary to have medical faculties at the three colleges; it would be possible in the meantime only to have such a faculty at Cardiff, where there is already a medical school, and also an infirmary for the clinical work. The step is an important one, for the lack of the power of conferring a degree in medicine is a serious handicap to the Welsh University, and a hardship to the student.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia was held at the College on Thursday, April 26th, the President, Sir R. Douglas Powell, in the chair.

## Membership.

The following gentlemen were admitted Members of the College: Frederick Samuel Langmead, M.D.Lond., L.R.C.P.; Charles Hewitt Miller, M.A., M.D.Cantab., L.R.C.P.; Athelstane Iliff Simey, B.A., M.D.Cantab., L.R.C.P.

## Licences.

In conjunction with the Royal College of Surgeons, Licences were granted to 101 gentlemen.

*Murchison Scholarship.*

A report was received from the Examiners for the Murchison Scholarship, and the scholarship was awarded to Henry Francis Bell Walker, a student of Guy's Hospital.

*Fellowship.*

On the nomination of the Council, the following gentlemen were elected Fellows of the College: Samuel Walton Wheaton, M.D.Lond.; Frederick William Burton-Fanning, M.D.Cantab.; John Hill Abram, M.D.Lond.; George Henkell Drummond Robinson, M.D.Lond.; Richard Tanner Hewlett, M.D.Lond.; Ernest Graham Gordon Little, M.D.Lond.; Charles Richard Box, M.D.Lond.; Maurice Craig, M.D.Cantab.; James Purves Stewart, M.D.Edin.; Thomas Jeeves Horder, M.D.Lond.; James Hugh Thursfield, M.D.Oxon.; Edward Farquhar Buzzard, M.D.Oxon.

*Communications.*

The following communications were received:

1. From the Honorary Secretaries of the Second International Congress on School Hygiene, to be held in London, August 5th to 10th, 1907, inviting the College to appoint two representatives to be members of the General Committee. The invitation was accepted, and it was left to the President to nominate two representatives at a later Comitia.

2. From the University of Aberdeen, inviting the College to send a delegate to represent the College at their quatercentenary commemoration festival in September next, to be the guest of the University and the city. The President agreed to attend as the delegate of the College.

3. From Messrs. Goupil's Successors, asking permission to photograph the portraits of Dr. Arbuthnot and Sir Samuel Garth, in possession of the College, for illustrating a work they have in hand. Leave was granted, subject to the usual restrictions.

4. From the Secretary of the Royal College of Surgeons, reporting proceedings of their Council on April 5th.

5. From Dr. Abercrombie, resigning the office of curator of the Museum. Dr. Abercrombie was thanked for his services, and, on the nomination of the President, Dr. Alchin was elected his successor.

*Reports.*

The quarterly report, dated April 6th, of the College Finance Committee, and the quarterly report of the examiners for the licence on the January examinations were received.

*Library.*

Books and other publications presented to the Library during the past quarter were received, and thanks returned to the donors.

**CONJOINT BOARD IN SCOTLAND.**

THE following candidates have been approved at the examinations indicated:

*First Examination.*—S. R. Waugh, H. Schimper, D. L. Hutton, J. L. Pinto, G. J. du Prez, W. E. P. Briggs.

*Second Examination.*—J. C. Hawkes, H. P. B. Tait, F. J. de Souza, H. W. Turner, G. W. Mason, D. Welsh, M. E. Kayton, S. Abeyesundere, T. N. Wilthew, G. F. Walker, F. Byrne, W. R. Mackenzie, R. McBlair.

*Second Examination (Four Years' Course).*—W. C. Newton, P. J. A. Curtin.

*Third Examination.*—J. F. Jefferies, M. H. Fleming, T. B. Eames, G. Coats, †W. E. Barrett, G. Smith, J. M. Muir, E. A. S. Shaw, A. O'Flaherty, P. Belharjani, E. T. Evans, F. G. Allan, J. Sullivan, T. S. Reddy.

*Final Examination.*—E. A. Smith, J. Logan, C. C. Fitzgerald, D. T. H. Croly, J. H. Fullarton, M.A., D.Sc., A. F. Garrand, N. B. Watch, A. Brown, F. W. Cooper, H. J. Cheno.

† With distinction.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES

**VACCINATION UNDER THE ACT OF 1898.**  
DR. ARTHUR DRURY, Public Vaccinator for Halifax, last week addressed the following letter to members of Parliament for Halifax and the neighbourhood, and as the record is striking in itself it appears worth while to reproduce it in full:

Halifax, April 24th, 1906.

Dear Sir,—As the subject of vaccination is down for discussion in the House of Commons on Wednesday, I am taking the liberty to draw your attention to certain facts in connexion with the working of the latest Vaccination Act in Halifax. Some years ago the Union of Halifax had the notoriety of becoming about the worst-vaccinated union in the kingdom. Organized opposition was in great force. Many demonstrations were held against vaccination. The Board of Guardians manifested a most pronounced antivaccination attitude. A generation of parents had sprung up who knew nothing of vaccination from their own personal observation, but who had been terrorized by the alarming statements and misrepresentations made by leading and active antivaccinators.

A most remarkable change has taken place since the new Act was introduced. During the four completed years imme-

diately preceding the new Act the primary vaccinations in the Halifax Union were as follows:

1894	...	...	...	...	203
1895	...	...	...	...	202
1896	...	...	...	...	158
1897	...	...	...	...	199

762

The returns for the past four years show that in the Halifax Union the primary vaccinations were:

1902	...	...	...	...	1,083
1903	...	...	...	...	2,198
1904	...	...	...	...	2,430
1905	...	...	...	...	2,816

8,527

This striking result has been attained without precipitating any hostile demonstration, and organized opposition, if it exists, is dormant. A very small percentage of prosecutions have actually taken place. Of the comparatively few conscientious objections which have been applied for, it is a fact that in a number of cases vaccination has since been resorted to, although exemptions had been previously obtained for the same children.

Along with these indications of a great change in the public mind, the changed attitude of the Board of Guardians should be noted. At the last fortnightly meeting of the Halifax Board a resolution calling upon the Local Government Board to take steps to repeal the Vaccination Acts was defeated. The significance of this cannot possibly be understood by one who is not aware of the great antagonism existing as recently as eight or ten years ago on the Board.

In hundreds of families where previously objection had been strong the vaccination of the youngest child has been speedily followed by a voluntary request from the parent for the vaccination of the rest of the children.

These facts indicate that the provisions of the new Act have restored confidence in the public mind, in a manner which could not have been obtained under the old, and less costly, regulations. The experience of Halifax has been repeated in more or less degree throughout the country, but in no case are the results more striking or more convincing.

I am, dear Sir,

Yours faithfully,

ARTHUR DRURY,  
Public Vaccinator, Halifax.

**MEAT UNFIT FOR HUMAN CONSUMPTION.**

M. O. H. asks if an animal killed under the following circumstances would be considered fit for human consumption. A fat bullock, after forty-eight hours' complete retention of urine caused by impacted calculus in the urethra, was slaughtered. When the abdomen was opened a large quantity of straw-coloured fluid (dropsical) gushed out. The veterinary surgeon who had advised the slaughtering considered that this fluid was "urine which had leaked through the thin walls of a distended bladder." That organ was enormously distended with dark, blood-stained urine but no rupture had occurred. Upon being opened the mucous coat displayed a mass of recent haemorrhages. Both kidneys were enlarged and very pale (one weighed  $2\frac{1}{2}$  lb.). The pelvis was not dilated in either, but there were a few small, recent haemorrhages in the cortex and in the pyramidal portion. The general appearance was suggestive of a chronic tubal nephritis with occasional haemorrhage. Twelve hours after the animal had been slaughtered the carcass had a normal appearance, but there was some oozing on the surface of the parietal peritoneum surrounding the lower part of the abdominal cavity and part of the pelvic region. The subperitoneal fat and the omental fat were normal.

\*\* Although our correspondent has given a very clear and excellent description of the appearances found after the animal had been slaughtered, it would be unwise to venture a too definite reply to his inquiry in the absence of an opportunity for inspecting the carcass. Most medical officers of health, however, look upon a dropsical condition as serious and a strong reason for condemnation.

**THE NOTIFICATION OF PHthisis.**

NEMO.—Local authorities may expend money in building and maintaining hospitals for infectious diseases (Public Health Act, 1875, and Isolation Hospitals Act, 1903). Such authorities have power to include pulmonary tuberculosis (phthisis) amongst infectious diseases for the purposes of these Acts. Many local authorities, both in London and elsewhere, have already instituted voluntary notification of phthisis, and one at least has obtained permission to make notification of consumption compulsory. Most of these authorities pay the same fee for the notification of phthisis as for the other notifiable diseases. The question as to power to compel the hospital board of the district to make provision for the reception of phthisical patients is a delicate one. In the present state of the question the matter is one for amicable arrangement rather than for compulsion.