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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under the various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Act, Workmen's Compensation," "Correspondence," "Leading Articles," "Literary Notes," etc.; while under "Original Articles," will be found a list of those who have contributed papers on scientific and clinical subjects, with the titles of their contributions.

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publication of these observations. One result, however, is brought out, and that is the crying need for similar and more extended investigation at the hands of other workers. There cannot be the least doubt that the system of instituting "control" cases is sound, and I would add that the "controls" should be simultaneous ones and chosen by lot, so that there may be no possibility of unconscious bias in the selection.

To the objection that has been raised abroad that a period of three months is not sufficient to allow of judgement being formed upon the effect of tuberculin on the physical signs, heed must be paid, and it is to be hoped that others who have favourable opportunities for such extended observations will help to settle the question on the lines of this and Dr. Rigg's investigation.

Addendum.

One of the above continuously febrile cases not treated with tuberculin showed at the end of three months an increase of râles, although there were unmistakable signs of development of fibrosis in the affected lung.

One of the intermittently febrile cases treated with tuberculin showed no change in the extent of râles, but fibrosis was observed to be developing.

A child of the intermittently febrile class who was treated with tuberculin showed a reduction of râles, but a patch of lupus on the arm was not apparently diminished in severity or extent by the treatment.

In conclusion, I must record my thanks to Dr. Batty Shaw for the kind way in which he has supervised the work and assisted me in carrying it through.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, February 1st, 1913, p. 213.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN UNUSUAL CASE OF AMENTIA.

A FEMALE child, aged about 5 years, well grown, and healthy to all appearance, presents a complete absence of the faculty of interpreting the visual and auditory sensations which Charcot described as internal representation. Her eyesight and hearing seem to be sharp enough. She can pick up the smallest article without effort, but when she takes anything in her hands she lets it hang down and strikes the lower part of it as if she were trying to make it vibrate; but all interest in it seems to end here. When she wants anything she will catch her mother's hand and lead her to it, when she wants the door opened she will drag her mother's hand to the handle and place it on it. To words addressed to her she pays no attention, but sounds she can hear. The power of speech is totally undeveloped; within the last week or two she has been able to pronounce something like the word "ma." She hums a note or two. She is restless and constantly on the move; if caught firmly by the arm she does not struggle to get free, but immediately arrests her movements and assumes a thoughtful appearance, as if she were trying to interpret the meaning of the grasp or the external impression conveyed in this way to her brain. She seems to recognize her relations by the sense of smell; she will go round a roomful of people smelling at each one till she comes to her parents, when she will assume a fondling attitude, and smiles most pleasantly. It is most remarkable to see her rubbing her nose along her mother's arm and smiling all the while. I must confess I have never seen anything like this case before.

Bolton.

A. W. CRAWFORD, M.B., C.M.

OBSERVATIONS ON OSTEOMALACIA.

SEEING in the BRITISH MEDICAL JOURNAL of February 8th, 1913, on page 24 of the Epitome of Current Medical Literature under the heading "Treatment of Rickets," that "a number of observers have come to the conclusion that rickets and osteomalacia are manifestations of one and the same disease," I wish to state that my five years' experience in India supports the view that osteomalacia and rickets are entirely distinct from one another. Of these five years I passed four on the staff of the Dufferin

Hospital at Agra. This is in the United Provinces, where among Indian women osteomalacia was very common. It was of typical form, characterized by bowing of the long bones, settling down of the spine with forward displacement of the sacral promontory and exaggeration of the sacral curve, beaking of the pubes, approximation of the acetabula, and indrawing of the thoracic frame, causing great diminution of the capacity of the thorax. Accompanying these skeletal changes were spinal pressure symptoms, especially spasticity of the lower limbs, dwarfing of stature, rheumatoid pains, and tenderness to pressure of the affected bones.

In my experience the condition is much more common among Hindu than Mohammedan women, and the majority of the cases seen by me have belonged to the *Bunya* caste. The members of this caste are usually possessed of sufficient means and religious prejudice to prompt strict observance of the Hindu custom of child-marriage, which is often actually consummated at an incredibly early age. Miserable little girls of apparently 9 years or thereabouts, who had been subjected to sexual intercourse (as evidenced by ruptured hymen, etc.), have been brought to me by their mother-in-law; and if I remonstrated against this practice, the reply that the husband was a "young boy" was evidently thought complete justification. Mohammedan girls, on the other hand, are not married until puberty, and their diet includes flesh food. Probably both, and certainly the former, are reasons for the lesser incidence of osteomalacia among Mohammedans, despite the fact that their seclusion inside the houses is more strict. Of the 23 Caesarean sections (all for osteomalacic pelvic contraction) performed during these four years in the Dufferin Maternity Hospital, Agra, where the total number of Hindu and Mohammedan women admitted is about equal, 20 were on Hindu women and only 3 on Mohammedans. Among domiciled Anglo-Indians I have not seen any case.

Unlike osteomalacia, rickets in Agra is rare among Indian children, who are practically all breast-fed. If an infant has to be fed by hand in an Indian home, it usually soon succumbs. Nevertheless the disease is fairly common among the bottle-fed children of the mission orphanages, and among poorer class Anglo-Indians and Europeans, and this has strengthened my conviction that breast-feeding is the great prophylactic against the disease.

Osteomalacia I associate with overstrain of the sexual functions. It may begin prior to the occurrence of pregnancy, but I do not remember having seen a single case in an unmarried girl. Our Caesarean section patients, whom we invariably sterilized by ligaturing and dividing the Fallopian tubes, used to improve in health and find relief of pains with increased functional use of their bones and joints after the operation. This simple division of both the tubes between ligatures was followed by amenorrhoea (menopause) in all cases which I have been able to trace.

PAULA T. COPELAND,
Physician in Charge, Lady Aitchison Hospital,
Lahore.

THE ADMINISTRATION OF EMETINE BY THE MOUTH IN AMOEBIC DYSENTERY.

RECENTLY having had the opportunity of treating a case of relapsing amoebic dysentery, I thought it might be interesting to see what effect emetine administered by the mouth might have upon it. The results were very satisfactory. The patient acquired his dysentery abroad in August, 1912, and from that date had suffered from frequent relapses. I saw him on his return to England on June 9th, 1913, and found blood and mucus still present in his stools with many amoebae having the characteristics of *E. histolytica*. He had to leave town again the same afternoon, so I did not inject him with emetine, but told him to get Burroughs and Wellcome's keratin-coated tabloids of emetine hydrochloride (grain $\frac{1}{2}$), and to take one of these on going to bed that evening. If no bad effects followed I advised him to go on taking one each evening, to rest as much as possible, and to go on a milk diet.

I heard from the patient five days later. In his letter he stated that the effect of the drug was immediate, and that it did not cause sickness or upset him in any way. On the day following the first dose he noticed a distinct amelioration of all his symptoms, and by the second day

they had completely disappeared. Up to the time of writing this satisfactory condition had continued, and the patient's own words were "that after battling with the disease for ten months it seemed almost like a miracle to get rid of it so quickly."

The valuable effect of emetine when given by injection on amoebic dysentery is now of course well known. It may at times be inconvenient to give it by this method, and, if it acts as well by the mouth, then there is no special necessity for doing so. In administering it by the mouth, as far as one can judge at present, it will be best to employ keratin-coated tablets, so as to prevent the drug getting into solution until past the stomach, and if, in addition, the patient rests quietly in bed the risk of vomiting would seem to be slight.

Since writing this I have seen another patient just returned from India, who brought a supply of keratin-coated tablets of emetine from there with him. He was taking one of these at nights with no special precautions, and they did not excite emesis in him either. There is always, of course, the danger of a keratin-coated tablet not dissolving and being passed unchanged; if the symptoms do not improve rapidly this should be borne in mind.

GEORGE C. LOW, M.A., M.D., C.M.,
London School of Tropical Medicine.

London. W

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

SHOREDITCH INFIRMARY.

A CASE OF CONGENITAL CYSTIC DISEASE OF THE KIDNEYS.

(By HARMAN GRAVES, M.R.C.S., L.R.C.P., Senior Assistant Medical Officer.)

A boy aged 5 years was admitted on June 21st, 1912, suffering from symptoms believed to be due to ptomaine poisoning. The mother stated that both she and her son partook of some fried fish on June 19th. She noticed it was tainted, but thought it would be "all right"; the following day she felt queer, and had a "red blush" all over her body; her son was feverish and had diarrhoea. He was seen by a doctor on June 21st, and was sent to the Infirmary. His temperature on admission was 104° F., and he was extremely ill. He died the following day.

A post-mortem examination was made. The gastrointestinal tract showed the usual signs of "acute enteritis,"

up to the date of his illness, had been a healthy boy, and the degree of structural changes present (as demonstrated by the accompanying photograph) would seem to contradict this fact.

LONDON HOSPITAL.

RECTAL SEPTUM PRODUCING CHRONIC INTESTINAL OBSTRUCTION.

(By H. S. SOUTTAR, F.R.C.S., Surgical Registrar to the Hospital.)

A MARRIED woman, aged 54, with eight children, was admitted on January 20th, 1912, with signs of chronic intestinal obstruction becoming acute.

For many years she had been troubled with wind and abdominal distension, but her bowels had acted normally till four months ago. For four months she had suffered from marked distension of the abdomen and from a bearing-down pain on walking, while the bowels had been somewhat relaxed. For one month there had been constant slight diarrhoea. Six days before admission she had an attack of vomiting. She had never had any severe illness, and her confinements had all been easy.

The patient was thin, but looked in the best of health. The abdominal wall was thin, and beneath it could be seen huge coils of hypertrophied bowel in violent peristalsis. In the centre of the lower abdomen was a vertical cylinder of bowel, in which the contractions passed from above downwards. To such a degree was the intestinal wall hypertrophied that this portion might easily have been mistaken for a solid tumour. The rectum appeared to be ballooned, but no obstruction could be reached.

A diagnosis of increasing chronic intestinal obstruction at the lower end of the pelvic colon was made.

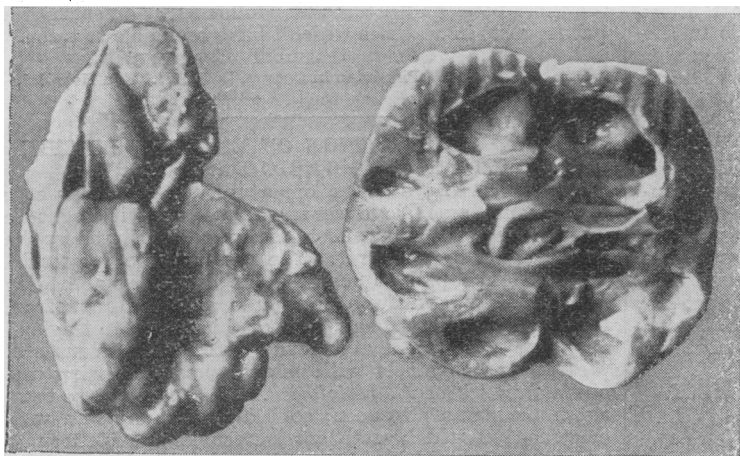
Under stovaine spinal anaesthesia the abdomen was opened in the middle line below the umbilicus. The vertical portion of the intestine above referred to presented in the wound and proved to be the upper end of the rectum. It was about 6 in. in diameter. It was traced upwards to the right lobe of the liver, and from that point across the abdomen and down the left side to the left iliac fossa, where it became continuous with the descending colon. On passing my hand downwards I found that there was no pelvic peritoneal cavity whatever, the peritoneum being reflected directly from the rectum on to the brim of the true pelvis. The small uterus and appendages lay immediately behind the abdominal wall and entirely above the pelvis. The caecum, appendix, and colon were somewhat distended, but otherwise normal. The pelvic colon and rectum were enormously hypertrophied and distended.

Being unable to find any cause of obstruction on the abdominal side, I inserted the forefinger of my left hand into the rectum by the anus, when I found that my right hand in the abdomen could press down within its reach a septum stretched across the rectum with a small aperture in its centre.

The abdominal wound was protected and the patient placed in the lithotomy position. On stretching the sphincter a large cavity was displayed occupying the whole pelvic outlet and roofed in by the septum above mentioned. In the centre of the septum was a small aperture through which a minute stream of liquid faeces oozed. Its margins were thickened, and it would admit a No. 8 English bougie. The aperture was enlarged to admit a finger, and it was then found that the septum was a thin fibrous sheet. It was widely divided transversely with scissors, with practically no haemorrhage. A stream of liquid faeces at once

began to flow with great force, and more than three quarts were removed. The patient made an uninterrupted recovery, and left the hospital eighteen days later perfectly well.

On the whole, it appears to me probable that the condition was congenital and due to persistence of the septum which, in the fetus, separates the proctodeum from the hindgut. The enormous hypertrophy of the bowel and



but the point of greatest interest was as follows. The kidneys presented marked congenital cystic disease. The right kidney weighed 1½ oz., the left 1 oz. Both pelves were dilated. The remaining parts of the ureteric tracts were not beyond the ordinary calibre. The bladder was enlarged and sacculated; this, I take it, was due to the extreme degree of phimosis present.

The interest of this case appears to me that the patient,

appeared to him to be that though a person who in the course of a trade dispute incited another to break his contract was not liable to an action, yet the person who actually broke his contract as a result of that incitement was liable to his employer in damages.

Mr. Langdon, K.C., for the defendants, said it might be that the person who actually broke his contract was liable, but there was judicial authority for the view that an employer could not recover damages against his servant, his only remedy being dismissal. Whether that authority would or would not be supported he was not at the moment prepared to argue; it was not an issue in this action. In addressing the jury, Mr. Langdon said the real question here was, What was a trade dispute? It was defined in Section 5 (3) of the Act as "any dispute between employers and workmen, or between workmen and workmen, which is connected with the employment or non-employment or the terms of employment, or with the conditions of labour, of any person"; and he submitted that on the facts here there was a trade dispute within that definition.

Sir F. Low, K.C., for the plaintiff, contended that, but for the Trades Disputes Act, there would have been no defence. A trade dispute within the Act must be a bona fide existing dispute, not one manufactured by the defendants for the occasion. There was, he submitted, no trade dispute here at all; but even if there was such a dispute, if the defendants availed themselves of it not for the purpose of furthering the dispute, but simply to annoy the plaintiff out of malice, the Act would be no protection.

Mr. Justice Darling, in summing up, said that the law was, as it had been, that if a person induced another to break his contract with a third person, the third person had a right of action. In 1906 the exception had been introduced that if the inducement took place in the course of a trade dispute the person injured could not recover. If the jury were satisfied that a trade dispute had been made out, and the defendants had induced the breach of contract in contemplation or furtherance of the dispute, they must find for the defendants. Section 3 of the Trades Disputes Act contained the provision that an act done in furtherance of a trade dispute should not be actionable, on the ground that it interfered with the right of a person to dispose of his capital or his labour as he willed. In words, therefore, it admitted that the right existed to dispose of one's capital or labour as one pleased. The statute admitted in terms the present right, but because it was found inconvenient to certain people this statute (not denying the right) took away the remedy. Whether there was a trade dispute or not was of the essence of this action. It must have been a bona fide existing dispute; the Act did not say, "in contemplation of a dispute which I am about to create" (*Conway v. Wade* [1909] A.C., 506). The defendant in the box had said the only way to enforce a strike was to get men to break their contracts, but it was possible to say to men that they had agreed to work for an improper rate, and that when they had worked out that contract they must not take another at that rate.

The questions left to the jury and their findings were as follows: (1) Did the defendants or either of them induce the bandsmen to break their contracts with the plaintiff?—*Ans.*: Yes. (2) Did the defendants conspire to that effect?—*Ans.*: Yes. (3) Did the defendants so act in furtherance or contemplation of a trade dispute?—*Ans.*: They did not so act in contemplation or furtherance of a dispute; there was no trade dispute at the time when the men were induced to break their contracts, nor when the defendants conspired. (4) If they found for the plaintiffs what were the damages?—*Ans.*: The men broke their contracts in consequence of the inducement by the defendants. Damages, £350.

Judgement was entered accordingly.

THE LEGAL POSITION OF THE MEDICAL STAFF OF A VOLUNTARY HOSPITAL.

LAST week the case of Eddowes and others v. The St. John's Hospital for Diseases of the Skin (Incorporated) was heard by Mr. Justice Pickford. Although the trial was commenced before a jury, the jury was dispensed with by agreement between the parties.

Mr. Duke, K.C., Mr. Gore Browne, K.C., and Mr. Neilson (instructed by Messrs. Le Brasseur and Oakley, solicitors to the London and Counties Medical Protection Society) were for the plaintiffs; Mr. F. E. Smith, K.C., Mr. Sims, and Mr. Harold Smith (instructed by Messrs. Steadman, Van Praagh, and Gaylor) for the defendants.

The action was brought by Drs. Alfred Eddowes, G. W. Dawson, and L. F. Knuthsen, who were members of the medical staff at the defendant hospital to recover damages for wrongful dismissal. The case for the plaintiffs was that, being members of the staff, they were entitled to hold their offices until removed for good cause; that they had been dismissed without notice or justification. Their principal complaint was that no proper inquiry was made into the facts which led up to their being suspended by the board of the hospital. In effect they alleged that their dismissal arose through differences of opinion with the senior physician, Dr. Dockrell. They claimed damages for wrongful dismissal, and also a declaration that they were entitled to be reinstated at the hospital.

It is not proposed to set out all the facts (which were somewhat complicated), as the chief points of interest in the case seem to be the views of the learned judge on the position of the voluntary staff. These were expressed in his judgement.

Mr. Justice Pickford, in the course of his judgement, said the question he had to decide was not whether the defendants acted bona fide, nor whether they had purported to act in the best interests of the corporation. Neither proposition had been questioned. The question for him was whether they had acted within their legal powers, and the answer to that depended partly on the rules and the articles of association of the defendant company and partly on general principles. The plaintiffs had been what were called permanent members of the staff of this hospital. They had been appointed in the first instance on probation; and the appointments were confirmed, so that they became members of the staff. Their case was that they were there for life, subject, no doubt, to a power of dismissal for either incompetence or misconduct. On the other hand, the defendants contended that the plaintiffs could be required to resign at the will of the board of management. He had heard some evidence as to what was the opinion held in the medical profession on this matter in a case where there were no rules, but as a general thing hospitals now had rules dealing with the point. In the case suggested, however, the opinion of the medical profession was that the appointment was for life, subject to the power of dismissal in the two cases he had mentioned. It had been contended that the obligation was on one side only, and that the person appointed was entitled to resign at any time he liked. It was unnecessary to decide whether that view was correct, and he gave no decision on the point; but he thought that such an appointment to the medical staff of a hospital, whether of officers or of persons employed, must at least be one terminable only on a proper notice. There could not be a right to terminate the appointment at any moment. In this case there had been no notice—nothing that could be called notice, for he could not consider the seven days that had been mentioned. Unless he could discover something in the rules or "articles" as to the nature of these particular appointments which differentiated them from the case he had put, where there were no rules, he must hold that the dismissal of the plaintiffs was not within the powers of the defendants. He was unable to accept the proposition made by counsel for the defendants that there could be implied from these rules a power to dismiss members of the staff if there were continued friction between them and other members of the staff. To justify on such a ground the defendants would have to prove misconduct, and as it seemed to him the defence had been very carefully drawn so as not to raise any question of misconduct. No doubt the plaintiffs had made certain charges against Dr. Dockrell, the senior physician at the hospital, some or all of which they might be unable to substantiate. But it was not suggested that they were not made bona fide, and in the supposed interest of the hospital and of themselves. He did not think that this making of complaints could be described as misconduct, nor did he think there was any misconduct which would justify the defendants' dismissal of the plaintiffs. It had been contended in effect on the part of the defendant that the plaintiffs held no position. His lordship then continued: "With this contention I cannot agree. It may well be that they were officers, but I think that they were in a contract of employment, and I think that they had property in the corporation, and that they cannot be dismissed from membership of the corporation without their cases being heard." Having considered the several rules and articles of association which had been put forward as justifying the action of the defendants, his lordship said he would make a declaration that the plaintiffs were entitled to remain members of the corporation. He should not grant an injunction as asked, but he thought the plaintiffs were entitled to damages, inasmuch as they had each lost an indirect pecuniary advantage. He could not assess the damages on any very strict principle as no figures had been given him, but he thought that £50 would be enough in each case. The plaintiffs would have costs.

A stay of execution in view of a possible appeal was granted.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations indicated:

FIRST B.M. (*Organic Chemistry*)—F. L. Apperly, C. W. W. Armstrong, J. L. Dunstan, W. E. Hayes, M. H. Mackeith, J. L. Maddox, F. T. Maurice, B. G. von Brandis Mellé, R. A. C. Prevett, S. K. Wright. (*Human Anatomy and Physiology*)—F. L. Apperly, J. N. C. Blamey, J. H. M. Campbell, L. M. Davies, W. L. Dawson, H. K. Denham, A. G. East, G. I. Evans, J. M. Guilfoyle, F. G. Hobson, H. M. Oddy, G. H. Perkins, A. H. Plummer, J. Le Roy Shipley, A. Traill, N. L. Watt.

SECOND B.M. (*Materia Medica and Pharmacology*)—C. H. Carlton, E. W. Carrington, W. T. Collier, C. Dean, L. Gameson, M. R. Lawrence, C. W. B. Littlejohn, G. S. Robinson, M. O. Raven, J. A. G. Sparrow, B. E. Wall, W. W. Waller, J. F. West. (*Pathology*)—L. R. Broster, J. J. Conybeare, G. T. Herbert, R. J. Inman, G. A. Maling, E. E. Mather, C. P. Symonds, T. A. Townsend, J. F. West. (*Forensic Medicine and Public Health*)—J. C. Davies, P. G. Doyné, F. A. Hampton, E. W. N. Hobhouse, W. H. Ogilvie, A. L. Pearce-Gould, A. H. Southam, J. A. G. Sparrow, T. O. Thompson, C. W. Wheeler-Bennett. (*Medicine, Surgery, and Midwifery*)—P. G. Doyné, D. B. J. Hallett, N. F. Hallows, F. A. Hampton, W. H. Ogilvie, A. L. Pearce-Gould, T. O. Thompson, J. F. Venables, R. O. Ward.

M.Ch.—E. L. Pearce-Gould.
D.P.H. (*Part I only*)—W. Brander, R. A. Deans, C. C. Morrell, H. K. Ward. (*Part II only*)—A. J. MacFarland. (*Both Parts*)—W. J. J. Arnold, F. B. Bana, J. N. Kilner.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—G. P. D. Hawker, E. H. Mayhew.
M.B.—A. J. McNair, E. E. Paget-Tomlinson, T. H. E. Watts-Silvester,
A. M. Zamora.
B.C.—A. J. McNair, A. M. Zamora.

Examinations.

The following candidates have been approved at the examination indicated:

PRELIMINARY SCIENCE (*Part III, Elementary Biology*).—R. O. Bagnall, E. V. Beale, C. L. P. Biggar, G. E. Birkett, E. N. Bock, W. E. L. Brown, C. T. Cobbold, J. L. Cope, R. S. Corbett, H. T. Cubbon, F. N. V. Dyer, H. W. Eddison, C. W. S. Fernando, J. B. Foster, R. French, A. G. D. Gavin, G. H. Gidlow Jackson, C. I. C. Gill, H. H. Ginsburg, W. N. Goldschmidt, E. F. S. Gordon, W. B. Hathorn, G. G. Havers, L. G. Higgins, J. M. Higginson, J. S. La Fontaine, H. C. Langdale, F. G. Laurie, J. B. S. Lewis, W. B. A. Lewis, R. Lumsden, A. G. F. McArthur, H. H. Marten, J. H. Massey, O. G. Misquith, J. R. Mitchell, J. Norman, S. W. Page, A. V. Pegge, C. E. V. Porter, E. H. Powell, W. E. Rhodes, A. S. Richardson, J. A. W. Robertson, G. M. Shackel, G. H. Shakespeare, E. D. Spackman, A. T. Spoor, H. F. Squire, H. J. R. Surridge, G. D. Thomson, F. Whitaker, G. G. White, W. G. Woolrich.

SECOND M.B. (*Part I, Human Anatomy and Physiology*).—K. Atkin, G. A. Back, J. J. O. Beven, J. T. Bleasell, A. L. Bodley, C. E. Bond, W. S. Brown, H. C. H. Bull, E. W. Carlton Williams, A. E. Clark-Kennedy, D. Crawford, L. Cunningham, I. de B. Daly, E. H. Dendy, D. D. Evans, H. W. Featherstone, E. A. Fiddian, L. S. Gathergood, A. A. Gemmell, F. H. S. Greenish, H. W. Hales, J. R. Harris, W. F. T. Haultain, N. S. Hewitt, F. E. Higgins, L. S. Holmwood, A. G. Irving, W. N. Leak, T. D. Morgan, M. K. Robertson, J. C. Russell, W. G. Schäddekopf, C. G. Schurr, G. B. Sellwood, E. W. L. Sharp, F. N. Sidebotham, B. H. Swift, W. T. Warwick, B. Whitehead, A. G. Williams, A. T. Woolward, R. T. Yolland.

THIRD M.B. (*Part I, Surgery and Midwifery*). (*New Regulations*).—H. A. Bell, E. J. Bradley, E. J. Y. Brash, G. M. Chapman, H. P. Dawson, E. L. Dobson, A. N. Hooper, A. R. MacMullen, F. D. Marsh, C. F. Mayne, D. S. Page, N. S. Soden, A. V. Stocks, P. Stocks, E. S. Taylor, A. G. G. Thompson, H. F. W. Warden, E. Wordley.

M.C.—H. L. Attwater, L. Bromley.

UNIVERSITY OF LONDON.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

The annual distribution of prizes at the London (Royal Free Hospital) School of Medicine for Women was held on June 20th, when Queen Amélie of Portugal presented the prizes to the successful students. The chair was taken by Mrs. Garrett Anderson, M.D., president of the school, and, in the absence of the Dean, a short speech was made by the Vice-Dean (Miss Aldrich-Blake), who spoke of the work of the past year, and said that, although the number of students in the school had increased during the last twelve months, the opportunities for useful work afforded to qualified medical women were also increasing.

The Chairman then introduced Queen Amélie, whose interest in the school, she said, had been shown on more than one occasion. Queen Amélie, after thanking those present for the cordiality of the reception they had given her, said that she had visited the school a month previously, and had noted with the utmost pleasure the completeness of the arrangements and the devotion of the students to their work. She wished prosperity to the school and success to the students in the useful and beautiful career in life they had chosen.

The prizes, which numbered about thirty, and took the form of cheques ranging from one to five guineas, were then distributed, and the following scholarships and studentships were awarded: Awarded by the University of London, Gilchrist studentship, £100, Miss M. Forrestier-Brown; research studentship in physiology, £50, Miss C. Leetham. Awarded by the Fishmongers' Company, Girls' University exhibition, £60 a year for three years, Miss H. M. Halliday. Awarded by the school, St. Dunstan's exhibition, £60 a year for three or five years, Miss A. M. Kerr; school scholarship, £30, Miss E. M. Scarborough; Mabel Webb research scholarship, £30 a year for one year, extending to two or three years, Miss C. Leetham; Agnes Guthrie dental bursary, £60, Miss I. V. Vincent; Helen Prideaux prize, £40, Miss F. Edmonds.

UNIVERSITY OF LEEDS.

At a meeting of the Council, on June 18th, Dr. H. S. Raper, D.Sc., M.B., Ch.B., was appointed Lecturer in Chemical Physiology. Dr. Raper, who graduated at Leeds in 1903, is at present Lecturer in Pathological Chemistry at the University of Toronto.

Mr. Littlewood's resignation of his position as Clinical Lecturer was received with regret.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

The Edinburgh University Court met on Monday, June 16th, and again on Friday, June 20th, Principal Sir William Turner in the chair.

Recognition of Teachers.

On the recommendation of the Senatus, recognition for purposes of graduation in medicine was granted to the following teachers in the Bradford Technical College: William West (Botany), J. A. Tomkins (Physics), B. North (Chemistry—inorganic courses of the college along with Part I of organic course, or equivalent courses).

D.T.M. and H.

The Court approved of a recommendation of the Senatus that the Diploma in Tropical Medicine and Hygiene, which, in accordance with the existing regulations, can only be awarded to graduates of this university, should in future be open also to registered practitioners in medicine who have resided abroad and acquired practical experience in tropical diseases, and who, on the recommendation of the Faculty of Medicine, receive the permission of the Senatus Academicus to become candidates for the diploma, and afterwards fulfil the regulations pertaining thereto.

Usher Institute.

A statement of the bacteriological work of the city performed in the Usher Institute of Public Health, and of the expenses incurred in connexion therewith during the year ended May 15th, was submitted.

Cunningham Prize and Medal.

It was intimated that the Executive Committee of the fund for a memorial to the late Professor D. J. Cunningham had transferred the balance of the fund to the University Court for the endowment of a prize and medal to be awarded annually to a medical student for distinction in anatomy.

GIFT TO THE UNIVERSITY.

The late Mr. Wm. McEwan's house, situated in Palmerston Place, Edinburgh, and looking out on the close round St. Mary's Cathedral Church, has been given by the Hon. Mrs. Greville (Mr. McEwan's daughter) to the University of Edinburgh.

ST. ANDREWS UNIVERSITY AND UNIVERSITY COLLEGE, DUNDEE.

The following announcement was made officially at St. Andrews University on Saturday, June 21st:

The University Court of St. Andrews and the Council of University College, Dundee, have now arranged the questions which were in dispute betwixt them.

The arrangement come to practically leaves in the hands of the Council the entire transaction of financial business connected with University College, but subject to the sanction of the University Court in so far as concerns the regular expenditure upon the qualifying classes.

A standing joint committee, consisting of four representatives from each body, has been appointed to advise and consult as to points of common interest.

The significance of this is that an end is now made to a dispute which became public in January, 1912. The fees of students attending University College, Dundee, had hitherto been collected in Dundee, but St. Andrews University put forward a claim which amounted not only to the collection of fees, but practically the financial administration of the college. Negotiations followed, but the Council of the Dundee College refused to give up its claim to collect the fees. Despite this the authorities of St. Andrews sent officials to Dundee at the opening of the session in October, and called upon the students to pay their fees to them rather than to the Dundee secretary and treasurer, intimation being made that unless the students agreed to do so, their attendance at classes, though their fees had been paid to the Dundee official, would not be recognized for graduation purposes. To save the students from any risk in that regard, the Council agreed temporarily to the students handing their fees to the St. Andrews officials, and there were cases of students having been obliged to ask their money back from the Dundee secretary in order that they might hand it to the St. Andrews secretary.

Legal advice was taken, and St. Andrews was advised to proceed by ordinance to make good its claim. Dundee College was equally strongly advised, and intimation was made that the proposed ordinance would be resisted. At one time Dundee suggested a friendly reference to the Court of Sessions, but this course was not taken. It is generally understood that the present decision has been brought about through the good offices of Lord Balfour of Burleigh, the Chancellor of the University.

QUEEN'S UNIVERSITY, BELFAST.

Lectureship on Ophthalmology and Otology.

At the meeting of the Senate on June 20th Mr. James A. Craig, M.B., F.R.C.S. Eng., Senior Ophthalmic Surgeon to the Royal Victoria Hospital, was appointed Lecturer on Ophthalmology and Otology, in the room of the late Dr. Cecil Shaw.

Mr. Craig is an old student of the Queen's College, where he had a distinguished undergraduate course, and a graduate of the old Royal University. He obtained first place with first-class honours in the examination. The appointment will be most popular among the profession, who will join Mr. Craig's many friends in hearty congratulations.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—*W. Alcock, *R. B. F. Frazer, †A. Y. Massey, †J. E. S. Sheppard Jones.

MEDICINE.—†J. E. S. Sheppard Jones.

FORENSIC MEDICINE.—H. V. Capon, T. H. Cresswell, T. B. Paul.

MIDWIFERY.—H. V. Capon, H. N. Eccles, W. S. Hughes.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. A. Y. Massey and J. E. S. Sheppard Jones.

medal. Most of his service was spent in medical appointments under the Foreign Office.

BRIGADE SURGEON JOHN ALFRED ILLINGWORTH, late of the Army Medical Department, died at Reading on June 6th, 1913. After taking the M.R.C.S. and L.S.A. in 1859, he entered the army as Assistant Surgeon on June 13th, 1859. He became Surgeon-Major in 1873, and retired with a step of honorary rank on December 1st, 1880. He served in the New Zealand war of 1860-61, and on the North-West Frontier of India, with the 7th Foot, in the Yusufzai expedition of 1863-64, receiving the medals for these two campaigns.

Public Health

AND

POOR LAW MEDICAL SERVICES.

SMALL-POX.

Isolation and Maintenance of Contacts.

THE appearance of a single case of small-pox in the Metropolitan Borough of Poplar early in May has been followed by a special report from the Public Health and Housing Committee on the case in question, together with a report from the medical officer of health upon the isolation and maintenance of contacts. There are indications throughout the country of considerable anxiety on the part of Public Health authorities caused by the increasing neglect of infantile vaccination. The case of small-pox notified at Poplar occurred in a woman, aged 34, who had not been vaccinated. Prompt measures of vaccination and revaccination of the inmates in the infected house and the isolation of the case were taken, and there has been no spread of the disease. It is pointed out that there is no enactment which empowers a local authority to isolate and maintain contacts. Whenever maintenance is carried out by such authority upon the recommendation of the medical officer of health the circumstances must at once be reported to the Local Government Board and the reasons stated why such recommendation has been made. The medical officer for Poplar expresses the opinion universally accepted that a person who has been in contact with a small-pox case, and who is immediately vaccinated or revaccinated, and has had his or her clothing disinfected, is not dangerous to the public. Details are given of the cost of the isolation and maintenance of contacts in the borough of Poplar during the small-pox epidemic of 1901-2. The cost, exclusive of certain items, such as wages and the fitting up and furnishing of shelters, was over £1,500. Prompt vaccination measures would obviate the necessity for such expenditure. Without vaccination isolation and the costly maintenance of contacts may completely break down. Although the maintenance of contacts in Poplar was so extensively adopted in 1901-2 the report says: "The isolation of the inmates was not satisfactorily effected, as in some instances friends visited the houses and numbers of the residents of the houses did not remain isolated, for at night time many of them went out, and in some cases went to places of amusement." After very careful consideration of the question as to what means other than vaccination can be relied on in the place of vaccination the Royal Commission reported: "We can see nothing to warrant the conclusion that in this country vaccination might safely be abandoned and replaced by a system of isolation. If such a change were made in our method of dealing with small-pox, and that which had been substituted for vaccination proved ineffectual to prevent the spread of the disease (it is not suggested that it would diminish the severity in those attacked), it is impossible to contemplate the consequences without dismay" (503). The relaxation of authority by the Government and the invitation to exemption now so extensively accepted by parents have been brought about without any fresh inquiry into or impeachment of the conclusion quoted above. An example on a small scale of the possibilities which may result in an unvaccinated child community was afforded at Newhaven in January last, when three "exempted" children in one family died on successive days from haemorrhagic small-pox.

POOR LAW MEDICAL OFFICERS' ASSOCIATION.

THE annual general meeting of the Poor Law Officers' Association of England and Wales will take place at the rooms of the Medical Society of London, Chandos Street, W., on Thursday, July 3rd, at 3 p.m. After the completion of the usual business papers will be read on the Present and Future of the Poor Law Infirmary, by Dr. C. Thackray Parsons, Medical Superintendent to the Fulham Infirmary; and on the Poor Law Medical Service and the Insurance Act, by Mr. E. J. Mott, Clerk to the Fulham Guardians. Tea will be provided after the meeting, but the usual annual dinner will not be held.

THE Vienna Association of Medical Practitioners recently organized courses of lectures on medical ethics. The success of the experiment has been such that the lectures are to be continued.

Medical News.

DR. E. M. BROCKBANK, Honorary Physician to the Manchester Royal Infirmary, has been appointed Dean of its School for Clinical Instruction.

THE French Minister of War has decided that to each section of hospital orderlies shall be assigned dogs trained for military purposes, especially for finding wounded men in the field.

THE Medical Society of Giessen has voted a contribution of 100 marks to the Lister Memorial Fund. Subscriptions may be addressed to the Honorary Treasurers of the Fund, Royal Society, Burlington House, Piccadilly, London, W.

THE Insurance Commissioners having issued regulations whereby the membership of the London Insurance Committee is increased to eighty, the London County Council becomes entitled to appoint two additional members and one additional medical practitioner. On June 24th the Council appointed Dr. R. M. Beaton as a medical member.

A VERY successful reception and conversation was given by the Royal Society of Arts at the Natural History Museum, South Kensington, on Tuesday, June 17th. Lord Sanderson and Sir Henry Trueman Wood received the guests in the Central Hall, where selections of music were played by the band of the Royal Artillery, whilst the band of the University of London Officers' Training Corps performed in the Reptile Gallery, and an excellent vocal and instrumental concert was given during the course of the evening in the Shell Gallery.

AT the annual meeting of the Medico-Psychological Association of Great Britain and Ireland, which, as already announced, will take place on July 16th and 17th at the rooms of the Medical Society of London, the morning of the first day, Wednesday, will be occupied by general business. At the afternoon session on that day a presentation will be made to Dr. H. Hayes Newington, a member for forty years, President in 1889, and Treasurer since 1894. Dr. James Chambers will then deliver his presidential address, which will be followed by papers on traumatic neurasthenia by Dr. H. Campbell Thomson, and on the clinical significance of katatonic symptoms by Dr. Henry Devine. The annual dinner will take place in the evening. On Thursday morning papers will be read on the interpretation of dreams by Dr. C. A. Mercier, on dysentery by Dr. Salter Gettings, and on the bacteriological examination of the urine in some cases of general paralysis by Dr. E. Barton White. The report of a special committee on the status of assistant medical officers and the position of psychiatry will also be discussed. In the afternoon the President and Mrs. Chambers will give a garden party at the Priory, Roehampton.

THE last meeting of the Royal Meteorological Society for the session was held on June 18th, Mr. C. J. P. Cave, President, in the chair. A paper by Mr. J. S. Dines was read on "Pilot Balloon Observations in Barbados, 1911-12." These balloon ascents were carried out by Professor J. P. d'Albuquerque and other gentlemen, on behalf of the Joint Upper Air Committee of the Royal Meteorological Society and the British Association. Mr. H. W. Braby, a graduate assistant in the Meteorological Office, read a paper on "The Harmattan Wind of the Guinea Coast." This is a north-east wind which blows during the winter months along the coast of Upper Guinea from French Guinea to the Cameroons. It is exceedingly dry, and brings with it fine sand with enters the crevices of doors and windows, covering everything with a film of dust. The sun is partially obscured, and distant objects become invisible. This wind, which blows intermittently from November to March, is locally known as "The Doctor." Its medical virtues seem problematical; at any rate this remarkable "doctor" would seem to have no faith in the therapeutic properties of light or ventilation. Dr. E. C. Snow read a paper prepared by himself and Mr. J. Peck on "The Correlation of Rainfall."

THE annual dinner of the Medico-Legal Society was held at the Holborn Restaurant on June 23rd. In the absence of Earl Russell, the president of the society, the chair was occupied by Sir William Collins. The toast of the society was proposed by Sir Frances Champneys, President of the Royal Society of Medicine, and Sir William Collins, in responding, gave an interesting survey of the history of the society, and paid a graceful tribute to the yeoman services rendered by Sir John Tweedy and Judge Walton. In the course of his remarks the chairman alluded to the valuable part played by the society in what might be termed the cross-fertilization of sciences, due to the fact that it embraced medical, legal, and lay members.

He expressed his earnest hope that the distinctive character of the society would be maintained, and that it would escape absorption by the Royal Society of Medicine, a body composed of and existing for the members of one profession only. The society might well be the means of directing the practical attention of the House of Commons to medico-legal questions, and become, in fact, the laboratory in which the raw material would be prepared for the legislator. Commenting upon the scanty recognition accorded to the science of medical jurisprudence in the report of the Royal Commission on University Education in London, Sir William expressed the opinion that the society could do a great deal to promote the organization of a really representative school of medical jurisprudence, which would place in a position worthy of it a great science that has been sorely neglected in the past. Sir John Tweedy proposed the health of the guests, and coupled with the toast the name of Mr. Ivor Eccles, who briefly responded.

THE Convalescent Homes Association has since last year changed its address to 14, Victoria Street, Westminster. It has also published a second edition of its list of convalescent homes and sanatoriums receiving London patients, copies of which (price 1s.) can be obtained on application. Containing as it does full particulars as to the terms of admission, and special features of over a hundred institutions, it is a useful book. The main objects of the association are to co-ordinate the work of public convalescent homes receiving London patients, to disseminate information in regard to the needs of London in respect of convalescent relief, and to advise the authorities of homes on all points concerned in their management. Last year the association, out of an income of some £360, made grants aggregating over £140 to nine homes standing in need of assistance. The chairman of its executive committee is Sir William Church, and the honorary secretaries Mr. M. O. Fitzgerald and Dr. S. H. Habershon.

AT the annual meeting of the Royal National Sanatorium, Bournemouth, held on June 11th, Mr. D. H. W. Robson-Burrows, the Chairman, said that the institution was gradually undergoing a very considerable change. Down to June 5th a total of 97 people had been admitted to the institution during the year, or, roughly, an increase of 10 compared with the usual number. Out of the 97 no fewer than 71 came under the Insurance Act; 52 were insured persons and the remaining 19 were the dependants of insured people. Instead of 80 to 85 nominated patients, there were only 26 of that class. The annual donations and subscriptions had decreased, and, he had no doubt, would go on decreasing, as there was no reason why people should contribute towards what was now being done by the State. So far arrangements with local authorities had been limited to the counties of Hampshire and Dorset and the county borough of Bournemouth, although communications had been received from various parts of the country. The amount received from annual subscriptions showed a decrease of £78, and from donations of £375, while the amounts received from the Metropolitan Hospital Sunday Fund and from the Bournemouth Hospital Saturday and Sunday Funds showed a continuous falling off.

IT has already been announced in the JOURNAL that the third International Conference on Cancer Research is to be held at Brussels this year in August (1st to 5th). Fuller particulars of the programme have been published. The following subjects are proposed for discussion: (1) The use of physico-chemical measures in the treatment of cancer, and the use of chemical remedies after radical operations. The reporters are Professor Neuberg of Berlin, Professor Caspari of Berlin, Professor Freund of Vienna, Exzellenz Professor Czerny of Heidelberg, and Professor Bayet of Brussels. (2) Vaccine and serum treatment of tumours. The reporters are Dr. Odier of Geneva, Professor Daels and Dr. De Somer of Ghent, and Dr. William Koley of New York. (3) Statistics of cancer; its regional distribution. The reporters are Dr. Rosenfeld of Vienna and Professor Firket and Dr. Kramer of Liège. (4) Etiology of cancer. The reporters are Professor Joh. Fibiger of Copenhagen and Professor A. Marie. (5) Establishments for the care of cancer patients. The reporters are Professor Blumenthal of Berlin and Dr. Solé of Brussels. (6) The nursing of cancer patients and training in this special department of nursing. The reporter is Professor George Meyer of Berlin. (7) A report on the position of cancer research and anticancer campaigns in different countries, by means of pamphlets and monographs intended for doctors and leaflets for the instruction of the laity. The reporters are Professor Willems of Ghent and Dr. Odier of Geneva.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

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

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

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

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

QUERIES.

H. J. C. asks whether any effect on the nervous system or will power is likely to be produced by a habit of taking a drachm of paraldehyde every night for months or years.

MOTOR TYRE PAINT.

BETA wishes to know of a white paint for motor tyres that will not readily wash off nor injure the rubber. He asks whether ordinary whiting and water would be satisfactory and if so what should be added to make it adhere properly.

"EL KOSSAM."

DR. G. A. WILLIAMSON (Aberdeen) writes: On page 84 of that very interesting book, *Boyd Alexander's Last Journey*, the following occurs: "Induced José to take El Kossam. This medicine again had wonderful results. The next morning he was comparatively fit. I am very glad I brought some with me." The author is speaking of his treatment of an attack of dysentery acquired in San Thomé. Our correspondent asks whether Kossam is a common remedy on the West Coast of Africa.

* According to the *United States Dispensatory*, nineteenth edition, the seed of *Brucea sumatrana*, a plant indigenous in China and Southern Asia, are known as Kossam seeds, and are asserted to be useful in menorrhagia, dysentery, and diarrhoea. A reference is given to the *Pharmaceutical Journal*, lxiv, p. 463. From *Brucea sumatrana* Roxburgh has obtained an alkaloid, brucamarine. There is another species, *B. antidysenterica*, which was at one time supposed to be one of those which yielded false angostura bark.

INCOME TAX.

J. A. B. held an appointment as an assistant during the three years ended April, 1913, and in May purchased a partnership from which he expects to receive £350 per annum. He inquires what sum should be returned for income-tax purposes.

* The fourth rule, applying to Cases I and II, Schedule D, provides that the duty payable in respect of a partnership shall be computed according to the profits of the practice during the previous three years notwithstanding any change therein or succession to the practice, unless the partners prove that the profits have fallen short from some specific cause since the change took place or by reason thereof. Accordingly, in the case mentioned by "J. A. B." the firm's return for assessment should be made—by the precedent acting partner—on the basis of the full average profits of the practice during the past three years, and in any claim for abatement, etc., which he may make "J. A. B." should insert his share of the full return—for example, one-third of £1,050=£350. If, at the end of the year, it is found that the profits have fallen short from some specific cause, a claim for repayment should be preferred within six months.

ANSWERS.

GASTRIC ULCER.

IN answer to our correspondent's question as to the best book "on the treatment and after-treatment of gastric ulcer," we may refer him to the excellent article by Dr. Charles F. Martin on Gastric and Duodenal Ulcer in vol. v, p. 175, of Osler and Macrae's *System of Medicine*, published in 1909. A more specialized account may be found in Dr. George Herschell's *Non-Surgical Treatment of Duodenal Ulcer* (London: Henry J. Glaiser, 1910), or in the section under

THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

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