

THE TREATMENT OF CHRONIC GONORRHOEA BY ANTIGONOCOCCAL VACCINE.

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URINARY DISEASES.

THERE appears to be a general consensus of opinion that for systemic gonorrhoeal infection, the hypodermic injection of known doses of dead gonococci is the most effective means of treatment; but, so far as I know, no one has yet published his experience of treating chronic gonorrhoea by this method.

For the last twelve months I have been treating obstinate cases of gonorrhoea in this way, and I am persuaded that for certain cases it is most valuable. As yet I am by no means prepared to say the method is invariably curative, but with experience I believe its value will become very greatly enhanced.

The constitutional disturbance caused by the injection varies with the temperament of the individual. In a highly-strung man it may be so severe as to cause him to refuse further treatment, while in a phlegmatic individual who has confidence in his doctor, appropriate doses only give rise to slight headache and malaise some hours after the injection. For this reason it is a good plan to inject the vaccine in the late afternoon, so that business may not be interfered with, and discomfort deferred till bedtime, when the patient may sleep it off. Experience shows that to get any good effect from inoculation two or three points must be attended to:

(a) The gonococcus should be demonstrated in the urethral discharge. It is obviously of no use to inject antigonococcal vaccine if the gonococcus has died out and the discharge is perpetuated by other forms of bacteria.

(b) It is useful to get a patient into a good state of health before commencing the treatment. This may be accomplished by means of a holiday or the exhibition of iron.

(c) It is most important that the dosage be carried out systematically. I find that the best results are obtained by commencing with small doses—forty or fifty millions of sterile gonococci—and, as the patient becomes accustomed to the treatment, rapidly to increase the inoculation. This may be done in two ways—either the number of organisms may be increased or the interval between the doses may be shortened. A judicious combination of the two gives the best results.

I will briefly relate 3 cases in illustration:

CASE I.

In October, 1905, a gentleman, aged 27, contracted syphilis, and in July, 1906, a urethral discharge was present in which I failed to find gonococci. In August, 1907, the patient again contracted urethritis, and the gonococcus was present in large numbers. This attack ran a prolonged course. Time after time the discharge was reduced to a minimum, but the slightest departure from strict teetotalism was immediately followed by relapse, and gonococci could always be demonstrated in the discharge. He was under continuous treatment during January and February, 1908, yet on March 11th gonococci were plentiful. He then submitted to injection of vaccine, and had five injections, the last being on May 12th. The discharge diminished from the first, diplococci disappeared, and the patient was cured. Quite recently I met this gentleman, and he says that he dines, goes to smoking concerts, and other amusements, places no restriction on himself, yet remains quite well.

CASE II.

Last September a gentleman sought my advice on account of what he believed to be a long-standing urethral discharge. In 1904 he suffered from gonorrhoea and was under treatment for some months. He believes he has never been quite well since. His account now is that ten days after exposure to infection he noticed a small amount of discharge first thing in the morning. He cured this himself, but after drinking a few glasses of beer the discharge returned. He received the usual treatment till October 7th, when, as I was able to see diplococci in the discharge, I suggested antigonococcal injection, and gave him at once 0.5 c.cm. of the Lister Institute vaccine. On October 20th I injected 1 c.cm. and no further discharge was observed. As a precaution the 1 c.cm. was repeated on November 3rd and 16th. On December 3rd I examined the patient and could find nothing wrong, and a week or two ago he wrote to say he was quite well and leading his ordinary life.

CASE III.

This case illustrates the advantage of rapidly increasing the dose. Last April a gentleman, 30 years of age, consulted me for gonorrhoea. He had had several attacks, and probably had

not been quite free for some years. He was under treatment till the end of July, when he was advised to take a holiday. In October he returned to me and said that, although he was better, he was not well; he had to refrain entirely from alcohol, or he suffered from an annoying discharge. Gonococci were recognized, and on October 7th 0.5 c.cm. antigonococcal vaccine from the Lister Institute was injected subcutaneously, on October 23rd 1 c.cm., and on October 31st 1 c.cm. These injections caused no constitutional disturbance, and the patient was better. On November 23rd he came again, saying that he had been to a dinner party, had drunk wine moderately, and the next morning had again seen some discharge. On December 7th gonococci were once more demonstrated, and as the previous injection had not caused any marked discomfort, I advised the patient to have a few injections at short intervals, and of increased dosage. Accordingly, on December 11th I injected 1 c.cm. antigonococcal vaccine, on December 17th 1.75 c.cm., and on December 21st 2 c.cm. The patient went away to spend Christmas at a seaside hotel and was snowed up, so that his holiday was passed almost entirely indoors. He placed no restriction upon himself as regards smoking, eating, or drinking, and has suffered no return of his complaint.

These cases show that in the hypodermic injection of sterile dead gonococci we possess a curative agent which in all probability will prove to be of marked service in the treatment of gonorrhoea. If this surmise proves to be correct, it is a method which deserves to come into general use, because the way it brings about a cure is the most rational with which we are acquainted. At present we have no other means of attacking the gonococcus directly. Our injections, or drugs administered internally, can only act indirectly upon the organism; but if we can produce in the juices of the body a substance which is a poison to the gonococcus, then we may hope that the disappearance of the signs of the disease thus brought about means that the gonococci are killed, and not merely hidden away in a quiescent state, ready to light up again when an opportunity presents itself.

The antigonococcal vaccine prepared by the Lister Institute is a convenient and reliable preparation with which to make the injections. The gonococcus is such a delicate organism, and so difficult to grow, that unless one has a laboratory in one's consulting room the attempt to manufacture a vaccine from the individual case is almost certainly foredoomed to failure.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A PLEA FOR MORE ACTIVE TREATMENT OF ACUTE GONORRHOEA.

THE treatment of a case of gonorrhoea is surrounded with difficulties, and it can hardly be gainsaid that in this country it is only too often carried out imperfectly and attended with indifferent success.

Within the last four years I have had under my care 19 cases of acute gonorrhoea, and facilities were available for their efficient and thorough treatment under my supervision. The treatment I invariably adopted was briefly the early and repeated irrigation of the anterior portion of the penile urethra without the administration of any specific internally.

I have been in the habit of directing the patient as follows: Ten ounces of a solution of boiled water allowed to cool to a comfortable temperature, 99 to 100° F., to which has been added a grain of potassium permanganate, is allowed to flow into the urethra from a douche can, to which is connected a length of tubing and a suitable glass or bone nozzle. The patient is directed to grasp the penis between the index and middle fingers of the left hand, so as to shut off the anterior $1\frac{1}{2}$ in. of the penile urethra, the douche can is raised to a height to ensure a moderate pressure of fluid and the flow started and stopped by means of a convenient clamp on the rubber tube. Failing a douche can, a strong syringe with a ring at the end of the piston might be used; a syringe of this character can be easily manipulated by the right hand. Urination is to be performed when possible prior to irrigation. These irrigations are repeated hourly or oftener (three to four times in two hours) during the day, and at night also if this can be effected without disturbance of natural rest.

The boiling has already rendered the water sterile, so that the addition of a small quantity of potassium

permanganate is for effect rather than for its therapeutic virtues. With the exception of occasional saline aperients, and other hygienic measures, no further treatment is required.

This treatment has in my hands been rewarded with invariable success, the discharge disappearing even in the severest cases within ten to seventeen days; moreover, during the period of treatment all the distressing symptoms, such as chordee, priapism, and painful micturition, are mitigated. The degree of comfort enjoyed by the patient is an encouraging contrast to the distress which usually characterizes this malady; further, no complications have arisen in the whole series of cases treated by this method.

I was led to adopt this method of treatment on the grounds: (1) That the infection is primarily confined to the very foremost part of the penile urethra. (2) That local treatment is as rational when applied to the urethra in a condition of catarrhal or suppurative inflammation as it is when applied to a purulent ophthalmia and pyorrhoea alveolaris, and similar affections of other mucous membranes. (3) The restriction of the irrigation to the anterior part of the urethra precludes the risk of infection of the healthy membranous and prostatic portions. (4) At the same time there appeared no reason to complicate a simple procedure by including the whole urethra and bladder in the operation, as advocated by some authorities. It is no exaggeration to say that such grave complications as cystitis, orchitis, epididymitis, have been excited by the dissemination of the virus in the method of vesical and urethral irrigation. (5) Despite the fact that the organisms are intracellular and may be in the deeper layer of the mucous membrane, and bearing in mind that the infection is generally a mixed one, the washing out of the debris prevents further reinfection, and the temperature of the fluid used leads to an engorgement of the neighbouring vascular area with accompanying serous exudation, and this, presumably by virtue of its opsonizing properties, reinforces the natural resistance of the tissues to bacterial infection, much in the same way as a fomentation acts on an inflamed area. (6) Internal treatment is unnecessary; the patient is saved from the usual unwholesome therapeutic agents, which so often give rise to gastric derangement and consequent lowering effects.

It may be said that the practical difficulty of carrying out this method is so great as to preclude its adoption, but in view of the many complications of this disease involving serious crippling and even loss of life. I would point out that, in the case of those patients whose circumstances allow an interruption of business, it is the duty of the medical attendant to ensure that the position of his patient is such as to enable treatment to be immediately and strictly carried out. The patient should be sent to some home spa, where nursing homes with male attendants might be provided. By so doing success is ensured and a journey to a Continental doctor, after prolonged desultory treatment, as so often happens, is obviated. In the poorer class the patient should, where possible, be induced to seek admission to the Poor-law infirmary. The absence of appropriate institutions for the treatment of venereal cases, which under the present social conditions must inevitably arise, is a deplorable fact.

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GONORRHOEAL RHEUMATISM DIAGNOSED HYSTERIA.

The following case may prove of interest to your readers. The patient, a married lady, aged 24, who had had no children, no miscarriages, and no previous illnesses, except measles when a child, consulted me on account of pain "all over the top of the head." Her profession, the stage, entails an amount of facial gesticulation, and she informed me that whenever she wrinkled her forehead or raised her eyebrows, the pain was severe. She described it at that time as being of a sharp, stabbing character, and she experienced the same pain when she was dressing her hair or putting on her hat. When the scalp was at rest it felt tender, and there were occasional twinges, and all the time "she felt it was there." She had been rigorously treated for neuralgia with no beneficial

result, and had finally been informed that the condition would get better in time, that it was a form of hysteria, and that she had better try to forget it.

Upon examination the scalp was found to be distinctly tender to the touch, movement was evidently painful; there was a slight erythema and a scarcely appreciable amount of oedema or "puffiness," which the patient explained as being due to the rubbing on of liniments. The tender area seemed limited to the attachments of the occipito-frontalis. The supraorbital nerve was not tender. There was no discharge from either ear, and the mouth was in an extremely good condition, oral sepsis being put completely out of court. Examination of eye, nose, and throat failed to reveal any condition of disease. She informed me that she had not suffered from sore throat or rashes of any kind—that she had no trouble with her digestion, but that her scalp had been scurfy for some time. All the excretory functions, as far as I could elicit, were normal. Upon explaining to her the importance of a thorough examination, she consented to my finding out whether any vaginal discharge existed or not. I found a muco-purulent discharge present in small quantity in the vagina, and a drop of muco-pus could be squeezed from the urethra. I obtained films, and the gonococcus was found to be present. I diagnosed gonorrhoeal rheumatism affecting the aponeurosis of the occipito-frontalis. I instructed her to empty the lower bowel by means of a saline aperient before coming to see me, and I then injected 25 c.cm. polyvalent serum per rectum, allowing her to rest for half an hour in a recumbent position before proceeding home. I ordered a vaginal douche of 1 in 4,000 zinc permanganate, and gave her grains of guaiacol carbonate three times a day. The usual directions as to diet and aperients were given. I had intended to repeat the injection of serum, but found this to be unnecessary as the patient made steady progress towards a complete recovery.

E. URQUHART BARTHOLOMEW, M.R.C.S.,

London, W.C.

L.R.C.P., etc.

THE EXTIRPATION OF CANCER WITH FORMALIN.

I AGREE that the extirpation of cancer with formalin is not a new treatment, and your article reminded me of a case in which I employed it years ago, shortly after the use of the drug became general; and though I did not think there was anything wonderful about it, perhaps a short report may be of interest.

An elderly woman came to me with a small scirrhus tumour of the right breast. The conditions were very favourable for excision, and I urged immediate operation. She went away to think over it, and I did not see her again for about nine months, when she was brought into hospital suffering from profuse haemorrhage proceeding from a sloughing ulcer at the apex of a huge mass of cancer. To check the haemorrhage I plugged the deep pit with wool, and, in the hope of abating the stench, I thought I would try the effect of formalin. I think I used a solution of formalin and water, equal parts. I left the plug in for some days, and, on removing it, I was surprised to find a considerable area quite dry, and of the consistence of cheese, and this I cut away until red showed in the black mass, and I then plugged it again. I continued this treatment for some ten weeks, during which the patient suffered no pain; and, when I judged the whole of the tumour had been destroyed, I left the sloughs to separate, which they did in due course, leaving a clean granulating surface free from any trace of disease. Unfortunately, the patient died not long after of cancerous deposits in various internal organs. I made one mistake. I carried the caustic action of the formalin too deep over the centre of the tumour, with the result that three or four of the ribs were exposed, and, when the sloughs separated, the patient had the unique experience of being able to see under two of her ribs. There were some enlarged glands in the axilla, but under the formalin treatment they shrunk until they could not be felt.

It appeared to me that the difficulties of limiting the destructive action of the formalin were too great to make it generally applicable, and I never repeated the experiment.

Cootehill, Ireland.

T. H. MOORHEAD.

It is not stated whether the man's consent was asked and a free pardon promised in case he survived, but one may hope this was the case. At any rate, we suppose the physicians would be forgiven by antivivisectionists, as there is no evidence that they made experiments on any animal other than this condemned man.

Medical News.

THE Russian Government has decided to establish a new university at Saratoff, and the duty of organizing it has been entrusted to Dr. Rasumowsky, Professor of Surgery at Kasan.

THE late Dr. Charles E. Beevor, of London, President of the Neurological Society, left estate of the gross value of £41,439 16s. 2d., of which the net personality was sworn at £41,037 10s. 1d.

WE learn from the *British Journal of Nursing* that the Right Hon. R. B. Haldane, Secretary of State for War, will address the International Congress of Nurses, which is to be held in London in July next, on the nurse as patriot.

WE regret that from the list of specially-invited guests who were present at the Hunterian Oration delivered at the Royal College of Surgeons of England on February 15th the name of Sir Richard Havelock Charles, K.C.V.O., was inadvertently omitted.

MR. LEONARD MATHESON has been elected president, Mr. A. Clayton Woodhouse and Dr. Edward Bogue (New York) vice-presidents, and Mr. Douglas P. Gabbell one of the honorary secretaries, of the Odontological Section of the Royal Society of Medicine.

THE Court of Appeal, on February 22nd, upheld the decision of Mr. Justice Joyce, given in July last, that the legacy of £25,000 left by the late Mr. Alfred Beit to the Institute of Medical Sciences Fund, University of London, should be repaid to the executors of Mr. Beit.

THE annual debate before the Chelsea Clinical Society will be held at the Chelsea Dispensary, Manor Street, King's Road, S.W., on March 9th and 16th, at 8.30 p.m., the subject selected being the diagnosis and treatment of tuberculous glands in the neck.

AT the meeting of the Harveian Society of London to be held at Stafford Rooms, Tichborne Street, W., on Thursday next, at 8.30 p.m., a discussion on the early diagnosis and treatment of cancer of the stomach will be opened by Dr. W. Hale White and Mr. B. G. A. Moynihan.

THE Royal Sanitary Institute offers the Henry Saxon Snell prize for 1909 for an essay on the principles of heating and ventilating public buildings, with descriptive details and illustrations of the best systems. Particulars can be obtained on application to the Secretary, Margaret Street, London, W.

A SESSIONAL meeting of the Royal Sanitary Institute will be held at the Parkes Museum, Margaret Street, London, W., on Wednesday, March 3rd, at 8 p.m., when a discussion will be opened by Dr. D. A. Carruthers on the control of infectious diseases in schools. The chair will be taken by Mr. A. Wynter Blyth.

MESSRS. HARRY W. COX AND CO., 47, Gray's Inn Road, London, W.C., have issued a catalogue of x-ray, electro-therapeutic, and other apparatus. It contains useful notes on interruptors, charging accumulators, and other practical points, and a number of excellent skiagrams of pathological conditions.

THE National League for Physical Education and Improvement has arranged for a course of five lectures to be given on Thursday afternoons, at 3.30 p.m., at 56, Queen's Gate, by kind permission of Lady Samuelson. The first lecture will be given by Dr. F. E. Fremantle on Thursday next, the subject being the medical inspection of school children.

THE Orient Company will open their pleasure cruise season next month with the dispatch of their ss. *Ormuz* on a twenty-five days' cruise to Lisbon, Tangier, Palermo, Cattaro (for Cetinje), Gravosa (for Ragusa), Spalato, Syracuse, Malta, Port Empedocle (for Girgenti). An Easter cruise will be made to Greece, Constantinople, Asia Minor, Sicily, Algeria, Gibraltar, and Portugal.

SIR RUBERT BOYCE, F.R.S., Dean of the Liverpool School of Tropical Medicine, has been invited by the Colonial Office to visit the West Indies for the purpose of looking into the present methods of dealing with sickness in those colonies, and recommending what reforms, if any, can be made with a view to promoting the physical welfare of the people in the Caribbean Islands. He will arrive at Barbados on March 2nd.

THE tax on all medicines containing alcohol has been raised by the Hungarian Government.

THE fifth meeting of the Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act was held on Wednesday, February 24th, at the Privy Council Office, Mr. Almeric FitzRoy presiding. The following witnesses attended and gave evidence: Dr. Hugh Woods, on behalf of the London and Counties Medical Protection Society; Miss Amy Hughes, on behalf of Queen Victoria's Jubilee Institution for Nurses; and Sir William J. Sinclair, M.D.

THE annual general meeting of the London Medical Graduates' College and Polyclinic will be held at the College, Chenies Street, on Monday next at 5 p.m. The annual report shows that there was a deficit on the working of the college in 1908, but that it had not been necessary to carry out the proposal to discontinue the college, owing to a generous offer from Sir Jonathan Hutchinson. The report refers with regret to the resignation from the office of medical superintendent by Captain Hayward Pinch, on his appointment to be director of the Radium Institute.

A BILL providing for the establishment of a Children's Bureau in the United States Department of the Interior has been introduced into the House of Representatives. Its duties will be to investigate and report upon all matters pertaining to the welfare of children and child life and especially the questions of infant mortality, the birth-rate, physical degeneracy, orphanage, juvenile delinquencies and juvenile courts, desertion and illegitimacy, dangerous occupations, accidents and diseases of children of the working classes, employment and legislation affecting children in the several States and territories, and such other facts as have a bearing upon the health, efficiency, character, and training of children. The chief of the bureau shall from time to time publish the results of these investigations. He is to be provided with a full staff of assistants, statistical experts, clerks, messengers, and special agents.

THE first annual dinner of the London School of Clinical Medicine was held at the Savoy Hotel, London, under the presidency of Mr. P. A. Nairne, Chairman of the Committee of the Seamen's Hospital Society, on February 19th. The Chairman, in proposing the toast of "The London School of Clinical Medicine," explained in detail how it came about that the Committee of the Seamen's Hospital, Greenwich, considered that it was the duty of the hospital to afford an opportunity to the medical men to continue their professional studies under the most favourable circumstances. It was felt that in doing this work the Committee was entitled to appeal to the public for funds to carry out the scheme. Sir William Bennett, who replied, said that the plan was not a doctors' scheme to benefit doctors, but was instituted for the good of the public, as all post-graduate schemes should be. The addition to the facilities for post-graduate teaching was demanded, for, in spite of the institutions previously established, such facilities were defective. The London School of Clinical Medicine had now been in existence for nearly three years, and had had about 300 students, and, from a financial point of view, was almost paying its own way. The school was not instituted in any way for the purpose of rivalling any other similar institution; in fact, the work of the school might be described as complementary to other teaching centres for post-graduates. Dr. Guthrie Rankin, who proposed the toast of "The Guests," said that the hospital was devoted to the relief of seamen, and that gave the school a special claim upon the sympathies of the public. For that reason also it could be claimed that the school was in some degree a national asset, so that the appeal for public assistance was well founded. Lord Ridley, in replying, said that the school was a value to the profession, and thereby of service to the public. Sir William Church, who also responded, explained that it was impossible for the ordinary medical schools to teach students the kind of work in which post-graduate schools were well fitted to give instruction. The hospitals with medical schools attached were always glad to see their old students visiting them again, but post-graduate schools were now accepted as a necessity in the education of medical men. Sir Malcolm Morris, in proposing the toast of "The Chairman," said that one object of the meeting was to bring before the public the enormous importance of post-graduate teaching from the point of view of the interests of the public, and Mr. Nairne in acknowledging the toast mentioned that though it was quite true that old students were welcomed back to the wards, nevertheless that was not quite the same thing as the instruction they received at a post-graduate school, for it was evident that the post-graduate student at an ordinary medical school was in the nature of things apt to be crowded out.

was a typical example of the high-principled, conscientious, kind-hearted, self-sacrificing country doctor, to whom the public owe so deep a debt of gratitude. His goodness to the poor was continuous and unassuming, and he was held in high esteem by rich and poor alike. He leaves a widow and two daughters to mourn his loss. The funeral, which took place at Godalming parish church on February 12th, was attended by the Mayor and other members of the Corporation, by many members of the profession, as well as numerous other friends, including representatives of the Society of Apothecaries.

THOMAS CARLYLE PARKINSON, M.D.(SYDNEY).

BOTH in this country and in his native land, Australia, the friends of Dr. Thomas Carlisle Parkinson will hear with deep regret of his untimely death, which occurred on February 4th.

Dr. Parkinson had recently been appointed a member of the Commission for the Investigation of Plague in India, and was working at the isolated laboratories at Elstree, placed at the disposal of the Commission by the Lister Institute. He was engaged upon an experimental inquiry into protective inoculation against plague, and in the course of his experimental work he unfortunately contracted an accidental infection, and died after a short illness from pneumonic plague.

Dr. Parkinson's death terminates a career which gave every promise of great distinction. He started his medical studies in 1901 at the University of Sydney, New South Wales, and in each of the five years of his course he gained first class honours and the premier place. He graduated in 1906, and was awarded the university medal for special distinction. During his undergraduate career he also obtained the Renwick Scholarship for Natural Science and Comparative Anatomy and the John Harris Scholarship for Anatomy and Physiology. In 1906 he held the position of Resident Medical Officer to the Royal Prince Alfred Hospital, Sydney; in 1907 he was Resident Pathologist to the same hospital, and in 1908 was for a time Junior Medical Officer at Callan Park Hospital for the insane.

Dr. Parkinson early showed his bent for scientific investigation, and both as a student and during his post-graduate work at Sydney contributed several papers to the *Journal of the University of Sydney Medical Society*. In April, 1908, he was awarded the James King Travelling Scholarship and came to this country to continue his studies, and worked at the Lister Institute until October, when he was appointed to a position on the Indian Plague Commission.

Dr. Parkinson was possessed of an amount of reserve which prevented him from making friends quickly. His acquaintances will remember him as a keen worker, but his comrades realize that they have lost a good and trusted friend. He lost his life striving in the interests of others, doing a man's work as a man should.

WE have to record with much regret, the death of Mr. ALFRED TEMPLE SPANTON of Birkenhead. Mr. Spanton was ill for a few days only, death being due to heart failure following pneumonia. He was the eldest son of Mr. W. D. Spanton, F.R.C.S., of Hanley, consulting surgeon to the North Staffordshire Infirmary, and for many years a member of the Central Council of the British Medical Association. Mr. Alfred Temple Spanton, who had just completed his 33rd year, was educated first at Cheltenham College, and then at Trinity College, Cambridge, where he graduated B.A. with honours in 1897, and M.A. in 1902. After commencing his medical education as a pupil at the North Staffordshire Infirmary, and also as a student at Addenbooke's Hospital, Cambridge, he entered the medical school of St. George's Hospital. He took the diploma L.S.A. in 1900, and that of L.R.C.S. Edin. in 1906. He was for some time Resident Surgeon at the Leeds Dispensary, and subsequently Resident Medical Officer at the Hulme Dispensary, Manchester. He began to practise in Birkenhead about eighteen months ago, and being thoroughly trained in his profession, and a man of gentle disposition, conscientious, and painstaking in everything he did, would undoubtedly have attained success had his life been spared. The funeral, which took place on

February 18th, afforded an opportunity for many tributes of respect to be paid by friends and patients. In the Potteries, where Mr. W. D. Spanton is so well known, great sympathy is felt both with him and with his family in his sad bereavement, and this feeling will be shared by all members of the Association who have had the advantage of knowing Mr. Spanton.

Universities and Colleges.

UNIVERSITY OF LONDON.

APPOINTMENT OF A ROYAL COMMISSION.

THE King has been pleased to appoint a Royal Commission on the subject of university education in London.

The terms of the reference are:

To inquire into the working of the present organization of the University of London, and into other facilities for advanced education (general, professional, and technical) existing in London for persons of either sex above secondary school age; to consider what provision should exist in the metropolis for university teaching and research; to make recommendations as to the relations which should in consequence subsist between the University of London, its incorporated colleges, the Imperial College of Science and Technology, the other schools of the University, and the various public institutions and bodies concerned; and further, to recommend as to any changes of constitution and organization which appear desirable. In considering these matters, regard should also be had to the facilities for education and research which the metropolis should afford for specialist and advanced students in connexion with the provision existing in other parts of the United Kingdom and of his Majesty's Dominions beyond the Seas.

The Chairman of the Commission is the Right Hon. R. B. Haldane, K.C., M.P., and the members are:

The Right Hon. Viscount Milner, G.C.B., G.C.M.G.

The Right Hon. Sir Robert Romer, G.C.B.

Sir Robert L. Morant, K.C.B.

Mr. Laurence Currie, M.A.

Mr. W. S. M'Cormick, M.A., LL.D.

Mr. E. B. Sargant, M.A.; and

Mrs. Creighton.

The Joint Secretaries to the Commission are Mr. J. Kemp and Mr. H. F. Heath.

Mr. Haldane, it will be remembered, was chairman of the committee the report of which led to the establishment of the Imperial College of Science and Technology, and is not merely a politician who has shown an interest in science, but a statesman who is also a man of science. He has consistently supported the new university movement in England, and has shown particular interest in the organization of university teaching in Liverpool and Bristol; of the needs of London he gained some special experience while holding for two years the office of vice-president of University College.

Viscount Milner, who during his long and distinguished career as Under Secretary for Finance in Egypt, as Chairman of the Board of Inland Revenue, and as High Commissioner for South Africa, has displayed remarkable powers as an organizer, gave particular attention to educational problems while occupying the last-named office. He has a slight direct connexion with the University of London, for he was a student at King's College before proceeding to Oxford.

Sir Robert Romer, who was senior wrangler and Smith's prizeman in 1863, was for a short time professor of mathematics at Queen's College, Cork, before being called to the Bar. After holding a Chancery judgeship for nine years, he was for the next seven Lord Justice of Appeal, only retiring three years ago.

Sir Robert L. Morant, K.C.B., has been Permanent Secretary to the Board of Education since 1903.

Mr. Laurence Currie, M.A., is a member of the banking firm of Glyn, Mills, Currie and Co.

Mr. W. S. M'Cormick, M.A., LL.D., Secretary to the Carnegie Trust for the Universities of Scotland, was at one time Professor of English in University College, Dundee.

Mr. E. B. Sargant, M.A., was Educational Adviser to Lord Milner in the Transvaal.

Mrs. Creighton, who is the widow of the late Bishop of London, and herself a historian of distinction, has, no doubt, been appointed in consideration of the large number of women undergraduates and graduates of the University of London.

Of the joint secretaries, Mr. J. Kemp is a barrister having some experience in London government, and Mr. H. F. Heath, formerly Academic Registrar of the University, is now Director of Special Inquiries and Reports to the Board of Education.

DEGREES.

THE following candidates passed the Preliminary Scientific Examination for internal and external students, January, 1909, in the subjects indicated:

PART I: INORGANIC CHEMISTRY, EXPERIMENTAL PHYSICS, AND BIOLOGY.

Inorganic Chemistry and Experimental Physics.—P. A. Dargan, King's College; *F. B. Fletcher, London Hospital; *S. A. Forbes, London Hospital; *H. L. G. Foxell, University College; L. Kingdon, King's College; *E. D. Lindow, King's College;

*Helena R. Lowenfeld, Ladies' College, Cheltenham, and London (R. F. H.) School of Medicine for Women; *A. G. Maitland-Jones, Taunton School and London Hospital; A. N. Minns, private study; J. E. Pearce, Clifton College and Brighton Technical College; *A. J. E. Smith, Guy's Hospital; *H. Vickers, St. Mary's Hospital; *J. G. Wardrop, University College.

Inorganic Chemistry and Biology.—P. V. Davies, University College, Cardiff; S. S. B. Harrison, Guy's Hospital; A. M. Jones, Epsom College; D. M. MacManus, Guy's Hospital; Refna Mallet, London (R. F. H.) School of Medicine for Women; Martha Patterson, London (R. F. H.) School of Medicine for Women; F. J. R. Simpson, King's College; H. J. Wallace, University College.

Experimental Physics and Biology.—F. V. Bevan-Brown, Canterbury College, New Zealand; R. C. C. Clay, Epsom and King's Colleges; T. W. David, University College, Cardiff; W. L. G. Davies, Guy's Hospital; F. H. Dodd, Guy's Hospital; W. L. G. Reynolds, Guy's Hospital; L. M. Smith, Guy's Hospital.

Inorganic Chemistry only.—R. M. Beath, Queen's College, Belfast; *K. Biggs, London Hospital and private study; Ursula P. Blackwell, London (R. F. H.) School of Medicine for Women; Gwendolyn M. Burns, London (R. F. H.) School of Medicine for Women; Alice H. Christie, University College, Bristol; E. J. Coombe, Royal Albert Memorial, University College, Exeter; *Pattie R. Elliott, University College, Nottingham, and London (R. F. H.) School of Medicine for Women; H. H. Fisk, St. Mary's Hospital; G. A. Gassmann, London Hospital; *E. A. M. J. Goldie, University College; J. W. Heekes, Charing Cross Hospital; F. W. Kealey, St. Bartholomew's Hospital; H. Smith, Charing Cross Hospital; T. R. Snelling, London Hospital; B. N. Walmsley, University College, Bristol; J. R. M. Whigham, Westminster City School and St. Mary's Hospital; J. D. Wilkinson, St. Thomas's Hospital; W. R. Wilson, Epsom College; W. P. Wippell, St. Bartholomew's Hospital.

Experimental Physics only.—W. P. C. Abeyedeera, University College; G. M. Campbell, University College, Bristol; S. C. W. Iredale, St. Bartholomew's Hospital; Rustam Merwan Kharegat, University College; W. Leslie, Charing Cross Hospital; R. W. Little, University College, Cardiff; B. I. StC. Miller, Victoria College; F. C. Robbs, St. Mary's Hospital; S. H. Robinson, Guy's Hospital; T. W. Robinson, London Hospital; J. A. Ryle, Guy's Hospital; G. D. Shann, King's College; H. C. Viehoff, University of Liverpool; E. H. Walker, St. Thomas's Hospital; J. D. Wilkinson, St. Thomas's Hospital; R. Williams, London Hospital and private study.

Biology only.—Margaret J. Armstrong, London (R. F. H.) School of Medicine for Women; F. E. Daunt, St. Thomas's Hospital; J. K. Davies, University College, Cardiff; G. D. Eccles, Guy's Hospital; H. W. Evans, Guy's Hospital; T. H. Evans, Birkbeck College, University Tutorial College, and private study; J. T. E. Evans, St. Paul's and St. Mary's Schools; F. B. Gillespie, University College; D. T. Harris, private study; R. O. H. Jones, private tuition; Gladys Matthews, Ladies' College, Cheltenham; A. A. Preston, University of Leeds and private study; L. N. Reece, Canterbury College, New Zealand, and St. Thomas's Hospital; E. A. Scott, University College; A. R. Turtle, London Hospital; F. E. S. Willis, St. Bartholomew's Hospital; Siong Yew Wong, St. Thomas's Hospital.

*Has already passed in Biology.

†Has already passed in Inorganic Chemistry.

‡Has already passed in Experimental Physics.

PART II: ORGANIC CHEMISTRY.

W. S. Annetage, St. Mary's Hospital; W. M. Ash, London Hospital; L. B. Baird, Victoria University of Manchester; J. C. P. Bayley, Manchester Technical School and private study; F. P. Bennett, St. Mary's Hospital; T. I. Bennett, Guy's Hospital; Mabel K. Bishopp, London (R. F. H.) School of Medicine for Women; J. Bowen, University College, Cardiff; O. N. W. Brown, King's College and Westminster Hospital; F. W. T. Clemens, University College, Bristol; R. Creasy, Guy's Hospital; L. G. Crossman, University College, Cardiff; J. M. Curé, Royal College of Mauritius and St. Bartholomew's Hospital; J. L. Davies, University College, Cardiff; R. D. Davy, London Hospital; J. de Silva, St. Mary's Hospital; G. R. Dobrashian, University College; V. W. Draper, Huddersfield Technical College and King's College; P. V. Early, University College; A. R. Elliott, Dulwich College and private study; W. A. Elliott, private study; T. L. Ellis, University College, Cardiff; Gertrude M. Flumerfelt, London (R. F. H.) School of Medicine for Women; C. E. A. Goddard, University College; A. Goodwin, University College; Olive G. M. Gray, London (R. F. H.) School of Medicine for Women; C. J. A. Griffin, University College; A. E. Hallinan, Charing Cross Hospital; D. M. Hanson, University College; G. M. Heiron, London Hospital; E. S. W. Hirsch, St. Mary's Hospital; M. Hocken, London Hospital; T. H. Holroyd, University of Birmingham; G. B. Jameson, Victoria University of Manchester and private tuition; Charlotte G. Judge, London (R. F. H.) School of Medicine for Women; Skene Keith, Guy's Hospital; T. P. Kilner, Victoria University of Manchester; W. E. Kingdon, University of Sheffield; Dorothy C. Logan, University College, Cardiff; C. J. Marshall, University College, Cardiff; J. P. Mathews, University of Sheffield; V. E. Negus, King's College; S. Papadopoulos, St. Bartholomew's Hospital; C. J. H. Pearson, London Hospital; G. R. Pennant, University College, Cardiff; J. F. G. Richards, Victoria College, Wellington, New Zealand; A. E. Roberts, London Hospital; W. Robinson, Guy's Hospital; A. R. Sharrod, London Hospital; A. L. Shearwood, Guy's Hospital; Winifred C. Squires, London (R. F. H.) School of Medicine for Women; C. H. Thomas, St. Bartholomew's Hospital; Ursula Thompson, University College, Cardiff; C. E. Thornton, Middlesex Hospital; A. J. C. Tingey, University of Liverpool; J. A. Tsoie-A-Sue, London Hospital; J. Vaughan-James, University College, Cardiff; Honoria J. Wallace, London (R. F. H.) School of Medicine for Women and private tuition; F. C. Watson, University of Leeds; H. Webb, Guy's Hospital; P. Whitehead, King's College; E. W. Whiting, St. Bartholomew's Hospital; C. L. Williams, Plymouth Technical School and St. Bartholomew's Hospital; C. H. Wilson, University of Sheffield.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. *The arrangements for lectures at the Royal College of Physicians of London during the present year are as follows: The Milroy Lectures, on disinfection and disinfectants, will be given by Dr. R. Tanner Hewlett on March 2nd, 4th, and 9th; the

Goulstonian Lectures, on some disorders of the cerebral circulation and their clinical manifestations, by Dr. A. E. Russell on March 11th, 16th, and 18th; the Lumleian Lectures, on rheumatic fever and valvular disease, by Dr. Norman Moore on March 23rd, 25th, and 30th; and the Oliver-Sharpey Lectures, on the rôle of reflex inhibition in the co-ordination of muscular action, will be given by Professor C. S. Sherrington, F.R.S., on April 1st and 2nd. The lectures will be given at the college at 5 p.m. on the dates mentioned.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Fellowship Examination.

The following candidates have passed the Primary Examination:

L. S. Machado, C. J. Bourke, A. H. Croly, T. Dowzer, J. T. Duncan, J. FitzGerald, J. Geraty, H. C. Gilmore, C. J. Kelly, P. H. McDonough, P. J. Mockler, J. K. O'Byrne, T. F. O'Donnell, L. W. Roberts, C. D. K. Seaver, H. H. K. Sparrow, H. R. Tighe, V. Wallace.

The following have passed the Final Examination:

T. J. Brooke-Kelly, L.R.C.S.I.; C. L. G. Chapman, M.R.C.S.Eng.; J. F. Devane, B.Ch., Royal University; C. M. Goodbody, M.R.C.S.Eng., Captain I.M.S.; J. B. Hanafin, L.R.C.S.I., Lieutenant R.A.M.C.; J. W. Rutherford, L.R.C.S.I.; O. Smithson, M.R.C.S.Eng.

Dental Examination.

The following candidates have passed the Primary Examination:

E. R. Black, R. S. H. Drabble, L. S. O'Hare, J. M. Sherin, O. Trigue.

The following have passed the Final Examination:

W. S. Johnston, S. R. Macnamara, L. S. O'Hare, Israel Scher.

Public Health

AND

POOR-LAW MEDICAL SERVICES.

MEDICAL ORDERS GIVEN ON LOAN.

CONTEMPORARY, who is a district medical officer, writes that the relieving officer occasionally sends him medical orders to attend patients as paupers who are temporarily out of work or have no money to pay for attendance. Some of these orders are marked "On Loan," and the guardians are in the habit of recovering from these people and "keep the money," and so get themselves paid for the doctor's services. He asks whether the guardians are right either legally or morally, and whether the medical officer is entitled to any fee which the guardians may afterwards receive.

"* We are not prepared to say what is the strict law on this matter, but we consider that the guardians, even if they possess the power to act as described by our correspondent, show a very illiberal spirit in so doing, as by their action they not only free themselves of all cost, but make an actual profit out of poverty at the expense of the district medical officer. This surely must be contrary to the spirit of Poor Law legislation, past or prospective.

Hospitals and Dispensaries.

THE ROYAL PORTSMOUTH HOSPITAL.

THE annual meeting of the Royal Portsmouth Hospital was held at the Town Hall, Portsmouth, on February 23rd, Sir George Couzens, K.L.H., presiding. It was reported that steady progress was the main feature in the record of the year's work. The year had marked the completion of the new children's wards recently opened by Princess Victoria of Schleswig-Holstein, the permanent endowment of three cots, and the erection of a new out-patient department through the splendid liberality of an anonymous donor. A further step towards the complete reconstruction of the hospital had been taken by obtaining plans for the erection of a nurses' home. During the year 15,292 persons, of whom 1,574 were in-patients, received treatment. The daily average number of beds occupied during the year was 124.2, and the average cost per occupied bed was £55 17s. 1d. Dr. J. Ward Cousins and Mr. Henry Rundle were elected vice-presidents in recognition of the valuable services rendered by them as surgeons to the hospital.

BRADFORD ROYAL EYE AND EAR HOSPITAL.

THE fifty-second annual meeting of this hospital was held in Bradford on February 19th, the Lord Mayor presiding. Dr. Bronner, in responding to a vote of thanks to the medical officers, said that the hospital suffered from overcrowding and lack of funds. Some £5,000 to £10,000 was required for extensions, and that amount ought to be easily raised in Bradford. He regretted that the question of the medical treatment of school children had been brought forward so rapidly, before means could be devised to get the work done at the hospitals. A great deal of the work at the school clinic ought to be done at the hospitals, otherwise there would be overlapping.