

salivary cells of the nymph, gave rise to the belief that this was the final stage of development. Such, however, is not the case, for in nymphs undergoing changes into the adult further developmental stages are seen. It is probable, however, that the bodies I have already described can give rise to infection in the dog, since the nymph is highly infective, the disease being induced with an incubation period sometimes so short as three and a half days. The body of the adult tick is in great part formed independently of the original tissues of the gorged and the inactive nymph, and the salivary glands of the nymph are soon lost among the active tissue changes which go on at this time. If squash preparation be made of the already partly recognizable tissues of the unhatched adult, the groups of fission forms will be found to have become disseminated among these occurring even in situations which will eventually form the limbs. The changes at this time are very striking. The chromatin of each body becomes split up and arranges itself peripherally, often mainly upon one side (Fig. 20). The strand-like processes of chromatin already referred to are also dragged about, and portions are seen attached to, or in attendance upon, each of the denser masses. This arrangement is the prelude to the division of the bodies into from three to ten small forms resembling very exactly piroplasma in the blood (Fig. 22). Groups of as many as fifty of these small forms are to be seen, usually lying within some kind of cell, and it is probable that these represent the progeny of a single parent form (Fig. 24). Many such groups are found in tissue which will eventually become the salivary glands of the adult. The fate of the bodies in cells other than those eventually forming the salivary gland is doubtful, but I have seen single bodies embedded in cells and they often show what appear to be amoeboid processes, so that it is quite possible such parasites eventually reach the gland.

This appears to be the usual cycle of development in the tick, but I have reason to think that another cycle leading to a similar result exists. At present observations are too imperfect to enable me to speak with precision, but in the cells of the tissue of the developing adult one sees large forms with a stellate arrangement of the chromatin, very like certain forms sometimes seen in the gut, which do not appear to enter into the formation of the club-shaped motile vermicules. These bodies increase greatly in size, measuring in some cases so much as  $15\mu$ , and they then break up into a rosette of from 50 to 100 small forms, such as result from the previously-described cycle. It is premature to discuss yet the full significance of the changes here described, but it appears at present reasonable to conclude that a true conjugation takes place in the gut, and that the travelling club-shaped bodies are the ookinete. The bodies formed in the salivary gland of the nymph are possibly homologous with the sporoblasts of the malarial zygote, and the further subdivision of these into sporozoites would account for the small forms with a simple chromatin mass. That the salivary glands of the nymph are stocked with one type of body and those of the adult with another is a very singular fact.

**CRAIG COLONY FOR EPILEPTICS.**—According to the thirteenth annual report of the Craig Colony for Epileptics, recently issued, the colony occupies 1,895 acres of land with 76 houses; 6 more, providing accommodation for 200 additional patients, are being erected. The number of patients in the colony is nearly 1,300; when the new buildings are completed the census will be approximately 1,500. There are now about 1,000 epileptics in New York State who cannot be received because there is no room. A considerable amount of surgical work is done at the colony, as is shown by the fact that anaesthetics for surgical purposes were given 172 times during the year. The cost of maintenance last year was 141.38 dollars for each patient. The establishment of a second colony for epileptics nearer New York is said to be contemplated.

**LEPER POLITICIANS.**—The lepers on the Island of Molokai have, according to *American Medicine*, for the first time in the history of the settlement, a real election. Under the new County Act the settlement is created a county, but all the functions of government are given to the Board of Health, except the election of a deputy sheriff. A large number of candidates for this office has arisen, and a campaign which surpasses anything ever known anywhere else is in progress. The people have absolutely nothing to do but take part in political campaigns. They are housed and fed at public expense, and a political campaign affords them excitement and relief from monotony.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### THE TREATMENT OF TETANUS.

On August 18th, 1906, a young man, aged 19, was admitted to the Faversham Cottage Hospital suffering from a gunshot wound of the left leg, inflicted fourteen days previously, and situated on the outer side of the left leg just above the external malleolus. About 5 in. long and 3 in. wide, it was in a foul, sloughy condition. The fibula was bare in the bottom of the wound. There was slight difficulty in opening his mouth, but no rigidity in the limbs.

During the week following admission the patient rapidly became worse. The spasm of the jaw and the muscles of the neck became intensified; there was well-marked opisthotonos and risus sardonius. The temperature varied between  $101^{\circ}$  and  $102^{\circ}$ ; there was great restlessness and all the symptoms of a severe attack of tetanus. The spasms were induced by the slightest touch or attempt to take food, and became more frequent in number. On August 29th I trephined him over the left motor area and injected under the dura mater 20 c.cm. of antitetanic serum, obtained from Messrs. Burroughs, Wellcome and Co.

The piece of bone removed by the trephine was replaced and a cyanide gauze dressing applied. The wound healed by first intention, and the sutures were removed on the tenth day.

The day after the operation the patient was markedly better; the spasms were less intense, and his general appearance showed great improvement. He continued to improve, and was discharged from the hospital on October 10th in a convalescent condition.

Drug treatment consisted of bromide and chloral in full doses both before and after the operation, but I attribute his recovery solely to the effect of the antitoxin.

Faversham. F. W. GANGE, M.D. BRUX.

### PARTIAL DISLOCATION OF THE LARYNX.

THE following accident, from its nature and the method of its production, seems to me to be sufficiently interesting and unusual to warrant description:

H. L., a veterinary surgeon, while driving in a high dog-cart, on July 25th, 1906, along a narrow street, failed to notice the presence of a double clothes-line stretched tightly across the road. The first intimation of its existence—that he received was a sense of being struck forcibly across the throat, and thrown very violently against the back of the gig. He at once experienced a terrifying feeling of suffocation, heard something loudly “click” in his neck, and became very dizzy, and almost blind in his left eye. Having a very definite surmise of human anatomy, deduced from his own professional knowledge, and a wonderful presence of mind, he diagnosed his condition, and, putting his hand on his neck, felt the thyroid cartilage, and particularly the pomum, displaced from the median line at least 1 in. to  $1\frac{1}{2}$  in. to the left. This displacement he at once attempted to rectify, with some success, and the replacement was again accompanied by a very definite “click.” He was driven home four miles, and I saw him about an hour and a half later. At that time he had greatly recovered from his shock. I examined his larynx very carefully. There was no doubt that the pomum was displaced at least  $\frac{1}{2}$  in. to the left of the mid-line. The right ala of the thyroid cartilage was felt to be indented though not fractured. The hyoid bone was in position. The cricoid cartilage and upper part of the trachea were carried slightly to the left with the thyroid cartilage. With the laryngoscope I could not obtain a good view of the vocal cords, owing to an apparent bulging towards the left of the upper part of the larynx. By grasping the thyroid cartilage firmly in the hand it could easily be brought back into position, but on doing this a peculiar crepitation could be felt and heard, and seemed to be caused by the grating of the cartilage over torn ligaments, and to be produced in the space situated between the larynx and oesophagus. His voice was but little affected, there was no spitting of blood, no emphysema, no swelling, no oedema. Being an active man of strong will he insisted on continuing his work, and was very averse

to carrying out the treatment I wished to adopt. This was to place him on his back, with a straight splint to the back of his neck, and strapping firmly but gently applied, supported by the gentle pressure of an icebag on the left side of his neck to maintain the correct position. There was some considerable swelling of the tissues round the thyroid cartilage during the night, with pain and a feeling of suffocation, but beyond this no untoward symptom has occurred. Two or three days later his condition became more tolerable, and now, except for the lateral deviation to the left of his pomum Adami, his larynx does not cause him much trouble. Apparently the clothes-line had struck him diagonally and forcibly pushed the thyroid cartilage to one side. As such an accident is very unusual, the question of treatment was naturally a very vexed one in my mind. Had the dyspnoea been severe I should have performed tracheotomy, with a view to the subsequent rectification of the displacement. Now, however, all urgent symptoms have subsided, and beyond the slight deviation of the thyroid cartilage, there is no other indication warranting interference. In view of his voice remaining unaffected, and the absence of emphysema or oedema, I am inclined to do no more. I should, however, be much interested to hear of any similar case, and to know whether further surgical treatment is suggested with regard to replacing the misplaced cartilage and anchoring it down to its old position by suture. I have named the condition partial displacement of the larynx, for want of a better nomenclature to adequately describe it.

Middlesbrough.

HAROLD WALKER, F.R.C.S.

## A CASE OF PELIOSIS RHEUMATICA.

ON October 19th, 1906, I saw a boy, aged 13 years, said to be suffering from rheumatism. He was pale and delicate-looking, and complained of sore throat, pain and swelling of the right knee. The temperature was 102° F. He was sent to bed, and put on sodium salicylate. Two days later his mother drew my attention to spots on his legs; they were brownish in colour, and did not disappear on pressure. On October 23rd a large purpuric patch appeared on his right cheek. It was dark-red in colour, and situated on a wheal similar to that produced in urticaria. His right upper eyelid and brow were deeply ecchymosed and considerably swollen. All over the upper lip, which was so much swollen as to overhang the lower lip, were bright red petechiae. The temperature was 100° F., taken by the mouth. Three days later the temperature went up to 102.4° F., and he complained of pain over the left elbow and right great toe; the parts were tender to touch, red and swollen, with red purpuric patches round them. He also complained of pain in the stomach and abdomen. On October 27th he had diarrhoea and a free haemorrhage from the bowels, the blood being bright red. His sputum contained blood. The gums were not spongy, and did not bleed readily. The tongue was dry and had a dirty-brown fur. The breath had a very foul odour. The following day the temperature became normal and remained so. The urine contained no blood or albumen. The pain in the joints and belly disappeared, and the boy was altogether better. Later on during convalescence an urticarial rash freely sprinkled with purpuric petechiae broke out all over his trunk and right leg. His illness lasted one month.

The family history is of some interest. His brother when 16 years of age had a precisely similar attack, and now has violent attacks of epistaxis. His father nearly bled to death on two occasions. His mother bore many children without any untoward symptoms, and now menstruates regularly and in normal quantity.

The treatment adopted was at first 10 gr. of sodium salicylate every three hours; this drug had no effect whatsoever upon the haemorrhage. Calcium lactate in 10-gr. doses was then given with excellent results.

Morriston.

M. W. WILLIAMS, M.B., Ch.B.

UNDER the will of the late Mr. Adam Murray, of Higher Broughton, the Manchester Royal Infirmary and the Salford Royal Hospital each receives a sum of £200; and the Northern Counties Hospital for Incurables, the Ancoats Hospital and Dispensary, the Hospital for Skin Diseases, the Manchester Children's Hospital, the Royal Eye Hospital, and the Northern Hospital for Women and Children, each £100.

## REPORTS

ON

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

## THE ROYAL BERKSHIRE HOSPITAL, READING.

## A CASE OF SUPPURATIVE MENINGITIS.

(By W. S. ORTON, M.R.C.S., L.R.C.P., House-Physician.)

A MAN was admitted into the Royal Berkshire Hospital on October 8th, 1906, under Dr. W. T. Freeman, suffering from headache, drowsiness, and pyrexia. He was quite well and doing his ordinary work as a plasterer up to September 29th, when he had a slight fall, and knocked his head against a rung of a ladder. He was not stunned at the time, and there was no external wound, but ever since he has complained of severe frontal headache; on three or four occasions he had had attacks of vomiting, and on October 2nd he had slight epistaxis, and again on October 7th. On October 6th he had a rigor, his temperature reaching 104°. Up to this time he had never lost consciousness.

*State on Admission.*—He looked very ill, was of a rather sallow complexion, and was inclined to be very drowsy, but could easily be roused; the temperature was 103.4°, the pulse 84, and quite even; there was no paralysis of the limbs or retraction of the head; the pupils were equal, and reacted to light and accommodation, and there was no optic neuritis either on admission or subsequently, the discs being found to be normal. Nothing abnormal was found on examining the chest. There were no signs of ear or nose disease discoverable. The abdomen was normal, except that there were three or four small red spots, which faded on pressure; these and the occurrence of epistaxis, headache, and the condition of the tongue, which was clean round the edges with furred bands down the centre, suggested typhoid, which was negated by the non-reaction of a Widal test. Taking the general condition of the patient into consideration, although no cardinal symptoms were present, meningitis was diagnosed.

*Progress.*—On October 9th he had a rigor lasting half an hour, the temperature rising to 105.4°, and another on October 10th, when his temperature rose to 106.4°, and one on the 11th, the temperature reaching 106°. Between the rigors his temperature varied between 102° and 104°. He had icebags applied to his head and epigastrium, he took his feeds well, and had his bowels opened with enemata.

In the early morning of October 12th he had a severe rigor, his temperature going up to 107.4°, and later in the day he had another, when his temperature reached 105.8°; up to this time he had always had profuse perspirations about half an hour after the rigors, but from this date the perspirations ceased. On this day also he had incontinence of urine and faeces, which lasted until his death.

On the 13th his upper eyelids began to swell, and there was a good deal of exudation of yellowish lymph; he had three rigors on this day. On the 14th he also had three rigors, his temperature reaching 106°; he became more drowsy, and it was more difficult to rouse him. On the 15th his swallowing became difficult, the respirations became more rapid, and when left alone he was practically in a comatose condition; he had three rigors on this day, his temperature rising to 106.4°.

*Result.*—On the 16th he was evidently very much worse, his breathing had become stertorous and of the Cheyne-Stokes variety. At three o'clock his temperature rose to 107.4° without a rigor, and he died an hour later.

*Post-mortem Appearances.*—At the autopsy I found a very purulent septic meningitis over the left half of the brain; the brain substance itself was rather softer than normal, but otherwise healthy. There were septic thrombi in the cavernous sinuses, which accounted for the purulent infiltration of the eyelids. There was also a small area of necrosis of the sella turcica of the sphenoid bone, through which pus was exuding from the posterior ethmoidal cells.

*Comments.*—On looking over the case, and taking into account the autopsy, one might suggest two theories as to the causation. I think the most likely one is that there was some chronic nasal trouble, of some years' standing, which he had neglected, and that it was lying in a dormant state when he had the slight knock on the head, which lighted up the old mischief, and so brought about the above sequence of events; or perhaps a septic thrombus was the cause of transient giddiness and the fall, really being the first symptom of serious mischief within and without his cranium.

Roncegno water is, therefore, the richest known in arsenic.

*The Baths* are taken either in the early morning fasting or some hours after a meal. The strength begins at about 50 per cent., and is gradually increased. The temperature is from 94° to 98° F., and the duration is from ten to thirty minutes. The number of baths for the course is from twenty to thirty.

*Internal Use.*—This is the chief method of cure at Roncigno. Clinical observations carried out by Professors de Giovanni and Vila both in Padua and Roncigno have convinced them that the dose tolerated by invalids is much larger than has been supposed, and that the best time to take the water is, as a rule, half an hour before, and not after meals.

*Dosage.*—For the majority of adults the average dose is four tablespoonfuls three times a day, corresponding to 4.5 cg. of arsenic. When intolerance (rarely met with) does not exist, larger doses are to be advised, owing to their more rapid reconstituent action, and the astringent action of the small doses. Before commencing the cure a dose of castor oil should be given. An adult begins with half a tablespoonful or a tablespoonful of the arsenic water in half a glass of plain water; this is slowly ingested half an hour before meals. When small doses only can be taken, they are better tolerated when diluted, whereas in the case of big doses, in order not to overload the stomach with an excessive quantity of liquid, the dilution should be diminished in proportion. The dose is augmented daily by half a tablespoonful till the maximum dose tolerated is reached. In an ordinary cure in cases of anaemia, protracted convalescence from acute and chronic diseases, neurasthenia, etc., good effects can be expected rapidly from a daily dose of half a bottle. In Graves's disease, lymphadenoma, pernicious anaemia, leukaemia, scrofuloderma, and chronic enteritis with diarrhoea the maximum doses can be taken till the first symptoms of intolerance present themselves.

*Duration.*—Internal treatment should last not less than two months. Towards the end, if the dose reached be large, it is advisable to diminish it daily till suspension. With regard to the slow elimination of the arsenic, experience at Roncigno teaches that the cure can be continued for months and even a year, provided that in the case of the big doses, it be interrupted for fifteen days after each month of cure, and after every two months in that of average doses. During the treatment the abundant use of acids and raw fruit are forbidden.

*Therapeutic Indications.*—The Roncigno treatment is beneficial in anaemia due to different causes, chlorosis and malarial cachexia. In those suffering from pernicious anaemia, leukaemia, etc., however, little permanent improvement has been met with, and none in cases of renal anaemia. Excellent results have been obtained in protracted convalescence from acute and chronic diseases, in neuroses, neurasthenia, hysteria, and neuralgic affections in general. Patients suffering from Graves's disease derive much benefit from the Roncigno water, and present with rare exceptions the greatest tolerance for it. In chronic ulcerative and dysenteric intestinal affections the Roncigno water is very useful when administered as follows: Half a tumblerful to a tumblerful is diluted in a litre of fresh water, and is ingested throughout the day in very small doses. The patient consumes daily from one to two litres of this mixture. At the same time one or two tepid enemata (1½ litres) of the mixture are given daily. The skin diseases which respond best to the cure are scrofuloderma, psoriasis, eczema, chronic urticaria, lichen, acne, and lupus.

**MEDICAL MAGISTRATES.**—Dr. Roderick Reid MacNicol of Tain and Dr. Lachlan Grant of Ballachulish have been added to the Commission of the Peace for Argyllshire.

**DR. GIOVANNI ROSSI**, Professor of Anatomy in the University of Naples, was recently murdered in the open street by an anarchist Doctor of Philosophy named Legano. It appears that Legano drove a brisk trade by selling to students copies of the lectures of many of the professors who gave him the manuscripts gratuitously for the purpose. Professor Rossi, however, refused to do this, preferring to distribute copies of his lectures among his pupils. After repeated applications for the lectures had been rejected, Legano avenged himself on the unaccommodating professor with the dagger.

## THE PLAGUE.

### PREVALENCE OF THE DISEASE.

#### INDIA.

DURING the weeks ended November 24th, December 1st, 8th, and 15th, 1906, the number of deaths from plague in India amounted to 5,300, 5,992, 6,098, and 4,934 respectively, and the fresh seizures during these weeks numbered 6,941, 8,286, 7,765, and 8,859 respectively.

The deaths caused by plague in the principal centres of the disease during the weeks in question were: in Bombay Presidency the deaths numbered 2,086, 2,000, 1,716, and 1,662; Bengal, 184, 261, 346, and 1,197; United Provinces, 898, 1,536, 1,454, and 1,641; Punjab, 1,235, 1,125, 1,697, and 2,180; Central Provinces, 313, 350, 315, and 426; Central India, 319, 327, 288, and 244; Mysore, 141, 94, 112, and 64; Burma, 64, 83, 126, and 177. A few cases were notified in Kashmir, in Hyderabad, and in Madras. No mortality from plague occurred during the period in Rajputana, the North-West Frontier Province, nor in Beluchistan.

#### PERSIA.

Although no fresh cases of plague were returned by the Persian authorities up to September 23rd, 1906, it appears that an epidemic fatal to man and animals broke out on September 29th, and was officially reported at Araz and the immediate neighbourhood. The nature of the epidemic is not stated, but plague is suspected.

#### AUSTRALIA.

During the weeks ended November 10th, 17th, 24th, and December 1st, 1906, the plague report from Queensland is as follows:

*Brisbane.*—Cases, 0, 0, 2, 0; deaths from the disease, 0, 0, 2, 0.

*Cairns.*—No cases of plague.

The outbreak at Brisbane occurred after an interval of 151 days—June 20th to December 16th, 1906. An infected rat was found on October 27th on premises opposite to the house in which one of the patients lived. Subsequent search has failed to find plague-infected rats anywhere around either patient's dwellings.

#### MAURITIUS.

During the week ended December 13th, 20th, 27th, 1906, and January 3rd, 1907, the fresh cases of plague in Mauritius numbered 23, 21, 12, and 9, and the deaths from the disease 13, 15, 8, and 7.

#### EGYPT.

During the five weeks ended November 9th, 1906, the fresh cases of plague numbered 36, and the deaths from the disease 19. The majority of the cases occurred in the three principal seaports.

## MEDICAL NEWS.

**DR. ALFRED S. GUBB**, of Mustapha Supérieur, Algiers, has been appointed Honorary Physician to the British Consulate at that city.

**MARY CORNELIA MARCHIONESS OF LONDONDERRY**, whose will has now been proved, bequeathed £1,000 to Machynlleth Cottage Hospital for the maintenance of a nurse.

The next course of lectures and demonstrations at the Hospital for Sick Children, Great Ormond Street, will be opened on January 17th, when Dr. Voelcker will lecture on pericarditis and endocarditis.

The annual meeting of the Scottish Poor-law Medical Officers' Association will be held at the St. Enoch Hotel, Glasgow, on January 18th, at 4.30 p.m., when the annual report and balance-sheet will be presented.

**MR. R. HENSLÖWE WELLINGTON**, M.R.C.S., L.R.C.P., Barrister, Lecturer on Forensic Medicine at the Westminster Hospital School of Medicine and Senior Secretary of the Medico-Legal Society, etc., has been elected a Corresponding Member of the Société de Médecine Légale de France, Paris.

The Portuguese members of the Fifteenth International Medical Congress, held in April last spring, have presented Professor Miguel Bombarda with a gold medal and an address expressing their appreciation of the great services rendered by him as Organizing Secretary of the Congress.

The King has granted to Sir Rubert William Boyce, Major Ronald Ross, C.B., and Dr. John Lancelot Todd His Majesty's Royal licence and authority that they may, respectively accept and wear the Cross of Commander of the Order of Leopold II, which decoration has been conferred upon them by the King of the Belgians, Sovereign of the Independent State of the Congo, in recognition of their valuable services to the cause of medical science.

A RESOLUTION was recently passed by the French Chamber of Deputies urging on the Government the expediency of providing in the Budget of 1908 for the creation in the University of Paris of a special chair of clinical instruction for midwives.

THE Board of Education has issued a circular to education authorities in England and Wales calling attention to the fact that the Education (Provision of Meals) Act came into operation on December 21st, 1906. The circular points out that the Act is permissive, and that its object is to ensure that children attending public elementary schools shall, so far as possible, be no longer prevented by insufficiency of suitable food from profiting by the education offered by the schools; it aims at securing that for this purpose suitable meals shall be available just as much for those whose parents are in a position to pay as for those to whom food must be given free of cost.

MALARIA IN TUNIS.—The French Government has asked the Pasteur Institute to undertake an inquiry as to the distribution of malaria in various centres of colonization in Tunis, especially the Béja, Mateur and Goubellat regions, and as to the means of checking the prevalence of the disease.

VAGRANTS IN EDINBURGH.—The half-yearly census of vagrants, taken on the evening of Sunday, December 23rd, 1906, by the Edinburgh police showed that there were 476 vagrants in the city, 17 more than on the corresponding day of 1905. Of that number 312 were males, 142 females, and 22 children; 104 were found in prison and police cells, 209 in houses of refuge, hospitals, etc., 161 in lodging-houses, etc., and 2 in public gardens and parks. The nationalities of the vagrants were: Scottish 328, Irish 97, English 40, and foreign 11.

BARBERS' SHOPS.—A correspondent writing on this subject suggests that it would not be fair to demand of barbers that they should boil their face sponges, inasmuch as boiling soon renders sponges useless. It would be better, he thinks, that following the practice of surgery, they should use swabs of absorbent cotton wool. With this suggestion we agree; there are, indeed, a few barbers' shops in which the practice is already adopted. Absorbent cotton wool is not expensive, and a little goes a very long way.

THE RAISING OF FEES IN GERMANY.—On December 18th, 1906, a meeting of the medical profession was held in Berlin at which representatives of thirty-four medical associations with a collective membership of 2,647 were present. It was unanimously agreed that from January 1st the fees in private practice should be raised. The decision applies equally to single fees and to payment for longer or shorter periods of attendance, as in the case of family doctors.

A CITY OF THE BLIND.—The Queen of Roumania has founded in that kingdom a city for the blind, intended for reception of those afflicted with loss of sight, together with their families. It is called Vatra Luminosa, or the Lightgiving Hearth. The number of blind persons in Roumania is estimated at 20,000, and the Queen's intention is to collect funds that will enable her to give shelter in her city of the blind to all sufferers in need of help. A sum of £120,000 has been collected, but this is but a fraction of that which will be required if the Queen's benevolent intention is to be fulfilled. Her Majesty, as is well known, is distinguished in literature under the name of "Carmen Sylva." For the benefit of the charity she allows photographs of herself, with a thought written and signed by herself at the bottom, to be sold. The *Journal des Débats* recently announced that it had a few of these photographs at its disposal, which it was prepared to sell for £4 each.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society, was held at 429, Strand, London, W.C., on December 28th, 1906. Dr. de Havilland Hall in the chair. Since the early part of November a considerable number of claims have been caused by the epidemic of influenza, and the total result will be that the sickness account for 1906 will show only a small margin on the right side. A notable feature of the year's working has been the increase in the number of members drawing half-pay. No less than thirty-two cases of this kind were on the list at the close of the year, and will draw sick pay till age 65, should they live so long. This list has been steadily growing for many years, and at present there are about two dozen members who are drawing an annuity, usually 104 guineas a year. One member has for some years been drawing 156 guineas annually. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

THE Société contre l'Abus du Tabac is promoting a Bill for the prevention of juvenile smoking in France. Persons convicted of selling cigarettes to children under the age of 16 are under the terms of the Bill to be fined 50 francs (£2) for a first offence, and 125 francs (£5) for each subsequent breach of the law. Juvenile smokers are liable to a penalty of 50 francs each time they are convicted of smoking.

CONGRESS OF FRENCH PRACTITIONERS.—Steps are being taken to organize a congress of the medical practitioners of France to be held in April, 1907, under the auspices of a large number of scientific and professional societies, notably the Union des Syndicats Médicaux de France, the Fédération du Nord, the French Medical Association, the Concours Médical, the Sou Médical, the Syndicat Général des Oculistes, the Conseil Général d'Arrondissement de Paris et du Département de la Seine, the Paris Medical Society, the Medical Syndicates of the Seine, the Rhône, the Puy-de-Dôme, the Deux-Sèvres and the Valley of the Rhône and several others, among which we note the Corporate Association of Paris students of medicine. Among the objects of the Congress are the promotion of reform of the medical curriculum in a practical and professional sense; organized opposition to the proposal to create a new diploma (Certificat d'Etudes Médicales Supérieures); the opening up of professorships without the preliminary ordeal of the *agrégation*; and the appointment of a committee of representatives of general practitioners as well as professors and consultants to study the means of making medical education more practical. The Chairman of the Organizing Committee is Dr. Dubuisson, member of the Chamber of Deputies; among the vice-presidents are Drs. Huchard, Lereboullet, and Reymond of Paris; the General Secretary is Dr. Leredde of Paris.

PRIZES OF THE ACADEMIE DE MÉDECINE.—The Paris Academy of Medicine recently made the formal award of prizes in its gift for the year 1906. They are very numerous, and we can only mention some of the more important among them. The Alvarenga de Piahy Prize, of the value of £32, for the best unpublished work on any branch of medicine, was awarded to Dr. Paul Gauchery, of Paris, for a contribution to the study of the gaseous exchanges realized by the respiration of bacteria. The François-Joseph Audiffred (£960) offered to any person of any nationality or any profession for the discovery of a remedy, curative or preventive, for tuberculosis, was not awarded. Various sums were, however, given by way of encouragement; Professor Calmette, of Lille, and the head of his laboratory, M. C. Guérin, received £60, and Professor H. Vallée, of Alfort, a like amount; while Dr. P. Halbron, of Paris, and M. Paul Juillerat, each received £20. The Barbier Prize (£80) offered for the discovery of a cure for any of the diseases recognized as incurable—"hydrophobia, cancer, epilepsy, scrofula, typhus, cholera, etc." was not awarded, but "honourable mentions," each carrying with it a sum of £20, were accorded to M. J. V. Detroye, veterinary surgeon, of Limoges, for an essay on cancer and tumours in animals; to Drs. L. Bérard and Palet of Lyons for a monograph on the surgical forms of tuberculosis; and to Professor B. Galli-Vallerio, of Lausanne, for experimental researches on the rabies of rats. The Boullard Prize (£48) for the best work on the treatment of mental diseases was awarded to Drs. R. Mignot, E. Schrameck and L. Parrot, of Paris, for a contribution to the study of general paralysis. The Campbell Dupierris Prize (£102) for the best work on anaesthesia or on urinary diseases, was awarded to Drs. J. Castaigne, and F. Rathery, of Paris, for a monograph on lesions of the convoluted tubules of the kidney. The Marie Chevallier Prize (£240) for the best work on tuberculosis was awarded to Dr. L. Rénon, *agrégé* Professor in the Paris Faculty of Medicine, for his studies on tuberculosis, 1903-06. The Cheillon Prize (£60) for the best work on the treatment of cancerous affections was awarded to Dr. P. Cavaillon, of Lyons, for an essay on the surgical treatment of cancer of the large intestine (excluding the rectum). The Daudet Prize (£40) for an essay on the results of the x-ray treatment in cancer was awarded to Drs. A. Bécère, J. Belot, and G. Haret, of Paris. The Theodore Herpin Prize (£120) for the best work on epilepsy and nervous diseases was awarded to Dr. Maurice de Fleury for his textbook on diseases of the nervous system and his work on neurasthenia. The Itard Prize (£92) for the best book on practical medicine or therapeutics was awarded to Dr. J. Vires, *agrégé* Professor in the University of Montpellier, for his work on nervous disease. The Adolphe Monbinne Prize (£60) was awarded to Dr. E. Brumpt for his report of a scientific mission for the study of sleeping sickness (1903). The Saintour Prize (£1,616) was awarded to Dr. A. Rémy, of Dijon, for a monograph on the diploscope and its applications.

became vacant, and he was selected to fill it. Here he found his life-work, and although he had many tempting offers to engage in private practice, for which he was eminently fitted, he refused to avail himself of these, preferring, with singular whole-heartedness, to devote himself to the interests of the Middlesex Hospital. Throughout his long term of office he enjoyed the complete confidence of the Board of Management, the staff, resident staff, officials, and nurses, to all of whom he was ever willing to render sympathetic assistance.

At his initiation to a great extent, and always guided by his counsel and careful supervision, many alterations and reforms were effected in the hospital, the nursing department, and in the school. Amongst these mention may be made of the Resident College for Students, the Trained Nurses Institute, the Convalescent Home at Clacton, the laundry at Hendon, the removal of the kitchens from the basement to the upper floor of the hospital, additional wards, the operating theatres and sterilizing apparatus, the New Cancer Wing and Cancer Research Laboratories. It may with truth be said that in every department of the hospital there are distinct and lasting evidences of Mr. Fardon's administrative energy and ability.

For several years he acted as Honorary Secretary to the Royal British Nurses Association, and was of great service in guiding the affairs of that body during a troubled period of its history.

It was close upon two years ago that it was discovered that Mr. Fardon had glycosuria, and in spite of careful dieting and treatment, signs of ageing and lessened vigour became increasingly apparent. In the summer of last year signs of pulmonary tuberculosis developed, and in spite of all that the best advice could suggest and careful attention provide the disease rapidly progressed. He was laid to rest in the churchyard of the old church of St. Lawrence on January 5th, and at the same time a memorial service was held in the Chapel of the Middlesex Hospital which was filled by a large and sorrowing congregation. Noticeable amongst these were His Excellency the Greek Minister, Lord Cheylesmore, and Lord Sandhurst, many members of the Weekly Board of Governors of the hospital, and of the staff and a large number of past and present students and nurses.

WILLIAM TRAVERS, M.D.DUR., M.R.C.P. EDIN.,  
F.R.C.S. ENG.

WE regret to record the death, on December 17th, 1906, of Dr. Travers of Kensington, at the age of 68. He was the second son of the late Frederic Travers of Poole, Dorset; was privately educated, and was a pupil of the late Dr. Salter of Poole. He studied medicine at Charing Cross Medical School, and became L.S.A. in 1859, M.R.C.S. Eng. in 1860, L.R.C.P. Lond. in 1861, F.R.C.S. Eng. in 1864, M.R.C.P. Edin. in 1876, and M.D. Durham in 1879. After serving as House-Surgeon at Charing Cross Hospital in 1859, he succeeded the Founder as Resident Medical Officer, and held the post for six years. He commenced private practice in Kensington in 1866, and remained at work there until his death. He was Physician to the Chelsea Hospital for Women from 1883 to 1894. He was a member of the British Medical Association and a Fellow of the Medical Society of London, the Obstetrical, and Gynaecological Societies. Of the last of these he was one of the founders; he was a member of its Council from its inauguration, and for a few years Honorary Treasurer, being compelled by failing health to decline the Presidency. He was also a member of the Clinical Society and the West London Medico-Chirurgical Society (of which he had been President), and was one of the founders of the Anthropological Society. He had been a Freemason since 1865, was a Past Master and Father of St. Mary's Lodge, one of the founders of the Durham University Lodge, and of the Cavendish Chapter. Altogether he was a man of wide sympathies and keen activity, a charming companion, and was held in the highest repute by a large circle of patients and by his fellow practitioners.

Dr. Travers married, in 1869, Annie, daughter of the late Thomas Pocock, solicitor, of Bartholomew Close, E.C., and he leaves a widow, six sons, and a daughter. Of the sons, the eldest, Dr. F. T. Travers of Maidstone and Dr. E. F. Travers, who was his father's assistant, are in the medical profession.

The first part of the funeral service was held at St. Mary Abbott's Church, Kensington, where was a large congregation, including several medical friends of the deceased, amongst them being the President and several Past Presidents of the West London Medico-Chirurgical Society; the interment took place at Kensal Green Cemetery.

THE death took place on December 2nd, 1906, of Dr. ROBERT TRAVERS LEWIS, of Willingham, Cambridgeshire, at the comparatively early age of 47. Ever a lover and encourager of healthy outdoor pastimes, Dr. Lewis went to watch the football match at Cambridge between the University and the West of Scotland teams, and on his return home complained of feeling unwell. Shortly afterwards he developed acute pneumonia, and, in spite of the assistance rendered by specialists both from Cambridge and London, succumbed after a brief illness. Dr. Lewis, a Trinity College student, obtained his M.B. in Dublin in 1885, and in the year following became also B.S.; after a few years spent in practice in Ireland he settled at Willingham. There he was Medical Officer and Public Vaccinator of the First District of the Chesterton Union. He played such an active part in the general life of the village that his death leaves a gap which will not easily be filled. Gifted with no small share of humour and many other pleasant qualities he enjoyed much popularity among his patients and neighbours of all denominations, and he had long been a recognized leader both in the outdoor life and business affairs of the locality. The funeral took place on December 5th, the coffin being carried to the graveside by eighteen members of the local cricket club in relays and preceded by representatives of various local enterprises and the officials of several friendly societies. Dr. Lewis was a member of the Cambridge and Huntingdon Branch of the British Medical Association, and leaves a widow and four children.

MAJOR MAURICE O'CONNOR DRURY, Royal Army Medical Corps (retired), died at Cynghordy, Carmarthenshire, on December 18th, 1906, aged 49, from a gun accident. He joined the Army Medical Service as Surgeon, July 31st, 1880, and became Surgeon-Major, July 31st, 1892. He was at Suakin during the Soudan expedition in 1885, receiving a medal with clasp and the Khedive's bronze star; in the Burmese campaign in 1886-7, for which he was mentioned in dispatches; and in the South African war in 1899-1900, receiving the Queen's medal with two clasps.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Alexander E. Macdonald, Professor of Psychological Medicine in the University of New York, and President of the American Medico-Psychological Association, aged 61; Dr. Alonzo Garcelon, a former President of the American Medical Association, and some time Governor of the State of Maine, aged 93; Dr. Henrotin, a leading gynaecologist of Chicago, aged 59; Dr. Alexei Jerojeff, Ordinator of the Moscow University Clinic, aged 43; Professor A. Buchwald, Lecturer on Materia Medica and Internal Medicine in the University of Breslau, aged 61; Dr. W. J. Herdman, Professor of Diseases of the Nervous System in the University of Michigan, aged 58; Dr. E. Hayoit de Termicourt, Professor of Forensic Medicine in the University of Louvain, Vice-President of the Belgian Academy of Medicine, author of textbooks of medical pathology and forensic medicine, and of monographs on albuminuric encephalopathy and the cephalic complications of dyspepsia, aged 74; and Dr. Francisco de Paula Fajardo, a leading clinician of Rio de Janeiro, author of numerous writings on bacteriological, epidemiological, and other subjects, aged 42.

WHAT is called an international course of forensic psychology and psychiatry is to be held in the University of Giessen during the week beginning April 15th. It is designed especially for lawyers and medical practitioners, and will include lectures and demonstrations, and every day one hour's free discussion, which may be carried on in German, French, or English. Further particulars can be obtained from Professor Dr. Sommer, Klinik für psychische und nervöse Krankheiten, Giessen.

denial; the mere fact that the statement was made by a person not engaged in the trade of a surgical instrument maker ought to have aroused a suspicion in the minds of any business men that the information was untrustworthy.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF EDINBURGH. ANNUAL REPORT FOR 1906.

#### *Numbers of Students.*

THE annual report states that during the past year the total number of matriculated students (including 463 women) was 3,199, being the highest number for thirteen years. Of this number, 1,500 (including 35 women) were enrolled in the Faculty of Medicine. Of the students of medicine, 681, or over 45 per cent., belonged to Scotland; 301, or 20 per cent., were from England and Wales; 136 from Ireland; 82 from India; 272, or over 18 per cent., from British colonies; and 28 from foreign countries. These figures show that the proportion of non-Scottish students of medicine is well maintained. The number of women attending extra-academical lectures, with a view to graduation in medicine in the University, was 71.

#### *Degrees Conferred.*

The following degrees were conferred during 1906: Bachelor of Medicine and Master of Surgery (M.B., C.M.), 1; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 186 (including 17 women); Doctor of Medicine (M.D.), 90 (including 2 women); Master of Surgery (Ch.M.), 1; Mus.B., 1. The General Council of the University now numbers 10,086. The diploma in tropical medicine and hygiene was conferred on 5 candidates. The special certificate in diseases of tropical climates was conferred on 60 candidates (including 8 women).

#### *Fellowships, etc.*

The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £18,520, namely, in the Faculty of Arts, £11,005; in the Faculty of Science, £1,545; in the Faculty of Medicine, £3,630. A number of bursaries are in the gift of private patrons, but the great majority of the University bursaries, prizes, etc., are awarded by the Senatus after competitive examination. In addition to the above, a sum of upwards of £600, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

#### *The Carnegie Foundation.*

Although the Carnegie Foundation has not so far effected a manifest increase in the number of students, it continues to be noticeable that many who avail themselves of the section of the scheme which provides for the payment of class fees take out a larger number of classes than they would probably otherwise have done. Of those who have been appointed to Carnegie post-graduate fellowships and scholarships, and who have received grants in aid of research, a considerable proportion are graduates of the University of Edinburgh.

#### *Lectureships, etc.*

A Lectureship in Systematic and Clinical Gynaecology was instituted by the University Court early in the year, and Dr. A. H. Freeland Barbour has been appointed Lecturer. The Court has also instituted a lectureship, to be called the George Coombe Lectureship on Psychology (General and Experimental), towards which a handsome endowment has been contributed by the trustees of the late George Coombe, and Mr. W. G. Smith, M.A., Ph.D., has been appointed Lecturer.

#### *Benefactions.*

Among the benefactions gratefully acknowledged, in addition to those noted above, are a gift by Lord Leith of Fyvie of a bust of Dr. James Gregory, formerly Professor of Practice of Physic in this University, and a further gift by the Rev. Professor Gwatkin, D.D., Cambridge, of a collection of molluscan radulae for the microscope.

#### *Additions to the Library.*

Additions to the University Library for 1906 numbered 6,389, being an increase from the previous year. Among them was a valuable collection of medical books and surgical instruments from Mrs. Charles Flushing.

#### *Cataloguing of the Library, etc.*

The cataloguing of the library having been completed in the early months of 1906, the remaining part of the year has been occupied by the cataloguing staff in the alphabetical arrangement of the entries and insertion of cross-references—an operation which is expected to come to an end in the course of the present year. The number of volumes dealt with so far in the general library is about 210,000; but in addition to these several departmental libraries have been catalogued, notably the theological and the physiological libraries, as have also been the medical books in the reading-room of the new buildings. The cataloguing has brought to light a considerable number of incomplete works and the want of others which, it is thought, a university library ought to possess, and the filling up of such gaps is being steadily kept in view, a grant made by the Carnegie Trustees for this purpose having placed the

Library Committee in a more favourable position for doing so than was formerly the case. The question as to the printing of the catalogue will have to be considered as soon as the alphabetical arrangement of the entries is complete, but so far no funds seem to be available for this purpose. A short catalogue of some 25,000 books in the library for the use of students was completed and issued early in the year, and has already proved of considerable service, both to the library staff and to borrowers generally.

#### *University Union.*

The extension of the University Union is almost complete, and all the rooms are now occupied. The additional accommodation provided consists of a large library, a reading and writing room, several new committee rooms, cloak rooms, etc.; the enlargement of the entrance hall, a large new kitchen, and other service accommodation, etc., together with two five courts. Sir Donald Currie and Dr. Andrew Carnegie have each promised £6,000 towards the extension scheme if the Union and its friends raised the remaining £6,000, making in all £12,000. Of this £6,000 there has already been subscribed £3,000, and the Committee of Management is trusting to friends of the Union and of the University to help it to raise the remaining £3,000 as quickly as possible, so that the £12,000 offered may be secured.

#### CONJOINT BOARD IN IRELAND.

The following candidates have been granted the diploma in Public Health:

\* C. S. Davis, \* A. W. Tuke, Captain R.A.M.C., T. Barry, R. J. Cahill, R.A.M.C., J. Coffey, P. E. Hayden, P. J. O'Farrell, F. W. S. Stone.

\* With honours.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### LOCAL AUTHORITIES AND CONSUMPTIVES.

A CONFERENCE of Middlesex Councils was recently held at the Guildhall, Westminster, to consider a proposal made at the general meeting of the Middlesex District Councils Association not long ago, that the local authorities in the county should combine for the purpose of providing hospital accommodation for persons suffering from consumption. Mr. A. W. W. King (Acton), the Chairman of the Association, said it was the duty of public health authorities to take measures to check the mortality from consumption and the lowering and weakening of efficiency caused by that disease. They had the power of spending the ratepayers' money to try to counteract the effects of the disease; but, at the same time, they had to consider questions of finance, and that made it difficult to take the necessary steps unless the cost was kept down as much as possible. Colonel Gerard Clark (Honorary Secretary of the Executive Committee of proposed Middlesex Open-air Sanatorium) said it was estimated that the capital cost of furnishing the house and providing everything to deal with fifty patients at a time would be £2,500, which sum might possibly be provided by private persons. The rent of the house would be about £160 a year, and the full maintenance charges would not be more than 25s. a bed per week, a total cost annually of about £3,500. He felt it was necessary to make a beginning, that, although the taking of a house with about 2½ acres of ground was by no means an ideal scheme, it would start the movement, which could later on be further developed. The fifty beds would deal with only about 100 patients a year, but at the present time that would be a step in the right direction. It was decided to form a subcommittee to go into the matter fully, obtain information as to action (if any) taken by various districts, to communicate with the Mount Vernon Hospital authorities, and prepare and circulate full reports, to be considered at an adjourned meeting of the Association.

### ROXBURGH, BERWICK, AND SELKIRK DISTRICT ASYLUM.

THE serious overcrowding which has existed for some years at this asylum was relieved in September, 1905, by the opening of the new male hospital buildings for occupation by patients. It has been built to accommodate 95 patients and 12 attendants, besides furnishing a general bath-room for the whole male side. It has been erected at a total cost of £216 per bed, which is more than £80 less than the average for Scottish asylums.

The Medical Superintendent, Dr. J. Carlyle Johnstone, says that the male infirmary section of the new building has been placed under the care of female nurses, and that the patients in this part will be nursed and attended to by women day and night, the whole section being under the charge of a trained hospital nurse. Up to the time of writing his report, Dr. Johnstone had found this method of distinct benefit to the patients and free from objection. Commissioner Fraser also speaks in his report in praise of female nursing, and congratulates warmly the District Board and Dr. Johnstone on the admirable arrangements made for the treatment of the sick, acute, and recent cases.

The Medical Superintendent's report is for the year ending May 15th, 1906, and from this we see that on May 15th,