

the cold season of 1905-6, all in adjoining houses, and the disease seemed to be slowly extending, so that Dr. Price considered this spot to be "a regular hotbed of kala-azar."

I have just received the results of this experiment up to the beginning of February, thus including three-fifths of the cold season, when fresh cases of kala-azar mostly appear, and so far no coolie has been attacked in the disinfected lines of houses. Satisfactory as this result is, it must be admitted that it is not quite conclusive, because in the control slightly-infected line, which was not disinfected, there have also been no fresh cases of the disease, although this is not altogether surprising, as since last year all the cases in this control line have either died or recovered, leaving no foci in it from which infection was likely to take place, so that, as Dr. Price remarks in his letter, new cases would have been much more likely to have occurred in the disinfected than in the untreated lines.

The result of this effort to destroy bedbugs in the houses infected with kala-azar is, at any rate, most encouraging, and in view of Dr. Patton having now proved that the parasite can develop into the flagellate stage in the stomachs of bedbugs fed on kala-azar patients and kept at the right temperature, it may safely be laid down that somewhat similar disinfecting operations to those just mentioned should be carried out in all houses from which kala-azar patients are received, for this measure may be expected to do much towards preventing the disease running through the families of poor Europeans in the way I have described, and the terrible mortality in children in particular may be greatly lessened. In this way it is not too much to hope that as much may be done to reduce the present terrible loss of life due to the sporadic form of kala-azar in Bengal and Madras—at any rate, among Europeans—as has already been accomplished in limiting the spread of the epidemic in Assam, and stamping it out in coolie lines; and thus the knowledge regarding the life-history of the parasite obtained by the investigations of the last four years may supplement and extend the scope of the prophylactic measures previously put into successful operation to stem the progress of the Assam epidemic kala-azar.

I have now completed my task, and although I have necessarily had to dwell a good deal on my own work, especially when treating of the epidemiological and clinical side of the subject, on account of the very exceptional opportunities I have enjoyed of studying these aspects of the question, I have also endeavoured to do full justice to the invaluable work of the numerous observers who have added so much to our knowledge; and in concluding I wish to emphasize the fact that the great advances made during the last few years in our knowledge of the most terrible of all tropical diseases is a pleasing instance of the recent increased interest in tropical affections, leading to combined work in different places by a number of medical men, all, happily, of British nationality.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### INFLUENZA AND EPISTAXIS.

REFERRING to Dr. Brown's memorandum on the above in the *BRITISH MEDICAL JOURNAL* of February 9th, p. 314, during a recent influenzal epidemic I had a corresponding case to that described by Dr. Brown. On January 26th I was called to a case. The patient, a man aged 20 years, had a temperature of 105° F., a rapid pulse, and some headache, not very severe; there was no coryza, nor any constitutional symptoms beyond a feeling of prostration. The previous evening he had taken a dose of quinine tincture, but there was no evidence of cinchonism. I prescribed sodium salicylate and an aperient. The following day his temperature remained high—morning temperature 102° F., evening temperature 104° F., but there was no fresh symptom. The third day the temperature was still elevated, although he had two severe attacks of epistaxis during the night, and for another four days the temperature continued to range between 102° and 104° F., the patient meantime having two more attacks of severe epistaxis. After the seventh day the temperature gradually became normal. Throughout

there was no evidence of chest affection nor of nasal and throat complications, nor any history of such in the past.  
Barnmouth. J. PUGH-JONES.

THE following case, which occurred a short time ago, resembles that described in the *BRITISH MEDICAL JOURNAL* of February 9th, p. 314. The patient was a labourer, and previously healthy, who had what appeared to be an ordinary attack of influenza, with a temperature on January 10th of 102° F. He had violent headache and pains in the limbs, but no cough and nothing abnormal in the lungs. He was ordered sodium salicylate 15 gr. every four hours. On the 11th he was not much better, but on January 12th he had epistaxis, losing about 2 oz. of blood. On the 13th he complained of stuffiness in his nose, but the frontal sinuses were not tender to percussion. In the evening he had another attack of epistaxis, losing this time some 3 oz., while a good deal of purulent mucus escaped with the blood; the temperature was still 102° F. On the following day, January 14th, epistaxis again occurred, and more thick mucus escaped, so the salicylate was discontinued and he was given pinus sylvestris and creosote in boiling water for inhalation, and was much relieved. The temperature then became normal and epistaxis ceased. Whether the epistaxis was the accompaniment of an ordinary sinus suppuration of short duration due to the influenza bacillus, or was due to the sodium salicylate, I have never quite decided.

Chesham, Bucks.

J. E. TURNLY.

### RECURRING EPISTAXIS IN A GIRL.

I WAS recently asked to attend a girl, aged 11, suffering from a slight attack of influenza; she had had a severe attack of bleeding from the nose, and on examining the blood I found what appeared to be a cast of the mucous membrane of the nose. The next day she had two more attacks, and I found another cast. She was very intelligent and healthy-looking, with a very fine and smooth skin, and it appeared that she had bleedings from her nose every second or third month.

The child's grandmother informed me that her husband's family were very subject to bleedings, especially from the nose. The grandfather has frequent attacks of epistaxis, and also suffers from bleeding piles; his brother and nephew also suffer from epistaxis. His sister had suffered from epistaxis, bleeding piles, and metrorrhagia, and died in childbirth, aged 27. His daughter, my patient's mother, suffered from epistaxis and metrorrhagia, and died in childbirth, aged 29. In all the females of this family the menstrual periods commenced at an early age. All the family, the females in particular, bruise after the slightest knock.

The case seems to be one of haemophilia chiefly affecting the females of a family, the disease being transmitted by both males and females, the males being affected in a minor degree.

I am prescribing tr. ferri perchlor., and have been advised to try suprarenal extract. The child has had no more attacks so far, but as they usually come on again after an interval of two or three months, the result of this treatment is uncertain.

Congleton. R. BARING DAVIDSON, L.R.C.P. and S. Edin.

### DEFECTIVE DEVELOPMENT OF LEFT CANALICULUS.

T. P. was sent to me recently for conjunctivitis and epiphora. His left lower canaliculus looked as if it had been slit up and had imperfectly united. Over the canaliculus extending from a point  $\frac{1}{8}$  in. from the punctum to the inner canthus was a shallow groove, its base formed by a thin translucent impermeable membrane. He informed me that he had never had an operation performed upon his eyelid. Apparently this was a congenital condition due to imperfect closure of the walls of the canaliculus.

ARCHD. STANLEY PERCIVAL, M.A., M.B. Cantab.

### DEAFNESS IN MYXOEDEMA.

I WAS interested in reading the case of Mr. Rous Kemp in the *BRITISH MEDICAL JOURNAL* of February 16th, for a patient of mine, a man aged 56, has had attacks of myxoedema off and on for the last four years. The

condition always yields to the thyroid treatment. Previous to the first attack four years ago his hearing was unimpaired. But on each occasion, in addition to the usual symptoms, he invariably becomes so deaf that he has to be shouted at loudly to hear anything at all.

Derby.

JAS. W. KING, M.B., B.S. Dunelm.

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

C. A. BALLANCE, M.V.O., M.S., F.R.C.S., President, in the Chair.

*Monday, March 4th, 1907.*

#### DIAGNOSIS AND LOCALIZATION OF CEREBRAL TUMOURS.

DR. CHARLES E. BEEVOR delivered the third of the three Lettsomian lectures on the diagnosis and localization of cerebral tumours. In tumours of the parietal lobe posterior to the ascending parietal convolution, the general symptoms, headache, vomiting, and optic neuritis tended to be absent or to appear late in the disease; the fits were general or began with a sensory aura; paralysis of the side opposite to the tumour, with the accompanying alteration of the reflexes, was absent, slight, or occurred late, unless the tumour extended deeply, and involved the internal capsule; hemianaesthesia and hemianopia on the opposite side occurred frequently, and if they were permanent it would show that the sensory fibres and the optic radiations were destroyed. If the tumour were in the *left* parietal region, word-blindness, either transient or permanent, was present. Tumours of the pituitary body were then discussed by Dr. Beevor. From its proximity to the chiasma the optic fibres, which came from the inner or nasal half of each retina, were liable to be pressed upon by a tumour growing in the pituitary body, and thus produced blindness of the inner half of each retina. Therefore, in tumours of the pituitary body patients suffered from the loss of vision for the outer half of the field of vision of each eye or bitemporal hemianopia. In a certain number of cases of acromegaly enlargement of the pituitary body had been found, and in those cases bitemporal hemianopia had been present. The chief symptoms of tumours of the posterior part of the optic thalamus were that involuntary movements were not much affected unless the internal capsule were involved, but involuntary movements and ataxia of the opposite limbs occurred; the tendon or deep reflexes were slightly increased or were normal; the superficial reflexes were normal or absent. Sensation was affected both objectively and subjectively; in the former all forms of sensation were involved but not absolutely, and it was more marked at the periphery. Subjectively, in some cases there were severe pains in the limbs and hyperaesthesia, which was sometimes so severe as to prevent use of the limb. Hemianopia occurred if the postero-inferior part of the thalamus was involved. The other special senses were not affected. The majority of extracerebellar tumours grew from the flocculus or the auditory nerve in the anterior part of the posterior fossa in the angle between the cerebellum and the pons close up to the petrous part of the temporal bone, and compressed those structures without actually involving them. Occasionally they met with cases in which the tumour lay more posteriorly in the cerebellar fossa of the posterior fossa, and that would compress the lateral lobe of the cerebellum and would give probably the same symptoms as an intramedullary tumour of the lateral lobe. In both extracerebellar and intracerebellar growths the headache was severe and vomiting was nearly always present, and optic neuritis was more early in its appearance in intramedullary than extramedullary tumours. Of the localizing symptoms, vertigo or giddiness was a frequent symptom in both forms of tumour. True vertigo was either a feeling, which the patient had, that objects were revolving round him, or the feeling that he himself was revolving round his own axis. In both forms of tumour the patient thought that objects were going in the direction away from the side of his lesion. Taking first extracerebellar tumours, compression of the auditory and facial nerves was a very common symptom, and as a result they had loss of hearing to sounds heard through the air as well as those conducted by bone; also tinnitus, buzzing, or switching, and facial paralysis involving all parts of the face; occasionally the

fifth nerve was pressed upon, and especially the sensory part causing numbness, tingling, or loss of sensation of the face on the same side as the tumour; also, in many cases paralysis of the sixth nerve with weakness of the external rectus; rarely the ninth, tenth, and twelfth nerves. This compression of the cranial nerves did not occur in intracerebellar tumours. Motor symptoms occurred on the same side as the lesion. That showed itself in the conjugate movements of the eyes, so that there was difficulty in turning both eyes towards the side of the lesion, and that was attended by nystagmus, slow jerking movements, when the patient looked towards the side of the lesion. That occurred in both forms of tumour, perhaps more in extracerebellar. In the limbs on the same side as the lesion in intracerebellar lesions there was diminished power, and in a few cases it was observed that the muscles of the spinal column, the erector spinae of the same side, were weak. That paresis was more common in intracerebellar cases. Associated with the hemiparesis there was loss of tone, so that the muscles of the limbs on the same side as the lesion were flaccid and flail-like, and though in locomotor ataxy that flaccid condition was associated with absent knee-jerk, in cerebellar tumour it was often combined with an increase of that reflex. If a normal person executed a movement against a resistance which was suddenly removed, he was able to prevent the movement being carried on by bringing into action the antagonist muscles, but in cerebellar tumours that power appeared to be lost. Also ataxy of the paretic limbs, which was not increased when the patient closed his eyes, showed that its origin was central, and was not due to peripheral sensory changes, as in locomotor ataxy. Associated with inco-ordination was the condition in the paretic limbs of the same side; the patient could not rapidly pronate and supinate. In extracerebellar tumours there were irregular tremors in both arms when they were horizontally extended, while in intracerebellar tumours they were absent. The peculiar reeling, staggering gait had been known for some time. It was best likened to that of a person trying to walk on a rolling ship at sea, but with a tendency to go to one side more than the other. The difficulty had always been to determine to which way the patient tended to fall. The patient tended to stagger and deviate towards the side of the lesion. He would thus walk in a circle; but he knew his weakness, and tried to counteract it by bringing forward the shoulder on the same side as the lesion. Another way of testing which side was affected was to make the patient stand on one leg and then on the other, and it would be found that he was more unsteady on the leg of the same side. That walk occurred in both forms of tumour. In tumours affecting the vermis in the middle of the cerebellum the reeling was more uniform, and the patients tended to fall backwards or forwards. In extracerebellar tumours the knee-jerk was not altered, while in intracerebellar tumours of one side the knee-jerk on that side was, if anything, diminished; but that was very uncertain, and Dr. Beevor did not consider that any definite conclusion could be drawn. The diagnosis of cerebellar tumours from cerebral was made by a comparison of the symptoms given above with those which were found to exist in tumours of the cerebrum. The absence of mental symptoms, of sphincter troubles, of epileptiform attacks; the presence of a reeling gait, associated with deviation—say to the left—with weakness of movements of the eyes to the left, and paresis of the left limbs without alteration of the reflexes would be in favour of an intracerebellar tumour of the left lateral lobe; whereas deafness and facial paralysis of the left side, with the weakness of the eye and limb movements of the left side, and with weakness and rigidity of the right limbs, together with increased knee-jerk and extensor plantar reflex, would be due to an extracerebellar tumour of the left side.

### PATHOLOGICAL SOCIETY OF LONDON.

DR. F. G. HOPKINS, F.R.S., Vice-President, in the Chair.

*Tuesday, March 5th, 1907.*

#### TWO CASES OF CYSTINURIA, WITH EXCRETION OF DIAMINES.

DR. F. H. THIELE recorded the above. The first was fully investigated. In addition to the cystine present in the urine, there was an excretion of cadaverine. An examina-

Dr. Horace Jeaffreson, who, as the resident medical officer of the London Fever Hospital, "at the beginning of the Sixties and after," had probably seen more of the two above-mentioned diseases than any other living authority in this country. In those days, Dr. Jeaffreson said, typhus was commonly called "spotted fever," and the term was not applied to "epidemic cerebro-spinal meningitis." In the early Sixties epidemics of the two diseases were concurrent, but their clinical manifestations were markedly distinct. Dr. Tatham (formerly Medical Officer of Health for Manchester), President of the Epidemiological Society, followed with an account of the position assigned to "cerebro-spinal fever," or its synonym "epidemic cerebro-spinal meningitis" in the *Nomenclature* of the Royal College of Physicians, 1906. Dr. Owen Coleman (Surbiton) raised the question of the acceptance by public authorities of the unconfirmed diagnosis of any practitioner who might declare or certify a case as one of "epidemic cerebro-spinal meningitis." The feeling of the meeting was that the medical officer of health of the district concerned and other medical authorities should be consulted, if necessary, with reference to certification or registration. As to diagnosis Dr. Pierce (Guildford), Dr. Porter (Reigate), and others who have had considerable laboratory experience, were decidedly of opinion that in the examination of nasal and pharyngeal discharges special pathological assistance should be provided for purposes of diagnosis. Dr. Richards (Croydon), Dr. Crookshank (Barnes), and Dr. Fegan (all of them in charge of hospitals) spoke of lumbar puncture not only as an aid to diagnosis but as of therapeutic value. Dr. Tatham, however, uttered a timely word of caution against indiscriminate performance of the operation, especially where the conditions were insanitary and otherwise unfavourable. With regard to the policy of official notification of the disease some of those present were in favour of its being made statutory; one district, that of Richmond-on-Thames, had indeed taken steps for the purpose under the advice of Dr. Crocker, Medical Officer of Health, who had cases of the disease under his notice two or three years ago. But most of the medical officers of health in the county preferred at present to rely on voluntary notification. In this connexion the Chairman mentioned that Sir Shirley Murphy was engaged in a special investigation of the extent of the disease in the County of London, and that they would be sure to have timely notice of any extension that might occur. It was fully agreed that the occasion would not at present justify any general alarm. With regard to hospital removal of duly certified cases there was some divergence of opinion. There are fifteen isolation hospitals in the county, but, as Dr. Brind pointed out, not all of them have adequate separate ward accommodation. Dr. Franklin Parsons observed that patients did not as a rule bear removal well. Dr. Fegan narrated some experiences of his at Vienna, and contended that with improved ambulance provision removal might be possible and even desirable in the interests both of the patients and the public. All present, however, agreed that whatever advantages hospitals might afford it was the sanitation of the home and attention to the surroundings of the patient that was of most essential importance.

## ENGLAND.

A third case seems to have occurred in Leicester, making, if the diagnoses be correct, three in all, and reports are to hand of cases likewise in the village of Reddings in Derbyshire, and at Gravesend. Throughout the country sanitary authorities in increasing numbers are obtaining permission of the Local Government Board to place the disease on the list of notifiable diseases for longer or shorter periods.

## SCOTLAND.

In Scotland, Glasgow, as already stated, still remains the only place in which anything in the nature of an extensive epidemic prevails, and even here there appear to be quarters quite free from it. The total number of cases on March 3rd in hospital or under observation in Glasgow was 113; during the week ending March 2nd 37 deaths were ascribed to the disease. In other of the principal eight Scottish towns 5 deaths were similarly registered in the same period, 3 in Edinburgh, 1 in Paisley, and 1 in Leith. Cases have also been reported in some of the rural districts. The position in Glasgow at the present moment is perhaps best gauged by examination of all the infectious disease returns. Thus there were on March 1st, either in the city hospitals or under observation at home, 98 cases of cerebro-spinal fever, as against 242 of scarlet fever, 184 diphtheria, 132 measles, 447 whooping-cough, 95 typhoid fever, and 56 erysipelas.

## IRELAND.

In Ireland a considerable number of fresh cases have been identified in Belfast, the number under treatment at the Purdysburn Hospital on March 3rd being 34, while 23 deaths during the week were returned by the Registrar-General for Ireland as having been due to cerebro-spinal

meningitis. The Dublin hospitals during the same week admitted 2 cases. Reports were also received of a few scattered cases in other towns.

## WALES.

No cases appear to have been observed at present in Wales, but the sanitary authority of Cardiff has, on the recommendation of its medical officer, Dr. Edward Walford, placed the disease on its notification list.

## MEDICAL NEWS.

At the meeting of the Medical Society of University College, London, on Wednesday next, Sir Felix Semon will read a paper on the relation of laryngology and rhinology to general practice. The chair will be taken at 8.30 by Professor Rose Bradford, F.R.S.

On Thursday next, March 14th, at 3 p.m., Dr. C. W. Saleeby will give the first of two lectures at the Royal Institution on Biology and Progress. The Friday evening discourse on March 15th will be delivered by Professor Lunge on Problems of Applied Chemistry, and on March 22nd by Professor J. J. Thomson on Rays of Positive Electricity.

As already announced, the one hundred and thirty-fourth annual dinner of the Medical Society of London will be held at the Whitehall Rooms, Hotel Métropole, on Wednesday next. Among the guests will be the Bishop of Ripon, the Hon. Sydney Buxton, M.P., Dr. Chipault of Paris, Sir Thomas Smith, Sir Thomas Barlow, and Mr. Alderman Sheriff Crosby, F.R.C.S.

AMONG the successful candidates at the London County Council election on March 2nd are the following members of the medical profession: Dr. A. Salter (Bermondsey), Dr. E. B. Forman (Kensington, South), Dr. Beaton (St. Pancras, North), Dr. J. Davies (Hoxton), and Dr. P. Vosper (St. Pancras, West). The three first-named gentlemen served on the last Council.

THE British Balneological and Climatological Society meets on Saturday next, March 16th, at Hastings. Among other arrangements for the first day are a formal discussion, a dinner, and an evening entertainment provided by local Fellows. On the following day there will be golf and an expedition to Battle Abbey.

At a meeting of the Medico-Legal Society, at 22, Albemarle Street, W., on Tuesday next, at 8.15 p.m., Mr. J. Theodore Dodd will open a discussion on the working of the Midwives Act; several members of the Central Midwives Board intend to be present.

A BALL in aid of the funds of the Royal Army Medical Corps (Volunteers, London Companies) will be held at the Royal Palace Hotel, Kensington, on Wednesday next, under the patronage of Her Highness Princess Louise Augusta of Schleswig-Holstein. The tickets (15s.) and further particulars can be obtained from Sergeant Ernest A. May, Elmhurst, East Sheen, S.W.

THE Royal Mail Steam Packet Company announce a special spring tour to Spain in connexion with the sailing of the Royal Mail steam packet *Sabor* (twin-screw) from Southampton on March 20th, calling at Bilbao, Corunna, and Vigo. The return voyage is to be made in the Royal Mail steam packet *Aragon* on March 28th, calling at Cherbourg *en route* for Southampton, where she is due on March 30th. The first saloon fare is £9 15s. return.

A MEETING of those interested in the formation of a Society of Tropical Medicine and Hygiene is to be held at the Royal College of Physicians, on Friday, March 15th, at 5.30 p.m. The society was constituted at a meeting held at the Colonial Office on January 4th, 1907, under the chairmanship of Sir Patrick Manson. Although medical societies have multiplied to an alarming extent, it is believed that there is justification for the existence of a society of tropical medicine to serve as a focus for medical men scattered throughout the length and breadth of the empire. Considering the rapid advances in tropical medicine and the importance and variety of the many diseases met with in tropical climates, it is thought that there will be ample work for the society. Further particulars can be obtained from Mr. James Cantlie, 140, Harley Street, W.

MR. CHARLES OLDHAM, F.R.C.S., of Brighton, in addition to the bequest to found an ophthalmological prize at Guy's Hospital, mentioned last week, bequeathed £5,000 to Epsom College, £1,000 each to the Sussex Eye Hospital and the Brighton, Hove, and Preston Dispensary. £10,000 to Corpus Christi College, Oxford, £5,000 to the Universities of Oxford and Cambridge for scholarships in classics and in Shakespeare, and £3,000 to the Manchester

Grammar School founded by his kinsman, Hugh Oldham, formerly Bishop of Exeter. The residue of his estate, which it is believed will amount to over £15,000, he left to Corpus and the Manchester Grammar School in equal parts. He also bequeathed two violins and a viola, all by Antonius Stradivarius, to the British Museum. A third violin by the same renowned maker is also to go to the Museum unless a purchaser is found for it at 3,000 guineas.

MR. REGINALD HARRISON, President, and Dr. Arthur James, Honorary Secretary of the Metropolitan Street Ambulance Association, have been invited to give evidence before the Home Office Committee appointed to report on the question of the provision of ambulances for cases of accident and sudden illness in the streets of London. Last month the Metropolitan Ambulance Association sent a circular letter to all candidates at the recent election for the London County Council, pointing out the urgent necessity of establishing a thoroughly efficient street ambulance service, inasmuch as at the present time not a single rapid transit ambulance was available for dealing promptly with severe street accidents, although 20,000 such accidents occurred every year. We are informed that 51 out of 79 Municipal Reform candidates and 14 of the 38 Progressives and Socialists elected last week promised to interest themselves in the provision of an efficient street ambulance service; 65 members of the new County Council have therefore given a pledge, while a number of others are well known to hold similar views.

A BILL to prohibit experiments on dogs, presented by Mr. Ellis Griffith and backed by Sir F. A. Channing, Sir F. Banbury, Colonel Lockwood, Colonel Sandys, Mr. Field, Mr. Tomkinson, Mr. Weir, Mr. Sloan, Mr. Crooks, Mr. Clement Edwards, and Mr. Swift MacNeill, was ordered to be printed on February 26th. It provides that it shall be unlawful to perform any experiment of a nature causing or likely to cause pain or disease to any dog for any purpose whatsoever, either with or without anaesthetics, and that no person or place shall be licensed for the purpose of performing any such experiments. It further provides that any person performing or assisting or taking part in performing any such experiment on any dog shall, for a first offence, be liable to a penalty not exceeding £10, and for a second offence, in the discretion of the court, to a penalty not exceeding £50 or to imprisonment for a period not exceeding three months. For any subsequent offence he will be liable, at the like discretion, to a penalty not exceeding £100 or to imprisonment for a period not exceeding one year. It will be a disaster to science in this country if this Bill, inspired by what we can only call foolish sentimentalism, is allowed to become law. Professor Starling's evidence before the Royal Commission on Vivisection made it abundantly clear that such an enactment would not only go far towards stopping the study of physiology in this country, but would also most seriously interfere with pathological research. The dog does not need any special protection, for, to quote Professor Starling, dogs are not ill-treated in laboratories, and do not suffer in the vast majority of the experiments made upon them. Investigators take precautions to prevent not only pain, but also fright, and even discomfort. In any case we think Parliament, before taking any action in the direction of restricting experimental research, should wait till the Vivisection Commission has presented its report.

ON March 5th the Prime Minister received a deputation introduced by Mr. R. C. Lehmann, M.P., to urge the importance of establishing a national anthropometric survey. Professor D. J. Cunningham of Edinburgh said that the only sources of information now available on this important question were the statistical records of men applying to enlist in the army, which had been proved to be misleading, and certain data collected by anthropologists, by educationists, and by others who had resorted to the anthropometric method to test the effect of factory life on the physical condition of the young. These data, he said, were very incomplete—a view which was supported by Mr. J. Gray, Secretary of the Anthropometric Committee of the British Association; by the Head Master of Westminster School; by Sir Lauder Brunton, representing the British Science Guild; and Dr. A. C. Haddon of Cambridge. Sir Henry Campbell-Bannerman, in reply, said that he recognized the importance of having an impartial record as a guide to administrative and legislative action, but the Government must move warily; it would have to carry public opinion with it and not offend the susceptibilities of parents. What was done to the poor ought also to be done to the rich, and he had himself no doubt that the authorities of the great public schools would readily consent to the universal application of the system. He

suggested that important data might be obtained from the classes over whom the Government and the authorities already had certain powers of control—recruits, lunatics, and criminals; but this, of course, would not give the information with regard to the whole population which would afford means of comparison between different districts and different occupations. The clauses in last year's Education Bill dealing with hygiene and sanitation had been universally approved, and it was hoped would be passed as an independent measure; whether the Government could graft upon that a more definite organization for an anthropometric survey was a matter for serious consideration, in the course of which financial questions would arise. If, after the full consideration which he promised should be given to the matter, the Government were satisfied that the organization ought to be established, the question of expense would not be allowed to stand in the way. Personally he would be glad if it was found possible to grant the request of the deputation.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The annual general meeting was held on Friday, March 1st. The report of Council set forth the steady progress made by the Society, there being now 864 Fellows on the roll. Since the last annual meeting, a debenture redemption fund had been formed. According to a recent valuation, the freehold and leasehold property was worth considerably more than the sum at which it stood in the Society's accounts, and the property was reported to be in good and substantial repair. The Honorary Treasurer's audited accounts were presented and approved. The President, Mr. J. Warrington Haward, in his address gave obituary notices of Fellows who had died during the year, including Sir Michael Foster, Dr. Lionel Beale, Dr. J. H. Bryant, Mr. D. H. Goodsall, Dr. Symes Thompson, and Dr. G. Bagot Ferguson. After reference to the satisfactory financial position of the Society, he alluded to the forthcoming amalgamation of medical societies in London, and stated that a petition for a supplementary Charter had been sent to the Privy Council. The address was concluded with an anticipation of the future usefulness of the Society as a part of the new Royal Society of Medicine.

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 February 22nd, Dr. de Havilland Hall in the chair. The accounts presented showed that, owing to the recent epidemic of influenza, the amount of sickness pay disbursed during the month of January was the largest ever paid by the society during a similar period. The attacks have mostly been mild and of short duration, and the payments will have no appreciable effect on the financial position of the society; its reserves now amount to over £200,000. One of the most marked features of the claim list is the rapid increase in the number of members on half-pay. The society has been in operation for twenty-three years, and many of those who first joined it have reached the age when illness is not quickly thrown off. Many of these half-pay members will never be able to resume professional work, and will draw their half-pay—generally 100 guineas a year—until they reach 65, should they live so long. On attaining that age they receive a cash bonus. Prospectuses and all particulars can be obtained on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

ASSOCIATION OF SCOTTISH MEDICAL DIPLOMATES.—The members and friends of the Association of Scottish Medical Diplomates dined together on March 1st at the Trocadero Restaurant, London, under the chairmanship of the President, Dr. Claude St. Aubyn-Farrer. The toast of "The Association" was proposed by Dr. J. G. Fitzgerald, ex-M.P. for Longford, and was responded to by the Chairman, who gave a satisfactory account of the progress of the Association; during the short time it had been in existence it had increased in numbers until it had reached the present total of over 300, and more members were joining. This gratifying progress was a sure sign that the Association was firmly established and must be recognized in the medical world as a powerful force. This was borne out by the fact that representations to the governing committees of certain English hospitals had resulted in the appointments on the staffs of those hospitals being thrown open to the candidature of those holding the fellowships of one or other of the Scottish colleges. Mr. Sydney Stephenson and Dr. C. O. Hawthorne also replied to this toast. Sir Anderson Critchett submitted "The Guests," which was acknowledged by Dr. Moffat, Major Moore, and Mr. Wake. "The Chairman," proposed by Mr. Heather Bigg, concluded the toast list.

JOURNAL, as I have suffered from the affection myself on two occasions. In my case the pain was behind the head of the radius, and was brought on by hard overhand service and backhand play. There was tenderness, but no swelling, and the joint could be freely flexed and extended. Pain was caused when the extensors of the forearm were brought into active use. For instance, pressure on the back of the extended fingers immediately caused pain over the tender area. The injury was evidently a strain of the tendinous insertion of the superficial extensors into the external epicondyle, followed by a rheumatic fibrositis, which soon cleared up under antirheumatic treatment.—I am, etc.,

March 4th.

A. M.

#### TREATMENT OF POST-PARTUM HAEMORRHAGE.

SIR,—As a general medical practitioner of twenty-five years' standing, with a fairly large midwifery practice, I have been much interested in Dr. F. Le Page's letter on the treatment of *post-partum* haemorrhage (BRITISH MEDICAL JOURNAL, February 23rd, p. 470). I am, however, of opinion that in nearly all cases flooding is preventable and, in the absence of other complications, mostly due to kidney trouble. I would therefore recommend the following rules to general medical practitioners:

1. To test the urine of all new cases three months before the event becomes due.

2. To give liq. strychninae  $\pi$ ij three times daily in a little water without fail for at least one month before the confinement takes place in all cases in which there has been a previous history of flooding. I have found this drug a specific, and have never known a second attack of *post-partum* haemorrhage to take place in the same patient after its use.

It is not for me to criticize the sayings and doings of our learned seniors, but if they could only give the young practitioner more simple advice in the treatment of their midwifery cases, instead of how to compress the abdominal aorta, which I affirm would not be an easy matter for a medical man to do single-handed, especially if his patient happened to be a very fat woman; and in the country the doctor, if he requires help, has generally to send a considerable distance before he is able to obtain it.—I am, etc.,

Bristol, March 4th.

W. HOWARD CORY, M.R.C.S.Eng.

#### THE TREATMENT OF FRACTURES.

SIR,—My attention has been drawn to Professor Wright's letter in the BRITISH MEDICAL JOURNAL of February 23rd. My "amazement" is increased at his wholesale condemnation of passive movements; and all I can say is that we must agree to differ. I still think that gentle, painless, passive movements are possible, and that such movements are carried out in a large number of cases, though I do not say, and have not said, that they are employed in all cases.—I am, etc.,

Brighton, March 2nd.

J. ALLAN.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

#### APPOINTMENTS.

PROFESSOR SIMS WOODHEAD has been appointed the Representative of the University on the Council of the Lister Institute of Preventive Medicine.

Dr. G. S. Graham Smith has been appointed University Lecturer in Hygiene for five years.

The General Board of Studies will shortly proceed to the appointment of a University Lecturer in Pathology at a stipend of £100 a year.

#### DEGREE.

The following degree was conferred on February 28th.—M.D.: C. Killich, Trin.

### UNIVERSITY OF LONDON.

THE London Inter-Collegiate Scholarships Board constituted in 1904 with the approval of the governing bodies of University, King's, and the East London Colleges, for the purpose of holding a combined annual examination for entrance scholarships and exhibitions tenable at these Colleges, gives notice that an examination will be held in London on May

14th and following days. A candidate must have passed the matriculation examination of the University of London or an examination accepted by the University in lieu thereof, or must hold a school-leaving certificate, or be able to furnish evidence of having had a sound general education satisfactory to the Board. Successful candidates will be required to enter the College by which they are elected in the October following the examination, and to pursue a course of study approved by the authorities of the College.

Among the scholarships are the following:

*University College.*—Three Andrews scholarships, each of the value of £30—one in classics, one in modern languages and English history, and one in the following subjects: Mathematics, physics, chemistry, elementary biology, and botany. One West scholarship, value £30, in English and English history. The above are tenable for one year.

*King's College.*—Sambrooke exhibition in classics, £50, for males only, tenable for one year. Two Clothworkers' Science Exhibition, tenable for two years, for any four of the following subjects: Mathematics, elementary mechanics, physics, inorganic chemistry, botany, zoology, geology, mineralogy, of the value of £30 and £20 respectively. Two engineering entrance exhibitions of £25 each, for men only, tenable for one year. Skinners' arts scholarship, for men, tenable for three years (for women only of the value of £40), for any four of the following: Latin, Greek, French, German, English language and literature, English history, pure mathematics, elementary mechanics. Merchant Taylors' scholarship of £40, for women only, tenable for three years, for any four of the following: Pure mathematics, elementary mechanics, physics, chemistry, botany. All candidates will be expected to write an English essay.

*East London College.*—Four Drapers' Company science scholarships, for men only, of the value of £40, for any two of the following subjects: Mathematics, chemistry, physics, geometry, and geometrical drawing. Two Drapers' Company science scholarships, value £40, for women only, for any two of the following: Mathematics, chemistry, physics, botany. Four Drapers' Company arts scholarships—two for men and two for women—of the value of £40 each, for Latin, pure mathematics, or English language and literature, and any one of the following: Greek, French, German, history. The scholarships at the East London College are tenable for three years each.

Further particulars can be obtained on application to the Secretary of the Board (Alfred E. G. Attoe), University College, Gower Street, London, W.C.

### UNIVERSITY OF GLASGOW.

*B.Sc. in Pharmacy.*—The regulations for the institution of the degree of B.Sc. in Pharmacy have received the approval of the Privy Council. Adequate provision for accommodating the pharmacy students was made in building the new laboratories for the Materia Medica Department. Some time must, however, elapse before the B.Sc. Pharmacy course is instituted, as all the funds at present available from the Carnegie Trust are earmarked for other objects, but probably in the course of the next twelve months the necessary money will become available. Every effort is being made to finish the new buildings in time for the formal opening by the Prince of Wales at the end of April. Of the three departments the one which is most nearly completed is that of Public Health, but the Physiology and Materia Medica buildings are also well forward, and there is every reason to expect that all these will be completed in time.

### UNIVERSITY OF SHEFFIELD.

DR. JAMES MARTIN BEATTIE, Senior Assistant to the Professor of Pathology, University of Edinburgh, has been elected to the Chair of Pathology in the place of Dr. Cobbett, who has been appointed Lecturer on Bacteriology at Cambridge.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

#### Examination for the Membership.

THE Censors' Board to receive applications from candidates for admission to the examination for the membership will, owing to the date of the Easter vacation, meet on Friday, March 22nd, instead of April 5th.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

#### THE GILBERT BLANE MEDAL.

THE gold medal founded by the late Sir Gilbert Blane, Bart., to be given biennially has been awarded by the Medical Director-General of the Navy and the Presidents of the Royal College of Physicians and the Royal College of Surgeons to Staff Surgeon James W. W. Stanton, for his Journal of H.M.S. *Suffolk*, 1905, and to Surgeon Bernard Ley, for his Journal of H.M.S. *Algierine*, 1904.

THE late Miss Isabella Dyer Hardyman, of Sunninghill, who died on February 3rd, left £100 to the British Home for Incurables at Streatham.