

which daily take place. Greater advantage should be taken of the facilities for special training given at such universities as Birmingham and Sheffield, and it seems incredible that, in view of the importance of the profession of mining engineering, comparatively so few students pass through these institutions for the purposes of graduation, although I am happy to say that the numbers now increase year by year.

We have seen that the only hope of diminishing the number of cases of miners' nystagmus is by improving the illumination of the mines, and in my opinion it should be obligatory on colliery owners to supply better illumination along the roadways and at the working face, so that the incidence of this disease in the future shall be materially diminished. Expense will undoubtedly be incurred by the inauguration, say, of electrical lamps in addition to the ordinary safety lamp, but I am confident that the owner will be well repaid for his money, not only by the improved health conditions of the workers, but also because the men will be able to see what they are doing, and it is obvious that they can do their work very much better in a good light than in the wretched light to which they are subjected at the present time.

Great Britain is the only European country in which there is no legislation to regulate the temperature at which men work in coal mines, and I think that this country should be brought into line with the other principal European countries, and employment forbidden in workings where the wet-bulb thermometer reading is so high as to be injurious to health. I am not going to lay down what the limit shall be. That should be a matter for full consideration. But when we realize that the Lancashire weaver, the Staffordshire potter, and the colliers in France, Germany, and Belgium are protected against working in temperatures recognized to be injurious to the health, I do not think it is unreasonable to suggest that legislation should do at least as much for the coal-miner in this country.

I believe that the law should provide for a compulsory medical examination of all applicants for work in coal mines who have been in the tropics or in the colonies or who have worked in European mines or even in the tin mines of Cornwall where ankylostomiasis may prevail. It is only from such sources that the coal mines of this country can be infected, and every means should be taken to prevent any infection ever occurring.

CONCLUSION.

So much for legislation. Something further can be done and that by the medical profession. It seems strange that industrial diseases should have been neglected in the medical schools of this country and by the vast majority of the leaders of the profession, and that the researches in this branch of medical science have been left to individual effort. There are thousands of medical men working in the industrial districts of England who have never received any training in the medical schools on the diseases which they may be called upon at a moment's notice to diagnose and to treat. Young medical men who go straight from the hospitals to practise in these districts undoubtedly fail in many instances to realize what these industrial diseases are, and their experience, the experience of all medical men in those districts, is gained at the expense of the patient. I think that a great deal can be done to improve the health conditions of coal-miners, and other workers too, if instruction be given at the universities and medical schools in this important branch of medical science. When we think of the tens of thousands of pounds that have been expended in this country upon tropical diseases (with very good results) we cannot but realize how industrial diseases have been neglected, and feel how imperative it is that this matter should have greater attention, and that young men who know that they are going to practise in these industrial districts should have opportunities of making themselves conversant with those diseases and conditions with which they will be brought into daily contact.

THE Governor of New Caledonia has issued an order forbidding lepers to carry on any of the following trades: Baker, cook, pastrycook, inn or restaurant keeper, butcher, retail merchant, tailor, old clothes dealer, coach driver, sailor, dock labourer, hairdresser, barber, and domestic servant.

E

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DERMATITIS VENENATA DUE TO RUNGUS.

In British North Borneo, and especially in the district of Marudu Bay, is found a tree which is called by the natives rungus, or ringus.

The contact of any part of this tree with the skin produces so severe a type of dermatitis that it is worthy of special description.

Within twenty-four hours of handling it, and generally towards nightfall, when it is customary for the natives to go down to the river to bathe, the skin of susceptible persons is affected with a most intolerable itching.

This is followed by the appearance of a rash consisting of clusters of raised red papules, which are noticed first on those parts of the body which have actually come into contact with the poisonous plant, and later spreads over the rest of the body. The appearance of the rash is usually accompanied with some elevation of body temperature and a general sensation of malaise. Within another twenty-four hours these papules have become vesicles, or even large bullae, filled with a clear serous fluid. These tend to become confluent and then burst, their serous contents becoming inspissated and forming yellow crusts. In other more severe cases the bullae become secondarily infected with pyogenic skin organisms—staphylococci, etc.—and when these break the body is covered with foul ulcers.

In such cases there may be considerable fever. The lesions are especially noticeable where skin and mucous membranes meet, as around the lips and the nostrils. The ears also are usually severely attacked.

The disease, if left untreated, generally runs a course of about five to seven days in mild cases, and healing takes place naturally with very little permanent disfiguration, unless the patient has scratched the lesions or otherwise infected them with pus-forming organisms, in which case permanent scars may be left. So far I have not seen or heard of a case of death from simple rungus poisoning, but pneumonia is occasionally a sequel, especially in those cases in which the mouth and nostrils are affected.

The incidence of this type of poisoning is considerable amongst the coolies engaged in cutting jungle with their parangs (short heavy swords used in Malaya). Amongst some 3,000 tobacco and rubber coolies under my observation, there have been about 20 admissions to the various estate hospitals from this cause during the past year. Nearly all the affected persons were Javanese.

These coolies know this tree quite well and its effects upon the skin. They say that it is the contact of the fresh juice which exudes from the cut tree with the body which produces the sores; but this I am inclined to discredit, for Mr. Carlton P. Brooke, the manager of Bongon Tobacco Estate (by whose courtesy I have been enabled to obtain and examine specimens of this tree), assures me that he has known cases of rungus poisoning acquired by sitting upon a heap of the branches which have been cut and dried for months.

The juice from the cut surface of the tree is clear, and exudes between the cortex and the wood. When dry, it is of a dull, pitch-black appearance. The tree itself attains a considerable size. Some of the branches brought to me were three inches in diameter.

The leaves resemble those of the jaborandi. On macerating them in rectified spirit for several days I obtained a chlorophyll-coloured tincture, which, when unfiltered, showed a powdery deposit; this, on microscopic examination, was found to contain many spherules of an intense blue-black colour, some of which possessed a single spicule. These were by far the most noticeable objects. Whether they were the spores of some fungus washed off the surface of the leaves, or droplets of an oleo-resin extracted by the spirit from the leaves I am at present unable to say. One thing is, however, certain—that they cannot produce the disease by mechanical irritation of the skin inasmuch as the filtered tincture, which was free from these bodies, reproduced the lesions in a mild form when painted on the skin experimentally. For the same reason the remainder of the insoluble debris can be excluded as being the causative factor.

One peculiar fact about rungus poisoning is that the disease is contagious. A few days ago I saw a Malay woman whose face and arms were covered with the typical eruption. On questioning her I found that she had not handled the plant herself, but her husband had on the previous day, and been affected thereby. She had evidently contracted it by contact. Some persons are immune, and can handle any part of the tree with impunity. This fact was very quaintly expressed by one of my Chinese dressers, who said, "If a man fear the tree it will hurt him; if he fear it not, the tree hurts not him."

JOHN F. HORNSEY, M.B., B.Ch.Oxon.

Ranau, Marudu Bay, British North Borneo.

AN EPIDEMIC RESEMBLING WHOOPING-COUGH.

AN epidemic has recently occurred at a boys' preparatory school affecting, out of about seventy boys—boarders and day boys—over thirty, the majority of which I have attended.

The symptoms are very similar to those of whooping-cough. The cough is undoubtedly infectious, and spasmodic in character. It is usually accompanied by rise of temperature (the highest was 102° F.) and the presence of bronchial râles scattered about the lungs lasting as a rule two to three weeks. The cough is much less frequent, and clears up quicker if the patient is kept in bed. In patients without rise of temperature and signs in the lungs, who were allowed to go about as usual, the cough persisted for many weeks. Retching frequently occurred at the end of the cough, with expectoration of mucus, but only on very rare occasions was there any vomiting of food. Not one of the boys was ever heard to "whoop."

The first few cases which occurred appeared to be influenza, with pneumonic patches in the lungs. As the pneumonia cleared up the characteristic cough and râles were developed.

The reports in three cases in which the sputum was examined are as follows:

CASE I.—The sputum is muco-purulent, and smear preparations show fair numbers of micrococci, many arranged as streptococci. There is also a small number of Gram-negative bacilli of the influenza type. Tubercle bacilli are not detected. The inoculated media yield cultures showing considerable numbers of streptococci and moderate numbers of *Micrococcus catarrhalis*.

CASE II.—Smear preparations show a fair number of micrococci, chiefly occurring as diplococci or in short chains. The inoculated media yield cultures showing a considerable number of streptococci with small numbers of *Staphylococcus pyogenes aureus*, the *M. catarrhalis*, and the *M. paratuberculosis*. Other organisms are not found.

CASE III.—This sputum contains some mucus, and smear preparations show fair numbers of micrococci, together with a moderate number of small Gram-negative bacilli of the influenza type. Tubercle bacilli are not detected. The inoculated media yield cultures showing a considerable number of streptococci, moderate numbers of *catarrhalis*, a few diplococci resembling pneumococci, and small numbers of influenza bacilli.

If these were cases of whooping-cough, it is very strange that not one of them "whooped," and it would be interesting to know whether there have been similar epidemics elsewhere.

Eurbiton.

NORMAN C. CARVER, M.B.

A SIMPLE METHOD OF DETERMINING THE BACILLUS COLI CONTENT OF MILK.

THE method consists in growing the organisms in tubes containing a special medium, and counting the gas bubbles produced. In the medium used gas is produced only by organisms of the *Bacillus coli* type.

The medium consists of: Lemco 5 grams, peptone 10 grams, sodium chloride 5 grams, sodium taurocholate 5 grams, lactose 10 grams, gelatine 120 grams, water 1,000 c.cm. This is boiled, neutralized with sodium carbonate, clarified and filtered. It is then poured into test tubes, which are plugged with cotton-wool and sterilized at 100° C. in the steamer. About 15 c.cm. is used in each tube. 10 c.cm. of milk are added to 990 c.cm. of sterile water, and the whole shaken up so as to mix thoroughly. Quantities of 1 c.cm., 0.5 c.cm. and 0.1 c.cm. of the diluted

milk are added to a series of tubes at a temperature of 40° C. The tubes are then well shaken and incubated for forty-eight hours at 20° C., when the gas bubbles produced in the medium are counted.

When the process is carefully carried out the divergence in the numbers of gas bubbles in tubes from the same sample, and of the same dilution, does not exceed 5 per cent. of the total average.

P. F. MACGINNIS,
Assistant Bacteriologist, Royal College
of Science, Dublin.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

ST. THOMAS'S HOSPITAL.

A CASE OF RUPTURE OF THE SPLEEN AND LEFT KIDNEY: RECOVERY AFTER OPERATION.

(By C. MAX PAGE, M.S., F.R.C.S., Surgeon to Out-patients,
Victoria Hospital for Children; Demonstrator of
Anatomy, St. Thomas's Hospital.)

THE following case appears to be of some interest owing to the rarity of recovery from so severe an injury. Subsequent to the accident, both the spleen and kidney were removed through a lumbar incision. Infusion anaesthesia was employed, and it certainly proved an excellent method in this instance.

A. P., aged 39, horse-keeper, was admitted on February 25th, 1912, to St. Thomas's Hospital, under Mr. W. H. Battle, who asked me to deal with the case. I am indebted to him for permission to publish these notes. Twenty hours before admission the man had received a kick from a horse in the left lumbar region; since the injury he had suffered from collapse and severe abdominal pain, and had passed deeply blood-stained urine.

Condition on Admission.—The man, who was of fair physique but small in build, was sweating, blanched, and so collapsed that he could give no account of himself. The pulse-rate was 160 and the beat feeble; respirations 40; temperature 95° F. The left loin was markedly full in comparison to the other side, and dullness extended forward to within an inch of the mid-Poupart line. The abdomen was rigid all over and tender; a moderate degree of tympanites was present; the pain and rigidity were more marked on the left than on the right side. A specimen of urine drawn off by catheter looked like pure blood.

Operation was undertaken at once under hedonal infusion anaesthesia. Anaesthesia was produced after 200 c.cm. of a 75 per cent. solution had been run in; subsequently a further 400 c.cm. were injected at intervals as well as normal saline—of the latter, 1,200 c.cm. were infused. The man was placed on his right side, and a 5-in. oblique incision made extending from the angle between the last rib and spine forwards to within 1 in. of the anterior superior spine on the left side. The muscles were divided directly in the same line, and on opening the kidney pouch a mass of blood-stained fluid and clot welled out. After the clot had been removed, the kidney was found to be completely divided into two nearly equal fragments; the upper one lay loose in the cavity formed by the clot, the lower was merely hanging by what appeared to be a strip of the ureter attached to it. The pedicle of the kidney was retracted into the wound, and blood oozed slightly through the clot which covered it. The ruptured kidney was removed and the pedicle ligatured. The peritoneum was then opened to the outer side of the descending colon and a large quantity of blood-stained fluid at once poured out. On thrusting in the hand, a firm mass was felt just in front of the kidney bed the size of a large Tangerine orange; on inspection this proved to be a haematoma in the attached surface of the descending colon; the lumen of the bowel appeared to be intact, so the mass was left undisturbed. The spleen was then palpated; several fissures were felt on its surface, so it was drawn out through the lumbar wound and inspected. There were several superficial tears in its capsule covered with blood clot, and a fissure extended

Apart from the questions of expense, which it is usually agreed are more for Englishmen than Indians, the Indians are at present advocating that after passing the entrance examination they should be given a year's education in England; but either they should have had sufficient experience before entering to make their judgement reliable, or else they are not fit for the Service and should do their practical medical work before entering for the examination.

The question of comparison of efficiency is not, perhaps, very suitable for discussion, but English women and children often have objections to being attended by other races; the result is, therefore, that an Indian can only be placed in a station where there are other medical officers, who are called upon to do part of his work in many cases; he has therefore to remain in large stations and obtains: (1) The better cantonments; (2) chances of earlier extra pay; (3) and better chance of passing his military examinations on account of less work at the language.

The Service is therefore unsatisfactory in many ways for Englishmen, and it would seem necessary that reforms should be rapidly introduced—for example, pay should be given for extra work done unless the officer fails to pass his examination in one or two years according to the difficulties he has to contend with. This is the usual custom, as in most branches a year is allowed to complete the examination, and pay is lost after that until the date of passing. Increased pay for the English should also be considered, as they have to return home at their own expense, and receive very little pay during their furlough, when they are attempting to take higher degrees and are involved in extra expenditure on that account, whilst the Indian is already at home.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ELECTIONS TO THE COUNCIL.

As it appears that more than usual interest is being shown in the elections to the Council of the Royal College of Surgeons of England, which will take place next July, it may be convenient to publish some particulars with regard to the Council as at present constituted:

President.—Sir Rickman J. Godlee, Bart. C. (1) 1897, (2) 1905.
Vice-Presidents.—Mr. G. H. Makins, C.B., C. (1) 1903, (2) 1911; Sir F. S. Eve, C. (1) 1904 (substitute), (2) 1907 (substitute), (3) 1912.
Other Members of the Council.—Sir Henry Morris, Bart., C. (1) 1893 (substitute), (2) 1898, (3) 1906; Sir W. Watson Cheyne, Bart., C.B., C. (1) 1897 (substitute), (2) 1901, (3) 1909; Mr. F. Richardson Cross, C. (1) 1898, (2) 1906; Sir A. Pearce Gould, K.C.V.O., C. (1) 1900, (2) 1908; Mr. R. Clement Lucas, C. (1) 1901, (2) 1909; Mr. C. W. Mansell Moullin, C. (1) 1902 (substitute), (2) 1907; Sir Anthony A. Bowlby, C.M.G., C. (1) 1904, (2) 1912; Mr. W. Harrison Cripps, C. (1) 1905 (substitute till 1908), (2) 1909; Mr. Charles J. Symonds, C. 1907; Mr. W. F. Haslam, C. 1908; Mr. C. B. Lockwood, C. (1) 1908 (substitute), (2) 1910; Sir W. Arbuthnot Lane, Bart., C. 1908; Mr. Bilton Pollard, C. 1910; Mr. C. A. Ballance, M.V.O., C. 1910 (substitute for Mr. G. A. Wright till this year, 1914); Sir John Bland-Sutton, C. 1910; Mr. D'Arcy Power, C. 1912; Sir Berkeley G. A. Moynihan, C. 1912 (substitute for Sir H. T. Butlin till 1919); Mr. James Ernest Lane, C. 1913; Mr. L. A. Dunn, C. 1913; Mr. H. J. Waring, C. 1913.

The medical schools are represented as follows:

London:				
St. Bartholomew's ...	...	...	...	5
Guy's ...	...	...	...	4
King's ...	...	...	...	1
London ...	...	...	...	3
Middlesex ...	...	...	...	3
St. Mary's ...	...	...	...	1
St. Thomas's ...	...	...	...	2
University College ...	...	...	...	2
Total London schools ...	...	...	...	21
Provincial:				
Birmingham ...	...	...	...	1
Bristol ...	...	...	...	1
Leeds ...	...	...	...	1
Total Council ...	...	...	...	24

Nominations for the election next July must be received at the office of the College between May 26th and June 5th, and at present we understand that there are ten candidates for four seats—namely, Mr. Ballance (for re-election), Mr. Stanley Boyd, Mr. F. F. Burghard, Mr. McAdam Eccles, Mr. Raymond Johnson, Mr. J. B. Lawford, Mr. H. S. Pendlebury, Mr. W. G. Spencer, Mr. William Thorburn, and Mr. P. Macleod Yearsley. Of the candidates so far announced, only one (Mr. William Thorburn, of Manchester) represents a provincial school.

VICTORIA UNIVERSITY OF MANCHESTER.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (Part I. Inorganic Chemistry and Physics).—N. Abdoh, T. H. Almond, Sybil Bailey, T. Colley, H. Dickie, P. Fildes, J. B. Higgins, F. Isaac, G. H. Lees, J. P. Mills,

T. O'Brien, Kathleen O'Donnell, H. J. Porter, L. Samuels, *G. H. W. Gough, *V. T. Smith, *Marie Wardman, *Ethel D. Willis, †R. J. Allison, †Frances G. Bullough, †J. Charnley, †L. J. Schwartz. (Part II, Biology).—T. H. Almond, Sybil Bailey, G. H. Bowman, Frances G. Bullough, T. Colley, S. E. Critchley, H. Dickie, P. Fildes, G. H. W. Gough, F. L. Heap, F. Isaac, A. W. Kirkham, G. H. Lees, J. P. Mills, T. O'Brien, E. Pigott, H. J. Porter, L. Samuels, A. G. Saunders, L. J. Schwartz, V. T. Smith.
SECOND M.B., CH.B.—E. R. Gilmore, C. R. Sandiford.
THIRD M.B., CH.B. (Pathology).—H. W. Bennett, R. Chevassut, E. Granger, J. F. C. O'Meara, J. Rigby.
D.PSYCHOL.MED.—R. B. McKail, J. L. Stephenson.
 * Chemistry alone. † Physics alone.

UNIVERSITY OF DURHAM.

The following were among the degrees conferred at a Convocation on March 28th:

M.D.—S. P. Bedson, W. J. N. Vincent, J. C. Young.
M.D. (for Practitioners of Fifteen Years' Standing).—H. W. Collier, G. F. Darker, J. S. Evers, D. McArthur, G. H. Pearce.
M.B.—W. Bell, C. Duncan, W. A. Elliott, I. D. Evans, L. H. W. Iredale, R. R. Lishman, E. R. A. Merewether, S. E. Murray, W. S. Murray, F. J. Natrass, R. P. Ninnis, C. O'Hagan, I. M. Pirrie, E. Ritson, W. K. Russell, A. Sutcliffe, * Thompson.
B.S.—W. Bell, W. A. Elliott, L. H. W. Iredale, R. R. Lishman, E. R. A. Merewether, S. E. Murray, W. S. Murray, F. J. Natrass, R. P. Ninnis, C. O'Hagan, I. M. Pirrie, E. Ritson, W. K. Russell, A. Sutcliffe, S. Thompson.
B.HY.—G. C. M. M'Gonigle, J. Steedman.

The following candidates have been approved at the examinations indicated:

THIRD M.B., B.S. (All Subjects).—*C. C. H. Cuff, A. F. R. Dove, G. B. Egerton, G. Irving, H. A. Lake, Grace W. Pailthorpe, R. Sells, H. Williamson. (Pathology and Elementary Bacteriology only).—Mary R. Campbell, R. A. Hooper, W. O. F. Sinclair, A. C. Taylor, R. Welch. (Materia Medica, Pharmacology and Pharmacy, Public Health, Medical Jurisprudence only).—L. B. Frere, H. K. Graham-Hodgson, D. O. Richards.
 * Second class honours.

UNIVERSITY OF ABERDEEN.

The following were among the degrees conferred at a meeting of the Senate on March 25th:

LL.D. (Honoris Causa).—William Mackay, Historical Writer, Inverness; Peter Chalmers Mitchell, M.A., D.Sc.Oxon., F.R.S., Secretary of the Zoological Society of London; His Excellency the Honourable Walter Hines Page, Ambassador of the United States of America; Alexander Reid Urquhart, M.D., late Physician-Superintendent, Murray's Royal Asylum, Perth.
M.D.—*C. C. Twort, †G. E. Shand, W. Beedie, D. G. Cheyne, D. M. Maciver, A. G. Troup.
M.B., CH.B.—†A. E. Campbell, †I. G. Bisset, A. S. K. Anderson, J. G. Brown, A. W. H. Cheyne, Elizabeth E. Elmslie, A. R. Fraser, J. B. Fraser, C. M. Geddie, E. Gordon, G. A. Gordon, R. Grey, A. W. Henry, C. B. Hogg, T. M. Horsfall, J. Kirtan, Helen Lillie, K. P. Mackenzie, H. Mortimer, J. Mc G. H. Reid, G. W. Riddell, G. L. Ritchie, J. L. Smith, P. W. Stewart, A. Topping, G. E. Valentine, A. J. Will, J. W. Wood.
D.P.H.—D. G. Cheyne, J. Elder, †A. F. Legge, H. J. Rae, W. G. Thomson.
 * Highest honours for thesis. † Commendation for thesis.
 † First class honours. § Second class honours.
 ‡ Passed with credit.

UNIVERSITY OF DUBLIN.

The following candidates have been approved at the examinations indicated:

INTERMEDIATE M.B. (Part I).—E. O. Marks, T. P. Chapman, R. T. Stoney, A. G. Wright, F. J. G. Battersby, C. R. L. Littledale, R. Gordon, F. McG. Ferguson, L. Blumberg, W. Garde-Browne, E. Parker, G. Marshall, E. Lipman, J. D. Leahy. (Part II).—Esther V. Adderley, A. F. Grimby, R. C. B. Ramsay, J. W. Bigger, G. Joughin, J. A. C. Kidd, R. B. N. Smartt, C. B. Bevis, A. L. Wilson, C. F. Brady, C. O. J. Young, C. H. Comerford, A. H. Price, A. H. Watson, E. E. Beatty, T. W. Sweetnam, T. Swanton, A. A. L. Albertyn, M. McG. Russell, T. G. Roche, G. Doran, J. H. C. Walker, R. H. Graham, E. D. T. Hayes.
FINAL M.B. (Part I).—*E. J. McSwiney, *N. McC. Boyce, *F. Harris, *D. Hennessy, *E. W. Craig, *C. D. Pile, G. Bateman, J. M. Ryan, C. C. Albertyn, A. C. Bateman, E. Boyers, E. Ross, W. E. Tyndall, M. B. King, C. McL. West, H. S. Collins, D. C. Pinn, E. J. Mannix, A. W. P. Todd, E. Robinson, W. B. Cathcart, F. R. S. Shaw, S. W. Fisher, G. Stanton, A. G. Fisher.
FINAL M.B., CH.B., B.A.O. (Medicine).—E. E. Lavy, J. A. Quin, C. P. Kelly, J. C. A. McCalden, E. L. F. Nash, W. R. L. Waters, F. C. Atkinson-Fleming, N. H. H. Haskins, G. Buchanan, T. W. Allen, T. V. Oldham, E. A. P. Murphy, G. A. Bridge, M. J. Ryan, R. J. B. Madden, H. I. G. Rutherford, J. S. English, W. Foot. (Surgery).—*R. G. Atkins, *J. D. Oliver, T. D. Power, W. H. R. McCarter, F. G. Flood, J. T. McCullagh, Q. V. B. Wallace, T. A. Lawder, R. J. B. Madden, A. Newton-Brady, T. V. Oldham, H. W. Browne, H. O. D. Miller, F. C. Atkinson-Fleming, R. C. Lowe, J. A. Quin, T. J. L. Thompson. (Midwifery).—*P. W. McKeag, *Dorothy E. Webb, H. C. D. Miller, B. O. O. Sheridan, E. P. H. Vickery, W. J. Ronan, A. Newton-Brady, J. S. Dockrill, E. H. P. Murphy, W. A. Ryan, R. L. Vance.
 * Passed on high marks.

DR. ARTHUR E. HORN (Senior Medical Officer) has been appointed a member of the Executive Council and an official member of the Legislative Council of the colony of the Gambia.

throughout life. He made many friends there and after, and kept them all.

One other characteristic of Bruce Clarke was his superabundant energy and physical strength. This makes it difficult to realize that out of a band of contemporaries, few so strong as he, he should be the first to go. He has gone, alas! and left the world the poorer.

JOHN LLOYD ROBERTS, M.B., C.M., D.P.H., J.P.,

PAST PRESIDENT AND FORMERLY HONORARY SECRETARY,
NORTH WALES BRANCH, ABERGELE.

It is with much regret that we have to record the death of Dr. J. Lloyd Roberts, which took place at his residence in Abergelge on March 19th. He had been in failing health for the last three or four years, and latterly his friends noticed with sorrow that his strength was rapidly giving way and the end approaching, though his indomitable will and keen intellect kept him going in the work of his public offices almost to the last.

Born at Denbigh in 1846, he was the son of the late Rev. R. J. Roberts, M.A., vicar of the town. For his professional training he proceeded to the University of Edinburgh, where he graduated M.B. and C.M. in 1870; in the same year he commenced practice in Denbigh. He soon began to pay special attention to sanitary science, and in 1873 was appointed medical officer of health for the borough of Denbigh, which office he resigned because the town council of those days would not move as fast as the sanitary arrangements of the borough demanded, and as an active, up-to-date medical officer considered necessary. Subsequently he secured practically all the public health appointments in his district—namely, medical officer for the whole of the St. Asaph Union, the Abergelge urban and rural districts, and the Prestatyn urban district, appointments which he retained with the confidence of his councils up to his death; he was the oldest medical officer of health in North Wales. In 1888 he took the D.P.H. of the English Conjoint Board.

Whilst resident in Denbigh, in addition to his public offices and private practice, he was for years honorary surgeon to the Denbighshire Infirmary, in which work, and in the management of the institution generally, he took intense interest and put forth strenuous efforts to bring the institution and its methods up to date; though his views did not always commend themselves to the Committee of Management, everybody admired his sincerity of purpose and the ability with which he dealt with such questions.

On leaving his native town for Colwyn Bay some years ago his connexion with the infirmary ceased, but he was elected and remained to the end a member of the consulting staff.

He joined the British Medical Association in the early seventies, and the North Wales Branch never had a more faithful, zealous, and devoted member than John Lloyd Roberts. In 1878 he was elected Honorary Secretary of the Branch, a post which he filled with great credit up to the year 1885, when he became President; during the same year he was one of the vice-presidents of the Section of Public Health at the Annual Meeting of the Association. During his term of office as Secretary he put new life into the Branch by his indomitable energy and largely increased its membership. On his retirement members of the Branch presented him with a massive silver inkstand as a token of their appreciation of his services. He evinced the same active interest in the Association until failing health prevented him.

Dr. Lloyd Roberts, in addition to his professional duties, took his share in public life. For some years he was a member of the Denbigh Town Council, and was appointed a Justice of the Peace for the borough. In his early days he held a commission as Lieutenant in the Denbighshire Rifle Volunteers, and was one of the oldest members of the Royal Denbigh Lodge of Freemasonry. In politics he was a strong Conservative, and actively supported the Conservative organizations in the county. He was a strict and consistent Churchman, and during his residence at Denbigh, being a man of considerable musical ability, was a member of the choir at St. Mary's Church, and filled the office of churchwarden. In 1885 he married a daughter of the late Mr. J. Parry Jones, of Plas Clough, Denbigh, a former Mayor of the borough, who predeceased him

a few years ago, and he is survived by two daughters to mourn his loss. The funeral took place at Llandulas on March 21st.

THE death is reported at Cairo of Captain CHARLES VIVIAN BERESFORD STANLEY, late R.A.M.C., aged 38. He was educated at Trinity College, Dublin, where he took the degrees of M.B., B.Ch., and B.A.O. in 1900, and that of M.D. in 1902; entered the R.A.M.C. as lieutenant on September 1st, 1902; became captain on March 1st, 1906; and retired on October 22nd, 1913. Before entering the R.A.M.C. he served as a civil surgeon in the South African war, taking part in the operations in the Transvaal, Orange River Colony, and Cape Colony, and gaining the Queen's medal with four clasps. On November 15th, 1907, he joined the Egyptian army, and served in the Soudan in the operations at Talodi in Southern Kordofan, gaining the Egyptian medal with clasp. Last year he was stationed at El Obeid in Kordofan. On resigning the service he joined the reserve of officers, and the sanitary department of the Egyptian Government.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Andouard, professor in the Medical School of Nantes, Associate of the Académie de Médecine; Dr. Bertheux, for many years professor of clinical medicine in the Medical School of Rennes; Dr. Charles Esmonet, editorial secretary of the *Progrès médical*, and author of memoirs on the absorption of digestive ferments in the intestine, tuberculosis in patients suffering from typhoid fever, and other scientific subjects, and many articles on the history of medicine, aged 41; Dr. Georg Joachimsthal, professor of orthopaedic surgery in the University of Berlin, director of the University Orthopaedic Polyclinic, and author of numerous contributions to the literature of his special province of practice; Dr. Robert C. Moon, of Lansdowne, Pennsylvania, well known for his work among the blind, aged 70; Dr. Ralph Lyman Parsons, of Ossening, New York, a prominent psychiatrist of the United States, and author of many papers dealing with the care and treatment of the insane, aged 85; and Dr. William Kelly Simpson, professor of laryngology in the College of Physicians and Surgeons, Columbia University, New York, aged 58.

Public Health

AND

POOR LAW MEDICAL SERVICES.

FOOT AND MOUTH DISEASE.

THE Annual Report of the Chief Veterinary Officer of the Board of Agriculture and Fisheries, for 1912, which has been delayed by his prolonged illness, contains an instructive account of the measures adopted by the Board of Agriculture in combating some formidable outbreaks of foot and mouth disease. The outbreaks are divided into three groups.

The first outbreak appears to have originated in Ireland. It was discovered in Liverpool, and inquiry showed that infection had taken place either on board the boat carrying the cattle or in Dublin before shipment. Efforts were made to follow the line of infection through the various markets and into a number of farms. Direct contact appears to have led to infection in the majority of cases, but it is stated that in one instance, a dealer probably carried the infection from the Wakefield Market to his farm on his clothing or his boots. The Chief Veterinary Officer advises that veterinary inspection in local markets should be more adequately carried out. In one market the inspector had only forty minutes for the inspection of about 1,500 animals.

The second group was one the origin of which could not be definitely traced, but which occurred in districts into which cattle from Ireland had been imported in large numbers. The system of veterinary patrol, with daily inspection in many areas, is described in sufficient detail to prove that great vigilance was exercised by the Board, and that necessary measures were carried out with expedition. The affected area is described as one of the most heavily stocked districts in Great Britain. In all 10 outbreaks took place. The actual number of animals infected is not given, but from the account it appears that about 36 animals showed definite signs of foot and mouth lesions. The policy of stamping out the disease by slaughtering all contacts, and often all the cattle and sheep in adjoining fields, was carried out extensively. Whenever it was held that the disease was spreading along the course

of a stream, the advisability of clearing out the animals in the contiguous fields was considered. A very large number of animals was slaughtered; the last case was notified on September 27th, the first outbreak having occurred on July 27th. The third group of epidemics includes those in which no connexion with Ireland could be traced. A number of counties were affected, and in each the same policy as that adopted in the case of the second group was followed. In Leicestershire the spread was checked, but the cost was 286 cattle, 421 sheep, and 12 swine.

In all these epidemics prompt diagnosis and equally prompt slaughtering of the affected animals and all contacts were carried out. But even these drastic measures did not always succeed in checking the spread of the disease at once, and it was only after a careful study of the circumstances, the topography of the areas, and the movements of the cattle that it was possible to gain a mastery over the infection. Isolation cannot be enforced, partly because there is not sufficient accommodation, and partly because the danger of indirect infection by the men employed on the farms would remain. The officers of the Board apparently find it extremely difficult to avoid carrying the disease from animal to animal during inspection, in spite of stringent regulations in regard to the wearing of sterilizable overalls and refraining from handling another animal after an infected one has been examined.

VERMINOUS CHILDREN.

Conviction under the Children's Act.

At the Stratford Police Court, on March 11th, the Ilford Urban District Council, on the information of the deputy medical officer of health, Dr. G. E. Oates, proceeded under Section 12 of the Children's Act, 1908, against the father of a child attending one of the schools of the local educational authority. It was stated on behalf of the council that the child throughout the last three years had been under the continual observation of the health department, by reason of the verminous condition of its head and its neglected condition. The offence alleged against the father was that having custody of a child, aged 11 years, he unlawfully neglected the said child in a manner likely to cause it unnecessary suffering or injury to its health. There was a second charge, alleging that he caused the child to be so neglected. The parents of the child denied the charges made against them. The justices considered the case proved, but as it was the first of its kind before them, inflicted a penalty of £1 and costs. The Bench expressed its concurrence with the hope expressed by the solicitor for the prosecution that the case would be a warning to other parents.

SCIENTIFIC RESEARCH FOR THE LOCAL GOVERNMENT BOARD.

THE President of the Local Government Board has authorized the following special researches to be paid for out of the annual grant in aid of scientific investigations concerning the causes and processes of disease:

1. An investigation by Dr. Eardley Holland into the cause of stillbirths.
2. A continuation of the Board's inquiry into the cellular contents of milk by Professor Sims Woodhead.
3. A continuation of the Board's inquiry into the causes of premature arterial degeneration by Dr. F. W. Andrewes.
4. An investigation by Dr. M. H. Gordon and Dr. A. E. Gow into the etiology of epidemic diarrhoea in children.

Announcement of further investigations will be made at a later date.

Medico-Legal.

BANKRUPT PATIENT.

A CORRESPONDENT has recently attended a patient who refuses to pay on the ground that he is already a bankrupt; the attendance dates from after his bankruptcy.

* * It is to be feared that our correspondent has little chance of recovering his claim in the County Court; if the account is over £20, and if the bankrupt did not disclose his bankruptcy, it might be possible to proceed by way of a criminal prosecution. Before taking proceedings our correspondent would of course consult his solicitor.

A SUM of £294,644 has been received by King Edward's Hospital Fund for London from the executors of the late Sir Julius C. Wernher, but, large as is the amount, it does not represent everything that the fund will probably receive from this source. The fund is entitled to receive one-twelfth of the value of the residuary estate, and this value may prove to be very much greater than the testator anticipated. The sum already paid to King Edward's Hospital Fund includes a specific bequest of £25,000, while among the other specific bequests in the will for public purposes were gifts of £100,000 to the Imperial College of Science and Technology in South Kensington; of £20,000 to the German Hospital, Dalston; of £5,000 to the London Hospital; and of £250,000 for the purpose of building a university near Cape Town.

Medical News.

THE Institute of Inventors, 20, High Holborn, London, W.C., invite suggestions for the amendment of the Patent and Designs Act.

THE house of the Royal Society of Medicine, 1, Wimpole Street, W., will be closed for the Easter holidays from Thursday, April 9th, to Tuesday, April 14th, both dates inclusive.

At the meeting of the Pharmaceutical Society of Great Britain, at 17, Bloomsbury Square, W.C., on Tuesday next, at 8 p.m., a paper on the organic derivatives of arsenic and antimony will be read by Professor G. T. Morgan, D.Sc.Lond., Professor of Chemistry in the Royal College of Science, Ireland.

An exhibition of the arts and industries of the blind will be held at the Church House, Westminster, from June 18th to 24th in connexion with the International Conference on the Blind. Particulars can be obtained from Mr. Stuart Johnson, 64, Denison House, 296, Vauxhall Bridge Road, S.W.

At the annual meeting of the Society for the Study of Inebriety to be held at the house of the Medical Society of London, Chandos Street, W., on Tuesday next, at 4 p.m., a discussion on the female inebriate will be opened by Lady Henry Somerset, founder and lady superintendent of Duxhurst colony for women inebriates.

THE British Oto-Laryngological Society, which came into existence about a year ago, held its first annual dinner on March 18th. The chair was taken by Mr. Charles Heath, who in the course of a short speech relating to the foundation of the society and its aims, said that the rapid growth in its membership proved that the opportunities afforded by it were fully appreciated. The proceedings included the passage of a vote of thanks to Dr. Walker Wood for the services rendered by him to the society in the capacity of honorary secretary.

As in former years, summer classes for post-graduation work will be held during May at the Glasgow Royal Infirmary. During the first fortnight there will be courses in clinical medicine, diseases of the throat and nose, clinical examination of urine and digestive products, haematology, electro-therapeutics, anaesthetics, and diseases of the ear in children. During the second fortnight courses are offered in clinical surgery, operative surgery, surgical diagnosis, urology, clinical gynaecology, electro-therapeutics, and diseases of the ear in children. Further particulars will be found in our advertisement columns (p. 47). A syllabus giving full details may be had on application to Dr. J. Maxtone Thom, superintendent, at the Infirmary.

THE forty-third Congress of the German Surgical Society will be held at Berlin in April (15th to 18th), under the presidency of Professor W. Müller of Rostock. The programme includes 150 addresses, communications, and demonstrations. The principal subjects proposed for discussion are: The causes and treatment of post-operative hernia; malignant tumours; radium and mesothorium; the permanent results of thyroid transplantation in man (to be introduced by Professor Th. Kocher of Berne); tumours of the bladder. The papers to be read deal with the surgery of the skull, the brain, and the spinal column; and of the thorax, the lungs, the oesophagus; the pancreas, the spleen, the intestine, and the stomach.

ON March 9th a testimonial, towards which a large number of friends and patients had subscribed, was presented to Dr. and Mrs. Alexander R. Coldstream, of Florence, on his retirement after thirty years' practice. The testimonial was in the form of a cheque for £245, enclosed, together with a list of the subscribers, in a silver vase nine inches high, and mounted on an ebony pedestal. The vase is a beautiful piece of *repoussé* work, and around it runs a suitable inscription. Dr. Coldstream is a son of the late Dr. John Coldstream, a well-known Edinburgh physician, who was one of the founders and for many years secretary of the Edinburgh Medical Missionary Society. Dr. Coldstream has been in practice in Florence since 1882, when he succeeded Dr. Young.

IN moving the adoption of the report submitted at the annual meeting of the East London Nursing Society, at the Mansion House on March 30th, Sir Thomas Barlow made reference to a delusion by no means uncommon among the general public—that when home, or district, or village nursing is in question any kind of nurse will do. A district

nurse, he said, should be exceedingly well qualified; this was everywhere true, and especially of the East End of London, for many districts in this area had been shown by the working of the Insurance Act to be understaffed from a medical point of view. This made it all the more necessary that the nurses employed should be both adequately qualified and women of the right, tactful, and sympathetic kind. The report submitted showed that the 21 nurses employed by the society had between them paid 97,182 visits to 5,139 patients, an average of 18.9 a case. The year ended with a small balance in hand.

THE total number of medical students in the universities of Switzerland during the winter session 1913-14 was 2,657. They were distributed among the several universities as follows: Geneva, 853, of whom 254 were women; Berne, 568, of whom 79 were women; Zurich, 566, of whom 79 were women; Lausanne, 345, of whom 65 were women; and Basle, 325, of whom 20 were women. Of the total number of students 1,375 were foreigners; of these 416 were women.

IN accordance with the invitation referred to last week, the medical profession in Blackpool has appointed a committee to confer with the board of management of the Victoria Hospital with regard to administrative reforms. It was notified that consent to a conference was given subject to stipulations, among which were certain resignations. The board at first declared the stipulations to be outside its competence, but local opinion, as gauged by correspondence and editorial comments in the newspapers, seems to be that the board has been misguided, and will eventually see the propriety of giving way all round. This result seems the more probable because the subscribers, desirous apparently of infusing new blood into the administration of the hospital, issued directions at a recent meeting for the enlargement of the board of management by the creation of three additional seats. These are to be filled at a meeting on Monday, April 6th.

PROFESSOR J. J. FINDLAY lectured on the dramatic impulse in children at a meeting of the Child Study Society at the Royal Sanitary Institute on March 19th, when Mr. John W. Gilbert, Chairman of the London County Council Education Committee, presided. Professor Findlay defined the dramatic impulse in children as an effort to find an outward expression of the child's inner nature by means of action, and pleaded that this impulse should be allowed to find a natural outlet untrammelled by artificial restrictions. The child's drama was essentially imitative, because all his experience came from the world outside; and it included every form of action, such as singing, dancing, story-telling, and even clay-modelling, and mud-pies. A very young child usually wove a story or situation which happened to appeal to him into what was incorrectly termed a game, in which the drama was cut down to its simplest elements. As a rule he was only interested subjectively in the situation, which was generally incoherent to spectators, whilst the apparatus was crude. A year or two later he was no longer content to play alone or with two or three others, but formed one of a band of children, some of whom took the part of spectators. Actors and audience alike had grown more critical, and the result was that the play gradually became more rational and coherent until it was finally stereotyped into a formal game. This was probably the origin of the country dances and morris dances. At the age of 11 or 12 the child either stopped acting or began to study it seriously. He began to be afraid to be original, and therefore preferred to act in the plays of others rather than in those composed by himself or his companions. His performance became conventional, and the possibility of original work only appeared after he had reached the age of 18 or 19; during the years of adolescence his powers were in abeyance, and should never be forced. There had recently been a movement in this country in favour of dramatic representations in the schools, and there was danger of the dramatic impulse being degraded in young children unless the plays were worked out and really felt by the children themselves. Once the drama became conventionalized it lost its real office as an expression of the inner life, for children were only too willing to degenerate into little machines. The drama was important for many reasons, one being that it demanded and combined activities in many different directions, and also because it gave opportunities for enlargement and improvement of speech such as could not be obtained from grammar lessons or formal compositions. Above all, it was important because it enabled the child to withstand the meretricious attractions of the world outside by filling his inner life with images of real worth and beauty.

Letters, Notes, and Answers.

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

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

MOTOR BICYCLE.

A MEMBER, nearly 50 years of age, is thinking of using a light motor bicycle, and asks for advice. He wishes to get a light, easily-started machine for riding at slow and moderate paces, but which will be reliable and not give trouble. He asks if it would be advisable to buy a 2-stroke engine, or whether it should be a belt-driven, or chain and belt combination; and if a 2½-h.p. machine is heavy enough, or should he go in for a 2½-h.p.? He desires to know which of the following would suit him best: (1) Wolf; (2) Levis; (3) Clino; (4) Connaught; (5) Singer; (6) Triumph; (7) Veloce (chain drive).

X-RAY TREATMENT OF RINGWORM.

S. B. C. asks if it is safe to use currents of from 2 to 3, 4 or 5, milliamperes through a tube for the x-ray treatment of ringworm of the scalp. With a small tube and hard, to get the B tint of Sabouraud's pastille with a current of from ½ to 1 milliamperes requires from 10 to 20 or more minutes. In treating the whole scalp by the 5 exposure method, this means that it takes from 1½ to 2½ hours to finish. With a current of from 2 to 5 milliamperes this time could be very greatly reduced, and he is told that some operators take only from 2 to 3 minutes' exposure for each area. This means that the whole scalp could be irradiated in about three-quarters of an hour. He realizes that with such reduction of time there is greater risk of permanent alopecia; but, apart from this increased risk, is the short method devoid of danger?

ANSWERS.

CYCLE SADDLES.

DR. W. MORLAND HOCKEN (Birkenhead) writes in reply to "Cyclist": I should advise a genuine Christy saddle after an experience of many years and thousands of miles. If the patient is a light weight, say, up to 10 st., a lady's model is the nicest.

DIABETIC DIETING.

OMEGA.—We are advised that as each case of diabetes requires special and individual dieting, and that in particular the amount of carbohydrate food should be adjusted to each individual, it is impossible to recommend the use of fixed diet tables. Any work on dietetics may be used for the construction of dietaries.

THE TREATMENT OF BRONCHIAL ASTHMA.

SEVERAL replies have been received to the inquiry of "A General Practitioner" with regard to the treatment of bronchial asthma (March 21st, p. 692).

DR. CHARLES G. JARVIS (Paris) writes: Every one must agree that the therapeutics of bronchial asthma are highly unsatisfactory. Every suggestion, however, may be helpful, and I should like to mention the good results obtained in a surprisingly large number of cases by the following combination, which appears to act as an antispasmodic and a cardiac tonic: Caffein valerianate grs. ij, theobromine grs. v, in a cachet. I have found that two to four of those cachets in the twenty-four hours often suffice to ward off the attacks, or, at any rate, to render them less distressing, and the necessity for such potent remedies as morphine or adrenalin is thus obviated. The cachets should be kept in a well-closed box as their odour is unpleasant.

DR. ALEXANDER FRANCIS (London) writes to call attention to the view put forward by Dr. Francis Hare (*BRITISH MEDICAL JOURNAL*, 1911, vol. ii, pp. 1443, 1268, 1676; 1912, vol. i, p. 105) to the effect that bronchial asthma is due primarily to disturbance of the vasomotor system. "With an unstable vasomotor centre climatic and other irritations produce a cutaneous vaso-constriction and a compensatory vaso-dilatation elsewhere. If the vaso-dilatation happens to occur in the bronchial tubes, asthma, bronchial catarrh, etc., result. Moreover, the vaso-dilatation supplies a condition favourable to the growth and development of various micro-organisms, and in this way a microbic infection is apt to be added as a complication. Vaccines may destroy the micro-organisms, but they do not get at the root of the matter, and, by lowering the general resistance, not infrequently add to the patient's troubles. An example of the effect of the vasomotor disturbance is to be found in patients who are