

by staphylococcal injections in the manner I have described above. The opsonic index in one case rose from 0.8 to 1.8 after the first injection, and after three injections he states: "My face had by then almost cleared up, and my back was greatly improved; also some hard, indurated glands in my axillae were very much smaller." The other student experienced even greater relief, and thereafter found it much more easy to keep the boils in check.

#### *Multiple Staphylococcal Abscesses.*

An infant at Guy's Hospital, under the care of Mr. F. J. Steward, was suffering from multiple subcutaneous abscesses which very nearly killed it. Altogether seventy-five abscesses developed, and others threatened. As fast as some were opened others appeared. The case seemed hopeless. It was found that the abscesses were staphylococcal. A vaccine was prepared and injected at intervals, with immediate cessation of the formation of fresh abscesses, followed by rapid and complete recovery.

I might multiply these examples indefinitely, but I think the above are sufficient to indicate the benefits to be obtained from careful vaccine treatment, particularly in cases of local tuberculous mischief, and in cases of staphylococcal troubles such as acne, boils, and abscesses.

It will be asked whether tuberculin is of any use in the treatment of phthisis. I cannot yet answer definitely. I have not yet tried it myself, but if controlled by opsonic index estimations I think it is worth trying in some cases, in addition to the recognized sanatorium and other hygienic measures.

It is particularly in the localized tuberculous diseases that it does good, effecting great relief or even cure in the case of tuberculous skin troubles and bladder affections. One of the surgeons at Guy's Hospital expresses the view that many tuberculous affections which are at present treated mainly by surgeons will in the near future be treated by physicians, and cured by tuberculin without operation. Whether this is to be so or not it is premature to say. Tuberculin and staphylococci raise the opsonic index for a time only. When the injections cease the opsonic index will in time fall below par again very likely, so that the patient may become again liable to invasion by the microbes. He is, however, no more liable to their attacks than he was before, and if a lesion can be cured by the vaccines once, a relapse or a recurrence can be cured by them again. It is unwise to stop the injections too soon; and it is unwise to depend upon the injections alone, to the neglect of hygienic, medicinal, surgical, and other general measures.

Hitherto most of the cases treated have been very severely ill; vaccine treatment has often been adopted only when surgical and all other measures have failed, for example, in cases of tuberculous ulcers, cystitis, lupus, acne, and so on. Seeing that, in spite of this, Wright is able to say that "it is not a question of the achievement of success in a certain percentage of cases only; up to the present it has been a question of uniform success," I think it will be agreed that this additional method of antimicrobial treatment well deserves to be tried early, and not merely as a last resort.

#### REFERENCE.

<sup>1</sup> I might mention that there is a growing literature upon the subject, and I would refer to papers by Wright, Bulloch, and others in the *Royal Medical and Chirurgical Society's Transactions* for 1906; to the *Practitioner* for July, 1906; to the *Guy's Hospital Reports* for 1906; and to the *Lancet* for October 27th, 1906, which contains a most interesting paper by Drs. Turton and Parkin, with detailed accounts of 34 cases.

### NOTE ON THE TEMPERATURE OF JAPANESE HOT BATHS.

By LEONARD HILL, M.B., F.R.S.

THE Japanese have been noted for indulgence in very hot baths. I recently had the opportunity of finding out whether a Japanese gentleman of my acquaintance could really stand a bath hotter than a European, and to determine whether his body temperature rose in the manner to be expected.

My friend affirmed he could stand very hot baths, but not the hottest baths of all in Japan. I found he could endure a bath of 44.5° C. (114° F.) for only a minute or two while totally immersed except for his face. The bath was raised (from 103° F.) to this temperature in about five minutes. He came out feeling faint, and asked for the window to be opened. His rectal temperature had risen to 39.5° C. (103° F.). He told me that the Japanese usually sit with the head and arms out of water.

Under such conditions they may stand a considerably higher temperature; they must habituate their skin to stand a high temperature as we habituate our tongues to hot drink. If totally immersed excepting the face their body temperature must, of course rise, as I found to be the case.

A friend in Japan has sent me the following interesting account of the thermal baths at Kusatsu, which, a Japanese artist tells me, are used particularly for "illness that destroys the nose" (syphilis). The intense derivation of blood to the skin, and the rise of body temperature induced by these baths, must have a powerful effect, and ought to be a most efficient way of increasing both the supply of blood and its opsonin and the activity of the phagocytes in cutaneous affections.

The chief constituents of the Kusatsu springs are mineral acids, sulphur, iron, alum, and arsenic. The temperature of the springs is extremely high, ranging from 100° to 160° F., while the baths are generally 113° to 128°.

The chief public bath, called Netsu-no-yu, has three divisions of increasing degrees of temperature. Even the Japanese, inured as they are to scalding water, find their courage fail them, and the native invalids are therefore taken to bathe in squads under a semi-military discipline, to which they voluntarily submit. This system is known as Jikan-Yu, or "time-bath," because the hours are fixed.

Soon after daylight a horn is blown and the bathers assemble, dressed in white cotton tunics and drawers, as many as can find room taking their first daily bath. After stripping they begin by beating the water with boards in order to cool it—a curious scene; and then most disrobe, while the greatest sufferers swathe themselves in white cotton. Each bather is provided with a wooden dipper, and the "bath master" directs the patients to pour 250 dippers of water over their heads to prevent congestion. Attendants are on the watch, as fainting fits sometimes occur. To keep up their courage a kind of chant takes place between the bathers and their leader on entering the bath and while sitting in it, a trial which, though only lasting from three and a half to four minutes, seems an eternity to their festering bodies. After the lapse of about one minute the bath master cries out, and the others all answer with a hoarse shout. After a little he cries out "three minutes more." After another short interval he cries out "two minutes more," then "one minute more," the chorus answering each time. At last the leader cries "finished," whereupon the whole mass of bodies rises from the water with an alacrity which he who has witnessed their slow, painful entry into the place of torture would scarcely credit. Two more baths are taken during the forenoon and two in the afternoon, making five altogether, at which the same routine is observed. The usual Kusatsu course includes 120 baths.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### AN EXPERIENCE WITH VERONAL.

Mrs. F. sent for me August 18th, 1906, and gave the following history: The day before she awoke with a headache, and, to relieve the pain, was given two powders by a friend about 11 a.m. After sleeping for a couple of hours she awoke feeling dazed and stupid, quite unable to stand or walk, and with distinct double vision. During the evening the symptoms were more marked; she was reeling and tottering, scarcely able to put one foot before the other, even with the assistance of her friends. At 10 p.m. she was seen by my friend, Captain Craig, R.A.M.C., who found her in a semi-paralysed state, with sluggish pupils, diplopia, thready pulse, scanty urine, and normal temperature. In the morning Captain Craig and myself saw the patient together. She was drowsy and complaining of tingling sensations in the arms; pulse, 84, soft and compressible; temperature, normal; pupils, sluggish, though of about normal size; reflexes, superficial and deep, quite gone. I tried to raise her to the sitting posture, and as I did the head fell back, and several jerking movements were made to bring the head into the erect position. This could not be done, owing, as the patient described, to the heaviness felt in the occipital region. There was complete anaesthesia over the entire right lower limb, and on the left complete as far as the knee, and partial over the rest of the limb. There was also some anaesthesia over the trunk, but sensation in the arms was normal. The next day considerable improvement had taken place, sensation was normal over the trunk, left lower limb, and the upper portion of right lower limb. During the next

few days the improvement continued and the reflexes became normal.

The powders were made up in New York according to the prescription of a leading physician; they contained codeia,  $\frac{1}{4}$  gr.; veronal, 10 gr. Direction: One at bedtime. My patient, as will have been seen, took a double dose. The treatment adopted was a dose of calomel and a belladonna mixture, hot coffee, etc. The case shows that veronal is a drug to be given with care; for after 20 grains the toxic symptoms were rather alarming.

Dunlavin, co. Wicklow.

EDWARD LYONS, M.D.Dub.

#### CHOREA GRAVIDARUM.

IN the EPITOME for September 29th, 1906, chorea is mentioned as being very dangerous when occurring during pregnancy, and also as being a rarity in consecutive pregnancies. The following case is therefore of interest.

A primipara, aged 18, was attended by me on July 4th, 1902. She had been the subject of chorea at the age of 14, but had been almost well until the week before the onset of labour, when choreic movements appeared and soon became violent. I saw her for the first time after the onset of labour, and then the convulsive movements were severe. Labour progressed well until the os uteri was fully dilated. After that with each pain the twitchings became so violent that it was necessary to administer chloroform and complete delivery. The child was a male and was hydrocephalic. It only lived three days.

The chorea disappeared gradually during the first four days of the puerperium. She remained well until the beginning of May, 1906. She was then in the eighth month of pregnancy. On May 18th the movements were slight, and confined to the face and left arm. Despite treatment they became rapidly worse, and by June 9th affected the whole body, being, however, worse on the left side. She was completely confined to bed from this date. She was absolutely helpless, and had to be fed, as she could not guide the food to the mouth. Feeding was only accomplished with difficulty, owing to the severity of the twitchings of the face.

Labour set in on June 15th, and had a similar course to the one four years previously. The choreic movements were violent all through the labour, but became worse with the onset of each pain, and were not quite so severe during the intervals. As soon as the os was well dilated, the membranes were ruptured, chloroform given, and forceps applied. Delivery was easy. The child, though at full term, was small and weakly, and only lived two days. It was a male. There was no hydrocephalus present. The chorea did not disappear so quickly this time as on the previous occasion, and it was not until after ten days had elapsed that she was free from twitchings.

In neither of this patient's attacks of chorea, complicating pregnancy and delivery, did drugs appear satisfactory. Arsenic, iron, morphine, bromides, chloral and paraldehyde were tried, and had little or no beneficial action. Paraldehyde seemed at first to lessen the movements and induce sleep, but soon lost its effect.

Sunderland.

H. K. WALLACE, B.Sc., M.D., C.M.

#### TRANSPPOSITION OF CAECUM AND APPENDIX.

ALMOST simultaneously with the receipt of the BRITISH MEDICAL JOURNAL of September 8th, 1906, containing a report of a case of transposed caecum and appendix by Mr. Billington, I happened to meet one of precisely the same character. A male child, aged 3 years, was brought to me, presenting on the left side of the scrotum a swelling of the size of a big lemon, which had appeared some six days before. It was tense and red, and though there were no symptoms of strangulation the child was very uneasy. On opening the sac I found it contained a good deal of fluid and the caecum and appendix. The latter was not more than 1 in. in length, and perfectly healthy. After replacing the whole contents of the sac within the abdomen I closed the canal with two sutures. The hernia was congenital, and, as in Mr. Billington's case, there was no transposition of any other viscus. The child made a perfect recovery.

In the same week I operated on three other little children for hernia; in two I again encountered the caecum and appendix, but these were cases of right inguinal hernia. In one I removed the appendix.

V. N. CHITALE-BHAJEEKAR, F.R.C.S.Edin.,

Honorary Surgeon, Jamsetji Hospital, Bombay.

THE late Mr. William Bashall Park, of Ollerton Hall, Lancashire, whose will has now been proved, left £5,000 to the Contagious Disease Hospital at Withnell.

## REPORTS

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

#### NORTH LONSDALE HOSPITAL, BARROW-IN-FURNESS.

PERITONITIS WITHOUT ASCERTAINABLE CAUSE.

(Reported by J. T. WILLIAMS, Honorary Surgeon.)

THE patient in this case, a married woman, aged 36, was admitted on April 20th, 1906, and died two days later, a diagnosis of idiopathic peritonitis being made.

Her family history showed that her mother, grandmother, and a brother had died of malignant disease. As for her own previous health she had suffered five years before from "nervous debility," and occasionally had slight indigestion and nausea. Her last menstrual period had been marked by menorrhagia and constitutional disturbance. Her three children were healthy. After the birth of the first she had one abortion.

*History of Present Illness.*—At its onset she was away for Easter, and believed herself perfectly well, but was expecting her menstrual period. The illness began in a railway station four days before her admission with sudden "strange feelings" in her legs. Her brother reported that two fainting fits occurred before they got her by train to a house at Blackburn. Apparently she had great abdominal pain, and a doctor told her friends that she had haemorrhage from the stomach. Against his advice she came back to Barrow, where she was seen by Dr. Alexander. The latter found "coffee ground" stools and severe diarrhoea, and sent her to hospital.

*State on Admission.*—She lay on her back, legs drawn up, face pinched, mouth drawn, eyes wild-looking. She was deaf and rather incoherent, though she would answer if spoken to. She appeared to be in pain. The temperature was 102° 6', pulse 136, respirations 40. The abdomen was flat, respiratory movement very limited. There was no rigidity but some diffuse tenderness. Per vaginam a split cervix was noted, and the uterine body seemed less mobile than is normal. A rectal examination betrayed no abnormality. The percussion note over the abdomen was natural except over the ascending colon, where it seemed somewhat dull. Diarrhoea had ceased, and simple enema brought away nothing but shreds and mucus. A specimen of urine obtained by a catheter showed a little albumen but no blood or pus. She was menstruating normally. In the chest no abnormality was discernible beyond some friction sounds at the base of the lungs.

*Progress.*—During the night following admission the diffuse abdominal pain was considerable, and was allayed by morphine. The dullness seemed more central, and the abdomen to be hardening and tending to distend. She was delirious but not noisy. The next day the patient seemed altogether improved mentally; the deafness was gone, and she talked intelligently. There was no pain, but the abdomen was distended, tympanitic, and harder. Respiration was characterized by long pauses, but was not of the Cheyne-Stokes variety. On Sunday, the second day after admission, she was weaker, more apathetic, temperature 102°. Stimulant and nutrient enemata were given, and Brand's essence by mouth. The enemata caused no pain. About 1 p.m. this day she had a very acute attack of pain in the back. It was relieved by pressure somewhat, but morphine was also given. Towards night severe pain was felt in the lower chest region, and finally, about 9 p.m., she died, after being more or less comatose for several hours.

On *post-mortem* examination the whole omentum and alimentary canal were found covered and glued by purulent lymph, while Douglas's pouch contained half a pint of thin pus. There was no gas free in the peritoneum, and no adhesions. The stomach and duodenum were healthy; small intestine and colon as far as sigmoid proved watertight, and on slitting appeared absolutely healthy and practically empty. The appendix, liver and gall bladder, spleen, pancreas, and kidneys all proved to be healthy; so, too, did the uterus and ovaries, the only abnormality being a couple of miliary tubercles on one of the Fallopian tubes, but there were no adhesions anywhere. Examination of the chest showed nothing beyond slight plastic inflammation of the pleura. The spinal vertebrae and the sacro-iliac joints were also found healthy.

do this, especially if such omission resulted from doubts as to future payment for services rendered, might, and probably would, land him in a very undesirable position, and this with public opinion not in his favour. We have no hesitation in saying that the claim for these extra fees are strictly in accordance with the Order of the Local Government Board, and should be enforced.

#### THE L.S.A. AND POOR-LAW APPOINTMENTS.

VACCINE asks whether or not the diploma of L.S.A. would be regarded by a Board of Guardians in the election of parochial medical officer as a double qualification. Could a candidate with this diploma only be elected against a man with a double qualification?

\* \* The misapprehension as to the diploma of L.S.A. seems to be very prevalent in the minds of Boards of Guardians. The regulations of the Local Government Board require that medical officers in parishes or unions must be registered to practise both medicine and surgery. This, in ordinary language, is often described as a "double qualification," and is very often supposed to refer only to those holding the diplomas of the Conjoint Board. The L.S.A. who has obtained his diploma since the passing of the Medical Act, 1886, is entitled to practise both in medicine and surgery on that one diploma, and is therefore doubly qualified in the sense intended by the Local Government Board regulations.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF OXFORD.

In a congregation held on January 24th the following degrees were conferred:

*B.M., B.Ch. degrees*:—H. G. F. Spurrell, Merton Coll.; H. A. Philpot, New Coll.; H. R. Ramsbotham, Brasenose Coll.; B. E. A. Batt, Trinity College; C. Beards, Jesus Coll.; H. H. Carleton, Keble Coll.

*D.Sc. degree*:—G. F. H. Smith, New Coll.

#### UNIVERSITY OF CAMBRIDGE.

The Examinations for Medical and Surgical degrees, Third M.B., Part II, will begin on Tuesday, April 23rd. The names of candidates should be sent to the Registrar on or before Tuesday, April 9th.

Dr. Simon has been appointed an Examiner in Medicine, in place of Dr. Osler, who is unable to examine.

#### UNIVERSITY OF LEEDS.

##### VICE-CHANCELLOR'S REPORT.

SOME points of interest in regard to medical education are contained in the Vice-Chancellor's report for the session 1905-1906. Referring to the institution of degrees in dentistry he says, "We have to welcome a new branch of study in the University through the establishment of a school of dentistry. The establishment of such a school became practicable when a dental department providing facilities for clinical instruction was instituted at the Leeds Public Dispensary; and the University at once took advantage of the opportunity and passed ordinances establishing the degrees of B.Ch.D. and M.Ch.D."

An interesting table shows the various centres from which students came to the University. In the case of the medical students 29 per cent. came from the borough of Leeds and the remaining 71 per cent. from other towns in the West Riding, from the county areas of the three ridings of Yorkshire—of course, mainly from that of the West Riding—and from other English counties. It is undoubtedly the case, however, that the school draws its students from a wider area than the table would seem to indicate, for students from the Colonies may be returned under some of the other headings even when they have taken up their residence only temporarily in this country.

Reference is made to the need for increase of accommodation in the various departments. Everyone will feel that this is especially true of the pathological department which, under the excellent management of Professor Grünbaum, has developed considerably, and it is earnestly to be hoped that the council may shortly see its way to providing a department for pathology worthy of the rest of the medical school, which will afford Professor Grünbaum the facilities he desires for teaching and for the prosecution of research by himself and the encouragement of it in others. As it is, the members of the teaching staff, impressed by the need for an increase of the accommodation, cheerfully gave up, during Professor Trevelyan's tenure of the post, their large board room, which makes an excellent laboratory, and some assistance and relief of pressure undoubtedly results from the excellent pathological department at the infirmary which the recent alterations have

secured. The various sections of the department are, however, separated from one another; and though adequate, or nearly so, for present teaching requirements, they require enlargement and rearrangement if development is to go on. The provision of a new pathological department and the completion of its equipment is surely an altar suitable for the gifts of those old Leeds students—and there must be many of them—to whom "from the golden horn of plenty blessing and abundance has flowed."

#### APPOINTMENTS.

Mr. Myers Coplans, M.D. Lond., D.P.H. Cantab., has been appointed Demonstrator of Bacteriology, and Charles Porter, M.D. Edin., B.Sc., Honorary Demonstrator of Public Health.

#### CONJOINT BOARD IN IRELAND.

The following candidates have passed the Second Professional Examination:

E. A. Gregg (with honours), R. Charles, T. M. Duncan, J. W. Flood, A. E. Moore, W. Mulcahy, T. McDonald, W. P. H. Parker, C. O'B. Ryan, D. K. Seaver, O. H. Woods.

The following candidates have passed the Third Professional Examination:

P. H. Black, R. J. Bonis, F. Bysne, A. Curry, H. E. Davis, M. B. Dooley, P. A. Doyle, J. J. Dwyer, J. A. J. Flannery, G. A. Finegan, P. Harrington, M. J. Hawkshaw, P. Maguire, A. E. S. Martin, P. McCarthy, D. McCormack, P. J. Timoney, E. C. Wallace, J. F. Walsh, A. Warnock.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subject indicated:

*Surgery*.—\*H. A. Fenton, †O. P. N. Pearn, †D. E. C. Pottinger, †S. Singh.

*Medicine*.—†M. L. Ford, \*D. E. C. Pottinger, †C. S. Spencer, \*A. R. Wade, †C. J. Wolfe.

*Midwifery*.—C. F. Curtis, A. C. J. Elwin, J. F. McQueen.

The diploma of the Society was granted to the following gentlemen:

O. P. N. Pearn and D. E. C. Pottinger.

†Section I. \*Section II.

## THE PLAGUE.

#### PREVALENCE OF THE DISEASE.

##### INDIA.

DURING the weeks ended December 22nd and 29th, 1906, and January 5th, 1907, the deaths from plague numbered 5,196, 9,101, and 10,363 respectively. The principal returns are: Bombay Presidency week ended December 22nd, 1906 (no return received), December 29th, 1906, 2,555, and January 5th, 2,081; Bengal, 430, 393, and 849; United Provinces, 2,058, 2,154, and 2,594; Punjab, 2,336, 2,483, and 3,027; Central Provinces (December 22nd not received), December 29th, 1906, 951, January 5th, 699; Central India, 294, 376, and 520.

During the week ended January 5th, 1907, the following returns are to hand: Madras Presidency, 38; Burmah, 319, Kashmir, 43.

##### AUSTRALIA.

*Queensland. Brisbane*.—During the weeks ended December 8th and 15th, no fresh cases reported. During the week ended December 22nd one case of plague, which proved fatal. There were no cases under treatment on December 22nd. The last infected rat was found on December 21st.

##### MAURITIUS.

During the weeks ended January 10th, 17th, and 24th, the fresh cases of plague numbered 15, 6, and 7, and the deaths from the disease 6, 4, and 6 respectively.

A RATHER interesting experiment is to be tried by Dr. J. E. Chapman at Clacton-on-Sea, who has obtained from a benevolent gentleman the use, at a nominal rent, of a house about a mile and a half from the sea, standing in its own grounds of twenty acres, as an open-air sanatorium at moderate rates. A part of the grounds will be used as a market garden, which will be worked with the advice and assistance of an expert market gardener, and under the immediate charge of a foreman gardener. It will provide a considerable amount of suitable light work for such patients as are fit and anxious to work; they will be paid by the piece, and it is hoped that the garden will also provide selected men with training in the work, and find employment for them subsequent to their discharge from the sanatorium until such time as they are competent to work for themselves. It is hoped also to institute other industries, such as poultry rearing, bee-keeping, etc., which will provide experience and light work for patients. The building is now being altered, and it is hoped that it will be ready for patients at an early date. The patients will pay 25s. weekly, and the institution is intended especially for the benefit of clerks and artisans. Dr. Chapman has had considerable experience in the management of open-air sanatoriums, and we wish his experiment every success. Further particulars can be obtained from him at White Cross Lodge, Clacton-on-Sea.

**THE MIDWIVES ACT.****PROSECUTION UNDER THE MIDWIVES ACT.**

It is satisfactory to find that this Act has not been allowed to remain a dead letter and that a public officer is ready to enforce its provisions. It is true that the case selected does not appear to have been a very grave one, but the illegal assumption of a professional title has been followed by prosecution by a public authority. The accused, Ann Munns, appears to have been an old practitioner, and nothing was urged against her by the prosecution except the fact that she, not being on the Midwives' Roll, called herself "certificated midwife." The Mansfield magistrates imposed a fine of half a crown, and Mrs. Munns can scarcely expect sympathy. There was nothing to prevent her getting on the Roll if she had used ordinary diligence, and she might have known that Acts of Parliament cannot be ignored with impunity. It is only to be regretted that there are not everywhere county officers to proceed against similar infringements of the Medical Acts. Far worse cases than that of Mrs. Munns might be found without much difficulty.

**MEDICAL NEWS.**

THE estate of the late Dr. Symes Thompson has been valued at £22,034.

MR. FAZAN of Epsom College has gained an open classical scholarship at Christ Church, Oxford.

DR. ALFRED COX has been placed on the Commission of the Peace for Gateshead.

DR. B. WALKER of Kirkby Stephen, has been appointed to the Commission of the Peace for the County of Westmorland.

THE Worshipful Company of Ironmongers have subscribed one hundred guineas to the fund for the removal of King's College Hospital to South London.

THE Hungarian Government is said to have under consideration the foundation of a new university at Pressburg. The existing Universities of Hungary are those of Buda Pesth and Klausenburg.

DR. OLIVER AVISON has received the King's licence and authority to accept and wear the Insignia of the Fourth Class of the Order of the Tai-Keuk conferred upon him by the Emperor of Korea in recognition of valuable services rendered by him.

THE sixth Congress of the German Society of Orthopaedic Surgery will be held at Berlin on April 2nd before the meeting of the German Surgical Society under the Presidency of Professor Bernhard Bardenheuer, of Cologne.

THE Home Secretary has stated, in reply to representations from the National Hygiene League and Union for the Suppression of Cigarette Smoking by Juveniles, that he does not see his way to introduce a Bill on the subject at present.

THERE is a general movement in the medical profession in Austria for the adoption of a higher scale of fees. It is proposed to raise them 50 per cent. all round, in order to meet the general rise in the cost of living that has taken place in recent years.

THE next meeting of the University College Medical Society will be held in the Medical Library, University College, on Wednesday, February 13th, when Dr. Henry Head, F.R.S., will read a paper entitled, *The Grouping of Sensory Impulses*. The chair will be taken at 8.30 by Dr. J. S. Risien Russell. Visitors are invited to attend.

COLONEL D. BRUCE, C.B., F.R.S., will read a paper on recent researches into the epidemiology of Malta fever at the meeting of the Epidemiological Society, on Friday, February 15th. The meeting will be held in the rooms of the Medical Society of London, 11, Chandos Street, W., at 8.30 p.m.

THE first Lettsomian Lecture before the Medical Society of London will be delivered by Dr. C. E. Beevor on Monday next, at 9 p.m., and subsequent lectures on February 18th and March 4th at the same hour. The subject of the lectures, which will be illustrated by lantern slides, is the diagnosis and localization of cerebral tumours.

THE seventh International Congress of Physiology will be held this year at Heidelberg, August 13th to 16th, under the presidency of Professor August Kossel. In connexion with the Congress there will be an exhibition of scientific apparatus. Announcements of communications should be sent to the Physiological Institute, Heidelberg, before June 15th.

DR. H. O. PILKINGTON, Medical Officer of Health for Preston, will read a paper, which will be followed by a discussion, upon the Reduction of Infantile Mortality without Municipal Milk Dépôts, at the meeting of the Incorporated Society of Medical Officers of Health on Friday, February 8th.

THE German Balneological Congress will hold its twenty-eighth annual meeting this year in Berlin under the presidency of Professor Oscar Liebreich from March 7th to the 11th. In connexion with the congress there will be an exhibition of appliances and preparations.

A MEETING of the Royal Sanitary Institute will be held at the County Council Buildings, Stafford, on Saturday, February 16th, when a discussion on the question of the extent to which authorities must purify sewage will be opened by Dr. George Reid at 3 p.m.; in the morning a visit will be made to the Hanley sewage disposal works.

THE course of lectures on hygiene and its bearing on school life will be repeated at the Royal Sanitary Institute, beginning on Monday, February 18th. A course of lectures and demonstrations on sanitary science as applied to buildings and public works will commence on the same day. Further particulars can be obtained from the Secretary, Parkes Museum, Margaret Street, London, W.

THE Royal Mail Steam Packet Company have received cable advice from their Jamaica office to the effect that only hotels in Kingston are affected by the disaster, and that there is ample accommodation in hotels in other parts of the island for tourists. Yachting cruises will therefore take place as advertised, with the sole exception that passengers will be landed and embarked at Port Antonio in Jamaica instead of Kingston.

A CONFERENCE of delegates from Poor-law authorities in the metropolis and other bodies, interested in the question of an ambulance service for London has been organized by representatives of the City of London, Hackney, Holborn and Westminster Unions, and the Parish of Hammersmith; it will be held on Saturday, February 9th, at Gray's Inn. A parade of hand and horse ambulances will take place in Gray's Inn Square on the same afternoon. From information gathered by the Committee organizing the conference it appears that there are in the metropolis approximately 500 ambulances of various kinds; 240 are ambulance litters on wheels provided at police stations; the police have 3 horse ambulances, and metropolitan boards of guardians altogether 43; the St. John Ambulance Association has 6 horse ambulances, and the R.A.M.C. (Vols.) a like number stationed at Highbury. It is stated also that several hospitals have both horse and hand ambulances. The promoters of the conference believe that if the various services were co-ordinated and developed an effective system could be easily and economically established.

A REMARKABLE case of haemorrhage in a centenarian is recorded by Dr. Enrique Brines (*Medicina Valenciana*). The patient, who completed her 101st year last October, began to menstruate at 15, and noticed at the same time that there was a sanguineous discharge from a small swelling near the left tuber ischii. From this time forward this phenomena persisted as a synchronous and constant accompaniment of her menstrual periods. She married at 32, and during her pregnancies, which were eight in number, the abnormal haemorrhage disappeared with the menses. After the eighth confinement she suffered from amenorrhoea, which continued until the menopause, when the ischial flux reappeared and has continued every month with perfect regularity ever since. The patient had a slight cerebral haemorrhage in January last, which first made Dr. Brines acquainted with her case. The place whence the flow proceeds shows a round dark-grey spot about a centimetre in diameter, in the centre of which is a small opening. At the period of the haemorrhage this spot becomes tumified, enlarging to about the size of a small nut. The present condition and age of the patient prevent anything in the way of exploration.

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—The Congress of American Physicians and Surgeons will hold its seventh meeting on May 7th, 8th and 9th, under the presidency of Professor Reginald H. Fitz. Sixteen American medical societies will be represented. Among the communications to be presented we note one by Professor Osler on the evolution of the idea of experiment in the study of medicine. There will be a discussion on the comparative value of the medical and surgical treatment of the immediate and remote results of ulcer of the stomach which will be opened by Drs. John H. Musser of Philadelphia, and C. G. Stockton of Buffalo, from the medical side, and by Drs. William J. Mayo of Rochester, and John C. Monro of Boston, from the surgical side. Mr. Moynihan of Leeds will take part in the discussion.