

the escape of albuminous matter from the circulation, and the explanation of most cases of albuminuria is that disease of one kind or another, either by directly damaging the kidney or by indirectly interfering with its nutrition, has impaired this function in greater or less degree. It is, however, conceivable that some few persons have kidneys in which the albumen-retaining function is only imperfectly developed; indeed, Mörner found that the urine of normal persons contained traces, undetectable by ordinary tests, of albuminous substances, which he believed to have escaped through the kidneys.

The assumption of the possibility of imperfect development of the albumen-retaining function may be, to some extent, justified by the consideration of the following history since we find the abnormality of the parents existing in every one of the eight living offspring.

I will describe the case of one of the sons first, as he is the only member of the family whom I have personally examined.

X. Y. Z., born in 1861, is a civil engineer. In 1886 he went to Central America in the course of his professional work, and there suffered from remittent fever. He came home and consulted a physician, who told him that his urine was full of albumen, and gave the comforting prognosis that he would probably live for a month, whereas a similar case from the same part of the world that the doctor had examined a day or two previously, would probably not last more than three weeks. As the fatal month elapsed uneventfully, and as X. Y. Z. felt quite well, he returned to his work abroad, and has spent the greater part of his time since then in Latin America.

About eighteen months ago, more than twenty-one years after his doom had been pronounced, being at the time on a holiday in England, he consulted me for an attack of dyspepsia of an ordinary type. In the course of examination, I asked for a specimen of urine, and he told me I would find it full of albumen, and gave me his previous history. The result of the urine examination was as follows:

Twenty-four hours specimen, volume 30 oz., medium acidity, specific gravity 1.022. On boiling, a heavy precipitate of albumen was obtained, which, after standing an hour or two, occupied the lower half of the column of urine. Quantitatively, by Esbach's method, albumen was found present to the extent of 3 grams per litre. Microscopic examination revealed no casts or corpuscles, and there was nothing to suggest renal trouble.

The heart was normal in size, the sounds were normal, the blood pressure was within the limits of the normal, and there was little or no arterial thickening. There had never at any time been any oedema of the eyelids or legs, or any other sign of renal disease.

On many subsequent examinations I have always found albumen present, and I think I am justified in believing that it has been constantly present, at any rate since it was first detected in 1886, by the fact that, since then, the patient has frequently had the urine examined, always with a positive result, and that three insurance companies refused him on that ground between 1886 and 1889. During the eighteen months in which I have from time to time seen X. Y. Z., he has maintained his usual high standard of health, and although he has always been thin and spare, he is very tough. I examined the urine some time after I first saw the patient, to find out the exact nature of the coagulable proteid, and it proved to be entirely serum-albumen.

The most remarkable feature of the case, however, is that X. Y. Z. told me that all the members of his family exhibit the same peculiarity. He has, at my request, kindly taken a great deal of trouble to ascertain the facts, and, while I cannot vouch for their accuracy, I have no reason to believe they are not correct, so far as they go. I append a tabulated statement of his investigations.

Father, alive, 87, alb. sl. ...	}	F., alive, 56, alb. sl.; 3 ch.
Mother, alive, 78, alb. badly		M., alive, 54, alb. badly.
		F., alive, 53, alb. badly; 2 ch.
		F., alive, 52, alb. sl.; 2 ch.
		F., alive, 51, alb. badly; 1 ch. (dead).
		X. Y. Z., alive, 49, alb. badly.
		F., dead, only lived 1 day.
		M., alive, 47, alb. sl.
		F., alive, 45, alb. badly; 3 ch.

I understand that all the members of the family are perfectly well, and, considering the age the parents have attained, such a case as this should have an important bearing on the question of rejection or "loading" of candidates for life insurance.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE LOCAL INJECTION OF SODIUM SALICYLATE IN ACUTE RHEUMATISM.

In acute rheumatic inflammation of a joint there is much pain, heat, swelling, and an increase of tension, with the production of an excess of CO_2 . In whatever form salicylic acid is taken, it is converted into sodium salicylate in the blood, and circulates as such. Its value depends upon the free acid, which is a powerful antiseptic; whereas the salt itself has little or no antiseptic virtue. The sodium salicylate, coming in contact with the nascent CO_2 generated at the inflamed part, is split up into salicylic acid, which exhibits its antiseptic properties. The carbonic acid and the phosphoric acid of the blood are constantly struggling for the possession of sodium. The salts formed by them depend upon their relative masses. If CO_2 is in excess we get sodium carbonate, and the tension of CO_2 in the tissues is at its highest. In fact, Köhler has attained the above condition of the liberation of salicylic acid from a sodium salt in the laboratory by using the blood of a suffocated animal. The action of salicylic acid or salicylate in rheumatism is, therefore, general and local. It might be argued that if the antiseptic property of the acid is the cause of the cure of rheumatism, why do not other antiseptics serve the same purpose? But this drug possesses other qualities which admirably adapt themselves to the treatment of rheumatic fever. It has antithermic, analgesic, cholagogic, and the eliminatory properties. We must take into account, also, the susceptibility of different bacteria to different substances, and there can be no doubt as to the special sensitiveness of the specific micro-organism of acute rheumatism to salicylic acid any more than that of syphilis to mercury and of malaria to quinine.

Considering, therefore, the value of the above drugs as a specific, and that their action is local, the idea of treating these cases of arthritis locally naturally suggests itself. I therefore decided to treat these cases by the injection into the joints of solutions of sodium salicylate, to obtain locally, by the liberation of salicylic acid, the analgesic, antiseptic, and the specific action of the drug. This has been successfully carried out by Santini¹; he gives no explanation, but he observes that the tendency to relapse was greater; his injections were endoarticular, and in some cases periarticular. Whittla recommends a deep hypodermic injection of carbolic acid in the treatment of synovitis and other joint swellings, and Senator speaks favourably of Kunze's method of injecting 1 per cent. solution of carbolic acid in acute rheumatism. Gillespie has recorded several cases in which 10 per cent. solution had been used with marked success so far as the relief of pain was concerned. It appears to me that the curative value of these methods lies not in the carbolic acid, but in its conversion into salicylic acid, which in the laboratory is prepared by the action of CO_2 upon carbolates; we know that the carbolic acid is transformed into a carbolate in the blood and tissues. Therefore, when carbolic acid is injected into an inflamed joint the carbolate comes in contact with nascent CO_2 , the result of local inflammation, with the effect that free salicylic acid is formed which asserts its influence there.

The above, therefore, is the best possible explanation that can be furnished at present for the different methods of treating arthritis locally, by injections of sodium salicylate or carbolic acid.

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Calcutta Medical School.

DEATH FROM SPINAL INJECTION OF NOVOCAIN AND STRYCHNINE.

IN THE BRITISH MEDICAL JOURNAL for November 13th, 1909. I read the following statement by Professor Jonnesco: "General spinal anaesthesia is absolutely safe; it has never caused death nor any important complications."

I wish to record the following case of death which occurred under spinal anaesthesia in the General Hospital.

¹ BRITISH MEDICAL JOURNAL, October 22nd, 1904.

Madras, in August last. The patient was a native of India, suffering from elephantiasis of the scrotum, aged about 40, somewhat fat, but otherwise healthy. Weight of scrotum over 30 lb.

The spinal fluid flowed freely on puncture between the twelfth dorsal and the first lumbar vertebrae. I injected 3 c.cm. of a solution containing 10 cg. of novocain and 1 mg. of strychnine hydrochloride. The patient sat up for one minute, and then lay down with his head on a low pillow. In five minutes he was anaesthetic to the level of the nipples, and in ten minutes almost to the level of the clavicles.

During the progress of the operation (in which I was assisted by Captain Harley, I.M.S., who has also had considerable experience in spinal anaesthesia) the patient complained of difficulty in breathing. Shortly afterwards he retched once or twice, so the dyspnoea was attributed to a feeling of nausea and faintness, which sometimes occurs, but generally passes off very quickly.

Instead of improving, however, the dyspnoea and distress increased, and presently the patient stopped breathing. Artificial respiration was commenced at once, and it was noticed that the arms and chest were distinctly rigid—so much so, that it was not easy to move them.

At the time of failure of respiration the circulation was active, because I had to jam a sponge into the wound to stop oozing while I abandoned the operation to perform artificial respiration.

The patient never breathed again. Haemorrhage and shock in no way contributed to the fatal result. There had been very little loss of blood. The whole operation had barely lasted half an hour, and the patient had stopped breathing just as the neck of the tumour was about to be severed, so that the main mass remained connected with the pedicle, and there was no cause for shock. The cause of the death was either respiratory paralysis or spasm, due to the action respectively of either the novocain or the strychnine on the medulla. The stiffness of the arms and chest would point to the action of the latter. I have always used novocain for spinal anaesthesia. In 1908 I injected it for some thirty or forty operations by lumbar puncture. This year, after reading Mr. Canny Ryall's paper in the *Clinical Journal*, I added a milligram of strychnine to my novocain solution, and made my puncture between the eleventh and twelfth dorsal vertebrae, or between the twelfth dorsal and first lumbar. I employed the new method in some half-dozen cases, and was very pleased with the results.

I still believe that spinal anaesthesia has a future before it, but it is clear that we have not yet discovered how to free it from danger, and I confess that in future I shall be content with the evils and dangers that I know, and not risk the occurrence of any more tragedies like the one I have related.

If the method could be guaranteed free from danger (1) to life, (2) from post-operative paralysis, I should certainly use it in preference to general anaesthesia; from the operator's—and, I think, usually from the patient's—point of view it would then be almost ideal.

M. GABBETT,
Major I.M.S.

General Hospital, Madras.

P.S.—I prepared the strychnine solution myself. The 5 per cent. novocain solution was obtained in ampoules from the Saccharin Corporation Company, 2 c.cm. containing 0.1 gram with 0.1 gram mannitol.

The seventh International Congress of Criminal Anthropology, which was to have been held at Cologne in August next, has been postponed till October, 1911.

The late Miss Emma Brandreth has by her will bequeathed £1,000 to King Edward's Hospital Fund for London, £500 to the Royal London Ophthalmic Hospital, and £250 each to Guy's Hospital, Middlesex Hospital, East London Hospital for Children, Shadwell; Poplar Hospital for Accidentals, Cheyne Hospital for Sick and Incurable Children, Royal Dental Hospital, London; London Fever Hospital, New Hospital for Women, St. Peter's Hospital for Stone, Royal Free Hospital, Brompton Hospital, and the Royal Sea Bathing Hospital, Margate. The residue of the estate, estimated at about £29,000, is to be distributed amongst charitable hospitals or institutions which the executors may consider most deserving or most in need of help.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

YORKSHIRE BRANCH: LEEDS DIVISION.

Leeds, Tuesday, February 15th, 1910.

Dr. NIGHTINGALE in the Chair.

Some Points in Modern Hospital Construction.

Dr. E. O. CROFT read a paper on some points in modern hospital construction. A general account of the various departments of hospitals was given, and the advantages of single ward units in separate pavilions were pointed out; large hospitals consisting merely of a repetition of such units, the admission, administrative and other departments, being common to all. The choice of a site depended partly upon geological conditions and sanitary possibilities, and partly upon the class of diseases admitted. Urgent cases generally required central hospitals, but when these were in large towns special care was required in adapting the buildings to the site to ensure sufficient air and light access to the ward units in particular. On a damp soil the artificial drainage must be specially thorough, and the floor level should be well above the ground to allow a free passage of air beneath. The basement should be unoccupied, and constructed of arches or walls with free openings to allow a free passage of air beneath the ward floors, and means must be taken to exclude rubbish. The aspect of the wards and their arrangement upon the site at disposal, was discussed, and the ground plans of St. Thomas's, the Herbert, Netley, University College, the Leeds Infirmary, and other hospitals compared in this respect. The position and relations of the various departments to one another for convenience of access while being sanitariously disconnected were described, and the general requirements of each department mentioned. Referring to details of ward construction, the importance of large linear wall, and superficial floor space per bed as compared with height was emphasized. Undue width diminished the range of penetration of sunshine, and this was pointed out as one of the disadvantages of circular wards which required a large diameter. Artificial ventilation which required the permanent closure of windows was disapproved, and some means of natural cross ventilation approved, aided by fan extraction, and suitable arrangements of double windows to prevent draughts, and means of warming the entrant air by stoves or radiators. Dr. Croft explained, *in situ*, the various features in the construction of the new buildings of the Hospital for Women and Children, in which the meeting was held, and how the architect, together with the staff and committee, had carried out the requirements of modern hospital hygiene and the necessities for modern treatment.

Uses of the Vaginal Pessary.

Dr. OLDFIELD read a paper on this subject. He said that whereas formerly gynaecologists differed in their views as to the variety of pessary to be used in any particular form of displacement of the uterus, at the present time the question rather was as to whether the pessary should be used at all. Extremists would operate where the pessary would give complete relief, but most surgeons still believed in the temporary value of the Hodge pessary in uncomplicated backward displacements and in the permanent value of the ring for cases of incomplete prolapse. Pessaries were not suitable in the treatment of young unmarried women. In others they should be removed and operation advised when the symptoms persisted or when for any reason a well-fitting instrument caused discomfort. Operation yielded good results in suitable cases. At the present day there appeared to be fairly general agreement as to the best operation for any particular displacement. When operation was refused, or for any reason contra-indicated, a pessary could usually be fitted to relieve symptoms, and it was in such cases that the pessary found its chief place in gynaecology. In the discussion which followed Dr. STEWART, Dr. CLARKE, and Dr. CROFT took part.

Specimens, Etc.

Dr. ROWDEN showed: (a) Radiograph of an hour-glass stomach, and (b) radiograph of a vesical calculus. Dr.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Conferment of Degrees.

The following degrees have been conferred :

M.B.—J. R. Briscoe, H. Selwyn; E. B. Clayton, Caius; H. L. Duke, Caius; B. Hughes, H. Selwyn.
B.C.—J. R. Briscoe, H. Selwyn; E. B. Clayton, Caius.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on February 23rd.

Physiological Laboratory.

The annual report of the Physiological Laboratory Committee was presented. It stated that during the year four courses of lectures were delivered, one of eight by Dr. Waller on Some Recent Advances in Physiology; one of eight by Dr. A. Harden on the Chemical Biology of the Yeast Cell; a third, also of eight lectures, on Chloroform Anaesthesia by Dr. G. A. Buckmaster and Mr. J. A. Gardner, and a fourth, of five, under the Brown Trust, on the Influence of Alcohol, Sugars, and Glucosides on the Growth and Mutation of Bacteria by Mr. F. W. Twort. A lecture on Artificial Pathogenesis was delivered by Professor J. Loeb on June 25th.

M.S. Degree in Dentistry.

Regulations have been adopted for the establishment of Dental Surgery as a second branch, in which the degree of Master of Surgery can be obtained. The examination in this, as in the existing branch, will be open only to candidates who have taken the M.B., B.S. degrees. The first examination will be held in December, and candidates intending to enter for this or for any subsequent examination are required to give four months' notice. Copies of the regulations may be obtained on application to the university.

Staff Examiners.

The following are among the staff examiners appointed for 1910-1911 :

Experimental Psychology.—William McDougall, M.B., B.Ch., M.A., M.Sc.
Forensic Medicine and Hygiene.—Professor H. J. Campbell, M.D., and Henry Franklin Parsons, M.D., D.P.H.
Medicine.—Professor A. H. Carter, M.D., Sidney P. Phillips, M.D., G. Newton Pitt, M.D., and Samuel West, M.D.
Mental Diseases and Psychology.—Robert Jones, M.D., and Charles Mercier, M.D.
Obstetric Medicine.—C. M. Handfield-Jones, M.D., and G. H. Drummond Robinson, M.D., B.S.
Pathology.—Professor A. S. Grünbaum, M.D., and Professor R. Tanner Hewlett, M.D.
Pharmacology.—James Calvert, M.D., and Professor A. R. Cushny, M.D., F.R.S.
Physiology.—J. S. Edkins, M.B., and Professor Francis Gotch, F.R.S.
State Medicine.—D. S. Davies, M.D., D.P.H., and H. Franklin Parsons, M.D., D.P.H.
Surgery.—A. Carliss, M.S., F.R.C.S., Raymond Johnson, B.S., F.R.C.S., William Thorburn, M.D., F.R.C.S., and H. J. Waring, M.S., F.R.C.S.
Tropical Medicine.—C. W. Daniels, M.B., and Andrew Duncan, M.D.
Veterinary Anatomy.—O. C. Bradley, D.Sc., M.D.
Veterinary Pathology.—William Bulloch, M.D.
Veterinary Physiology.—Professor W. D. Halliburton, M.D., F.R.S.

Studentship in Physiology.

A university studentship in physiology of the value of £50 for one year will be awarded to a student qualified to undertake research in physiology, and will be tenable in a physiological laboratory of the university or of a school of the university. Application must be sent to the Principal on or before May 31st, 1910.

Advanced Lectures in Physiology.

A course of eight lectures on the physiology and anatomy of the central nervous system will be given by Dr. Gordon M. Holmes in the physiological laboratory on dates to be announced later. The course has been recognized as a course of advanced lectures which a candidate at the B.Sc. examination may name for part of his practical examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on March 10th, 1910, Mr. H. T. Butlin, President, in the chair.

The Royal Commission on University Education in London.

The President, Mr. A. P. Gould, and Sir Henry Morris were appointed witnesses to give evidence on behalf of the College before the above Commission.

Annual Report of the Proceedings of the Central Midwives Board.

This report, drawn up by Mr. C. H. Golding-Bird, was entered on the minutes, and the Council returned its best thanks to

Mr. Golding-Bird. The report ends with the following expression of opinion : "I cannot but feel that the board has during the past year done its utmost to see the provisions of the present Act properly carried out; and where for want of power to act it has been unable to enforce any step that it considered right, it has still used its influence in that direction to the utmost. The revision of the present Act of Parliament at the earliest date, now that its weak points are recognized, is anxiously awaited."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary Comitia was held at the College on March 14th, the President, Sir R. Douglas Powell, in the chair.

Proposed Joint Action with the University of London.

Sir William Allchin, in proposing the adoption of the report of the delegates appointed by the Royal Colleges to consider a scheme for establishing a system of conjoint examinations in accordance with Statute 123 of the University of London, sketched the history, going back to 1834, of the action taken by the College at various times, with the view to the institution of a degree accessible to London medical students. He pointed out that the report itself (which is printed at page 707) would not be presented to the Royal Commission in that form, but was intended to afford a general indication of the lines to be followed by the witnesses who should give evidence before the Royal Commission on behalf of the colleges, in order that these general lines might receive the approval of the College of Physicians, as they had already received that of the Council of the Royal College of Surgeons.

Sir Thomas Barlow moved an amendment, which was seconded by Dr. Rose Bradford, calling attention to the resolution adopted by the Faculty of Medicine of the University of London at its meeting on November 1st, 1909 (see page 709), with regard to the suggested changes in the constitution of the University, and proposing that the College should support the recommendations of the Faculty.

After a prolonged discussion, in which Dr. Herringham, Professor Starling, and Dr. Spriggs took part, a suggestion by Dr. Norman Moore, to refer the report to a large committee of the College, with instructions to report on the whole subject at a future meeting of the College, was adopted. The nomination of the committee was postponed.

Communications.

The following communications were received :

1. From the delegates of the Clarendon Press, asking permission of the College to photograph the portraits of Sir Thomas Browne, Sydenham, and Harvey for the book, entitled, *Historical Portraits*. Permission was granted.
2. From the Privy Council, enclosing a further notice of the International Congress of Obstetrics and Gynaecology to be held in St. Petersburg. On the nomination of the President, Dr. Amand Routh was elected to represent the College.
3. From the Home Office, enclosing a letter from the Danish Legation, in which certain inquiries are made respecting the practice of massage. Drs. Sharkey, Ormerod, Batten, Donald Hood, and Lewis Jones were appointed a committee to consider and report to the College.

THE second International Congress on Diseases of Occupation will be held at Brussels from September 10th to 14th. The chief subject for discussion at the congress is diseases of occupation in their relation to accident, with special reference to legislation recently adopted in certain countries and under consideration in others. Other subjects suggested for discussion are, the organization of medical services for industrial workers, the prevention of ankylostomiasis, miner's nystagmus, the prophylaxis of caisson disease, and industrial poisoning. The President of the congress is Dr. A. Moeller, President of the Royal Belgian Academy of Medicine, and the Secretary-General is Dr. D. Glibert. The Brussels National Exhibition will be open during the time the congress is being held, and in it will be displayed models illustrating methods of protection in dangerous trades and the fencing of machinery. A British National Committee to promote the objects of the congress has been formed, with Sir T. Clifford Allbutt and Professor Sheridan Delépine as presidents, Sir Thomas Oliver as president of the executive committee, and Dr. W. F. Dearden, 19, Salisbury Buildings, Trafford Road, Manchester, and Dr. T. M. Legge, Home Office, London, are secretaries. The Home Secretary and Postmaster-General have accepted the office of honorary president of the British National Committee. The subscription of a member of the congress is 16s., and the subscriber is entitled to printed copies of all contributions in advance, and later to a printed report of the proceedings. Members of the families of subscribers will pay 8s., entitling them to all privileges except that of taking part in debates. Membership is not confined to individuals, but also covers societies and associations interested in the study of this branch of medicine, and the support of insurance societies and industrial associations will be welcomed. Forms of adhesion and further particulars can be obtained on application to Dr. Dearden.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting of this Association was held at 34, Copthall Avenue, E.C., on Thursday, March 10th, Dr. D. B. Balding being in the chair.

Various matters affecting the interests of Poor Law medical officers were considered, among others, whether it was one of the duties of the district medical officer to give certificates gratuitously for the use of education authorities. Dr. Gidley-Moore (Ongar), stated that in his district it was customary for the Education Authority to pay for these certificates. The Council were unanimously of opinion that this was the best and most equitable arrangement. The Honorary Secretary reported that an association of part-time medical officers of health had been formed to protect the interests of part-time officers. One of its chief objects was to obtain the rescindment of Minute 234, passed at the last meeting of the Representative Body of the British Medical Association. He had been asked to bring the matter before the Poor Law Medical Officers' Association with a view to joint action, as their interests were almost identical with those of part-time medical officers of health.

It was proposed by Dr. Toogood, and seconded by Dr. Napper:

That the Honorary Secretary be instructed to approach the Honorary Secretary of the Association of Medical Officers of Health, with a view to united action in defence of the just rights of the part-time medical officers in both services.

This was carried unanimously, and satisfaction was expressed when the Honorary Secretary stated that he had been elected to the Council of the new Association.

The Honorary Secretary was authorized to make arrangements for the annual meeting at Halifax in June, and the advisability of holding a second meeting in London during the British Medical Association week was considered. The Honorary Secretary said he had received numerous letters from country members urging this course, and it was finally decided to adopt it. The Honorary Secretary was instructed to write to the Medical Secretary of the British Medical Association to ascertain whether such a meeting could be held in conjunction with the meetings of the latter Association.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee, except when so stated.

RESTRICTIVE EFFECT OF NEGOTIATIONS FOR PURCHASE.

A. Z., who has been in negotiation with a practitioner about the sale of his practice, but has not examined his books, and has only details of income from the vendor, wishes to know whether, in the event of his offer not being accepted by the latter, he would be entitled to commence practice in the place on his own account. He asks also, in the event of the answer being in the negative, whether the same opinion would hold in the event of the vendor a little later selling the practice to another and leaving the neighbourhood.

* * Our correspondent could not be legally restrained from practising on his own account, but it would be unprofessional to act in this manner. The same reason would not apply at a later period if the practice had been sold to another and the practitioner with whom he had had dealings had left the neighbourhood.

CONTRACT NOT TO PRACTISE.

G. P. writes that nearly nineteen years ago he sold his practice and signed an agreement that he would not practise as a surgeon or medical man in the neighbourhood for a period of ten years. He asks whether there would be anything ethically incorrect in his again residing in that district and practising there.

* * As our correspondent, when selling his practice, only agreed to relinquish practice in that part for the space of ten years, there would seem to be nothing unethical under the circumstances in his resuming practice there.

Medical News.

AT an examination for sanitary inspectors under the Public Health (London) Act, 1891, recently held by the Sanitary Inspection Board, 20 candidates, of whom 13 were women, passed.

THE German Society of Orthopaedic Surgery will hold its ninth congress in the Langenbeckhaus, Berlin, on March 28th and 29th, under the presidency of Professor Georg Joachimsthal.

WE are requested to state that the announcement of our lobby correspondent in our issue of March 12th as to the scale of fees for census enumerators was incorrect. We are informed that no such fees as those indicated have been paid, and that there is no probability that such fees will be paid.

THE library and offices of the Royal Society of Medicine were closed on March 15th for the purpose of packing and removing the society's library, etc., to the temporary quarters which have been secured at 15, Cavendish Square. The library and offices will be opened there on the morning of Monday, April 4th. About 20,000 volumes consisting of the books which it is believed are most likely to be wanted will be available in the temporary library, and the remainder will be stored during the building of the society's new house, which it is hoped will be ready for occupation early next year.

A FABIAN medical conference is to be held at Easter at the Fabian Summer School, Pen-yr-allt, Llanbedr, near Barmouth, North Wales. Papers will be read on March 26th by F. Lawson Dodd, M. and L.D.S., R.C.S., D.P.H., on the present and future organization of the medical service; on March 28th, by Mr. Somerville Hastings, M.S., F.R.C.S., on the proposals of the Minority Report in relation to the medical profession; on March 29th, by Dr. Lionel Taylor, on alcohol and national health; on March 30th, by Dr. C. W. Saleeby, on eugenics and national health; and on April 1st, by Dr. H. Beckett Overy, on evolution and disease in relation to the socialist state. On the evening of March 31st there will be a discussion on the organization and work of school clinics.

THE hundred and thirty-seventh anniversary dinner of the Medical Society of London was held at the Whitehall Rooms, Hôtel Métropole, on March 9th. The President, Dr. Samuel West, who was in the chair, in proposing the toast of "The Society," explained how it was that the society had decided to remain outside the Royal Society of Medicine because it was thought that the Medical Society would have lost its identity by being merged in the proposed amalgamation or association of the special sections of medicine and surgery forming the Royal Society of Medicine. The Medical Society of London had nothing but good will towards the Royal Society of Medicine, and had shown that feeling by the readiness with which it had come forward to help the Royal Society of Medicine in finding accommodation for its sections during the period of transition while that society was changing its quarters from its old building to new premises. The Medical Society was in a flourishing condition, its meetings were well attended, the subjects were chosen wisely, and the discussions had been good. The number of Fellows was increasing, and that was satisfactory because it had been thought that the fact that the Medical Society had not joined the Royal Society of Medicine would have caused a decrease in numbers, but now the Medical Society had a considerable number of new members over and above those who had retired at the time of the formation of the Royal Society of Medicine. The financial report of the society was very satisfactory, and was expressed in clear terms so that any one could understand the accounts, and could see what balance was carried forward from one year to another. Mr. Charters Symonds proposed the toast of "The Guests and Kindred Societies," which was acknowledged by the President of the Royal College of Surgeons, Mr. Butlin, who considered that on the whole the Medical Society did quite right in retaining its independence by not joining the Royal Society of Medicine. Sir John Tweedy, who also responded to the toast, declared that the Hippocratic traditions kept up by the Medical Society fostered the best medical talent of the time, and encouraged and stimulated pathological, practical, and speculative knowledge, and he trusted that the society might continue to do so for another 140 years. The health of the President was proposed by Dr. F. de Havilland Hall, and in replying to this toast the President submitted the toast of the two Honorary Secretaries, Dr. Guthrie and Mr. Warren Low, at the same time paying a high tribute of praise to the librarian, Mr. G. Bethell, for his successful efforts in forwarding the interests of the society.