

Nos.	Albumosuria.	Duration of Albuminuria.	Duration of Albumosuria.
	Present.	Hours.	Hours.
7	"	132	132
8	"	172	132
9	"	300	300
10	"	196	196
11	"	132	132
12	"	64	64
13	"	120	120
14	"	144	144
15	"	60	60
16	"	132	132
17	"	132	—
18	"	72 (death)	—
19	"	60	—
20	"	36	—
21	"	208	—
22	"	54	—
23	"	54	—
24	"	114	—
25	"	204	204
26	"	240	240
27	"	80	80
28	"	64	64
29	"	200	200
30	"	96	120
31	"	96	72
32	"	66	66
33	"	300	300
34	"	—	—
35	"	—	—
36	"	—	—
37	"	—	—
38	"	—	—
39	"	—	—
40	"	—	—

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE INTESTINAL ORIGIN OF LEPROSY.

IN the BRITISH MEDICAL JOURNAL of November 10th, 1906, you note some very interesting experiments on kids and goats carried out in the Pasteur Institute at Lille as to the intestinal origin of tuberculosis. As the result of these investigations it is inferred that in man the intestine is the usual means by which the tubercle bacilli infect the lungs and other parts of the body, especially as "evidence is not wanting that the penetration of airborne bacilli into the lungs is difficult, if not impossible." Can we not apply this hypothesis to another disease analogous in pathology—leprosy?

Leprosy is not infectious, it is doubtful if it is contagious, certainly not hereditary. In parts of China, as Pakhoi, where leprosy is common, there are lepers who sell eatables on the street. They and the food are, of course, surrounded by flies, which come in contact with their sores. Some time ago a medical man in Pondicherry gave as a possible explanation of Hutchinson's theory the fact that the fish in the local market, he observed, were black with flies, which probably had before settled on lepers, and thus would carry the bacilli with them to the fish. That putrid fish makes an excellent nidus is impossible to deny, and if eaten half raw some of the bacilli

must certainly enter the alimentary tract in a living condition.

But, if fish, why not other edibles, especially if these, after coming in contact with flies laden with the bacilli, undergo no further cooking? Does not this explain why Hutchinson's theory sometimes appears so plausible and at other times seems to break down? I mean that the practice of eating putrid fish in a more or less raw condition is not essential to the spread of the disease; that the bacilli can reach the intestine through the medium of other food also. In this district, where leprosy is fairly rife, I doubt if much fish is eaten; the lepers grow and sell vegetables.

In tuberculosis the bacilli are carried by leucocytes which lose their amoeboid movement. In leprosy the bacilli have been found occasionally within white blood corpuscles; perhaps the lepra cells were originally leucocytes?

The taking of common salt really seems to benefit the patient; this may be because of increased hydrochloric acid, which helps the digestive juices to destroy the germs, and the system is thus relieved from ingesting more living bacilli.

Three points leprosy has in common with tuberculosis: There must be a predisposition, natural or acquired, in the patient; both may have a long incubation period; and both are incurable—the patient is said to be "cured" because treatment and environment have "stayed" the disease.

H. LECHMERE CLIFT, M.B., Ch.B.Edin.  
Nanning Fu, Kwangsi, China.

#### SALICYLISM AND EPISTAXIS.

IN reference to the memoranda which have appeared recently in the BRITISH MEDICAL JOURNAL on Influenza and Epistaxis, may I be permitted to point out that in many of these cases the epistaxis has probably no relation to the attack of influenza, but is rather due to the salicylate administered for its treatment, a symptom of salicylism which is not very uncommon? Whether this, as seems probable, be due to certain impurities in the drug or not I am not prepared to say.

A rather striking example of the onset of epistaxis after taking salicylates in a patient once under my care is, I think, worth recording. He was the master of a large Eastern liner, and, like many of his calling, suffered from gout. A medical friend gave him a prescription as follows: R. Pot. bicarb., sod. salicyl., aa ʒss, vin. colchici, ʒjss, aq. ad ʒvj. Sig.: Two tablespoonfuls four times a day. He insisted on trying this mixture during three separate attacks. On each occasion epistaxis followed.

At no time was the bleeding severe, but the point that is so very interesting is that on the two subsequent occasions the epistaxis was accompanied by the development of a rash, the latter resembling more than anything else large so-called "blind boils."

On stopping the sodium salicylate but still giving the potassium bicarbonate and colchicum the rash disappeared, nor was he troubled with further epistaxis. There were no other symptoms of salicylism present, no ringing in the ears, headache, etc. There was no local disease, and the urine was free from albumen throughout.

Eccles, Lancs.

E. LEACH, M.R.C.S., L.R.C.P.Lond.

#### HERNIA OF THE GALL BLADDER.

THE patient in the following case, a Hindu woman aged 50, was admitted into the Kinnaird Hospital at Lucknow on February 11th, under Dr. Christina Mayne, by whose permission I report it. On the right side of the abdomen was a soft, round, tender swelling, diameter 1½ in., its centre 2 in. to right of mid line, and 3 in. below the margin of the ribs. She complained of having had indigestion for the last two months, and said that the swelling had appeared suddenly one month previously, when she was doing some heavy grinding. Pain, she said, had been present only ten days, but histories in Indian women are very unreliable. On February 12th the patient was operated on by Dr. Mayne. Below the subcutaneous fat and beneath the abdominal muscles was the fundus of the gall bladder enclosed in a peritoneal sac. The edges of the stricture round the neck, formed by the abdominal muscles, were snicked, a few adhesions between stricture

and sac and bladder and sac separated, most of the latter removed, and the fundus returned into the abdomen. Both the right and left lobes of the liver were enlarged. The stitches were removed on February 24th, and the patient discharged well on March 10th.

Lucknow.

HELEN B. HANSON, M.D., B.S.

#### OXYURIS VERMICULARIS.

THAT the *Oxyuris vermicularis* is capable of making the life of its host extremely uncomfortable is strikingly demonstrated when one reads that an eminent surgeon suggests an appendicostomy, and subsequently an attack on the parasite *in situ* with suitable injections, as a simple operation for relieving the patient. As suggesting an alternative to such heroic treatment when the parasite has its habitat high in the bowel, the following case may be interesting:

A. B., a young adult male, after countless enemata of infusion of quassia, salt and water, alum and water, and other medicaments, administered over a period of several months without affording relief, was given 2 oz. of the compound decoction of aloes before breakfast, and ordered a diet rich in proteid but meagre in quantity. At night he was given a pill of extract of quassia 2 gr. (coated with keratin). The next day a similar pill was administered morning, noon, and night. The third morning the aloetic purge was repeated. On that day the patient passed a mass which was described as like "a ball of frayed cotton." The pills were continued for a few days, as the parasites still showed in the stools. At the end of the week all treatment ceased as the patient expressed himself cured. So far as I know there has been no recurrence of the trouble.

A similar treatment in the case of young children, the class mostly affected, would have to be pursued with caution, owing to the possible nervous effects of the quassia.

It is important that the pills be coated with keratin or some substance which will resist the action of the gastric secretion. If the coating be fairly thick it is not impossible to imagine that the parasite is attacked *in situ* in a desirably lethal manner.

A. NEWTON DAVIES, L.R.C.P. and S. Edin., L.F.P.S.G.  
Liverpool.

## REPORTS

ON

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

#### THE THROAT HOSPITAL, GOLDEN SQUARE.

##### A CASE OF DOUBLE BEZOLD'S DISEASE: [RECOVERY WITH PERFECT HEARING.

(By CHARLES J. HEATH, F.R.C.S., Surgeon to the Hospital.)

SOME time since I was called to see a patient, a butler, suffering from profuse discharge from both ears, following an attack of influenza. There had been no pain preceding the discharge, which was not offensive, but unusually abundant; great obstructive deafness was present, and the drum membrane could not be seen on account of the swelling in the meatus. Some swelling could also be detected over the left mastoid process, but it was only perceptible when the two sides were felt at the same time; there was no tenderness. The temperature was about 100° F.; the man looked ill. I ordered local and general treatment, and advised that if he became worse, or even if he were no better, within forty-eight hours, his left mastoid should be opened. I heard nothing more of him for ten days; then, when attending the out-patient clinic at the Throat Hospital, at 8 o'clock one evening, I got a telephone message from his doctor, to say that he had been sent for, as the patient was delirious, and that he wished to know what I advised under the circumstances.

I recommended him to go and fetch the patient, what-

ever his condition might be, and bring him to the hospital for operation, and meanwhile gave instructions for preparations to be made for his reception.

**State on Admission.**—He arrived at 9 o'clock, was evidently weak, and suffering greatly, but was not delirious. He was at once prepared and anaesthetized, and on examining the parts more fully when the patient was under chloroform it was found that the mastoid abscess on the left side had probably extended into the neck, for a swelling was perceptible beneath the upper part of the sterno-mastoid muscle, and, so far as I could gather, this must have been of recent occurrence.

**Operation.**—In the course of the operation the mastoid antrum was practically obliterated, but no exposure of the dura mater was observed. The external surface of the mastoid bone was entirely removed, and it was then found that a probe could be passed through an aperture in the inner part of the tip of the process into an abscess in the neck, whence pus was being expelled by the elastic reaction of the cervical muscles. The tip of the bony process was thin, and after its removal it was possible to pass a flat gutta-percha tissue drain downwards, well into the cavity of the neck, thus avoiding the necessity of making a counter opening for the purpose of drainage. A drain made from this thin tissue, being flat, permits the opposing soft parts to come closer together than does a round drainage tube, and when removed there is only a potential, and not a real, cavity left, wherein pus may accumulate, and subsequently give rise to trouble; this drain was only left in forty-eight hours.

**Progress.**—The left ear, having been operated upon, progressed satisfactorily, but the right ear continued to discharge freely, and a week or two afterwards a swelling appeared in the neck on that side also, but not preceded by urgent symptoms. An operation was therefore performed on the right ear, similar in every way to the one on the other side, the abscess in the neck being drained upwards.

**Result.**—Recovery was complete and uneventful, and the patient told me, when I last saw him, that he thought he heard rather better than before the illness, but when I first saw him he was so deaf that no useful test of his hearing could be made. His master, who visited him, feared he would never be fit for service again, but I expressed the belief that his hearing would be restored, and on his recovery he returned to his employment, and has remained perfectly well.

**REMARKS.**—It appears to me that the bony cortex of the inner part of the tip of the mastoid process in this patient must have been always incomplete on both sides, and that it was only necessary for the resistance of the pericranium to be overcome in order for the pus to burrow into the neck; the remarkable symmetry one observes, when operating on both sides in one person, would account for this peculiarity occurring on both sides. Further, the attack was free from the pain which is usually present when the products of suppuration are pent up, under pressure sufficient to cause absorption and perforation of a sound, even though a thin, bony cortex. I have in my possession a temporal bone in excellent condition, showing this deficiency in the bony surface, and around this opening the bone is as thin as tissue paper. It has been shown to several anatomists, all of whom agree that the aperture in the mastoid process is congenital. In this bone the cells extending from the mastoid antrum to the tip of the process are large and intercommunicating, and a horsehair can be passed through the whole length of the cancellous bone. Now if such a condition existed in the patient concerned in this case, it would account not only for the profuse discharge, for there would be an extensive area capable of giving off pus, but also it might account for the absence of pain, preliminary to the arrival of pus into the neck. Observation of the modern skulls in the Museum of the Royal College of Surgeons leads one to the opinion that this condition is very rare, but that an extremely thin cortex is fairly common. The performance of the operations, too, so soon after the appearance of suppuration beneath the sterno-mastoid muscles, prevented the abscesses there from becoming so extensive as to demand that counter-openings should be made in the neck.

THE second Congress of the Gouttes de Lait is to be held this year at Brussels from September 12th to 16th. It will be under the patronage of their Royal Highnesses Prince and Princess Albert of Belgium, and the Governments of various countries will be officially represented. Preparations for the meeting are in active progress under the direction of an organizing committee of which Dr. Devaux, Inspector-General of the Belgian Civil Sanitary Service, is chairman. The general secretary is Dr. Lust, 27, Rue de la Limite, Brussels; the treasurer, M. Sterckx, 3, Rue Beyaert, Brussels.

## MEDICAL NEWS.

DR. E. H. KELLY has been appointed a Justice of the Peace for the county of Lanark.

THE adjourned discussion on Epilepsy at the Hunterian Society will be resumed at the London Institution on Wednesday next at 8.30 p.m.

UNDER the will of the late Mr. John Visger Miller of Bristol, who died on March 4th, Bristol Infirmary receives a sum of £250.

ON the initiative of the German Samaritan Association, an International Ambulance Congress is to be held at Whitsuntide at Frankfurt-on-the-Main.

THE festival dinner of the Middlesex Hospital, unavoidably postponed last year, will be held under the chairmanship of H.R.H. the Duke of Connaught on May 10th.

THE Bill providing for the sterilization of certain classes of criminals and the hopelessly insane, presented by Dr. Owens Adair of Astoria to the House of Representatives of the Oregon Legislature at Salem, has been rejected.

DR. A. T. BRAND, Public Vaccinator, Driffield District, Driffield Union, has been awarded the Government extra grant for efficient vaccination for the ninth consecutive time.

THE Registrar-General for Scotland reports that in the week ending Saturday, April 13th, 1907, 44 deaths were due to cerebro-spinal meningitis in eight principal towns of Scotland. Of these, 30 were in Glasgow, 8 in Edinburgh, 2 in Dundee, 3 in Leith, and 1 in Greenock.

A BILL was passed unanimously by the Assembly of New York State on March 28th restricting the use of cocaine. It provides that cocaine shall not be sold except on a medical practitioner's prescription, which is not to be dispensed more than once. Another Bill has been introduced which prohibits the sale and manufacture of cigarettes in the State.

THE Prince and Princess of Wales opened, on April 15th, a new wing at the Royal Hospital at Richmond. The addition provides a ward with 6 beds for men on the ground floor, corresponding accommodation for women on the first floor, a small operating theatre, and some rooms for the nursing staff. This wing, which is to be devoted to the treatment of cases of ophthalmic disease, has been erected and partly endowed by Mrs. Bousfield Swan, as a memorial of her late husband.

THE Voyages d'Etudes Médicales, arranged annually by Dr. Carron de la Carrière (2, Rue Lincoln, Paris), will be directed this year to the health resorts of the Jura and the East of France; and the pilgrims, who will be headed as usual by Professor Landouzy, will visit Sermaize, Vittel, Contrexéville, Martigny, Bourbonne, Luxeuil, Bains, Plombières, Gérardmer, La Schlucht, Bussang, Le Ballon d'Alsace, Besançon-Mouillère, Salins, La Faucille, Divonne.

THE American Antituberculosis League will hold its next meeting at Atlantic City, New Jersey, on June 1st to 4th, 1907, under the presidency of Dr. George Brown of Atlanta. The following are the objects of the League as set forth in an official notice: The prevention of consumption; to educate the people that it is a preventable disease; to secure State aid for poor consumptives; to establish hospitals in every State in the Union. The membership is not limited to medical practitioners, but is open to all men of whatever calling to whom these objects appeal.

A CONFERENCE on the teaching of hygiene and temperance in the universities and schools of the British empire will be held at the Examination Hall, Victoria Embankment, on St. George's Day, Tuesday, April 23rd. The chair will be taken at the morning session, at 10 a.m., by Lord Strathcona, and speeches will be delivered by representatives of Canada, Australia, New Zealand, Cape Colony, India, and the Crown colonies. In the afternoon, at 2.30, the chair will be taken by Sir John Gorst, and speeches will be delivered by representatives of France, Germany, and Scandinavia. A paper on the teaching of hygiene and temperance in secondary schools and universities will be read by Sir Victor Horsley, and another on the teaching of the same subjects in primary schools by Miss Hoskyns-Abrahall.

A RUSSO-GERMAN MEDICAL SOCIETY has recently been founded. Its head quarters are in Berlin. The Presidents are Professors von Leyden and Hildebrand in Berlin and

Professor Bechterew in St. Petersburg. The object of the new society is the promotion of closer scientific and professional relations between the medical practitioners of Germany and Russia. The subscriptions and funds otherwise collected are to be applied towards the foundation of a library and a dispensary for indigent Russian sick persons. When means exist for the purpose it is intended to establish a Russian hospital in Berlin and to build a house for the society. Several leading members of the profession in Germany, Austria, and Russia have joined the society.

DR. R. R. RENTOUL, in an address on "Woman's Health: Our Greatest National Asset," at the Institute of Hygiene on April 15th, insisted that there was too much encouragement to the diseased, and too little encouragement to the healthy, to marry, and suggested that if we raised the age of marriage to 25 years in the man and 21 in the woman, required a pre-nuptial medical certificate of good health, made it illegal for the diseased to marry, abolished actions for breach of promise where existing disease can be proved, prohibited paupers and vagrants from marrying, taxed bachelors and reduced taxation to those of small income who had large families, there would be fewer separations, fewer squalid homes, and fewer degenerate children. Our terrible infant mortality had often been referred to, but it was not so generally known that, during the last thirty years, over 200,000 women had lost their lives from puerperal fever and other accidents of childbirth. The lecturer thought the leaders of the medical profession were largely responsible for this state of things, as they had done their best to degrade the work of midwifery, instead of elevating it to the important position it deserved to hold.

A QUARTERLY Court of the Society for the Relief of Widows and Orphans of Medical Men was held on April 10th, Sir Thomas Smith, Bart., Vice-President, in the chair; thirteen Directors were present. Proposals for membership of the Society were read from three candidates, and they were duly elected. It was reported that since the last Court two members had died. The report and balance-sheet for 1906, to be submitted at the annual general meeting, were read and approved. Applications for relief were received from two widows of deceased members, and grants at the rate of £50 per annum were voted. One widow who was left in very indigent circumstances had been made an immediate grant of £10 10s. over and above the annual one. Eight letters had been received from the widows of medical men during the past three months asking for relief, but this had in each instance to be refused, as their husbands had not been members of the Society. Any registered medical practitioner, residing at the time of his election within a twenty-mile radius of Charing Cross, is eligible for membership; full particulars and proposal forms may be obtained from the Secretary, at the offices of the Society, 11, Chandos Street, Cavendish Square. The annual general meeting will be on May 9th at 5.30 p.m.

FRENCH MEDICAL ASSOCIATION.—The Association Générale des Médecins de France held its annual meeting on April 14th in Paris under the presidency of Dr. L. Lereboullet. The meeting was attended by doctors from every part of France. The report of the General Secretary (Dr. G. Lepage) showed that the membership is now more than 9,200. The report of the Treasurer (Dr. Blache) stated that the funded capital of the Association amounts to 4,500,000 francs. More than 170,000 francs are distributed annually in grants and pensions. This year ten pensions of 800 francs were voted, bringing the total number now paid by the Association up to ninety-three. In five cases the amount of the pension is 1,000 francs, while in eighty-eight it is 800 francs.

ANTIVIVISECTION IN AMERICA.—A Bill has been presented to the New York State Assembly providing for the restriction of research by experiment on living animals. The Bill does not aim at the abolition of vivisection, but provides that experiments on living animals shall be attempted only under the authority of the faculty of a college or university incorporated under New York laws or under the authority of the State Commissioner of Health or a City Board of Health. The place where the experiment is conducted must be registered with the State Health Commissioner, who shall license the holder to pursue animal experimentation. Before and during the experiment the animal must be completely under an anaesthetic. If pain is likely to be felt when the effect of the anaesthetic has passed off the animal must be killed immediately. It is further provided that the experiment must be for the advancement of knowledge useful for saving or prolonging life or alleviating suffering.

Hanover Square, and in trying to put all of the societies therein, perhaps some of the wine will be spilt.—I am, etc.,

GEORGE CRICHTON, M.D.,  
Honorary Treasurer, Therapeutical Society.  
London, W., April 2nd.

#### AN HONOUR FROM THE KING.

SIR,—The statement that the well-merited "royal augmentation" in the arms of Sir Frederick Treves and Sir Francis Laking is without precedent is scarcely correct, as the following examples will show.

Gideon Delaune, apothecary to James I, and who obtained from his sovereign the charter for the Apothecaries Society, was granted, March 7th, 1612, the gold lion passant on a red field as well as a fleur-de-lys, then part of the royal arms. Sir Henry Halford, Physician to George III, at the accession of Queen Victoria was awarded "by royal warrant of augmentation," *inter alia* "a staff entwined by a serpent and ensigned by a coronet composed of crosses patée and fleurs-de-lys." Sir James Clark, Her late Majesty's First Physician, had the boar's head in his family coat converted into a lion rampant. Sir Thomas Barlow bears an imperial eagle charged with a red rose; and Sir John Williams, with graceful significance, has been awarded the white rose of York.—I am, etc.,

April 13th.

ARMA VIRUMQUE.

#### THE DEVON AND EXETER MEDICAL BENEVOLENT SOCIETY.

SIR,—May I call the attention of your readers to the existence of this Society? It was founded over a hundred years ago, and during that time has done and is still doing much good work.

The invested funds of the Society amount to over £3,000, and though the membership has of late years fallen to rather a low level, I am glad to be able to report a decided increase during the present year. Dr. Gordon, of Exeter, is President, and the annual meeting will be held in Exeter in May. I shall be glad to receive the names of any gentlemen wishing to join before that date.—I am, etc.,

ELGAR DOWN,  
Honorary Secretary and Treasurer.  
Wingfield House, Stoke, Devonport, April 15th.

#### THE SHIPPING FEDERATION AND THE WORK- MEN'S COMPENSATION ACT.

SIR,—My excuse for troubling you again is that this correspondence may serve the purpose of stirring up some of our Divisions to take an interest in this matter before it is too late.

Dr. Findlay could not have read my letter (BRITISH MEDICAL JOURNAL, February 9th) very carefully or he would have seen that I suggested 2s. 6d.—not half a guinea—as the contract rate for examining each seaman, so that his sarcasm is quite beside the mark.

Dr. Findlay says in his letter to the Shipping Federation, "I think the examination (of seamen) should be thorough," and now he proceeds to pour ridicule on the idea of spending fifteen minutes in testing for defective vision and colour-blindness, examining for hernia, varicocele, syphilis, gonorrhoea, aneurysm, valvular disease, tuberculous disease and chronic bronchitis, to mention only the most obvious diseases that would have to be excluded.

However, I am not going to quarrel about that. Perhaps Dr. Findlay can do each case in three minutes, and, to take an example from his letter, could examine a crew of 400 men for an Atlantic liner in twenty hours. For that he would get 2 guineas (maximum fee). I do not know what his Division thinks about that, but in Sunderland we would call it "sweating."

However, this vision that Dr. Findlay conjures up of hundreds of men to be examined while the liner is impatiently waiting to cross the Atlantic is all moonshine. There may be a rush of work at first, but it is only reasonable to suppose that the Federation will keep a register of seamen who have been medically examined and passed, and these men will, perhaps, not be re-examined for twelve months or more, so that of each crew only a small percentage would require examination before signing on, and

the expense (after the first year) would be very moderate indeed at 2s. 6d. per medical examination.

The discontent throughout the profession with existing contract work is notorious, and yet here we are allowing the wealthiest corporations in England to impose terms that would be mean if offered by a friendly society.—I am, etc.,

April 1st.

X.

#### TUBERCULOUS SOIL CONDITIONS (?).

SIR,—Dr. Foley's note in the BRITISH MEDICAL JOURNAL of April 13th is, in my opinion, well worthy of some attention. For some months I have been collecting data which go to show the comparative scarcity of what I may call indigenous tuberculosis in the districts of Cheshire which lie above the more superficial saline deposits. In many of these I have found the pasture and cultivated land in a thin layer of 12 to 18 in., mixed with sand. The grasses and the available water supply have been rich in sodium chloride. The figures I have obtained have convinced me that the matter is worth going into, and I shall be pleased to communicate with Dr. Foley and any other medical man who is interested. Both for the individual and for the race the prevention of tuberculosis is more important than its cure, and anything that bears on the question practically deserves to be well threshed out.—I am, etc.,

Nantwich, April 15th.

J. W. WYNCOLL, M.B.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF EDINBURGH.

At the 'spring graduation ceremonial on Friday, April 12th, the honorary degree of LL.D. was conferred on the Hon. Sir Joseph George Ward, K.C.M.G., Prime Minister of New Zealand; on the Hon. Leander Starr Jameson, C.B., M.D., Prime Minister of Cape Colony; on the Hon. Frederick Robert Moor, Prime Minister of Natal; on David James Hamilton, F.R.C.S., F.R.S.E., Professor of Pathology in the University of Aberdeen and Medical Officer of Health for the City of Aberdeen; and on Sir John Tweedy, late President of the Royal College of Surgeons of England.

The degree of Doctor of Science was conferred on William Cramer, Ph.D.; on James Robert Milne, B.Sc.; and on John Tait, B.Sc., M.D.

The degree of Doctor of Science in the Department of Public Health was conferred on George Henry Masson, B.Sc., M.D., and on Owen St. John Moses, B.Sc., M.D.

The degree of Bachelor of Science in the Department of Public Health was conferred on George Stewart Clark, M.A., B.Sc., M.B., Ch.B.; John Pool M'Gowan, M.A., M.B., Ch.B.; and on William M'Donald Scott, M.B., Ch.B.

#### UNIVERSITY OF ABERDEEN.

THE following degrees and diplomas were conferred at the graduation ceremony, April 9th:

M.D.—A. Callam, Burnley, Lancs.; J. Conry, Fort Beaufort, Cape Colony; A. W. Falconer, Stonehaven; A. Thomson, Fochabers.

M.B., Ch.B. (with Second Class Honours).—J. N. S. Gilchrist, M.A., Rothiemorran; R. W. A. Salmond, Aberdeen; Williamina Abel, Aberdeen; D. Andersen, M.A., Aberdeen; W. Angus, Aberdeen; J. W. Barnett, Ballater; Agnes V. Baxter, M.A., B.Sc., Aberdeen; J. S. Beedie, B.Sc., Fisherie, by Turriff; J. A. M. Clark, Portsoy; A. L. E. F. Coleman, Stanford-le-Hope; J. A. Davidson, Culter; J. Donaldson, Aberdeen; R. P. Garrow, Aberdeen; H. W. Gashan, Dyce; L. H. Hay, Flotta, Orkney; J. Hunter, Aberdeen; A. Hutton, Huntly; H. Middleton, Aberdeen; G. Mitchell, Inch; J. E. Mitchell, Aberdeen; J. P. Mitchell, Fraserburgh; J. H. Moir, Burton-on-Trent; A. J. Pirie, Rousay, Orkney; J. Robertson, M.A., St. Cyrus; A. H. Skinner, M.A., Aberdeen; J. P. Stuart, Aberdeen; F. P. Sturm, Manchester; J. E. G. Thomson, Aberdeen; J. I. P. Wilson, Oldmeldrum.

W. J. Dilling (Aberdeen) has passed all the examinations, but will not graduate until he attains the necessary age.

The honorary degree of LL.D. was conferred on Thomas Smith Clouston, M.D., F.R.C.P. Eng., Physician Superintendent, Royal Asylum, Edinburgh.

D.P.H.—A. G. Anderson, M.A., B.Sc. Aberd., M.B., Ch.B. Edin., Aberdeen; F. A. Foy; J. Jenkins, M.A.; A. Kellas; F. J. Stuart.

\*Commendation for thesis. †Honours for thesis.  
‡Passed Final Professional Examination "with distinction."

#### UNIVERSITY COLLEGES OF WALES.

FROM the Blue Book containing reports from University Colleges which participated during 1906 in the annual grant, now amounting to £100,000, made by Parliament for "University Colleges in Great Britain," it appears that the three colleges in Wales received a grant of £4,000 each.

The report from University College of Wales, Aberystwith, states that the number of students drawn from North Wales

was 68, from South Wales 251, from England 113, and from Ireland 1. Seven students have graduated M.A.; three have been elected University Fellows. Three former students have been elected Gilchrist travelling students of the University. One graduated D.Sc. and 6 B.D. The finances show the expenditure (including debit balance of Day Training Department, £357 17s. 6d., and overdraft on Agricultural Department, £14 13s. 5d.) to have amounted to £70,057 7s. 8d., and the receipts leave a deficiency for the year of £280 18s. 2d. The total expenditure in connexion with the Agricultural Department was £1,907 1s.

At the University College of North Wales, Bangor, 337 students attended, the students having come from North Wales, 247; South Wales, 30; total for Wales, 277; England, 56; Scotland, 1; Ireland, 2; West Indies, 1; total, 337. The degrees and other diplomas gained during the session 1904-5 were: (a) University of Wales: Degree of B.A., pass, 16; honours, 19; degree of B.Sc., pass, 6; honours, 7; degree of M.A., 5; certificate of education, 3. (b) University of London: Degree of B.Sc., pass, 1; honours, 1. The higher certificate of the National Froebel Union was gained by 3 students. The accounts show expenditure (including a debit balance of £348 at the beginning of the year) amounted to £10,490 12s. 9d. and receipts £9,455 19s. 8d., leaving a deficit of £1,034 13s. 1d. Upon the Agricultural Department account £2,708 7s. 7d. was expended, the year having been commenced with an adverse balance of £417 13s. 5d., and closed with a deficit of £391 14s. 11d.

The University College of South Wales and Monmouthshire during the same session had a total of 551 students; of these, 160 attended one course, 67 two courses, and 437 three or more courses of lectures. In addition, 113 students were trained at the School of Cookery and Domestic Arts. The following students attended special courses of lectures: School hygiene, 122; midwifery for midwives, 83; mining and the allied subjects, held during August, 51. Of the 551 students referred to above, 451 attended secondary schools before entering the college. The distribution as to locality is as follows: Cardiff, day students, 168; cookery students, 50; other parts of Glamorganshire, 236 to 239; other counties in Wales, 125; England and abroad, 22 to 23; totals, 551. The general income and expenditure shows that the latter amounted to £15,705, and that a surplus of £385 18s. remained from the receipts and was transferred to the capital account.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on April 11th, Mr. Henry Morris, President, in the Chair.

##### *Jacksonian Prize.*

This was awarded for the year 1906 to Mr. Donald John Armour, F.R.C.S., for his dissertation on the Diagnosis and Treatment of those Diseases and Morbid Growths of the Vertebral Column, Spinal Cord and Canal, which are Amenable to Surgical Operations.

The subject for this prize selected for the year 1908, is, the Pathology and Treatment of those Conditions and Diseases of the Colon which are Relievable by Operative Measures.

##### *The Triennial Prize.*

The subject selected for the next triennial prize is the Histological Anatomy of the Lymphatic and Haemo-lymphatic Glands, more especially with reference to the changes which these glands undergo in acute infection processes.

#### *Election to the Fellowship of Members of Twenty Years' Standing.*

The following gentlemen were elected, under Section 5 of the Charter of the 15th Victoria: Dr. Alex Hill, Downing College, Cambridge; Professor Arthur Thomson, University Museum, Oxford.

#### *Board of Examiners in Dental Surgery.*

Mr. F. S. Eve was appointed a member of the above Board in the vacancy occasioned by the retirement of Mr. C. H. Golding-Bird.

#### *Centenary of the Geological Society.*

The President was appointed to represent the College on the above occasion, to be celebrated in September next, in answer to a letter from the President of the Geological Society.

#### *Central Midwives Board.*

The best thanks of the Council were given to Mr. Ward Cousins for his services as the Representative of the College on the above Board.

In Mr. Ward Cousins's report to the Council he states, with regret, that up to the present time there has been no attempt to amend the Act so as to provide just payment for medical men who are summoned to assist midwives in cases of difficulty and danger, notwithstanding the strong opinions expressed on the subject by the Royal College of Physicians, the Royal College of Surgeons, the Central Midwives Board, the British Medical Association and its Branches in all parts of the United Kingdom.

The number of certified midwives on the Roll amounts to 24,549.

The Board have recognized 61 training schools; 48 of these institutions are in England, 6 in Scotland, and 7 in Ireland. The number of teachers appointed amounts to 144; 28 reside in London and 116 in the provinces.

During the past year the Board has held examinations in London, Bristol, Manchester, and Newcastle-on-Tyne; 1,976 candidates entered for the examinations; of this number 1,527 received their certificates and 449 were unsuccessful. The Board has not yet made any recommendation respecting a standard of elementary education for pupil-midwives before commencing special professional training.

The number of cases of alleged misconduct and neglect brought against certified midwives has recently considerably increased as a result of greater activity on the part of the local supervising authorities in the administration of the Act. The following table indicates the nature of these charges:

1. Carelessness in carrying out thorough disinfection and failing to procure the necessary appliances and antiseptics.
2. Neglecting to send for medical aid according to the rules of the Board.
3. Not observing the regulations as to personal cleanliness and appropriate dress.

These judicial proceedings of the Board have resulted in the removal of forty midwives from the Roll, and eleven others have been severely censured and cautioned.

#### *Hunterian Lectures.*

The President stated that Professor William Wright's postponed Hunterian Lectures on the Prehistoric and Early Historic Inhabitants of England will be delivered on May 6th, 8th, 10th.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a stated meeting of the President and Fellows of the Royal College of Physicians of Ireland, held on Friday, April 5th, Dr. William Roche, L. and L.M., K.Q.C.P.I., 1867, was admitted to the Membership of the College.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

##### *Election of Examiners.*

APPLICATION from persons desirous of becoming examiners under the Conjoint Board in Ireland and for examinations conducted by the Royal College of Surgeons in Ireland should be sent to the Registrar of the Royal College of Surgeons in Ireland, Stephen's Green, W., Dublin, on or before Tuesday morning, April 30th.

#### CONJOINT BOARD IN ENGLAND.

The following candidates have been approved at the examination indicated:

**ANATOMY AND PHYSIOLOGY.**—N. S. Adler, E. W. Atkinson, G. W. Beresford, N. W. Berry, D. C. Bluett, D. F. Borrie, J. Capell, W. H. Catto, R. C. Clarke, T. Cock, T. R. Davey, G. de H. Dawson, P. J. de Miranda, A. Dias, G. D. G. Fergusson, B. Goldsmith, A. B. Gunasekara, C. Hall, N. H. Harrison, A. H. C. Hill, J. B. H. Holroyd, J. S. Hopwood, E. Howden, G. James, G. Jefferson, B. A. Keats, T. J. Killard-Leavey, M. M. Kumarasamy, F. W. Lastic, J. Luciani, K. D. Marriner, R. T. Martin, M. C. Mason, B. C. Maybury, J. F. H. Morgan, C. W. Morris, F. L. Nash-Wortham, C. P. A. de L. Pereira, W. L. Pink, G. H. Pooley, F. C. Pridham, E. A. Seymour, F. L. Smith, V. E. Somerset, H. Steinbach, T. E. A. Stowell, A. E. Taylor, M. C. Thavara, H. W. Tilling, J. M. Todesco, H. A. Treadgold, T. A. F. Tyrrell, L. M. Waldron, J. P. Williams, R. Yood.

\* Under four years' regulations.

#### CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examinations indicated:

**FIRST EXAMINATION.—Four Years' Course:** Adeline M. Watts, *Five Years' Course:* \*M. Greene, H. D. Brown, J. F. Sweeney, A. M. Billings, J. Mitchell, \*A. C. Price, F. L. Kennefick, T. K. JayaRam, A. L. Gibbon, H. A. Whitehead, A. B. Kramer.

**SECOND EXAMINATION.**—D. R. Das Gupta, R. W. A. Brown, H. G. Chouler, W. T. Lawrence, G. N. Groves, J. N. Robson, R. Parry, \*J. Young, T. Crawford, Beatrice Coxon, P. G. Phillips, C. W. Kay.

**THIRD EXAMINATION.**—J. Reid, L. N. Robertson, W. R. Mackenzie, F. R. Watson, T. G. Shand, J. du T. Malan, A. E. James, S. C. Jog, W. McKee, L. O. S. Poidevin, W. F. Mitchell, B. S. Photographer.

**FINAL EXAMINATION.**—D. T. de Kretser, T. D. Murison, G. McC. Williamson, R. M. Liddell, W. McKee, F. L. Scott, G. E. Anderson, A. H. Bloxsome, A. P. O'Connell, H. H. Babington, W. M. Chambers, J. Ferguson, O. M. Gerleke, A. McMillan, H. B. Stephenson, D. Golding, J. H. Simpson, V. A. Vijayakar, D. L. G. Radford, S. Sarkar, R. M. Jones, S. Canagasabay, M. L. Puri.

\* With distinction.

#### CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examination indicated:

**FIRST PROFESSIONAL.**—J. S. McHugh, C. J. Bourke, T. Buckley, F. M. J. Byrne, A. D. Clanchy, P. Daly, J. A. Dowling, F. J. Eagar, J. T. Hill, N. Keating, P. Murphy, F. J. McCarthy, A. McGrath, J. Nally, C. H. Oliver, T. P. O'Reilly, D. P. H. Pearson, A. A. Russo, M. V. Sexton, J. P. Shorton, H. H. K. Sparrow, T. M. Thomson, F. W. Warren, F. Webster, P. J. Wigoder, P. O'C. White.

\* With honours.



## LONDON SCHOOL OF TROPICAL MEDICINE.

## SESSIONAL EXAMINATION.

THE following candidates passed at the twenty-third sessional examination in Tropical Medicine:

\*Major F. R. Ozzard, I.M.S., \*Captain T. G. N. Stokes, I.M.S., \*†J. M. O'Brien, \*O. Berkeley Hill, I.M.S., \*Captain J. W. F. Rait, I.M.S., \*†A. W. Atkinson, M. Gamble, M.D., F. W. Woolrabe, †E. G. H. Weir, M.D., A. Orgnieri, †C. W. McLeay, †E. W. Wood-Mason, Miss A. M. Cowen, †R. W. Orpen, †F. McF. W. Pollard, Miss A. M. Clark, †W. N. Alexander, †H. O'Hara May, M.D.

\* Passed with distinction.  
† Colonial Medical Service.

## TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved in the subjects indicated (Hilary Term examination):

## FINAL MEDICAL EXAMINATION (PART II).

MEDICINE.—\*Eleanor K. Finegan, J. Powell, J. W. Lane, L. Hogan, J. H. Morton, D. F. Hunter, C. G. Sherlock, G. H. Stack, J. H. Elliott, H. J. Wright, J. A. L. Hahn, A. J. T. McCreery, R. Holmes, H. D. Woodroffe, F. W. H. Bigley.

SURGERY.—The names of the candidates successful in the subject were published on April 6th, p. 814.

MIDWIFERY.—\*Julian B. Jones, D. F. Hunter, C. H. O'Rourke, O. St. J. Gogarty, E. H. Sheehan, B. A. H. Solomons, G. H. Stack, A. J. Powell, J. D. K. Roche, J. G. M. Moloney, T. P. S. Eves.

\* Passed in high marks.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

## CHELMSFORD RURAL DISTRICT.

THE rural district of Chelmsford has a population of 24,000 persons. The death-rate in 1903 was 11.5 per 1,000 and the infantile mortality-rate 59 per 1,000 births. In his annual report the medical officer of health (Dr. J. C. Thresh) attributes this satisfactory condition in great measure to the excellent sanitary condition of the district, due to the satisfactory administration of the rural district council. In the section of the report dealing with the housing of the working classes it is stated that there are in many parishes very old and unsatisfactory dwellings used for human habitation. The condition of cottages in the village of Writtle is described, the principal defect appearing to be a lack of rainwater spouting, resulting in a permanent condition of dampness. An account is given of a series of cases of arsenic poisoning caused by beer which had been supplied by a publican in a gallon jar purchased with others at a farm sale and probably put away while containing a saturated solution of arsenic. When Dr. Thresh broke the bottle there was in it about half a pint of beer, and in this he found 30 gr. of arsenic in solution. All those who partook of the beer were affected, but all recovered.

## MALDON RURAL DISTRICT.

THERE is a population of 14,700 persons in the Maldon rural district, and in 1906 the death-rate was 14.2 per 1,000, and the infantile mortality-rate 79 per 1,000 births. An account is given by Dr. J. C. Thresh, in his annual report on this district, of an outbreak of scarlet fever which occurred in March and April, 1906. Altogether 55 cases were notified from 20 houses. All the patients were nursed at home, and Dr. Thresh considers that the shortness of the outbreak shows what can be done without the help of an isolation hospital if time is spent in searching out the mild cases. The schools attended by the infected children were closed, and when the patients had recovered the rooms they had occupied were fumigated with sulphur. No bedding or clothing was removed for disinfection, and none was destroyed.

## Medico-Legal.

AN APPEAL FROM THE CENTRAL MIDWIVES BOARD. ON April 10th in the King's Bench before the Lord Chief Justice, Mr. Justice Darling, and Mr. Justice Phillimore, Mrs. Ita Feldmann appealed against the resolution of the Central Midwives Board on July 12th, 1906, directing her name to be removed from the Roll and her certificate to be cancelled. The charge against her was that she had as her substitute an uncertified person not being a legally qualified medical practitioner. The substitute referred to was her husband, a barber, who, it was alleged, held a Russian medical certificate. Mr. Mulligan, for the appellant, argued that the appeal was by way of rehearing, that there was no legal evidence against the appellant, and that the word "employ" in the section meant "employ for payment." Lord Robert Cecil, K.C., and Mr. Fischer Williams for the Board, contended that the scheme of the Act was purely administrative, and therefore the rules of legal evidence did not apply.

The Lord Chief Justice, in giving judgement, said that he declined to lay down any general rule as to what

was to be the conduct of the Board in any particular case; but he was not satisfied that the Legislature intended it to act on the strict rules of evidence, though he did not mean to say that they had a general licence to act on any hearsay. Neither would he say that it had no power to compel the giving of evidence on oath, as he was not satisfied it had not. It was a body acting judicially, and, there being an appeal to this Court, they must see that injustice was not done, having regard to the materials on which the Board had acted. He was not prepared to say more to assist the Board in the discharge of its duties, and he ought not to attempt to do so. He did not construe the word "employ" in the sense of "employ for payment." It meant allowing some other person to perform the midwife's duties, and, when the Board came to the conclusion that the appellant had employed her husband as her substitute, all he could say was that it was perfectly entitled to act upon the evidence of the Inspector of the London County Council at to what the appellant had said to him. The persons who had now made affidavits on behalf of the appellant were not called before the Board, and he was by no means satisfied that the appeal to this Court was an appeal by way of rehearing, though he expressed no opinion on the point. This Court ought not, however, to doubt the correctness of the Board's decision, because people made affidavits supposed to support the case made on appeal. It was impossible to say on the strictest view of the matter that the Board had not evidence before them that the appellant had allowed her husband to do work in her place.

The other learned judges concurred, and the appeal was accordingly dismissed.

## A CASE OF SUSPECTED OPIUM POISONING.

AN inquest was held in Wedmore, Somerset, on March 25th, on the body of a man who had been living in the same house as his wife, but was not on speaking terms with her. He had been ill for some time, but had refused to allow medical attendance to be summoned until the day of his death. The medical man then summoned found reason to suspect possible opium poisoning, and took away a bottle containing some medicine which had been given by a chemist. The latter had been asked to give something for a man suffering from colic, and complied by dispensing a prescription, containing, among other drugs, 80 minims of tincture of opium. The body was examined by Dr. Openshaw, who found congestion of the lungs and a gangrenous condition of six inches of small intestine. He considered that death was due to heart failure, brought about by the condition in the intestine, and that the medicine prescribed could not under the circumstances have done any harm. It would possibly have eased the pain the deceased must have suffered before the intestine became gangrenous. Dr. Henson, who saw the deceased before death, considered the prescription mentioned might be harmful, as the deceased had suffered from nephritis, but otherwise such a remedy would be good for a man suffering from colic. The jury returned a verdict in accordance with the *post-mortem* findings, and acquitted the chemist of blame.

## BOOK CANVASSERS.

AT the last county court at Croydon Messrs. W. T. Pike and Co. of Brighton sued Dr. Collingwood Fenwick for the sum of five guineas in respect to a copy of *Surrey in the Twentieth Century*, which it was alleged Dr. Fenwick had contracted to purchase after an interview with the canvasser of the plaintiffs' firm. Dr. Fenwick returned the book to the plaintiffs immediately. The Court accepted the evidence of the canvasser and found against Dr. Fenwick.

## THE JUDICIAL CONCEPTION OF INSANITY.

DR. GEORGE HANSON (New Cumnock) writes: In your article on the above subject (*BRITISH MEDICAL JOURNAL*, March 30th, pp. 770 *et seq.*) there is discussed the verdict in what is locally known as "The Cumnock Poisoning Mystery." As your correspondent states, the verdict of the jury bore that, at the time of trial, the accused was insane. As a result the usual order was pronounced, namely, that the prisoner be detained during His Majesty's pleasure. Toward the close of the article referred to there occurs the statement: "The verdict of the jury, which was undoubtedly in accordance with the law and the judge's charge, was neither unjust nor harsh as looked at from the public interest." This statement may be perfectly true, so far as the public interest is concerned, but what about the accused, his relatives and friends? So far as I know the law at present regards an accused person as innocent until he is proved guilty. That being so, Mr. T. M. Brown is, in the eye of the law, an innocent man, yet, by the order of the Court, he is confined in a criminal lunatic asylum! Is that not both harsh and unjust to the accused and his friends? The relatives and friends of Mr. Brown were most anxious to have a trial, so that his innocence might be proved. They had good grounds for hoping that the result of the trial would be a verdict in his favour. By this verdict of insanity they are precluded from clearing his character. Mr. Brown is now detained in the Criminal Lunatic Asylum at Perth innocent in the eye of the law, yet, because of the law, regarded as guilty by the

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Ernst Klin, for many years Surgeon-in-Chief to the First Municipal Hospital, Moscow, aged 72; Dr. Paux, of Lille, who has left his large fortune to the Faculty of Medicine of that city, aged 85; Dr. Micé, Professor of Chemistry in the Medical Faculty of Bordeaux, of the foundation of which he was one of the chief promoters, aged 75; Dr. Ottomar Domrich, Physician to the Duke of Saxe-Meiningen, and some time Professor of Physiology and Director of the Physiological Institute of the University of Jena, aged 88; Dr. Hermann von Burckhardt, head of the Surgical Department of the Catherine Hospital, Stuttgart; and Dr. Eduard Greg, for many years leader of the Young Czech party in Bohemia, in his 80th year.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### CITY OF LONDON ASYLUM.

THE annual report of Dr. R. H. Steen, Medical Superintendent of the City of London Asylum at Stone, near Dartford, shows that on December 31st, 1905, there were 552 patients in this asylum, and on the same date in 1906 there were 562. Of the 562, there were 207 who were chargeable to the City of London Union, 65 to the county rate, 27 to other unions and parishes, 1 to His Majesty's Commissioners of Prisons, and 262 were private patients. Altogether 696 patients were under treatment during the year. Including 46 transfers from other institutions, there were 144 admissions during the year, of whom 128 were first admissions. In 51 cases the attacks were first attacks within three, and in 14 more within twelve, months of admission; in 26 the attacks were not first attacks within twelve months of admission, and in all the remainder the illness was of more than twelve months' duration. The admissions were classified as to the forms of mental disorder into: Mania of all kinds, 52; melancholia of all kinds, 44; dementia, 6; delusional insanity, 19; general paralysis, 8; dementia praecox, 4; acquired epilepsy, 6; and cases of congenital or infantile defect, 5. As to the probable etiological factors, the most important assigned were: Alcoholic intemperance in 25, or 17.3 per cent.; venereal disease in 2, or only 1.2 per cent.; previous attacks in 45, change of life and old age in 12, and moral causes in 28. Hereditary influences were ascertained in 40, and congenital defect was assigned as cause in 5. During the year 34 were discharged as recovered, giving a recovery-rate on the admissions of 35.05 per cent., 49 as relieved, and 2 as not improved. There were also 47 deaths, giving a death-rate on the average numbers resident of 8.29 per cent., which were due in 19 cases to cerebro-spinal diseases, including 11 deaths from general paralysis; in 17 cases to chest diseases, with only 6 from pulmonary consumption; in 5 to abdominal diseases, and in 6 to general diseases. All the deaths were from natural causes; no inquest had to be held, and no serious casualty had to be recorded, which is very gratifying, seeing that of the number remaining at the end of the year 28 were epileptics, 6 general paralytics, 15 were suicidal, 27 over 70 years of age, and 155 under continuous observation at night—facts which, as Dr. Steen says, redound to the credit of the nursing staff. The general health was satisfactory throughout the year, though 2 cases of enteric fever occurred in the spring and a smart epidemic of influenza in November attacked 37 of the patients and 18 of the indoor staff. Dr. Steen notes that after isolation of these patients was carried into effect the epidemic gradually ceased.

### THE RADCLIFFE INFIRMARY, OXFORD.

THE hundred and thirty-sixth annual report of the Radcliffe Infirmary and County Hospital, Oxford, indicates a year of progress and relative prosperity. Contributions have somewhat risen and sundry structural improvements have been effected. A completely equipped x-ray chamber has been provided, thanks to the exertion of Mr. A. P. Parker, one of the honorary surgeons, and his friends, and Mr. R. H. Sankey has been placed in charge of it. Departments have also been opened for diseases of the ear, throat, and skin, and a course of clinical lectures instituted by the Regius Professor of Medicine.

### MOUNT VERNON HOSPITAL, HAMPSTEAD.

At the annual meeting of the Governors of the Mount Vernon Hospital for Consumption and Diseases of the Chest it was stated that the institution is now relying for success not only upon fresh air, but upon the teeth and digestion of the patients. Great attention is being paid to the denture of all patients, in the belief that in default of ability to masticate and digest food well the patient has little chance of overcoming his disease. It remains to raise some £50,000 more for the special fund of £100,000 in order to make effective the conditional promise of the Zünz trustees to make a donation of £20,000.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

*Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.*

### ANSWERS.

M.B. is reminded that no notice can be taken of communications not authenticated by the writer's name.

J. E.—Our correspondent will find an article on the miracles of Jesus Christ by Dr. Reginald John Ryle in the *Hibbert Journal* for April.

A SCOTCH MEMBER.—There is no institution other than an ordinary asylum to which the patient in question could be sent; she appears to be a suitable case for detention in an asylum.

### IODINE-SPIRIT CATGUT.

DR. C. HAMILTON WHITEFORD (Plymouth) writes: In view of the inquiries which I have received as to the above, may I add the following details? When in use the reel is removed from the jar, placed in a bowl or tray and covered with methylated spirit. On emergency I have found brandy or whisky equally efficacious. The size and weight of the reel, aided by the spirit in which it is immersed, prevent it from jumping out of the bowel while the ligature is being uncoiled. On completion of the operation, the end of the catgut is again tied to the reel, which is then returned to the jar. The boxwood cases and glass jars were made for me by Messrs. Allen and Hanburys of London, and the glass reels by Messrs. Reynolds and Branson of Leeds.

### ARTIFICIAL DENTURES.

MR. EVELYN C. SPRAWSON (Medical Superintendent, National Dental Hospital W.) writes concerning the reply about the supplying of artificial dentures at a reduced rate, on page 912 of the *JOURNAL* of April 13th: The National Dental Hospital, Great Portland Street, London, also supplies them at the same rate; but is also, like the other institutions mentioned, overwhelmed with applications. The cases they are not able to deal with are, however, dealt with in the following manner. All the necessary extractions and fillings are done—that is, the mouth is prepared for artificial dentures, and they are then given a letter of recommendation to a private practitioner, preferably to a past student of the hospital, and in the neighbourhood where the applicant resides, asking him if he will undertake to fit dentures for the patient at the hospital rate, and in most cases they are willing to do so. In this way over 1,200 patients were given letters of recommendation to private practitioners by the hospital during the year 1906 for the supply of artificial dentures, and, judging by the ever-increasing numbers dealt with year by year in this manner, and the willingness with which many dental surgeons in private practice undertake these cases, there ought to be no difficulty in dealing with those numbers of patients the hospital or dispensaries are unable to cope with. It is in this way only that the dental profession is enabled to fight the unregistered practitioners, quacks, and companies who abound so at the present moment, and whose numbers are being augmented yearly.

### LETTERS, NOTES, ETC.

#### MOTORING FOR COUNTRY PRACTITIONERS.

DR. HUGH EYRES (Richmond, Yorks) writes: In regard to motoring for the country practitioner, my experience is that the most economical method is to keep, in addition to a car adequate to the nature of the district, a motor bicycle. I find that, taking the year all round, half the work can conveniently be done by motor cycle. This half is done much more cheaply than the half done by car. The duration of the life of the car is doubled. The day the car is at home gives the man every opportunity to effect repairs, adjustments, etc.

I prefer the cycle for night work if the weather is anything like fine, especially if narrow and bad roads have to be traversed. A good motor cycle gives very little trouble and is as easy to ride as an ordinary bicycle. The rider can, except in wet weather, arrive at his destination clean. He is never too hot. My aim is always to use the bicycle when work and weather permit. To keep one car only must mean a good deal of horse hiring, as few if any cars will run every day. To keep two cars means a considerable outlay. A motor bicycle is cheap to buy and cheap in the upkeep. I may add that my district is very hilly, and that the road surfaces are bad.

#### LOCAL ANAESTHESIA IN THE EXTRACTION OF TEETH.

In an annotation published in the *JOURNAL* of April 13th, p. 894, reference was made to Dr. Sauvez's book, *L'Anesthésie Locale pour l'extraction des Dents*, and the belief was expressed that an English edition would be welcomed both