

April 10th. Feels fairly easy to-day, and moves his hands and legs, but not voluntarily. He draws up both legs together, not one at a time, and the same with his arms. He is taking his food very well, but still passing everything into bed. Is quite sensible and intelligent.

April 19th. There has not been much to report since my last note of the 10th. The disease has progressed in its usual way. Consciousness was completely lost two days ago. Previous to that there was complete paralysis of both legs and arms. Last night he was particularly bad, and although he had a little morphine he moaned for hours on end. Cheyne-Stokes breathing was noticed in the morning and he died quietly in the afternoon.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### AORTIC PRESSURE IN POST-PARTUM HAEMORRHAGE.

THE patient in the following case after her first confinement had a sharp haemorrhage. Her second labour took place on March 15th early in the morning. The pains were very weak and short.

When the head had been an hour on the perineum without making any progress, I gave chloroform, applied forceps, and delivered easily. The body followed shortly after. There was very little haemorrhage before the third stage was completed, but the uterus remained flabby and did not contract for about twenty minutes after the second stage. I held it firmly all the time.

An enormous gush of blood came away with the placenta, and was followed by a very copious flow. The handy woman who was assisting, and who is accustomed to attend labour cases among the working classes, fainted when she saw such an amount of blood, and I was left to my own resources, as there was no one else in the house.

I turned the patient on her back and pressed on the abdominal aorta, which at once controlled the haemorrhage. In about half an hour the uterus began to contract, and in one hour it was firm and hard. I gave her two or three grain tabloids of ergot when the placenta, which came away entire, was born.

REMARKS.—I recognize the efficiency in *post-partum* haemorrhage of this method, for which I am indebted to the recent articles in the BRITISH MEDICAL JOURNAL. There is no mention of it in Galabin (1893) or in Williams (1903). I do not think I could have saved the woman by any other means under the circumstances. Her puerperium was satisfactory, and she is now well but somewhat anaemic.

Belfast.

M. HENRY, M.B., B.Ch., B.H.O.

### MUSCULAR SPASM UNDER ANAESTHESIA.

I HAVE read with much interest Dr. Campbell Stark's case of spasm under chloroform.

On April 26th I gave ether to a man, aged 50, suffering from epithelioma of the scrotum, and, after a violent struggling stage, the corneal reflex disappeared. But he was still rigid, and when an attempt was made to put him in the lithotomy position his legs resisted bending, and remained fully extended, but were thrown into violent jactatory convulsive movements, so violent that it was feared he might tear down the rods by which he was suspended. As he showed no signs of relaxation the lithotomy position was abandoned, and he was operated on in the supine position. He had still some sensation left, and showed it by clonic movements when stimulated, but they soon disappeared when he was fully under.

Apart from the difficulties mentioned, he was not an easy case to anaesthetize properly, as one eye had been removed and an iridectomy had been done in the remaining eye. The operation lasted two hours, and towards the close, as his breathing did not seem very good, I gave him a short rest from the anaesthetic, but he soon showed that he was beginning to come round by the return of the jactatory movements in the legs. When he was coming round after the completion of the operation he again had the jactatory movements.

I have seen the same kind of clonic movements, in a patient who was being slung up in the lithotomy position for operation on anal ulcer, during the administration of ether.

I have also given ether to a patient who began to have

clonic movements of the arms and legs and the body generally before the corneal reflex had disappeared.

In several cases after an anaesthetic I have elicited ankle-clonus.

The cases in which I have noted these jactatory movements have been alcoholics who have had a good deal of struggling in the initial stages, and in whom the inhibitory powers of the upper motor neurones, weakened by the alcoholic habit, have been cut off, while the lower motor neurones still retain their irritability, the spastic and clonic condition being analogous to that seen in disseminated sclerosis.

JOHN M. MACPHAIL, M.B., Ch.B. Edin.,  
House Physician, Cardiff Infirmary.

### ASTHMA CAUSED BY IMPACTED TOOTH.

THE following facts cannot, I think, fail to be of interest:

The maid of one of my patients went, in January, 1906, to have some teeth extracted. She informed me that she took the gas very badly, choked a good deal, and was advised never to take it again.

Directly after this visit she began to "wheeze," and, in short, to suffer from the canonical symptoms of asthma, which were undoubtedly relieved by a mixture of potassium iodide and tincture of belladonna.

The general conditions, however, persisted in a greater or less degree until a few days ago, when, after a fit of coughing, the maid expectorated a fairly large portion of a tooth, and with it the asthma, for she has been quite well since.

One is sorry to have to add one more to the already too long list of the causes of asthma.

London, W.

A. J. RICE OXLEY, M.D.

### DESQUAMATION AFTER SCARLET FEVER.

I HAD a girl aged 5 brought to me a fortnight ago, with a temperature of 99.4° F., no rash, throat inflamed, and a typical "strawberry" tongue. I advised perfect isolation, and the patient was taken home, put in a hot bath, and to bed, on ordinary light milk diet; the room was stripped and every precaution taken. The patient has gone on favourably, no discharges, no rash, and up to now, eighteen days after the commencement, there is no sign of desquamation. I am convinced the case has been one of scarlet fever of an abortive character, but owing to the absence of hyperaemia of the skin there will be no peeling of the epidermis. I look upon the peeling as being caused by congestion between the epidermis and the cutis vera raising the former until nutrition is cut off and the epidermis is thrown off as dead tissue, thus prolonging the convalescent stage. I have not seen the question discussed as to why the skin peels off after an exanthematous disease, and the above appears to me the explanation. We know the blood vessels do not pass through the layers of the epidermis, therefore its attachment will not be considerable.

In the absence of peeling, and more particularly of any discharges at the end of a fortnight, there does not appear to me any reason why further isolation should be kept up. This is a matter of very great economic importance, a whole month of convalescent separation being spared. I often hear of cases of scarlet fever being kept indoors for a week or two, then discharged as free from infection, and up to now I have not known the reason. After twenty years' practice, this is the first case of undoubtedly scarlet fever I have seen of such short duration and not followed by desquamation. It would be interesting to know the real cause of the skin peeling, and why it is considered so infectious as to necessitate prolonged isolation.

F. G. HAWORTH, M.B., C.M., D.P.H.,  
Darwen.

M.O.H. Darwen.

### THE NORMAL ERUPTION OF THE FIRST MILK TOOTH.

HAVING been impressed by the remarkable variations that normally occur in the date of eruption of this tooth, and thinking that an analysis of the same may prove of interest from the medical and anatomical standpoints, I have been making inquiries as to the exact date of eruption of this tooth through the gum in the case of 200 healthy breast-fed Manchester infants—100 boys and 100 girls—born of healthy parents of the working class, whose dentition may be said to be normal, inasmuch as the teething in these cases has not been accompanied by any

symptoms of distress beyond the slight irritation that is usually incident to the process. Special pains were taken to exclude all babies where there was any suspicion of inherited syphilis, rickets, or tuberculosis, the three diseases which are the most prone to modify the normal evolution of the teeth.

The textbooks agree that the central incisors are normally cut first, and most of them state that the lower ones appear before the upper. They make no comparison, however, between the initial eruption of boys and girls, which I find in some degree to show a divergence, as will be seen from a study of the accompanying table:

Summary of 200 Cases of Normal Dentition.

	100 Boys and 100 Girls Taken Together.		100 Boys Alone.		100 Girls Alone.	
	Number of Instances of this Eruption.	Frequency of this Eruption.	Number of Instances of this Eruption.	Frequency of this Eruption.	Number of Instances of this Eruption.	Frequency of this Eruption.
<b>First Tooth or Teeth to Appear Through the Gum.</b>						
Right lower median incisor ..	71	35.5	39	39	32	32
Left lower median incisor ..	71	35.5	32	32	39	39
Both lower median incisors together ... .. ..	29	14.5	14	14	15	15
Right upper median incisor ..	12	6	10	10	2	2
Both upper median incisors together ... .. ..	11	5.5	5	5	6	6
Left upper median incisor ..	6	3	0	0	6	6
Average age in days when first tooth erupts = 237 Average age in days when first tooth erupts = 252 Average age in days when first tooth erupts = 221						

These figures show that girls begin to teeth earlier than boys, there being an average difference of thirty-one days between the sexes in this respect.

Haverhill, Suffolk.

A. T. SPANTON, M.A.Cantab.,  
L.R.C.S. Edin., L.S.A.

**A CASE OF OVARIOTOMY AT THE AGE OF 10.**  
Sixty operations for ovarian cysts have been performed in the Victoria Hospital, Bangalore, since the opening of the hospital at the beginning of the year 1901. The ages of these subjects of operation varied from 20 to 60 years. On October 13th, 1906, a girl aged 10 years was admitted as an in-patient for an abdominal tumour, which on examination was found to be partly cystic and partly solid. The abdomen was opened on October 16th, and the tumour was found to be a multilocular cyst, partly solid and partly cystic, of the left ovary. The patient made a good recovery and was discharged from the hospital on November 17th, 1906.

It may be of interest to note that this is the youngest subject of an ovariotomy in this hospital.

J. V. ARUMGAM, M.B., C.M.,  
Medical Officer in Charge, Victoria Hospital,  
Bangalore, South India.

#### NOTE ON AN UNSUCCESSFUL ATTEMPT TO CONVEY KALA-AZAR TO ANIMALS.

In a man under the care of Major Meyer, I.M.S., at the Jamsetjee Jhejeebhoy Hospital, Bombay, the clinical course of the disease was typical, and the Leishman-Donovan parasite was independently demonstrated during life by splenic puncture by Major Meyer and by the writer. The patient died on August 1st, 1906. The *post-mortem* examination was made nine hours later, and the animal injections made ten hours after death. The *post-mortem* appearances were characteristic: The spleen

weighed about 2½ lb., and smears made from its cut surface showed very large numbers of the parasites, which stained sharply and, with few exceptions, showed no sign of breaking up or of degeneration. The weather was warm, but there was no sign of *post-mortem* change about the cadaver. Aseptic removal of the spleen was not practicable, to which circumstance the accidents related below are attributable.

A portion of the spleen was taken to the Parel Laboratory, and was minced and pounded in a mortar with sterile saline solution. The emulsion obtained was filtered through coarse filter paper, and the rich bloody filtrate used for animal injection. It was examined and found to be loaded with Leishman-Donovan parasites. Healthy animals were inoculated as under (August 1st, 12 noon):

Monkey ( <i>M. sinicus</i> )	1-2 c.cm.	injected under the skin.
"	2-2 c.cm.	into the peritoneal cavity.
"	3-2 c.cm.	into the spleen substance.
"	4-2 c.cm.	into the liver.
"	5-2 c.cm.	into a vein (partially intracellular).
"	6-10 c.cm.	by soft oesophageal tube into the stomach.
"	7-20 c.cm.	by soft oesophageal tube into the rectum.
Goat ...	1-4 c.cm.	injected subcutaneously.
Rabbit ...	1-2 c.cm.	injected subcutaneously.
Rat ( <i>M. rattus</i> )	2-2 c.cm.	injected subcutaneously.
"	1-2 c.cm.	injected subcutaneously.
Guinea-pig ...	1-2 c.cm.	injected intraperitoneally.
"	2-2 c.cm.	injected intraperitoneally.
Pigeon ...	1-2 c.cm.	injected subcutaneously.
"	2-2 c.cm.	injected subcutaneously.

#### Progress.

Guinea-pig 2 died on August 2nd, 1906. Septic peritonitis. Guinea-pig 1 died on August 3rd, 1906. Septic peritonitis. Rabbit 1 developed an abscess at inoculation site on August 15th, 1906.

Monkey 4 developed hepatic abscess, and died on September 1st, 1906.

Rabbit 2 developed an abscess in inoculation site on September 14th, 1906.

Rat 2 died on September 24th, 1906 (cause not ascertained).

In all these cases careful *post-mortem* and bacteriological examinations were made, and particular attention directed to the presence or otherwise of the Leishman-Donovan parasites. In no case were they found. Daily records were taken of the temperature and body weight of all the monkeys and of the body weight of all the other animals. This was continued for about five weeks, and the animals were kept under observation for a further six months. The blood was examined at intervals, and the clinical signs of the disease looked for. The results in all cases were entirely negative.

The writer has never seen any reference made to animal experiments or to any attempts at transmission by hypodermic injection or by bites of insects. These experiments point to the immunity of the ordinary laboratory animals. Their value, however, depends entirely upon the length of time the parasite lives after the death of the host and how far its healthy microscopic appearances may be taken to indicate actual vitality.

F. PERCIVAL MACKIE, F.R.C.S., Capt. I.M.S.,  
Assistant to the Director, Bombay Bacteriological Laboratory.

#### TREATMENT OF BIRTH ASPHYXIA.

At a recently difficult labour case, in which the child was delivered in a state of white asphyxia, I adopted the ordinary methods of Sylvester and Schultze without satisfactory results, and then tried mouth-to-mouth inflation. The child was pale and limp; there was no attempt at respiration, and apparently the heart was not beating, but a little dark blood oozed from the child's untied cord. The baby being wrapped in a warm blanket, I breathed into the mouth and inflated the lungs, and at the same time attempted to compress the heart externally by placing the right thumb parallel to and below the left costal arch with the fingers extended over the precordia; simultaneously the left hand was applied to the right side of the chest in order to express the air from the lungs. No air appeared to pass into the stomach, but perhaps my hand prevented it.

After a few minutes the child's skin flushed and the untied cord had to be secured owing to the commencement of haemorrhage. Natural respiration started after about a quarter of an hour.

The modification of using heart compression described may be fanciful, but, though one cannot dogmatize from one case, it seems worth trying.

Schultze's method has never helped me in stillbirth, and in the above case Sylvester's was valueless.

Harrogate.

J. W. MALIM.

**A CASE OF COLOCYNTH POISONING.**  
As poisoning by colocynth is rare in this country, the following may be interesting:

B. C., aged 18, recently married, and under the impression that pregnancy was established, took at 10 p.m. on May 12th two teaspoonfuls of powdered colocynth (bought under the pretext of removing moth from furs).

Half an hour afterwards there was a burning sensation over the abdomen, but the patient was able to go to sleep and slept comfortably until 5 a.m. the following morning, when violent vomiting and purging set in; this lasted until 9 a.m. Breakfast at 9.30 a.m. consisted of bread and milk, which was retained—in fact, the patient was able to go about the whole day, spending most of the time in her husband's motor car, with no vomiting and only one action of the bowels at about 4 p.m. There was, however, burning pain over the whole of the abdomen and a feeling of nausea.

At 7 p.m. the acute symptoms returned, with severe vomiting and purging. This continuing, the patient confessed to her husband at 11 p.m., and I was sent for immediately. On arrival I found the patient in agony, with a hard, rigid abdominal wall, but very little constitutional disturbance. Temperature 98.2°; pulse 84; heart sounds quiet; respirations normal. As little or no food had been taken during the day a basin of Benger's food was given; this was retained thirty minutes. As vomiting and purging continued with severe abdominal pain, a hypodermic injection of morphine ½ grain was given; this relieved the pain, and vomiting and purging ceased, and at 1 a.m. the patient was left sleeping comfortably. Next day patient was comfortable, with no further vomiting or purging, and recovery gradually took place, a mixture of bismuth and hyoscyamus now being given.

**REMARKS.**—There is no doubt the patient's statement was correct when she admitted taking two teaspoonfuls of this drug. It is curious that there was no collapse, and that the heart sounds and pulse were so regular. The vomit was the colour of the drug—that is, yellow, and contained much mucus but no blood, and there was no blood in the stools, which were watery, light yellow in colour, and not offensive.

London, S.W.

CHARLES N. BARTON.

#### SUDDEN DEATH FROM CEREBRAL HAEMORRHAGE IN A GIRL AGED 26.

G. T., aged 26, dressmaker, apparently in good health, had been out for a walk, and ran for about 100 yards downhill just before returning home. When she got into the house she sat down to wait for a meal. She then remarked that she had a curious pain in her left eye, and immediately fell off the chair, after which she only breathed once or twice, although her pulse was perceptible for about five minutes. On my arrival, a few minutes later, there were no signs of life. There was no history of any illness except one or two slight fainting turns, and headache, from which she had suffered intermittently since childhood. She had never been medically attended.

#### Necropsy.

**Brain.**—Subarachnoid haemorrhage at base, and over both cerebral hemispheres. Right lateral, third and fourth ventricles full of clotted blood; a little haemorrhage into substance of right hemisphere. (I could not find the point from which the haemorrhage had arisen.)

**Heart.**—Rather small; flabby, except for the left ventricle, which felt like a quite solid mass; its cavity was very small and the walls very thick. The heart was absolutely empty and the valves quite healthy; coronary arteries normal.

**Aorta.**—Several small yellowish-white patches on inner surface.

**Kidneys.**—Small, firm, dark-coloured (the right kidney had some pale patches on it); on section, cortex thin, pyramids small and dark-coloured, arteries thickened.

Other organs normal.

Her father was a painter and died of chronic lead poisoning. The case seems to be remarkable for the age of the girl, the extreme suddenness of death, the absence of any definite origin of the disease, and the good health she had enjoyed.

Colwall. H. W. BURMAN, M.R.C.S., L.R.C.P.

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

### GLASGOW HOSPITAL FOR DISEASES OF THE EAR, NOSE, AND THROAT.

#### CASE OF POSTERIOR ETHMOIDAL DISEASE CAUSED BY A FOREIGN BODY.

(By J. STODDART BARR, M.B., Ch.B., Assistant Surgeon to the Hospital.)

The patient in this case, a man aged 49, presented himself at the dispensary on February 9th, 1907, complaining of severe and persistent headache for many years, chiefly over the vertex and occiput, and more recently in the left ear, for which he came for advice. There was no complaint of discharge from the nose, but on close questioning he admitted that from time to time he spat up small white masses, coming apparently from the back of the nose. He also mentioned that he had a curious sensation as if something were "rattling about inside his head." The patient also remembered in a hazy manner that when very young he had been taken to a doctor to have something removed from his nose, which he understood had been successfully done.

**State on Admission.**—There was nothing found in the ear to account for pain. Anterior rhinoscopy revealed little—only a little white speck, pus like, on the left side far back on a level with the middle turbinal. By posterior rhinoscopy, however, the left choana was found to be entirely blocked by a white mass of what appeared to be purulent débris. From the symptoms, subjective and objective, I came to the conclusion that there was sphenoidal or posterior ethmoidal disease, or both.

**Treatment.**—A nasal douche was at first prescribed, which was continued for over a fortnight, with some relief to the symptoms. I then proceeded to operate, and on March 2nd removed the entire left middle turbinal, partially curetting the posterior ethmoidal cells, with the result of removing a considerable quantity of granulation tissue, pus, and softened bone, the bony framework being in a condition of cariogenesis.

**Result.**—A week later, when the resulting swelling had subsided, there was seen by anterior rhinoscopy a large whitish mass, hard to the touch of the probe, upon the anterior wall of the sphenoidal sinus. This was easily removed with forceps, when it was found to consist of a piece of india-rubber, much changed in appearance, about 1 in. square, and slightly curled upon itself. It was coated over with pus, and there was a deposit of gritty material, probably of a calcareous nature; it yielded a very offensive odour. This had probably originally been a cake of indiarubber as used by school children for erasing pencilling. After its removal the headaches entirely disappeared, and the nasal passages appear now (April 23rd) to be quite healthy.

**REMARKS.**—This case is one of the rare instances of posterior ethmoidal disease being due to a foreign body. While empyema of the antrum of Highmore owes its origin in not a few cases to the presence of a tooth, bullet, or other foreign substance, I cannot find mention in the works of Hajek, Moritz Schmidt, and other authorities, of any definite case of posterior ethmoidal or sphenoidal empyema directly due to the presence of a foreign body. In the present case the piece of indiarubber had evidently its habitat in the olfactory fissure, and it would indeed have been surprising if, during its 40 years' sojourn, it had not excited purulent inflammation of one or both of the accessory sinuses opening into that region. It is quite possible that the headache, which was the clamant symptom, was due, not so much to the presence of the foreign body, as to the purulent mischief excited by it.

### ROYAL NAVAL HOSPITAL, PLYMOUTH.

#### A CASE OF PURPURA HAEMORRHAGICA.\*

(Reported by D. H. POPE, Staff Surgeon, R.N.)

The patient in this case, a boy aged 16 years, belonging to H.M.S. *Impregnable*, was admitted on February 19th with purpura haemorrhagica.

**History.**—He had been a healthy lad until a few days previously, when he spat up a little blood and continued

\* Forwarded by the Director-General, Medical Department, Royal Navy.

## BRITISH MEDICAL BENEVOLENT FUND.

At the last monthly meeting of the Committee thirteen applications for assistance were received, and sums amounting to £104 were voted in relief to eleven of the cases. Two vacant annuities of £20 were filled by the election of candidates from the selected list. An abstract of the cases to which help was given is appended.

1. M.D. (Aberdeen), aged 54. Used to practise in London, but was obliged to give up a few years ago, and is now making a fresh start in the country. Is promised some help by a friend. Two children, the youngest at school. Voted £10.

2. Widow, aged 46, of M.D. (Glas.). Only income a few shillings a week. Two children, aged 5 and 3. Voted £10.

3. Widow, aged 56, of L.R.C.P. (Edin.). Income £10 a year; slight help from sons; is endeavouring to obtain a post as housekeeper or companion, but finds great difficulty. Voted £5.

4. Widow, aged 52, of M.D. (Aberdeen). No income; health very feeble. Two children, but unable to help. Voted £10.

5. Widow, aged 47, of M.R.C.S. No income; endeavours to support herself by letting lodgings. A son, unable to work owing to ill-health. Voted £12.

6. Daughter, aged 59, of late M.R.C.S. Dependent on a Government pension of £14 a year and an annual gift from Lloyd's Patriotic Fund. Health indifferent. Relieved ten times, £80. Voted £5.

7. Daughter, aged 60, of late M.R.C.S. No income, and mentally deficient. Relieved once, £12. Voted £12.

8. Daughter, aged 67, of late M.R.C.S. Only provision a small annuity. Relieved once, £9. Voted £5.

9. Daughter, aged 51, of late M.R.C.S. Has supported herself as a teacher, but finds she can no longer obtain employment. Relieved once, £10. Voted £10.

10. Widow, aged 66, of late M.D. (Edin.). No income; children unable to help. Relieved three times, £27. Voted £15.

11. Daughter, aged 62, of late M.R.C.S. Has a pension of £20 a year; unable to earn on account of indifferent health and failing sight. Relieved twelve times, £99. Voted £10.

the gold medal presented by the Medical Golfing Society to the winner of the cup, and he further carried off the first prize in Class II for players with handicaps over 12, the second prize being gained by Dr. Seymour Taylor with a score of 1 down to Bogey. The prize offered for the best last 9 holes *v.* Bogey in Class II was awarded to Dr. Lambert Lack with a score of 1 up. Class I, for players with handicaps of 12 and under, attracted a numerous entry, and resulted in three men (Dr. Probyn-Williams, Dr. F. Buzzard, and Mr. C. M. Anderson) handing in scores of 1 down to Bogey. The best score *v.* Bogey of the last nine holes in Class I was by Dr. Harold Kidd, who was 1 up. The foursome sweepstake was won by Messrs. T. H. P. Kolesar and W. Rushton with 2 up on Bogey, the second place being tied for with "all square" by Messrs. G. C. Bell and T. M. Young, H. M. Rigby and F. B. Cooper, and C. M. Anderson and J. R. Walker.

GUY'S HOSPITAL LADIES' ASSOCIATION.—The annual meeting of this association was held on May 30th in the Court Room of the Hospital. Princess Christian presided, and was supported by Lady Valentia, Lady Waldegrave, Lady Bective, Lady Goschen, Lady Selkirk, Lady Henry Bentinck, Lady Perry, Mrs. Cosmo Bonsor, Mrs. Merry, Mrs. Benyon, Mrs. Pye-Smith, Mrs. Frederick Taylor, Mrs. Hale White, and Mrs. Lauriston Shaw. The Committee's report stated that the present membership was 1,217, an increase of 60 during the year. The local branches had not only provided a large number of garments for the patients but had also contributed £220 for the support of beds in the maternity ward. The association had gained immense advantage from the kindly interest of Princess Christian, during whose presidency the membership had been nearly doubled, with the result that the services which the association had been able to render to the hospital had been extended in every direction. Lady Bective moved the adoption of the financial statement, and said that the surplus of £346 had enabled the Association to maintain 5 beds, instead of 4, in the Victoria maternity ward. They anticipated that all the 8 beds in that ward would eventually be maintained by their funds. The claims of the hospital increased continually, and the Committee asked for increased support. Mrs. Benyon moved the adoption of the report, and referred to the local branches as the mainstay of the association. She emphasized the fact that Guy's Hospital was not a purely local institution, as its patients were drawn from all parts of the Empire; and she appealed to members and other ladies interested in the work to initiate branches in new districts. In reply to a vote of thanks, moved by Lady Selkirk and seconded by Mrs. Cosmo Bonsor, Princess Christian said she was glad to be of use to such an excellent institution as Guy's Hospital.

THE MEDICO-LEGAL SOCIETY.—The first banquet of the Medico-Legal Society was held at the Holborn Restaurant, London, on June 4th, 1907, with the president of the society, Mr. Justice Walton, in the chair. Sir W. J. Collins, M.P., in proposing "The Bench and Bar," pointed out the advisability of the University of London founding a medico-legal school in the metropolis, where there was a wealth of material for such study. Lord Justice Kennedy, in responding, said lawyers and doctors sought to better the communities in which they lived, and to promote the attainment of true scientific knowledge. This toast was also responded to by Mr. W. English Harrison, K.C. Sir Edward Clarke, K.C., then proposed the toast of "The Medical Profession," and referred to the services rendered to the State by medical men. Sir R. Douglas Powell, in replying, dealt with the questions of life assurance and lunacy, and showed how closely the professions of law and medicine were united. Mr. Henry Morris, who also replied, said that the methods of modern medicine were those of experimental research. He concluded with a historical account of the growth of medical jurisprudence in this country. He also urged that not only the title but also practice of medical men should be protected by law. Sir Edward R. Henry, in submitting the toast of "The Medico-Legal Society," expressed his surprise that there was not an endowed chair for medical jurisprudence in London. He detailed fully the uses of the study of finger-prints. The Chairman, in acknowledging the toast, said the distinguished gathering at the banquet proved the vitality and importance of the society. As regards the legal protection of the title and practice of medical men, he said that it required watching and consideration. The toast of "The Guests" was proposed by Dr. F. J. Smith, and replied to by Judge Rentoul. Mr. W. Blake Odgers, K.C., gave the toast of "The Chairman," which received a suitable response. The toast of "The Honorary Secretary" (Mr. R. Henslowe Wellington) which was enthusiastically honoured concluded the evening.

## MEDICAL NEWS.

THE Society for the Study of Disease in Children intends to hold a provincial meeting at Bedford County Hospital on June 16th, when a discussion on Acute Rheumatism will be opened by Dr. C. O. Hawthorne.

On May 31st the Earl of Crewe, Lord President of the Council, received a deputation of Members of the Royal College of Surgeons of England, which waited upon him to urge the rights of Members to a share in the government of the College.

THE annual general meeting of the Medical Officers of Schools Association will be held at 11, Chandos Street, W., at 3.45 p.m., on Thursday, June 13th. A paper will be read by Mr. C. Edward Wallis, Assistant Dental Surgeon to King's College Hospital, on the care of the teeth in public elementary schools.

THE Bowman Lecture in connexion with the Ophthalmological Society of the United Kingdom is to be delivered at 6 p.m., on Friday, June 14th, at 11, Chandos Street, W. The lecturer for the year, Professor Sattler of Cincinnati, has chosen for his subject the pathology and treatment of myopia.

THE members and friends of the Glasgow University Club dined together under the chairmanship of Principal Donald MacAlister, at the Trocadero Restaurant, London, on May 31st. The function was very successful, and reflected great credit on the organizing capacity of Dr. C. O. Hawthorne. The chairman, in proposing the toast of "The University and the Club," appealed for funds for the Union building, which was the home of the corporate student life of the university. It was the sole material expression of the university's solicitude for its students' lives outside the class-room, and it was very far from adequate. Some immediate extension was urgently required, if only as a temporary measure. The students were doing their best to raise the £3,500 which was necessary, but their resources were limited. Lord Kelvin, who responded, urged that boys should be taught Latin, Greek, and logic before commencing the study of science. Sir William Ramsay proposed the toast of "The Guests," which was responded to by Sir Lauder Brunton and Dr. George Ogilvie. The evening concluded by Dr. G. A. Heron submitting the health of "The Chairman," which was drunk with enthusiasm, and duly acknowledged.

THE Medical Golfing Society held a tournament on May 30th at Burnham Beeches Golf Club. The challenge cup presented by Mr. Henry Morris for the best score against Bogey under handicap was won by Dr. F. J. Smith, who was "all square" with Bogey. Dr. Smith also secured

third day, about the hower of its birth, fell into a fitt of an ague, and so agayne the third day after, and that quartane settled and lasted for divers moneths, till shee was emaciated to skinne and bone, and was so lowe that shee was fayne to use bathing for a good while; but shee is now of the age of 18 years, and a very full young wooman, I calld to mind this account, because shee dined with mee lately; her father was your loving friend.

—I am, etc.,

Glasgow, May 4th.

T. K. MONRO.

#### INFANT MORTALITY.

SIR.—In the issue of the BRITISH MEDICAL JOURNAL of February 16th you note and remark on the surprising figures given in Sir Shirley Murphy's report in regard to the infant mortality during the first month of life in the crowded centres of London. The figures certainly are not what might be expected, nor is his conclusion that they do not afford much ground for the widely-held belief that antenatal causes are responsible for an alarming proportion of infant deaths.

A glance at a list of London districts and their infant death-rates as given in footnote, p. 32, of Dr. Newman's *Infant Mortality*, seems to suggest a probable explanation of the figures, and to lend very strong support to the old-established belief in regard to antenatal causes. Thus, take Shoreditch, Bethnal Green, Stepney, Poplar, Southwark, Bermondsey, Lambeth. These are all credited with high rates of infant deaths. They are also, I believe, what may be called crowded areas.

The race composition of the population, however, is peculiar, quite half, I understand, being Jews. The Jewess is an excellent mother, and as a rule rears a large and healthy family; further, this race is, I believe, marvellously free from the causes chiefly responsible for producing antenatal conditions which result in infants unfit for life.

The conclusion would be that half the infants come of an exceedingly healthy stock, and may reduce the apparent death-rate for the first month of life nearly 50 per cent.; but while this hides the death-rate from antenatal causes, it can hardly be said to reduce it. The increase given in the successive three monthly periods seems to be what might be expected. The effects of insanitary surroundings, overcrowding, etc., acting on all, although the healthy section still no doubt improves the rate, it, on the other hand, emphasizes the probability of antenatal causes telling their tale throughout the course of infancy.

Should these speculations be well founded, the figures in regard thereto do not seem to give much ground for cheery optimism on the subject of infant mortality from antenatal causes.—I am, etc.,

May 5th.

B. G. B.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

#### APPOINTMENTS.

MR. F. A. POTTS, B.A., Trinity Hall, has been appointed Assistant to the Superintendent of the Museum of Zoology.

MR. K. LUCAS, M.A., Trinity College, has been appointed an Additional Demonstrator in Physiology.

The following have been appointed Examiners in the Third M.B., Part II:

MEDICINE.—Professor Bradbury, Dr. Pitt, Professor Osler, and Dr. Rose Bradford.

MIDWIFERY.—Dr. Rivers Pollock and Dr. Spencer.

SURGERY.—Mr. Kellock, Professor Barling, Mr. Stanley Boyd, and Mr. L. A. Dunn.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on May 15th.

#### Advanced Lectures in Physiology.

Mr. M. Greenwood's course of eight lectures on Visual Sensation of Light, at the London Hospital Medical College, and Messrs. Beddard and Pembrey's course of eight lectures on Internal Secretion, at Guy's Hospital, were recognized as courses which an honours candidate may name for his practical examination for honours in physiology.

The following courses of advanced lectures in physiology were approved as falling within the general scheme of advanced physiological teaching:

*London Hospital*.—On the History of Anatomical and Physiological Discovery, by Dr. Charles Creighton.

*Guy's Hospital*.—On the General Physiology of Nutrition, by Dr. J. S. Haldane; on the Physiological Significance of Variations in the Constituents of Urine, by Dr. F. G. Hopkins. Mr. M. Greenwood and Dr. H. M. Vernon were added to the panel of Lecturers in Physiology.

#### Physiological Laboratory.

Dr. Waller was re-elected Director of the Physiological Laboratory for the year 1907.

Sir Lauder Brunton's lectures on the Therapeutics of Circulation were directed to be published in accordance with the scheme in the Senate Minutes of December 17th, 1902.

#### Board of Examiners in Physiology for the Final B.Sc. Examination for Internal Students in 1907.

The following were appointed as Examiners for Internal Students for the B.Sc. (Pass and Honours) Examinations in Physiology for the year 1907; J. S. Edkins (Bedford College and St. Bartholomew's Hospital Medical School), M. S. Pembrey (Guy's Hospital Medical School), Professor E. H. Starling (University College), together with the External Examiners (Mr. Hill being chairman).

#### Resignation of Examiner.

It was reported that Mr. C. A. Ballance, owing to ill-health, had been unable to act for the M.B. B.S. examination in May, and that the Vice-Chancellor had appointed Mr. H. J. Waring as his substitute.

#### Appointment of Members of the Senate.

Among the appointments reported were Sir Thomas Barlow to represent the Faculty of Medicine; Dr. F. Taylor, the Royal College of Physicians of London; and Dr. S. Russell Wells, as one of the representatives of the Faculty of Science.

#### PASS LIST.

The following candidates have been approved at the examination indicated:

M.B. B.S. (Group 1 only).—L. C. Blackstone, Emily S. Cooke, R. L. E. Downer, T. S. Dudding E. H. Hugo, Mary O'Brien, Evelyn H. B. Oram, E. N. Ramsbottom, H. G. Webb.

(Group 2 only).—L. Ball, W. R. Bristow, T. E. A. Carr, H. S. Chate, B. Sc., D. M. Davies, C. C. A. De Villiers, H. H. Houwink, D. W. Hume, A. J. Lee, G. W. Lloyd, C. Lovell, J. C. Mead, Emily M. S. McCredy, E. L. R. Norton, J. Paulley, J. G. Phillips, E. S. Phipson, R. J. Reynolds, Marie Simpson, F. Standish, R. Y. Stones, R. S. Townsend.

COMPLETE EXAMINATION (Pass).—G. F. E. Allison, C. J. Armstrong-Dash, J. S. Avery, A. Ball, A. Barber, T. Bates, Ella Beales, Sylvia, R. M. Blackstone, Mary A. Blair, J. F. Broughton, S. W. R. Colyer, E. J. C. Dicks, K. H. Digby, A. B. Fearnley, J. Ferguson, K. M. Gibbins, E. T. Glenny, S. L. Graham, A. D. Griffith, Leopoldine W. D. Griffiths, S. W. Grimwade, G. Hamilton, H. B. Hill, F. N. S. Hitchcock, F. P. Hughes, G. G. James, S. H. J. Kilroe, H. S. Knight, Janet E. Lane-Claypon, D. Sc., A. Manuel, Marian Mayfield, Emily H. Morris, F. M. Neild, G. E. Oates, Catherine Payne, A. F. Perl, A. J. S. Pinchin, J. M. Plews, D. Ranken, F. D. Roberts, C. F. Robertson, F. W. Schofield, H. J. Smith, R. E. Todd, J. A. Torrens, S. W. J. Twigg, J. Unsworth, T. W. Wade, N. H. Walker, T. E. Walker, R. J. Waugh, D. Wilson, A. W. G. Woodforde, C. E. Zundel.

M.B. B.S. (Honours).—H. G. Bennett (a), G. T. Burke (c), B. W. Cherratt (c), J. H. Farbstein (d), J. A. B. Hicks (b), W. H. Miller (d), H. J. Nightingale (a, b, c, d), University Medal, A. C. F. Turner (b), C. W. Vining (a).

(a) Distinguished in Medicine.

(b) Distinguished in Pathology.

(c) Distinguished in Forensic Medicine and Hygiene.

(d) Distinguished in Surgery.

(e) Distinguished in Midwifery and Diseases of Women.

B.S. EXAMINATION (Pass).—(For Students who graduated in Medicine in or before May, 1904).—J. Acomb, Dora E. L. Bunting, E. C. B. Ibotson, R. Phillips, F. Tratman, M.D., Hilda K. Whittingham.

#### LONDON HOSPITAL MEDICAL COLLEGE

A course of three lectures will be delivered by Dr. Frederic W. Hewitt, M.V.O., Emeritus Lecturer on Anaesthetics to the Hospital, on Certain Interesting Clinical Points in the Administration of General Anaesthetics, on Fridays, June 14th, 21st, and 28th, at 1 o'clock, in the Clinical Theatre at the Hospital. The lectures are free to all students of the University, and to medical graduates.

THE CRY OF THE CHILDREN.—A discussion on "The Cry of the Children" was held at the Women's Institute, Victoria Street, Westminster, on May 29th. The chair was taken by Mrs. Hylton-Dale. Mr. Charlton gave a short history of the growth of the movement, and, discussing the question of legislation, said that he felt confident that, even if it was found impossible to make an active move this session, an earnest endeavour would be made to carry the reform early next session. Miss Mary Gordon, L.R.C.P. and S., dealt with the physical and moral effect of alcohol upon women as witnessed by her in female reformatories. Many of the women in such institutions, she said, sprang from three generations of inebriates. They confessed that they could not remember a time when they had not been intimately acquainted with drink and the public-house. The crux of this question was that the nation wanted men. It did not wish to see the next generation physically and morally ruined during the plastic years of childhood. A general discussion followed.

LIEUTENANT-COLONEL WILLIAM EDWIN GRIFFITHS, Indian Medical Service (retired), died recently at Florence, Italy, at the age of 58. He joined the Bengal Medical Department as Assistant Surgeon, October 1st, 1872; was made Surgeon-Lieutenant-Colonel, October 1st, 1892; and retired from the service in 1903. He was in the Afghan war of 1878-80, including the engagements at Matun and at Shuturgardan on October 2nd, 18th, and 19th (medal). He also took part in the Mahsood Wuzeeree expedition in 1881, and in the Waziristan expedition in 1894-5, including the action at Wana (medal with clasp).

THE death of Surgeon-Lieutenant-Colonel JOHN ALEXANDER HOWELL, formerly of the Indian Medical Service, is announced as having occurred at Bognor on March 16th. He entered the service as Assistant Surgeon, April 1st, 1869; becoming Surgeon-Lieutenant-Colonel, April 1st, 1889; and retiring in 1895. He was in the Afghan war in 1880, receiving the medal granted for that campaign.

SURGEON-MAJOR LANCELOT ARMSTRONG, late of the 13th Light Dragoons, died at Weston-super-Mare on May 11th, aged 77. He entered the service as an Assistant-Surgeon, April 7th, 1854; was promoted to be Surgeon, October 11th, 1864, and retired with the rank of Surgeon-Major, October 8th, 1876. He served throughout the Eastern campaign of 1854-5, including the reconnaissance on the Danube under Lord Cardigan, the affair of Bulganac, the battles of Alma, Balaklava, Inkerman, and Tchernaza, and the siege of Sebastopol; he was also present with the Light Cavalry Brigade at Eupatoria, and had received a medal with four clasps and the Turkish medal.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Johann Nossiloff, sometime Professor of Surgery in the Military Medical Academy of St. Petersburg, author of a manual of operative surgery and of a monograph on diphtheritic gangrene, aged 64; Dr. Hugo Beckmann, of Berlin, a well-known otologist and laryngologist, aged 46; Dr. José Peón y Contreras, formerly Professor in the National Faculty of Medicine of the Mexican Republic, and for many years a member of the Mexican Senate, a poet as well as a physician, aged 64; and Dr. Van Stappen of Termonde, formerly Secretary of the Belgian Medical Committee.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### POOR-LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting was held at 9, Copthall Avenue, E.C., on Thursday, May 30th. Surgeon-General Evatt, the President, was present, and Dr. Balding, J.P., Chairman of Council, presided.

Among matters of interest to the Poor-law service the following were considered: A member complained of an increase of population in his district beyond the 15,000 laid down in the Poor-law Orders as the limit of a medical relief district, and wished to know if a redistribution of the medical districts could be demanded. It was thought by the Council that there was great laxity with regard to this General Order, which was little regarded throughout the country. The Local Government Board seldom, if ever, interfered in such cases, and the guardians could not be compelled to make a redistribution, although such an increase of population might be a good ground for claiming an increase of salary.

The new Vaccination Order also came under consideration, and was unanimously condemned. Attention was drawn to an ambiguity in Rule 1 and 2 of Art. 3(d).

Where the *district* is one which is wholly situate in the County of London, or is wholly situate in a Borough, or Urban District, with a population according to the returns of the last Census for the time being of not less than 50,000.

It was disputed whether the last clause was a qualification to the *Vaccination District*, or to the *Borough, or Urban District* in which the said Vaccination District was situate. Either reading would be in accordance with the wording, and the opinion of the Council was divided as to the meaning. Important practical results depended on which was the true reading. According to (1) the public vaccinators in London

and large towns could very generally claim 3s. 6d. as the minimum fee per case. If (2) were correct, then 2s. 6d. would be the minimum fee.

### THE TRAINING OF MIDWIVES.

THE executive of the Poor-Law Union Association is circulating a letter among Poor-law infirmary committees throughout the kingdom urging each of them to apply at once to the Central Midwives Board for recognition of their lying-in wards as training schools for midwives. It has also addressed a letter to the Local Government Board reminding that body that only twenty Poor-Law institutions have so far been recognized by the Midwives Board, and suggesting that it should take steps to obtain power for itself to confer the status of a training school on any Poor-law establishment which in its opinion is worthy of that position. In favour of such action it is urged that the present policy of the Central Midwives Board is such as must lead both to a deterioration of the nursing in Poor-law infirmaries and to shortage in the supply of qualified midwives.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### NORTH WIMBLEDON COTTAGE HOSPITAL.

THE thirty-seventh annual report of the North Wimbledon Cottage Hospital, recently issued, opens with an appreciative reference to the late Mr. Collyns, to whose memory it is proposed to erect a suitable memorial, and for which purpose a sum of £850 has been raised. The report states that the number of patients treated in the hospital during the year was 182, being 33 more than in 1905, and the number of hospital days was larger by 311 than those in the preceding year. The results of the treatment were that 143 recovered, 21 were relieved, 2 were not relieved, 2 were discharged, 8 died, and 8 were still in hospital at the end of the year. Of the patients, 84 were males and 98 females. The total number of hospital days in the year was 3,822, giving an average residence of 21 days to each patient. The average cost per patient was £3 19s.; the average cost per patient per week was £1 6s. 3d.; the average cost per patient per day was 3s. 9d. The total number of patients admitted to the hospital since its foundation was 3,500. Thirty-five persons received treatment as outpatients in the course of the year. The receipts, including a balance of £98 16s. 0½d., amounted to £849 16s. 3½d. The expenditure included: Provisions, £258 16s. 5d.; surgery and dispensary, £49 4s. 2d.; domestic, £152 14s. 5½d.; establishment charges, £38 19s. 3d.; rent, £6; salaries, wages, etc., £165 11s. 5d.; miscellaneous, £23 0s. 4d.; administration, £23 15s. 8½d., leaving a balance of £131 14s. 6½d.

### HOSPITAL FOR CONSUMPTION, BROMPTON.

AN urgent appeal for further support of the Brompton Consumption Hospital, recently circulated, states that the connected open-air sanatorium at Frimley has more than fulfilled the expectations of the medical staff, and has fully justified the expense which the hospital has incurred by its erection. Although this addition to the resources of the hospital has raised the total number of beds from 318 to 428, the list of patients awaiting admission has not diminished, and now contains 400 names. It is also observed that, in addition to the diminution of capital consequent on the building of the sanatorium annexe, the income of the hospital has very materially decreased since the foundation of King Edward's Hospital Fund for London.

### METROPOLITAN CONVALESCENT INSTITUTION.

AT the annual meeting of the Governors of the Metropolitan Convalescent Institution on March 19th, figures were submitted which showed that the number of patients received in the Institution's homes during 1906 exceeded the record of any previous year by nearly 500. It was reported also that the arrangements made at Walton for the reception of a limited number of patients in an early stage of pulmonary disease had worked well, and that the usefulness of the institution had been extended by providing at the Bexhill Homes special wards for surgical cases still needing active treatment. About £7,000 is required to complete the Men's Home at Little Common, Bexhill, which was opened with 71 beds in 1905.

### DORSET COUNTY ASYLUM.

FROM the annual report of Dr. P. W. MacDonald, the Medical Superintendent of this asylum, we see that on January 1st, 1906, there were 810 patients in residence, of whom 140 were private and 670 pauper patients. Of the pauper patients 39 were out-county cases. At the end of the year there remained 817 patients, of whom 154 were private patients, 623 county and 40 out-county pauper patients. The returns for this year, therefore, show a satisfactory increase in the relative proportion of private to pauper cases, and an actual decline in the patients chargeable to the county. The total number of cases under care during the year was 988, and the average number daily resident 818. During the year 178 were admitted, of whom 157 were first admissions. The admissions from the unions in the county were 103, as compared with 124 of the previous year. Of the total admissions 81 were the subjects of