

hospitals and private houses respectively. The contrast is striking. In lying-in hospitals puerperal sepsis in its graver forms is almost abolished; in private houses it is responsible for the wastage of life and health to which Haig Ferguson and others have so forcibly directed attention.

It may be objected that the comparison is not fair, because the operations of surgery other than obstetrical are not customarily carried out in private houses unless the means of the patient permit of the surgical environment being created in the house.

But that is just the point I want to push home. In all other surgical work the medical man postulates surgical circumstances and surroundings as a necessity for the successful performance of his duties, and without them, except under great emergency, he refuses to undertake the case. Further, the public, educated as regards recognized surgery, supplies his requirements without demur, or, being unable to do so, appreciates at once the necessity of having the patient transferred to a hospital or home.

But in obstetrics a vicious circle obtains. The imperfect conception of the position of the art by the profession results in the public underrating its importance and belittling the gravity of labour. Hence has been established a custom by which childbirth takes place under conditions that outrage all the requirements of modern aseptic technique, yet in no other branch of our profession does success obtain so little praise or failure so much obloquy.

This attitude of the public in turn reacts on the medical man. He finds, when he enters practice, that it is customary to conduct labour under the faulty conditions to which I have drawn attention, and in the face of long usage he hesitates to deal with labour as with any other surgical problem. The conversion of the lying-in room into some semblance of an operating theatre, relatively aseptic surroundings, efficient assistance, and an independent anaesthetist, are looked upon as academic ideals not to be pressed for in everyday work.

The carrying out of an operation without sufficient assistance is as disadvantageous to its performance in midwifery as it is in any other branch of surgery. The thought of a surgeon curetting the uterus or ligaturing piles without an anaesthetic brings a smile to the lips, yet in obstetric work the practitioner is frequently diffident of asking for such assistance, because, by general conception, custom, and habit of thought, the public expects him to combine the offices of surgeon and anaesthetist.

The slight demands made by the obstetrician on behalf of his art results in the public habitually underpaying him. I have made inquiries amongst a number of my friends engaged in general practice for the purpose of comparing the relative amounts of the fees paid for a confinement with those received for the performance of such operations as they themselves frequently carry out.

Thus I learn that, assuming the patient's position to be such that a fee of 5 guineas is charged for the labour, then the charges for the following operations would roughly be:

For removal of tonsils and adenoids ...	3 to 5 guineas and anaesthetist's fee.
For curetting... ..	7 to 10 guineas and anaesthetist's fee.
For ligation of haemorrhoids ...	7 to 10 guineas and anaesthetist's fee.

Now the outfit, skill, and care required of the obstetrician are at least as great as those demanded for the performance of these operations—they may, indeed, be much greater—while the time, trouble, and general wear and tear that attendance on a confinement involves is out of all proportion greater. Many men, indeed, have told me that midwifery does not pay, except in so far as it acts as an introduction to other forms of practice—a wrong principle, for underpaid work can never be the best work.

This low rate of remuneration is an expression of the part of the public of the small regard in which they hold obstetric art as compared with recognized surgery. In fact, obstetricians are taken at their own valuation, for they have up to now made no claim to be considered surgeons—nay, more, they have strengthened the popular belief in the trivialness of their calling by legalizing attendance on labour by a less educated class of practitioner—the midwife.

That the trained product of a maternity school is an enormous advance on the fowl beldam who used to preside over childbirth goes without saying. Since the passing of the Midwives Act a marked fall has taken place in the annual number of cases of puerperal fever. Thus I find, on referring to the report of the Registrar-General for 1910, that the death-rate from this cause has decreased to 1 to every 727 births in that year.

But in so far as the Act tends to the employment of midwives *instead* of doctors, I believe it to be a step in the wrong direction. The aim should be not to cheapen the cost of labour, but to increase it; to make the public understand the importance of the event, and to teach that its proper conduct requires the environment of surgery, for the provision of which the layman must co-operate with the obstetric surgeon by prearrangement and adequate payment.

That great difficulties lie in the way of attainment to the ideal is obvious. Many of them will require years of education and social reform to overcome. Insurance against childbirth on a much extended scale, the establishment of municipal lying-in institutions where women could be attended by their own medical men under circumstances of true surgical asepsis—these are shadows cast on present thought by, let us hope, events coming somewhere in the future. But we must begin by setting our own house in order and definitely and finally recognizing midwifery as a special branch of surgery.

REFERENCE.

¹ Some Twentieth Century Problems in relation to Marriage and Childbirth, *Journal of Obstetrics and Gynaecology of the British Empire*, December, 1912.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

INJURY TO THE ELBOW INVOLVING THE ANTERIOR INTEROSSEUS NERVE.

A GIRL, aged 7 years, fell and struck the inner side of the right elbow. She was treated by a "bone-setter" until it was found that the elbow could not be flexed beyond a right angle.

She was brought to me six weeks after the accident, when extension at the elbow, pronation, and supination were complete, but flexion could be obtained only to a right angle. There was fullness about the lower end of the humerus, just above the joint, especially about the internal condyle, and some wasting of the flexor muscles covering the forearm and of the pronator quadratus. Flexion of the distal phalanx of the thumb and of the index finger was very deficient, but not entirely absent, while flexion of the distal phalanx of the middle finger was good. A skiagram did not reveal the exact nature of the injury.

From these signs it would appear that the anterior interosseous nerve was injured by the accident or involved in the callus produced after fracture at the lower end of the humerus. In the latter case the origin of the nerve from the median must have been higher than usual. The escape of the deep flexor of the middle finger, which in normal cases receives its nerve supply from the anterior interosseous, is also peculiar.

The case is perhaps sufficiently rare to warrant its being recorded.

H. M. JOSEPH, M.A., M.B. Cantab.,
B Sc. Lond., etc.

Guernsey, August 6th.

TREATMENT OF MORTON'S METATARSALGIA BY FORCIBLE MOVEMENTS.

THOSE of us who have the opportunity of seeing a fair number of cases of Morton's disease during the year know not only the misery which this condition entails, but also the unsatisfactory results of treatment, and therefore I make no excuse for publishing a method which I have adopted lately in a few cases with uniform success.

The method consists of grasping the foot with both hands, one on either side, and forcibly moving the metatarsal bones upon each other, and also forcibly flexing and

extending the foot and toes. This method is more easily shown than described, and was adopted on the presumption that possibly some small adhesion was the cause of the pain. At all events, whatever the explanation may be, the few cases which I have treated in this way were at once permanently relieved of all symptoms. One case occurred in a man of 60 years of age, who had had the condition for ten years, but he was easily cured in the manner I have described. Possibly this method may have been tried by some orthopaedic surgeons, but if it has I have not yet succeeded in finding any record of it, and therefore I have no hesitation in publishing it for what it is worth.

T. PAGAN LOWE,
Surgeon to the Mineral Water Hospital, Bath.

Reports of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Wednesday, March 5th, 1913.

Mr. J. M. COTTERILL, President, in the Chair.

Carcinoma of Rectum.

PROFESSOR CAIRD gave an analysis of 43 cases occurring between 1900 and 1910. Rectal cancer was more frequent in males. The ages in most were between 40 and 60. The duration of symptoms from their onset to diagnosis of the cancer was on an average six months—an unfortunate and quite remediable state of affairs, as diagnosis per rectum was easy. As to symptoms, bleeding was present in every case, and was often the only symptom. Pain was only present in those cancers close to the anus, and was absent in those higher up in the rectum (about half the cases); there were often irregularities in the bowel action, constipation alternating with diarrhoea, tenesmus, passage of mucus, and in only one case the passage of pipe-stem stools. A more uncommon symptom was reflex dysuria and frequency of micturition. The tumour was palpable per rectum in every case but one, where there was a peculiar fixation and kinking of the bowel. A tumour which appeared fixed on rectal examination was not seldom found mobile on bimanual examination. An extensive operation was not advisable over the age of 60 or when there was glandular involvement or fixation of the tumour. As to choice of operations, the disadvantages of the Kraske were the frequent recurrence in the lower segment, the infrequent healing by first intention ending sometimes in stricture. A modified Lisfranc was the better operation—that is, a perineal excision, aided, if need be, by a parasacral or an abdominal incision. In a lantern demonstration the macroscopic appearances of many of the tumours *in situ* were shown, and some of the difficulties and sequelae of the operation were shown in specimens obtained from fatal cases.

The PRESIDENT agreed as to the superiority of the perineal operation. The abdomino-perineal operation was seldom required. Mr. WALLACE said that the question of technique was all-important. A functioning anus in the perineum was seldom obtainable and should not be aimed at. Where the case was not too far advanced the first step should be an inguinal colostomy, followed by thorough removal by the abdomino-perineal operation. Where patients came too late for removal of the tumour, an inguinal colostomy should alone be performed, when a considerable degree of comfort and control was often obtained. Mr. STILES said that in tumours high up in the rectum the knee-elbow position was of value, combined with straining efforts on the part of the patient, when the finger received the sensation of ballottement from the tumour. With regard to operation, he advised a preliminary colostomy. This was followed by great improvement in the digestion and general health. In the subsequent removal of the tumour, points of importance were the freeing of the pelvic colon, closure of the colon, packing and drainage of the cavity. By these means the risks of sepsis were reduced and a short convalescence secured. The abdomino-perineal operation was seldom required. An inguinal anus, in his experience, gave better control than one in the perineum. Mr. ALEXIS THOMSON agreed as to the superiority of the inguinal anus. He

described the conditions present in a large series of Continental cases which he had seen where sacral anuses had been left and where the control was generally inefficient. Dr. DARLING described a case which had been the subject of a Kraske operation, living for twelve years and dying of another condition. Professor CAIRD replied.

ROYAL SOCIETY OF MEDICINE.

DISCUSSION ON ALIMENTARY TOXAEMIA.

Monday, March 10th, 1913.

Sir FRANCIS CHAMPNEYS, Bart., M.D., President, in the Chair.

A DISCUSSION on alimentary toxæmia, its sources, consequences, and treatment, was opened by Dr. HALE WHITE, who gave a general survey, and Dr. W. F. ANDREWES, who dealt with the bacteriology of the alimentary canal. These papers are published elsewhere in this issue.

The Toxins of the Alimentary Canal.

Dr. VAUGHAN HARLEY said considerable difficulties occurred in the study of toxins of the alimentary canal, since pure toxin, like pure enzyme, had not yet been isolated, even from bacterial culture. Yet more difficulty confronted one in dealing with those toxins which might be formed in the alimentary tract, since an examination of the faeces would only yield the toxins which had not been absorbed. The more easily absorbed toxins would not be recovered in the stools. The occurrence of erythema and urticaria, in common with some digestive derangements after taking pure food, could only be explained by the formation of toxins in the alimentary canal. He had noted urticaria and erythema after even simple rectal lavage with normal saline solution when there was considerable constipation. Halliburton and McKendrick tried to recover the toxin in the retained stomach contents from a case of dilated stomach, in which the patient had suffered from tetany, but without success. He proceeded to mention the products occurring in the alimentary canal which might be more or less poisonous. These might be derived from the protein, fat, or carbohydrates taken in the food, or from the secretions into, or excretions from, the alimentary tract, either in health or disease, during ordinary digestion, or from putrefaction and fermentation in the canal. The secretions of the tract could undergo some putrefaction during starvation, the urine of fasting individuals containing aromatic substances. In an experiment on a man during a fast the indican in the urine decreased day by day, while phenol progressively increased, so that by the ninth day it was from three to seven times as much as in the ordinary man. The substances derived from carbohydrates and fats had little toxicity. Protein during ordinary digestion, even without the action of bacteria present in the intestine, might yield toxic products. The proteoses and simpler products, when injected directly into the circulation, could be rapidly eliminated by the kidneys, but were apparently toxic; they inhibited blood coagulation, had a lymphagogic effect, caused a fall of arterial pressure, and a febrile reaction, while large doses in animals caused death. In children and people of advanced age the epithelial cells of the alimentary canal were apparently thin, and perhaps this explained the greater frequency in them of toxic attacks. Healthy digestive processes were accompanied by an enormous amount of bacterial action; one-third of the total faeces in man consisted of bacteria, and this proportion was increased in diarrhoea. The decomposition products of protein putrefaction were practically the same whether formed by the action of bacteria or by the enzymes in ordinary digestion. If not present in too great quantity, bacteria in the intestine might be useful to the organism, and might assist in breaking down such substances as cellulose in the food. Indol, skatol, phenol, and cresol were aromatic substances formed by the breaking down of protein by various bacteria in the alimentary tract. These substances were fixed in the living cells. Indol was more easily detected in the faeces, and indican in the urine, and consequently had been more studied than had skatol, phenol, and cresol. Jaffé found that ligation of the small intestine, but not of the

in Midwifery, Sydney University, and of Honorary Medical Officer of the Lying-in Hospital there. Through his interest in public health he was drawn into the vortex of politics, and this led on to his being made Mayor of Sydney. He received the honour of knighthood when King George V, then Duke of York, visited Australia. He paid several visits to his native city, but it was in Sydney that his death took place at the comparatively early age of 57.

We regret to have to record the death of one of the oldest medical practitioners in the North of Scotland—Dr. SCLENDERS of Nairn. He was born at Fowes eighty years ago, and received his early education in that town. He took the M.A. degree at Aberdeen University in 1856, and afterwards went to Edinburgh for his medical course, taking his M.D. in 1859. Dr. Sclanders became House-Surgeon to the Edinburgh Infirmary, and soon afterwards was appointed assistant to Professor Simpson, in which capacity he served for three years. He commenced practice in Nairn over fifty years ago, and soon acquired a large practice. He was appointed Medical Officer for the burgh over fifty years ago, and performed his duties with ability and success. All along he took a keen and active interest in the welfare of the town and County Hospital, of which institution he was for many years one of the most active medical officers. His hobby was gardening, and he had a rare and delightful collection of flowers and plants. Dr. Sclanders was twice married, and is survived by Mrs. Sclanders and six sons.

Dr. THOMAS H. MEIKLE, the managing director of Strathearn Hydropathic, died on March 3rd. Dr. Meikle was a native of Roxburghshire, where his father held the appointment of factor on the estate of Colonel Sprot, of Riddell. He studied at the University of Aberdeen, and after taking the degree of M.D. succeeded his brother in practice in Aberdeen. Afterwards he took up the active management of Lochhead Hydropathic, near Aberdeen, and later on established the Strathearn Hydropathic. He was one of the county Justices of the Peace, and was warmly interested in the temperance cause. When the Royal Hotel of Crieff was put into the market over a year ago he purchased the buildings at a cost of nearly £4,000, and gave them to the community to be carried on as an institute on temperance lines. Dr. Meikle, who was in his 79th year, had been ailing for some months, and had not lately taken much part in public life, but for several years he was a member of Crieff Town Council, and was one of the honorary presidents of Crieff Unionist Association. He was twice married, and is survived by his widow, and by one son and four daughters by his first marriage.

MANY of his old patients, and visitors to Venice, will be grieved to hear of the recent death of Dr. E. H. VAN SOMEREN, at the early age of 41 years. He was a son of the late Surgeon-General W. J. Van Someren, I.M.S., and was born in 1871, and educated at Mill Hill School and University College, London. He studied at Guy's Hospital, and after taking the diplomas of M.R.C.S. and L.R.C.P. in 1895, held an appointment in the Manchester Children's Hospital. He settled in Venice in 1896, and continued in practice there up to his death. In 1903 he opened a clinic for the reception of private patients. He became specially interested in the study of nutrition, and tried many experiments on himself with the view of ascertaining on how low a protein supply the physiological equilibrium can be sustained. His results were condensed in an article entitled "Was Luigi Cornaro right?" (BRITISH MEDICAL JOURNAL, October 12th, 1901, p. 1082). Van Someren was reluctant to make generalizations, but he kept copious notes at various times for many years of experiments in fasting, low and high protein régimes, and peculiar diets. He read a paper on the water supply of Venice at the Annual Meeting of the British Medical Association in Edinburgh in 1898. About two years ago he discovered that he had diabetes, but in spite of progressive exhaustion and loss of flesh he remained bravely at his work. Last summer he spent a few weeks at Carlsbad and at Mendel in the

Austrian Tirol, but derived no real benefit from the treatment. Early in January he went to Syracuse, in Sicily, feeling the need of change and warmth. Towards the end of January he became comatose, and passed away on February 3rd. He was buried at Syracuse. Van Someren will long be remembered by his friends. A man of strong religious convictions, he was conspicuous for his unselfish character and gentle demeanour. He did much good work among the very poor in Venice. He is survived by his widow, who is a daughter of Mr. Horace Fletcher, and four young children, two boys and two girls.

DEPUTY INSPECTOR-GENERAL EDWARD H. EVANS, who died on February 24th, aged 83, received his medical education at Guy's Hospital, and took the diplomas of M.R.C.S. Eng. and L.S.A. in 1851. He entered the service in 1853; became Staff Surgeon in 1862, Fleet Surgeon in 1876, and Deputy Inspector-General of Hospitals in 1884; he retired in 1888. He served as Assistant Surgeon of H.M.S. *Diamond* during the Crimean war of 1854-5, and with the naval brigade at the fall of Sebastopol.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degree has been conferred:

M.B.—G. Hoffmann.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on February 19th.

Royal Naval Medical School.

The Naval Medical School of the Royal Naval College, Greenwich, has been admitted as a school of the University in the Faculty of Medicine for the officers of the Royal Naval Medical Service.

Examiners in Physiology.

The following have, together with the external examiners, been appointed examiners for the final examination in physiology for internal students: W. D. Halliburton, Chairman (King's College), E. H. Starling (University College), J. S. Edkins (Bedford College) and St. Bartholomew's Hospital Medical School), J. Mellanby (St. Thomas's Hospital Medical School), M. S. Pembrey (Guy's Hospital Medical School).

D.Sc. Degree in Physiology (Internal).

The degree of D.Sc. in Physiology was conferred on Mr. Charles A. L. Evans, an internal student of University College who had presented a thesis on the gaseous metabolism of the heart and lungs, and submitted in addition several further contributions to the advancement of science published independently or conjointly.

Regulations for M.D. and M.S. Degrees for Internal and External Students.

It was resolved:

That the regulations for the M.D. Examination for internal and external students be amended by the substitution for the words "the result of independent research" of the following—"the result of his own independent research," and that the regulations for the M.S. Examination be similarly amended.

Publication of Pass Lists.

It was resolved:

That the date of the announcement of the results of the First Examination for Medical Degrees, of the Preliminary Examination in Veterinary Science, and of the Intermediate Examination in Veterinary Science, Part I, for internal and external students to be held in December, 1913, be the Wednesday in the fourth week following that in which the examinations close, and that in subsequent years the date of commencement of these examinations be the first Monday following December 7th, instead of as at present, the first Monday following December 10th.

Appointment of Representatives.

Dr. F. Taylor was reappointed to represent the University on the General Medical Council, and Dr. F. R. Walters was nominated for reappointment to represent the University on the governing body of the Farnham Girls' Grammar School.

Chairman of Professoriate Committee.

The Vice-Chancellor (Dr. Herringham) has been elected Chairman of the Professoriate Committee.

Staff Examiners for 1913-14.

The following are among those appointed staff examiners for 1913-14:

Anatomy.—Alexander Macphail, M.B., C.M., and Professor A. M. Paterson, M.D., F.R.C.S.

Forensic Medicine and Hygiene.—William A. Brend, M.A., M.B., B.Sc., and E. P. Manby, B.A., M.D., D.P.H.
Medicine.—Norman Dalton, M.D., Sidney P. Phillips, M.D., F.R.C.P., H. D. Rolleston, M.A., M.D., F.R.C.P., and W. B. Warrington, M.D., Ch.B., F.R.C.P.
Mental Diseases and Psychology.—Maurice Craig, M.D., F.R.C.P., and William McDougall, M.B.
Obstetric Medicine.—H. R. Andrews, M.D., B.S., and George H. D. Robinson, M.D., F.R.C.P.
Pathology.—Professor R. T. Hewlett, M.D., F.R.C.P., and Professor R. Muir, M.D., F.R.C.P.
Pharmacology.—Professor A. R. Cushny, M.D., F.R.S., and James A. Gunn, M.D., D.Sc. (for 1912-13 also).
Physiology.—Joseph Barcroft, B.Sc., M.A., F.R.S., Professor E. H. Starling, M.D., F.R.S.
Sociology.—W. H. R. Rivers, M.D., F.R.S., and Professor E. J. Urwick, M.A.
State Medicine.—John W. H. Eyre, M.D., D.P.H., and T. Morison Legge, M.D., D.P.H.
Surgery.—Frédéric F. Burghard, M.D., M.S., F.R.C.S., William F. Haslam, M.B., Ch.B., Raymond Johnson, M.B., B.S., F.R.C.S., and H. Betham Robinson, M.D., M.S., F.R.C.S.
Tropical Medicine.—C. W. Daniels, M.B., and Professor F. M. Sandwith, M.D.
Veterinary Pathology.—Sir John McFadyean, M.B., B.Sc., and Professor A. E. Mettam, B.Sc., M.R.C.V.S.
Veterinary Physiology.—Professor G. A. Buckmaster, M.D., B.Ch., and W. Legge Symes, M.R.C.S., L.S.A.

Bureau of Information for the Universities of Empire.

A meeting of the elected members of the "Formative Committee," appointed for the purpose of establishing a bureau of information for the universities of the empire was held on January 23rd, when certain steps were decided upon for the collection of information, and the offer of Dr. Alex Hill to act as honorary secretary to the bureau until its work became sufficiently extended to require the appointment of a paid official was accepted.

Proposed University of London Club.

At a second general meeting of graduates, teachers, and officers of the University held on February 17th, the committee appointed on November 28th, 1912, was reappointed and authorized to establish and organize a University of London Club in or near Bedford Square. It was stated that it was hoped to open the club not earlier than May 1st and not later than October 1st, 1913.

Lectures on Advanced Medical Subjects.

The following are the remainder of a series of free lectures addressed to advanced students of the university and others interested in the subjects dealt with.

Middlesex Hospital Medical School.—March 18th, 5 p.m., Dr. W. J. Penfold: Bacterial variation.
St. Bartholomew's Hospital Medical School.—May 1st, 5 p.m., Dr. M. H. Gordon: Sensitized vaccines.
University College Hospital Medical School.—May 5th, 5 p.m., Dr. T. R. Elliott: Disease and the suprarenal glands.
St. Bartholomew's Hospital Medical School.—May 8th, 5 p.m., Dr. H. Williamson: Some factors of importance in determining the significance of albuminuria in pregnancy.
London Hospital Medical College.—May 19th, 21st, and 23rd, at 4.30 p.m., Dr. H. M. Turnbull: Physiological and pathological changes in the structure of arteries and arterio-sclerosis.
Brompton Hospital.—May 28th, 4.30 p.m., Dr. C. H. Miller: The site of tuberculous lesions at different ages.

Chadwick Lectures in Hygiene.

A course of three lectures on infant welfare—(a) the mother as source, (b) the father as source, and (c) environmental influence, will be given by Professor Karl Pearson, F.R.S., probably during May, under the Chadwick trust. A further course of Chadwick lectures will be given by Sir George Newman, M.D., during the session 1912-13.

University Studentship in Physiology.

A university studentship of the value of £50 for one year will be awarded to a student qualified to undertake research in physiology. Candidates must be matriculated students or graduates of the university. Applications to be sent to the Principal, from whom further particulars can be obtained by May 31st.

Rogers Prize, 1914.

The subject of the essay or dissertation for the Rogers Prize for 1914 will be "The Nature of Pyrexia and its Relation to Micro-organisms." Copies of the regulations for the award of the prize can be obtained on application to the Academic Registrar.

KING'S COLLEGE.

The following appointments have been made in the Department of Public Health:

Lecturer in Sanitary Law and Administration.—Dr. E. W. Routley.
Lecturer in Applied Hygiene in the Tropics.—Colonel W. C. King, C.I.E., M.D.
Lecturer on School Hygiene for Medical Officers.—Dr. W. F. Roach.

The laboratories of the College occupy part of the premises of the Charing Cross Hospital Medical School, 62, Chandos Street, W.C.

UNIVERSITY OF ABERDEEN.

Honorary Degrees.

AMONG those upon whom the honorary degree of LL.D. was conferred on February 25th were Dr. D. W. Finlay and Dr. William Stephenson, Emeritus Professors of Medicine and Midwifery respectively. The same distinction was conferred on Dr. Ronald Campbell Macfie, who is the author of the *Romance of Medicine* and of many poems, including an ode written for the opening of the new buildings at Marischal College, Aberdeen. Dr. Macfie, we may note, has this month received the prize offered through the *Poetry Review* for the best poem submitted; the subject of his composition is John Davidson, the poet and philosopher.

CONJOINT BOARD IN IRELAND.

THE following candidates have passed the recent examination for the Diploma in Public Health:

Captain T. C. Boyd, F.R.C.S.I., I.M.S., T. W. Conway, F.R.C.S.I., J. J. Cullen, L.R.C.P. and S.I., C. H. Denham, M.B. Univ., Captain D. L. Harding, F.R.C.S.I., R.A.M.C., J. O'Regan, L.R.C.P. and S. Edin., *T. E. Rice, L.S.A., *R. F. Williams, M.B. Univ. Camb.

* With honours.

The Services.

PARKES MEMORIAL PRIZE.

THE prize of seventy-five guineas and the bronze medal of the Parkes Memorial Fund have been awarded for 1913 to Major S. Lyle Cummins, R.A.M.C., for his essay on The Causation and Prevention of Enteric Fever in Military Service, with special reference to the importance of "carriers." The subject for the next competition is Heat-stroke: its Causes, Prevention, and Treatment. (The essay should bear evidence of the personal observations and experience of the writer.) Essays bearing a motto and accompanied by a sealed envelope similarly superscribed, containing the author's name, must reach the Secretary of the Prizes Committee, Royal Army Medical College, on or before December 31st, 1915. The competition is open to medical officers of the Royal Navy, Army and Indian services, of executive rank on full pay, with the exception of professors and assistant professors of the Royal Naval Medical College, Greenwich, and the Royal Army Medical College, London, during their term of office.

INOCULATION AGAINST ENTERIC FEVER.

It is intimated in the Scottish Command orders that in order to encourage soldiers voluntarily to undergo inoculation against enteric fever lectures will be given at stated intervals by medical officers, showing the advantages conferred by this method of protection. The men should be advised to undergo the operation as soon as they attain the age or service that renders them liable for service abroad, and it is suggested that a quarterly inoculation of men volunteering might take place in each garrison. In the event of the numbers wishing to attend at first being very large, the inoculation might take place at monthly intervals instead of quarterly. The men should not be inoculated until they have completed their recruits' course, and the soldier's training should not be interfered with.

Medical News.

COLONEL W. C. GORGAS, of the Isthmian Canal Commission, Panama, has accepted the task of organizing a sanitary system for the port of Guayaquil, Ecuador, which has been known hitherto as the pest-hole of the Pacific.

THE festival dinner of the National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., will take place at the Hotel Metropole on April 16th under the chairmanship of Lord Strathcona and Mount Royal, who will be supported by H.R.H. Prince Alexander of Teck.

THE issue of *Nature* for last week, the first number of the ninety-first volume, contains an admirable portrait of Sir J. J. Thomson, with an appreciation of his immensely important contributions to physics by Augusto Righi, Professor of Experimental Physics in the University of Bologna.

ON the recommendation of the Lord Lieutenant, the Lord Chancellor has appointed the following gentlemen to the Commission of the Peace for the County of Aberdeen: Alexander Hendry, M.D., Surgeon Apothecary to H.M. Household at Balmoral, Ballater; James Middleton, M.B., C.M., Peterhead.

AT a meeting to which all British practitioners of otology, rhinology, and laryngology were invited, held at the Medical Society's Rooms, Chandos Street, London, W., on March 12th, it was decided to form a new society for the study of diseases of the ear, nose, and throat.

THE Provost, Magistrates, and Town Council of the Royal Burgh of Linlithgow have resolved to take part in the movement which has been initiated by Mr. Alexander Spence, M.P.S., chemist, Leslie, Fife, to celebrate this year the centenary of the birth of Dr. David Waldie, the Linlithgow chemist and doctor who was instrumental in bringing under the notice of Sir J. Y. Simpson the anaesthetic properties of chloroform. Further donations, however small, should be sent to the honorary treasurer, Mr. John McWhirter, J.P., Union Bank House, Leslie, Fife.

THE annual meeting of the Royal Portsmouth Hospital was held in the Town Hall on February 28th. It was stated that the effect of the Insurance Act on the admission of patients had been slight; only a small percentage were insured persons, and the hospital was as much needed as ever. The Nurses' Home (the local memorial to King Edward VII) which had cost, including furnishing, about £3,000, had been completed and paid for, thanks largely to an anonymous gift of £2,000. There was a slight increase in the amount of annual subscriptions received in 1912, and it was hoped that the day was far distant when the municipalization of the hospital would have to be seriously considered.

THE Society of Carlsbad Physicians announces a prize to be given for the best essay on the treatment of diabetes mellitus, with special reference to balneotherapy. The jury will be: Hofrat Professor Dr. Ritter von Jaksch of Prague, Professor Dr. Luethje of Kiel, Professor Dr. Ortner of Vienna, Professor Dr. Schmidt of Innsbruck, and Dr. Edgar Ganz, President of the Society of Carlsbad Physicians. Either one prize of 5,000 kronen, or two prizes of 3,500 kronen and 1,500 kronen, or three prizes of 2,500 kronen, 1,500 kronen, and 1,000 kronen, may be awarded. The competition is open to physicians of all countries, and any language may be used. Competing essays must be received before December 31st, 1913. Any further information may be obtained from the Society of Carlsbad Physicians in Carlsbad.

THE second International Congress on Life-Saving and Prevention of Accidents will be held in Vienna from September 9th to 13th next. Its business will be conducted in ten divisions; the first two will deal with first aid, professional and lay, in accidents; the third, fourth, and fifth with ambulance work in town and country, on the railway, and at sea; the sixth and seventh with life-saving work in mines and among firemen; the eighth and ninth with life-saving in the mountains and in connexion with sports; and the tenth with the prevention of accidents generally, and with special reference to workmen and public traffic. A British committee has been formed to make arrangements for the congress with the Earl of Lonsborough as president and Mr. S. Osborn, F.R.C.S., as secretary. Other members of the committee are Sir J. R. Andrew Clark, C.B., Sir George T. Beatson, K.C.B., Mr. James Cantlie, Mr. Lynn Thomas, C.B., and Dr. F. M. Sandwith.

THE fifth annual report of the Army and Navy Male Nurses' Co-operation shows it to be in a flourishing condition. During the year 1911-12 as many as 381 cases were nursed by members of the co-operation, whilst the average number of nurses employed throughout that year was forty-two. Three of these men, one of whom unfortunately succumbed to an attack of enteric fever contracted whilst on duty, were chosen for service in Tripoli, under the auspices of the British Red Crescent Society. The annual income of the society during 1911-12 showed an increase of £368 14s. 8d., the receipts for the nursing service having amounted to £3,719 16s. 9d. The committee have thus been enabled to acquire a lease of 11A, Welbeck Street, where offices and a residential home for the nurses have been established. Mr. Edward P. Furber has become honorary medical adviser to the society, which has sustained a severe loss through the retirement of its President, Sir Frederick Treves, and the death of its Vice-President Sir William Allchin, who did so much to assist the Co-operation in its early days. The places thus left vacant have been filled by Admiral Sir John Durnford, K.C.B., D.S.O., and Sir Dyce Duckworth.

CHRISTOPHERS (*Scientific Memoirs by Officers of the Medical and Sanitary Departments of the Government of India (New Series) No. 56, Malaria, Calcutta, 1912, 1s. 4d.*) concludes that the chief carrier of malaria in the Andamans is the *Nysomyzomyia ludlowi*, a species which breeds in and about salt swamps and is not found at a greater distance from salt or brackish water than half a mile. Whether any part is played in the transmission of malaria by the other common species, *Nsm. rossi* and *My. barbirostris*, he believes is doubtful. In any case the latter

could only be an important carrier within the forest, and the mere clearing of land has made it unimportant even in regard to numbers. Owing to the distribution of *Nsm. ludlowi*, malaria in the Settlement is confined to a belt around the margins of the harbour, and is absent, or nearly so, from villages more than half a mile from the sea coast, or the salt swamps associated with this. This freedom from the disease is found even in inland villages situated on the margins of swamps, amidst rice fields and near jungle. The predominating type of parasite among the children in the villages was simple tertian, while amongst convicts admitted to hospital and amongst the convalescent quartan infections formed 50 per cent. or over. Though infection with malignant tertian was very little in evidence during the time of Christophers's visit, yet the only two infected *Anopheles* encountered were infected with this type of parasite.

SHAKESPEARE has truly said that "he that is stricken blind, cannot forget the precious treasure of his eyesight lost," and there can be no doubt that for most people blindness would prove the most intolerable of all misfortunes. Moreover, apart from actual loss of sight, perhaps no greater calamity can befall a child than to begin life handicapped by defective vision; yet it is only of recent years that any definite prophylactic measures have been adopted. Dr. A. S. Cobblestick, whose excellent article on The Wearing of Spectacles by Children appeared in the March number of *The Child*, remarks that it is only during the last twenty years that spectacles have been systematically ordered in cases of refractive errors of vision in young children, and that so far the results have been extremely satisfactory. According to Dr. Cobblestick, excessive nervousness and irritability is often a sign of eyestrain in children, and these symptoms disappear as soon as the trouble is relieved by proper glasses. It should be borne in mind, however, that the latter condition frequently exists along with post-nasal growths, whose removal is imperative if a radical cure is to be obtained. Another and very common cause of suffering in children is bad teeth, and the same number of *The Child* contains an interesting description by Dr. Ernest T. Roberts of the excellent dental clinics recently established by the Glasgow School Board, where the children attending the municipal schools receive free treatment from competent dentists. The number also includes an article on the practice of surgery during childhood by Mr. Edred M. Corner, and an interesting account by Mr. W. Kersley Holmes of the free Kindergarten, founded by Miss Lileen Hardy for the children of the Edinburgh slums.

IN the fourth Galton Laboratory Lecture on "National Eugenics," Dr. David Heron said that it was not generally recognized that, even under present conditions, the great majority of the feeble-minded came under State control; and that although such cases were a source of continual expense, the control of the State was exercised in such a way that practically nothing was done to check their multiplication. Though there could be no doubt that mental defect was hereditary, any attempt to discover precise laws of inheritance encountered many difficulties, owing to the fact that the term "mental defect" covered a multitude of conditions, each of which existed in almost an indefinite number of grades of severity. In some recent attempts to apply Mendelism to such cases the evidence cited told strongly against the theory, and Dr. Heron repudiated the advice that the mentally defective and the insane should intermarry with the normal, and pointed out that on the basis of the Mendelian theory normal individuals could carry the latent possibility of defect for many generations. Such advice, he continued, could only bring the whole eugenic movement into disrepute. What was specially required at the present time was more information. Efforts ought to be made to follow up the children who were passing through the special schools for the mentally defective, and also to trace back the school histories of those who were now mentally defective criminals and paupers. Much yet remained to be discovered regarding the inheritance of mental deficiency; but on the basis of present knowledge it was justifiable to assert that a substantial reduction in the numbers of the mentally defective could be obtained by preventing the feeble-minded from reproducing their kind. The cardinal principle of national eugenics was the distinction between the right to live and the right to parenthood. National eugenics denied to no one the right to live, but it taught that there were certain classes to which the right to parenthood must be denied; and in the case of the feeble-minded it declared without hesitation that their children were better not born.