

definite increase in the number of red cells for a fortnight, when a second dose of the drug was given (October 29th). Examination of the blood a week later revealed a diminution in the red cells; the treatment was therefore stopped. The patient has since November 30th been treated with an autogenous vaccine of pure culture of streptococci obtained from the gums, and the latest report shows some improvement in the number of red cells, and the colour index, and fewer normoblasts and megaloblasts. The following notes were made by the pathologist:

October 6th. One normoblast on film; cells irregular, but stain well.

October 11th. Megaloblasts and normoblasts present; cells stain badly.

October 22nd. Several megaloblasts; poikilocytosis and anisocytosis marked.

October 28th. One megaloblast.

November 5th. Megaloblasts and normoblasts present; staining irregular.

November 27th. Nucleated cells; megaloblasts and normoblasts.

December 18th. One normoblast and one megaloblast; marked poikilocytosis.

My thanks are due to Mr. Cheves, the house physician, for the notes of the case, and to Dr. Galt and Mr. Healey, pathologists, for their careful reports on the blood.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

EXTERNAL MYIASIS IN A MONKEY.

On June 25th, 1912, two small groups of dipterous larvae were noticed on a specimen of *Cercopithecus callitrichus*. The monkey was suffering from acute tuberculosis, and died the day following the observance and removal of the parasites. One batch of these larvae were taken from the nose and region of the face surrounding the mouth, the other from the right side of the body near the groin. In both cases the larvae were in various stages of development, some of them having apparently only recently hatched. Altogether twenty-one of these parasites were removed from the host, and were subsequently placed in petri dishes containing raw flesh and sand.

It became evident that at least two species of diptera were incultated, sixteen specimens being of the typical *Muscid* type and the remainder larvae of *Fannia canicularis*. Two examples of the latter were allowed to complete their development, the adult emerging on July 27th and August 5th. The majority of the remaining larvae pupated by June 29th, but four specimens remained in the larval stage until July 5th, 6th, and 7th respectively. The four specimens referred to were separated, and subsequently on July 16th, 18th, and 19th three specimens of the blow-fly, *Calliphora erythrocephala*, emerged, the remaining example having shrivelled up. From the remaining puparia seven specimens of *Muscina stabulans*¹ were obtained, the period spent in this stage varying from eleven to nineteen days.

The above records are of some interest, as neither *Fannia canicularis* nor *Muscina stabulans* can be classed among the "flesh flies," although both, but more especially the former, have been known to occur in the alimentary tract of human beings. The natural breeding places of the so-called lesser house-fly (*Fannia*) are human excrement and decaying vegetable matter, but records are in existence of its having been reared from the larvae of a lepidopterous insect (*Epischnia canella*) and of its occurrence in the nest of the common bumble-bee (*Bombus*). It is possible, therefore, that the larvae in question may have been derived from an external source, as, for example, the food of the monkey at the bottom of the cage; but, however this may be, they were found by us on the animal itself. In this connexion also it is worth noticing that the monkey was taken a considerable distance from the cage before the larvae were removed. The larvae of *Muscina stabulans* also feed on decaying vegetable substances and dung; they sometimes, however, attack growing plants, but in these cases have probably been introduced with the manure. The fly has also been reared from human

¹ The identification of this species was kindly confirmed by Mr. E. E. Austen.

excrement and from the pupae of certain insects, notably those of the gipsy moth, although there appears to be some doubt whether the pupae attacked were healthy or not.

HENRY F. CARTER, F.E.S.,
B. BLACKLOCK, M.D.

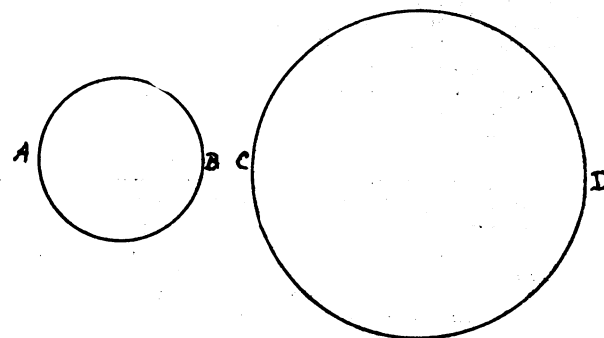
(From the Runcorn Research Laboratory.)

THE CAUSATION OF THE CRESCENDO CHARACTER OF THE PRESYSTOLIC MURMUR IN MITRAL STENOSIS.

I HAVE frequently in former communications called attention to the physical fact that the auricle, as it contracts, can exert a rapidly increasing pressure on its contents. The ventricle could do the same were it not that as soon as the pressure on its contained blood rises above that in the aorta it escapes into that vessel, which acts as a safety valve to the ventricle, preventing its pressure ever rising further.

When, however, in mitral stenosis the escape of blood from the auricle into the ventricle is hindered, the auricle can probably increase the pressure on its contents to an extent far greater than is commonly supposed. It can, apparently, force it with ever-increasing pressure into the ventricle as its contraction progresses, even without the necessity of hypertrophy of the auricular walls to aid it.

This follows as a simple consequence of certain physical principles, which must apply to a greater or lesser extent to the contractions of such hollow viscerae as the heart chambers, uterus, bladder, etc.



Let AB and CD be two thin, hollow contracting spheres (elastic or muscular), the larger CD being double the diameter of the smaller AB. If they be equally thick, it can be shown that CD has four times the quantity of material in its walls than AB has; and if they are contracting on their contents with equal force per unit of material, it can also be shown that the pressure within the smaller sphere will be double that in the larger. The smaller sphere has, therefore, an eightfold mechanical advantage over the larger, in that with one-quarter the contractile material it can produce double the pressure on its contents.

If the smaller sphere were one-third the diameter of the larger it would, by the same reasoning, produce three times the pressure on its contents with one-ninth of the contractile material in its walls; that is, it would have a mechanical advantage over the larger of 27 to 1.

Supposing, then, that the larger sphere were to contract to half its diameter, it could, if its force of contraction remained constant, increase the pressure on its residual contents eightfold; and if it contracted to one-third its diameter it could, theoretically, raise the pressure on its residual contents twenty-sevenfold.

In fact, the pressure which a thin, spherical, contractile wall can exert on its contents varies inversely as the cube of its diameter.

I do not mean these figures to be taken as mathematically precise as applied to the auricle, uterus, bladder, or other hollow viscus. They, however, indicate the immense mechanical advantage which these organs must have as their contraction on their contents progresses, and partial expulsion of these contents takes place; for the same physical principles apply necessarily to them.

I have little doubt that it is largely due to this fact that the presystolic murmur is crescendo in character. As the contents of the auricle are expelled through the stenosed

mitral orifice, and the auricle becomes itself smaller and contracted, the pressure the auricle can exert on its residual contents can enormously increase, from merely physical principles, without any additional effort on the part of the auricle. The murmur would, therefore, go up to, or even into, the first sound, as a crescendo murmur; in consequence of and in accord with the rising pressure under which its blood is expelled into the ventricle.

Mentone.

D. W. SAMWAYS, M.D., D.Sc.

DIABETES MELLITUS AND LIFE ASSURANCE EXAMINATIONS.

It is well known that not every case in whom sugar is discovered in the urine should be refused for life assurance; but I do not intend here to discuss the various glycosuric cases which, after careful examination, may be accepted at special rates. I shall merely, as have many others, refer to the possibility of temporary absence of sugar from the urine of diabetic patients, when undergoing medical treatment, becoming a source of serious error from the assurance point of view. Every one knows that in slight cases the sugar in the urine may be got rid of by suitable diet; and the use of certain drugs, such as aspirin and calcium iodide, has been said occasionally to have a similar effect. But it is not quite so generally well known that in grave cases of diabetic mellitus, in which sugar cannot be completely got rid of from the urine by ordinary dietetic methods, it may occasionally be temporarily banished by the employment for a day or two of (more or less disguised) starvation methods.

Thus, in a young woman, aged 23 years, under my care in 1909 at the German Hospital, the sugar in the urine was reduced by careful dieting to about 70 grams for the twenty-four hours. On September 10th the diet was temporarily limited to 200 to 300 grams of olive oil in the day, with as much water as was wished for, and a codein-phosphate pill (which the patient had been taking three times a day) was continued. As a result of this disguised starvation method sugar completely disappeared from the urine on September 12th and on September 13th I ordered a return to the special diet for her diabetes. On the next day the urine contained 4.5 per cent. sugar again. During the days of exclusive olive oil diet the patient did not feel hungry or as if she was being starved. Once or twice she felt a little sick, owing to the oil, but she looked well and had her usual somewhat florid complexion. She lost only about 4 lb. in body weight. She was not emaciated, and on the whole gained weight whilst she was in the hospital. This case was one of grave diabetes mellitus, but surely a life assurance examiner, had he examined her when the sugar disappeared, might have been deceived. The reaction for diacetic acid ("Gerhardt's reaction") was indeed positive, but in the absence of sugar the examiner would hardly have tested the urine for diacetic acid. I should not repeat this dietetic trial in a similar case, for I think that it might conceivably favour the onset of diabetic coma, from which indeed I heard that this patient, like so many young diabetics, afterwards died.

Other "hunger cures" or "starvation cures" can similarly temporarily remove the glycosuria. Thus, at the Edinburgh Medico-Chirurgical Society on December 15th, 1909, Dr. F. D. Boyd brought forward a case of severe diabetes mellitus in which a single "hunger day" caused complete disappearance of glycosuria for twenty-four hours, the sugar reappearing afterwards in only small amount. Dr. G. Guelpa of Paris, on page 57 of the English translation of his *Fasting in Diabetes* (London, 1912) refers to the case of a man who was refused for life assurance on account of diabetes. The result of Dr. Guelpa's treatment by starvation and purgation was that on the evening of the second day of treatment the urine no longer reduced Fehling's solution. On the third day the man presented himself for life assurance examination, and no obstacle to his acceptance could be found. In grave cases sugar may sometimes vanish from the urine on a trial of von Noorden's "oatmeal diet."

F. PARKES WEBER, M.D., F.R.C.P.,

Physician to the German Hospital,
London.

Reports of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

Friday, December 13th, 1912.

Dr. A. J. HORNE, President, in the Chair.

Diagnosis of Uterine Inversion.

DR. E. H. TWEEDY described the case of a patient sent to him with a diagnosis of *Inversion of the uterus*. She was a union patient in a far-advanced state of anaemia and shock, and half-witted. Her condition was so serious he did not dare to examine her for at least eight days. Ergot and stimulants were administered and the vagina was plugged. At the expiration of a week he found a round tumour protruding to within an inch of the vulva. It bled easily. Under anaesthesia he failed to make a diagnosis by any of the recognized methods. The cervix could not be felt. Rectal and bimanual examination afforded no information. He, however, established the diagnosis by a method not before suggested. Two fingers were passed into the vagina above and below the tumour, and these were placed on its pedicle. The feeling of the latter was unmistakably that of uterine tissue. He thought it was worth remembering that if there was inversion of the uterus with a polypus the pedicle would give this characteristic feel. He proceeded to remove the myoma, and in doing so he opened a cyst which contained fluid under great tension. There was very severe bleeding from the wound. The uterus was easily inverted by the application of three-bullet forceps. Continuous rectal irrigation was afterwards kept up for twenty-four hours. Dr. SOLOMONS said it seemed to him that the treatment accorded to the patient before operating had saved her life, whereas immediate operation would probably have killed her. The severe constitutional symptoms often associated with uterine polypi, both large and small, were never dealt with sufficiently in textbooks. He wondered if a diagnosis might have been more easily made by splitting the perineum, whereby the operation itself would have been facilitated. Dr. SHEILL thought a point of interest was the reference to the palpation of the pedicle of the tumour. He found that the uterus felt like a collapsed tube, whereas a tumour was not hollow and more resistant. Dr. PURFROY said the difficulty of diagnosis in these cases in which polypus had given rise to inversion was considerable, especially where the polypus was sessile. In such cases it became exceedingly difficult to determine how much of the tumour was polypus and how much was uterus. He congratulated Dr. Tweedy on the jubilant way in which he spoke of reinversion of the uterus. He had three cases of the kind where the inversion complicated parturition, and some months elapsed before they came under treatment. In such case the reposition was effected by steady pressure applied to the fundus while the cervix was held by two-bullet forceps. He had shown at a meeting of the Section a simple repositior which had proved very helpful in the proceeding. Dr. TWEEDY, in replying to the remarks, said he found it very easy to push back the uterus in one case, but in the second there was some difficulty.

Complications of Hysterectomy.

Professor ALFRED SMITH recorded a case in which, after performing a subtotal hysterectomy, he proceeded to make the peritoneal toilette, when he found his finger pricked by some sharp instrument. On investigating the cause he found the point of a needle sticking through the wall of a small intestine. On searching further more needles were found, some lying in the omentum, others projecting from the wall of the intestine but covered by a smooth covering, as if a diverticulum had been formed from the intestinal wall. The appendix, which was markedly hypertrophied and congested, was removed. An x-ray photograph revealed two needles and one pin in the lumen of the appendix. The patient complaining of more abdominal pains, aggravated on pressure, was skiagraphed. Two of the plates located three needles, one on the right side evidently broken, another on the left side at pelvic brim, and a third somewhere about the pubis. A second laparotomy was

did not imitate wolves in anything, unless it is a practice of wolves to eat grass as oxen, which I believe is not the case. So far from suffering from extreme drought, his body was wet with the dews of heaven. To suppose that he suffered from lycanthropy is clearly a mistaken diagnosis.

On the other hand, I agree with you, Sir, that there is no evidence whatever that Saul, King of Israel, was insane; and I go further than you, and maintain that it is very unfair to suggest that his jealousy amounted to insanity. His crown was not nailed to his head. On the contrary, it fitted very insecurely, and David was a popular, and therefore a dangerous rival. Eastern potentates and primitive potentates, such as Saul, have usually a very short way with rivals to their thrones, and it is much to Saul's credit that he exercised such exemplary forbearance towards David. There has been much speculation as to the nature of Saul's malady when the evil spirit was upon him, but it seems to me as clear as day that it was nothing but this—he was bored to death. Saul was eminently a man of action—a fighter. The common resource of every military man in times of peace is the chase; and from this occupation Saul was precluded, no less by the customs of the Jews than by the Rabbinical law. It is very remarkable, though I think it has never been remarked, that in the whole of the Old Testament there is no simile or metaphor drawn from the chase, nor any allusion to hunting, except in the description of Nimrod, who was not a Jew, and in the despicable stratagem of Jacob, who lived before the Jews were a people. Saul, therefore, was precluded from the chase; he was not a legislator, nor, if he had been, would he have been able to initiate legislation; for the Rabbinical law already regulated the lives of the populace down to the minutest detail, and brooked no interference. His elevated position cut him off from ordinary occupations, and from much social intercourse. There was nothing to divert the poor man in his solitary grandeur; and, being a Jew, and therefore having a natural taste for music, he found his sole refuge from boredom in listening to the music of David's harp. It says much for Saul's magnanimity that he would send for his rival, and permit him to display his accomplishment in the presence of his sovereign and the court. It is small wonder that the presence of that formidable rival, and the display of his superior skill, should sometimes exasperate beyond bearing an irritable monarch; and if this irritability was from time to time increased, as we may conjecture it was, by the jarring of a false note, or by the faulty execution of a run or a shake, is it any wonder, is it any discredit to Saul, that he corrected the offender with a javelin? The very fact that he took care to miss—Saul was a good marksman, and David was within easy distance—is further evidence of Saul's good nature. Who of us, even in these humanitarian times, would exercise such forbearance in similar circumstances? For my own part, I feel thankful that, when present at certain public concerts, I have not had a javelin handy. My skill with the weapon does not compare with Saul's, but I shudder to think of the lifelong remorse I might now be suffering, in the neighbouring parish of Portland, if I had had Saul's opportunities.

I do not know whether your list of kings who were insane is intended to be exhaustive. Perhaps it was an ardent patriotism that moved you to omit from the list the Sovereign in whose name this realm was administered a hundred years ago. If we are to include among the insane the degenerates—a term whose meaning has not been fixed, but which is generally employed to stigmatize those whose tastes and habits we do not approve—I am afraid we could furnish from the illustrious roll of our own monarchs several other examples—William II, Richard II, Edward II, Charles II, and James II, for instance. It will be noticed by the curious that all these are the second bearers of their respective names, and if we add, as some historians would agree, the name of the second George, we find it a rule, broken by the Henrys only, that the second bearer of any Christian name is always a degenerate. It would be interesting to inquire whether the rule obtains in private families also. I could furnish several examples from my own acquaintance. Perhaps I may be permitted to forestall inquiries by adding that no previous member of my family has been entitled to sign himself

Parkstone, Jan. 4th.

CHAS. MERCIER.

ANTIVACCINATION AT THE CHILDREN'S WELFARE EXHIBITION.

Sir,—May we ask you to publish the following letter which we have sent to the *Daily News* in consequence of the antivaccination stall at the Children's Welfare Exhibition?—I am, etc.,

London, W., Jan. 3rd.

MACLEOD YEARSLEY.

131, Harley Street, W.,

January 13th, 1913.

To the Editor of the *Daily News*.

Sir,

On invitation we gave our names as patrons of the Children's Welfare Exhibition now open at Olympia, and which has been organized by the *Daily News*.

We have learned that the exhibition is being utilized to oppose the carrying out of vaccination.

As we cannot too emphatically express our disapproval of such an object, and as our names have been associated with the exhibition, we think it only right to say that we should never have permitted them to appear in connexion with it had we any idea that such use would be made of the exhibition as the one referred to.

We remain,

Yours very truly,

H. MACNAUGHTON-JONES,

C. W. SALEEBY,

MACLEOD YEARSLEY.

P.S.—Since the above was written, the following letter has been received by Dr. Macnaughton-Jones. Doubtless the directors were within their rights to make arrangements for the use of any stall at the Children's Welfare Exhibition, but they cannot defend their action in inducing medical men to become, even indirectly, patrons of a stall the object of which they entirely repudiate, and which is distinctly contrary, in their belief, "to children's welfare":

The *Daily News*, Ltd.,

Bouverie Street,

London, E.C.,

January 6th, 1913.

Dear Sir,

In reply to your letter of the 5th inst., the Antivaccination League has taken and paid for space at the Children's Welfare Exhibition on precisely the same terms as ordinary traders; no solicitation or preference has been extended to them. In these circumstances I think you will see that the directors of the exhibition could not have refused to accept them as tenants of a stall without entering into controversial matters—a course which would generally be regarded as improper.

Yours faithfully,

EDWIN COOKE,

Director.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on December 18th, 1912, the Vice-Chancellor, Dr. W. P. Herringham, in the chair.

Recognition of Teachers.

The following have been recognized as teachers in the subjects indicated:—

King's College for Women: Dr. Janet E. Lane-Clayton (Physiology).

St. Bartholomew's Hospital Medical School: Mr. Alexander Macphail (Anatomy); Mr. Raymond B. Etherington Smith (Surgery).

London Hospital Medical College: Dr. Robert Hutchison (Pharmacology); Dr. Hubert M. Turnbull (Pathology).

London School of Medicine for Women: Dr. Frederic Wood Jones (Anatomy).

King's College Hospital Medical School: Mr. Charles E. Wallis (Dental Surgery).

St. Mary's Hospital Medical School: Dr. Thomas G. Stevens (Midwifery).

London School of Dental Surgery: Mr. Arthur Hamilton Tebbutt (Bacteriology).

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.: Dr. Conrad M. Hinds Howell, and Dr. Samuel A. Kinnier Wilson (Neurology), Mr. Leslie J. Paton (Ophthalmology).

Mr. Vivian Bernard Orr has been granted probationary recognition as a teacher of anaesthetics at the Westminster Hospital Medical School for a period of two years as from December, 1912.

Conferment of Titles.

The title of Professor of Pathology in the University has been conferred on Dr. Frederick William Andrewes, of St. Bartholomew's Hospital Medical School, and that of Reader in Physiology in the University upon Dr. M. S. Pembrey,

of Guy's Hospital Medical School. The titles were conferred on the recommendation of relevant boards of advisers acting under the regulations on university titles.

Report of Professor of Protozoology.

An abstract of the report of the Professor of Protozoology for the year ending June 30th, 1912, was received. It contained a list of works published by the department. The full report has been forwarded to the Colonial Office, and will be included in an official publication.

Award of the Paul Philip Reitlinger Prize.

Mr. Frederick J. F. Barrington, M.S., of University College Hospital Medical School, has been awarded the Paul Philip Reitlinger prize for 1912 for an essay on the innervation of the bulbo-urethral glands and their histological changes during activity. The prize, which is of the value of £30, was founded with funds given to the university by Mr. Albert Reitlinger in memory of his son, a student of St. George's Hospital Medical School, who died in December, 1911. In 1913 the prize will be awarded for the best essay on the influence of the conception of evolution on moral or social philosophy.

D.Sc. Degree in Bio-Chemistry.

The degree of D.Sc. in bio-chemistry has been conferred on Dr. Hugh Maclean, an internal student, of the Lister Institute of Preventive Medicine. His thesis was entitled "A contribution to the study of lipoids," and consisted of two parts—the phosphatides of the kidney, and the purification of phosphatides. In addition Dr. Hugh Maclean submitted several other contributions to the advancement of science published independently or conjointly.

Semon Lectures in Laryngology.

The first course of lectures under the Semon Lecture Trust will be delivered on January 22nd and 24th, at University College, by Dr. Peter McBride, late lecturer on diseases of the ear, nose, and throat at the University of Edinburgh. The chair at the first lecture, which will be on Sir Felix Semon's personal history and career and the circumstances which influenced his career, will be taken by Sir Rickman Godlee, Bart. The second lecture will deal with Sir Felix Semon's work and its influence on laryngology, with special reference to general policy, laryngeal paralysis, and malignant disease. The foundation was established in May, 1911, by Sir Felix Semon, K.C.V.O., M.D., who transferred to the university, for the foundation of a lectureship and medal in laryngology, the sum of £1,040 presented to him by the British laryngologists on his retirement from practice. Admission to the lectures will be free by ticket, to be obtained from the Secretary of the University College, Gower Street, E.C.

Advanced Lectures in Physiology.

The following advanced lectures in physiology are announced during the second term:

Eight lectures on the relations of electrolytes to living tissues, by G. R. Mines, M.A., at the University on Tuesdays, at 5 p.m., beginning January 21st.

Eight Page-May memorial lectures on the functions of cerebral cortex, by F. W. Mott, M.D., F.R.S., at University College on Fridays, at 5 p.m., beginning on January 24th.

Four lectures on colour vision, by F. W. Edridge-Green, M.D., at University College on Wednesdays, at 5 p.m., beginning on February 19th.

Four lectures on recent work in chemical physiology and pathology, by Otto Rosenheim, Ph.D., at King's College on Mondays, at 4.30 p.m., beginning on February 10th.

Eight lectures on animal heat, by M. S. Pembrey, M.D., at Guy's Hospital on Thursdays, at 4 p.m., beginning on January 16th.

The course of lectures by Professor G. N. Stewart announced for the second term has been postponed until the third term.

Lectures by the Professor of Protozoology.

A course of twenty-one lectures on the protozoa will be given at the Lister Institute, Chelsea, by Professor E. A. Minchin, M.A., F.R.S., on Mondays, Wednesdays, and Fridays, at 5 p.m., commencing January 20th. The course is intended to provide instruction (a) to students past the intermediate stage—that is, to those preparing for the B.Sc. examination pass or honours, or taking protozoa as a special subject for the B.Sc. examination, or to those preparing a thesis upon the group for the D.Sc. degree; (b) for medical men and others interested in the practical aspects of protozoology. The course is open free to all members of the university, to all medical men, or registered medical students, and other persons on application to the Academic Registrar.

KING'S COLLEGE.

The Early Diagnosis and Control of the Specific Treatment of Tuberculosis by Dr. Carl Spengler's Methods.

A course of six lectures and demonstrations with practical work will be given at the University Laboratories, 62, Chandos Street, Strand, W.C., by Mr. W. H. Fearis (voluntary bacteriological assistant to Dr. Carl Spengler), on Dr. Spengler's methods for the diagnosis and control of the specific treatment (with immune substances—L.K.) of tuberculosis. The class will meet on Monday and Thursday afternoons, commencing Monday, January 20th, at 3.30. The fee for the course is £4 4s. Further particulars can be obtained on application at the above address to Professor Hewlett, who will be glad to receive names at once, as the class will not be held unless at least six students enter.

MEDICAL SERVICE IN THE HIGHLANDS.

The report of the Highlands and Islands Medical Service Commission, which met under the chairmanship of Sir J. A. DEWAR, Bart., M.P., has just been issued.

The committee was appointed to consider how far the provision of medical attendance in these districts is inadequate, and to advise as to the best method of securing a satisfactory medical service therein, regard being had to the duties and responsibilities of the several public authorities operating in such districts.

The committee examined a large number of witnesses, and travelled over the Highlands and Islands to see for themselves the conditions under which the medical men in these districts performed their duties.

There are several outstanding features which demanded their special attention, for instance, the poverty of the crofters, the insanitary condition of the dwellings, the survival of superstition, the need for hospitals and nurses.

The following summarized conclusions are put forward by the committee:

(a) That on account of the sparseness of population in some districts and its irregular distribution in others, the configuration of the country and the climatic conditions, medical attendance is uncertain for the people, exceptionally onerous or even hazardous for the doctor, and generally inadequate.

(b) That the straitened circumstances of the people preclude adequate remuneration of medical attendance by fees alone.

(c) That the insanitary condition of life prevailing in some parts render medical treatment difficult and largely ineffective.

(d) That in default or disregard of skilled medical advice and nursing, resource is not infrequently had to primitive and ignorant methods of treating illness and disease. These methods are a source of danger, especially in maternity.

(e) That there is danger of physical deterioration from defective dieting, and more markedly in the infantile and juvenile population.

(f) That rural depopulation is not a feature of the whole area of one remit, and even when notable the necessity for medical provision is not materially reduced.

(g) That the local rates, from which the doctor's income is derived, are in many cases overburdened.

(h) That, owing to the industrial conditions, the Insurance Act is only very partially operative.

(i) That, in short, the combination of social economic and geographical difficulties in the Highlands and Islands—not to be found elsewhere in Scotland—demands exceptional treatment.

The report next proceeds to examine the conditions affecting the adequacy of medical service, among which are mentioned defective means of locomotion and communication.

The Committee is of opinion that the general inefficiency of the existing medical service is produced by:

(a) By inadequate remuneration.

(b) By inability to provide for old age and infirmity.

(c) By difficulties of locomotion and communication.

(d) By insecurity of tenure under the parochial system of appointments.

(e) By the difficulty of obtaining suitable house accommodation.

(f) By lack of facilities for holidays and post-graduate instruction.

Recommendations.

The recommendations of the Commission are as follows:

(a) It is clear that, having regard to the economic conditions prevailing in the Highlands and Islands, the extent to which the foregoing services are at present subsidised from imperial funds is quite inadequate, and that as local resources are in many parishes already wellnigh if not wholly exhausted, any general amelioration of the existing medical service cannot be achieved without a further and more substantial subsidy.

(b) It is shown that in the Highlands and Islands, general medical practice rests very largely on the subsidy from the Poor Law authority, and to a much less extent on subsidies from other public authorities. But it must be pointed out that the remuneration from these various authorities bears no proper relation to the work done or to the degree of responsibility involved. Consequently the individual practitioners are discouraged, and medical service as a whole suffers.

(c) But the Committee are of opinion that by proper administration of an additional imperial grant all these public services could be so developed and correlated administratively as to provide a more satisfactory financial basis for general medical practice.

(d) For the administration of any subsidy granted by the Treasury for the carrying out of the policy indicated in this report the Committee suggests that a central authority and a local authority be constituted.

(e) The Committee, after carefully considering the administrative conditions, are of opinion that a special central authority and a special local authority would be required.

(f) The Committee suggest that the central authority should contain a representative of each of the four principal central departments concerned with the administration and control of medical services, namely, the Local Government Board for Scotland, the National Health Insurance Commission, the Scottish Education Department, and the General Board of Lunacy; a representative nominated by the General Council of Medical Education and Registration of the United Kingdom; a chairman nominated by the Secretary for Scotland approved by the Treasury.

(g) In making this recommendation the Committee have had regard to all the medical interests involved, the duties and responsibilities of the public authorities operating in the Highlands and Islands, and the desirability of bringing about, as far as is practicable, a consolidation of the various services. The central authority thus constituted would act under regulations made by the Treasury.

(h) To enable the central authority to administer the suggested grant with due regard to the conditions of each locality, a local authority would also be required. It is not desirable to multiply authorities without necessity, and in the Highlands and Islands, on account of the difficulties and expense of attending meetings, this principle deserves special consideration. As it is of primary importance to retain the administrative interest of the parishes, and as all the parish councils are already represented on the District Committee, which is the local authority for public health, the Committee recommend that the local authority for the administration of this special grant should be the District Committee along with representatives from the Insurance Committee of the county or District Insurance Committee, a representative from any county or district nursing association, or, in default of such association, a representative nominated by the District Committee, a representative from the local Branch of the British Medical Association; and an officer from one of the central departments concerned—this officer to act as assessor. The medical officer of health for the county or chief medical officer of health for the district might attend meetings of the Committee for the purpose of giving advice and assistance.

It would be the duty of this Local Medical Service Committee to prepare a scheme of improved medical and nursing service for submission to the central authority with a view to an Imperial grant.

Medico-Legal.

ALLEGED PERSONATION.

A MAN, whose age was given as 47, was charged in the name of Richard Henry Barber at Bow Street on January 7th with having, on November 16th, 1906, wilfully procured himself to be placed on the *Medical Register* by making and producing false and fraudulent representations in writing, and with having between February 12th and March 9th, 1912, at Treeton, near Rotherham, forged and uttered nine certificates of death. The circumstances of the death of Dr. Richard Henry Barber in Oregon, U.S.A., were related in the report of the proceedings before the General Medical Council at its last session (SUPPLEMENT, December 28th, 1912, p. 734). The accused, while being conveyed from Liverpool to London, escaped, but was rearrested. He maintained an obstinate silence during the hearing; but Dr. Maurice Craig, who examined him in Banstead Asylum, gave his opinion that he was perfectly sane. Mr. Bodkin, for the prosecution, stated, according to the report in the *Times*, that the prisoner had no medical qualification and his name was not Barber. The magistrate granted a remand for a week.

THE Lent term of lectures at the Brompton Hospital for Consumption will commence on Wednesday next, when Dr. Inman will give a lecture on recent investigations into the pathology of tuberculosis at 4.30 p.m.

The Services.

"HONORARY PHYSICIANS AND HONORARY SURGEONS TO THE KING" IN THE ARMY.

SURGEON-GENERAL GEORGE J. H. EVATT, C.B., writes: Since 1858 we have had certain *honorary* appointments given to distinguished medical officers of the army with the above titles. I think this high honour would gain in actuality and definiteness if the title was changed to "Field" Surgeons and "Field" Physicians to the King. The officers chosen are past-masters in their own speciality of war experience, and my suggested title would emphasize the fact. Where an officer was Surgeon-General I would call him "Field Surgeon-General to the King."

Obituary.

THE LATE PROFESSOR REDFERN. — A correspondent writes: To your very interesting biography of Professor Redfern, whom Aberdeen is proud to have possessed, though for too short a time, it might be well to add that although no doubt he got inspiration as regards eloquence and teaching faculty from Bennett, the real influence was from Goodsir. At that period that great genius was in the zenith of his powers, and as he had the Ludwig-like faculty of suggesting fertile plans of research to his pupils, Redfern got from him the hint to study the development of cartilage.

Medical News.

DR. ROBERT JONES, Resident Physician and Superintendent of the Claybury Asylum and Lecturer on Mental Disease to St. Bartholomew's Hospital, has been elected an honorary member of the Clinical Society of Mental Medicine of France.

DR. LEONARD HILL, F.R.S., and Dr. Henry S. Kenwood have been appointed respectively civilian physiologist and civilian sanitary expert to the Army Medical Advisory Board in succession to Dr. M. S. Pembrey and Dr. L. C. Parkes, whose terms of service expired on December 31st, 1912.

A SERIES of ten lectures on the diagnosis and treatment of cancer is about to commence at the Cancer Hospital, Fulham Road. They will be given at 5 p.m. on each Wednesday, from January 22nd to March 26th, both days inclusive, and will be free to all medical practitioners and senior students.

A COURSE dealing with diseases of the chest, and designed to cover six months, will commence at the Royal Hospital for Diseases of the Chest, City Road, London, E.C., next Tuesday. The work will include lecture demonstrations, tuberculin administration, clinical study, and practical bacteriology. Information as to the fees and hours of attendance can be obtained from the dean of the hospital, Dr. Barty King.

AT the seventh annual dinner of the past and present students of the Royal London Ophthalmic Hospital the chair will be taken by Mr. W. A. Brailey, consulting ophthalmic surgeon to Guy's Hospital, who in his early days did such valuable work as curator and registrar to Moorfields. The dinner will take place at the Imperial Restaurant, Regent Street, W., on Thursday, January 23rd, at 8 p.m. Further particulars can be obtained from Mr. Herbert Parsons, 54, Queen Anne Street, W.

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 December 20th, 1912. Dr. F. J. Allan was in the chair, and it was reported that for the last few months the claims had been steadily diminishing, but not, it was feared, in sufficient numbers to neutralize the excess in the first half-year. During the last two months there had been an excellent increase in the new proposals. The premium rates of the society are such that at age 30 for £7 2s. 6d. per annum a man may secure £4 4s. a week for twenty-six weeks in case of illness, and after that £109 4s. per annum until the age of 65 in cases of permanent incapacity. The society is run entirely on mutual lines, and the profits all go to the members. Since 1884, the year of its foundation, over £17,000 has been returned them under this heading alone. Prospectus and all further information can be obtained from Mr. Bertram Sutton, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.