

patients were under 10 years of age, and were playmates, their playground being the lobbies and stairs. The view that the waterclosets may have served as a source of infection is negatived by the fact that none of the adults (twenty-eight in number) resident in those three flats were attacked, and it is not thought that the situation of the houses in respect of their water supply, some being placed on different sides of the stair, was a factor in the causation. The evidence points strongly to personal infection during play, and, this method of spread of enteric fever being comparatively rare, it was deemed worthy to place these cases on record.

### SUCCESSFUL AMPUTATION OF THE LEG AT 94 YEARS, WITH AN ACCOUNT OF A NEW OPERATION.

By C. W. BRANCH, M.B., C.M. EDIN.,  
MEDICAL OFFICER, COLONIAL HOSPITAL, ST. VINCENT, B.W.I.

It is not often that a simple amputation of the leg presents features which call for a special report, but the age of my patient and the excellent result are sufficiently interesting, I believe, to justify a publication of this case.

I shall take this opportunity, also, to describe an operation which seems to have elements of utility. I always perform it where great rapidity is desirable, and the leg is spare enough to permit of it.

The left hand seizes the outer side of the leg at the point of section of bone, thumb to the front. The skin over the tibial surface is drawn forcibly outwards, the point of the knife is made to enter at the edge of the tibia, graze the fibula, and emerge as far inwards as possible on the back of the leg, and a flap is then cut downwards.

On releasing the leg the front of the incision flies inwards, so that it is now possible to enter the knife and clear the tibia to reach the point of exit behind, and cut the internal flap, which should equal the external.

With the catlin a semilunar periosteal flap is cut from the front of the tibia, and quickly stripped upwards, the bones cleared, and the saw entered first obliquely, then straight, in the usual way, so as to take off the front corner of the tibia. This point of bone is in the anterior angle of the wound, but being covered by the periosteal flap never becomes adherent.

Two acupressure pins (devised by Dr. W. J. Branch and catalogued by Arnold and Sons) are inserted between the bones crosswise, so that the anterior and posterior tibial arteries lie in the opposite angles. A stout silk is now wound by figures-of-8 so as to close the pins together and compress the arteries. The pins are slightly withdrawn from their cannulae, so that the points are hidden, and the tourniquet removed. Two sural vessels in the heads of the gastrocnemius usually require ligature, and nothing remains but to suture, leaving the heads of the pins and the end of their silk protruding from the anterior angle of the wound. The pins are removed about three or four days after, and the silk, then loose, easily comes away.

In this way I have removed a leg in twenty-one minutes, including chloroform and bandaging. The actual amputation takes two minutes.

In all amputations at the seat of election I cut equal lateral flaps, usually by a racquet-shaped incision. Lately I modified this by making the incision from a shallow curve upwards on the back of the leg, so as to give a rounded stump when the flaps are brought together, instead of the prominent nose formed by the simple racquet incision. I always make the periosteal flap. My patients can only obtain common peg legs, and the position of the scar on the face of the stump is of no account. But the resulting stump is usually so good that I believe it would suit any form of artificial leg. I have amputated at the seat of election fifty-one times in the last four years.

#### CASE.

F. L., a negro, aged 94 years. The age of a West Indian negro is often a doubtful quantity, but in the present instance it was fixed by the fact that she was born one month before the volcanic eruption of 1812.

The patient is quite deaf and nearly blind, but physically strong and active. She used to live alone and do all her own shopping and cooking. On February 1st, 1906, she was knocked down by a cart and sustained a compound fracture of the lower

third of the leg. I was informed of this by telephone, and by the time the patient arrived all preparations were complete. She was at once placed on the chloroform table, and the skin prepared with lysol soap and ether and packed with sublamin.

The leg was removed by double transfixion as detailed above. Pins were not used. There was great tendency to ooze, though there was no atheroma of vessels, and no less than seven ligatures were used (sterilized silk). Dry sterile swabs were used and the wound flushed with sterile normal saline. The wound was closed accurately with silk and dressed with plain sterile gauze. Chloroform was begun at 1.02 p.m. and the operation at 1.11 p.m.; amputation was completed at 1.14 p.m., and bandaging at 1.32 p.m. The whole operation therefore took thirty minutes, and the patient was in bed an hour after the accident.

Owing to continued oozing the stump was reopened the same night under chloroform. Clots were cleared out, but no bleeding point was found.

There was no shock. The wound healed aseptically. A small spot of gangrene appeared on the skin of the knee over the inner side of the tibia. This formed an ulcer as big as a shilling, which, however, did not affect the progress of the recovery.

The patient was discharged well on March 6th, 1906, thirty-four days after her accident.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### THE BEHAVIOUR OF ETHYL CHLORIDE.

THE following case may help to throw a little more light on the behaviour of ethyl chloride as a general anaesthetic. The patient was a male, aged 38 years, heavily built and well developed, 42 in. round the chest in the nipple line, and weighing 14 st. There was a small tidal wave, but otherwise he was healthy.

In February, 1905, he had a large perirectal abscess evacuated under ethyl chloride and chloroform. The ethyl chloride was given in a single dose of 3 c.cm. in a Swan's inhaler without admission of air. No difficulty was experienced, the whole time taken being twenty minutes.

In the following April the resulting fistula was to be operated on. The patient was prepared in the usual way. Ethyl chloride was given as before, but without getting the patient under its influence, whereupon 3 c.cm. more was sprayed into the bag, making 6 c.cm. in all.

The patient was coughing, but not struggling. When the conjunctival reflex was absent the inhaler was removed and a Skinner's mask applied. The patient suddenly stopped breathing (about half a drachm of chloroform had been dropped on the mask). His tongue was pulled out, and his larynx examined with a finger. There was no jaw spasm or cyanosis and the pulse at the most was 80 per minute and full. The chest was fixed, and the pupils, at first widely dilated, settled down to midway dilatation. At first there was no discolorment, but afterwards he became cyanosed. There was remarkable rigidity of the body and limbs, so much so that Sylvester's method of artificial respiration was impossible, the abdominal wall was as rigid as a board. The method employed was to put the patient on the floor, and fall on his thorax with outstretched hands, together with rhythmical tongue traction. For ten minutes this was practised, his pulse remaining remarkably good. He then began to breathe automatically. During the actual performance of the artificial respiration, very little air, if any, could be forced into the lungs owing to the rigidity of the chest wall.

On returning him to the table he again stopped breathing. The previous treatment was again commenced. He was now becoming cyanosed. There was no twitching nor movement of the eyes. Liq. strychninae hydrochlor.  $\text{mxx}$  was then given in two doses at five-minute intervals, and in fifteen minutes the patient began to make spasmodic efforts to breathe. He was very deeply cyanosed, almost black in colour; his pulse was still to be counted at the wrist, being about 140. A capsule of amyl nitrite was inhaled as soon as natural breathing began.

He was left lying on the floor wrapped in hot blankets, and in twenty minutes he expressed himself rather sore about the ribs and tongue, but otherwise well. The only other after-effect was severe headache, which the large dose of strychnine would account for. The operation

was subsequently performed under gas and ether without trouble.

I hope this account may prove of some interest, showing in this case definite symptoms of overdose, although the amount given was not a large one.

F. HERBERT WALLACE, M.R.C.S.Eng., L.R.C.P.Lond.,  
Anaesthetist to the Tottenham General Hospital.

#### INFLAMMATION OF THE APPENDIX CAUSED BY A FOREIGN BODY.

AUTHENTIC instances of foreign bodies causing an acute attack of inflammation of the appendix are so rare that the following seems to me to be worth recording:

The patient was a lad, 16 years of age, under the care of Dr. J. F. Johns of Cheltenham. On April 27th he was perfectly well. Late that night he complained of "stomach-ache." The pain growing worse he was given a dose of castor oil, which made him sick. Characteristic signs of acute inflammation of the appendix developed rapidly, the only point worthy of note being the fact that the pain almost from the first was localized in the right iliac fossa. The period of general abdominal discomfort which usually precedes the local symptoms was very short, if present at all. The operation was performed on April 30th. A small quantity of offensive pus was found around the appendix, which was perforated near its tip. The proximal end of the appendix was contracted. Its surface was slightly reddened, but in other respects it appeared to be very little changed. The distal end was thin-walled, much distended, and intensely inflamed. On slitting it up the mucous membrane was gangrenous, and near the end was an irregular, ragged opening extending through all the coats. The line of junction of the two portions of the appendix was sharply marked, and just at this spot the cavity was blocked by a small sultana raisin, softened and swollen so that it was considerably larger than the part of the appendix through which it must have passed. There had not been any previous attack, and there were no adhesions. The meso-appendix was short, but the appendix itself was not twisted or kinked in any way.

On inquiry it was found that the patient had eaten some cabinet puddings containing sultanas, hot on April 26th and cold on April 27th. Previous to that he had not eaten anything containing sultanas for some days, long enough to make certain that they would have been digested before the 30th. The initial pain, therefore, on the night of April 27th was in all probability an attack of appendicular colic caused by the entry of the raisin into the appendix in which it swelled up; in this instance it seems impossible to avoid the conclusion that the foreign body, by getting into the appendix and blocking it, furnished the starting point. The septic organisms which were present in the space beyond did the rest.

In the many hundred cases in which I have operated, I have once found a grape stone, once a shot, and once four shot, but in none of them was there any evidence that the presence of the foreign body had anything to do with the attack. It was a mere coincidence. The present instance is peculiar not only from the fact that the foreign body was the cause, but that the actual time at which it entered the appendix could be fixed with a reasonable degree of accuracy.

C. MANSELL MOULLIN,  
Senior Surgeon and Lecturer on Surgery  
at the London Hospital.

#### DIABETES IN INFANTS.

WITHIN the past twelve months two cases of diabetes mellitus in very young infants have come under my observation. The disease is stated to be relatively uncommon in childhood and rare in infancy, but whether it is so rare as is usually supposed may be open to doubt. Until within the past few years little trouble has been taken in collecting statistics in this country. C. Stern obtained evidence of 117 cases in children under 15 years of age; in only 10 were the children under 2 years old. Heredity played an important part in causation in the series, and gastric catarrh was prominent. Wegeli, who studied 108 cases in children, notes that few occurred under 5 years of age, the proportion over that age rapidly increasing. As causes he mentions traumatism, dentition, chill, rapid growth, insufficiency of and badly selected food, and emotion. Grosz states that in his cases

aggravated gastro-enteritis and dyspepsia were probably the causes. Saundby says it may occur at any period of life and notes that in the report of the Registrar-General for 1886 out of 1,634 deaths from diabetes only seven were classified as under 2 years of age. All agree that in young children it is exceedingly fatal. My cases were male infants, each 2 years of age, and the leading symptom was rapid emaciation, with a dry, parchment-like skin. Polydipsia and polyuria were not conspicuous, and the skin was nowhere excoriated. None of the parents were diabetic, nor had any of the infants received injury to the head. Their food was that which children usually get—namely, good milk with a sufficiency of starchy matter. One could not say the latter had been given in excess. On first seeing these children I had little hesitation in concluding they were tuberculous, so very close was the resemblance, but on more careful inspection doubt arose. There had been no temperature, cough, vomiting, diarrhoea, or constipation. The abdomen, though large and prominent, was always soft, and pressure elicited no sign of pain or uneasiness. In one of the cases I observed that on being brought into the room the child gazed about until the eye was arrested by a cup or any other vessel, and then kept it steadily there. On inquiry the mother told me it always did so, and on the strength of this I examined the urine. The specific gravity was 1050, and contained 8 per cent. of sugar. In any case of emaciation or malnutrition in a child of any age it is clearly one's duty to investigate for diabetes. Most of us can surely recall cases of infantile "marasmus," the causes of which were not satisfactorily apparent to us. May not some of them have been diabetes mellitus?

Berwick-on-Tweed. C. L. FRASER, F.R.C.P., F.R.C.S. Edin.

#### EXTROVERSION OF THE BLADDER.

WHILE reflecting over the cases of operation for extroversion of the bladder lately published by Drs. Newland, London, and Bond in the *BRITISH MEDICAL JOURNAL*, it occurred to me that there is a comparatively simple way by which the infection of the ureters from the rectum could be avoided. Briefly it is this:

1. Perform a left inguinal colotomy, the gut being well pulled down to avoid prolapse, and being brought to the surface in a manner somewhat similar to Franks's gastrostomy.

2. Subsequently close completely the upper end of the rectum, or sigmoid flexure, and simultaneously or later—
3. Implant the ureters in the rectal wall.

I am aware of the nuisance of an inguinal anus, but surely what is merely a nuisance is preferable to what is a danger.

Upham, Hants.

JAMES C. HOYLE, B.S., M.R.C.S.

## REPORTS

ON

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

#### WEST LONDON HOSPITAL.

##### CASE OF TETANUS: RECOVERY.

(Reported by A. SCOTT WILLIAMS, House-Surgeon.)

THE patient in this case was a schoolboy, aged 11, admitted under the care of Mr. Aslett Baldwin at 10 p.m. on November 3rd, 1905. The account given was that on October 21st the patient, when playing football, fell and grazed his right elbow in two places. Ten days later he had a "stiff neck," which his parents considered to be rheumatism. During the following day the "stiff neck" grew worse; thereon he was taken to Dr. Egmont Kirby, of Chiswick, who sent him to hospital as a case of tetanus.

*Condition on Admission.*—The boy was quite conscious and able to talk, though his utterance was indistinct owing to stiffness of jaw muscles. He could only open his mouth to an extent sufficient to admit a thumb. The head was slightly retracted, the neck muscles very tense, and the back muscles of the spine so rigid that he could not sit up, nor, his parents said, could he stand. The abdomen was board-like, the legs could be moved by the patient, but only stiffly, and with con-

rather less than a quarter were found to waltz, and the waltzing habit might be associated with any one of the three categories: albino, white with fawn patches, or brown. Mice of all the categories were shown.

On Wednesday the party was received by the London County Council, and after visiting Westminster Abbey and Westminster School, were conducted over the School of Arts and Crafts and the Oliver Goldsmith School, Camberwell. They were then entertained at luncheon by the Chairman of the County Council at his house at Dulwich, and subsequently visited Dulwich College. In the evening there was a reception at the French Embassy.

## MEDICAL NEWS.

THE Italian Red Cross Society proposes this year to extend its antimalaria campaign to the Pontine Marshes.

It is proposed to establish an international *Kurhaus* at Carlsbad for the reception of members of the medical profession in necessitous circumstances.

THE name of Dr. F. H. Worswick, Chairman of the Manchester (West) Division of the British Medical Association, has been placed upon the Commission of the Peace for the City of Manchester.

THE annual dinner of the Poor-law Medical Officers' Association will be held at the Trocadero, Regent Street, on Tuesday, June 26th. Further particulars can be obtained from the Honorary Secretary, Dr. M. Greenwood, 144, Stoke Newington Road, N.

THE annual dinner of the Post-Graduate College and past and present students of the West London Hospital will be held at the Trocadero Restaurant on Thursday, June 28th, at 7.30 p.m. The Duke of Abercorn will be among the guests. Further information can be obtained from Mr. L. A. Bidwell, 15, Upper Wimpole Street, W.

M. ETIENNE BAZOT, Director of the Excursions Médicales Internationales (184, Rue de Rivoli, Paris), is arranging for a party of medical men to visit Germany this summer. The party will start from Paris on the evening of August 9th, and will visit in succession Aix-la-Chapelle, Cologne, Bonn, Wiesbaden, Frankfurt, Marburg, Leipzig, Berlin, Dresden, Heidelberg, and Baden-Baden, reaching Paris again on August 23rd.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held at the County Offices, Derby, on Friday and Saturday, June 29th and 30th. On Friday evening a discussion on the provision of a pure milk supply will be introduced by Dr. Barwise, medical officer of health, and Mr. John White, public analyst for the county of Derby. On Saturday a visit will be paid to the works of Messrs. Nestlé at Tutbury, and to the Derby sewerage works.

THE annual dinner of the Indian Medical Service will be held at the New Gaiety Restaurant, Strand, on Thursday next, June 14th, at 7.45 p.m. Owing to the lamented death of Surgeon-General C. Sibthorpe, C.B., who was to have presided on this occasion, the chair will be taken by Surgeon-General L. D. Spencer, M.D., C.B. Officers intending to be present should communicate without delay with the Honorary Secretary, Lieutenant-Colonel P. J. Freyer, 27, Harley Street, W.

PALERMO, it seems, has strong ideas on the advantages of municipal ownership and trading. Some three or four years ago, dissatisfied with the high price of bread, the city authorities, after a referendum to the population, established municipal bakeries, which were decidedly successful, enabling the loaf to be sold without loss at a considerably lower price than formerly. With a wisdom which might well be imitated in our own country, the slaughter-houses were also taken over, and a referendum shortly to be applied will probably end in the gasworks passing into the management of the corporation. The most novel idea, however, was the municipalization of funerals and cemeteries which it was lately sought to establish. In this the innovators had to fight against vested interests and the competition of the cemetery of S. Orsola, belonging to a religious confraternity; the opposition proved too strong for them, and the civic authorities were defeated after long and expensive litigation. It will be interesting to see what will be the next essay of these pioneers in the field of city trading, and how far their example is likely to be followed in other towns.

MEDICAL MAGISTRATE.—Dr. Percy Austin Roden has been appointed a Justice of the Peace for the borough of Droitwich.

THE ninth annual report of the Council of the Childhood Society is a record of continued progress. The objects of the society—the scientific study of the mental and physical conditions of children—are in every way commendable and deserving of success. Much good work has been done in an unostentatious manner that should bring corresponding results. By co-operation with other associations with kindred aims a better attendance at meetings has been obtained in the past year, and the influence of the society extended in directions likely to prove of service. The society has recently published an interesting address on *Child Life in Japan*, by Miss S. Miyakawa. In this she briefly sketches how "Shintoism," the prevalent religion of the country, from being at first a worship of the ancestors of the individual family, by an easy transition passed into that of the ancestors of the clan, and finally into that of those of the community. From this, as Miss Miyakawa writes, "It is quite natural that in a society which has the family and not the individual as its unit, the ancestor of the Imperial family should be recognized as the centre of the State religion. National events will be reported, national prayers and thanksgiving offered by the Emperor at the shrine of the Imperial ancestor, as if the latter were alive." From this it comes that loyalty to the Emperor and the country, and filial piety are considered the most important principles, and a code formed on them is the universal training of Japanese children, both in the home and the school. With our interminable educational warfare we may well envy our Eastern allies the possession of such a code. Under it, at any rate, there is no room for the conscientious objector. Miss Miyakawa's lecture is well worth perusal.

CREMATION IN FRANCE.—The annual meeting of the Société pour la Propagation de l'Incinération was held in Paris on May 19th, Dr. Bourneville, President, in the chair. Among those present there were many ladies. The Secretary, M. George Salomon, stated in his report that before long there would be five places in France—namely, Paris, Rouen, Rheims, Marseilles, and Dijon—where cremation could be carried out. At Nice a local society is collecting funds for the erection of a crematorium; at Nîmes the municipal council has passed a resolution in favour of cremation, and in many other towns the subject is under serious consideration. In the French colonies the movement is making progress; last year the municipal council of Hanoi adopted in principle a proposal for the establishment of a crematory. The President stated that the number of cremations carried out in the Père-Lachaise cemetery in Paris during 1905 was 341, making from the opening of the crematorium on August 5th, 1889, to December 31st, 1905, a grand total of 3,825.

NURSE TRAINING SCHOOLS.—Doubtless the trained nurse, whether she works in or out of a hospital, is capable of improvement, but why her defects should be the subject of such frequent and virulent public attack is not quite clear. The latest onslaught was started by a lady lecturer at the Queen Square Club, who brightened her threadbare topic by a number of those pseudo-epigrams which are so exceedingly easy to concoct in respect of the followers of almost any occupation. Possibly this was her sole object, as in the way of constructive criticism she practically limited her efforts to the suggestion that the late Mrs. Gamp should be restored to her forfeited office. She was answered in a daily newspaper by Miss Smedley, who explained the occasional failure of the private nurse to please on this ground, amongst others, that the average non-working woman, the average housewife, positively resents thoroughness in any woman, especially when that thoroughness is applied to any branch of work or knowledge which is popularly supposed to be the natural heritage of all women alike. Alongside these views may be set those of a thoughtful writer in the *Women's Tribune*. Starting from the premiss that a satisfactory nurse is to some extent born and not made, it is urged that at every hospital probationers should be accepted only after they have passed the scrutiny of a carefully selected Committee which should do for its nursing department very much what the Committee of Mr. Tree's and other dramatic schools are doing in respect of aspirants to the stage. The real defect in present training school systems is that nurses are trained too exclusively from the point of view of hospital work, though the majority will have to work in the future under conditions far more trying than those of institution life. The result is that they are not so useful to medical men engaged in private practice as they would be did they undergo some period of tuition specially designed to fit them to "get on" with the healthy as well as the sick members of the households in which, for longer or shorter periods, they will presently be employed.

last annual meeting he attended, and he took an active part in the work. There are few men who have done more for the Association, and none who had its interests more at heart. He may truly be described as *integer vitae scelerisque purus*, and the world is the poorer for the loss of such a man.

One who had exceptional opportunities of judging Sir Willoughby Wade's work for the Association writes: He took an active part with Chadwick and Wheelhouse of Leeds, Husband of York, and Barnes of Carlisle in bringing about the reform which replaced, as the administrative body of the Association, the old Committee of Council by a Council consisting mainly of elected representatives of Branches, which was the constitution under which the Association worked until the recent reorganization. On the old Committee of Council Dr. Wade was one of the leading members in favour of medical reform, ably seconding the efforts of Dr. Waters of Chester in this direction; these efforts, as every one knows, eventually resulted in the Medical Act of 1886. He was not a very effective speaker, but his colleagues learned to value his opinion, because it was soon recognized that he always took an independent view, which he was ready to support, setting aside all personal or temporary considerations; moreover, he was singularly broad-minded and fair, as was shown by his habit of rehearsing impartially the arguments in favour of a proposal to which he was himself opposed. Few men have deserved better of the Association than Willoughby Wade.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

THE following have been elected Examiners in the Third M.B., Part II:—*Medicine*: Dr. Bradbury, Dr. Osler, Dr. West, Dr. Rose Bradford. *Surgery*: Mr. Kellock, Mr. Barling, Mr. Stanley Boyd, Mr. L. A. Dunn. *Midwifery*: Dr. Rivers Pollock, Dr. H. R. Spencer.

L. Noon, M.A., B.C., Trinity College, has been elected to a John Lucas Walker Studentship.

### UNIVERSITY OF LONDON.

THE following candidates were approved at the M.B., B.S. Examination in May:

A. Alcock, F. Alcock, H. R. Allingham, A. Beeley, R. J. Bentley, J. F. Blackett, Margaret L. A. Boileau, A. C. Bryson, W. E. Burrows, B.Sc., T. C. Clare, G. P. C. Claridge, C. Clarke, L. Colbrook, Josephine Coupland, R. J. H. Cox, E. T. H. Davies, G. De la Cour, K. R. Drinkwater, B.Sc., J. E. Dunbar, E. V. Dunkley, H. R. Evans, C. Fletcher, P. G. Foulkes, T. M. Hardy, W. C. F. Harland, P. Hick, F. W. Higgs, B. Higham, Edith H. Hollway, R. Holby, W. L. Holyoak, Annie W. Hyatt, P. C. P. Ingram, G. F. Jones, A. M. Jukes, C. L. Lakin, G. B. McKean, J. E. Martin, R. V. G. Monckton, Helen J. Moss, A. H. Parkinson, B.Sc., T. C. Pocock, P. J. Probyn, H. E. Quick, B.Sc., M. B. Reichwald, P. M. Roberts, Lillian T. Rowland, Sophia Seekings, Nora F. Smith, C. A. Stidston, B. Tchaykovsky, B.Sc., T. Turner, H. F. Warner, J. B. V. Watts, A. G. Wells, H. B. Whitehouse, Lillian E. Wilson.

*Group I Only*.—K. M. Gibbins, Dorothea C. Mande, W. E. Rutledge, H. B. Scargill, F. W. Schofield, E. B. Smith, G. W. Sudlow, J. Unsworth.

*Group II Only*.—J. S. Avery, A. Ball, A. Barber, Ella Beales, C. J. Galbraith, E. T. Glenn, R. F. Hebbert, G. M. W. Hodges, F. P. Hughes, Edith A. Jones, H. T. Jones, S. H. J. Kilroe, J. J. Paterson, B.Sc., H. T. Samuel, W. O. Sankey, J. E. S. Smith, Grace M. Stagg, A. G. Sworn, Edith E. Tucker, S. W. J. Twigg, S. Upton, F. N. Walsh, Ruth H. Western.

Honours were awarded to the following:

\*G. Cockcroft, University Medal (Guy's), †A. T. W. Forrester (St. Bartholomew's), †P. L. Giuseppe (St. Bartholomew's), \*M. L. Hine (Middlesex), †T. B. Layton (Guy's), †G. P. Mills (Birmingham), †§C. M. Page (St. Thomas's), †J. H. Spencer (Charing Cross), †Violet A. Turkhud (London R.F.H. School of Medicine for Women), \*H. F. Vandermin (Guy's), \*R. A. Veale (Leeds), †J. A. Watt (University College), \*A. S. Woodward (St. Bartholomew's).

\* Distinguished in Medicine. † Distinguished in Pathology.

‡ Distinguished in Forensic Medicine and Hygiene.

§ Distinguished in Surgery. ¶ Distinguished in Midwifery and Diseases of Women.

The following were approved at the B.S. Examination for students who graduated in medicine in or before May, 1904.

J. James, C. E. W. Lyth, J. A. Milne, C. M. Roberts, G. W. Russell.

Honours were awarded to the following:

J. G. French, St. Mary's Hospital; R. A. Greeves, Guy's Hospital; H. E. Ridewood, London Hospital.

### UNIVERSITY COLLEGE.

Dr. W. McDougall has been reappointed reader in experimental psychology, Dr. Parsons lecturer in physiological optics, and Dr. Page May lecturer on the physiology of the nervous system.

The Atkinson-Morley scholarship has been awarded to Mr. H. E. Dyson.

The following scholarships and exhibitions are offered for competition in September, 1906, in the Faculty of Medicine:

a. The Bucknill Scholarship, of the value of 135 guineas, entitling the holder to the Intermediate Medical Course (including Part II of the Preliminary Scientific) at University College, and the Final M.B., B.S. Course at the University College Hospital Medical School.

b. Two exhibitions, of the value of 55 guineas each, entitling the holders to the Intermediate Medical Course (including Part II of the Preliminary Scientific) at University College.

Two exhibitions, of 80 guineas each, entitling the holders to the Final M.B., B.S. Course, are offered for competition in September, 1906, tenable at University College Hospital Medical School.

For further particulars apply to the Secretary of University College, London.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

### CHICAGO DELICACIES.

THE President of the United States sent the report made by the Government Commissioners, Messrs. Reynolds and Neill, on the slaughter-houses and packing-houses of Chicago to Congress on June 4th.

In his message he states that the report, though of a preliminary nature, is sufficient to show that it is urgently necessary for Congress immediately to provide drastic and thorough-going inspection by the Federal Government of all stock-yards, packing houses, and of their products, so far as the latter enter into inter-State or foreign commerce. Though the inspection was short the conditions proved to exist in the Chicago stock-yards are revolting, and must be radically changed in the interests of health and decency. He says that under the existing federal law it is impossible to secure satisfactory results, and that if the inspection of meat and food products at all stages of preparation is not secured by the adoption of the legislation he recommends, he will feel obliged to order that the inspection labels and certificates on canned products shall not be used hereafter.

The report, the President says, shows that the stock-yards and packing houses are not kept even reasonably clean, and that the method of handling and preparing food products is uncleanly and dangerous to health. Under the existing law, the national Government has no power to enforce the inspection of many forms of prepared meat and food products that are daily going from the packing houses into inter-State commerce, owing to the inadequate funds voted. The Department of Agriculture is not even able to place inspectors in all establishments desiring them. The present law prohibits the shipment of uninspected meat to foreign countries, but there is no provision forbidding the shipment of uninspected meats in inter-State commerce, and thus the avenues of inter-State commerce are left open to traffic in diseased or spoiled meats. If, as has been alleged on seemingly good authority, further evils exist, such as the improper use of chemicals and dyes, the Government lacks power to remedy them. A law is needed which will enable inspectors of the general Government to inspect and supervise from hoof to can the preparation of meat and food products. The evil seems to be much less in the sale of dressed carcasses than in the sale of canned and other prepared products.

I call special attention to the fact that this report is preliminary, and that the investigation is still unfinished. It is not yet possible to report on the alleged abuses in the use of deleterious chemical compounds in connexion with the canning and preserving of meat products, nor on the alleged doctoring in this fashion of tainted meat, and of products returned to the packers as having grown unsaleable or unusable from age or from other reasons. Grave allegations are made in reference to abuses of this nature.

A later Central News telegram states that the President has already given directions for the preparation of a still fuller report, and that it will be published in a few days if the legislation desired is not passed. A Reuter's telegram dated June 5th, states that eight meat-packing establishments in Chicago have issued a joint statement declaring that their products are clean, and their methods of manufacture are sanitary, but they are ready to adopt any practical suggestion for improvement.

We have received from Messrs. Armour and Co., London, E.C., representing the company of the same name of Chicago and other places in America, the following statement:

"All beef, pork, mutton, or other food products, canned or otherwise, shipped from our packing houses, are inspected by United States Government inspectors, who have full and free access at all times to all parts of our plants in accordance with the Act of Congress, March 3rd, 1891, which provides—

that the Secretary of Agriculture shall cause to be made careful inspection of all live animals and the meat thereof intended for export, and that no steamer may clear from our ports carrying meat products until the certificates of the Department of Agriculture shall have been obtained and filed with the proper Port Authorities.

Further, all cattle, sheep, and hogs which are the subject of inter-State or foreign commerce are inspected both before and after slaughter. Furthermore, every carcass or part thereof found by the United States Government inspectors to be in any way diseased or unfit for food is condemned by and destroyed under the personal supervision of the United States Government inspectors."