

In conclusion I beg to tender my thanks to Dr. James Ritchie, the superintendent of the laboratory, for his ever ready assistance, and to Dr. J. A. Murray, of the Imperial Cancer Research, for his helpful suggestions.

REFERENCES.

¹ Unna's *Monatshefte*, 1906. ² BRITISH MEDICAL JOURNAL, July 22nd, 1911.

HYDROCEPHALUS AS A SEQUEL TO SHOCK.

BY

A. KEITH ARMSTRONG, M.R.C.S., L.R.C.P.,
MONMOUTH.

THE following case presents several unusual features. The connexion between the initial shock and the condition of the nervous system found *post mortem* seems somewhat doubtful, though clinically the whole illness could be traced to the accident, before which he was strong and healthy. Immediately afterwards he could be accurately described as a nervous wreck. I very much regret that a lumbar puncture was not performed, and though this was considered it was not until the patient's condition was so bad that it would have been of no value. The absence of headache was an unusual feature, and although the intracranial pressure must at some time have been considerably increased, it was absent throughout the illness.

The patient, a man aged 54 years, by occupation a cowman, and accustomed to handling cattle all his life, both in this country and in New Zealand, of temperate habits and enjoying good health, was, on April 19th, 1911, knocked against a fence by a bull, and received a bruise on the right side of the chest. He complained of no other injury, but said he felt upset. He walked home unassisted, a distance of about 120 yards. He remained at home feeling very shaky, and suffering some pain from the bruise on his chest.

Four days later I saw him for the first time, and found a bruise on the right lower costal cartilages. This was the full extent of his injury, and was unimportant, but he was markedly nervous, starting when spoken to quickly, with tremors of hands sufficient to cause some difficulty in feeding. The knee-jerks were normal. He could give a clear account of the accident, which had been a great mental shock to him. He said that he thought the bull was going to kill him, which, indeed, seemed likely, and he had, in fact, a very narrow escape of his life.

Under treatment by rest, potassium bromide, and later by tonics, nux vomica, and lecithin, he slowly improved, and at the end of May, by my advice, went away to stay with a relative; when he returned home, three weeks later, although better, he was quite unfit for his work, still being very nervous, and himself stating that he was too frightened to resume his work among the cattle. For nearly four months he remained more or less *in statu quo*, taking his food well, sleeping well, complaining of no pain, and taking a certain amount of daily exercise, but still in a highly nervous state. Early in October he suddenly became much worse. The tremors of the hands increased and a slight tremor of the lips and tongue was present; all the reflexes were increased, ankle clonus was present, with some rigidity of the lower limbs. The plantar reflex was flexor and always remained so; the pupillary reactions were normal. His mental state was one of extreme anxiety about his condition.

During the next fourteen days he slowly got worse, with a slight increase of the rigidity, and showing some mental confusion, but still eating and sleeping well. The urine was free from albumen and sugar.

A further progress in the downward grade of the case now became evident, and on October 19th he was unable to get up. Reflexes were greatly increased. The whole body sharing in the rigidity of the lower limbs, he was unable to raise himself to a sitting posture, and when assisted on to his feet was unable to stand alone; but rather curiously he seemed able to maintain his balance while moving, and could walk fairly well. The optic discs were normal in appearance. His mental state was one of confusion with slow cerebration. The face presented a rather vacant appearance, quite unlike his usual expression. Sensation was normal.

From this time on he continued steadily to get worse, although his mental state varied from time to time, sometimes being quite clear and sometimes confused, and noisy, talking, picking at the bedclothes, etc. On some occasions micturition was involuntary, and occasionally, at irregular intervals, profuse sweating occurred without any alteration in the temperature. He took nourishment well, and obtained a sufficient amount of sleep, at irregular intervals. The temperature remained about normal, only varying between 97° and 98°. There was some catarrh in the lungs, with a good deal of expectoration, and it soon became evident that this condition was likely to become of vital influence in the case; and on November 5th the temperature rose to 103°, accompanied by a corresponding increase in the pulse-rate.

He now rapidly became weaker, and, in spite of the exhibition of stimulants, etc., he died from exhaustion on November 9th.

Necropsy.

Externally, over the sacrum was a reddened, inflamed patch, about the size of the palm of the hand, presenting the appearance of the commencement of a bedsore. There was no sign of injury to the ribs or adjacent structures. The right side of the heart was slightly dilated, otherwise normal, and the lungs were much congested and oedematous. All the abdominal viscera were healthy. The dura mater and arachnoid appeared to be normal. The convolutions were slightly flattened. On opening the brain it was seen that some dilatation of the ventricles was present. The ependyma seemed healthy. On the spinal canal being opened, there was a considerable excess of fluid found, the cord itself appearing normal to the naked eye.

Such a sequel to a nervous shock is rare, but it occurs to me that the condition of hydrocephalus which supervened may be more than a coincidence.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

NERVOUS RETENTION OF URINE.

In the BRITISH MEDICAL JOURNAL of January 13th, p. 72, Dr. Harford Edwards has suggested a rectal injection of glycerine in cases of retention of urine—hysterical and after labour.

I find that these injections occasionally fail to produce the desired result. For the last ten or twelve years I have ordered a simple enema, not less than Ojss, which has never failed me, the rectum and bladder emptying themselves at the same time. The advantage of not having to pass a catheter after parturition is obvious.

London, N.

FREDERIC C. WOOD, L.M.S., D.P.H.

ABSCESS OF THE SPLEEN COMPLICATING MALARIA.

In no book that I have been able to consult is abscess of the spleen—at least of any size—mentioned as a complication of malaria. Some notes, therefore, on a case in which a large abscess was found may prove of interest.

H., an Indian male, aged 25, came to hospital in Gyantse, Tibet, complaining of attacks of shivering, pain in the abdomen and general weakness. He stated that he had been in perfectly good health until a month before, when, while passing through Sikkim, he was suddenly seized with violent shivering; this passed off in a few days, but ever since this attack he had noticed that he was considerably weaker and that his abdomen was swollen.

On admission on June 8th, 1911, the temperature was 101° F., pulse 90, and respirations 33. The spleen was considerably enlarged, its lower limit reached to within a quarter of an inch of the umbilicus, and in addition the organ projected markedly forward, forming a very evident prominence above the umbilicus. Under treatment with quinine the fever rapidly subsided and the patient was discharged on June 22nd.

I saw him frequently after this date and was able to diagnose malignant tertian malaria. He seemed to be progressing favourably until August 25th, when I was suddenly sent for as the patient "was in a fit." I found him suffering from violent convulsive spasms associated with coma, the case closely resembling one of tetanus. Under energetic treatment with quinine these symptoms subsided, leaving complete aphasia and great weakness. The aphasia passed off in seven days.

After the attack the patient, although he had no actual rise of temperature, began to complain of severe pain over the region of the spleen, which perceptibly enlarged. Various remedies were tried to relieve the pain but with little success. The patient persisted in saying that there "was something inside the spleen," but, although a careful examination was made, nothing definite could be made out. It seems extraordinary that such a large abscess as was eventually discovered could be present in the spleen without causing any rise of temperature or increase in pulse-rate, in fact, without causing any symptoms except pain.

As the pain increased, a needle was inserted into the most prominent part of the spleen; a little pus escaped. Next day I opened the abdomen under chloroform, and discovered a large abscess occupying the anterior half of at least the lower half of the spleen. There was no cyst wall encapsulating the pus, and the rest of the spleen appeared comparatively healthy. About 8 fluid ounces of pus escaped, leaving a ragged cavity in the spleen. This was explored with the finger for further collections of pus, and, none being found, a drain was inserted and the patient put back to bed. He stood the operation well, and looked much better next day. Blood films from the ear taken at the time of the operation revealed no parasite; films of pus from the spleen showed a bacillus apparently identical with *B. coli*.

For six days after the operation his temperature was normal,

but from September 27th (fifteen days after operation) his temperature chart began to show a slight evening rise. This continued for some days, associated with a slight increase in the amount of the discharge. Improvement in the patient's condition was maintained; in fact, he felt so much better that he left hospital on October 22nd. On October 29th he passed a little mucus and blood *per rectum*. A sudden attack of acute dysentery occurring on November 3rd carried him off. Unfortunately, no *post-mortem* examination was obtainable.

The interest of the case lies not only in its rarity and in the large size of the abscess (at least 12 oz. of pus escaped during his stay in hospital), but also in the question as to the source of the abscess. The presence of *B. coli*, and the subsequent dysenteric symptoms, seem to suggest an intestinal origin.

R. F. D. MACGREGOR,
Lieutenant, Indian Medical Staff.

Reports

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

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

A CASE OF TETANUS: RECOVERY.

(By L. EDGAR ROBERTS, L.R.C.P.Lond., M.R.C.S.Eng.,
House-Surgeon.)

THE patient in the following case, a man aged 40, occupied as a scavenger, was admitted under the care of Mr. W. L. Woolcombe, senior honorary surgeon, on January 14th, 1911. He stated that he had never been ill in his life, but a week previously felt a pain in the small of the back and the next morning found it difficult to swallow. His throat was sore, and he thought he had a "chill." Hence next day he consulted a doctor, who advised his going into hospital. This advice he carried out two days later, and was admitted as stated.

State on Admission.—He was a well built man, temperature 97.4°, pulse 50, respirations 15, and walked into hospital with a rather stiff upright gait. He said he felt "all one piece." There was well marked trismus of the jaws, these opening only half an inch. The spinal and abdominal muscles were markedly rigid, the latter standing out as two distinct ridges on the abdominal wall.

Diagnosis.—A diagnosis of tetanus having been reached, a search was made for the point of entry of the infection. The patient's hands were very cracked and very dirty, but showed no recent marked abrasion. On the right wrist, just above the anterior annular ligament was an oval abrasion the size of a threepenny piece, which the patient said had been caused on the morning of the day he first felt ill, but there were no other lesions.

Treatment.—The hands were soaked in iodine solution (tinct. 5*ad Oj*) for two hours, and the abrasion swabbed over with pure carbolic. Initial doses of antitetanic serum 60 c.cm., and 10 c.cm. of a 10 per cent. solution of magnesium sulphate (see paper by Peter Paterson, M.B., *Lancet*, April 2nd, 1910) were given, then 20 c.cm. of the serum and 10 c.cm. of the $MgSO_4$ solution every four hours for a few days, amounts being increased and decreased according to symptoms. This was continued until the seventh day, all the injections being given subcutaneously, together with potassium bromide gr. xx by the mouth four-hourly for five days.

Progress and Result.—There were two definite attacks of the typical spasm, opisthotonus, etc., the first on the second day after admission lasting fifteen minutes, the second on the third day lasting ten minutes; both left the patient very exhausted. The rigidity of muscles continued until the fifth day, being most marked in the recti. Coughing and pain in the back were troublesome symptoms. The serum injections were practically painless; those of the $MgSO_4$ solution, however, worried the patient a good deal, and gave rise to much irritation, but no rash. He was able to take fluids throughout and was allowed up on the fourteenth day, and except for some soreness of feet felt well. He was discharged on the twenty-first day, apparently in perfect health.

REMARKS.

Another case of tetanus of no greater severity had died two weeks previously; in that case large doses of antitetanic serum were given, but no magnesium sulphate.

I am indebted to Mr. Woolcombe for permission to publish these notes.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

MEDICAL SECTION.

Tuesday, January 23rd, 1912.

Dr. FREDERICK TAYLOR in the Chair.

Vaccine Treatment of Goitre.

A PAPER on this subject was read by Captain McCARRISON, I.M.S. He reminded the meeting that he had shown that the infecting agent existed in the intestinal tract, and that a plentiful amoebic infection was present in this situation in most of the cases of goitre in Gilgit; he had been endeavouring to cultivate amoebae from the faeces of sufferers from the disease. In the early stage no attempt was made to isolate any particular organism, and the vaccine was a composite one, and was administered to selected cases at intervals of seven to ten days. The results were strikingly good. The bacterial growth had the characters of the *coli* group, but differed from the *Bacillus coli* in that it did not produce indol. A vaccine was prepared from the bacillus and employed in 16 selected cases of goitre, the initial dose being 150 million. It was gradually worked up to 350 million by 50 million increments. He quoted cases of great improvement, the patients carrying on their ordinary work during the treatment. He had treated 33 selected cases of simple goitre by means of vaccines. The "composite" vaccine appeared to have been the best. He believed in inoculating only a small quantity of the vaccine, and that it was better to introduce 150 million bacteria in 5 m. of salt solution than in 1 c.cm. of it. When the inoculation was done in the upper arm the patient was usually able to follow his ordinary avocation. He usually employed an autogenous vaccine, but had obtained excellent results by using the vaccine of one patient for the treatment of another. He had produced goitre experimentally in man by the administration of matter separated from a goitre-producing water by means of a Berkefeld filter. The organisms which had resulted in a return of the thyroid to its normal size, belonged to the *coli* group, and in the intestines they produced poisons—indols and phenols—which were absorbed via the intestinal wall and caused fibrotic changes in liver, kidneys, and arteries. The suggestion was that the thyroid gland was called upon to combat several poisons normally present in the human intestine. When there was superadded the specific virus of goitre an abnormal element was introduced, and an extra strain was thrown upon the gland. The researches confirmed the view he put forward several years ago—that goitre was due to the presence of a living organism in the intestinal tract, and that the thyroid gland was markedly influenced by the nature of the bacterial flora of the intestine. He also emphasized the importance of the antitoxic action of the thyroid mechanism.

Dr. LANGMEAD said there were three main classes of case in which the thyroid gland had a specific influence in preventing intoxication: (1) In cases of pregnancy and uterine function generally; (2) rheumatoid arthritis; (3) tetany. It was thought that the thyroid enlargement was actually antagonistic to an agent circulating in the blood.

Dr. PARKES WEBER said that if the author's explanation of his results was correct, the goitre which he treated must have been an enlargement of a compensatory nature to counteract certain poisons manufactured in the intestine. On the same assumption, if the author had fed these patients upon thyroid extract he would have brought about a diminution of the thyroid.

Mr. JAMES BERRY said it was generally agreed that most cases of goitre were due to some toxic influence, and the chemical theory was being exploded in favour of the microbial view. There was a residuum of cases which the surgeon was called upon to treat—those which did not yield to iodine, arsenic and thyroid gland, or to vaccine treatment. Except in cases of great urgency, no surgeon should operate on a parenchymatous goitre until it had been carefully treated medically—a view with which Captain McCarrison agreed. He asked whether diarrhoea occurred in any of the patients. Probably arsenic acted beneficially

that their ambition to prevent and eradicate disease and their desire for the wellbeing of the nation are as great as this own. It is only in methods that a difference appears, and time alone can decide whether his or ours are right. He seems to connect in his mind socialism with "that spirit of dependency which is ever found in degenerate races." But dependency is the result, and not the cause, of degeneracy, and degeneracy is the direct result of bad social conditions. Socialism aims at abolishing bad conditions, preventing degeneration, and rendering true individualism and independency possible for all. Spoon-feeding by a paternal Government may be wise as a temporary measure for checking degeneracy, but it is no part of socialism.

Sir James Barr supports the contributory system of the Act as its one redeeming feature, and apparently condemns socialists for not doing so. But, may I ask him, what is the good of causing ill health in order to cure it? Deductions of even 4d. a week from a family income of 16s. or 17s. a week must cause increased shortage of food, of clothes, and of house room, and so contribute to ill health, dependency, and degeneracy. If the medical profession had raised their voices against compulsory contributions from poor families earning less than, say, 25s. a week, as heartily as they raised it for a wage limit of £2 a week for medical benefits, I cannot help thinking they would have gained more respect.

Once more, though Sir James Barr praises altruism and its ennobling effects, yet in the last sentence of his second letter he makes an appeal direct to selfishness when he raises the fear of increased income tax. Surely it is more truly altruistic to pay cheerfully in rates and taxes whatever may be required for the community's good than to appear in hundreds of "Lists of Subscribers." Organized altruism on the part of all, is infinitely more efficacious than doles to charitable institutions. The man who grudges a tax for old age pensions or a rate for the public health service can have no charity, which is love, in his heart, though he give mightily to hospitals and figures in the newspapers.

In conclusion, I would ask the President-elect to refrain from speaking unkindly of his opponents and to credit them with sincerity, even as, I am sure, they are more than willing to credit him.—I am, etc.,

London, W., Jan. 29th.

CHARLES A. PARKER.

SIR.—In reply to Dr. J. S. Manson's letter in the JOURNAL of January 27th, criticizing the statement I made in my letter of January 20th, "that this country has followed Germany in the path of degeneracy," I will accept his quotations from Dr. Arthur Shadwell's book on *Industrial Efficiency* as true—though, certain people who know the cities of Germany now, as compared with what they were ten or fifteen years ago, believe that slums in certain cities are on the increase. I am not in a position, however, to corroborate or refute these statements; but accepting Dr Shadwell's testimony, I should like to point out that it is a dangerous thing to diagnose any disease from one symptom, and the person who attempted to do so would be more than courageous. The fact that "the general wellbeing of the working classes in Germany, which is strikingly visible," etc., does not necessarily prove that Germany is not degenerating. I think that it is apparent that the general wellbeing of the working classes in this country is greatly improved as compared with ten or fifteen years ago, judging from the improvement in dress, the large increase of certain classes of amusement which are kept up largely by the working classes, the amount of money spent weekly on athletic sports, etc., but I should be chary in stating that we, as a nation, are not degenerating.

The National Insurance Bill will lower the prestige of our profession, and through time the *morale* of its members. The subject is such a large one, that to discuss it at any length would trespass too much on your space; but I should like to point out to Dr. Manson that devolution, as evolution, is a slow and subtle process, and that a quarter of a century is but a short epoch in the rise and fall of a nation, and, further, that it is necessary to consider, not merely the working classes, but all classes, in the discussion of such a momentous problem.—I am, etc.,

Edinburgh, Jan. 27th.

FREDERICK PORTER.

Universities and Colleges.

UNIVERSITY OF LONDON.

ROYAL FREE HOSPITAL.

THE Earl of Sandwich presided at the recent meeting of the Committee of Management of the Royal Free Hospital, at which the following resolutions were passed:

That the Committee of Management desire to offer their cordial congratulations to Miss Eleanor Davies-Colley, M.D., B.S.Lond., upon her admission to the Fellowship of the Royal College of Surgeons of England; Miss Davies-Colley being the first lady to attain this position, the committee appreciate the distinction gained by the medical school of the Royal Free Hospital through her achievement.

The committee also desire to endorse the congratulations which the board rendered in 1909 to Mrs. Haslam (née Miss I. Woodward), M.D.Lond., who, after receiving a medical education at the London School of Medicine for Women and the Royal Free Hospital, was admitted to Membership of the Royal College of Physicians of London, being the first lady to receive this diploma.

It was also reported that the Cordwainers Company will present a gold medal to the nurse who shall obtain the highest number of marks at the annual examination.

UNIVERSITY OF GLASGOW.

ADDITIONAL EXAMINERS.

THE Glasgow University Court has appointed the following additional Examiners:

Zoology.—Professor E. A. Minchin, M.A., F.R.S., University of London.

Anatomy.—Professor Johnson Symington, M.D., F.R.S., Queen's University, Belfast.

Midwifery.—Robert Jardine, M.D., Glasgow.

Medical Jurisprudence and Public Health.—Jas. R. Kaye, M.B., D.P.H., Public Health Department, Wakefield.

Public Health Laboratory Work.—David Somerville, B.A., M.D., D.P.H., King's College, London.

Vital Statistics, etc..—Jas. R. Kaye, M.B., D.P.H., Wakefield.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON. A COMITIA was held on Thursday, January 25th, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

The Death of Sir Henry Butlin.

The President referred to the great loss the profession had sustained by the death of Sir Henry Butlin, lately President of the Royal College of Surgeons of England; and it was resolved that a letter of sympathy should be sent from the College to Lady Butlin.

Admission of Members.

The following gentlemen having passed the required examination were admitted Members of the College:

Charles Hubert Bond, M.D. Edin.; Alfred Joseph Clark, M.B.Camb., L.R.C.P.; Georg Dorner, M.D. Koenigsberg, L.R.C.P.; William Johnson, M.D.Lond., L.R.C.P.; Indarit Singh, M.B.Camb., I.M.S.; Charles Wilfred Vining, M.D.Lond.

Licences.

Licences to practise were granted to ninety-two gentlemen who had passed the necessary examinations.

Diplomas in Public Health.

Diplomas in Public Health were granted, jointly with the Royal College of Surgeons of England, to the following gentlemen:

A. G. Atkinson, M.B., B.C.Camb., L.R.C.P., M.R.C.S.; R. V. Clayton, M.B., B.S.Durh.; F. G. H. Cooke, L.R.C.P., M.R.C.S., L.S.A.; M. M. Cowasjee, L.R.C.P., M.R.C.S.; F. E. Cox, M.B., B.S.Melb., L.R.C.P., M.R.C.S.; G. H. Dupont, M.D., Ch.M.Edin.; Josephine L. D. Fairfield, M.D., Ch.B.Edin.; W. M. Fairlie, M.B., Ch.B. Glasg.; W. R. Gibson, L.R.C.P., F.R.C.S.; J. A. Hagerty, M.B., Ch.B.Glasg.; G. C. Jackson, M.B., B.C.Camb., L.S.A.; S. Maitra, L.M.S.Calcutta.; M. N. Mitra, L.M.S.Punjab; J. G. Owen, L.R.C.P., M.R.C.S.; H. C. E. Quin, L.R.C.P. and S.Edin., L.F.P. and S.Glasg.; Jessie A. Scott, M.B.; B.Ch.Edin.; F. M. Turner, M.D., B.C.Camb.; A. C. Watkin, L.R.C.P., M.R.C.S.

Under the Medical Act, 1876.

Diploma in Tropical Medicine.

A diploma in Tropical Medicine was granted, jointly with the Royal College of Surgeons of England, to:

J. Bruce-Bays, M.D.Lond., M.R.C.S.

Lecturers.

The President announced that he had nominated Sir James R. Goodhart to be the Harveian Orator for this year, and Dr. D. B. Lees to be the Bradshaw Lecturer, and that the Council had appointed Captain R. McCarrison, I.M.S., to be the Milroy Lecturer for 1913.

Representatives of the College.

The President announced that he had nominated Dr. Frederick T. Roberts to be the representative of the College on the governing body of the University of Wales. Sir Francis Champneys was re-elected a representative on the Central Midwives Board; Sir Dyce Duckworth was re-elected a representative on the governing body of the University of Liverpool, and

Dr. Samuel West was appointed a representative of the college on the Court of Governors of the University of Birmingham.

Election of Councillors.

Dr. W. Collier, Dr. F. A. Mott, Dr. H. P. Hawkins, and Dr. H. D. Rolleston were elected councillors.

Reports.

A report was received and adopted from the Committee of Management, dated December 5th, 1911. The committee recommended that the following institutions should be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics: Royal Dental Hospital of London, and Mill Hill School. The committee also recommended that Rhodes University College, Grahamstown, South Africa, should be added to the list of institutions recognized by the board for instruction in chemistry, physics, and biology.

Certain addenda were made to the scheme of the new examination in psychological medicine, the chief of which were to the effect that the appointment of examiners should be made by the Censors' Board.

Communications.

The following communications were received: (1) From the Secretary of the Royal College of Surgeons of England reporting proceedings of the Council of that College on November 9th, December 14th, and January 11th last. (2) From C. I. Jackson, Esq., informing the College that the late Dr. Hughlings Jackson bequeathed a portrait of himself to the College. (3) From Frank Glover, Esq., offering to the College a gold pencil-case formerly the property of Sir Henry Halford, Bart., President of the College. (4) From Ernest M. Wilks, Bart., bequeathed to the College a portrait of himself and a gold cup. The above gifts were accepted, and the thanks of the College ordered to be returned to the writers of the letters. (5) From the Doctors' Wives Defence Movement, concerning certain effects of the Insurance Act. (6) From Dr. James Kerr Love, on behalf of the National Bureau for Promoting the Welfare of the Deaf, concerning the delivery of proposed lectures. The matter was referred to the Censors' Board.

The Insurance Bill.

A Committee of the College was formed to watch the interests of the Fellows, Members, and Licentiates of the College under the provisions of the Insurance Act, with power to confer with any other body established for similar purposes should the Committee see fit to do so.

The President adjourned the Comitia until Tuesday, January 30th.

ADJOURNED COMITIA.

The adjourned Comitia was held on Tuesday, January 30th, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

Reports.

A report was received from the Censors' Board concerning academic dress for Licentiates. The Board reported: "That a search of the annals having been made, the Board are unable to find that a distinctive dress has ever been granted to Licentiates." A report was received from the Representative of the College on the General Medical Council on the proceedings of the Council during its session in November last.

The Insurance Act.

After some formal business had been transacted the College proceeded to discuss a letter which had been received from the National Health Insurance Commission. The letter, which had been read to the College at its meeting on January 25th, was as follows:

National Health Insurance Commission,
Whitehall, London, S.W.,
24th January, 1912.

Sir, The National Health Insurance Commissioners have decided, for their assistance in bringing the Insurance Act into operation, to take the earliest opportunity of personally conferring with representatives, widely selected, of the chief sections of the community specially concerned. Conferences with representatives of prospective insured persons have already taken place, and it is considered that the time has now arrived when it would be of material assistance to the Commissioners to obtain, in a conference, suggestions from representatives of the medical profession on certain important questions of procedure preliminary to bringing the Act into operation.

The National Health Insurance Joint Committee and the Insurance Commissioners for England, Scotland, and Wales respectively propose accordingly to hold a conference on Friday, February 2nd, with representatives of the medical profession, and the Royal College of Physicians in London is invited to appoint two members to attend the conference, which will be held at 3 p.m. A further communication will be addressed to you as to the place of meeting. A similar invitation is being addressed to the General Medical Council, the British Medical Association, and to other medical bodies.

The point which it is specially desired to discuss relates to the selection of the medical members of the Advisory Committee, by whom the Commissioners must be advised in the framing of regulations in accordance with Section 58 of the Act; and the Commissioners will also be glad to hear the views

of those present on other matters of procedure in bringing the Act into operation which the medical bodies may desire to bring forward.

I am, Sir,

Your obedient servant,

R. W. HARRIS,

Assistant Secretary of the Joint Committee.

The Secretary,

Royal College of Physicians in London.

NOTE.—Section 58 of the Act is as follows: 'The Insurance Commissioners shall, as soon as may be after the passing of this Act, appoint an Advisory Committee for the purpose of giving the Insurance Commissioners advice and assistance in connexion with the making and altering of regulations under this part of this Act, consisting of representatives of associations of employers and approved societies, of duly qualified medical practitioners who have personal experience of general practice, and of such other persons as the Commissioners may appoint, of whom two at least shall be women.'

The following resolution was proposed and seconded:

That in view of the letter from the Insurance Commissioners the College should proceed to appoint Representatives to place before the Commissioners the resolutions of the College respecting the Insurance Bill, in so far as these resolutions may not have been incorporated in the Insurance Act.

To this an amendment was proposed and seconded as follows: That in view of the letter from the Insurance Commissioners the College should proceed to consider the invitation of the National Insurance Commissioners to confer with them on the methods of putting the Act into operation.

This was carried by a large majority; it thus became the substantive resolution, and as such was carried.

The following series of suggestions were then put and approved of:

1. That the Insurance Act, as it stands, or even after any modification in it which the Act empowers the Insurance Commissioners to make, is not adapted to secure the benefits "of insurance against loss of health and the prevention and cure of sickness" which are its stated purpose to provide, and that the co-operation of the medical profession in carrying out the operations of the Act is not possible under the Act or under any modifications of it empowered to the Commissioners without inflicting grave injury on the profession. There is:

2. The College, while desirous of doing all in its power to promote the objects of the Act in reference to the health of the community, is not prepared to accept the invitation of the National Health Insurance Commissioners to the conference on February 2nd for the purpose therein stated of "selection of medical members of the Advisory Committee" and for other matters of procedure in bringing the Act into operation.

3. That the College would be happy to assist in any steps which may be taken to prepare an amending Act for the improvement of the public health provided that the interests of medical practitioners and medical science be safeguarded.

The following motion was then proposed and seconded:

That the President be requested, with the assistance of such Fellows as he may nominate, to draw up and send a reply to the invitation of the Joint Commissioners in accordance with, and giving the substance of, the resolutions.

To this an amendment was proposed and seconded as follows: That the College accept the invitation to discuss the election of medical members of the Advisory Committee, but is not at present in a position to discuss with the Commissioners any other matters of procedure in bringing the Act into operation.

This amendment was lost by a large majority, and the original motion being put was carried.

The President then dissolved the Comitia.

CONJOINT BOARD IN SCOTLAND.

The following candidates passed at the quarterly examinations, held in Edinburgh, concluded on January 22nd:

FIRST EXAMINATION.—Anna Grace Stott, J. W. Robb, O. C. Macdonald, H. Morley, J. L. Hendry, J. P. Fairley, A. D. Gorman, and J. B. Minford; and 9 passed in Physics, 3 in Biology, and 3 in Chemistry.

SECOND EXAMINATION.—J. Martin, J. B. Aickin, H. A. L. Guthrie, W. MacLeod, J. Berry, A. F. Readdie, T. E. Lawson, W. S. O'Loughlin. One passed in Anatomy and 6 in Physiology.

THIRD EXAMINATION.—R. Kaushosh, B. S. Raj, Maud Bennett, W. Bannatyne, P. C. Ray, L. Lazarus, O. W. Bateman, A. G. Cowper, C. Cosgrove, D. Bharadwaja, V. J. A. Wilson, C. L. Patch, H. S. Dastur, R. Dorset, J. Williamson. Three passed in Pathology and 6 in Materia Medica.

FINAL EXAMINATION.—E. L. Matthew, T. M. Crawford, S. E. Mangenie, G. I. Secluna, A. L. Edwards, R. N. Raj, C. S. Owen, V. E. Field, H. W. Dunnet, C. C. Bose, A. M. Billings, H. S. W. Roberts, R. C. Mitter, H. G. Lamerty, W. J. H. Davis. Ten candidates passed in Medicine, 7 in Surgery, 13 in Midwifery, and 13 in Medical Jurisprudence.

CONJOINT EXAMINATIONS IN IRELAND.

Sessional Examinations, January, 1912.

The following candidates have passed these examinations:

First Professional Examination.—W. K. Carew, D. J. Crowley, A. de C. Dodd, D. L. Kelly, D. Long, J. H. McKenna, P. O'B. Nolan.

Second Professional Examination.—J. F. Lyons, C. Murray.

Third Professional Examination.—J. D. Cherry, J. Crowley, T. Gray, R. J. Hennessy, P. Harnett, F. J. L. Kennedy, M. P. Leonard, M. P. Lee, L. McKeever, D. Mullin, J. Sandys, B. Sieff.

Final Examination, January, 1912.

The following candidates have passed this examination:

T. Buckley, H. E. Clarke, T. Dowzer, J. Geraty, B. Kelly, C. J. Kelly, W. O'Brien, P. H. McDonough, P. McGrath, C. P. V. McCormack, P. Ross-Todd.

Medical News.

SIR ERNEST HATCH, Bart., has accepted the office of Treasurer of the Corporation of University College Hospital and Medical School.

THE annual dinner of the Association of Public Vaccinators of England and Wales will be held at the Midland Hotel, Birmingham, on Friday, March 1st, at 6.30 p.m.

THE annual dinner of the West London Medico-Chirurgical Society will take place in the Wharncliffe Rooms, Hôtel Great Central, on Thursday, February 8th, at 7.30 for 8 p.m.

AT the meeting of the Roentgen Society to be held at the Institute of Electrical Engineers, Victoria Embankment, on Tuesday next, the Honourable R. J. Strutt, F.R.S., will read a paper on after-glow in vacuum discharge tubes.

DR. LEONARD HILL, F.R.S., and Dr. Martin Flack will read a paper on the influence of ozone in ventilation at the meeting of the Society of Arts, Adelphi, W.C., on Wednesday next at 8 p.m., when Lord Sanderson, G.C.B., K.C.M.G., will preside.

THE estate of the late Dr. Thomas Henry Stocker Pullin, of Sidmouth, who became M.R.C.S., L.S.A., in 1850, M.D. St. Andrews in 1862, and F.R.C.S. Edin. twenty years later, has been sworn at a net value of £90,560. For many years he was medical officer of health for the district, and also in private practice.

FOUR lectures on sleeping sickness will be given by Dr. F. M. Sandwith, Gresham Professor of Physic, on Tuesday, Wednesday, Thursday, and Friday, February 13th to 16th. The lectures will be given at the City of London School, Victoria Embankment, E.C., at 6 p.m. on each day, and are free to the public.

PROFESSOR SIMON FLEXNER, director of the Rockefeller Institute of Medical Research, New York, will deliver the course of Harben lectures at the house of the Royal Institute of Public Health, 37, Russell Square, W.C., on February 26th, 27th, and 29th at 6 p.m. The subject of the course is local specific treatment of infections.

A LECTURE upon "Malady and Melody, or the Influence of Music in the Healing Art," will be delivered by Dr. G. Norman Meachen on Tuesday, February 6th, at 8 o'clock, in the Vestry Hall of St. Paul's Church, Canonbury, N. Miss Florence Holderness, among others, has kindly consented to assist with vocal illustrations. The price of admission is 1s.

ACCORDING to the last American census, there are 130,000 practitioners of the healing art in the United States. This number includes osteopaths, psychopathists, hydropaths, and other irregular practitioners, as well as members of the medical profession. It is estimated that there is one doctor to every 650 of population in the States, and the average income is computed at £240 a year.

AT a meeting arranged by the Royal Sanitary Institute at the Poor Law Offices, Shakespeare Street, Nottingham, on Saturday next, February 10th, a discussion of local public health administration and the Insurance Act will be opened by Alderman T. J. Dabell, M.R.C.S., Chairman of the Health Committee, Nottingham. The chair will be taken at 11 a.m. by Dr. Louis C. Parkes, Deputy Chairman of the Council of the Institute.

REGULATIONS have been issued with regard to the sale of preparations of ammonia requiring that such a preparation shall only be sold in bottles distinguishable by touch from ordinary bottles, and labelled with the name and address of the seller and the word "poisonous." The regulations, which come into force on February 1st, apply to grocers, oil and colour merchants, general dealers, and chemists, and the penalty for failure to observe them is £5.

MR. FREDERICK HALLETT, Secretary to the Examining Board of the Royal Colleges of Physicians and Surgeons, will leave for the United States at the end of this week, accepting an invitation issued by the Council on Medical Education of the American Medical Association to attend the Conference on Medical Education to be held at Chicago on February 26th, and to address the meeting on the subject of the methods of conducting examinations for licences to practise medicine adopted by the Conjoint Examining Board in England. Mr. Hallett will further, at the request of the English Colleges, study the standards of education and the range of the curriculum required for various university degrees which are recognized by the English Boards.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attiology, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.
2630, Gerrard, BRITISH MEDICAL ASSOCIATION.
2634, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

BETA wishes to know of a reliable hair dye for darkening grey hair—one that will not injure the hair or the skin.

L.M.F. asks for experience in the use of massage or electrical treatment in hemiplegia due to cerebral haemorrhage; the case in which he is interested is of seven weeks' duration.

QUEASTOR asks for assistance in making a diagnosis in the case of a middle-aged man who suffers from a thin mucous discharge from the left nostril when eating or drinking, but at no other time.

GLAUCUS, having a patient suffering from spasmodic asthma, who wishes to reside in London, or suburb, would be glad to hear of suitable districts that possibly might agree with him. The patient finds that dry and more elevated districts with gravelly soil best suit him.

M.S.S. asks for advice in the treatment of a man, aged 32, who for the last fifteen months has suffered from attacks of neuralgic pain in the scrotum, prepuce, and the inner surface of the thighs, lasting mostly for thirty-six hours, and followed next day by herpetic eruption on the prepuce and glands, ending in small clean-cut ulcers, with yellow sloughy bases, which take one to three weeks to heal. The interval between the attacks is decreasing; there is no history of syphilis, or other constitutional disease.

THE URINE AFTER PROSTATECTOMY.

J. asks for information in regard to the condition of the urine some time after the prostate has been removed for hypertrophy. In the case in which the inquirer is interested there was only one sharp attack of cystitis just before the operation. Before this the urine was normal, but since the operation always contains an abnormal amount of mucus, generally in threads and wisps, an appreciable number of dead leucocytes, and often a trace of albumen. The reaction is acid. Our correspondent asks whether the condition is of any real importance, and if anything could be done to remedy it. His own opinion is that the prostatic portion of the bladder has remained in a slightly catarrhal condition, and anything like washing out would only increase it by the catheter irritating the urethra and bladder.

NURSES AND ASSURANCE.

W. E. H. recently examined a nurse for a personal accident insurance, and in sending the proposal to the company inquired what fee he was to be paid for his examination. The company referred him to the Nursing Association, and added: "We believe that these examinations are usually made free of cost by medical men who are interested in nursing and the Nursing Association."

If a nursing association be run in hearty co-operation with local medical men there would appear to be no objection to the latter making some allowance or even making the examination for nothing; if the examination is to be paid for by the insurance company, and not by the nurse or the association, there can be no claim for gratuitous work.

INCOME TAX.

MEDICO has recently started a new practice, and estimates the excess of his first year's expenses over the receipts at £200. He possesses some £400 a year from investments, the income of which is taxed by deduction, and inquires whether there is any means of deducting his professional loss from his taxed income and obtaining repayment of part of the tax paid.

As soon as our correspondent has completed his first year he should prepare an account of his professional earnings and expenses and send it to the Surveyor of Taxes, with a request for repayment of income tax under the Customs and Inland Revenue Act, 1890. The application should be accompanied by vouchers showing that income tax has been deducted from the remainder of his income. If the loss prove to be £195 the repayment due will be on £355 at 1s. 2d. in the £, made up of £195 and the abatement of £160.