

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### OPERATION FOR DISPLACEABLE PATELLA.

AT page 731 of the JOURNAL of March 25th is a short communication from "Cantor" referring to a proposed operation on a case of outward displacement of the patella in a young woman. Having recently had to deal with a case of this sort, "Cantor," I am sure, will be interested in this reply:

In March, 1905, a lady of 25 years was brought to me because she was rendered unsafe and unhappy by recurrent dislocation of the right patella. Sometimes the displacement occurred three times a day. Eighteen months previously the dislocation happened at the top of a flight of stairs, with a disastrous result. On the other side she had a congenital displacement of the head of the femur, and occasionally the patella of that side also slipped out, but she regarded this as being of quite secondary importance. She had genu valgum on both sides, and although "Cantor" says nothing as to the existence of this defect in his patient, I am inclined to assume that it is present. If he will fully extend the legs and then bring the knees together thus extended, he will probably find a separation of two or more inches between the internal malleoli. In the case of a knock-knee, the energetic action of the rectus femoris and its partners causes the patella to be displaced a little outwards, and one day the knee-cap slips right off the trochlear surface, a true dislocation resulting.

To remedy this defect in my patient I advised subcutaneous division of the femur just above the joint, and the conversion of the condition of genu valgum into that of genu excurvatum. She entered a nursing home, and I did the operation with a keyhole saw, fixing the limb in a slightly bowed position, the concavity of the bow being, of course, diverted inwards.

About five months after the operation she came to report herself, and told me that the knee had behaved perfectly well ever since, though I confess that I was somewhat alarmed at the perilous way in which the patella glided outwards when the knee was flexed. It was like a man standing upon the edge of a cliff where a puff of wind might suffice to blow him over. Still, it had never slipped out since the operation, so I had no real cause for fright.

In the following November I saw her again, when she said that soon after her last visit she had caught her dress in a door, and that, falling, she had hurt the left knee, dislocating the patella outwards, but that the patella of what she was pleased to call "my" knee had remained steadfast. With drilling and exercises her limbs greatly improved, as did also her general condition; but the patella of the left, the poor, hip shot limb, gave constant anxiety, for it was ever apt to slip out, giving her intense pain.

In October of last year she came suggesting that I should do for the left knee the operation which had proved so successful on the other side. Dr. Tanner, of Farnham, came with her and supported her suggestion. Seeing that, at the best, the left limb was but a poor one, I hesitated to operate without the approval of an independent surgeon, and Mr. Bowlby was kind enough to see her with Dr. Tanner and me. Shortly after this interview subcutaneous osteotomy was done on the left femur, the limb being fixed up in an outward bowed condition, and, though the limb is still weak, this patella has also kept in place in spite of a serious fall which the lady met with some weeks ago.

If it be suggested that it is early days yet to publish the second operation as a perfectly satisfactory one, my reply is that I have not hurried in with my report in order to announce the "successful result" which is apparently inseparable from the account of a surgical operation at the present day before there has been time for it to prove a failure—I merely send it in as an attempt to answer "Cantor's" request for advice in a somewhat rare but extremely troublesome condition.

London, W.

EDMUND OWEN.

#### GOAT'S MILK FOR INFANTS.

I READ with interest Dr. Alcock's note on goat's milk, in the BRITISH MEDICAL JOURNAL of March 18th, and I can thoroughly endorse his suggestion of the value of goat's milk in many cases of infant feeding. My own four children have been brought up largely on goat's milk, the last two from birth. As we keep our own goats no sterilization is done, nor would it be necessary in any case in view of the extreme rarity of tuberculosis in goats. This is of course a great advantage. I have found its digestibility to be greater than that of cow's milk, and, as is well known, its proportion of fat is considerably higher. I recently tested a sample from a goat that was nearly eleven months from kidding, and found 5.4 per cent.; while an analysis of dairy cow's milk made at the same time gave only 3.25.

It must be borne in mind, however, that with goat's milk the cream is in much finer globules and does not so easily separate out as does the cream of cow's milk; hence testing with a creamometer does not give correct results. The amount of fat must be determined by a proper butyrometer; and no doubt this apparent absence of cream has given rise to the opinion prevalent in some parts that goat's milk is "poor." There is no doubt that as an alternative to cow's milk where the latter disagrees or the child is not thriving, goat's milk is greatly neglected by the medical profession of this country.

London, S.W. SIDNEY H. SNELL, M.D., D.P.H.Lond.

## Reports

ON

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

#### VICTORIA HOSPITAL, BANGALORE.

##### EXTRAPERITONEAL TRANSPLANTATION OF THE URETERS INTO THE RECTUM.

(By J. V. ARUMUGUM, M.B., Medical Officer in Charge.)

THE following two cases show the result of extraperitoneal transplantation of ureters into the rectum for extroversion of the bladder after the lapse of over four years in each case.

The first patient, a boy aged 18 years, underwent operation for extroversion of the bladder on August 20th, 1906, when the ureters were transplanted into the rectum according to the method advised by Mr. Peters, of Toronto. The patient was discharged from the hospital fifty-eight days after the operation. At the time he left he was able to retain urine in his rectum for about four hours during the day, and nearly for nine hours at night—that is, during sleeping hours (from 9 p.m. to 6 a.m.).

The second patient, a boy aged 13, had the same operation performed for the same cause on April 15th, 1907, and was discharged from the hospital on June 15th, 1907—that is, two months after the operation. This patient was able to retain urine in the rectum for about four hours during the day, and for nearly five hours at night, at the time of his discharge from the hospital.

I have seen both these patients several times since their respective operations, the second case being last seen by me on February 16th, 1911. I then found the patient was able to retain urine in his rectum for nearly six hours during the day, and was at times disturbed at night only once between 9 p.m. and 6 a.m.—that is, during his sleeping hours.

The first case was last seen by me about three months ago, that is, after four and a half years, when the patient was able to retain urine in his rectum from five to six hours during the day, and for nearly eight hours at night—that is, during sleeping hours from 9 or 10 p.m. to 5 or 6 a.m.

At the recent examination for sanitary inspectors under the Public Health London Act 1891, held by the Sanitary Inspectors Examination Board, 31 candidates passed, of whom 16 were women.

is an eminently just and fair comment on the present political situation in the dental profession.

While there are, certainly in some quarters, signs of "the unqualified multiplying till they destroy themselves," and of "the public appreciating the value of the educated dentist," this is small comfort to the young L.D.S. who is starting practice and has to face the wiles, opposition, and ridicule of the quack.

The reason why there have been such large accessions to the ranks of the unregistered during recent years is the introduction of local anaesthesia for the purpose of extracting teeth in a so-called "painless" manner.

The advertisement pages of the March number of a quarterly periodical issued by a body of "Extractors and Adaptors of Teeth" contain fourteen advertisements of local anaesthetics. On pp. 105 and 106 of the text occur these words:

Its (the proposed Anaesthetics Bill) apparently modest clauses were much more dangerous and far-reaching than at first sight appeared to be the case. It was drafted with a subtlety and cunning which would have reflected great credit upon the framers had the cause been a just one and its purpose honest, for, whilst professing to be a bill dealing with anaesthetics, it was in reality meant to make the practice of dentistry an impossibility by members of the Incorporated Society, since without the use of anaesthetics and "drugs which produce insensibility to pain" no dental operation is possible. It was also intended to hit the pharmacist in the practice of his calling. It was unjust, inasmuch as it ignored the established rights and privileges of existing practitioners, and it was dishonest, as its real purpose was not "the safety of the public," but a monopoly for the registered.

All these people want is to "pull out" and "put in" teeth. I am convinced that if the Anaesthetics Bill as at present drafted could be passed by the legislature dental quackery in the United Kingdom would receive its *coup de grace*.—I am, etc.,

London, W., March 25th.

A. HOPEWELL-SMITH.

#### STANDARD BREAD.

SIR,—In view of the present agitation in favour of the so-called "Standard Bread," the following extract from Dr. Robert Hutchison's article on Dietetics in the latest edition of Allbutt's *System of Medicine*, vol. i, may be of interest, especially as I believe the author's name has been freely used in furthering the campaign. He states:

The average composition of bread prepared from white flour and from whole wheat meal is as follows:

	White Bread.	Whole-meal Bread.
Water ... ..	40.0	45.0
Protein ... ..	6.5	6.3
Fat ... ..	1.0	1.2
Starch, etc. ... ..	51.2	44.8
Cellulose ... ..	0.3	1.5
Ash ... ..	1.5	1.2

It will be noticed that owing to the greater amount of moisture which it contains, whole-meal bread is not appreciably richer in any of the nutritive constituents than white. On the other hand, digestive experiments show that the absorption of whole meal bread in the intestine is considerably inferior to that of white bread, so that the supposed superiority of the former as a source of nutriment is really based on a fallacy.

It may be argued that this comparison does not apply as between white bread and "standard bread," but it does, if only in a somewhat lesser degree; and in any case some of the more or less extravagant claims that have been put forward have referred to whole-meal bread, as mentioned in your recent editorial article, which for its calm scientific manner of dealing with the subject may be commended to certain members of our profession whose enthusiastic utterances are not justified by the facts.—I am, etc.,

STEPHEN G. LONGWORTH.

District Asylum, Melton, Suffolk, March 27th.

#### PART-TIME MEDICAL OFFICERS OF HEALTH.

SIR,—We learn, from a recent SUPPLEMENT to the BRITISH MEDICAL JOURNAL that the Council of the Association propose to recommend to the next Representative Meeting an amended form of the now famous Minute 234 (1909). It would follow from this amendment that, "as a rule," no medical officer of health should engage in any kind of consultative work, or hold extra-official appointments, such as those of teacher or professor of hygiene. It is not, however, clear whether or no it is intended that the "official" duties which are to be allowed to medical officers of health by the Association should

embrace those suggested by the Local Government Board—namely, those of a public vaccinator, factory surgeon, police surgeon, and Poor Law medical officer.

We do, however, note with satisfaction that it is no longer proposed to differentiate, in respect of security of tenure, between whole and part time officers. This is the more important, inasmuch as the new policy of the Local Government Board is apparently not so much directed to the extermination of part-timers generally, as to their conversion from part-time officers engaged in private practice to holders of omnibus appointments. There is some reason to believe that this policy is not so much dictated by any dissatisfaction with the work actually done by the part-timers who are engaged in practice as to the difficulties caused by the unnecessary jealousy of other practitioners. As the Medical Secretary of the British Medical Association observes, in an approved official letter we have just received:

Many private practitioners are of opinion that it is on the whole easier for them to co-operate satisfactorily with medical officers of health who are not at the same time their competitors in private practice than with those who are.

This feeling has apparently found expression in the declarations of policy of the British Medical Association, and unless those practitioners who hold public appointments bestir themselves, we may in a few years see its results in the removal from private practitioners of all opportunity of holding part-time public appointments of whatever nature.—We are, etc.,

F. G. CROOKSHANK,  
Chairman.

D. A. BELILIOS,  
Honorary Secretary.

Association of Medical Officers of Health.  
Wimbledon, S.W., March 22nd.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

#### MEDICAL ENTRANCE SCHOLARSHIPS.

A COMBINED examination for twenty-two medical entrance scholarships and exhibitions, tenable in the Faculties of Medical Sciences of University College and King's College, and in the Medical Schools of University College Hospital, King's College Hospital, St. George's Hospital, Westminster Hospital, and the London School of Medicine for Women, has been fixed to be held in London by the London Intercollegiate Scholarships Board on Tuesday, September 19th, and following days. Application should be made to the Secretary of the Board, University College, Gower Street, London, W.C., for forms of entry.

### UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

FIRST M.B. (*All Subjects*).—\*W. Stott, †C. H. Keay, †E. J. Tyrrell, A. F. R. Dove, J. D. Ferguson, Mary S. Gordon, N. A. Martin, C. R. Smith, C. G. Strachan.

FIRST M.B. (*Elementary Anatomy and Biology only*).—H. G. B. Dove, Ethne Haigh, G. Irving, E. E. D. Lau, J. E. Measham, W. M. Pettigrew, J. D. Proud, B. Sergeant, A. Smirthwaite, A. C. Taylor. *Chemistry and Physics only*.—G. G. Baty, W. J. Bowden, J. F. C. Braine, P. A. Clements, C. C. H. Cuff, H. H. Elliot, F. W. Harlow, J. D. Johnson, D. R. Jones, H. L. P. Peregrine, D. O. Richards, P. Savage. *Elementary Anatomy*.—W. Herbertson, B.Sc.

SECOND M.B. (*Anatomy and Physiology*).—†F. J. Natrass, †Mary L. Haigh, †W. K. Russell, W. Bell, G. A. Berkeley-Cole, A. Butterfield, I. G. Cummings, I. D. Evans, A. C. Freeth, C. S. P. Hamilton, M. H. de J. Harper, E. R. A. Merewether, R. P. Ninnis, Grace W. Pailthorpe, I. M. Pirrie, D. C. Scott, A. Smith, F. B. Robson, S. Thompson.

\* First-class honours. † Second-class honours.

### UNIVERSITY OF LEEDS.

#### ANNUAL REPORT.

THE seventh annual report of the University of Leeds, being that for the year 1909-10, refers to a good many points of interest in connexion with medical education.

#### Women Medical Students.

Satisfaction is expressed with a recent decision of the Board of the Leeds Infirmary, in accordance with which women students will in future be admitted to the practice of the infirmary. As is pointed out, the step taken by the infirmary makes it possible for women to receive the whole of their medical education in Leeds. Inasmuch as there are a considerable number of resident and other post in Leeds which are open to qualified medical women, several being at present filled by women, this is a matter of importance to the city as well as to the university.

*Statistics.*

The number of medical students on the list was 138, of which it is interesting to note that 55 came from Leeds, 13 from Bradford, 47 from the West Riding County Area, and the remainder in smaller groups from other districts.

*The Board of Education and Medical Teaching.*

In the report of the council, comment is made on the decision of the Board of Education to recognize the teaching in schools of medicine as a proper subject for their aid, and, consequent on this, on the satisfactory arrangements come to with the teaching staff of the infirmary by means of which all the clinical, as well as the academic, teaching will be brought under the control of the university. In harmony with this it has been possible to appoint a medical and a surgical tutor to supervise the earlier work of the students at the infirmary.

## UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—*Part A (Anatomy and Physiology)*: C. W. Dixon, R. W. Gemmell, H. E. Marsden, W. F. Young. *Part B (Materia Medica)*: L. R. G. de Glanville, H. P. C. de Silva.  
FINAL M.B., CH.B.—*Part I*: D. H. Clarke, J. E. Gething. *Part II*: Ethel M. Baker, J. E. Gething, R. Heald, E. W. Moore. *Part III*: J. Bamforth, T. C. Clarke, \*P. Lé F. Nortjé.  
\* Second-class honours.

## VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (*Part I, Inorganic Chemistry and Physics*).—H. W. Bennett, C. P. Brentnall, R. Chevassut, J. S. Chorlton, E. Granger, J. Rigby, C. G. Todd, F. Vause, B. Walley, R. Willan.  
FIRST M.B., CH.B. (*Part II, Biology*).—H. W. Bennett, C. P. Brentnall, J. E. Brooks, R. Chevassut, E. Granger, A. Haworth, K. G. Haworth, J. B. Leigh, J. F. O'Meara, J. Rigby, W. R. Slack, C. G. Todd, F. Vause, B. Walley, R. Willan, \*H. H. Stones.  
\* Chemistry and Botany.

SECOND M.B., CH.B. (*All Subjects*).—Ada L. Bentz, F. C. Bentz, W. R. Blore, H. N. Crossley, H. C. Duffy, Joseph Fielding, H. S. Gerrard, C. G. Lees, F. G. Prestwich, Gladys H. Ramsden. (*Anatomy only*) R. MacGill. (*Physiology only*) \*F. L. Newton, J. F. O'Grady, E. Talbot.  
\* Distinction in Physiology.

THIRD M.B., CH.B. (*General Pathology and Morbid Anatomy*).—W. Barnes, L. T. Challenor, C. L. Graham, H. Harrison, G. Jackson, A. H. Macklin.  
FINAL (*Forensic Medicine and Toxicology*).—C. T. G. Bird, N. Duggan, †W. H. Kauntze, T. W. Martin, N. Matthews, Mabel E. May, †F. Oppenheimer, S. B. Radley, C. M. Stallard, R. P. Stewart, H. D. Willis.  
FINAL.—J. F. Cocker, J. Cowan, \*E. B. Eatcock, P. S. Green, E. Grey, W. H. Parkinson, A. Reid, J. R. Rigg, J. P. Stallard, G. Whitehead. (*Medicine only*) Mabel E. May, J. B. Scott. (*Obstetrics only*) H. Heathcote.

\* Passed with distinction in three subjects and awarded first-class honours.

† Passed with distinction.

‡ Passed with distinction in Obstetrics.

D.P.H. (*Both Parts*).—W. J. Cox, C. M. Craig, D. R. Gilder, W. E. Henderson, R. H. Titcombe, H. M. Williamson, B. M. Wilson.

## SOCIETY OF APOTHECARIES OF LONDON.

THE Gillson Scholarship in Pathology has been awarded this year to Dr. H. Letheby Tidy, medical registrar at the London Hospital and physician to the Great Northern Central Hospital.

The following candidates have been approved in the subjects indicated:

SURGERY.—\*E. M. E. Hall, \*†F. O'Niell, \*†A. D. Vernon-Taylor.  
MEDICINE.—\*A. De Luyck, \*†J. Ellison, \*†T. T. O'Callaghan, †T. F. O'Mahony.  
FORENSIC MEDICINE.—H. R. L. Allott, H. H. Budd, T. T. O'Callaghan.

\* Section I.

† Section II.

The diploma of the society has been granted to Messrs. H. R. L. Allott, J. Ellison, F. O'Niell, and A. D. Vernon-Taylor.

THE report submitted at the annual meeting of the Catherine Gladstone Free Convalescent Home for the Poor on March 14th showed that during last year a total of 747 patients were admitted, of whom 294 were men, 348 were women, 48 boys, and 57 girls. A greater number of patients were sent to the home direct from hospitals than in any previous year. Some 35 patients were readmitted—that is to say, were allowed to stay three or more weeks after the expiration of the first three weeks, and 392 were discharged quite well and 225 greatly improved. Six patients were sent back to the institution which had sent them, as being too ill for a convalescent home. The surgical work undertaken by the home was successful, only 4 of the 41 patients sent for treatment from St. Thomas's Hospital having been returned. The average weekly expenditure on each patient was 15s. The balance of total expenditure over total income was £217 19s.

## Medico-Legal.

## WORKMAN'S COMPENSATION.

*Failure to give Notice of Accident.*

THE case *Wright v. Soothill Wood Colliery* (Dewsbury, March 9th) shows that "notice of accident" is of special importance when the case is one of industrial disease. It appeared that a contracting hurrier was attacked by industrial disease which developed into "beat hand" in May, 1910, and claimed compensation.

His Honour in his judgment, dealing with the points of the defence, thought that the process in which the applicant was employed was "mining" within the meaning of the Order, that the disease of "beat hand" was due to the nature of the employment, and that the applicant was a workman to whom the Act applied. About the beginning of June it seemed that Wright went to Dr. Stewart, who desired to lance the wound a second time; but Wright declined, and although the doctor told him that he was running a serious risk he still persisted in his refusal, and ultimately visited a female "quack" in the district. Later he had to go to the hospital, where three of his fingers were taken off. As to the defence that the present incapacity was due to the man's own unreasonable conduct, he found that the applicant's conduct in not submitting to the second lancing, and also the going to a "quack," was unreasonable. But whether the loss of his fingers was due to that he was unable to say. The onus of proof was on the defence. As to the defence *re* the want of proper notice, he thought that Wright ought to have given some notice before the arrival of the certificate. He therefore found that the notice was not filed as soon as practicable. The main question was whether he could find that the employers were not prejudiced in their defence by the want of notice. He could not so find, for if they had been informed of the disease in May they would have probably called in their own medical adviser and have been able to produce further evidence upon the point of the likelihood of recovery had the patient submitted to Dr. Stewart's further treatment. The result was that no compensation could be awarded.

## LIBEL ON A MEDICAL PRACTITIONER.

ELLEN CHAPMAN, the woman charged with having wilfully and maliciously libelled Dr. James Pearse of Trowbridge, as reported in the *JOURNAL* of March 25th, p. 729, was removed to the prison at Devizes; Dr. Mackay, medical officer of the prison, reported to the Trowbridge Bench on Thursday, March 23rd, that he considered her to be insane. She was formally committed for trial.

## FEES FOR MEDICAL ATTENDANCE IN INDIA.

A. A. P.—Fees for medical attendance, etc., recoverable in Indian law courts depend on local usage and on the status of the medical practitioner and position of the patient. These matters are ascertained by the judge by means of evidence, and his decision is given accordingly. There is no authoritative code of rules regarding fees in India; the gold mohur (Rs. 16) has been established and recognized by custom as the basis of ordinary remuneration for a single service, and multiples of it for extraordinary services such as night visits, confinements, operations, etc.; but this basis of charge is subject to very considerable modification according to circumstances. Resort to law courts for the recovery of fees is extremely rare in India.

## 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.

## THE OBLIGATIONS OF A SUBSTITUTE.

F. C. writes: A. buys a practice from B.; C. is another practitioner in the same district who has frequently done B.'s work when he has been ill or away. Naturally many of the patients knowing C. call him in when B. has gone; is it correct for C. to accept them?

\* \* While it cannot, we believe, be said that a person in C.'s position must refuse to take patients with whom he has become acquainted in the manner described, yet where a practice has been sold owing to a death vacancy or serious illness, when there has been no introduction and the price paid depends upon the receipt, there is a fraternal obligation to give the purchaser a fair chance by recommending old patients to go to him.

## THOMAS DOBSON, M.D.

At the advanced age of 93, there has passed away one of the most respected of the medical men of Leeds in the person of Dr. Thomas Dobson, whose death occurred on March 26th at his residence in Marshall Street, Holbeck, Leeds, where the whole of his long professional life was passed. After the customary pupilage with a practitioner of Leeds, Dobson became a licentiate of the Society of Apothecaries in 1840, subsequently adding to this the Membership of the Royal College of Surgeons of England and the Licentiate of the Royal College of Physicians of Edinburgh, and then in 1861 proceeding to the degree of M.D. at St. Andrews.

Though Dr. Dobson was a man of many parts, taking a keen interest in public affairs, both political and social, and though he filled many positions of public responsibility, he will be best remembered by his numerous professional and lay friends and by several generations of patients as a medical man of the very best type. His public work embraced such various spheres of activity as the Leeds Town Council, the Holbeck Board of Guardians, the Holbeck Mechanics' Institution—in the foundation of which he was associated with the late Lord Airedale, and of which he was at one time President—and the Leeds and Holbeck Permanent Building Society, of which for many years he was the honorary head.

Dr. Dobson's professional work consisted in the building up and in the maintenance of a large working-class practice. He was a man of the most strenuous activity, and the amount of work he got through in his earlier days would probably surprise even the more diligent of the younger medical men of to-day. He was a man of sterling integrity and always actuated by the highest ideal of professional conduct. Dignified in demeanour, courteous in manner, and kindly in disposition, he was for many years honoured and respected not only by his patients, but by a very large circle of the general public of Leeds.

We regret to announce the death at the Queen Alexandra Military Hospital, Millbank, after an operation, of Major ARTHUR FREDERICK TYRRELL, Royal Army Medical Corps. Major Tyrrell was born in 1865, and received his medical education at Middlesex Hospital, became L.R.C.P. and M.R.C.S. in 1888. He entered the Army Medical Service in 1892. He served in the North-West Frontier of India campaign in 1897-8, receiving a medal with clasp, and in the South African war in 1900-2, when he was Orderly Officer to the Principal Medical Officer in South Africa; he was present in operations in the Transvaal, was mentioned in dispatches, made Brevet Major (1902), and granted the Queen's medal with four clasps and the King's medal with two clasps.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

## REPORTS OF MEDICAL OFFICERS OF HEALTH.

*Heston and Isleworth Urban District.*—Based upon an estimated population of 36,311 persons, the birth-rate in 1910 was 30.8 per 1,000 of the population, the death-rate from all causes 14.0 per 1,000, and the infantile mortality-rate was 106 per 1,000 births. The medical officer of health, Dr. G. F. Buchan, considers that the latter death-rate is capable of being considerably reduced, and he records with satisfaction the decision of the council to appoint a lady health visitor, who, he considers, ought to exert a beneficial influence in reducing the number of infantile deaths. The council has decided to promote a bill in the Parliamentary Session of 1912 to enlarge its powers with regard to the local government of the district. Dr. Buchan has included in his report suggestions as to powers it is desirable should be obtained in connexion with sanitary matters. He advises the inclusion in the bill of the model milk clauses, of provisions relating to the manufacture of ice-cream, to the licensing of slaughter houses and of common lodging houses, with regard to the registration and regulation of hairdressers' establishments, and for other purposes.

*St. Anne's-on-the-Sea Urban District.*—The medical officer of health, Dr. F. Booth, has estimated the population of St. Anne's-on-the-Sea at the middle of 1910 at 11,033. This estimate is not calculated in the usual manner on the assumption that the annual increase in the current decade is the same as that which prevailed in the previous ten years, but upon the number of

inhabited houses in the district. The birth-rate during 1910 was 11.7 per 1,000 of the population, the death-rate from all causes 7.8 per 1,000 and the infantile mortality-rate equal to 69 per 1,000 births. Measles is compulsorily notifiable in the urban district. It would have been of interest to have had Dr. Booth's opinion as to the advantages or otherwise which he has found to follow this course. Presumably he is satisfied with it, for he advocates the compulsory notification of phthisis. Six cases of typhoid fever occurred during the year, some of which were associated with the consumption of cockles. The veterinary inspector and Dr. Booth have distributed among the dairy farmers of the district a card on which are printed suggestions for the management of dairies, cattle, etc., on up-to-date lines. The inclusion in the report of a copy of the card would have added considerably to its value.

## Medical News.

THE Hunterian Society on March 22nd awarded its medal to Dr. Davenport Windle for an essay on abnormal forms of breathing associated with pulsus alternans and angina pectoris.

UNDER the will of the late Mr. James Archibald Duncan, at one time member of Parliament for Barrow-in-Furness, Perth New Infirmary receives the sum of £500.

THE King has been graciously pleased to accede to a request by the Committee of Management that the two central Ward Blocks of the new King's College Hospital at Denmark Hill should be named the King Edward VII Block and the King George V Block.

THE Bakerian Lecture before the Royal Society will be given by Professor the Hon. R. J. Strutt, F.R.S., on Thursday next, at 4.30 p.m. The lecture, which will describe a chemically active modification of nitrogen produced by electric discharge, will be illustrated by experiments.

AT a meeting of the council of the Hospital Sunday Fund for London on March 28th the question was considered whether the Fund should tacitly approve of certain hospitals, to which it customarily makes awards, participating in the proceeds of cinematograph entertainments on Sundays. Eventually the council adopted a resolution to the effect that in the event of it being found that the Fund suffered from the practice in question, the Distribution Committee should take this fact into consideration in making awards to the hospitals concerned.

A MEETING of the Organizing Committee of the Seventeenth International Congress of Medicine, to be held in London in 1913, was held at the Royal College of Physicians on Wednesday afternoon under the presidency of Sir Thomas Barlow. It was settled that the opening session of the Congress should take place on Wednesday, August 6th, and the closing session on the afternoon of Tuesday, August 12th, 1913. The date of opening had, it appeared, been to some extent determined by the fact that August 4th will be a Bank Holiday in England. Various matters with regard to the arrangements of sections were considered, and it was determined that an exhibition of medical and surgical appliances should be held.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on March 17th, 1911, Dr. de Havilland Hall in the chair. The accounts presented showed that the business of the society during the first three months of this year had been exceptionally good. These months always produce a large number of sickness claims; and a considerable number of applications had been received; but for the most part the illnesses were of unusually short duration, and the total amount of sickness pay disbursed had been below the average expectation, and therefore much under the amount anticipated. Since January 1st a greater number of new proposals had been received than in any previous period of equal length since the society first started operations in 1884. As no commission is paid and no expenditure incurred for advertisement, this seems to show that the growth of the society is quite natural, and may be expected to continue. Another very gratifying fact is the large increase in the number of those members who avail themselves of the recent alterations in the rules to increase the amount of sick benefit they have previously secured. In 1910 the number of such increases was greater than in any previous year. These increases, generally to £6 6s. or £8 8s. per week, are, of course, accompanied by a solid increase in contributions. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.