moreover, I venture to state that on active service of such a nature in tropical countries, it is to be preferred to other germicidal preparations.

THE BIONOMICS OF THE RAT-FLEA.

BY

C. STRICKLAND, M.A., B.C.,

TRAVELLING MEDICAL ENTOMOLOGIST IN THE FEDERATED MALAY STATES.

(From the Office of the P.M.O., Kuala Lumpur.)

HAVING been in the "backwoods" for some time past, I have only lately had my attention drawn to a paper by Nicoll in the BRITISH MEDICAL JOURNAL for October 26th on the life-history of the rat-flea (*Ceratophyllus fasciatus*, Bosc).

The work which Nicoll describes and the facts which he has elucidated are essentially similar to my own in 1910-11, which are the object of a report to the Local Government Board now in course of publication. But I disagree with certain of Nicoll's hypotheses put forward to substantiate these facts, and I would like here to give the reasons for my disagreement.

The facts are these. Fleas are found to live in a certain medium of rubbish for apparently a great length of time without food—Nicoll found for fourteen months, while mine were alive after eighteen months, when they were accidentally thrown away. This fact is of great practical importance, of course, in itself, particularly if the fleas are able to remain disease-infective for the same length of time, and the explanation of the fact may be equally important to the fact itself. Nicoll's hypothesis is that the rubbish contains a large number of larvae, which do not all undergo metamorphosis at once. Some of them pupate and imaginate after one month, some after ten months, and so on, remaining in a resting state meanwhile. In this way a constant succession of new adults is produced which take the place of the old ones, which die off in about a month's time if kept without food, the net result being that the original fleas apparently live for a great length of time.

Now, I disagree with this hypothesis for the following reasons:

1. I have taken specimens of the rubbish from time to time and looked carefully in it for larvae, or pupa-cases which should contain either resting larvae or pupae, and I have never succeeded in finding a single one. Active larvae certainly could not escape detection. Pupa-cases are more difficult to find, but not so difficult that they cannot be seen on a careful search. I have therefore concluded that the rubbish does not contain either active larvae or any resting stages of the metamorphosis. (I admit, however, that for the first month or two resting larvae could probably be found.)
2. I have carefully taken away from a quantity of rubbish all the adult fleas present (a live bait is an efficient mode of procedure for this purpose), and I have then watched the material carefully from day to day for three to four months to see if more adult fleas would appear, but with negative result. Now, if resting stages of the larvae were living in the rubbish and constantly producing a batch of new imagines, it is difficult to see why during the time observed adult fleas did not appear.
3. It is postulated that metamorphosis is most active in summer, yet our actual experience was that the adult fleas to be found in the rubbish greatly decreased during the hot months. This is hard to explain, if the resting larvae imaginate more quickly than in winter.

The conclusion which my experiments led me to was that it was the adult fleas, and not any stages in the metamorphosis, which survived for such a great length of time as eighteen months. I imagined this was possible to the adult flea, because the rubbish in which it lived was hygroscopic and non-conductive to heat, so that heat and dryness inimical to the flea's life was escaped from in its depths.

The facts which I elucidated could only (on Nicoll's hypothesis) be explained on the assumption (1) that the pupa cases which I searched for and failed to find were actually there; (2) that although for some reason or other the resting stages failed to imaginate after three to four months, they might have done so later on; (3) that the resting stages are more prolonged in summer than in winter—a conjunction of events improbable enough to make me believe that the adult flea really survives for great lengths of time without food.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF DERMATITIS ARTEFACTA.

IN December, 1911, the patient, a domestic servant, aged 42, was admitted to a cottage hospital for convalescence from some skin trouble. The lesions on admission were merely several reddened patches fast clearing up.

In July, 1912, she returned for treatment in the initial stages of an attack. The lesions, which were distributed fairly generally all over the body, would start with painful erythematous patches followed shortly afterwards by the formation of little blebs. On several occasions there was vomiting and distaste for food, so that I wondered whether an intestinal toxin was the causal factor. This attack lasted one month.

In January, 1913, I received a letter from the patient, saying the trouble had recurred and asking to be readmitted. The lesions then were much larger and coarser, chiefly on the right side of the neck near the angle of the jaw and on the right upper arm (flexor surface). The patch on the neck was some four to five square inches in extent. Furthermore, reddened patches would occur, which were not always followed by blebs. I very soon doubted my original diagnosis, but there was nothing obviously artefact about the shape of the lesions. One day I remarked to her that it was curious how on this occasion all the patches occurred on the right side. Two days later a patch occurred on the left elbow with bleb formation. At the end of a month the lesions were healed, leaving a little pigmentation, and the patient looked out for and obtained a situation. As it was near London, I advised her to see Dr. Sequeira at the London Hospital if there should be any return of the trouble.

A fortnight later I had a letter from Dr. Sequeira saying that the patient had been to see him, and that "the eruption as then seen was undoubtedly artefact." One spot had such a curious shape that he felt at once it was self-produced. "Its boundaries were all straight lines and sharp angles." There was a faintly acid reaction to litmus. The patient then wrote to me that she had been compelled to give up her situation owing to recurrence of the trouble, and asked me to sign a sick-pay certificate. I refused to sign without seeing her, and she returned to the cottage hospital. A glance at the lesions was sufficient to make me confident that the patches were artefact. I tested one of them with litmus and got a faintly acid reaction, but when, as a control, I tested normal skin I got a much more acid reaction. This proved absence of caustic as an agent, and probably acid too. I accused the patient point-blank of practising deception. She was obviously taken aback, but soon met the suggestion with repeated denials and later with tears. In the pocket of her other dress a screw of paper containing yellow powder was found, but as I had told the searcher to look out for some fluid no notice had been taken of it and no sample obtained.

Next day I asked the patient privately to turn out her pockets, telling her that she had every right to refuse. She was then wearing the dress in the pocket of which the screw of paper with the yellow powder was found. She had no objection, and the pockets contained a few postage stamps and an empty purse. I rather expected this; it did not enable me to know what the powder was, but I felt tolerably certain that it was mustard. She told me most emphatically that there had been nothing in the pocket the previous day which was not in it at the moment of turning it out, and this confirmed me in the belief that I was on the right track. Even when I confronted her with the finder of the yellow powder she still denied it. I called her attention to the penalty under Section 69 of the Insurance Act, and she eventually confessed to having used mustard. In three days the skin trouble had cleared up.

The cottage hospital is partly supported by a small fee charged to the patients (5s. to 10s.). The patient was entitled to sick pay.

The case bears out the persistence of such patients. I was fortunate in being able to get her into an institution where her belongings could be easily searched. At home or in service to have found mustard in the house would have availed little.

I could find no anaesthetic areas so common in dermatitis artefacta associated with hysteria—that is, palate, glove, or stocking anaesthesia. For a moment the acid reaction of the normal skin nonplussed me, but, as events turned out, it strengthened my hand.

I am inclined to think the last attack in July, 1912, was not artefact.

The case shows the imperative need of medical referees under the Insurance Act, who will safeguard both the doctors' interests and the friendly societies' funds.

In conclusion, I would like to thank Dr. Sequeira for his valuable help in bringing the case to a successful conclusion.

Newick. J. CHARSLEY MACKWOOD.

A CASE OF GASTRIC ULCER ASSOCIATED WITH TETANY.

SOME features of the following case seem of sufficient interest to make it worth recording.

The patient was a married woman aged 37, who for twelve years had had constant symptoms of chronic gastric ulcer. In addition, during the later five years she had had, at intervals of about six months, attacks of acute left-sided abdominal pain accompanied by vomiting, which completely prostrated her for the time being. Four years ago she had been in a hospital for five weeks, her treatment there consisting in the administration of peptonized milk in measured quantities.

I was called to see her on December 5th, 1912, during one of her attacks of pain, and strongly recommended that she should undergo an operation as soon as the attack had subsided. Consequently she entered hospital, where on December 9th a small ulcer at the cardiac end of the stomach was excised. She left hospital at the end of December feeling somewhat relieved, but the symptoms soon recurred, and in the middle of February she had another of her old attacks of acute pain, vomiting, and prostration.

She remained in the same condition until March 20th last, when I was sent for in a hurry. She had suddenly collapsed in the street, and had been carried home. When I saw her she was in a condition of extreme shock, was unable to speak, but could understand questions addressed to her. The abdomen was extremely tender and rigid, especially on the left side. The lower border of cardiac dullness was 1½ in. higher than normal, and in the left flank there was marked dullness. Both hands were in a condition of extreme tetany. Although she appeared to suffer from abdominal pain she indicated her shoulders, especially the left, as being the seat of most pain. I diagnosed gastric perforation at the cardiac end, and advised immediate operation. Mr. Basil Hughes, whom I called, took the same view, and as her condition was too grave for removal to a hospital we decided to operate in her own home.

Accordingly an incision was made one inch to the left of the middle line, and the peritoneal cavity opened. A large quantity of material resembling gruel poured out, and on examining the stomach a large indurated ulcer, about the size of a five-shilling piece, was found at the cardiac end. In its floor were two ragged openings through which the gastric contents were escaping. The gastric wall around the ulcer was soft and very oedematous. These openings were sewn up and the ulcer buried with Lembert sutures, much difficulty being experienced owing to the friability of the oedematous tissues. The procedure was then completed by posterior gastro-enterostomy. Her convalescence was rapid and uninterrupted, and the tetany, which disappeared under the anaesthetic, has never returned. She can now eat anything she fancies without the slightest inconvenience, and has quite altered in appearance, having become quite plump, with a good colour, and having lost that drawn, anxious expression of chronic pain, which formerly was hardly ever absent from her face.

The case is of further interest from the presence of the tetany described. In no other of the great number of perforated gastric ulcers seen by me has this symptom been present. In all these the perforation has been at or near the pyloric end of the stomach, and I have reason to believe that perforation at the cardiac end has been said to be associated with tetany. But whether the tetany in this particular case was of toxic or reflex origin, I am not at present prepared to say. The pain in the left shoulder is also of interest, because I have frequently noticed that in cases of perforation at the pyloric end (that is, to the right of the hepatic ligament) the pain is referred to the right shoulder.

Bradford. H. SUTHERLAND METCALFE, B.A., M.D.Dub.

Reports
ON
MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

SOMERSET HOSPITAL, CAPETOWN.

TWO CASES OF FRACTURED PELVIS.

(By HOWARD W. REYNOLDS, M.B., B.Sc.Lond., Radiographer to the Hospital.)

THE two following cases present certain points of interest, among them being the absence of grave symptoms despite the extent of injury revealed by radiography. The first case is that of a patient sent in as the subject probably of fractured pelvis. The injury was caused by a horse falling on him about a month previously and was thus due to direct violence. He was able to walk and had not much pain.

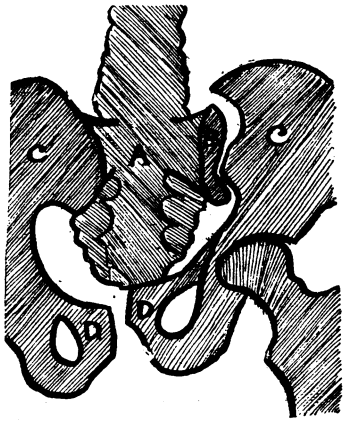

Fig. 1.—A, Sacrum. B, Torn piece of ilium. C, Rest of ilium. D, Pubis.

A radiograph was taken of which Fig. 1 is a pen and ink picture copied from the 12 × 10 negative; B is the posterior portion of the left ilium which had been torn off, but was still in articulation with the sacrum. The rest of the innominate bone is displaced upwards, the displacement at the pubic symphysis being very marked. One would have thought that the membranous urethra must have been damaged, but the patient has had no urinary symptoms, and indeed, except for a little lameness, is quite well, no reduction having been attempted.

The second case was sent in as one of dislocation at the hip-joint, but the surgeon in charge of the case thought otherwise, though he could not make out what the actual condition was.

The injury was caused by a fall from a trolley on the railway, the tibia and fibula being fractured at the same time. A radiograph was taken, and of this Fig. 2 is a sketch.

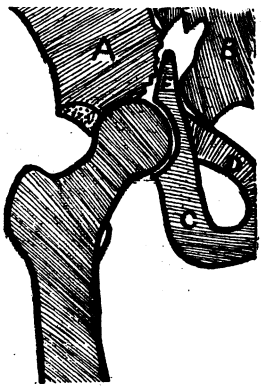

Fig. 2.—A, Outer fragment of ilium. B, Inner fragment of ilium. C, Ischium. D, Pubis. E, Wedge.

The iliac portion appears to have been split by a wedge-shaped portion of the lower fragment, so that the inner portion of the ilium and the ischio-pubic portion are

Rheumatism and endocarditis, such as that from which the boy suffered, might result from scarlatinal infection and ensue despite the most skilful treatment.

After prolonged consideration the jury returned a verdict to the effect that the defendants had taken all reasonable care in providing a competent staff, and that though a verandah did not seem to the jury a desirable place for the administration of baths to fever patients, the plaintiff had not suffered from any negligence on the part of the defendants.

The Services.

ROYAL NAVY.

ROYAL NAVY MEDICAL CLUB.

THE annual dinner of the Royal Navy Medical Club was held at Prince's Restaurant, Piccadilly, on May 23rd. The President on this occasion was Surgeon-General Arthur W. May, C.B., Medical Director-General, and the guests of the club included Sir Thomas Barlow, Bart., K.C.V.O., F.R.S., President, Royal College of Physicians; Sir Rickman J. Godlee, Bart., President, Royal College of Surgeons; Sir Archibald Geikie, K.C.B., F.R.S., President, Royal Society; and Surgeon Ed. L. Atkinson, who has recently returned from the Antarctic. Professor Harvey Littlejohn, Dean of the Faculty of Medicine, Edinburgh University, and Mr. W. Girling Bell, F.R.C.S., were also present as guests.

There was a large attendance of members and the meeting was in every way successful. The toast of "The King" was followed by that of "Our Guests," proposed by the President and responded to by Sir Thomas Barlow. Surgeon-General Sir James Porter, late Medical Director-General, then proposed the toast of "The President of the Dinner," and in his reply Surgeon-General May gave expression, on behalf of the Service, to the universal esteem held for Sir James Porter and the regret at his retirement.

Among the members of the club present were the following:

Surgeon-Generals.—J. J. Dennis, Charles James, A. J. J. Johnston, Christopher Pearson, K.H.P.

Deputy Surgeon-Generals.—R. Gavin Brown, W. M. Craig, F. J. Lilly, Lawrence Smith, M.V.O., G. Welch.

Inspector-Generals.—Henry Macdonnell, C.B., Belgrave Ninnis, C.V.O.

Deputy Inspector-Generals.—F. A. Jeans, J. McC. Martin, D.S.O.

Fleet Surgeons.—W. G. Axford, A. S. G. Bell, P. W. Bassett-Smith, C.B., F. W. A. Clayton, J. Chambers, W. R. Center, Sydney Croneen, E. C. Cridland, R. A. Fitch, A. Gaskell, A. F. Harper, Robert Hill, C.V.O., D. W. Hewitt, J. A. Keogh, Antony Kidd, M. H. Knapp, D. J. P. McNabb, W. L. Martin, P. M. May, R. C. Munday, C. J. Mansfield, M.V.O., J. A. Moon, J. Moore, E. S. Miller, C. L. Strickland, J. W. O. Underhill, A. E. Weightman, E. C. Ward, G. W. P. Waters.

Staff Surgeons.—F. Bolster, A. A. Forrester, H. Hunt, L. Lindop, J. McCutcheon, F. G. McKenna, C. A. G. Phipps, P. D. Ramsay, T. B. Shaw, E. G. Swan.

Surgeons.—A. F. Fleming, A. B. Marsh, J. H. B. Martin, N. C. Ridley, Campbell Ross, G. T. Verry.

Obituary.

WE regret to record the death of Dr. CECIL FIRMIN LILLIE after an illness which commenced in December in South Africa and terminated in London on April 17th within a week of his arrival. Dr. Lillie, who had just completed his 40th year, was a son of the late Rev. William Lillie, rector of Newchurch, Kent, and commenced his medical education at Cambridge, where he took a Second Class in the Natural Science Tripos, 1894. He joined St. Bartholomew's Hospital as a university student, and within the next few years became M.R.C.S., L.R.C.P., and in addition to completing his medical degree examinations at Cambridge received the diploma in public health of that University in 1897. Meantime he had filled a number of appointments at his hospital and its school, including those of house-surgeon, clinical assistant in the nose and throat department, and assistant demonstrator of pathology. He was one of those who went out to South Africa as a civil surgeon during the war; on his return he proceeded to M.A., and then began to divide his time between a winter practice at San Remo and summer work in England. In 1907, however, he went out to Grahamstown, where he remained working at the Albany General Hospital for some two years. He then went up country to take temporary charge of a practice at Salisbury, and on the return of its owner was invited to become a partner. Eventually, however, he decided to start a practice on his own account in Rhodesia, and on doing so met with the success to be expected of a man of his amiable personal qualities and wide experience in all branches of his profession. But at the end of last year misfortune overtook him; an attack of pneumonia was followed by pleurisy and pericarditis, and finally ended as already stated. Dr. Lillie, who was a member of the British Medical Association, contributed to our columns in 1902 a paper on the treatment of dysentery based on some of his experiences during the war, and in 1906 dealt with the incubation period of morbilli in the *Journal of St. Bartholomew's Hospital*. Dr. Lillie, who married in 1899 Caroline, youngest daughter of the late Rev. G. P. Percy-Ayscough, Vicar of Braybourne, Kent, and the Hon. Mrs. Percy-Ayscough, is survived by his wife and by three children, the eldest of whom is a chorister at Westminster Abbey.

Dr. ACHILLES BARUFFALDI died at Milan on April 11th of pyaemia, contracted in operating on a puerperal woman. He had a high reputation as a gynaecologist, and was a prominent figure in the local world of sport. He was only 31 years of age.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—W. E. Hume, G. H. Harper-Smith, G. L. Webb.
M.B.—T. N. Wood.

Scholarship.

The electors to the Michael Foster Research Studentship in Physiology have given notice that an appointment thereto will be made this year. The regulations concerning the scholarship will be found in the *University Reporter* for February 6th, 1912.

THE VICTORIA UNIVERSITY OF MANCHESTER.

Professor of Clinical Medicine.

DR. ERNEST S. REYNOLDS has been appointed Professor of Clinical Medicine. Dr. Reynolds, who received his education at Owens College, is physician to the Manchester Royal Infirmary; he was at one time pathologist at the West Riding Asylum, Wakefield, and in addition to many contributions to medical literature dealing especially with neurology, he is well known as the physician who drew attention to the epidemic occurrence of peripheral neuritis due to the presence of traces of arsenic in beer. He is a Member of the Council of the British Medical Association, and was Secretary of the Section of Psychological Medicine at the annual meeting of the Association in Manchester in 1902.

CONVOCATION.

Parliamentary Representation.

At a special meeting of Convocation of the Manchester University on May 23rd, a resolution of a previous meeting came under review, which expressed the opinion that the right to parliamentary representation at present confined to certain universities should be extended to the universities now unrepresented. A motion was proposed to the effect that, having asked for parliamentary representation, the university principle of equal privilege for all its graduates should be maintained by the inclusion of women in the exercise of the proposed privilege. It appears, however, that the opponents of any parliamentary representation of any universities are fairly numerous, though most of them hold that all the universities should be treated alike. At the same time, under the charter of the Manchester University, women are eligible for every office in the university, and it was felt that it would be wrong if the first distinction were allowed to be set up in respect of parliamentary representation. Considerable discussion took place as to the most suitable form of words to meet the situation, and eventually the following resolution was adopted without opposition:

> If the principle of parliamentary representation is to be extended to this university, Convocation wishes to affirm its desire that the university principle of equal privilege for all its graduates should be maintained by the inclusion of women in the exercise of this proposed privilege.

Diploma in Ophthalmology.

For some time past a movement has been on foot to induce the Manchester University authorities to institute a special diploma in ophthalmology. This has met with considerable opposition, and a motion by Dr. Goodfellow, "That, in the opinion of Convocation, the institution of a diploma in ophthalmology is not to be desired," was carried by 16 votes to 2.

UNIVERSITY OF EDINBURGH.

THE following bursaries have been awarded in the faculty of medicine: The *Mackenzie* Bursaries in Anatomy to A. J. Caird, F. R. Cripps, W. Goldie, and E. F. Griffin; the senior *John Aitken Carlyle* in practical anatomy and physiology to J. L. Owen; the junior *John Aitken Bursary* in anatomy and chemistry to J. S. Bow: the *Crichton* Bursaries to D. H. Cameron, J. Learmont, and W. G. Robson; the *Grierson* Bursary to G. J. Alexander. The *Van Dunlop* Scholarship has been divided between A. Peffers and T. Skene.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following candidates have been approved at the examination indicated:

FIRST FELLOWSHIP.—A. C. Ainsley, A. Anderson, C. W. Archer, E. B. Barnes, H. E. Batten, C. F. Beyers, A. L. Blunt, J. F. C. Braine, C. M. Burrell, P. F. Chapman, F. B. Chavasse, G. H. Chisnall, W. A. Curry, R. G. Dainty, H. McW. Daniel, J. Davidson, T. B. Davies, M. Donaldson, J. D. Driberg, H. H. Dummere, H. Evers, J. F. Fairley, E. Forrester-Paton, H. E. Gibson, D. W. Hume, J. G. Jones, T. H. Just, R. D. Lawrence, R. S. Lawson, G. L. Lillies, W. S. Lindsay, G. Lynden-Bell, D. A. McCombie, T. P. McMurray, J. T. Morrison, C. E. Petley, L. G. Phillips, K. N. Purkis, N. L. M. Reader, F. D. Saner, A. Seddon, H. N. Shufflebotham, R. F. Standage, T. C. Summers, R. E. T. Tatlow, D. C. Thomas, G. H. Wickens, C. M. Williams, C. R. Wright.

Medical News.

THE late Dr. Philip Frank, F.R.C.P., formerly of Cannes, left estate valued at £70,428.

A COURSE of five lectures and demonstrations on the psychoses and neuroses of children will be given by Dr. Francis Warner at the London Hospital Medical College, Mile End, E., on Thursdays at 2 p.m., beginning on June 5th.

UNDER the will of the late Mr. Abraham Haigh Crowther of Rochdale the infirmary in that town receives a bequest of £5,000 for the maintenance of five beds. Under the same will £3,000 is left to the Queen Victoria Memorial Nurses' Home in Rochdale for endowment purposes.

THE General Infirmary at Burton-on-Trent has received an intimation that the sons of the late Mr. Robert Ratcliff, a director of Messrs. Bass, Ratcliff, and Gretton, intend to present to the institution £20,000, a bequest of that amount having been included in a will which had not been signed when their father's death occurred.

THE Ingleby Lecture of the University of Birmingham will be delivered in the Medical Lecture Theatre by Professor J. T. J. Morrison, Surgeon to Queen's Hospital, at 4 p.m. on Thursday, June 5th. The subject of the lecture is spinal anaesthesia by tropacocaine, with a review of 1,000 cases.

THE *Annals of Tropical Medicine and Parasitology* (vol. vii, No. 1), issued by the Liverpool School of Tropical Medicine, contain several important papers on trypanosomiases and malaria, including a description of a mosquito-proof and storm-proof house for the tropics, by T. F. G. Mayer, and a paper on Sanitation in the Panama Canal Zone, Trinidad, and British Guiana, by David Thomson.

THE attention of Fellows of the Royal College of Surgeons of England who desire to offer themselves as candidates at the coming election of members of council on July 3rd should be turned to the notice received from the secretary of the college, announcing that nomination papers may be obtained from him on application, and must be received by him in return not later than next Friday, June 6th. Our usual analysis of the present council appeared in the JOURNAL of May 24th.

THE election of officers for the Obstetrical and Gynaecological Section of the Royal Society of Medicine resulted in the appointment of Dr. W. S. A. Griffith as president, of Drs. T. Watts Eden and C. Hubert Roberts as honorary secretaries, of Dr. C. Cuthbert Lockyer as representative on the library committee, and of Dr. John Phillips as representative on the editorial committee. Nine vice-presidents and eighteen other members of council were also appointed.

DR. W. HORTON DATE, who recently left Culmstock in Devonshire to devote himself entirely to public health work, was the recipient of a testimonial on May 19th from his former friends and patients. The gifts took the form of an oak sectional bookcase, a Chesterfield satin cabinet, a mirror, and a piece of silver, together with a book containing the names of the many subscribers, and a statement that the gifts were made as a token of sincere regard and gratitude. A corresponding presentation was also made to Mrs. Horton Date.

THE following have been elected officers of the Brighton and Sussex Medico-Chirurgical Society for the current year: *President*, Dr. W. Broadbent; *Vice-Presidents*, Drs. E. Hobhouse and F. Hinds; *Honorary Treasurer*, Mr. R. F. Jowers; *Honorary Librarian*, Dr. R. J. Ryle; *Honorary Literary Secretary*, Dr. S. B. Figgis; *Honorary Financial Secretary*, Mr. A. J. Martineau. A council consisting of nine members has also been elected. In this society the vice-presidents are chosen from among the ex-presidents, while those elected to the council must be members of at least three years' standing.

A SPECIAL post-graduate course is to commence at the North-East London Post-Graduate College on Monday, June 9th, and terminate on the 20th of the same month. The time has been very carefully mapped out, the first week being mainly devoted to practical instruction in the diagnosis and treatment of affections of the digestive system. The authorities, however, appear ready to arrange other classes in any subjects which may be desired. The fee for the whole fortnight is three guineas. The names of those wishing to attend should be sent to the dean at the hospital not later than June 6th.

THE annual report of the Royal Sanitary Institute recently issued shows satisfactory progress and development in the institute's work, both in England and other parts of the Empire. A new branch has been established in New Zealand, and the total number of members and associates on the roll is 4,257. An epitome of the three years' work since the institute was established in its new premises in Buckingham Palace Road is appended to the report; the attendance at the lectures of members, students, and the general public, indicates that the present situation of the institute is convenient. The institute has paid for the new buildings out of its accumulated fund, and the growth in the income has more than overtaken the increased expenses involved by the larger buildings.

ON May 10th the new building of the Henry Phipps Tuberculosis Institute at Philadelphia, which is under the direction of the University of Pennsylvania, was formally opened. On the occasion the honorary degree of LL.D. was conferred on Mr. Phipps, who has given £200,000 for the establishment of the institute and an endowment of £10,000 a year for its maintenance, and on Dr. Edward L. Trudeau, founder of the famous Adirondack Sanatorium. Addresses were delivered by Dr. Herman B. Biggs, of New York; Dr. W. H. Welch, of Johns Hopkins; Dr. Theobald Smith, of Harvard; Dr. A. Stenzal, of the University of Pennsylvania, and Dr. Weir Mitchell. The building is not primarily intended for a hospital, though it can accommodate twenty-four patients. Besides dispensary and hospital treatment of patients, the work of the staff will be sociological, educational, and preventive. The sociological work now in progress is the investigation of the relationship of tuberculosis to garment-making trades.

THE Surrey County Council has decided to provide medical treatment as a corollary of school medical inspection. The number of children whom it is believed will be inspected during the current year is 27,500, and it is estimated that 5,500 of these children will be found defective and to require treatment of some kind or other. It seems to be intended that this shall be furnished partly by whole-time medical officers and partly by private practitioners, and that there shall be 21 treatment centres, ultimately to be increased to 24. Operative treatment for diseases of the nose and throat is to be carried out at fixed fees by local medical practitioners, either at cottage hospitals, when available, or at school clinics, or failing either at the patient's home if the consent of the Board of Education can be obtained. Defective vision will usually be treated by the whole-time medical officers, but in certain districts local medical practitioners who specialize in this subject will be employed and will receive fixed fees. Subject to the consent of the Board of Education, *x*-ray treatment of ringworm will be undertaken by medical practitioners at a fixed fee, either at hospitals or in local surgeries possessing the necessary equipment. The Surrey Education Committee formulated this scheme after several conferences with representatives of Surrey medical practitioners, and submitted it in outline to the Board of Education in January. The latter promised to contribute not less than 50 per cent. of the net cost, but stipulated that the local authority must retain full control over all arrangements for treatment. The Board would not approve the use of local surgeries except in special classes of treatment, such as *x*-ray work, and would hesitate to make any grant if the scheme included the payment of subsidies to medical committees or voluntary agencies.