

child growing up to be an imperfect man. This is extremely doubtful advice, because an emasculated being is not female, but of a neuter sex, and has been deprived of certain perfected secondary characteristics, such as bodily and mental energy.

A NOTE ON NEPHROPEXY.

By FREDERIC EVE, F.R.C.S.,
SURGEON TO THE LONDON HOSPITAL.

THE subject of the methods of performing nephropexy having been opened by Mr. Billington and others in recent numbers of the JOURNAL, I send a description of an operation which I have performed for some years.

The principles underlying the operation which I have taught are as follows:

1. That owing to the friability of the renal tissue the capsule only should be used for its fixation.
2. That a decorticated surface of the kidney should be brought into immediate relationship with the quadratus lumborum and psoas on which it normally lies without the intervention of any connective tissue.
3. That no sutures should be affixed to the capsule of the kidney in its upper third, as when passed through the parietes they would as a rule fix the kidney in a position below that which is normal.

THE OPERATION.

The kidney is exposed through a vertical incision, with a slight inclination outwards, running parallel with the outer edge of the quadratus lumborum. The fatty capsule is opened and stripped from the kidney, which is then brought out through the wound. An incision is made through the kidney capsule on its posterior surface parallel to and about three-quarters of an inch internal to the convex border. This is carried from above, at the junction of the upper with the lower two-thirds, downwards to the inferior pole. The capsule is then stripped off the posterior surface from the incision as far as the hilum. And again it is stripped from the incision in a forward direction over the convex edge to the middle of the anterior surface. The detached flaps of capsule are then rolled or folded together, so that there are two rolls parallel with the axis of the organ, one lying on the posterior surface just external to the hilum, the other about the middle of the anterior surface of the kidney. Through these rolls of capsule silk sutures are passed at equidistant points, three on the posterior and three on the anterior surface; they range from the inferior pole to the junction of the upper with the lower two-thirds of the kidney. To ensure a firm hold each suture is carried two or three times through the rolled-up capsule. Each suture is then clamped with a separate pair of artery forceps, the needle—a small curved one—being retained in the suture; and to prevent confusion a different pattern of forceps is placed on the anterior from those on the posterior row of sutures. The kidney is then replaced in the abdomen. The fatty capsule posteriorly is pushed inwards or cut away, and the loose cellular tissue is stripped from the surface of the quadratus lumborum. The kidney is held forwards by a broad retractor, while the operator passes the three needles carrying the posterior sutures transversely through the substance of the quadratus lumborum, the uppermost suture being placed as high as possible. To do this properly the operator must be provided with an electric forehead lamp. These sutures are then tied so that the roll of capsule posteriorly is firmly fixed to the anterior surface of the quadratus lumborum. Next the anterior lip of the wound is retracted and the three anterior sutures are carried through the fascia transversalis and subjacent muscle as far towards the middle line as possible. The anterior row of sutures I consider of little importance, and have sometimes omitted them. The wound in the muscles is closed with catgut, and the skin wound with silkworm gut. The operation is rendered easy by the method of passing sutures through the detached capsule before the kidney is replaced in the abdomen.

I have seen several of my patients at intervals of some years after the operation, and have always found the kidney firmly fixed, and in good position.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF INJURY TO THE SHOULDER.

THE following case, being of an uncommon character, seems worth recording. The patient, a laundry vanman, aged 18, consulted me on October 3rd, 1907, stating that he had fallen from his bicycle on to his outstretched hand.

On examining him the head of the humerus was very distinctly felt, resting in the subspinous position. The dislocation was reduced with very little difficulty by Kocher's method. After reduction no shortening could be detected. The arm was fixed to the side for five days, after which massage and passive movements were commenced. As considerable difficulty occurred in movement, the humerus getting apparently "locked" with the arm at an angle of 30° from the vertical, my friend Dr. Nuttall kindly skilographed the case. The picture obtained revealed an impacted fracture of the anatomical neck, and showed that the locking was due to the greater tuberosity impinging on the coracoid process.

Nevertheless the upward movement of the arm is only slightly lessened, the patient being able to bring the hand well above the head and to reach the back of the neck. He has now returned to his work and with the exception of difficulty in raising parcels high with the right hand, he complains of no inconvenience. In the skilogram the line of fracture can be distinctly seen, together with the callus thrown out around the shaft of the humerus.

Colwyn Bay.

CRAUFORD MATTHEWS, M.B., Ch.B.

DIABETES MELLITUS IN THE CHINESE.

IN reference to the discussion on diabetes in the tropics at the last annual meeting, and to the question raised thereat as to the immunity from the disease which the Chinese as a race are supposed to enjoy, the following cases may prove of interest.

In 1902 I had under my care at Tamsui, North Formosa, a well-to-do Chinese farmer, aged 55, who presented most of the symptoms of typical diabetes mellitus. He passed daily between 150 and 200 oz. of urine of specific gravity 1036, containing 2 to 3 per cent. of sugar. He suffered from pruritus, eczema, and boils, and after about four months of treatment double cataract developed rapidly. His condition went from bad to worse, and he eventually died six months after I first saw him. Drug treatment did not benefit him in the slightest degree, while dieting proved too irksome.

His sister, a married woman aged 45, next consulted me for dyspepsia and increased secretion of urine. She also was found to be suffering from diabetes mellitus, and passing approximately the same percentage of sugar daily as her brother. The after-history of her case was not obtained, she having attended the dispensary but twice.

Neither brother nor sister indulged in European food; they were typical Chinese of the moderately well-off class. Formosa is but ninety miles from the mainland of China, and has been occupied by the Chinese for at least 300 years, the customs and habits of the present population differing little, even under Japanese rule, from those of the mainland dwellers.

Glycosuria is not an infrequent cause for refusal of life insurance risks in China. Out of some 200 examinations personally made in widely-separated districts I have come across 3 examples, 2 of which showed the presence of albumen in addition to sugar, the applicants being over 50 years old. The other case was an intermittent glycosuria in a man aged 30. In the out-patient department of a native hospital in Nanking one typical case of diabetes mellitus was detected out of some 24,000 individual surgical and medical cases drawn almost entirely from the very poor and the labouring classes. Perhaps the idea that diabetes was an unknown disease amongst the Chinese arose from the fact that until comparatively recently foreign medical treatment was better appreciated by the coolie class than by the wealthier and more conservative merchants and officials, and because examinations of wealthy natives for insurance were not so common in China ten years ago as they are to day.

Nanking, China.

A. C. LAMBERT, M.D., C.M.,
Trin. Univ., Toronto, Canada.

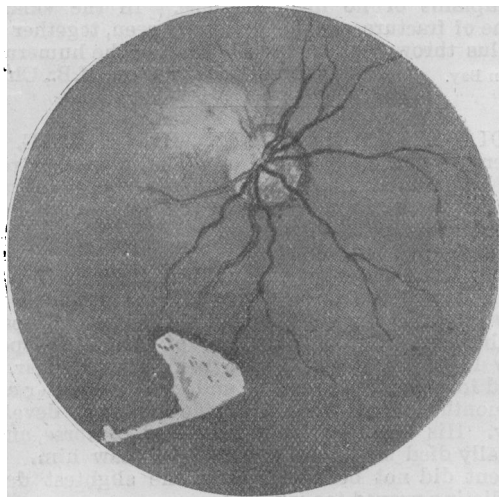
FOREIGN BODY IN THE EYEBALL.

THE following case may be of some general interest as a sequel to the able paper of Mr. Simeon Snell contributed to the JOURNAL of December 7th, 1907.

The patient, a youth aged 20, while playing with a toy gun belonging to his small brother, on December 28th, 1905, accidentally placed two copper percussion caps on the nipple and pulled the trigger. He immediately felt a blow on the right eye, and when I saw him, two hours after the accident, the iris was prolapsed, through an angular wound of the cornea, the two limbs of which were each about 3 mm. long.

I removed a portion of the iris and replaced the corneal flap without finding any foreign body in the eye, and the wound healed uneventfully. The aqueous, which was at first turbid, cleared slowly, and on January 10th, 1906, I first observed on the temporal side of the disc a shimmering crescentic body placed at the back of the globe, and apparently in its longest diameter about one and a half times the breadth of the disc. As it seemed to me unlikely that so large a fragment of metal would pass through the cornea and to the back of the eye without apparently injuring the lens, I sought the opinion of Mr. Dykes Bower of Gloucester, who saw the patient on January 28th, and felt no doubt as to the body being a piece of the percussion cap.

The ophthalmoscopic appearances then were very much



Fragment of copper cap in eye.

as shown in the accompanying sketch, which I made on February 16th, the patient sitting while it was done; it does not, however, do justice to the beauty of the bright, highly reflecting metallic object contrasted with the red retina and vessels; it will be noticed that the object had shifted its position since first observed. As the fragment could not be extracted by the aid of a magnet and it seemed unlikely that it could be removed through the sclerotic and leave a useful eye, I agreed with Mr. Bower to await developments. The patient could at this time read newspaper type with difficulty with the right eye; there was slight haziness of the retina and slight swelling of the papilla.

By April 10th opacity of the lens began to appear, doubtless owing to the capsule having been slightly injured by the passage of the fragment; there were no further symptoms, but the lental opacity increased, and on October 22nd, 1907, Mr. Bower removed the eye as it was useless and a source of possible danger. The eye was immediately put in formalin, and on opening it on October 30th I found the fragment caught in a fold of the hyaloid membrane, after having shifted its position to lie much nearer the front of the globe and just behind the ciliary body on the temporal side. The vitreous was fluid.

Thus the piece of sheet copper was retained in the globe for almost twenty-two months without giving rise to any symptoms but a traumatic cataract, and the eye was finally enucleated as a matter of expediency.

Cheltenham.

A. F. R. CONDER, M.D.

POISONING BY MERCURIC POTASSIUM IODIDE.

DR. SEYMOUR W. DAVIES, in a memorandum in the BRITISH MEDICAL JOURNAL of December 21st, 1907, p. 1775, on a case of poisoning by mercuric potassium iodide, points out the apparent innocuousness of the drug compared with mercuric perchloride. This is not my experience, as the following will show.

Many years ago, when a student, I was suffering from a slight sore throat, and was given by mistake a mercuric potassium iodide solid (containing 8.75 grains), the donor thinking that it was a red gum tabloid. I only kept it in my mouth for a few seconds, as the taste was very unpleasant, yet within a quarter of an hour I suffered from very profuse salivation, pain in the upper abdomen, and constant vomiting. For an hour or more I felt very ill, the symptoms then passed off and I felt no more bad effects. I cannot have absorbed as much as a grain, as the solid when ejected looked its usual size, yet the absorption of so small an amount was followed by very severe symptoms. I think this will show that mercuric potassium iodide is not so innocuous, at least in some cases, as Dr. Davies believes.

Woking.

R. THORNE THORNE, M.D.

REPORTS

ON

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

GENERAL HOSPITAL, BIRMINGHAM.

A CASE OF SPORADIC DYSENTERY IN A CHILD.

(Reported by Professor SAUNDY and W. H. WYNN, M.D.Lond., M.R.C.P.Lond., Assistant Casualty Physician and Clinical Pathologist.)

REPORT OF CASE.

WILLIAM V., aged 3½ years, was admitted on July 14th, 1907, collapsed.

History.

He had been treated for three days in the casualty department for diarrhoea. On examination the temperature was 102° F., pulse 163, respirations 36. He revived after getting warm in bed, and in the course of the next twenty-four hours passed four stools which were thin and yellow, but did not contain blood or mucus. At night the temperature rose to 103°, and his face was flushed. The spleen was not enlarged, but there was some tenderness over the lower part of the abdomen, more marked on the right side. There were a few harsh sounds to be heard over the base of the right lung, but there was no dullness. On the night of July 16th, the temperature rose to 103.6°, and was 103° on the morning of July 17th, when the pulse was 160 and the respirations 60. No urine could be saved. He died at 1.20 on the afternoon of July 17th.

Treatment.

The diet was milk and lime water only; at first he was ordered ice-water enemata and a hypodermic injection of normal saline solution with small doses of grey powder and opium every four hours. The next day the medicine was changed to a mixture containing a few grains of bismuth and sodium bicarbonate suspended in mucilage. The diarrhoea was never severe after admission, and was not the cause of death, which was evidently due to some toxæmia.

Necropsy.

At the *post-mortem* examination, which was performed on July 18th, the heart was normal; the lungs were congested but not consolidated, and there was a quantity of pus in the trachea and larger bronchi, which contained quantities of pneumococci. The liver showed no naked-eye change, but under the microscope there was cloudy swelling of the cells with patches of commencing fatty degeneration. Both kidneys showed cloudy swelling. The spleen was soft, pulpy, congested, and slightly enlarged. The stomach and intestines showed nothing abnormal. The mesenteric glands were large and congested. The colon and rectum from the ileo-caecal valve to the anus presented marked swelling and congestion, the surface of the mucous membrane being irregular, pink

MEDICAL NEWS.

THE next session at the West London Post-Graduate College commences on January 13th, and will last twelve weeks.

THE Lord Chancellor has, on the recommendation of the Lord-Lieutenant of the County (the Duke of Fife, K.T.), added the name of Dr. R. J. Collie to the Commission of the Peace for the County of London.

THE KING has sanctioned the acceptance by Captains S. L. Cummins, M.B., B.Ch., and G. S. Nickerson, M.B., both of the Royal Army Medical Corps, of the Fourth Class of the Imperial Ottoman Order of the Osmanieh, conferred upon them by the Khedive of Egypt, in recognition of valuable services rendered by them.

THE second Hunterian Lecture, dealing with some important aspects of suppuration of the middle ear, will be delivered by Dr. Dundas Grant at a meeting of the Hunterian Society on January 8th, at the London Institution. On the occasion of this lecture, which commences at 8.30 p.m., the Society will, as usual, welcome any member of the medical profession who desires to be present.

THE opening lecture of the Mount Vernon Hospital Post-Graduate Course will be given by Sir Thomas Clifford Allbutt, K.C.B., F.R.S., consulting physician to the hospital, in the lecture room at the Central Out-patient Department, 7, Fitzroy Square, W., on Thursday, January 9th, at 5 p.m. The subject of the lecture, to which medical practitioners are invited, will be angina pectoris.

THE annual dinner of the Metropolitan Hospital Saturday Fund will be held at the Holborn Restaurant on Saturday, February 1st, at 6.30 p.m. The chair will be taken by Sir George Bartley, K.C.B., one of the Vice-Presidents of the Fund. Applications for tickets should be made to the Secretary of the Fund, or the Chairman or Honorary Secretary of any of the Standing Committees, not later than Tuesday, January 28th.

THE second annual dinner of the past and present students of the Royal London Ophthalmic Hospital will take place at the Trocadero Restaurant, Shaftesbury Avenue, W., on Wednesday, January 29th. Sir John Tweedy, F.R.C.S., Consulting Surgeon to the Hospital, ex-President of the Royal College of Surgeons of England, will take the chair at 7.45 p.m. Each student is entitled to introduce two guests. Tickets (price 10s. 6d. each, exclusive of wine) may be had on application to either of the honorary secretaries, Mr. Arnold Lawson, 12, Harley Street, W., or Mr. J. Herbert Parsons, 27, Wimpole Street, W.

THE least-known and least-visited, perhaps, of all our colonies, British Honduras, contrives to show a certain amount of progress in every way, not excepting the sanitary condition of its towns. Last year, as we learn from the Colonial Office report, there was no yellow fever—an unusual circumstance, for there was an epidemic in 1905, and epidemic years have hitherto always been followed by a less severe outbreak in the succeeding year. All the neighbouring countries suffered, but a strict system of fumigating all the small vessels coming from infected ports had probably not a little to do with the immunity Belize enjoyed. An ordinance enforcing the covering of all butts, tanks, and cisterns with wire gauze came into force in Belize on January 1st, 1907, and later on in every town in the country. It was noticed that directly the cisterns of any block were finished, neighbouring houses were visited by flights of *Stegomyia* evidently looking for new breeding grounds, and these migrations continued until the cisterns were all covered. The population of British Honduras is 41,007, and the males are in excess of the females by 877; the male births also exceeded the female by 27 during the past year. The birth-rate was 32.9 per mille, and just two-fifths of those born were illegitimate. The death-rate was 29.9, and fevers of malarial type apparently accounted for 10 per cent. of the deaths. The vital statistics of the Carib seem to show better than those of any other people in the colony; for while the "Indian"—it is not stated whether the East Indian is meant by this term—has the ominous figure of 114 deaths for every 100 births, the negro 58, and "other races" 79, the Carib deaths number only 48.

CAIRO WATER SUPPLY.

IT was mentioned in the BRITISH MEDICAL JOURNAL some months ago that Dr. A. C. Houston, Director of Water Examinations to the Metropolitan Water Board, had been granted permission to take part in the examination of the Cairo water supply. Of this there have been a good many complaints, and it was therefore deemed desirable by the Egyptian Government that the sources of the supply, the methods of collection and distribution, and the suitability of the water for drinking and domestic purposes, should be inquired into. Accordingly an International Committee of three experts, consisting of Dr. Houston, Professor Gartner, and Dr. Dienert, was appointed. This Commission was at work from November 21st to December 7th, 1907, and its report will shortly be published in Arabic. According to the *Times*, while criticizing the methods of filtration of the Ghizeh and Abbassieh supplies, which are derived from the Nile, and in a less degree of the Rod el Farag supply, derived from wells in the neighbourhood of the river, the experts pronounced favourably, on the whole, as regards the freedom of the supply from chemical and bacterial pollution. The methods of distribution on the east bank of the Nile are declared to stand in need of drastic improvements in the immediate future. A number of recommendations as to the methods of filtration and distribution that should be adopted are appended to the report, which, while in some respects unsatisfactory, disposes of the frequently absurd charges—for example, of causing barrenness and loss of hair—brought against the Rod-el-Farag well supply by the native population, which, being accustomed to soft water derived from the Nile, had a strong prejudice against the hard water supplied by the new wells. Our contemporary adds that it is believed that the Government will shortly appoint a commission to consider the question of how best to give effect to the recommendations of the commission.

HOSPITAL AND DISPENSARY MANAGEMENT.

GARTLOCH ASYLUM, GLASGOW.

THE tenth annual report of the Glasgow District Asylum, Gartloch, covers the twelve months ending May 15th, 1907. During this period the number of patients increased from 684 to 745, an addition of 61 (33 males and 28 females); 240 patients were discharged or died, while 301 were admitted. The average number in residence was 722.3, and the total number under treatment was 981. The number that died was 81, while 99 patients were discharged as recovered, and a further 60 were discharged as relieved, either transferred to other asylums or handed over to the charge of friends and relatives or boarded out. The admissions numbered more than in any previous year, and from the prognostic point of view represented very unfavourable types of insanity; thus over 66.1 per cent. had either been ill over a year or had previously been ill or were congenital imbeciles. This is in large measure due to the fact that many acute curable cases are now treated in the observation wards of the parochial hospitals. It is also owing to this factor, perhaps, that the recovery-rate, 32.89 per cent., is this year considerably below the usual rate for this asylum. Dr. Parker would like to see an attempt made to dispose of boarded-out cases in groups, so that for every couple of hundred or so an experienced inspector might be appointed as advisor and supervisor. With such an arrangement he thinks that the boarding-out system might be greatly extended and made suitable for many cases which at present cannot be so treated. A very useful innovation has been made by the Brabazon Association, which has started an after-care association to assist patients in getting a fair start after their discharge from treatment. The number of deaths was 81, or 8.23 per cent. of those under treatment during the year. As on former occasions, the chief mortality occurred from general paralysis. In 48 instances a *post-mortem* examination was obtained, but Dr. Parker regrets that the Glasgow District has not yet seen the advisability of supporting the conjoint laboratory scheme of the Scottish asylums. The chief etiological factor is again found to have been parental alcoholism, more especially in the case of patients whose mental breakdown occurred before the age of 26. Despite the fact that the period under review was a bad one for the farm and garden, the net maintenance expense per patient—£28 15s. 5d.—was lower than in the previous year. Of this £1 10s. 1d. represented the deficit on the garden and farm owing to the unusually bad weather. Despite this reduction in the maintenance cost the comfort and well-being of the patients was in no way diminished. The Commissioners' reports are highly satisfactory.

SECRET COMMISSIONS.

BRUM. sends us a circular he has received offering medical men a commission on the sales to their patients of articles purchased from a certain firm. He expresses his astonishment that any firm should think it worth while to make such an offer to medical practitioners, presumably because he cannot conceive that any member of the medical profession would stoop to earn money by such means. It is even more surprising, however, to think that a respectable business firm should think it worth while to run the risk of a prosecution under the Prevention of Corruption Act, which was expressly passed to check this kind of thing.

Medico-Legal.

A QUESTION OF FEES.

At the Brighton County Court, on December 13th, 1907, an action was heard in which a medical man claimed from the executors of a late patient a sum of £47 5s., for medical services rendered and money paid, and was finally awarded by the jury £44 2s. The plaintiff in his evidence, on examination and cross-examination, stated (according to the *Sussex Daily News*) that during an illness previous to that which ended in the death of the patient he had charged her half a guinea a visit, throwing one visit in because he usually took off something, and received a cheque for his account with a letter of thanks. His attendance during the second and fatal illness covered sixty-four visits in all; he often had to make two visits a day, the second one between 7 and 9 p.m. An operation had to be performed, subsequent to which there were from six to ten visits in consultation with the operating surgeon. For these visits he would have been entitled, strictly speaking, to charge a guinea, but did not charge more than his ordinary fee of half a guinea. Before the operation was performed he had stated what the fee of the operating surgeon would be, but no other question as to fees had ever been raised. The operation was a very serious one, but successful. He had acted as the assistant of the surgeon who performed it, and for doing so had charged £10 10s. This was his usual charge for assisting at an operation of that nature. He had paid the anaesthetist, who was a specialist, £5 5s. During a portion of the time over which the sixty-four visits extended eleven visits had been paid on his behalf by another medical man. He considered that any general practitioner would make much the same charge as he had. He was aware that in *Whitaker's Almanack* there was a statement that it was a custom amongst medical men to charge fees in accordance with the rent of the house in which the patient lived, but he did not go by that book nor admit that the custom indicated was generally followed. The fees to be charged depended upon the whole circumstances of the case; in some cases he charged nothing. Some rich patients lived in small houses and poor patients in large ones. There were about twenty evening visits, but only for one had he charged a double fee.

Evidence was also given by other medical men, being to the effect that the plaintiff as a general practitioner held a very good position in Brighton, and that half a guinea was quite a fair and reasonable charge for him to make. The majority of medical men did not take the exact rental value of a patient's house as a basis for their charges, but the nature of the illness, the age of the patient, and similar considerations, together with his position and means. The operating surgeon stated that the operation, for which he charged 50 guineas, could not have been carried out without the plaintiff's assistance, and that the fee which the latter charged for so doing, as also the fee which he paid to the anaesthetist, seemed to him reasonable. The anaesthetist stated that the fee of £5 5s. was one which he had received frequently.

For the defence evidence was brought to show that in other towns persons living in more expensive houses and with larger incomes than that of the deceased had been charged smaller fees than half a guinea a visit. The judge ruled that *Whitaker* could not be put before the jury as an authority for the charges of medical men. After a short consultation the jury gave the verdict which has already been stated.

A PARTNERSHIP DISAGREEMENT.

H. J. B.—If the vendor made any use of the collector for his own private interest without the knowledge and consent of the purchaser, after the expiry of the introduction, it would be a breach of the clause quoted, but not otherwise. The matter, however, appears to be one that ought to be placed in the hands of a solicitor for advice.

At the December examination for midwives of the Central Midwives Board there were 213 candidates, of whom 179 passed, the percentage of failures being 16. Of the successful candidates 67 received their training in hospitals, 15 in workhouse hospitals and infirmaries, 19 in maternity charities, 7 in trained nurses' institutes, 6 in district nurses' societies and associations, 8 in mothers' homes, 9 in missionary institutions, and 48 under private tuition.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

THIRD M.B. (*Surgery, Midwifery, and Medicine*).—J. B. Banister, M.A., Jes.; J. W. B. Bean, B.A., H. Selw.; E. Beaton, B.A., Cal.; H. S. Berry, M.A., Cla.; C. W. Bowle, B.A., Trin.; D. W. A. Bull, B.A., Cal.; B. P. Campbell, B.A., Cla.; J. R. C. Canney, B.A., Christ's; H. B. Carlyll, B.A., Joh.; R. G. Chase, B.A., Trin.; R. N. Chopra, B.A., Down; F. Clayton, B.A., Trin.; H. N. Coleman, B.A., Christ's; G. H. Davy, B.A., Cal.; A. W. C. Drake, B.A., Pemb.; N. M. Fergusson, B.A., Magd.; G. B. Fleming, B.A., King's; R. L. Gamlen, B.A., Cal.; G. Graham, B.A., Trin.; F. W. W. Griffin, B.A., King's; O. Heath, B.A., Trin.; E. B. Hinde, B.A., Emm.; A. F. Jackson, B.A., Pet.; K. A. Lees, B.A., King's; S. G. Luker, M.A., Pemb.; M. W. B. Oliver, B.A., Trin.; E. V. Oulton, B.A., Christ's; B. H. Palmer, B.A., Pemb.; W. G. Parkinson, B.A., Emm.; B. A. I. Peters, B.A., Jes.; J. H. Ryffel, M.A., Fet.; L. Shingleton-Smith, B.A., Joh.; E. Slack, M.A., Pemb.; E. C. Sparrow, B.A., Trin.; H. H. Taylor, B.A., Pemb.; C. H. Treadgold, M.A., Cla.; F. B. Treves, B.A., Cal.; P. J. Verrall, B.A., Trin.; K. M. Walker, B.A., Cal.; A. Wilkin, B.A., King's.

M.C.—E. W. Sheaf, Down.

APPOINTMENTS.

Dr. W. H. L. Duckworth has been appointed Senior Demonstrator of Anatomy, and Mr. D. G. Reid, M.B. Edin., Junior Demonstrator of Anatomy for five years.

ERRATUM.—The initials of Mr. Paton who, as stated in the issue of the JOURNAL for December 28th, 1907, has been appointed an additional examiner in surgery at Cambridge University, are E. P. He is Surgeon to Out-patients at Westminster Hospital.

UNIVERSITY OF LONDON.

MEETING OF SENATE.

A MEETING of the Senate was held on December 11th, 1907.

Recognition of Teachers.

The following teachers were recognized as teachers in the University in the subjects indicated at the institutions stated:

University College Hospital Medical School.—Dr. Francis Hugo Thiele (Pathology).

St. Bartholomew's Hospital Medical School.—Mr. William Douglas Harmer and Mr. Frank Atcherley Rose (Laryngology); Mr. George Ernest Gask (Surgery).

Guy's Hospital Medical School.—Dr. Arthur Edwin Boycott (Pathology).

St. George's Hospital Medical School.—Mr. Walter Fedde Fedden (Surgery).

Titles appropriate to Teaching Posts.

The Senate considered the question of the titles appropriate to teaching posts in University College and the titles of appointed teachers in the University elsewhere, and decided that the titles of the undermentioned teachers at University College should be as follows:

Cushny, Arthur Robertson, M.A., M.D., C.M., F.R.S., Professor of Pharmacology.

Hill, James Peter, D.Sc., Jodrell Professor of Zoology and Comparative Anatomy.

Kenwood, Harry Richard, C.M., M.B., D.P.H., Chadwick Professor of Hygiene.

Ramsay, Sir William, K.C.B., Ph.D., LL.D., Sc.D., F.R.S., Professor of General Chemistry.

Spearman, Charles, Ph.D., Reader in Experimental Psychology.

Starling, Ernest Henry, M.D., B.S., F.R.S., Jodrell Professor of Physiology.

Thane, George Dancer, LL.D., M.R.C.S., Professor of Anatomy.

Essay Papers at M.D. Examination.

It was resolved that the following heading for the essay papers at the M.D. examination for internal and external students be approved, and that the regulations be amended accordingly:

The candidate is expected to set forth his ideas in a clear and orderly manner, and to examine critically the various views and suggestions that have been put forward with regard to the subject selected. Account will be taken not only of knowledge of detail but also of the power to construct a lucid and well co-ordinated essay.

Proposed Transfer of King's College.

The Bill designed to effect the transfer of King's College to the University, as agreed upon by the Senate of the University and the Council of the College, has been deposited in the Private Bill Office of the House of Commons.

Advanced Lectures in Physiology.

The following advanced lectures in physiology will be given during the coming term:

In the Physiological Laboratory of the University.—

(1) Eight lectures on Intracellular Enzymes, by H. M. Vernon, M.A., M.D., on Tuesdays at 5 p.m., commencing January 14th.

At University College.—(2) Eight lectures on the Chemical Constitution of the Proteins, by R. H. Aders Plimmer, D.Sc., on Wednesdays at 5 p.m., commencing on January 22nd. (3) Eight lectures on the Chemistry of the Fats and Carbohydrates and some other Constituents of the Animal Body, by S. B. Schryver, D.Sc., Ph.D., on Fridays at 5 p.m., beginning on January 24th.

At King's College.—(4) Four lectures on Tissue Respiration, by T. G. Brodie, M.D., F.R.S., on Mondays at 4.30 p.m., beginning on January 20th. (5) Two lectures on the Physiology of the Emotions, by F. W. Mott, M.D., B.S., F.R.S., on Mondays at 4.30, beginning February 17th. (6) Two lectures on Degeneration and Regeneration of Nerves, by W. D. Halliburton, M.D., B.Sc., F.R.S., on Mondays at 4.30 p.m., commencing March 2nd.

At Guy's Hospital Medical School.—(7) Eight lectures on The Physiology of Muscular Work, by M. S. Pembrey, M.A., M.D., B.Ch., on Thursdays at 4 p.m., beginning on January 16th.

At the London Hospital Medical College.—(8) Eight lectures on Inheritance in its Physiological and Pathological Aspects, by W. Bulloch, M.D.; G. P. Mudge, A.R.C.S.; Major Greenwood, M.R.C.S.; and A. Bacot, F.R.S., on Wednesdays, at 4.30 p.m., beginning on January 15th.

Courses numbered (1), (2), (3), and (7) have been recognized by the Senate as advanced lectures which a candidate at the B.Sc.(honours) examination in physiology may name for part of his practical examination.

Advanced Lectures in Zoology.

Mr. F. E. Beddard, M.A., F.R.S., will begin on January 20th, at 5 p.m., in the Zoological Lecture Theatre, University College, a course of four lectures on the circulatory system of reptiles. The lectures are addressed to advanced students of the University, and to others interested in zoology; there is no fee for the course.

The following candidates have been approved at the examinations indicated:

M.D. (in Medicine).—H. T. Gillett, C. E. Iredell, *B. A. Richmond (Guy's Hospital), H. H. Scott, C. E. Tangye.
M.D. (in Pathology).—*C. A. Pannett (St. Mary's Hospital).
M.D. (in Mental Diseases and Psychology).—E. B. Sherlock.
M.D. (in Midwifery and Diseases of Women).—Elizabeth Bolton, A. R. Finn, Louisa Martindale, E. B. Smith, Ethel M. Townend.
M.D. (in State Medicine).—T. E. Francis, M. de L. Robinson.
M.S.—H. Chitty, *T. B. Cayton (Guy's Hospital), J. G. French.
* University medal.

UNIVERSITY OF GLASGOW.

The following additional Examiners have been appointed: *Anatomy*: Professor A. H. Young (Manchester). *Medical Jurisprudence*: Professor J. T. J. Morrison (Birmingham). *Medicine*: Dr. C. O. Hawthorne (London). *Surgery*: Mr. J. H. Nicoll (Glasgow). *Midwifery*: Dr. S. Sloan (Glasgow).

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

ANNUAL ELECTION MEETING.

At a meeting on December 5th, 1907, Dr. C. E. Underhill was re-elected President of the College, and Dr. John Playfair, Vice-President; and Sir Thomas R. Fraser, Sir John Batty Tuke, Dr. W. Allan Jamieson, Dr. James Ritchie, and Dr. R. W. Philip were elected to the Council, with the President and Vice-President. The Council subsequently made the following appointments for the ensuing year:

Treasurer: Peter A. Young, M.D., till January 31st, 1908*; *Norman Walker*, M.D., from January 31st, 1908. *Secretary*: Harry Rainy, M.D. *Librarian*: D. Berry Hart, M.D. *Curator of Research Laboratory*: Sir John Batty Tuke, M.D.

* Dr. Young has intimated his resignation as Treasurer as at January 31st, 1908.

I. EXAMINERS FOR THE LICENCE.

FIRST BOARD.—*Physics*: Dawson Turner, M.D., and Alfred Daniell, D.Sc. *Chemistry*: Edwin Matthew, M.B., C.M., and John Gibson, Ph.D. *Biology*: John Macmillan, M.B., and W. Blackley Drummond, M.B.

SECOND BOARD.—*Anatomy*: Sir James A. Russell, M.B., and Joseph R. Whitaker, M.B. *Physiology*: Percy Theodore Herring, M.D., and A. Goodall, M.D.

THIRD BOARD.—*Pathology*: Robert A. Fleming, M.D.; Wm. Thomas Ritchie, M.D.; and Stuart MacDonald, M.D. *Materia Medica*: G. Lovell Gulland, M.D.; Francis D. Boyd, M.D.; and Harry Rainy, M.D.

FINAL BOARD.—*Medicine*: James O. Affleck, M.D.; Chas. E. Underhill, M.B.; W. Allan Jamieson, M.D.; Alex. James, M.D.; Byrom Bramwell, M.D.; G. A. Gibson, M.D.; J. Murdoch Brown, M.D.; J. Graham Brown, M.D.; Alexander Bruce, M.D.; Wm. Russell, M.D.; G. H. Melville Dunlop, M.D.; and R. W. Philip, M.D. *Midwifery*: D. Berry Hart, M.D.; A. H. F. Barbour, M.D.; F. W. N. Haultain, M.D.; J. W. Ballantyne, M.D.; James Lamond Lackie, M.D.; and Wm. Fordeyce, M.D. *Medical Jurisprudence and Public Health*: James Andrew, M.D.; P. A. Young, M.D.; James Carmichael, M.D.; J. Allan Gray, M.D.; R. S. Aitchison, M.D.; and W. G. Aitchison Robertson, M.D. *Insanity*: Sir John Batty Tuke, M.D.; T. S. Clouston, M.D.; John Macpherson, M.D.; and John Fraser, M.B.

II.—EXAMINERS FOR THE MEMBERSHIP.

Sir A. R. Simpson, M.D., Sir Thomas R. Fraser, M.D., John Wyllie, M.D., James Andrew, M.D., Sir John Batty Tuke, M.D., T. S. Clouston, M.D., J. J. Kirk Duncanson, M.D., P. A. Young, M.D., James O. Affleck, M.D., John Playfair, M.D., W. Allan Jamieson, M.D., Alex. James, M.D., Peter M'Bride, M.D., Byrom Bramwell, M.D., G. A. Gibson, M.D., D. Berry Hart, M.D., Sir James A. Russell, M.B., W. S. Greenfield, M.D., J. J. Graham Brown, M.D., A. H. F. Barbour, M.D., Alex. Bruce, M.D., William Russell, M.D., G. H. Melville Dunlop,

M.D., N. T. Brewis, M.B., R. W. Philip, M.D., John Thomson, M.D., F. W. N. Haultain, M.D., John W. Ballantyne, M.D., G. Lovell Gulland, M.D., W. G. Aitchison Robertson, M.D., John Macpherson, M.D., Norman Walker, M.D., William Elder, M.D., Charles James Lewis, M.D., Harry Rainy, M.D., K. Mackenzie Downie, M.D., Claude Buchanan Ker, M.D., James Ritchie, jun., M.D.

III.—EXAMINERS FOR DIPLOMA IN PUBLIC HEALTH.

FIRST EXAMINATION.—*Chemistry*: W. G. Aitchison Robertson, M.D. *Bacteriology*: James Taylor Grant, M.D. *Physics*: Dawson Turner, M.D. *Meteorology*: Charles James Lewis, M.D.

SECOND EXAMINATION.—*Epidemiology and Endemiology*: Claude Buchanan Ker, M.D., and W. Leslie Mackenzie, M.D. *Practical Sanitation*: J. Allan Gray, M.D., and Wm. Robertson, M.D. *Sanitary Law, Vital Statistics, and Statistical Methods*: Sir James A. Russell, M.B., and Jas. Craufurd Dunlop, M.D.

Registrar: Harry Rainy, M.D. *Superintendent of Laboratory*: James Ritchie, jun., M.D. *Clerk*: Alex. Sholto Douglas, W.S. *Auditor*: John Wilson Brodie, C.A. *Sub-Librarian*: F. C. Nicholson, M.A.

EXTRAORDINARY MEETING.

At an extraordinary meeting of the College held on Tuesday, December 17th, 1907, the College unanimously appointed Sir A. R. Simpson and Dr. John Playfair to be Representatives of the College on the Board of Management of the Royal Infirmary.

LONDON SCHOOL OF TROPICAL MEDICINE.

The following candidates were approved at the examination held at the end of the twenty-fifth session, October-December, 1907.

*G. U. Smith, *W. Westropp White, Major I.M.S., *H. L. Deck, *J. Cross, †G. H. Hustler, M. J. Quirke, Captain I.M.S., †F. L. Henderson, †T. L. Craig, †W. R. Larbalestier, A. E. Oakeley, W. R. Gibson, F. A. Wille, T. F. Macdonald, R. FitzHerbert Johnson, †W. S. Snell.

* With distinction. † Colonial service.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved at the examinations indicated:

SURGERY.—†T. Campbell, *†E. S. Cooke, †A. C. J. Elwin, J. Jones. **MEDICINE.**—†R. Beesley, H. J. Clutterbuck, †W. J. G. Gayton, *M. Rathbone.

FORENSIC MEDICINE.—R. Beesley, M. Fisher.

MIDWIFERY.—H. J. Clutterbuck, H. B. Waller, S. H. Watton.

† Section I.

* Section II.

The diploma of the Society has been granted to Messrs. R. Beesley and E. S. Cooke, entitling them to practise.

PUBLIC HEALTH.

ISOLATION HOSPITAL ACCOMMODATION IN THE COUNTY OF MIDDLESEX.

WITH only a few exceptions the sanitary authorities in the county of Middlesex have been persuaded to provide hospital accommodation for the isolation of cases of infectious disease. The population of the urban districts of the county was estimated at the middle of 1908 to be 966,000, and of this number all but 27,000 lived in districts in which some form of hospital isolation had been provided. In four rural districts there is no accommodation for one-half of the 50,000 persons resident in them. The most pressing need for further provision is in the south-western portion of the county, which includes the urban districts of Feltham, Staines, and Sunbury, and the rural district of Staines, where there is a combined population of nearly 40,000 persons. These districts are in the same Poor-law union, and are one district for registration purposes. As long ago as 1905 the county medical officer of health (Dr. C. W. F. Young) urged the erection of a joint hospital, and in his report for 1906 he again brought the matter prominently forward. During the past few months the question has been before the Local Government Board, and the report of one of the Board's medical inspectors (Dr. E. P. Manby) fully endorses the advice which was given not only by Dr. Young, but by the medical officers of health of the districts concerned. Dr. Manby says that there can be no doubt that a certain amount of hospital provision permanently available is needed for the district, and he points out that it is always important to remove to hospital cases of infectious disease from premises where milk and other foods are sold, and where people congregate together—for example, hairdressers' shops, public-houses, and the like. Some of the councils in the registration district occasionally arranged for parents to remain at home during the illnesses of their children, and the councils paid the parents for loss of work thus occasioned, but the auditor objected to such expenditure of money being made from the rates.

TENURE OF MEDICAL APPOINTMENTS IN THE POOR-LAW AND SANITARY SERVICES.

FLAGSTAFF asks whether A's two appointments—namely, district medical officer and surgeon to a workhouse (both permanent)—would be altered by his being appointed medical officer of health in the same town? Would the two first-mentioned then become yearly appointments?

** There is no reason on general grounds to think that the holding of the sanitary appointment would in any way endanger the permanency of the other two. We are, of course, unacquainted with any special local circumstances.