

THE SCIENCE COMMITTEE

OF THE

British Medical Association.

REPORT CXXI.

ON THE ELECTRO-CARDIOGRAPHIC CURVES YIELDED BY ECTOPIC BEATS ARISING IN THE WALLS OF THE AURICLES AND VENTRICLES.*

BY

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RECENT observations carried out upon a number of patients and upon the heart of the dog beating *in situ* justify the following conclusions.

1. In the dog an artificially excited ventricular contraction yields an electric complex which is distinctive of the area in which it originates. The areas from which specific types of curve may be obtained are numerous. It is not true that there is but a single type for right and left ventricle, and it is equally untrue that certain known types are evidences of hemisystole.

The identification of specific types of curve should prove of considerable value in accurately locating restricted lesions of the heart in clinical work.

2. The type of ventricular complex given by a ventricular beat originating in a single focus is surprisingly constant; it is largely, if not entirely, independent of the phase of diastole in which it occurs, provided that it is not complicated by the complex of a commencing ventricular contraction the result of a normal auricular impulse. Under the last-named conditions very intricate curves are produced.

3. Within a small error of measurement the length of an ectopic ventricular complex is the same as that of the normal ventricular complex (the same feature is noticed in clinical curves, and in the ventricular complex of an auricular extrasystole). This fact is of considerable value in the interpretation of abnormal electro-cardiographic curves.

4. Ventricular ectopic complexes are frequently complicated by the superimposition of normal auricular complexes occurring at the same time. The auricular and ventricular effects may usually be separated. The same statements apply to clinical curves.

5. Many areas of the auricular musculature, when excited, propagate contraction waves of which the electric complexes are distinctive. The auricular complex may be normal in form, diminished or inverted. The type of P variation which most closely resembles the normal P variation is obtained on stimulation of the superior vena cava. Such a type of curve is never obtained from the region of the inferior vena cava. This fact points to the origin of the normal heart-beat in the neighbourhood of the superior venous inlet. (That the pacemaker of the heart is constant in position is evidenced by the constancy of the shape of the normal P variation.)

6. The ventricular complex resulting from an ectopic auricular impulse always commences with a base negative effect. There is considerable variation in the type of the complex as a whole, according to the phase of the ventricular diastole in which it occurs. The most conspicuous variations are an increase in the amplitude of R during later diastole (and this may occur to such an extent that it actually exceeds that of the normal R peak), and an inversion or decrease of T according as the ventricular complex commences in early or late diastole respectively. Variations in the R and T peaks of the post-extrasystolic contraction are also seen. Somewhat similar variations are met with in clinical cases.

* The expenses of this work have been largely defrayed by grants from the British Medical Association and the Royal Society.

7. Increase of the P-R interval is not uncommon in instances of early auricular extrasystoles.

8. Many of the clinical curves of single and successive ectopic beats have been duplicated experimentally. They will be reported at a later date.

9. In patients, the constancy of the type of extra-systolic electric complex from day to day, month to month, or even year to year, is often very striking. It indicates the constancy of the exciting agent and the limitation of the area of its influence.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

KALA-AZAR IN THE YANGTSE VALLEY.

FLEET SURGEON P. W. BASSETT-SMITH having very kindly published, with a drawing, in the JOURNAL of December 4th, 1909, p. 1614, the case of kala-azar discovered by Surgeon G. B. Scott, R.N., and the writer amongst the in-patients at the Hospital of St. Vincent, Kiukiang, perhaps a few additional remarks upon the case might prove of interest.

Shortly after we found Leishman-Donovan bodies in liver-puncture material, the boy, aged 11, was placed on soamin injections, grains 5, every alternate day, until a total of 110 grains had been given. He benefited from the treatment, and early in August, about two months after treatment commenced, the spleen, which had reached formerly the pelvic crest, had shrunk to the level of the umbilicus, and the liver from 3 in. below the costal margin to a position where it was scarcely palpable. The anaemia improved, and the child, from being taciturn and dull, became brighter and more intelligent. This improvement continued for about two months, and then the disease showed signs again of making headway. The spleen commenced to increase in size, though the liver remained only slightly enlarged.

A second course of soamin was commenced early in October, and 10 grains were injected every alternate day. After 70 grains had been given diarrhoea set in, and the soamin was stopped. This diarrhoea soon yielded to treatment, but the patient did not improve. Bone marrow, fresh and in tablets, together with tonics and quinine, failed to arrest the extreme anaemia and emaciation. Lung symptoms developed, and the patient died on December 13th, 1909. No *post-mortem* examination was permitted.

It is interesting to note that a case of kala-azar, diagnosed by liver puncture, was under treatment last summer in a missionary hospital in or near Hankow. We are not, however, entirely certain that these cases come from some epidemic centre on the Yangtse. It was found on further investigation that our patient had been brought to this district some two years previously by his father, who had emigrated from Shantung province with his family to work on a local railway. The patient had suffered from fever and swollen belly before leaving Shantung. No other member of his family was similarly afflicted. So far no other cases of kala-azar have been sent in from the railway, though cases of *Schistosomum japonicum* are not at all infrequently seen, and are probably the cases of "big belly" reported to us as occurring in the vicinity of neighbouring waterways. It is not improbable that the endemic centre is in Shantung, from which province reports of cases are often made. Three years ago a terrible famine in Shantung drove numbers to emigrate to the Yangtse provinces. It is likely that the disease will spread along the river, but at present cases would seem to be few and probably imported.

It is interesting to note that cases of kala-azar in Europeans were reported as having occurred amongst those who had taken part in the 1900 campaign against the Boxers. The troops operated for the most part in Chili, which borders on Shantung. Fleet Surgeon Bassett-Smith's patient had been to Tientsin as well as to Yangtse ports, so that a northern origin to his cases cannot be entirely eliminated. The subject is one of extreme interest, and that is my excuse for adding these notes to Fleet Surgeon Bassett-Smith's interesting communication.

Kiukiang.

ALEXANDER C. LAMBERT.

coronation oath. The Scottish Parliament deposed him on quite different grounds from that of England. The Scottish Parliament sat in Edinburgh. You cannot speak "Britannically" before 1707. The present King was crowned King of Great Britain and Ireland as one kingdom, not three.—I am, etc.,

Glasgow, March 8th. JOHN BROWN, M.D., F.R.F.P.S.G.

CONSULTANT, GENERAL PRACTITIONER, OR HALF-AND-HALF?

SIR,—The naïveté of "Enquirer's" last letter in the JOURNAL of March 19th, p. 725, is delightful.

So the consultant exists solely for the purpose of instructing the general practitioner, either at the expense of the patient, or by publishing papers, etc., whereby "the general practitioners could avail themselves of the special knowledge of which the consultant thereby shows himself possessed."

The general practitioner is now so competent that "a few minutes' conversation with the consultant will make him acquainted with the technique." But, if necessary, "many consultations should take much longer than this (half an hour), so that the consultant can explain fully to the general practitioner what treatment should be carried out." This, I presume, is in cases where the general practitioner is rather less competent; but, alas, the unfortunate patient must pay for this extra instruction, because we are told "the consultant's fees should be raised, and should vary partly with the length of time a consultation takes."

If at first the general practitioner is not successful in carrying out the treatment of a case (which of course is entirely the fault of the consultant's advice!) the experience is useful, and after further practice on more or less similar cases he may become proficient. If not, he can easily get another consultation at the expense of a patient. I know that man, and when I meet him I wonder how many consultations he thinks necessary to qualify him to become a consultant himself. Fortunately, he does not represent the body of general practitioners.—I am, etc.,

March th.

EST MODUS IN REBUS.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship.

THE electors have appointed Mr. Ernest L. Kennaway, B.M., M.A., Hulme Research Student of Brasenose College.

UNIVERSITY OF SHEFFIELD.

THE Council has appointed Mr. A. Garrick Wilson, F.R.C.S., to the post of Tutor in Surgery, and Mr. Albert E. Bennet, M.B., Ch.B. (Edin.), to that of Junior Demonstrator in the Department of Pathology.

UNIVERSITY OF DUBLIN.

THE following candidates have been approved at the examinations indicated:

FINAL MEDICAL EXAMINATION (Part II, Medicine).—*Hilgard Müller, *Marius A. Diemont, *W. P. Smiley, H. R. M. Ferguson, Beatrice Hamilton, C. Pentland, J. W. Tomb, Hans Fleming, A. C. Hallows, J. H. Crane, C. Grene, E. P. Allman-Smith, V. W. D. McGusty, E. W. G. Young, C. D. Hanan.

FINAL MEDICAL (Part II, Surgery).—J. H. Woodroffe, M. A. Diemont, W. P. Smiley, C. B. Jones, L. Trichard, J. H. Crane, A. C. Hallows, H. S. Metcalfe, W. R. Watson, C. Pentland, B. H. Moore.

D.P.H. (Part I).—H. T. Stack. Part II.—W. J. Powell.

* Passed on high marks.

ST. MUNGO'S COLLEGE, GLASGOW.

AT the annual presentation of prizes to the students of St. Mungo's College Medical School Mr. James Macfarlane, who presided, took occasion to refer to the future of the college. The governors believed that the school had still a great work to perform, and thought that the changes proposed as the result of negotiations completed some months ago, and now awaiting the sanction of Parliament, would be of much benefit to the college. It was impossible to say at present whether the new Professors of Medicine, Surgery, Gynaecology, and Pathology would begin their duties next winter session or not, as the university authorities had still ordinances to adjust.

Probably St. Mungo's school would have another session on the old basis, and he felt sure the same efficiency would be maintained. Mr. Brown, the secretary, who also spoke, endorsed the view that the extension of the University School of Medicine at the Royal Infirmary would tend to strengthen St. Mungo's College.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia was held at the College on Monday, March 21st; the President, Sir R. Douglas Powell, in the chair.

Membership.

Sir Alfred Keogh was admitted a Member of the College.

Proposed Joint Action with the University of London.

In accordance with a resolution passed at the preceding comitia, the President nominated the following gentlemen to serve on a committee to report on the whole subject at a future comitia: The future President and Sir Wm. Allchin; Drs. Norman Moore, F. Taylor, Ormerod, Sharkey, Hale White, Herringham, Spriggs, Rose Bradford, Wm. Hunter, and Starling.

Harveian Librarian.

A letter was received from Dr. F. Payne, resigning his office as Harveian Librarian. The resignation was received with deep regret, and a cordial vote of thanks passed to Dr. Payne for his valuable services for many years past.

Presidential Address.

The President gave an address in which he referred to the chief events during the past collegiate year, and gave brief biographical notices of the Fellows of the College who had died during that period. In conclusion he thanked the Fellows for their repeated confidence in him during the past five years, and expressed his gratitude to the college officers for their never-failing help and assistance during his term of office.

Sir Wm. Church thanked the President for his address, and moved a resolution requesting him to allow it to be published. A further vote of thanks to the President for his great and valuable services during the past five years was passed with acclamation.

Election of President.

Sir R. Douglas Powell then vacated the chair and voting took place for the office of President for the ensuing year. A first ballot showed that Sir Thomas Barlow had received 57 votes, Dr. Norman Moore 15, Sir Wm. Allchin 14, Dr. Frederick Taylor 12, Sir Clifford Allbutt 10, Professor Osler and Sir Dyce Duckworth 9 each, and that a few other votes were scattered. As no Fellow had received the votes of two-thirds of those present, a second ballot took place between Sir Thomas Barlow and Dr. Norman Moore, when the former received 103 votes. Having taken the chair and given his faith to the College, he received the insignia of his office, and in a brief speech expressed his gratitude to the Fellows for the honour bestowed on him, and his resolve loyally to give his best energies to the work of the College.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Fellowship Examination.

THE following candidates, having passed the necessary examination, have been admitted Fellows of the College:

Miss E. R. Benjamin, B.Ch.Dubl.; O. St. J. Gogarty, B.Ch.Dubl.; W. E. Hopkins, B.Ch.Dubl.; J. T. Murphy, B.Ch.Melbourne; C. B. Parley, L.R.C.S.I.

THE following candidates have passed the Primary Part of the examination:

L. L. Cassidy, B.Ch.Edin.; H. English (student), R.C.P. and S.I.; M. J. Hillery (student), R.C.P. and S.I.; K. T. Nath, L.R.C.S. Edin.; C. G. Sherlock, B.Ch.Dubl.

THE APOTHECARIES' HALL OF IRELAND.

THE next quarterly examinations will take place on the following dates: First Professional, April 18th; Second Professional, April 21st; Third Professional, April 25th; Final Professional, April 27th.

THE fifth International Periodical Congress of Gynaecology and Obstetrics will be held at St. Petersburg on September 19th to 24th of the present year, under the patronage of the Czar. The President is Professor Dmitri Oskarovic Ott. All the professors of gynaecology and obstetrics in Russia are members of the organizing committee. The following questions are proposed for discussion: (1) Caesarean section; (2) non-operative treatment of cancer of the uterus; (3) comparative value of the various operative procedures for the treatment of displacements and deviations of the uterus; (4) the vaginal route in delivery and in gynaecology. Communications relative to the congress should be addressed to Professor Sadowsky, Wassille Ostrow, Ligne de l'Université, 3, Saint-Petersburg.

served a good deal abroad, among his appointments being that of medical officer in charge of the station hospital, Meerut; he was afterwards appointed to the medical charge of troops at Trowbridge, an appointment which he held until 1906, when he finally retired. He was a member of the Committee of the Council of the British Medical Association from 1881 to 1883, a member of the Council of the Irish Medical Schools' and Graduates' Association from 1898 to 1902, and a Fellow of the Royal Statistical Society. He wrote a work on the sphygmograph, and an essay on the statistics of the Army Medical Department, and also contributed many papers to the medical journals.

Colonel Boileau married a daughter of the late Dr. Bond of Dublin, and is survived by his widow and three daughters. The funeral took place on March 8th at Limpley Stoke churchyard. Colonel Boileau had a large circle of friends not only in the Army Medical Department but amongst members of the British Medical Association, and his career reflected honour both upon himself and upon the branch of the profession to which his life was devoted.

DR. GARLAND died on the evening of March 11th, at his residence in Leith. His health had been indifferent for some time, but he was attending to his professional duties until within a few days of his death. The son of the late Baillie Garland, of Leith, Ormond Haldane Garland graduated M.B., C.M., at the University of Edinburgh in 1868. He was admitted a Member of the Royal College of Physicians in 1876, and was elected a Fellow in 1886. In 1888 he took his M.D. degree. He was Visiting Medical Officer for the John Watt Trust. In the early Seventies he was appointed Surgeon to the Leith Police Force, an appointment he held until his death. For nearly a quarter of a century he was ambulance instructor to the Leith Police. He was at one time Lecturer on Clinical Medicine in the School of Medicine for Women, and was till lately Senior Visiting Physician to Leith Hospital. He was held in high esteem by his patients in Leith and the Edinburgh district. He is survived by his wife.

DR. ALEX. CRAIG (Pathhead, Ford), who died on March 1st, was an M.D. of Glasgow, and for the past thirty-five years had a large and varied practice in Pathhead. He was a skilful surgeon, acted as Physician to the Edinburgh Children's Holiday Home at Hambie, and was medical officer of health for several parishes. Caring little for public life, Dr. Craig was of quiet and unobtrusive disposition. He recently underwent an operation, from the results of which he never rallied. He is survived by a widow, four sons, and one daughter. Two of the sons are in the medical profession.

BRIGADE SURGEON EDWARD JOSEPH BOULTON, late of the Army Medical Staff, died in London on March 13th. He was the son of the late Captain Thomas Boulton, 5th Dragoon Guards, and joined the Army Medical Department in January, 1862, retiring from the service with the honorary rank of Brigade Surgeon in 1886. He had, moreover, served as an Acting Assistant Surgeon during the Russian war in 1855, with the expedition to the Baltic, receiving a medal. He also took part in the Zulu war in 1879, and was present at the battle of Ginginhlovo and at the relief of Etshowe, receiving a medal with clasp.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Giovanni Bezzi, sometime head of the Surgical Clinic at Modena; Dr. von Roth of Stuttgart, a well-known orthopaedic surgeon, aged 80; Dr. Ogata, of Osaka, one of the leading practitioners of Japan, Physician to the Imperial Family, and founder of the Japanese Red Cross, and of the Medical School and Hospital at Osaka, aged 67; Dr. Eduard Pflüger, the last of the assistants of Johannes Müller, and successor of Helmholtz in the Chair of Physiology at Bonn, aged 80; Professor de Semo, sometime Senior Physician to the Pisa Hospital, afterwards a leading physician at Alexandria, where he was Secretary of the Egyptian Antituberculosis League; and Dr. J. M. Bandera, Professor of Physiology in the University of Mexico.

Medico-Legal.

WORKMEN'S COMPENSATION ACT.

The Definition of an "Accident."

JUDGEMENT was given in the House of Lords on March 14th in an important appeal under the Workmen's Compensation Act. The appeal was heard by the Lord Chancellor, Lord Macnaghten, Lord Atkinson, Lord Collins, and Lord Shaw.

The appellants were a firm of engineers at Birkenhead, and the respondent the widow of one of their workmen. The question was whether the death was due to an accident arising out of or in course of his employment. Respondent was the wife and sole dependent of Edward Hall Hughes, who was in the employment of Glover, Clayton, and Co., Limited. Hughes on March 9th, 1907, was engaged, with the assistance of a fellow-workman, named Connell, in making a condenser bath, the sides of which had to be tightly screwed together by means of bolts. When Hughes was in the act of tightening a nut with a spanner, pressing down and putting his weight on it, he made an exclamation, fell on his back, striking his head, and on being taken aside was found to be dead. On *post-mortem* examination it was found that there had existed a very large aneurysm of the aorta, and that death had been caused by its rupture. The aneurysm was in such an advanced condition that it might have burst while the deceased was asleep, and a very slight exertion or strain would have been sufficient to bring about a rupture. The judge of the Liverpool County Court made an award of £300 in favour of the widow. The employers carried the case to the Court of Appeal, where the Master of the Rolls, Lord Justice Farwell, and Lord Justice Kennedy upheld the award.

In giving his decision in the House of Lords, the Lord Chancellor said: In what I am about to say I take the facts as the county court judge found them *in extenso* and rely upon them. He has held, and the Court of Appeal have confirmed his decision, that in these circumstances the workman's dependants are entitled to compensation. I agree. The injury must be caused by an accident, and the accident must arise out of the employment. We are not concerned here with the course of the employment. What, then, is an "accident"? It has been defined in this House as "an unlooked-for mishap or an untoward event, which is not expected or designed." All the Lords who took part in the decision of Fenton v. Morley agreed in substance with this definition in Lord Macnaghten's speech. I take this as conclusive. Next, the accident must be one "arising out of" the employment. There must be some relation of cause and effect between the employment and the accident, as well as between the accident and the injury. Some of the difficulties in applying the Act are due to the fact that courts of law have frequently been obliged to consider, especially in actions on policies of insurance, what is to be regarded as the cause of some particular event. In one sense every event is preceded by many causes. This man died from the rupture of an aneurysm, and "the death was caused by a strain arising out of the ordinary work of the deceased operating on a condition of body which was such as to render the strain fatal." Again, "the aneurysm was in such an advanced condition that it might have burst when the man was asleep, and very slight exertion or strain would have been sufficient to bring about a rupture." The first question here is whether the learned judge was entitled to regard the rupture as an "accident" within the meaning of this Act. In my opinion he was so entitled. Certainly it was an "untoward event." It was not designed. It was unexpected in what seems to me the relevant sense—namely, that a sensible man who knew the nature of the work would not have expected it. I cannot agree with the argument presented, that the court is to ask whether a doctor acquainted with the man's condition would have expected it. Were that the right view, then it would not be an accident if a man very liable to fainting fits fell in a faint from a ladder and hurt himself. No doubt the ordinary accident is associated with something external; the bursting of a boiler, or an explosion in a mine, for example. But it may be merely from the man's own miscalculation, such as tripping and falling. Or it may be due to both external and internal conditions, as if a seaman were to faint in the rigging and tumble into the sea. I think it may be due also to something going wrong within the human frame itself, such as the straining of a

The general conclusions drawn by Dr. Robertson are that the influence of industrial employment is largely masked by the general state of poverty; but that, so far as the investigation goes, the type of industrial employment in vogue does not appreciably influence the health of the mother or her infant when the standard of comparison is that of women in equally poor circumstances but not so employed.

This interesting study is worthy of close attention by those interested in the problems of industrial life, and is an example of valuable work done by the Public Health Service, and too often disregarded by the politicians and reformers of the market place.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Reigate Rural District.—In estimating the population at the middle of 1909 at 19,720, the medical officer of health, Dr. A. E. Porter, has taken into account the addition to the population of about 740 persons consequent upon the opening of the county asylum at Netherne. The birth-rate was 19.7 per 1,000, and the adjusted death-rate 9.5 per 1,000. The infantile mortality-rate was equal to 56 per 1,000 births. In 1905 this rate was 55 per 1,000. The district council very wisely decided during the year to adopt many of the sections of Part II of the Public Health Acts Amendment Act, 1907. It is to be regretted that they decided, contrary to the advice of a committee of the council, not to adopt section 25, which provides for the paving or covering with some impervious material of back yards. The Local Government Board sanctioned the adoption of the sections selected by the council on condition that section 33 was included. This section exempts from the Act certain buildings belonging to railway companies and other bodies.

Pattrington Rural District.—Based on an estimated population of 7,021, the birth-rate in the rural district of Pattrington, in the East Riding of Yorkshire, was 26.2 per 1,000 and the death-rate 13.1 per 1,000. The medical officer of health, Dr. W. H. Coates, states that the infantile mortality was 10. By this he apparently means that the number of children who died under 1 year old was 10. The infantile mortality-rate as usually calculated was equal to 54 per 1,000 births—a remarkably low rate. During the year Dr. Coates successfully prosecuted under the Children Act the parents of a child who was sent to school in a filthy condition. The father was sent to prison for three months and the mother for four months. The district council may be well advised if they give effect to the advice of their medical officer of health and provide for the flushing of the drain in the Pattrington parish. The drainage system appears to be good, but it must be a menace to the health of the inhabitants if there is no means of flushing.

East Stow Rural District.—The birth-rate in 1909 was 26 per 1,000 and the death-rate adjusted for residents and non-residents was 12.3 per 1,000, the population of the district being estimated at 5,815. The infantile mortality rate was equal to 71 per 1,000 births. Of the 11 children who died under 1 year old as many as 9 only lived 14 days. The medical officer of health, Dr. Charles W. Low, describes the cottage accommodation as very poor, the houses being mostly badly built, damp, and insufficiently ventilated. In the parish of Old Newton there was an outbreak of scarlet fever, lasting from November, 1908, until June, 1909, in which, out of a population of 619 persons, 67 were attacked. There does not seem to be any isolation hospital in the district.

Thedwastre Rural District.—Based on an estimated population of 8,840, the birth-rate in 1909 was 22.3 per 1,000, and the death-rate adjusted for residents and non-residents was 10.9 per 1,000. The infantile mortality-rate was equal to 80 per 1,000 births. Of the 16 children who died under 1 year old, 8 did not live fourteen days. The house accommodation for the working classes is described by the medical officer of health, Dr. Charles W. Low, as, on the whole, very unsatisfactory. Many of the houses have only two bedrooms and are overcrowded. Privy vaults are the usual form of sanitary accommodation and are a fruitful source of evils, chief amongst them being the pollution of water supplies.

DISTRICT MEDICAL OFFICER'S APPOINTMENTS: THE CONSCIENTIOUS OBJECTOR.

SEA SERPENT asks: (1) Whether the Local Government Board would confirm his appointment as medical officer to a second district (one adjoining his own) where there is now a vacancy; if appointed he would not be a resident therein. (2) Can a man who is 20 years of age legally sign a conscientious objection form of vaccination for his child?

* (1) The Local Government Board before confirming such an appointment would, we believe, require the reasons for a non-resident being appointed. If there should be no such resident willing to accept the vacant appointment consent would probably be given, but this might be delayed or refused if the area of the two districts together exceeded 15,000 acres or contained a population exceeding 15,000 persons. (2) We believe that a conscientious objection properly tendered by the father would entitle him to claim a certificate of exemption from vaccination for his own child.

Medical News.

THE King has been pleased to grant to Mr. Alexander A. W. P. Murison, M.B., of the Deaconesses' Hospital, Cairo, permission to accept the Fourth Class of the Order of the Red Eagle, conferred upon him by the German Emperor, and to Mr. Edwin R. Wheeler, M.B., Ch.B., formerly Medical Adviser to the Kanagawa Prefecture, permission to accept the Third Class of the Order of the Sacred Treasure, conferred upon him by the Emperor of Japan.

THE Lord Lieutenant has appointed Dr. J. O'Connell Redmond, F.R.C.S.I., to the Commission of the Peace for the Borough of Dublin.

DR. A. T. BRAND, late Public Vaccinator, Driffield District, Driffield Union, has been awarded the Government extra grant for efficient vaccination for the tenth consecutive time.

In the note published last week on the international expedition to Teneriffe it should have been stated that one of the members of the expedition is Dr. C. Gordon Douglas, of St. John's College, Oxford.

THE Japanese Ambassador will unveil a tablet over a bed at the Dreadnought Hospital, Greenwich, on Wednesday, April 13th. His Excellency will be received at the hospital by the president, the Duke of Marlborough.

THE Partick Medical Society brought its winter session to a close on March 10th by the annual business meeting. There have been discussions on friendly societies, the medical inspection of school children, the relationship of the British Medical Association to local medical societies, and other subjects. At the business meeting it was announced that the new debt collectors were conducting their business with conspicuous success. The society's funds are in a very satisfactory condition, and the membership continues to embrace practically all the practitioners in the district. A most successful smoking concert was held, and arrangements are being made for a summer outing, which it is hoped will receive the support it deserves.

THE programme of the International Congress and Exhibition of Physiotherapy, which is to be held in Paris from March 29th to April 3rd, has already been published in the JOURNAL of November 6th, 1909. It may interest some of our readers to know that reductions of fares will be granted by the railway companies to members or associates and their families who attend the Congress. The South-Eastern and Chatham Railway will issue their tickets from March 25th until April 2nd at Charing Cross booking office, via Dover and Calais, and via Folkestone and Boulogne, at 58s. 4d. first-class return fare to Paris, instead of 95s. 9d., and at 37s. 6d. second-class instead of 69s. 10s. The London, Brighton, and South Coast Railway will issue their tickets at Victoria or London Bridge Stations, via Newhaven and Dieppe, at 39s. 3d. first-class return fare to Paris, instead of 66s. 3d., and 30s. 6d. second-class return fare to Paris instead of 47s. 1d. The tickets will be available by day or night services. The tickets of both companies will be valid for one month. Full information may be obtained on application to M. H. Saunier, delegate, 19, Bartholomew Close, E.C.

MR. BENJAMIN WEIR, who died in February, 1902, bequeathed certain freehold houses in Balham and Streatham and the residue of his estate, the whole amounting in value to over £100,000, for the purpose of establishing a hospital or other medical charity, to be called the Weir Hospital, for the benefit of the inhabitants of the parish of Streatham and the neighbourhood. The trustees, considering it to be impracticable to carry out the specific provisions of the will and relying upon the general provisions, applied to the Charity Trustees to settle a scheme for the administration of the charity. The commissioners accordingly made an order directing that the house at Streatham should be used as a home for a staff of trained nurses whose services would be available for all the inhabitants of Streatham and the neighbourhood, and the other house as a dispensary, and that the surplus income arising from the remainder of the endowment not required for the maintenance of the nurses' home and the dispensary should be applied to enlarging and supporting the Bolingbroke Hospital on condition that the name of that hospital was changed to the Weir and Bolingbroke Hospital. The Wandsworth Borough Corporation applied to the Chancery Division to set aside this order, on the ground that the money being intended for a hospital at Streatham the order was a grave diversion of the funds to objects not contemplated by the testator. The court refused the application, holding that the words in the trust deed, "Streatham and the neighbourhood," were sufficiently fulfilled by the order.