THE

British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY

DAWSON WILLIAMS, M.D.,

ASSISTED BY

CHARLES LOUIS TAYLOR.

VOLUME I 1907.

JANUARY TO JUNE.

London:

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION, 6, CATHERINE STREET, STRAND, W.C.

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REGARDING Dr. Squire's paper on opeonins and treatment of tuberculosis, I was much interested to find that he mentioned a point which I have been much interested in of late—namely, the infection of the blood system in surgical cases of tuberculosis. I have lately had two cases

under my care.

In the first case a child (male), aged 2 years, had an attack of acute ascites, which I put down as tuberculous in origin, although there were no enlarged glands to be found. The child made a good recovery, but about a year afterwards it came again under my care suffering from tuberculous periostitis of a rib with abscess. I advised surgical interference. The rib was scraped and a tuberculous necrosis removed. The wound healed nicely, but the child developed tuberculous meningitis, and died about five weeks later.

The second case was a tuberculous knee. Excision of the joint was performed, and the child recovered from the operation but showed symptoms of meningitis four weeks later, and died of that condition about one year later.

These two cases tend to prove that there is a great danger of general infection by interfering with localized tuberculosis, and also that tuberculous meningitis, bone lesions, and peritonitis are caused by the same bacillus—namely, the typus bovinus. That children are more susceptible to bovine tuberculosis is shown by the preponderance of bone, meningeal, and abdominal lesions in children as compared with adults.

Blantyre.

JOSEPH STARK, L.R.C.S. Edin.

ACUTE COLITIS.

T. M., a civil engineer, aged 45, was seized one evening, after a long cycle ride in the wet, with violent diarrhoes. This continued throughout the night, and all the following day; but it was not until the second morning that a doctor was called. The patient gave a history of abdominal trouble extending over ten years. Whilst serving in China, at the age of 35, he had suffered from a severe attack of colitis, presumably brought on by the ingestion of tainted food or water. He had recovered fairly rapidly, and at once returned to England; but a chronic irritability of the large bowel had remained, showing itself in a liability to acute attacks of diarrhoea at intervals of weeks or months. These attacks were as a rule directly traceable to fatigue, cold, or indigestible food.

The patient was kept in bed, placed on a milk diet, and given bismuth and soda. No improvement resulted. Various diets were tried, to no purpose. blood-stained, evil-smelling motions were passed daily, and were accompanied by much pain and tenesmus. At the end of a fortnight a consultation was requested. A distinguished physician of European reputation was called in; he advised removal to a nursing home. This was in; he advised removal to a nursing home. done; but no special change was made in the treatment,

except to ring the changes on various so-called "astringent" drugs. Opium was as yet withheld.

Another two weeks passed; the intestinal flux was still unchecked, and the patient, now greatly emaciated and in a pitiable state of pain and unrest, began himself to dread a fatal issue. To make his condition still worse, persistent hiccough developed, which was but imperfectly controlled by morphine. At length the patient's relatives, one of whom was a medical man, requested that a surgeon should see the case. An operation was eventually performed. The large bowel was found to be thickened and intensely congested. An opening was made in the caecum, and an artificial anus established in the right iliac region. Much to the surprise of everybody, the patient rallied from the operation. The immediate result was a stoppage of the diarrhoea, so that the sufferer's state became one of comparative comfort. But his recu-perative power had been reduced too low to permit of ultimate recovery, and a week later he died comatose.

I saw the above case about a week after he first took to his bed; he was then cheerful, anxious for solid food, and did not look particularly ill. A month passed before I

again saw him, and he was then evidently a dying man. Early operation would in all human probability have saved his life. It is doubtless true, as Dr. Sidney Phillips states, that the disease may sometimes persist, and even grow worse, in spite of colotomy. But surely this is no excuse for non-interference. A severely ulcerated colon is to all intents and purposes a closed cavity containing a mass of toxins, and its lining membrane is specially adapted for systemic absorption. To drain, to flush, and to keep on flushing until the formation of toxic products ceases—surely no other treatment is rationally conceivable.

F. HERNAMAN-JOHNSON, M.B., Ch.B.Aberd., Surgeon, R.N. Portsmouth.

RELAPSES IN ENTERIC FEVER.

THE patient in the following case, a girl aged 16, was admitted on May 4th, 1907, suffering from a moderately severe attack of enteric fever. The history given by the parents was that she had been ill for nine days before admission, but her condition indicated that the fever had lasted for about three weeks, a supposition which was subsequently borne out by the temperature chart.

Progress.—For five days after the case came under notice, it pursued an uneventful course, two slight haemorrhages from the bowel occurring, but not in sufficient quantity to be of importance. There was no diarrhoea nor abdominal distension. By May 9th her temperature had fallen to normal, and she was apparently on the way to convalescence. On May 10th, however, her temperature began to rise, and reached a maximum of 102.6° F. six days later. After this it oscillated between 102° F. and 99° F. till just before the end. On May 20th there was a sudden drop of three degrees, unaccompanied, however, by any other immediate symptoms or physical signs. Progress.—For five days after the case came under notice, it bigns.

Result.—She died on May 23rd. A post-mortem examination of the abdomen was made. It revealed peritonitis, non-purulent, and not characterized by much matting together of the abdominal contents; in the small intestine numerous ulcerated patches at various stages, and a perforation about in. in diameter situated 6in. above the ilec-caecal valve. Projecting through this perforation was a small piece of hard faecal material.

REMARKS.—The case is an interesting one, inasmuch as it departs from the rule that typhoid relapses do not usually result seriously, and confirms the rule that when in such circumstances a fatal result does take place it is nearly always due to a complication such as the above, partial immunization having almost certainly exempted the patient from the effects of a toxaemia sufficiently severe to cause death. The protection afforded by the primary attack is shown in this case by the comparatively mild nature of the relapse—early appearance of fresh crops of the eruption, short duration of febrile symptoms, etc. It also exemplifies the difficulties which are sometimes present in the diagnosis of a perforating typhoid ulcer, even in the absence of abdominal distension and when the patient is quite conscious. There was no sudden acute pain, no marked collapse, no great and immediate alteration in the pulse. In fact, there was practically no evidence which would justify the physician in saying at once, "That case has a perforation.

H C. HAMILTON, M.B., CH.B., D.P.H. City Hospital, Grafton Street, Liverpuol.

SUDDEN DEATH IN INFANTS.

THE following case of sudden death in an infant seems worth recording, owing to its possible etiology and the sidelight it may throw on some cases of overlaying which reach the coroners' courts. The child was a healthy boy, 7 weeks old, whose mother had died shortly after its birth, from uraemia. It was fed on milk and water and had appeared to thrive. When put to bed (in a separate cot) on April 29th it appeared quite well; it slept well and at 6 a.m. was said to be "playing and cooing" like a healthy child. At 7 am. the father thought the child looked "queer," and came over for me; when I arrived about half an hour later I found the child dead. The child had taken its bottle naturally between 6 and 7, no choking and no convulsion had been noticed. Its lips were bluish and hands clenched, with some blueness of the nails. At the postmortem examination the thymus was obviously somewhat large; it weighed a little over an ounce, and measured 2½ by 2 in.; it was dotted with punctiform haemorrhages; there was no pressure on the trachea. Some yellowish fluid similar to what was found in the stomach was seen

in the trachea, and very slightly in the right bronchus. The lungs were healthy save for a few punctiform haemor-rhagic looking spots at the base. Similar spots were seen on the right and left ventricle. The superficial veins over the brain were a little congested. The stomach and the brain were a little congested. The stomach and bladder were full, the former containing about 2 oz. of bilious-looking fluid. No other disease could be detected. No choking had been noticed during life, no croup and no convulsion, and there was no suspicion of overlaying. Although the thymus was not very large, and certainly caused no pressure, it is possible, in the light of previously recorded cases, it may have been the proximate cause of the child's death, the immediate cause being asphyxia.

J. ANDERSON SMITH, M.D.Lond. London, N. W.

CASE OF BRONCHIAL DIPHTHERIA.

THE following case of diphtheria seems worth recording, owing to the region primarily affected being unusual. The patient, a boy aged 8, after a few days of general malaise, developed a nasal catarrh with slight cough and sore throat, but continued to go to school for five days; he was then noticed to be gradually losing his voice, his nose bled occasionally, and he was unable to breathe through On the tenth day he was medically examined.

The skin was very hot and flushed, the pulse 102, the temperature 101.4°; sero-sanguineous discharge from both nostrils, nasal breathing being obstructed owing to turgescence of the mucous membrane over the turbinals. The pharynx generally was red and congested, the enlarged tonsils showing a few whitish-yellow follicles; the soft palate and uvula were only reddened. Owing to extreme reflex irritability the larynx could not be examined. Except harsh, prolonged expiration, the lung sounds were normal. The urine was albuminous. Progress.—The same evening the soft, toneless cough became very troublesome, and finally the patient coughed up two separate white fibrinous casts, apparently of the two main bronchi, which act caused immediate relief of the dyspnoea and cough. Each cast was about 3 in long. ½ in. diameter, hollow, and thin-walled, but of firm texture and slightly streaked with blood, and thirty six hours later he coughed up a third cast about 4 in. long and of exactly The skin was very hot and flushed, the pulse 102, the tempera-

later he coughed up a third cast about 4 in. long and of exactly similar appearance to the first two.

Treatment and Result.—Serum treatment was at once

Treatment and Result.—Serum treatment was at once started, 4,000 units being injected every twenty-four hours for five days; after this all symptoms gradually abated and the patient made an uninterrupted recovery, though the voice was not completely restored for many weeks, and for three weeks the heart-beat was rather irregular and the first sound at the apex somewhat muffied. The only sequels was a bilateral parelysis of the cillery mysels of the every which treated with paralysis of the ciliary muscle of the eye, which, treated with eserine, cleared up in a month.

Cultures made from the casts and from a throat swab developed colonies of Klebs-Loeffler bacilli. It seems clear that the casts did not result from an extension of membrane from the larynx, but were of primary formation, for throughout the illness there was, beyond the aphonia, no symptom of involvement of the larynx. It is also interesting that the formation of membrane caused no secondary bronchitis or bronchopneumonia, which so generally results from extension of laryngeal diphtheria downwards.

G. E. BELLAMY, M.R.C.S.Eng., L.R.C.P.Lond. Kew Gardens.

COLOCYNTH POISONING.

In connexion with the case of colocynth poisoning published in the British Medical Journal of June 8th, p. 1364, a similar case of my own may be of interest. It is the first case I have encountered, but inquiries show that colocynth is very frequently taken in Essex as an ecbolic under the synonym of "bitter apple." The condition is less uncommon probably than Dr. Barton

My experience coincides with his in that, though very drastic in their effects at the time, the patients seem to recover very well after large doses. It would, however, be interesting to know if there is any lasting after-effect in the small intestine or colon.

The patient, a married woman (aged 26, four children, no The patient, a married woman (aged 26, four children, no miscarriages, at present time pregnant three months), at 8 45 on Sunday morning took the half of a 2d. packet of "bitter apple" (about four teaspoons). About one and a half hours after taking the powder she began to vomit. Again, one and a half hours later, or three hours after taking the powder, she had great pain in the abdomen and purging commenced. The vomiting, tain, and purging continued incessantly all that day and night. At 6 a.m. on Monday she called in a neighbour, who administered an emetic of mustard, salt, and

water. I was called in at 7.30 a.m., and found the patient very haggard-looking and in great pain. Temperature, 98.4°; pulse, 80. I saw the vomit, which was a thin yellow fluid. I administered morphine sulphate, grain ½, hypodermically; and, on calling again at 11 a.m., found the pain, vomiting, and purging had all ceased. A mixture of chalk and opium was prescribed. The next morning the patient felt quite well; she had had no more pain or vomiting, and one small, loose stool. The pulse and temperature were normal, and the drug had had no effect whatever on the uterus.

The printed label on the packet was as follows:

Powdered

BITTER APPLE.

This drug being a powerful medicine, should not be used internally except under medical advice.

What constitutes medical advice in the eyes of druggists? The one who sold this packet evidently did not hesitate about supplying this powerful drug without a written prescription from a medical man.

Colchester. T. LANGTON BUTLER.

REPORTS

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

CITY OF BELFAST FEVER HOSPITAL, PURDYSBURN.

CASES OF FULMINATING CEREBRO SPINAL FEVER. (Reported by Ernest H. M. MILLIGAN, M.B., R.U.I., House-Physician.)

In an epidemic of cerebro-spinal fever various types of the disease are to be met with, and in hospital I have observed cases which might be classified under the following heads: Ordinary, mild, abortive, chronic, intermittent, typhoid, relapsing, fulminating, and purpuric.

CASE L

Case I.

A female, aged 6 years, was admitted at 4 p.m. on April 24th 1907. She had been taken ill at 6 o'clock on the morning) admission, with vomiting and great restlessness, becoming rapidly unconscious. She was brought to the Royal Victoria Hospital, where the extern surgeon, Dr. Watson, found Kernig's sign slight in one leg and no rigidity of neck, and transferred the case at once for isolation.

State on Admission—The child was unconscious, very dirty, and covered with a general petechial rash with a few purpurit spots about the groins. Temperature 101.4° F., pulse 140. There was blepharitis marginalis of the eyes and consestion of the naloebral conjunctiva, with slight purulent discretions.

dirty, and covered with a general petechial rash with a few purpurie spots about the groins. Temperature 101.4° F., pulse 140. There was blepharitis marginalis of the eyes and congestion of the palpebral conjunctiva, with slight purulent discharge. The pupils were equal and dilated, and reacted slightly to light. The posterior cervical, axillary, and inguinal glands were numerous and shotty. The neck was not retracted, and but very slightly rigid. Kernig's sign was very slightly present in both legs. The face was pale, the extremities cyanosed. Bubbling râles audible all over both lungs. No crepitations, tubular breathing, or dullness present. The heart sounds not heard owing to the râles.

Progress.—At 6 p.m., twitching of muscles of face and limbs occurred and lasted a few minutes; four similar attacks were noted in the next half-hour. The right arm and leg then worked convulsively, and the eyes rolled upwards to the right and twitched frequently. A little later breathing became laboured and Cheyne-Stokes in type; cyanosis increased, and the child died at 8.10 p.m. The urine contained no albumen. Duration of ilness about fourteen hours.

Post-mortem Examination.—The following observations were made by Dr. Leighton and myself: Lividity well marked; on groins and thighs several purpuric spots about the diameter of split peas. Brain: Veins on surface of temporal, frontal, and occipital regions greatly distended; meninges fairly adherent to each other; pons, on anterior surface, slight purulent exudation; interpeduncular space, slight purulent exudation; therefore the right annal: Clear opalescent fluid in large quantity, otherwise nothing unusual. Lungs congested; apices slightly emphysematous. Fericardial sac contained clear fluid. Heart: Haemorrhagic spots spread generally over its surface. Thymus: Rather enlarged. Kidneys: Slightly congested, venae rectae engoge

MEDICAL NEWS.

THE Princess Louise, Duchess of Argyll, has become a patron of the London Temperance Hospital.

THE judicial authorities at Versailles have found that the sensational charge brought some time ago against

D.: P. Z. H. bert of London is unfounded.

It is stated in the *Berliner klinische Wochenschrift* that Professor von Leyden proposes to resign the position of Director of the First Medical Clinic in the Berlin Charité

at the end of the current semester.

WE are requested to state that Dr. Alexander Morison and Dr. C. O. Hawthorne have resigned their position as members of the Council of the Scottish Medical Diplomates Association.

The late Sir Benjamin Baker, the well-known civil engineer, who died on May 19th, left £2,000 to Westminster Hospital, £1,000 to King Edward's Hospital Fund, and £500 to the R yal Berkshire Hospital.

SIR CHARLES CAMERON and Professor E. J. McWeeney,

of Dublin; Dr. Henry Handford, of Nottingham; Lieutenant-Colonel C. H. Melville, R.A.M.C.; and Dr. H. Scurfield, of Sheffield, have been elected Fellows of the

Scurfield, of Sheffield, have been elected Fellows of the Royal Sanitary Institute.

MR. George Allardice Macdonald, M.B., C.M., has been granted the Royal permission to accept the Order of the Third Class of the Brilliant Star of Zenzibar, conferred upon him by the Sultan of Zenzibar in recognition of valuable services rendered by him.

By a recent Act of the Legislature the Boston School Committee has been enabled to appropriate £2,000 towards the establishment of a system of nurses in the public schools. As a beginning twenty-two nurses will.

public schools. As a beginning twenty-two nurses will, we learn from the Boston Medical and Surgical Journal, be employed; they will enter upon their work on September These nurses are to be employed in vacation schools, as well as in the regular schools.

A SERIES of post-graduate lectures will be given at the Royal Dental Hospital and London School of Dental Surgery, Leicester Square, during the months of October, November, and December. The first lecture will be given by Mr. J. H. Mammery on October 21st, on recent views of immunity in relation to dental disease. The fee for the course is two guiness; past and present students of the hospital and internal students of the University of London will be admitted from European particulars can be obtained. will be admitted free. Further particulars can be obtained on application to the Dean of the School.

THE Association of Physicians and Surgeons of the Society of Apothecaries will hold a dinner on Taursday, July 4th, at the Restaurant Frascati, Oxford Street, London, W., to celebrate the passing of the Act of Parliament authorizing the Society of Apothecaries to confer the title of Licentiate in Medicine and Surgery on those who have obtained its licence since June 30th, 1887. On this occasion the Master and Wardens of the Society will be

occasion the Master and Wardens of the Society will be the guests of the Association. Further particulars can be obtained from Dr. Gerald Dalton, Cranbourne Mansions, Cranbourne Street, London, W.C., or from Dr. Rivers-Wilson, 42, Wellington Square, Oxford.

The Cavendish Lecture of the West London Medico-Chirurgical Society was delivered by Mr. C. B. Keetley, F.R.C.S., on June 21st, in Kensington Town Hall, the subject being the question of preserving or sacrificing parts and their functions. Before the lecture the President of the Society. Dr. Leonard Mark, welcomed the guests of the Society, Dr. Leonard Mark, welcomed the guests at the entrance of the hall, and with him were Mr. Eccles, Mr. Pardoe, and the two Honorary Secretaries, Mr. E. Percy Paton and Dr. F. G. Crookshank. Amongst those present were Professor Howard Marsh and Mr. Battle. After the lecture there was a conversatione and a medical and surgical exhibition together with musical and medical and surgical exhibition, together with music and two demonstrations, one of disinfection of rooms, the other of the application of hot air in treatment.

Anything which can increase the efficiency of secondary schools is of interest to the medical profession, as one of the obstacles to raising the educational standard for admission to the profession is the unsatisfactory character of the teaching in too many of these schools. We may, there-fore, note that at the general meeting of the Teachers' Gaild of Great Britain and Ireland on June 15th resolutions were adopted instructing the Council of the Guild and its branches to take steps to ampliorate the tenure of teachers in endowed schools under schemes of the Charity Commission and Board of Education, and especially to provide for both head and assistant masters a right of appeal in cases of dismissal. The Council was also instructed to co-operate with other associations in improving the anomalous system of tenure prevailing in the majority of secondary endowed schools.

THE annual post-graduate medical tour, known by the name of "E.M.I.," is to start this year on August 7th, the name of "E.M.I.," is to start this year on August 7th, the point of departure being Nancy. On the following day Stuttgart will be visited, and thence in succession Munich, Nuremberg, Marienbad, Carlsbad, Prague, Vienna, Buda-Pesth, Semmering, Gastein, and Innsbruck. On the completion of the visit to the latter place the party will cross the Arlberg Pass, travel straight through Switzerland, and separate at Belfort on August 23rd. At each place the visitors will be received by representatives of the local medical profession and afforded a thorough opportunity of examining the work carried on. Information as to the examining the work carried on. Information as to the tour can be obtained either on personal application or on writing to the Administrateur-Scientifique l'oeuvre d'en-seignement médical complémentaire, 3, Rue François-Millet, Paris.

HAMPSTEAD GENERAL HOSPITAL -In view of important HAMPSTEAD GENERAL HOSPITAL.—In view of important developments which have arisen since the meeting of the local profession on this subject held on May 24th, the committee of the local profession appointed on that date has decided to call a special meeting to consider the following resolution: "That this meeting considers that the Hampstead Hospital should always have a visiting staff of local practitioners, and in consideration of this opinion calls upon the members of the medical profession to refuse to see the staff on terms which to refuse to accept any office on the staff on terms which are not considered satisfactory by the local profession." The meeting will be held under the auspices of the Hampstead Division on Wednesday, July 3rd, at 4.30 p.m., in the Lecture Room of the Hampstead Conservatoire, Swiss Cottage, N.W., Dr. G. D. Pidcock in the chair. It is hoped that the medical practitioners of the district will attend in large numbers in order that a definite line of action be decided upon.

THE EXCRETION OF CREATININ.—We have received a copy of a paper on the "Excretion of Creatinin in a Case of Pseudohypertrophic Muscular Dystrophy," by Dr. E. I. Spriggs (Bio-Chemical Journal, ii, No. 4, 1907), which is the outcome of the first piece of original work done in the new Research Laboratory of St. George's Hospital. Dr. Spriggs's patient, a man of 29, when placed on a diet free from meat and meat extracts, passed in his water only half as much creatinin per diem as would have been normal for a man of his weight. The proportion of N excreted as creatinin was below the normal also. The author points out that these results are in agreement with the prevailing view that creatinin is derived from the muscular tissues to a greater degree than it is from other proteid tissues. On a diet of adequate caloric value but containing hardly any proteid, the N-excretion sank in four days to 2 grams a day, and under these circumstances the proportion of N excreted as creatinin approached that found in normal individuals on such a diet.

individuals on such a diet.

A Demonstration in the Paris Radium Laboratories.—One of the concluding events of the visit paid by representatives of London University to Paris in the last week of May was a practical demonstration of the resources and work of the Laboratoire Biologique du Radium. This is an institution which was established about a year ago in the Rue d'Artois with the object of testing to the full the therapeutic possibilities of radium, its organization including chemical, physiological, and clinical research laboratories, as well as those devoted specially to radium. Invitations to be present were extended to a number of foreign medical men resident in, or known to be visiting, Paris, as well as to the medical visitors specially representative of the University of London, and were generally accepted. The visitors were received by Dr. Louis Wickham, who is attached to the St. Lazare Hospital, and also Chef de Clinique of the Skin Department of the Hôpital St. Louis. He delivered a short lecture on the work done. In the He delivered a short lecture on the work done. In the course of this he showed and explained all the apparatus employed, and demonstrated a large number of cases which had been treated. Among these were persons who had been successfully treated for epithelioma of the skin, and a number of children and others subjected to radium treatment by way of minimizing the disfigurement of strawberry marks and of removing naevi. Stress was laid upon the special value of radium in the treatment of young children in these corrections it being pointed out that children in these connexions, it being pointed out that, while radium was at least as effective as electrolysis, the former treatment had the added advantage of being entirely free from pain. Some successful cases of skin tubercle and lupus erythematosus were also shown. On the conclusion of the demonstration an examination was made of the connected laboratories. The visit, as a whole, was of considerable interest, because up to the present the value of radium has received much more study in France than elsewhere, and the institution in some respects stands entirely alone.

carpal bone of the thumb, and in modern works on surgery it is alluded to as Bennett's fracture.

When Professor Bennett ceased active work in the University, it was decided to perpetuate his memory by means of a suitable memorial. A large sum of money was subscribed by his former pupils. A portion of this was set saide to found a money prize for the candidate obtaining the surgical travelling prize. With the remainder, two medallions representing Professor Bennett's profile were made. One has been placed in the surgical theatre of the medical school in which he lectured, the other forms a conspicuous object in the hall of Sir Patrick Dun's Hospital. In addition to these medallions, dies were struck for a Bennett medal. The medal is of bronze. On one side Professor Bennett's profile is represented, and the following inscription: "In Honorem Eduardi Hallaran Bennett, Prof. Chir., 1906." On the other side is represented the metacarpal bone of the thumb, showing the fracture associated with his name, and the inscription, "Viri in fractis ossibus collocandis sollertissimi.

As a friend Bennett endeared himself to all who knew him. Beneath a somewhat blunt exterior there lay a kindly disposition and a depth of geniality which those who knew him well could fully appreciate. He was a loyal colleague and one with whom it was not merely a pleasure but also an honour to be associated. He will long be remembered as a warm friend, a delightful companion, and an ornament to the surgical profession.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

SECOND M.B. (Human Anatomy and Physiology).—W. A. Anderson, B.A., E. W. Atkinson, B.A., H. J. Baldwin, M.A., A. W. Bourne, J. S. Burn, B.A.. F. G. Chandler, N. L. Clarke, K. J. A. Davis, B.A., M. E. Dellschaft, R. Gamlin, B.A., E. St. G. Goodwin, A. H. Gosse, B.A., H. G. Greaves, B.A., S. J. Higgins, B.A., J. M. Jarvie, B.A., J. S. Jobson, B.A., A. C. Johnson, G. G. Johnstone, T. H. Just, K. T. Khong, G. Moore, T. E. Osmond, B.A., W. M. Penny, B.A., B. A. Playne, G. H. Pooley, J. B. Pulling, A. H. Richardson, J. B. Ronaldson, B.A., S. H. Bouquette, A. C. Roxburgh, H. B. G. Russell, F. D. Saner, L. W. K. Scargill, M.A., F. H. Smith, B.A., A. W. Scott, J. Van Schalkwijk, B.A., H. F. Wilson, M. M. Woods.

UNIVERSITY OF LEEDS.

MEETING OF THE COURT.

At a recent meeting of the Court of the University of Leeds the Pro-Chancellor (Mr. A. G. Lupton) took occasion to say that the authorities were still appealing for £15,000, which was necessary to complete the endowment fund of £100,000, or the amount mentioned as desired to be raised at the time the University received its charter. All who are interested in the medical school are keenly alive to the necessity of completing the buildings for the accommodation of the Pathcological Department, and when the present buildings were opened in 1894 it was felt that adequate provision had not been made for the double purpose of research and instruction. No one could, however, suggest that the support the University has had has been meagre. On the site and buildings of the Medical School the sum of £50,000 has been expended, and when the new mining and electrical departments are completed, as they will be very shortly, a sum of upwards of £200,000 will have been expended on the buildings of the other parts of the University. Much remains, however, yet to be done, and it is hoped that Yorkshire will not be backward in supporting the University of Leeds, which draws its students from all parts of the county. from all parts of the county.

APPOINTMENTS.

APPOINTMENTS.

It will be remembered that in consequence of the resignation of the position of honorary surgeon by Mr. W. H. Brown and the vacancy caused by the consequent promotions, Mr. J. F. Dobson was appointed Assistant Surgeon. At a recent meeting of the Council of the University Mr. Dobson was elected a member of the Faculty of Medicine and one of the Lecturers on Clinical Surgery. Mr. J. A. Coupland, who was recently appointed Surgical Registrar to the General Infirmary, was elected Honorary Demonstrator of Surgery. Mr. J. Lewin Payne, Assistant Dental Surgeon and Lecturer on Dental Mechanics at Guy's Hospital, was appointed an External Examiner in Dental Subjects, and Mr. Rippon and Mr. Lowson were appointed Internal Examiners in Dental Mechanics and Dental Metallurgy respectively.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

ADDITIONAL EXAMINERS.

MESSRS. J. DURDON AND L. G. GUNN have been appointed additional Examiners in Surgery.

CARMICHAEL PRIZE ESSAY.

The next award for the Carmichael Prize Essay will be made in November, 1908. The subjects with which the essay must deal are the state of the medical profession in its different departments of physic, surgery, and pharmacy, in Great Britain and Ireland; the state of the hospitals and schools of medicine, surgery, and pharmacy; and the state and mode of examination or of testing the qualifications of candidates of the different licensing colleges or corporations of medicine, surgery, and pharmacy. Authors are invited to make suggestions respecting the improvement of the profession, including the preliminary and moral education of medical and surgical students, as well as the mode of conducting their professional studies. The essays are to be lodged at the College on or before July 1st, 1908 Full particulars can be obtained from Mr. John Barton, F.R.C.S., Secretary of the Council, at the College. College.

SOCIETY OF APOTHECARIES OF LONDON. THE following candidates have been approved in the subjects

Indicated:

Surgery.—†M. L. Ford. *S. F. Fouracre, †O. C. H. L. Moll.
FORENSIC MEDICINE.—P. D. Pickles, G. L. Walker.

MIDWIFERY.—J. M. Murray, A. Shepperd.

The diploma of the Society has been granted to Messrs. S. F. Fouracre, A. Shepperd, and G. L. Walker.

† Section I. * Section II.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examination indicated:

Final M.B. (Part II. Medicine).—*W. Pearson, R. G. S. Gregg, R. E. Wright, W. A. R. Spong, H. de C. Dillon, J. G. M. Molony, W. E. M. Armstrong, W. J. Dunn, T. P. S. Eves, H. P. Hart, F. Stephenson, F. O'B. Kennedy, J. D. K. Roche, O. St. J. Gogarty, J. C. C. Hogan, C. H. O'Rorke, E. T. Jameson, J. C. A. Ridgway, E. H. Sheehan, J. R. Yourell, A. L. Robinson, W. D. Mitchell.

* Passed on high marks.

* Passed on high marks.

PUBLIC HEALTH

POOR-LAW MEDICAL SERVICES.

REMUNERATION FOR ATTENDANCE IN ANOTHER DISTRICT.

M. O. (Scotland) writes: I am a parochial medical officer.

1. O. (Scotiand) writes: I am a parconial medical officer. A neighbouring parish has at present no medical officer, and the inspector of poor for that parish asked me to attend on a pauper who, though resident in his parish, was a dependent of a parish further south. I understood that for this I should receive payment both for visiting the pauper and for providing medicine, etc. I have been refused payment for the visits. Would you let me know if I could sue for it?

_ There was no statutory duty devolving upon our correspondent to attend the patient in question. He has therefore a clear title to sue the inspector of poor who requested him to attend the patient, both for medical attendance and the supply of medicines. The inspector of poor will recover the cost from the parish to which the patient is chargeable.

PUBLIC HEALTH IN ATHENS.

JUDGING from the recently-published British consular report on the Piraeus and district it seems that the health conditions both in Athens and its port are by no means satisfactory. The population of the former city is now estimated at about 170,000, and that of the Piraeus, which has of late enormously increased owing to its having become the distributing centre of a large part of Greece, is at least 70,000. In both, bad drainage and lack of an efficient water supply doubtless play some part in the unsatisfactory statistics. Last year an epidemic of measles attacked both these cities, and also Laurium, but the mortality is not stated. Small-pox was also yery prevalent, and was the cause of a large number of deaths, 286 persons dying from the disease in the Piraeus and 203 in Athens, while there were 166 fatal cases of typhoid in the two cities. there were 166 fatal cases of typhoid in the two cities.

The fourth Italian Congress of Orthopaedic Surgery will be held at Bologna on October 15th, under the presidency of Professor Alessandro Codivilla, Director of the Rizzoli Orthopaedic Institute in that city. The principal subject on the programme is the treatment of tuberculous spondylitis. The discussion will be introduced by Professors Riccardo Galeazzi, of Milan, and Raffaele Bastianelli, of

The late Sir Charles Bowman Logan, of Edinburgh, who died on March 2nd, left £1,000 to the Edinburgh Royal Infirmary and £500 to the Edinburgh Hospital for Sick

THE

British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

ETC.

VOLUME I 1907.

London:

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION, 6, CATHERINE STREET, STRAND, W.C.

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THE

British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EPITOME

OF,

Current Medical Literature.

JANUARY TO JUNE, 1907.

London:

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION, 6, CATHERINE STREET STRAND, W.C.

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