

TABLE III.

Blood Serum.	1 in 14.	1 in 40.	1 in 80.	1 in 160.	1 in 320.	1 in 640.	1 in 1,280.	1 in 2,560.
Control rabbit	Clumps in 15 mins.	Clumps 30 mins.	No clumps 1 hour	No clumps	—	—	—	—
Inoculated rabbit	Clumps at once.	Clumps 10 mins.	Clumps 10 mins.	Clumps 10 mins.	Clumps 10 mins.	Clumps 15 mins.	Clumps 50 mins.	None 1 hour.

Opsonin.—The blood of inoculated rabbit compared with that of a control rabbit had an opsonic index of 1.2.

rabbit, as shown in Table III. An emulsion of an 18 hours' agar culture in 0.75 saline was used in performing the test.

CONCLUSION.

The "meningeal diplococcus" belongs to the *Streptococcus faecalis* group, and is identical with the "*Micrococcus rheumaticus*."

We wish to thank Mr. Andrew and Dr. Kirkhope, to whose kindness and skill we are indebted for the photo-

micrograph, and Professor Symmers for performing the inoculations.

REFERENCES.

- ¹ Gordon, *Lancet*, November 11th, 1905, p. 1400. ² Andrewes and Horder, *Lancet*, September 15th, 22nd, and 29th, 1906. ³ Arloing and Chantre, vide Rodet, *De la variabilité dans les microbes*, p. 21; Baillière, Paris, 1894. ⁴ Durham, *Journ. Path. and Bacteriol.*, v, p. 377. ⁵ Muir and Ritchie, *Manual of Bacteriology*, 3rd edition, p. 434. ⁶ Gordon, Report of the Medical Officer to the Local Government Board for 1900-1, p. 353. ⁷ W. V. Shaw, *Journ. Path. and Bacteriol.*, ix, p. 160. ⁸ Beattie, *Journ. Path. and Bacteriol.*, vol. ix, p. 275.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

RUPTURE OF DILATED AORTA: LEAKAGE BRUIT.
The following case may be of interest on account of the rarity with which a leakage bruit is ever experienced in rapidly-fatal internal haemorrhage.

A few days ago I was called urgently to an old man—a pauper patient, aged 71, who had suddenly become collapsed while sitting on the water-closet. Before my arrival he had been lifted on to a bed near at hand. I found the man pale, collapsed, and quite unconscious—pupils moderately wide, lips blue. The pulse was not perceptible at the wrists, and he was only taking short breaths at intervals. On auscultation over the precordial region the cardiac sounds could be heard feebly, but distinct from a continuous adventitious sound which may be described as "gurgling" or "lapping," as of a cat lapping milk. The bruit, which altered in character, the successive laps becoming more rapid and finally lost, was quite different from any sounds I have ever heard in the chest, and suggested at once the leakage of blood. I thought the man had ruptured his heart muscle. He rapidly succumbed.

At the *post-mortem* examination the pericardium was greatly distended with dark fluid and clotted blood. The heart was hypertrophied but no rent in it could be found. In the external wall of the aorta were seen large dark-bluish areas almost encircling the vessel. They looked like gangrenous patches but were really blood-clot infiltrations. The first part of the aorta was somewhat dilated and very atheromatous in parts, and in the inner coats of the wall near to the pulmonary artery was an irregular longitudinal valvular slit quite $1\frac{1}{2}$ in. in length, through which the blood had leaked. From this it had travelled in the coats of the vessel, and escaped into the pericardium posteriorly. The valves of the heart were in good condition. The rectum was found loaded.

The man had not had any symptoms, his only trouble being a chronic bronchitis. A point to remark about the bruit heard was its total independence of the cardiac sounds. Presumably in rupture of the ventricle the sound of leakage if ever heard would be intimately related to the cardiac systole.

London, S.E.

F. B. SKERRETT, M.B., B.Sc., D.P.H.

ACUTE INTUSSUSCEPTION.

On October 10th, 1906, I had a telephone message to see a patient, W. A. P., aged 3 years.

The history was as follows: When going upstairs carrying some toys he slipped and fell down four steps. He did not cry at the time, but continued his way up to the bedroom; as soon as he arrived there he began to cry, complaining of severe pain in the region of the umbilicus; this pain soon disappeared, but returned in about five minutes.

I saw him half an hour after the accident, when his general condition was rather alarming. The forehead was covered with cold sweats, the face pinched, the pulse 130

and irregular, and the temperature normal. Pains were coming on frequently, but there was no vomiting. The abdomen was not distended, but there was a distinct swelling in the right iliac fossa, and extending rather higher up than the usual ileo-caecal variety, and this was more pronounced during the attacks of pain. Vomiting commenced in about an hour after the accident happened.

The patient was at once placed under the influence of morphine, and three hours after the accident an injection of sterilized warm water was given by means of a catheter connected with an indiarubber tubing and funnel. After injecting about a pint into the bowel, I placed my right hand over the swelling, while with my left hand I grasped the abdominal wall and small intestines and pulled gently downwards and towards the left side; suddenly, to my satisfaction, the swelling disappeared from under my right hand.

He was kept in bed for four days, and had only small quantities of liquid nourishment. Then I ordered some castor oil, the bowels acted normally, and the little patient has been perfectly well ever since.

In acute intussusception it is of the utmost importance that the case should be seen and diagnosed early, and at once put under the influence of morphine. An attempt at reduction should also be made as soon as possible, as in this way a good many lives can be saved. In this particular case an injection only was not sufficient, but a little traction applied worked admirably.

Cardiff.

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

RUPTURE OF GASTRIC ULCER INTO THE POSTERIOR MEDIASTINUM.

J. K., male, aged 52 years, has suffered from gastric dilatation for about six years, during which many forms of treatment have been adopted with more or less success. About eighteen months ago symptoms of ulceration showed themselves, but with suitable treatment these abated, only to recur from time to time. Last November he was sent to Manchester Infirmary, with a view to having gastro-enterostomy performed, but his condition was so good while there that it was not considered necessary.

He returned home, and after about a fortnight began with the old symptoms, and was admitted to the Cottage Hospital at Penrith on January 10th, 1907. He was emaciated and complaining of pain in the epigastrium; the stomach was only moderately distended; he vomited at intervals a large amount of brown-coloured fluid; his bowels were constipated; there was also a considerable degree of anaemia. He was put on a liquid and pre-digested diet, and the stomach washed out for a few days, when pain and vomiting ceased; thereafter he was given increasing quantities of food, and steadily gained weight and condition (7 lb. during ten days).

At midnight on February 4th he had a sudden pain in the back, at the level of the sixth dorsal spine, and a little to the left side of the middle line; this increased in severity until it was agonizing; it was accompanied by the vomiting of a large quantity of brown grumous fluid, but the vomiting gave no relief to the pain; the abdominal

muscles were rigid, but there was no pain on pressure. As he was suffering considerably from shock, and the symptoms did not point to rupture of ulcer into the general cavity of the peritoneum, it was decided to wait, and morphine was given, and he was fed per rectum. At 5 p.m. his neck was noticed to be swelling, and in a short time a large amount of emphysema appeared on both sides; this did not seem to interfere with his respiration, but there was great weakness of the pulse, which gradually increased until he died at 3 a.m. next day.

The rupture of gastric ulcer into the posterior mediastinum is, I think, sufficiently rare to warrant its record.

Penrith.

FRANCIS HASWELL, M.D.

MONSTER: LABOUR IMPEDED BY BULKY FETAL BODY.

On Sunday, December 23rd, 1906, a message was received from a midwife to attend an urgent case in which she had difficulty in diagnosing the presentation. On arrival the patient was found to have been in labour twenty-four hours, the liquor amnii having drained away twelve hours previously. From that time the pains had almost entirely ceased. The patient, a small, thin, pale, anaemic woman, aged 28 years (this being the third pregnancy), was very exhausted. On vaginal examination I found complete dilatation of the os, the head high up in the right occipito-posterior position. The presenting part was most difficult to ascertain, owing to the fact that there appeared to be some abnormality. Chloroform was given, long forceps applied, and with a great amount of care the head was delivered. The difficulty of diagnosis was found to be due to the fact that though the child's head was perfectly normal about the face, ears, nose, etc., there was entire absence of parietal bones, and of part of the temporal, frontal and occipital bones, a thin skin only covering the dura mater and brain. After extraction of the head great difficulty was met with in delivering the remainder of the child, from its enormous size; the shoulders were impacted behind the pubes, and it was not until the blunt hook had been worked into the child's left armpit and got well round the left shoulder that any progress was made. The patient being kept well under chloroform, traction upon the blunt hook was kept up by the nurse and myself, whilst my principal made steady traction upon the child's neck. After one hour's hard work the delivery was completely effected. No *post-partum* haemorrhage occurred, nor tear of any kind. Notwithstanding all the pressure and rough usage required the patient had no after-complication of any kind. Urine was passed naturally, the lochia were quite normal, there was no rise of temperature, no abdominal tenderness, and no swelling of the vulva.

The patient made an uninterrupted recovery. The child weighed 16 lb., was of the male sex, and perfectly formed except the vault of the cranium.

Hanley, Staffs.

J. MACLEAN, M.B., Ch.B. Glasg.

ANTISTAPHYLOCOCCIC VACCINE IN THE TREATMENT OF FURUNCULOSIS.

In November, 1905, a lady, aged 45, consulted me for furunculosis of the face and body, from which she had been suffering for three years and had been treated by three other medical men. I tried every ordinary known method of treatment until July, 1906, without any effect. Therefore, in July, 1906, I persuaded her to allow me to inject Wright's antistaphylococcic vaccine. I had the pus from a mature furuncle examined by the Lister Institute. I then made six injections of the vaccine, commencing with 0.5 c.cm. and increasing up to 2 c.cm., leaving ten days between each injection. These caused no discomfort whatever, and from the date of the first injection to the present time (six months) no fresh furuncles have appeared and the patient is in perfect health.

Woking.

R. THORNE THORNE, M.D., B.S., etc.

At a meeting of the Royal Sanitary Institute at the Parkes Museum, on Saturday, March 2nd, at 11 a.m., Mr. W. D. Scott-Moncrieff will open a discussion on the bacterial treatment of sewage, with special reference to the biolysis of organic nitrogen. In the afternoon a visit will be paid to the Staines Sewage Outfall Works at Ashford.

REPORTS

ON

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

THE HOSPITAL, GYMPIE, QUEENSLAND.

(By F. HAMILTON-KENNY, Medical Superintendent.)

The following two cases came in within twenty-four hours of each other. Both accidents occurred while the patient was bathing; both cases seemed to me desperate; both are walking about, and say they feel as well as ever.

On November 12th, 1906, G. Y., aged 13, was sent in for "sunstroke." He was picked up insensible at 5 p.m. on November 11th in a paddock. He remained insensible all night, and was sent on to hospital in the morning, and arrived at 3 p.m., still comatose. On shaving his head a pulpy patch was found some 2 in. in diameter. On inquiry I made out that he had been bathing; diving in Australian creeks is very dangerous by reason of sunken trees, and I had little doubt what had happened.

I trephined at once, and the pressure of the clot underneath forced out the trephine disc when I was just through. I removed a small teacupful of clot, scraped the dura mater with a blunt curette all round for 3 in. to 4 in., douched, and then covered everything up with cyanide gauze. The dura mater and brain were dented in like a rubber ball. He was put to bed and watched. He remained unconscious for two days, and then gradually regained consciousness.

I literally starved him, and acted on the bowels with castor oil. At the end of a week I put him under chloroform and adjusted the flaps. Everything healed by first intention, and recovery was uneventful. As I suspected, he struck a snag with his head.

A. G., married, aged 33. On the afternoon of November 12th bathed in a creek; her health was in every way perfect; she was not pregnant, and was not at the time menstruating. She had her swim, but felt faint while dressing, and on the way to the house fell down twice. That evening and night she got much worse, and the abdomen swelled. In the morning death seemed near, but she was put in a buggy and driven in six miles to the train, then taken 30 miles in the train, and brought on the ambulance to the hospital, arriving some twenty-two hours after the accident. When admitted she was blanched, the abdomen was tympanitic, the pulse was 150, there was dyspnoea, and an uncontrollable thirst and restlessness. Her condition was so desperately bad that I contented myself with hot bottles, saline, ergotine, and strychnine. Night came on, and abdominal operations at night in a Queensland town are difficult. At daybreak she seemed to me to have rallied. My diagnosis was haemorrhage, and I operated, and the intestines floated up, and two or three pints of clot were washed out. The right Fallopian tube was bleeding, and was promptly ligatured. I cleaned out the lower pelvic zone and mopped the renal region, and picked clots out from the intestines. My main difficulty was getting back the distended intestines; enterostomy would have taken time. I sewed up the peritoneum, and could see how the tension tore the stitch holes; muscle, fascia, and skin were sewn up in one with silkworm gut without drainage; abdomen was full of saline. She was put back to bed more dead than alive. Elevation of the bed at the foot end did good. Next morning I purged with calomel, and then gave a turpentine enema. The bowels acted, and distension vanished. She made an uninterrupted recovery. Why the tube ruptured I cannot say, and the haemorrhage and collapsed condition precluded any inquiry.

I owe a debt of gratitude to my colleagues, Drs. Nicoll and Ahearn, for their efficient aid. Administering an anaesthetic was a very ticklish procedure.

The annual general meeting of the Association of Certified Dispensers will be held in the Apothecaries' Hall, London, on Thursday, February 28th, at 7.30 p.m., when an address will be given by F. S. Toogood, M.D. Lond., barrister-at-law.

MEDICAL NEWS.

DR. H. LANGLEY BROWNE, Chairman of Council of the British Medical Association, has been appointed a Justice of the Peace for the County of Staffordshire.

THE memorial stone of the new south-east wing of the Leicester Infirmary will be laid by the Duke and Duchess of Rutland on Wednesday next at noon.

At the invitation of the Marchioness of Londonderry a meeting to promote the objects of the National League for Physical Improvement will be held at Londonderry House on Thursday afternoon, March 7th.

WITH the January number the *Edinburgh Medical Journal* entered on a new phase of its existence. The former proprietor, Mr. Young J. Pentland, has relinquished his property in the *Journal*, and it has been acquired by sixteen members of the medical profession in Edinburgh. The Editors under the new arrangement are Professor Harvey Littlejohn and Mr. Alexis Thomson.

THE Committee of the Children's Sanatorium for the treatment of phthisis to be established at Holt, Norfolk, has recently received the following gifts from Livery Companies: Drapers, £30; Mercers, £25; Skinners, 10 guineas; Merchant Taylors, 5 guineas. One of the trustees has promised a further gift of £500, making £1,000 in all for endowment.

At a largely attended meeting of the Durham Committee of the North of England Branch, held at Gateshead on February 15th, the questions of fees payable to public vaccinators and the relations of public vaccinators generally with Boards of Guardians were fully considered, and it was unanimously resolved to support the public vaccinators throughout the country in resisting a reduction of fees disproportionate to any reduction of the amount of work required to be done by them.

THE annual dinner of the Association of Scottish Medical Diplomates will be held at the Trocadero Restaurant, Piccadilly Circus, on March 1st, at 7.30 p.m., when Sir J. R. Andrew Clark, Bart., C.B., will take the chair, and distinguished representatives of the profession will be present. All those holding qualifications from the Universities and Royal Colleges of Scotland are invited to be present. Tickets, 10s. 6d. each (exclusive of wine) can be obtained from the Honorary Secretary, Dr. E. N. Féré, 11, Chandos Street, Cavendish Square, W.

WE published a short time ago some statistics on the policy pursued in Liverpool for the extinction of public-house licences. A committee of the London County Council has recently prepared statistics of the result of a similar policy in the County of London excluding the City; under the Licensing Act of 1904, 124 on-licences have been extinguished; and 194 have been referred to quarter sessions. The number extinguished last year was 108, and the amount of compensation paid in that year was £320,000. In the City of London no licences have so far been extinguished.

At the Trocadero Restaurant, on February 15th, a dinner was held in honour of Mr. Pietro Michelli, Secretary of the Seamen's Hospital Society. Mr. Michelli has held that appointment since 1887. When His Majesty, in recognition of Mr. Michelli's good work, recently conferred upon him the Companionship of St. Michael and St. George, it was felt by many of his colleagues and friends that the occasion offered a suitable opportunity for giving expression to their appreciation of his long and successful labours as a hospital administrator. The chair was occupied by Mr. Percival Nairne, Chairman of the governing Board of the Seamen's Hospital Society, and among the eighty guests who supported him were Sir Patrick Manson, Sir William Bennett, Sir Henry Burdett, Sir Anderson Critchett, Sir Francis Lovell, Sir William Treacher, the Consul-General for Austria-Hungary, Sir John Craggs, and Mr. Malcolm Morris. In a happy and eloquent speech the Chairman proposed the health of the guest of the evening, and adverted to the tactfulness and resource he had unfailingly displayed in the discharge of his multifarious and oftentimes difficult duties. Mr. Nairne pointed out that during Mr. Michelli's term of office important advances had taken place in the work of the Society. In 1890 the Branch Hospital at the Albert Dock was established, and in 1900 the School of Tropical Medicine was founded at that hospital; in 1902 the new East and West India Dock Dispensary was opened, and in 1906 the School of Clinical Medicine was established at the Dreadnought Hospital. He ventured to think that this constituted a record in development, and to all the increase of duties and responsibilities which these various stages of advancement involved, Mr.

Michelli had brought cheerfully the ungrudging assistance of his experience and the stimulating influence of his enthusiasm. Finally, the Chairman begged Mr. Michelli's acceptance of a piece of silver plate for himself and of a diamond ornament for Mrs. Michelli as a souvenir from many friends. Mr. Michelli, in acknowledging the compliment, spoke gratefully of the cordial relations which had always existed between himself and the members of the Board of Management on the one hand and of the medical staff on the other. He sketched the history of the Society during the time of his connexion with it, and declared that never had it been in a more prosperous condition than at the present moment. "Success to the Seamen's Hospital Society" was proposed by Sir Henry Burdett and responded to by Sir Patrick Manson and Sir William Bennett. A pleasant and successful evening was brought to a conclusion by drinking to the health of the Chairman, proposed by Sir William Treacher.

AN International Congress of Psychiatry, Neurology, Psychology, and the Nursing of the Insane will be held at Amsterdam from September 2nd to 7th, 1907. The Congress, which has been organized by the Dutch Society of Psychiatry and Neurology, is under the patronage of Queen Wilhelmina and of His Royal Highness Prince Hendrik of the Netherlands. Among the Honorary Presidents are the Minister for Home Affairs, Dr. P. Rink, and His Excellency the Minister of Justice, Dr. E. E. van Raalte. Professor G. Jelgersma, of Leyden, is President of the General Organization and Direction Committee. The General Secretaries are Dr. J. van Deventer, sen., Inspector of Lunatic Asylums, and Dr. G. A. M. van Wayenburg, *Privatdocent* in the University of Amsterdam. The work of the Congress will be distributed among four sections. (1) Psychiatry and Neurology: Presidents, Professor Dr. C. Winkler, and Professor Dr. J. K. A. Wertheim Salomonson, of Amsterdam. (2) Psychology and Psycho-Physics: President, Professor Dr. G. Heijmans, of Groningen. (3) The Nursing of the Insane: President, Dr. W. P. Ruysch, Chief-Inspector of Public Health, The Hague. (4) Exhibition: President, J. van Deventer, sen., of Amsterdam. The official languages will be English, French, and German. Members intending to present communications are requested to send an abstract before May 1st, 1907, to the General Secretary's Office, Prinsengracht 717, Amsterdam. The Secretary will see to the printing and translation, and will hold copies at the disposal of each member of the Congress. Any further information may be obtained from the General Secretary.

AFTER-CARE OF THE INSANE.—The annual meeting of the After-Care Association "for poor persons discharged recovered from asylums for the insane" was held on February 5th at Apothecaries' Hall, Mr. E. Parker Young, Master of the Company, presiding, supported by Dr. Wilkes and Dr. Gordon Brown, the Wardens. The annual report stated that during the past year the applications numbered 308 (184 women and 124 men), and that the number helped had been in advance of any previous year. Many had been boarded out, with a view of more assured convalescence, in country homes or given grants of money, tools, or clothing, while suitable occupations had been found for a large number. The income for the year had amounted to £972 4s. 7d. The Master described in considerable detail the work of the officers of the Association, pointing out that each case required a large amount of personal attention. He knew of no charity doing a larger amount of good work on limited funds in an unobtrusive but efficient fashion. The Bishop of Barking, in moving the adoption of the report, bore witness to the excellence of the methods pursued, and to the large scope which existed for its operations were its funds larger. Dr. Savage, in seconding, laid stress upon the fact that the work of the Association was largely preventive in its character. When insanity recurred in persons discharged from asylums, it usually did so within a short time of their discharge, and often in consequence of their having been obliged to return to their ordinary avocations and surroundings before they were fit to do so. Dr. Blandford took a similar view, and Dr. Amsden, Medical Superintendent of the Essex County Asylum, related instances within his knowledge of the benefits many of his patients had received from the Association after leaving the asylum. The re-election of the officers and Council having been moved and seconded by the Wardens, and Dr. Robert Jones, of Claybury, and Dr. H. Rayner having addressed the meeting in moving the customary votes of thanks, the company present were hospitably entertained to tea in the Court Room. The offices of the Association are at Church House, Dean's Yard, Westminster.

In large towns the objections to the present system could be speedily and economically removed by appointing a resident medical officer to the workhouse, who would act as the public vaccinator and be debarred from private practice, at the same time recognizing every registered medical practitioner as a public vaccinator.

It is desirable that the medical officer of health, the workhouse medical officer, and the certifying surgeons under the Factory and Lunacy Acts should belong to a public medical service and be debarred from private practice but not from acting as consultants.—I am, etc.,
Armley, Feb. 11th. A. A. McNAB, M.B.

DOMESTIC SERVANTS UNDER THE WORKMEN'S COMPENSATION ACT.

SIR,—I have read with deep interest your editorials, and the excellent paper in SUPPLEMENT of January 12th.

There is, however, another side to the Workmen's Compensation Act on which I desire further enlightenment.

From the shower of offers from various assurance offices we are all receiving, I gather that three kinds of insurances are being generally offered to employers of domestic servants, at rates almost identical, though the policies may possibly differ as to advantages given by the different offices.

Policy A proposes to indemnify the employer against the action of the Workmen's Compensation Act. I have this day received a pamphlet from a well-known registry office, in which the public is warned that these policies will not, in any case, cover the cost of expenses the employer would be called on to defray were any of his servants to meet with an accident.

Policy B (at 5s. for female servants) gives, among other advantages proffered, "repayment of any reasonable medical expenses in connexion with accidents to his servants, not exceeding £5 in amount," to the employer.

Another Policy, B, offers "free medical attendance by employer's own doctor, at customary charges, up to £10 in one year, in respect of all accidents, or illness through diphtheria, small-pox, typhoid, or scarlet fever, with a limit of £2 for any one accident or illness."

I should object to have to attend and take responsibility of such cases for £2. At the present time, in cases of accident, I advise removing such to a general hospital, where proper appliances and nursing are obtainable, and generally the hospital funds have benefited by a good donation from the employer. It seems to me to be a moot point, now an employer insures all servants against, and even beyond, the penalties of the Workmen's Compensation Act, whether (the assurance companies being responsible for expenses) a servant should now be taken in at a general hospital? The employer having insured against the penalties of the Act, will probably, and reasonably, assume that his responsibility ceases with his insurance, and no longer will donations to hospital funds be given. Hospitals will suffer financially. And servants, if insured (unless the employer undertakes to pay over to the hospital all moneys due to him), may not be considered suitable patients, and therefore may lose the advantages of modern skill and science they have had. Hence the very Act supposed to benefit them as a class, may, in some instances, have the contrary effect.

Policy C covers all above liabilities *plus* (at an advanced rate of premium) all infectious illnesses. Hitherto all cases of such in my practice have been promptly removed to the paying wards of the fever hospitals, at the employers' cost; or when this has not been practicable, the machinery of the local authorities has been set in motion. In how many houses in London could any domestic servant be properly isolated, or nursed, without danger to the community, or with justice to the patient? Under these Policies C it appears to me that the doctor will now have to be responsible to (1) the patient, (2) the employer who sends for him, but whose pecuniary liability is covered apparently by Policy C, (3) to the Assurance Company, wherein the said employer has insured the said patient. Will the patient fare as well under the fresh régime? Who employs the doctor? The employer calls him in, but the Assurance Society will have to pay him, at the extremely low figure set forth in the aforesaid policies.

It would be best in the interests of the general public, in the interests of our future patients, in the interests of

the great hospitals of London, even, it seems to me, in the interests of the ratepayers, if the medical profession could formulate an authoritative opinion at the present juncture on the Workmen's Compensation Act with regard to domestic servants.—I am, etc.,

London, S.W., Feb. 16th.

JAMES E. SINCLAIR.

PRIMARY DIPHTHERIA OF THE EXTERNAL AUDITORY MEATUS.

SIR,—As a working bacteriologist I have followed this correspondence with considerable interest, awaiting, in particular, the details upon which Dr. Connal based his diagnosis. Although repeatedly asked, Dr. Connal does not give any account of the cultural and other characters upon which the Glasgow Corporation Bacteriological Department relied for its "positive" findings. In view of the importance of the "primary" diphtheria from a pathological standpoint, and of the treatment adopted by Dr. Connal, as well also as the subsequent recovery, it would be a distinct advantage if these details were forthcoming. If the cultural characters were not sufficiently ascertained to warrant definite conclusions, surely it were better to say so than to assume an unsupportable conclusion. Isolated bacteriological work has been responsible for many errors in practice, and it is now universally considered that diagnosis should not be formed on morphological characters alone. The case teaches that the clinician should know some bacteriology, and that the bacteriologist should be able to value the relative weight of clinical facts. The relation between the two should be one of mutual, helpful criticism, and not one of "blind" faith.—I am, etc.,

February 18th.

PATHOLOG.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Board of the Faculty of Medicine.

A. E. GARROD, D.M., Christ Church, has been co-opted a member of the Board of the Faculty of Medicine.

UNIVERSITY OF LONDON.

THE following candidates have passed the Intermediate Examination in Medicine for Internal and External Students:

M. M. Adams, Guy's Hospital; E. W. Archer, B.Sc., St. Mary's Hospital; J. L. Atkinson, Guy's Hospital; K. J. Aveling, London Hospital; J. N. Beadles, Westminster Hospital; B. Biggar, Victoria University; W. Blaydes, St. Bartholomew's Hospital; T. K. Boney, St. Bartholomew's Hospital; N. Booth, Victoria University; K. Bremer, St. Bartholomew's Hospital; S. B. Brook, Guy's Hospital; C. H. Broomhead, Victoria University; A. H. G. Burton, University College, Cardiff, and Guy's Hospital; Ethel Mary Connan, London (R. F. H.) School of Medicine for Women; R. L. Crabb, University College; C. H. Crump, Guy's Hospital; G. V. Deshmukh, London Hospital; I. M. Edis, London Hospital; E. L. Elliott, Guy's Hospital; A. L. Fitzmaurice, Guy's Hospital; *A. F. Fry, St. Bartholomew's Hospital; J. M. Gilder, D.D., University College; A. W. Hansell, University of Leeds; G. P. Haycraft, Guy's Hospital; H. F. L. Hugo, Charing Cross Hospital; J. L. Johnston, Guy's Hospital; R. P. Jones, University College, Cardiff, and University College; Anne Louise Jane Kann, London (R. F. H.) School of Medicine for Women; O. R. Kelly, King's College and Westminster Hospital; D. Kennedy, University College; J. S. H. Lewis, University College; J. C. Lyth, University of Leeds; A. O. Mitchell, Westminster Hospital; Mabel Muncy, London (R. F. H.) School of Medicine for Women; W. J. O'Donovan, London Hospital; H. O'Meara, University College; *G. H. Peall, Guy's Hospital; R. Pearce, St. Bartholomew's Hospital; J. R. Perdran, Guy's Hospital; A. P. Phillips, St. Bartholomew's Hospital; A. B. Porteous, St. Mary's Hospital; A. R. P. Scott, London Hospital; N. A. D. Sharp, Guy's Hospital; H. G. Smith, St. Bartholomew's Hospital; Margaret Grace Thackrah, B.A., London (R. F. H.) School of Medicine for Women; H. Thwaite, University of Birmingham; B. R. Vickers, University of Leeds; J. O. D. Wade, University College, Cardiff, and Charing Cross Hospital; Elsie Warren, London (R. F. H.) School of Medicine for Women; W. Weir, St. Thomas's Hospital; *G. A. Williams, B.A., University College, Cardiff; W. E. Williams, Guy's Hospital; C. S. Wink, St. Thomas's Hospital; R. N. Woodsend, University College; Gladys Mary Joan Watts, London (R. F. H.) School of Medicine for Women.

* Distinguished in Anatomy. † Distinguished in Physiology.
‡ Distinguished in Pharmacology.

APOTHECARIES' HALL OF IRELAND.

THE annual dinner of the Apothecaries' Company of Ireland was held at the Gresham Hotel, Dublin, on February 9th, under the chairmanship of the Governor, Colonel Adye Curran.

The Chairman, in proposing the toast of "the Visitors," said it was the ambition of the governing body to elevate the status and uphold the dignity of the Hall. It would be their business to safeguard its interests at the present crisis in

university education in Ireland. He observed that in the list of successful candidates at the recent examinations for the Army and Indian Medical Services the Irish element was sadly deficient, and he asked whether this was due to the defective medical or university education in Ireland. The toast was acknowledged by the Rev. L. Healy, Sir Lambert Ormsby, and Mr. Gerald Byrne.

The toast of "the Apothecaries' Hall" was given by Sir Charles Cameron, and acknowledged by Dr. Seymour Stritch.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

INSTRUCTION IN SANITATION IN THE ARMY.

ARMY ORDERS for February, 1907, contain an Order (30) making provision for the instruction of officers, non-commissioned officers, and men in sanitation, as follows:

Army Order 30.

1. General officers commanding-in-chief will arrange for at least one annual course of lectures in sanitation for officers. The lectures will be given by the command sanitary officer, or by a selected officer of the Royal Army Medical Corps. All officers who can be spared should attend these lectures.

2. A manual of sanitation has been prepared and will be issued to all concerned. Instructions and examinations will be primarily based upon this manual.

3. After March 1st, 1908, all lieutenants, except those qualified under paragraph 6 (a), will be required to pass an examination in sanitation before promotion to the rank of captain. A lieutenant may be examined without having attended a course of lectures.

4. Officers who gain 50 per cent. of the marks will be recorded as "passed." Those who gain 75 per cent. will get a special certificate in sanitation.

5. Officers of companies, squadrons, etc., will give instruction to their non-commissioned officers and men in sanitation.

6. At the School of Army Sanitation, Aldershot, the following classes will be formed:

- (a) Officers' classes of not more than 25 officers. The course should last four weeks and an examination be held at its termination. The lectures will embrace the whole of the subjects mentioned in the manual of sanitation.
- (b) Classes for regimental non-commissioned officers and men to form regimental sanitary sections for instruction in the disposal of excreta and refuse, in camp cleanliness, and in sanitary police duties, to fit them to perform these duties on active service. One non-commissioned officer and eight men per regiment, battalion, or brigade of artillery, will be trained. A class will not exceed 45 non-commissioned officers and men.
- (c) Classes consisting of not more than 25 non-commissioned officers and men, general duty section, Royal Army Medical Corps, to be instructed in practical sanitation in the field and in the duties of water sterilization.

7. (a) The examination referred to in paragraph 6 (a) will be conducted by the lecturer acting in communication with the Director-General, Army Medical Service. A return, showing the marks obtained and the result of the examination, will be forwarded through the Director-General, Army Medical Service, to the General Officer Commanding-in-Chief, Aldershot, and to Army Head Quarters.

(b) With the permission of general officers commanding-in-chief, officers may attend the Aldershot examination, whether they have attended the course of lectures or not.

8. At the Staff College a course of 12 lectures on sanitation will be given annually by a specially selected officer of the Royal Army Medical Corps.

9. (a) At the Royal Military Academy and Royal Military College a course of ten lectures will be given annually, either by the resident medical officer, or by a specially deputed officer of the Royal Army Medical Corps. The cadets of the senior division only will attend these lectures.

(b) An examination in sanitation, based upon the official manual, will be included, after the 1st March, 1908, in the final examinations of cadets in the senior division.

10. On mobilization being ordered a sanitary inspection committee will be formed for service in the field, consisting of a combatant officer as president, a field officer, Royal Engineers, and a field officer, Royal Army Medical Corps, as members. The committee will act under the orders of the general officer commanding-in-chief.

11. The duties of this committee will be:

- (a) To ascertain that sanitary appliances and materials of all kinds required for the army are forthcoming, and that an adequate reserve is maintained.
- (b) To assist general officers and the Medical Service in their efforts to maintain the health of the army by co-ordinating not only the work of the different military branches, but also the military and the civil sanitary organizations of the country or area occupied.
- (c) To initiate schemes of general sanitation, and to serve as a board of reference for the solution of sanitary questions.
- (d) To visit and inspect stations occupied by troops, to advise local authorities regarding necessary sanitary measures, and to further in every way the maintenance of satisfactory sanitary conditions. They will report to head quarters any measures they consider necessary, but which they cannot arrange for locally.

12. The detail of sanitary sections and squads of the Royal Army Medical Corps for duty on the lines of communication and at the base, also of Royal Army Medical Corps *personnel* to be attached to regimental and other units for water purification, is shown in War Establishments.

ARMY MEDICAL SERVICE.

THE following particulars are added to the Royal Warrant* quoted in the BRITISH MEDICAL JOURNAL of February 9th, p. 353:

Widows' and Families' Pensions, etc.

The following shall be inserted after line 27 of Article 642:

	Pension to Widow.	Compassionate Allowance to Each Child.
Major of Our Royal Army Medical Corps, if in receipt of pay at 30s. a day.	£90	£16

Payments for Cadets at Royal Military Academy, etc.

The following shall be inserted after (g) in Article 674, as amended by Army Order 276, 1906:

(gg) An officer on the active list, of the substantive rank of major, in Our Royal Army Medical Corps, if in receipt of pay at 30s. a day, or a retired officer who last served in that rank and at that rate of pay and who retired as stated in (f) ...	£
...	60

Definition.

The following shall be substituted for Article 1321:

An "Officer of Our Army Medical Service" shall, unless otherwise stated, be held to mean a surgeon-general, a colonel removed from Our Royal Army Medical Corps, an officer of that corps, or a medical officer of Our Household Troops.

* The date of the Royal Warrant on the Army Medical Service is January 9th, 1907, not February, 1907, as previously stated.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

FEES FOR CERTIFICATION OF PAUPER LUNATICS.

CAROLUS writes to ask whether he can claim a fee of 21s. for certifying the insanity of a poor person for transfer to an asylum, the guardians of the union having declined to pay more than 10s. 6d. for such certificates.

* * The amount of the fee which our correspondent can claim entirely depends on the magistrate who acted in the case, he being empowered by the Lunacy Act, 1890, Sec. 285, to order reasonable remuneration for certification; this is usually 1 guinea, and for such a responsible duty ought never to be less.

DISTRICT MEDICAL OFFICER'S FEE FOR ATTENDANCE ON PATIENT AT COMMON LODGING-HOUSE.

POOR-LAW M.O. writes: I, a district medical officer, was called to a common lodging-house at 11 p.m. to attend a man with a fractured thigh who had discharged himself from the workhouse a fortnight previously. I set the fracture, and, as the keeper of the house objected to the patient remaining there, I obtained the assistance of the police and superintended his removal to the infirmary. This occupied me till 2 a.m. Am I entitled to my fee from the guardians?

* * We doubt whether our correspondent will be able to establish his right to any fee from the guardians. He does not say by whose direction or order he attended the patient; we, therefore, assume that he had no order to do so from any official of the guardians, and the fact that the patient had recently discharged himself from the workhouse and was then living at a lodging-house might be regarded as presumptive evidence that he was not then destitute. If, however, our correspondent did receive a proper medical order to attend the case from a relieving officer or overseer, he may perhaps be able to claim part of the £3 special fee usually allowed for the treatment of fractured legs. His having set the fracture and then sent the patient to the infirmary for subsequent treatment deprives him of a right to the full fee; this he could only claim if he had continued to treat the case to its end. It was no part of our correspondent's duty, nor was it the duty of the police, to act as they did; it was for the lodging-house keeper to get the man removed from his house.