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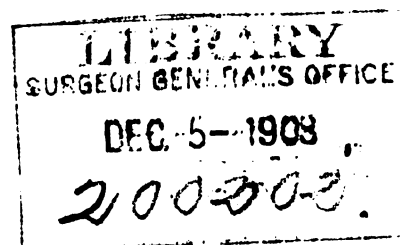
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upon the young mind the importance of that old doctrine "Thou shalt not."

Want of education is a powerful cause of mental degeneration; the total neglect of training to appreciate anything approaching intellectual enjoyment is one of the causes of so many seeking the lowest forms of sensual enjoyment, with all the mental and moral demoralization associated therewith. Ignorance, idleness, and inebriety are the milestones that mark the victim's progress on the road to ruin that ends in the asylum, the workhouse, or the prison, with such disastrous results, not only to the unfit, but to the unfortunate ratepayers, who have to bear both the injury done by the prisoners and also the cost of their keep, to say nothing of the loss to the State of their labour.

Now, what do we hope to gain by an alteration of the system?

1. A better classification of prisoners. The thoroughly vicious criminal must be taught by experience that the way of transgressors against the law is hard; but for the weak-minded, the ignorant, the misled, we want a very different system of classification than we have or can have under the present system. For the weak-minded our prison system is too hard.

2. Our present system of providing for prisoners is very expensive. For the dangerous criminal we must provide prisons where the offender can be confined in safety; but for the less serious offences, such as drunkenness, petty larceny, etc., the State farm would be far more useful and remedial.

3. Attached to each prison should be an expert alienist, as in Belgium. I remember with horror that some years ago a chronic epileptic was hanged for murder.

4. An alteration of the law as regards the habitual drunkard. As the law stands at present on the statute book, many of the inmates of our inebriate reformatories are hopeless dipsomaniacs before they arrive. If the ratepayers are to receive a proper return for their money, we must repeal the law as to convictions and have the offenders detained under an enactment on the lines of that in force in Massachusetts.

5. It is a debatable question what percentage of the commissioners should be ex-army officers; there should certainly be more medical ones.

6. That any system will abolish crime I do not believe, but at the present time I am afraid our existing system of doing things is on the how not to do it system, and I say without hesitation that I am very glad the Commission has been appointed.

REFERENCES.

¹ *Criminal Responsibility*, C. Mercier, Clarendon Press, Oxford. ² *Le Traitement des Aliénés Délinquants*, Dr. Morel, No. 127, *La Revue Philanthropique*, Paris. ³ *The Feeble-minded Criminal*, H. B. Donkin, Esq., M.D., Birmingham Education Committee. ⁴ *Mentally-defective Drunkards*, R. W. Branthwaite, Esq., M.D.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

CEREBRAL INFLUENZA.

I HAVE read with much interest Professor Saundby's address on cerebral influenza in the *BRITISH MEDICAL JOURNAL* of June 6th, 1908, and as he points out that the cases are rare, and in consequence liable to give rise to serious difficulties in diagnosis, I think it may be of use to record briefly the notes of a case that came under my care in January last. The patient was a girl aged 23, and was admitted to the Royal City of Dublin Hospital on January 26th, during the height of the influenza epidemic of this year. On admission she was in a state of deep coma, and was indeed sent in as a case of probable cerebral abscess, on account of a slight discharge which was stated to be coming from the left ear. The only history obtainable was that she had suffered from some slight gastric disturbance about six weeks previously; from this she had completely recovered, and remained in good health until four days prior to admission to hospital. She then began to complain of general weakness, inability to stand or walk, and of violent pains in the head, and vomited once or twice. These symptoms increased, and on the day before admission she became delirious, failed to recognize those around her, and

talked incoherently. Her temperature at this time was said to be somewhat raised. On examination the patient was found to be in a state of complete unconsciousness. The pupils were dilated, but reacted to light, and the optic discs were normal. The membrana tympani on both sides was normal, and no aural discharge could be detected. The jaws were tightly clenched, the tongue foul and coated, throat normal. The neck was rigid and slightly retracted; the anterior cervical glands somewhat enlarged; heart and lungs normal; abdominal organs normal; well-marked rectus reflex. The sphincters were relaxed, but a catheter specimen of urine showed a slight cloud of albumen without casts. No other abnormal constituents were present. The legs were somewhat rigid, with well-marked knee reflexes and slight ankle clonus. Neither Kernig's sign nor Babinski's sign was present. The temperature was 101° F.; pulse 104, and very feeble; respirations, 30 to the minute. A blood examination revealed nothing abnormal, the white cell count being only 7,500 per c.mm., with 76 per cent. of granular cells. Some fluid removed by lumbar puncture was quite clear; no bacteria were found either in smear preparations or on culture in serum tubes. A Widal test proved negative, as did also Calmette's ophthalmic reaction. The patient remained in the above-described condition for four days, and then the temperature sank to normal, and the coma became less profound, so that she could be slightly roused. On the sixth day she made some attempts to speak, and was able to swallow fluids, and from that on recovery was steady but slow. Up till her discharge from hospital, four and a half weeks after admission, she continued to suffer somewhat from aphasia, finding difficulty apparently in selecting the right words to express herself, and often applying wrong terms to familiar objects. A fortnight later, however, after a stay in the convalescent home, this symptom had disappeared, and she was in every way in perfect health. As will be seen from a reference to Professor Saundby's paper, this case corresponds closely with some of those that he describes and therefore requires no further comment. On admission no diagnosis was made (except that the patient was suffering from a profound toxæmia of the nervous system), and it was only by a process of exclusion that the diagnosis of cerebral influenza was arrived at. No drug treatment was ordered, as there was no indication for any special chemical or serum therapy; icebags were applied to the head; nutrient enemata were given at first, and careful watching and nursing were observed.

T. GILLMAN MOORHEAD, M.D., F.R.C.P.I.,
Physician, Royal City of Dublin Hospital.

Mrs. J., aged 40, a healthy woman, the mother of three healthy children, the wife of a farmer, had for three or four days previous to the attack complained of headache and chilliness. On April 25th of this year she rose early, and, beyond a headache, was feeling fairly well. She went to feed her chickens, when suddenly she felt faint, and just managed to reach the house, when she had a "fit." The family sent for me, and on my arrival, about three hours later, I found her in bed in a condition resembling that of a person recovering from an epileptic fit. She complained of severe headache, persistent vomiting; temperature normal, pulse 65. I was informed that she had had two fits, one on reaching the house, and another an hour later; during the fits she was unconscious, foamed at the mouth, and was convulsed. A mixture of bromide of potash and phenazone and a dose of calomel were prescribed, cold was applied to the head, and strict rest and quiet were enjoined. The following day she appeared better; the vomiting had ceased, the headache was not so severe, and she seemed more alive to her surroundings; she spoke distinctly and readily. She complained of considerable intolerance to light, in the left eye especially. On the third day temperature 101° F., pulse 85; the headache during the night was intense, and she seemed to be suffering greatly with her head. I gave a tabloid of $\frac{1}{2}$ grain of morphine with $\frac{1}{10}$ atrop. sulph.; this was followed by some relief, and she slept for two or three hours. Photophobia still marked. On the morning of the fourth day the headache was not so severe; she was more cheerful; temperature a little lower. The pain returned with intensity in the evening and was again relieved by morphine. The fifth day, the patient had slept after the

morphine, but on waking in the early hours had excruciating pains in the head. The pain was frontal and more intense on the left side; the left pupil was dilated and did not react to light; the vision of the left eye was blurred so that she could not count fingers. She now appeared to be very ill but was quite conscious. A blister was applied behind the ear and the bromide mixture was continued as well as an occasional dose of morphine and atropine. Sixth day, the headache continued and the persons in attendance observed twitching of the face and the right arm. There was distinct paresis of the right arm and leg, and she seemed to take little notice of anything, only speaking when asked questions. Seventh day, patient much the same; tongue thickly furled; breath very heavy; she was very drowsy and could hardly be got to take any nourishment. Eighth day, patient in a semi-conscious condition, paralysis of right arm and leg complete; left pupil widely dilated and fixed; right pupil reacts sluggishly to light; urine passed involuntarily. Ninth day, patient more deeply comatose, stertorous breathing, dry brown tongue, rapid pulse and temperature 103.4° F. Tenth day, she died early in the morning. The family history was very good; her brothers and sisters are all healthy people. She was herself a healthy woman; I have been the family attendant for about thirteen years and never had occasion to attend her except during her confinements, which were always normal. The pelvic organs were healthy; she had not menstruated for two years before this attack. The heart was healthy; she had no middle-ear disease. The urine was free from albumen and sugar. Influenza was prevalent at the time in the district.

Holyhead.

T. W. CLAY, L.R.C.P., L.R.C.S. Edin.

THE publication in the JOURNAL of June 6th of Professor Saundby's address reminded me of two cases which I at the time considered to be influenzal. I came to this diagnosis as it was the only way I could explain the cases. I am sorry the notes are fragmentary. If they have any value it lies in the fact that they were made at the time. They were made for my own satisfaction and guidance, without thought of publication.

CASE I.

R., aged 25, milk dealer, was driving home after finishing his round, about 7 p.m. on Sunday, April 29th, 1906, when he suddenly handed the reins to his boy and leaned against the side of the cart. On arriving home he staggered into the house and lay down without saying a word.

I saw him that evening at 8.30. He was lying in a semi-comatose condition; pupils slightly dilated, fixed. Respiration 24, pulse 60. Temperature normal, sweating. He had a severe rigor while I was examining him. He could only be roused with difficulty, and in answer to repeated questions he said he had headache and pain in the left shoulder. There was a slight systolic murmur to be heard over the apex.

April 30th, 11 a.m. Pulse 80, respiration 20. Temperature 99°. No urine had been passed during the night. No action of the bowels. He lay quiet mostly all night. *Tache cérébrale* well marked. Kernig's sign present. Urine was drawn off and was found free from albumen and sugar. There was tenderness on pressure over sides of neck and side of head, especially behind the left mastoid.

May 1st. Temperature normal, pulse 72, jerky all over. The passing of a catheter threw him into a convulsive condition. The least touch seemed sufficient to cause these seizures. Lumbar puncture was performed. No fluid came away, so that it is doubtful if the needle entered the canal.

May 2nd. Pulse 88, respiration 22, temperature 98.4°.

May 4th. Improved; more conscious; has less pain. He is taking more food, and during the night passed urine for the first time.

From this time he quickly improved, was visited on May 27th for the last time; and he is now, and has been since, in good health.

REMARKS.—The "jerky" condition noted on May 1st was very curious. It partook partly of the nature of an epileptic seizure, partly that of a rigor. The least touch anywhere was sufficient to bring on a seizure.

The patient was seen on several occasions by my partner, Dr. Sinclair, and his condition was so grave that we gave a hopeless prognosis.

CASE II.

S. W., aged 23, labourer on the "slag bank" (steel works). I was called to see this man at 11 p.m. on July 2nd, 1906. I found him propped up in a chair. Skin was moist and clammy. Breathing shallow, face pale, pulse slow and weak. He was irritable when spoken to. Pupils reacted to light sluggishly,

were equal, and slightly dilated. Face muscles twitched and teeth were clenched; was able to swallow. I was told he had been picked up in the back street unconscious. When found he was breathing stertorously, and twitching arms and legs.

HISTORY.—Three years before was injured about head and face, chiefly about the face, by a wagon crushing him. He was in hospital for a few days. Two years before he was picked up unconscious in the back yard, and I attended him for influenza for a fortnight afterwards. No history of "fits." Has always been healthy.

July 3rd, 12 noon. Has been restless and "rough" all night, but has not spoken. There is difficulty in getting him to swallow. Pulse 96, full, soft, and regular; temperature 101° F. Reduplication of first sound of heart, breathing easy, profuse sweating about head and face. Face flushed, eyes closed. He resists any attempt to separate the eyelids, and there is obviously photophobia. Pupils react slowly to light. *Tache cérébrale* well marked. Kernig's sign well marked. Knee reflexes could not be obtained. Plantar reflex well marked. Has been boring his head into the bed all night. When lying quiet he draws the muscles of the forehead as if in pain, and groans occasionally. Pressure over the back of the head and down both sides of neck causes pain, as evidenced by the distress of the patient and his resistance. Evening: Temperature 102°, pulse 96, respirations 24, urine specific gravity 1030. No sugar, no albumen, phosphates.

July 4th, 12 noon. Temperature 101.8°, pulse 72, respirations 24; unconscious. Evening: Temperature 100.6°, pulse 72, respirations 24. Enema given with good result, and the patient was much better afterwards.

July 5th. He was given calomel gr. vj and jalapin gr. j. In the morning he answered his brother rationally, and when I called he was sufficiently conscious to answer questions.

July 6th. Found him reading the newspaper.

July 7th. Downstairs without permission. Temperature 98°, pulse 84. Headache.

Note on August 8th.—Steadily improved from above date. Going to work on August 13th.

REMARKS.—I have not given a list of the various drugs given, as I do not think it necessary to do so.

Barrow-in-Furness.

JOHN LIVINGSTON, F.R.C.S. Edin.

FÆCAL IMPACTION.

ON December 23rd, 1907, I was called to see a lady aged 36 years on account of diarrhoea and cardiac palpitation. She informed me that, although never very strong, she never had suffered from any serious illness, but was occasionally troubled with indigestion. Her bowels were always regular, and she never required an aperient.

State on Examination.—Upon examination I found the condition of her organs as follows: *Lungs* normal. *Heart* in an irritable condition; pulse 120, but apex beat in the normal position, and no sign of disease. *Urine*—specific gravity, 1022; no albumen, sugar, or casts. *Temperature* normal. The abdomen was distended, and tympanitic all over. There was no epigastric tenderness or pain in the right iliac fossa.

Treatment and Progress.—I sent her to bed and ordered albumen water. On the morning of the 24th I learned that the patient had passed a very restless night and had vomited six times. I examined the vomitus and found it consisted of yellow bile. I again examined her abdomen and discovered tenderness down the site of the descending colon. I then examined the rectum, but digital examination revealed its emptiness. Three enemata were administered, but not retained. I then gave her an aloetic pill to stimulate her colon. On the 25th I found the pill had not acted, and the patient had been vomiting all night. Upon examining the abdomen I felt a soft, pulsatious mass in the region of the sigmoid. It was now perfectly clear that the patient had a faecal accumulation in her colon. Another digital examination of the rectum was made, but nothing was discovered. On the 26th the patient remarked, "I have an attack of piles and can feel something in the bowel, but I cannot get rid of it." I found a large, hard scybalous mass in the rectum, which I broke up with the handle of a teaspoon.

Result.—I then administered a pint of warm water per rectum. Further relief speedily followed. The patient rapidly convalesced.

REMARKS.—The explanation of this case in the light of subsequent events is easy. In the first place, the diarrhoea from which this patient suffered was a spurious diarrhoea—a catarrh of the colon set up by the irritation of the scybalous mass. The heart was excitable for two reasons: (1) On account of the abdominal distension; (2) from irritation of the sympathetic nerves largely represented in the colon. The pain down the left side was evidently due to catarrh of the descending colon. The haemorrhoids were due to pressure of the loaded sigmoid upon the pelvic veins interfering with the return of blood from the haemorrhoidal veins, which possess no valves. Two further points I should like to mention:

(1) The foolishness of putting indiscriminately all abdominal cases upon milk; (2) the desirability of making a diagnosis before we attempt any therapeutic measures. Had we in this case, as a matter of routine, put this patient on a milk diet, the symptoms would have been aggravated; and had we empirically given an acid and opium mixture to check the diarrhoea, so-called, we should have still further aggravated the patient's condition.

Bedford.

S. J. Ross, M.D. Vict.

REPORTS OF SOCIETIES.

ROYAL SOCIETY OF MEDICINE.

SECTION OF SURGERY.

At a meeting on June 16th, Mr. WARRINGTON HAWARD, President, in the chair, Mr. W. G. SPENCER read a paper on the reduction of an old *Subcoracoid dislocation* of the humerus by excavating the glenoid cavity through a posterior intermuscular incision. Having turned back a skin flap, the deltoid and latissimus dorsi were held aside, a part of the infraspinatus detached with a raspator, the teres minor retracted, and the glenoid cavity thus exposed. It was found possible to remove a considerable piece of bone and a mass of thickened capsule without injury to either the triceps or biceps, and into the cavity thus formed the head of the humerus was placed by Kocher's manipulation. The wound healed by first intention, and the functional result obtained was very satisfactory. The operation was performed three and a half months after the date of the injury; the patient was a man aged 53. The advantages claimed for the posterior route were: (1) The very limited division of muscles; (2) no artery of any size was divided; (3) no cavity was left and no drainage required. The CHAIRMAN considered the operation a decided advance in the treatment of the condition. Mr. RUSHTON PARKER pointed out that the degree of disability varied considerably in these cases, but considered Mr. Spencer's result extremely good. Mr. T. H. KELLOCK described a case in which he had operated in a similar fashion through an anterior incision, and suggested the use of a combined anterior and posterior incision. Mr. RUSHTON PARKER, in a paper on a case of severe compound fracture of the humerus, recommended slinging the forearm to the neck, thus flexing the elbow. In this position deformity was very slight, and fixation could easily be secured by the use of flexible metal splints. He also read a paper on two cases of ununited fracture treated by open operation and implantation of chips of callus between the fragments.

EDINBURGH OBSTETRICAL SOCIETY.

Professor STEPHENSON, President, in the Chair.

Wednesday, June 10th, 1908.

EARLY TUBAL GESTATION.

Mr. H. WADE and Dr. B. P. WATSON described a specimen obtained *post mortem* from the body of an unmarried woman aged 30 years, who died within twelve hours of the onset of acute abdominal symptoms. The abdomen and pelvis were full of blood, the source of which was a minute perforation in a small almond-shaped swelling which was found on the isthmus of the right Fallopian tube. The affected tube was cut in serial sections, 1,971 in all, and these were carefully examined. The uterus contained a decidual lining, and in the mucous membrane of the tube a distinct decidual formation was present. The ovum was growing in the muscular wall of the tube, and in this situation cells were present which were identical with decidual cells, but formed no membrane. At the periphery of the ovum the lumen of the tube was still intact; nearer to the centre it was no longer visible owing to the destruction of the wall. Rupture had occurred about the centre of the sac, probably through muscular action on a tube which contained a good deal of blood from erosion of a blood vessel in the wall by hypoblastic tissue. The wall at this point was specially thin and hence easily torn. The authors thought that the decidual cell formation and deposit of fibrin in the tissues acted as a sort of barrier against hypoblastic invasion. Where those processes were absent

or present only in small degree the ovum penetrated deeply and rapidly; the first invasion was made by isolated trophoblastic cells, the way for which was prepared by loosening and oedema of the maternal tissues. Dr. FORDYCE could not understand why all the uterine cavity should be lined by decidual tissue if its function was merely that of a barrier. Dr. BARBOUR was very much struck by the minute size of the opening which resulted in the death of the patient. This case emphasized the importance of operation in all cases of extrauterine pregnancy. Dr. HAULTAIN pointed out that the desquamation of the epithelium at the uterine site of the tubal pregnancy confirmed Lawson Tait's theory as to the cause of extrauterine pregnancy. The persistent haemorrhage might be due to the trophoblast which prevented coagulation of the blood. Operation should be employed even when the patient was moribund, as he had seen such cases rescued from death. Dr. HAIG FERGUSON believed that in cases where pregnancy occurred in the isthmus of the Fallopian tube rupture was due to erosion and not to distension. At the fimbriated extremity rupture was due chiefly to the latter cause.

SPECIMENS.

The following were among the specimens shown:—Sir A. R. SIMPSON: A Japanese pelvimeter with an attachment for estimating the angle of pelvic inclination. Dr. HAIG FERGUSON: (1) Double uterus and vagina, one being larger than the other. (2) A uterus containing more than 90 submucous fibroids. (3) A fibroid tumour removed from the uterus; during an attack of whooping-cough it had become impacted in the pelvis and caused retention of urine.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

Mr. R. MARCUS GUNN, F.R.C.S., President, in the Chair.

Thursday, June 11th, 1908.

EXHIBITS.

Mr. PRIESTLEY SMITH showed a small instrument, consisting of a series of lenses arranged in a frame, for use with the shadow test. The feature of the apparatus was the close packing of the lenses, about sixteen of them being contained in a linear foot, and it enabled very rapid examinations to be made. Mr. LESLIE PATON showed a case with connective tissue in front of the optic disc. Dr. EDRIDGE-GREEN exhibited an improved lantern for testing colour perception. There was an arrangement consisting of three slides in a vertical column, each slide being fitted with variously-coloured glasses, which could be brought opposite an aperture with an iris diaphragm. Mr. J. H. TOMLINSON showed a Nernst lamp projecting lantern. Mr. SYDNEY STEPHENSON showed a patient with a curious congenital anomaly of the iris. Mr. G. W. ROLL showed a patient with sky-blue sclerotics, and Mr. G. W. ROLL one with double papillitis. Mr. HUDSON showed a case of Thiersch grafting. Mr. G. COATS showed a case of exudation in the retina.

CONTAGIOUS CONJUNCTIVITIS.

Mr. P. E. H. ADAMS gave an account of an epidemic of contagious conjunctivitis. It occurred in the spring, in a small school of 37 boys, 21 of whom were attacked. The eldest boy affected was 14, the youngest nearly 10. All the smears taken, except one, showed numerous Gram-positive diplococci. Most of them were typically flame-shaped pneumococci with capsules, though a few of them were rounder in shape, and in some the capsules were not evident. This agreed with the description given by Schmidt¹ of smears taken from cases of pneumococcal conjunctivitis. On blood agar the colonies were typical slow-growing pneumococci, and there was no growth on agar. Only 3 of the cases were at all acute, most of them being subacute or quite mild; 4 cases of relapse were reported. The condition found on examination was fairly constant—general congestion of the lower palpebral conjunctiva, with slight injection of the ocular conjunctiva, and in the acute cases a thin line of mucus in the folds of the conjunctiva of the lower lid. The upper lid showed slight enlargement of follicles at the angles, and a row of minute follicles along the everted edge. The whole epidemic lasted about five weeks, and spread in spite of isolation. It agreed in almost every respect with pre-

¹ *Archiv. of Ophth.*, xxxvii, No. 2.

MEDICAL NEWS.

THE annual prize giving at the London (Royal Free Hospital) School of Medicine for Women will take place on Thursday, July 2nd, at 4 p.m.; Lady Groves will present the awards.

THE late Dr. Theodore Duka, of Bournemouth, an obituary notice of whom appeared in the BRITISH MEDICAL JOURNAL of May 30th, 1908, left estate valued at £22,705 gross, and £22,680 net.

WILLIAM ROBERT SMITH, M.D., V.D., Brigade Surgeon-Lieutenant-Colonel (Honorary Surgeon-Colonel), 3rd London Volunteer Infantry Brigade, has been appointed Deputy-Lieutenant of the County of London, dated June 18th.

THE annual meeting of the National Association for the Prevention of Consumption and Other Forms of Tuberculosis will be held on July 3rd, at 3.30 p.m., at Caxton Hall, Westminster, S.W., when the Countess of Aberdeen will give an account of the tuberculosis exhibition she organized first in Dublin and then in other towns in Ireland.

THE dinner to the French visitors (*Voyage d'Etudes Médicales*) will be held at the Hotel Cecil on Thursday, July 16th, and not as previously announced. Subscriptions (not less than £2 2s.) should be sent to the Treasurer, Dr. Dundas Grant, 18, Cavendish Square, at the earliest possible date.

THE Brussels Medical Graduates' Association is to hold its annual dinner this year on July 7th, at the Garden Club, in the grounds of the Franco-British Exhibition, at 7 for 7.30. The speeches are to be few and brief, and on this occasion members are invited to bring ladies. Application for tickets should be addressed to the Honorary Secretary, Dr. Arthur Haydon, Henrietta Street, Cavendish Square, W.

DR. W. J. HOWARTH, who has been medical officer of health to the county borough of Derby for the past ten years, is leaving to take up the appointment of medical officer of health to the county council of Kent, and on Wednesday, June 24th, a meeting of the medical practitioners of the town was held at the house of the Chairman of the Sanitary Committee (Dr. Laurie) to bid him farewell and to make him a presentation. The speeches referred in very cordial terms to the excellent work Dr. Howarth had done during his years of office, and to the happy relationship that had always existed between him and his medical brethren.

At a recent meeting of the Royal Meteorological Society Mr. B. F. E. Keeling described Egypt as having no "weather." On the other hand Abyssinia had weather, and it was on the conditions prevailing in that country that the whole prosperity of Egypt depended. If the summer rainfall in Abyssinia was good the Nile flood in Egypt was proportionately satisfactory. The early spring showers in Abyssinia were of equal importance. In Abyssinia there was no meteorological service, so in view of the importance of some preknowledge of the probable state of the Nile, steps had recently been taken by means of balloons and kites to obtain observations on the upper air over Egypt. This method of investigation had not been carried on sufficiently long to determine its value, but it was intended to continue and develop the work.

THE annual report of the Registrar-General of Jamaica for the year ending March 31st, 1907, is based on an estimated population of 830,261 persons. The birth-rate was 38.1, as against 38.8 in the preceding year, 65.2 per cent. of the births being illegitimate. The general death-rate was 26.6 per 1,000, a higher figure than any recorded during the previous ten years. About 81 per cent. of the deaths were registered without medical certification of their cause. Infant mortality is nowhere shown as such, but may be gathered from one table to be very high, standing at 143 per 1,000 births for legitimate and at 226 for illegitimate children. The standard of education in the island appears to be low, since in 43 per cent. of the marriages registered during the year the signature of either the bride or bridegroom took the form of a mark. Two deaths occurred amongst the medical practitioners of the island, and there were 4 new arrivals, the medical register at the end of the year containing 141 names.

THE Medical Golfing Society held its annual tournament on June 18th at Guildford, by kind permission of the Guildford Golf Club. In Class I (handicaps 12 and under) in the 18 holes match play *v. Bogey*, H. Tilley and D. Findlay tied with 2 up. In Class II (handicaps over 12), F. J. Smith was first with 4 up, and G. W. Dawson was second with 2 up. The scores for the best last 9 holes *v. Bogey* in the first class were H. Tilley 2 up, and D. Findlay, J. A. Willett, K. W. Goadby, and C. J. Marsh

1 up. In the second class the prize for the best last 9 holes *v. Bogey* was won by W. C. Black with 1 up. The Henry Morris Challenge Cup, awarded for the best score against *Bogey* under handicap, the winner also receiving the Medical Golfing Society gold medal, went to F. J. Smith for the second time with 4 up. The foursome sweepstake resulted in a tie between J. H. Drysdale and O. M. Hinds Howell and Clifford Price and J. H. Whitaker, who returned scores of all square *v. Bogey*.

MEDICAL MAGISTRATE.—Dr. J. H. Dudgeon, of Workington, has been placed on the Commission of the Peace for the County of Cumberland.

ROYAL PORTSMOUTH HOSPITAL.—At a meeting of the governors of this hospital held on the 19th instant, a formal resolution authorizing the sale of funded property to the amount of £4,000 to meet the cost of a new out-patient department was about to be moved, when the gratifying announcement was made that a donor, who wished to remain anonymous, would defray the entire cost of the new building. This splendid gift should stimulate all classes in Portsmouth and the neighbourhood to maintain the hospital in the highest efficiency, and to promote its widest service.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—An extraordinary general meeting of the Incorporated Society of Medical Officers of Health was held, under the chairmanship of the President, Dr. George Reid, M.O.H., Staffordshire, at the offices of the Society, London, W.C., on June 19th. Resolutions were passed unanimously by which the membership of the Society will be limited in future to two classes—namely, Fellows and Associates. It was also agreed that the Fellowship of the Society shall be open to the following: Medical officers of health, acting or retired, whether in the British Isles and dependencies or elsewhere; medical officers (sanitary) of the navy and army (at home or abroad); all registered medical practitioners holding a diploma in sanitary science, public health, or State medicine under Section 21 of the Medical Act, 1886; all medical inspectors of the Local Government Boards or other Government departments of England and Wales, Scotland, and Ireland; and medical officers appointed by education authorities. The confirmatory meeting will be held in the Law Courts at Cardiff on July 17th.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

At the annual meeting of the Royal London Ophthalmic Hospital on February 25th the report submitted was from a financial point of view of an unfavourable character. The annual subscription list shows a diminution for the first time for many years; legacies of £4,000 have had to be treated as ordinary income, and twenty beds still remain closed for want of funds. The year's income included over £1,000 received from the patients.

CHARING CROSS HOSPITAL.

THE report submitted and approved at the eighty-seventh annual meeting of Charing Cross Hospital on March 4th showed a great improvement in the financial position of this institution. About half the unsecured liabilities of the institution have been extinguished, and ordinary income last year fell short of expenditure by less than £1,000. A hope was expressed that all would agree upon steadfast adherence to the policy of strict economy adopted during the past year until the financial position of the hospital had again become thoroughly sound. The audience was also reminded that the income which the institution at present derives from the loan of certain of its wards to the Royal National Orthopaedic Hospital must be expected to come to an end before long, and will then have to be replaced in some other fashion.

THE CHILDREN'S HOSPITAL, BIRMINGHAM.

THE report presented to the annual meeting of the Birmingham and Midland Children's Hospital showed that 14,849 patients had been treated during 1907. Of these, 976 were in-patients, 13,402 were out-patients, and 471 casualties. The number of operations performed was 2,549, which is an increase of over 500 on the previous year. The mortality of in-patients was 14.54 per cent., the average for the last seven years having been 11.59. In explanation of the high rate for 1907 it was pointed out that the hospital does not at present provide nearly enough beds in proportion to the number of out-patients, so that only the most urgent cases can be treated in the wards. The year's working resulted in a deficiency of £277 as compared with £68 for the preceding year. The urgent necessity for the erection of a new hospital was referred to both in the annual report of the Committee of Management and in that of the Medical Board. A freehold site of over two and a half acres has been obtained in the Ladywood Road, and the erection of a new hospital will be proceeded with as soon as the necessary funds can be obtained.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

The following appointments have been made:

Representative on the General Medical Council.—Sir Clifford Allbutt, M.D., K.C.B.
Professor of Biology.—W. Bateson, M.A., St. John's College.
University Lecturer in Physiology.—Dr. H. K. Anderson, Gonv. and Caius College.
Examiners in Medicine.—Dr. Bradbury, Dr. Osler, Dr. Rose Bradford, Dr. Newton Pitt.
Examiners in Surgery.—Mr. Kellock, Mr. Stanley Boyd, Mr. L. A. Dunn, Mr. Raymond Johnson.
Examiners in Midwifery.—Dr. Rivers Pollock, Dr. Spencer.
Professor Adams, of Christ College, has been appointed to represent the University at the Tuberculosis Congress in Washington.
The following degrees were conferred on June 11th:
M.D.—G. A. Coulby, Trin.; A. H. Fardon, Christ's.
M.B., B.C.—L. B. Cane, King's; A. L. H. Smith, Gonv. and Cai.; H. T. Ashby, Emm.
M.B.—E. D. Anderson, Pemb.; A. W. L. Drake, Pemb.; W. I. Cumberlidge, Christ's.

UNIVERSITY OF LONDON.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.

The Bishop of London will present the awards for the sessions 1907-8 on Monday, June 29th, at 3 p.m.

UNIVERSITY COLLEGE.

The assembly of the Faculties of University College, Gower Street, will take place next Thursday at 3 p.m., the proceedings including the presentation of the report of the work of the session and the announcement of the results of the University, scholarship, and class examinations. An address will be delivered by the Right Hon. Sir Edward Fry, F.R.S., a Fellow of the College.

UNIVERSITY OF GLASGOW.

CHAIR OF CLINICAL MEDICINE.

It is announced that the University Court will proceed to make an appointment to the above chair on July 9th or on an early date thereafter. Any information may be had from the Secretary, University Court, at the University.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At an extraordinary comitia held at the College on Thursday, June 18th, the President, Sir R. Douglas Powell, in the Chair, it was announced that Dr. A. E. Russell had been appointed Goulstonian Lecturer; Dr. Norman Moore, Lumsden Lecturer; Sir Thomas Clifford Allbutt, FitzPatrick Lecturer; and Dr. Sherrington, Oliver-Sharpey Lecturer for the year 1909, and Dr. Gamgee, Croonian Lecturer for the year 1910.

The remaining business was declared *secreta collegii*.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

At a meeting of the College on June 23rd, the vacancy in the office of President created by the death of the late Dr. C. E. Underhill was filled by the appointment of the Vice-President, Dr. John Playfair, for the remainder of the current academic year.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At an ordinary meeting of Council on June 18th, the Fellowship was conferred on the following gentlemen:

J. J. Irwin, Capt., I.M.S., A. M. H. Grav, G. S. Hett, C. A. Moore, H. Rischbieth, H. Irving, J. G. Gibb, M. L. Hine, C. M. Page, R. Davies-Colley, D. W. Roy, S. W. Daw, A. Kinder, H. A. R. E. Unwin, C. H. S. Frankau, G. E. Wilson, G. C. E. Simpson, W. W. Holtzmann, A. R. Short.

Messrs. F. J. F. Barrington, G. P. Mills, and C. H. Smith, who were also approved at the recent Final Examination, will be admitted as soon as they have attained the statutory age of 25 years.

Election of Examiners.

The following were elected for the ensuing year:

Elementary Biology: (1) Hill, James P.; (2) Shore, Thomas William.
Anatomy: (1) Greene, Wm. Hy. Clayton; (2) Robinson, Arthur; (3) Wright, William. *Physiology*: (1) Abrahams, Bertram Louis; (2) Leathes, John Beresford. *For the Fellowship—Anatomy*: (1) Eccles, Wm. McAdam; (2) Parsons, Frederick Gymer; (3) Thomson, Arthur; (4) Young, Alfred Harry. *Physiology*: (1) Brodie, Thomas Gregor; (2) Buckmaster, George Alfred; (3) Myers-Ward, Charles Frederick; (4) Thompson, William Henry. *Midwifery*: (1) Playfair, Hugh James Moore; (2) Pollock, William Rivers; (3) Targett, James Henry; (4) Tate, Walter William Hunt. *Public Health*: Part I. Spitta, Harold Robert Dacre; Part II. Bulstrode, Herbert Timbrell.

Excavations in the Nile Valley

A letter was read of the 27th ultimo addressed to the President by the Director-General of the Survey Department of the Egyptian Government, asking that facilities may be given to Dr. Elliot Smith and Dr. Wood Jones, of the Cairo Medical School, to carry out in the museum of the College an examination of a collection of material found in the course of excavations in the Nile Valley, and representing the varied races of people who inhabited Nubia in ancient times, together with their pathology and the results of their surgery, and stating that the Egyptian Government will offer to the museum of the College the collection of the material which is sent over for the purpose of this comparative study.

The President stated that he had informed the Director-General of the Egyptian Survey Department that facilities would be given to Dr. Elliot Smith and Dr. Wood Jones to carry out their investigations, and that he felt sure the Council would gladly accept the handsome offer of the Egyptian Government.

Imperial Cancer Research Fund.

The President reported that he had undertaken to place a room in the College at the disposal of the authorities of the Imperial Cancer Research Fund for their annual meeting on July 14th.

Conjoint Examinations with London University.

A committee was appointed to combine with any committee which might be appointed by the Royal College of Physicians to consider and draft a scheme which, if approved by the Colleges, should be submitted to the Senate of the University of London, with the object of establishing a system of conjoint examinations for the degrees of M.B. and B.S. and the diplomas of L.R.C.P. Lond. and M.R.C.S. Eng.

Election of Council.

A meeting of Fellows will be held at the College on Thursday, July 2nd, for the election of four Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. John Ward Cousins, Mr. Alfred Pearce Gould, and Mr. William Harrison Cripps (of whom Mr. Cousins does not offer himself for re-election), and by the resignation of Mr. Frederick Howard Marsh.

CORRESPONDENCE.

THE SOCIALIZATION OF MEDICINE.

SIR,—Your spirited leader on the above subject is, despite the uncompromising hostility of its tone, a remarkable testimony to the fact that collectivism has invaded the arena of "practical politics." That your conclusions accurately represent those of the vast majority of your readers there can be little doubt; and that, of course, in a great official journal, is only natural and right; although some of us may sometimes regret your liability to the dramatic illusion that all who hold other than the orthodox view, on this or any subject, are justly to be stigmatized as rogues and fools. It has happened more than once in lay (and medical) history that the view of a contemned minority has triumphantly prevailed. In the interest of a doubtless considerable minority of members of our Association, who incline to what, in all friendliness, I shall describe as more generous and enlightened views, may I, a member of not a few years' standing, point out some of the more obvious fallacies and crudities of your (that is, the conventional) view?

You assume, without the shadow of justification, as regards probability, that the socialization of medicine must either be completely rejected or carried out, in defiance of the true logic of expediency, to the limit imposed by the false logic of fanaticism. That the provision of free medical attendance for all who need it, and *care to avail themselves of it*, necessarily involves the suppression of all private practice. We are all at the present moment entitled to have our children taught, and well taught upon the whole, by the public authority; but how many of us—I speak of the professional and upper middle classes—are availing ourselves of the privilege? Rightly or wrongly, we prefer, almost to a man (to say nothing of the women), to pay pretty dearly for the sort of teaching and companionship that we prefer for our sons and daughters. Eton, Harrow, Rugby, Wellington, Olferton, Epsom, and the rest, continue serenely to carry on their work, as if the right to free education had never been heard of. Does any one imagine that, if a State medical service were established to-morrow, there would be any desire to interfere with the rights of men (not a few, I dare warrant) who should elect to remain outside, and practise "on their own"? Or the rights of those who, in place of availing themselves of the attendance placed at their free disposal by the State, preferred to pay large fees to such outside practitioners? There are numbers of people who might be described as professional invalids, who spend their lives going from one health resort, and one consulting room, to another. These harmless lunatics are a source of inexhaustible revenue to the highfliers of the present professional régime, but would receive short shrift at the hands of men who, by receipt of a State salary, had been placed in a truer and more independent relation to their clientèle. But nobody would dream of objecting to their continuing to indulge their valetudinarian proclivities at their own expense.

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.

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