

preponderated, but we find that the proportion of rectal cases is increasing.

		Urinary Cases.	Rectal Cases.
1920	...	81%	19%
1921	...	79%	21%
1922	...	74%	26%
1923	...	73%	27%

A certain number have the double infection, the disease being present both in the urinary tract and in the rectum. Moreover, in quite a number of cases both types of eggs—terminal spined and lateral spined—are found in the urine; and again both types in the rectum.

In our first 1,000 cases we found that a large proportion of the patients would not persist in the treatment, and we estimated that 20 per cent. of those who commenced gave up the course before they had received six injections. Fortunately this proportion has been steadily reduced as follows:

In the first 1,000 cases	20%	took less than 6 injections.
During 1920,	7.9%	took less than 6 injections.
" 1921,	7.1%	" " " "
" 1922,	5.7%	" " " "
" 1923,	4.9%	" " " "

So that now the proportion of patients who give up before they have really made adequate trial of the treatment is less than one in twenty; among them are a certain number we are obliged to recommend to discontinue the course on account of contraindications. It is, however, still difficult to induce some of the patients to continue treatment to the stage when they can be pronounced cured. In urinary cases the term "cured" signifies that only dead eggs have been seen in several examinations on consecutive days. In rectal cases patients are pronounced cured when they have finished the prescribed course—that is, twelve injections, totalling 27 grains, for strong adults, and a proportionately smaller amount for others.

We find that approximately 60 per cent. of our patients persist to the end of the treatment, both in rectal and urinary cases. Undoubtedly quite a large number of those who are not passed out as cured are really so in point of fact, but they do not wait to give us the chance of proving the fact conclusively by microscopic examination. Many of these latter take all but the last dose, or may even have taken a sufficient amount of the drug, but will not wait for the final examination. The chief reason for this is that, feeling so much relief, they consider themselves cured, and will not always listen to advice. Two factors that help considerably in preventing the majority of our patients from abandoning the course of treatment are: first, that nearly all these cases are treated as resident in-patients, some of them taking beds, but most of them lying on mats in our large open-air pavilion wards, specially kept for these and for ankylostomiasis cases; and, secondly, that most of them pay a fixed fee, which includes the cost of accommodation and food for the full time, and thus many prefer to remain in order to get their money's worth. Certainly the work can be carried on much more satisfactorily in every way with in-patients than with out-patients.

We have not changed our opinion as to the amount of the drug required to effect a cure in an average case, which is found to be between 20 and 30 grains, generally nearer 20 than 30 grains. Our experience is that a failure only occurs when some condition, such as weakness, loss of appetite, persistent cough, contraindicates continuance of the course; this is not a failure of the drug. No cases have been recorded at Old Cairo where the patient continued taking the full course and yet failed to be pronounced "cured" according to the above standard. There are, however, a certain number of cases which must be pronounced failures in another sense, in that though the drug apparently kills all the eggs and worms, yet the patient may not get relief from his symptoms. Particularly does this obtain in some late cases of the disease with great thickening of the bladder easily palpable above the pubes.

Mortality.

As previously reported, out of the first 370 cases in 1919, 6 died while taking the course (16 per 1,000), and there were altogether 10 deaths out of the first 1,000 cases. In 1921 there were 7 deaths (6.4 per 1,000), and in 1922 the

same number (6.6 per 1,000); in 1923 only 5 patients died (4.9 per 1,000). These numbers include all deaths that could in any way be attributed to the antimony, though it is by no means certain that all were caused by it, for we have had more than one case of sudden death in a bilharzia patient who had not yet started the course nor taken any antimony injection. The deaths nearly all occurred suddenly as in the first series, none immediately after an injection. The great majority of them were young adults or boys. Exactly half of those who died were rectal cases. The amount of antimony taken was quite small, the average being 11.6 grains.

Method.

Few changes have been made in the technique fully described in our previous article. We have now trained two senior orderlies, young Egyptians, to give the injections. This they do quite safely at the rate of 60 to 80 an hour. A bad arm through missing the vein is almost unknown.

Complications.

The large majority of the patients are also suffering from ankylostomiasis, which disease is treated concurrently with bilharziasis. Complications due to the disease itself, chiefly vesical calculus and perineal and rectal growths, are very frequent. More than ever do we see the benefit of combining the medical and surgical treatment of these complaints. We now make a rule that no case of perineal urinary fistula or rectal papillomata due to bilharziasis shall be operated upon until the patient has had a certain number of injections, usually about six. As a result the surgical conditions improve far more rapidly after operation than was formerly the case.

CONCLUSIONS.

1. The considerable numbers continuing to apply for treatment prove its popularity and efficacy.
2. There is a notable increase in the number of rectal cases applying for treatment, these amounting to more than one in four of the total number.
3. The patients are more willing than formerly to take a full course of injections, and only one in twenty gives up before he has received six injections, instead of one in five as formerly.
4. Treatment among in-patients is far more satisfactory than among out-patients, and charging a moderate fee is an incentive to complete the course.
5. The mortality among patients taking the course has been reduced by half, and is now only 4.9 per 1,000.
6. Insistence on a course of injections for those undergoing surgical treatment for bilharzial conditions enormously enhances its success.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

RHEUMATISM AND ERYTHEMA NODOSUM.

IN further support of the view that there is a relation between rheumatism and erythema nodosum, the last three cases I have met with may be of interest; I examined each case thoroughly for hereditary predisposition or signs of tuberculosis, which disease, some say, is associated with erythema nodosum. In none of these cases was there any suspicion or sign of tuberculosis, although this disease is very prevalent here.

CASE I.

A young woman, aged 21, had an erythematous eruption on the front of both legs, consisting of bright red oval patches, tender to the touch. The temperature was 100° F. On the following day both knees and one ankle became swollen and the throat was inflamed and painful; the temperature was 101° F. During the succeeding fortnight the pains kept "fitting" from joint to joint, whilst the eruption on the legs gradually darkened in colour, became less tender, and disappeared within a week. She gave a history of periodic attacks of rheumatism and sore throat, but never of a similar eruption.

CASE II.

A girl, aged 15; when seen was confined to bed with pains in knees and shoulders. The temperature was normal. The front of both legs was covered with scarlet-red elongated tender patches.

The rash disappeared within ten days, although the pains in the joints persisted for another week. There was a history of "growing" pains periodically, but never of any rash.

CASE III.

A woman, aged 25; when examined the knees and elbows were swollen and extremely painful. Temperature 100° F.; no rash. Two days later the joints became less painful and the temperature 99° F., but a purplish-red erythematous rash appeared on the front of both legs. The rash disappeared in a week. She gave a history of several attacks of rheumatic fever in childhood and frequent attacks of rheumatism, but could not remember having had a similar rash on the legs.

It is interesting to note that these cases all occurred in adolescent females. Although Cases I and III have had attacks of rheumatism since the attack described, yet the erythema nodosum has not recurred. In each case the rash was symmetrical and confined to the legs.

All these patients were treated by absolute rest in bed until all pains had disappeared, and intensive doses of salicylates until the temperature was normal and pains had subsided; then smaller doses were administered for a few weeks longer.

Wrexham.

M. NEWMAN, M.B., M.R.C.S.

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COMPLICATIONS OF ACUTE MASTOIDITIS.

THE two following cases are reported because it is believed that the complications observed are uncommon.

CASE I.—*Secondary Haemorrhage.*

A boy, aged 3½, on the third day of an attack of influenza developed acute left-sided mastoiditis. On the fourth day I opened the mastoid antrum and cells, the walls of which were soft and necrotic; the sigmoid sinus was exposed over a small area at the operation, but it was not opened.

On the fourth day after the operation the patient was much better—his temperature had become normal, and remained so; he was now under the care of his own doctor, who attended to the dressings. The doctor informed me that on the eighth day following the operation he was entering the patient's home to dress the wound, and on hearing him enter the child suddenly sat up in bed; this action was followed by profuse haemorrhage into the dressings. As quickly as possible the wound was plugged, but not before a considerable quantity of blood was lost. Two days later the wound was again dressed and again there was some haemorrhage, and during the night a fatal haemorrhage occurred before the doctor could reach the patient's home.

As in Mr. L. D. Mercer's case, reported in the JOURNAL of April 19th (p. 711), this unusual complication took place during the child's first attack of middle-ear disease. *Post mortem* a perforation was found in the lateral sinus.

CASE II.—*Paralysis of the Sixth and Seventh Cranial Nerves.*

An infant, aged 6 months, on the third day of an attack of influenza developed acute mastoiditis on the right side; the drum had perforated and muco-pus was discharging freely. On the same day the right eye turned inwards and remained fixed in that position; this was followed by facial paralysis on the same side; the child then became unconscious. I opened the antrum, which discharged pus under tension. Next day the patient recovered consciousness; the sixth nerve soon recovered its function, and this was followed by a slower recovery of the seventh nerve.

Interference with the function of the sixth cranial nerve is, I believe, a very rare complication of mastoiditis.

E. DRYBROUGH-SMITH,
M.D., F.R.C.S. Ed.

St. Leonards-on-Sea.

FIBROMA OF PREGNANT UTERUS: CAESAREAN SECTION: HYSTERECTOMY: RECOVERY.

THE following is an account of a labour where a living child was born after meconium had been passing from the uterus for six hours.

The mother, aged 29, had had one previous pregnancy two years ago. The child was stillborn, owing to prolapse of the cord. During this pregnancy she continued her housework up to the time labour commenced, except for two days in bed at the eighth month, with abdominal pains.

I was called in about noon on April 4th, and found what appeared to be a twin pregnancy with the os about one inch in diameter, no part of the foetus presenting, the uterus strongly contracting, and loss of meconium. The patient stated that the membrane had ruptured five days previously, and that she had been losing water on and off since. I left her for an hour and then examined again. The position was unchanged, but her pulse was rising, and so I asked Dr. Purslow to see her. He examined her at 3.30 p.m. under an anaesthetic and found a fibroid, the size of a foetal head, low down in the uterus; both the fibroid and the head of the child, which was presenting, were above the pelvic brim and could not be reached by the examining finger without an anaesthetic. The uterus was in a state of tonic contraction.

Her pulse was then 100, and she was removed to St. Chad's nursing home for Caesarean section. At 5.15 p.m. a living female child, 6 lb. in weight, was removed. Afterwards hysterectomy was performed.

The patient, who had bronchitis on admission, developed broncho-pneumonia on the sixth day after operation, but recovered. The child was suckled and has done well.

I report this case as I understand that it is unusual for a living child to be born after passing meconium for so long a time. Dr. Purslow notes: "The fibroid was too low down in the uterus to permit of myomectomy. After rapid removal of the foetus I closed the uterine incision and removed the uterus with the placenta *in situ* to minimize the risk of infection."

Smethwick.

CLYDE MCKENZIE, M.B., M.R.C.S.

Reports of Societies.

DEGENERATIVE CONDITIONS IN THE AORTA.

At a meeting of the Aberdeen Medico-Chirurgical Society on May 1st, the President, Dr. G. M. DUNCAN, in the chair, Dr. J. B. DUGUID read a paper on degenerative conditions found in the aorta. He had chosen the subject on account of the prevalent impression that atheroma was a condition found almost universally in the necropsies of those over 30 years of age. He had accordingly investigated the records of 100 consecutive necropsy examinations, and noted the changes found in the aorta under the three headings of atheroma, syphilitic aortitis, and superficial fatty change. In 48 of these cases there was no evidence of aortic degeneration; 27 showed definite nodular atheroma in varying degrees of severity; 11 showed definite syphilitic aortitis; 4 showed a state difficult to classify with certainty but suggestive of syphilitic disease; and 10 showed superficial fatty change. Of the total, 7 showed multiple changes. Dr. Duguid pointed out that the first group was not a collection of unusually young subjects, only 25 being under 40 years, and it was surprising to find so high a percentage of healthy aortas. In the 27 cases of definite atheroma the ages were between 55 and 74, and only one case of over 60 years showed no atheroma; from which one might conclude that atheroma was the disease of old age occurring in the aorta. After briefly describing the changes found in atheroma, Dr. Duguid indicated that it mostly affected the descending aorta. Syphilitic aortitis was then described, and emphasis laid on the constancy of its involvement of the first part of the aorta with a more diffuse and more irregular destructiveness; and on the age incidence, which was much lower than that of atheroma. From this, Dr. Duguid deduced that the lesion giving the so-called "murmur of old age" was unlikely to be a lesion of the first part of the aorta, as had been suggested, because the first part of the aorta was not the part commonly affected in the "disease of old age." In this deduction the state of the aortic valves was not considered, as the aortic orifice was regarded as a component structure of the heart. The 10 cases of superficial fatty change occurred in bodies aged from 38 to 73, but this condition was found even in infants, especially in cases of death from burning. All except two of these cases had died from acute suppurative conditions, and the condition of the aorta could be regarded as an acute toxic state. The histology of the condition was described, and Dr. Duguid pointed out that, like the other definitely toxic condition, syphilis, the first part of the aorta was often involved. From the infrequency of the incidence in necropsies the lecturer believed that this was a condition not specially related to atheroma or to syphilitic aortitis, and further, that it was a disease in which complete healing might occur.

Professor MARNOCH, Professor SHENNAN, Mr. A. MITCHELL, and Dr. RICHARDS exhibited specimens illustrating surgical pathology; Dr. J. CRUCKSHANK, photographs and specimens of tumours in fish; Dr. DUNCAN, microscopic slides of pathological states of the appendix; Dr. H. E. SMITH, specimens of tumours of the eyeball; and Dr. A. LOW, stereoscopic photographs of developmental anomalies in man and the lower animals.

of his operation for restoration of the round ligament. These extended researches into the supports of the uterus revealed his originality of mind and his habit of applying anatomy to everyday professional work. Other papers on gynaecological and obstetrical subjects, and on general surgery, were published in the *BRITISH MEDICAL JOURNAL*, in the *British Journal of Surgery*, and elsewhere. His active mind was often in advance of current practice; thus, in 1912, in the course of a short surgical paper, he foreshadowed the general adoption of conservative methods in dealing with diseased Fallopian tubes—methods which in later years he himself applied with success.

Dr. JOHN BRUCE of Grimsby, who died on April 23rd from pneumonia, aged 58, was born at Kelso, and was educated at the University of Edinburgh, where he graduated M.B., C.M. in 1890. After serving as junior medical officer at the Crichton Royal Asylum he went to Grimsby, where he founded a large general practice. During the war he commanded the 2/1st East Lancashire Field Ambulance, and saw service both in France and Belgium. His early studies in mental disease proved of great assistance to him in the treatment of cases of shell shock. He was twice mentioned in dispatches, and was promoted to the rank of lieutenant-colonel and awarded the O.B.E. During the war he suffered from a severe attack of trench fever, which undermined his constitution. He was demobilized in 1919, when he returned to his practice. Though in somewhat enfeebled health he continued to attend patients until four days before his death. Dr. Bruce was honorary physician to the Grimsby and District Hospital, medical officer in charge of the Psychotherapeutic Clinic of the Ministry of Pensions, a member of the North Lincoln Division of the British Medical Association, and had been president of the East York and North Lincoln Branch of the Association. He was appointed a justice of the peace for Grimsby in 1920.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 17th the following medical degrees were conferred:

M.D.—C. M. Billington, A. S. Burgess, D. V. Pickering, B. E. Jerwood.
B.Ch.—W. H. Craib, J. C. Ainsworth-Davis.

UNIVERSITY OF LONDON.

DEGREE CEREMONY.

Over 2,500 degrees and diplomas were presented on May 14th, when the annual degree ceremony of the University of London was held in the Albert Hall.

Principal's Report.

This figure gives some idea of the magnitude of the work done by the University, but some additional statistics were given by the Principal Officer, Sir Cooper Perry, in his annual report. The total admissions by all channels amounted, he said, to 7,731, as compared with 3,852 in the last year before the war, and 7,700 in 1922. Of these, 5,972 came in through the ordinary matriculation examination, 300 as graduates of other universities, 817 as holders of the Oxford or the Cambridge senior local certificate, 397 as holders of other approved certificates, and 245 after examination under Statute 116, which authorizes the admission of a student after a special test.

The total number of candidates for all examinations was 31,723, as against 11,920 in 1913 and 30,839 last year. The total number of successful candidates at all examinations was 12,926, and of those who obtained degrees and diplomas 2,598, as compared respectively with 6,343 and 1,301 ten years ago, and 13,209 and 2,422 last year. The roll of internal students comprised 8,865 names, as compared with 4,888 on the corresponding date in 1914 and 8,881 in 1923.

During the year the approval of H.M. in Council had been given to the recognition by the Senate of the Maudsley Hospital as an institution at which internal and external students might take the course in insanity prescribed in the curriculum in medicine preparatory to the M.B., B.S. degrees, and of the Welsh National School of Medicine as a school from which the University could receive certificates for the complete course of medical education, including clinical medicine and surgery, preparatory to the M.B., B.S. degrees for external students. Further, the Elizabeth Garrett Anderson Hospital had been recognized as an institution from which the University received certificates in respect of the three months' experience as clinical clerk in the gynaecological wards and outpatient department in preparation for the M.B., B.S. examination.

The negotiations between the Treasury, the University, and the Council of King's College with regard to the Bloomsbury site had been continued, and much good and patient labour had been accomplished in the working out of multifarious details. The situation with regard to the University headquarters at the Imperial Institute remained unchanged. The needs in respect of accommo-

dation were represented to the Colonial Office Committee on that building and, subsequently, to the Treasury. As an interim measure the congestion in the various offices had been relieved by the utilization of the space formerly occupied by the physiological laboratory. This was not an effective cure. The library of the physiological laboratory will be kept together as part of the University library and be developed in connexion therewith as a memorial to the late Dr. A. D. Waller. A special endeavour, by means of posters circulated to the colleges and schools and to the students' unions, had been made to draw the attention of students to the wide facilities provided by the University library, and it was largely due to this effort that in 1923 the increase in the number of readers and in book issues had been notable.

Speaking of the financial position of the University, the Principal stated that the triennial grant of the London County Council amounted to nearly £52,000 a year; the Council had also made grants of £1,000 in respect of libraries, of £500 for Scandinavian studies at University College, and of £5,000 for the completion and equipment of engineering laboratories at the same college. The county councils of Middlesex, Kent, Surrey, and Essex had made contributions, and the county boroughs of West Ham, East Ham, Croydon, and Southend had also made grants. There had been a conspicuous addition to the list of private benefactors through the gift by Mr. Geoffrey E. Duveen of £10,000 for the establishment of a university lectureship in otology, to which Mr. Richard Lake had been appointed. The Carnegie Trustees had promised to make a final grant for five years of £3,000 (in all) to the School of Librarianship, the Senate undertaking to provide in addition a total contribution of £4,500.

In conclusion, the Principal referred to the 800th anniversary of the Foundation of St. Bartholomew's Hospital, when an address was presented by the Vice-Chancellor, in the course of which full expression was given to the value to the University of its association with the hospital, which for so many centuries had rendered munificent services to humanity at large, and especially to the sick poor of London.

Vice-Chancellor's Charge.

In the actual presentation ceremony the Vice-Chancellor, Mr. H. J. Waring, was assisted by four of his colleagues on the Council. The Vice-Chancellor then delivered a short charge to the new graduates, dwelling on the value and worth to the community of university ideals and university trained men and women. He invited the new graduates to become members of Convocation, and in this and other ways to help the University in its work.

Service at Westminster Abbey.

After the ceremony in the Albert Hall a number of members of the University attended a special service in Westminster Abbey. The sermon was preached by the Bishop of Manchester, who said that as long as men set their hearts on material things competition led to conflict, division, envy, contempt, suspicion, strife, and war, but in spiritual things, among which he included learning, the more one had the more others had. The store of knowledge was not exhausted by those who made it their own; on the contrary, merely because they possessed it, others entered into a larger share through intercourse with them.

Graduation Dinner.

In the evening a graduation dinner was held in the hall of the Fishmongers' Company; the Vice-Chancellor was in the chair, and Sir Hugh Bell proposed the toast of the University and the new graduates. In reply Mr. Waring said that it was worth while to inquire why the University, in spite of the magnitude of its work, had failed to impress itself upon the great city in which it was situated. He believed that until the University obtained a building in a central situation distinctively associated with its work, which should be the outward and visible sign of its existence, it could hardly hope to make any proper impression upon the life of London. In the great School of Hygiene, the establishment of which had been made possible by the generosity of the Rockefeller Trustees, London would possess an institution unequalled in the world for furthering the study of preventive medicine. He expressed regret that it had not been possible so far to provide a post-graduate school in medicine, the need for which was urgently felt. A Government Committee had reported in its favour and the University had welcomed the suggestion, which afforded an opportunity to any inspired millionaire who wished to render to his fellow citizens and the world a service which it would be impossible to overvalue. Dr. H. L. Eason, one of the representatives of the Faculty of Medicine on the Senate of the University, in proposing the toast of The Guests, said that he did not accept the assertion that London did not realize the importance of the University. He went on to express the hope that by co-ordination between the Inns of Court, the Law Society, and the University, there would be established in London a great school of law comparable with those existing in America. The toast was acknowledged by the Solicitor-General.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting of the College held on May 16th, Sir Harold Stiles, President, in the chair, the nineteen successful candidates out of thirty-six entered, who passed the requisite examinations between January 14th and 18th, 1924, were admitted Fellows:

J. S. Bow, W. G. H. Cusack, T. Gardner, A. J. C. Hamilton, D. Huey, S. R. Jogekar, Captain R. N. Kapadia, I.M.S., H. T. Lippiatt, M. R. MacCharles, J. S. McLaren, Otto W. Niemeier, Major J. S. O'Neill, I.M.S., M. M. Ostrowski, Captain R. R. Maitland Porter, I.M.S., K. M. Purves, D. H. Saunders, F. N. Spittle, H. W. Whytock, G. A. W. Wickramasuriya.

The Bathgate Memorial Prize, consisting of bronze medal and set of books, was, after a competitive examination in *Materia Medica*, awarded to Mr. C. A. S. Hamilton.

was that his reason for having him sent back?—A.: Yes. Q.: Did he take reasonable care to ascertain the true facts?—A.: No."

The answers to Questions 7, 8, and 9, if justified, amount to a serious imputation on the character of Dr. Bond, and, in my opinion, there was no evidence on which the jury could properly arrive at any such conclusion. There was no evidence that Dr. Bond acted otherwise than in what he honestly believed to be the best interests of the plaintiff himself. But, looking at the summing up (sixteenth day, p. 68), there is some ground for the view suggested in argument that the jury were not intending to impute to Dr. Bond anything more than that at the time when he sent the telephone message to Malling he had had no opportunity of forming any belief at all as to the plaintiff's mental condition—not having then seen him—but acted solely on the notion that he had escaped from his brother's charge. But the telephone message itself as recorded in Dr. Adam's case book seems to me inconsistent with any such idea—no reference is made to the "escape." What is said is that the plaintiff does not appear to be fit to be at large. At all events, if this was all that the jury intended to find, the verdict in the form in which it was returned was not in accordance with such intention, and on that ground must be set aside. The plaintiff may or may not have been detained after he ought to have been discharged; on that question we are not called upon to express any opinion. If he was so detained it was the result of action by other people for whom Dr. Bond was not responsible. If he was not so detained then he has nothing to complain of. On the whole, therefore, as against Dr. Bond, the verdict and judgement must be set aside and a new trial ordered.

Lord Justice Scrutton.

Scrutton, L.J., also gave an exhaustive judgement to the same effect.

He said the case had naturally and deservedly attracted much public attention. Indeed, it had attracted so much attention that there was a danger of the real causes in dispute being confused. It was not an inquiry into the whole working of the Lunacy Laws with regard to the plaintiff, Mr. W. S. Harnett, with a power to the tribunal to award him compensation for any injuries he had suffered from the operation of those laws. It was not a Royal Commission to consider in what respects the Lunacy Laws should be amended to avoid the occurrence in future of any errors which had been made in Mr. Harnett's case. It was the trial of a complaint that two named persons over eleven years ago—between December 14th, 1912, and February 22nd, 1913—committed, either in combination or independently, specified wrongful acts for the direct consequences of which, if they were found to have acted wrongfully, those two persons must pay damages. If the inquiry were one into the whole working of the lunacy laws as to Mr. Harnett, there was considerable ground for thinking that he had been detained as a lunatic for much longer than he ought to have been. If it were a Royal Commission, this case showed that serious consideration should be given to the question whether the judicial inquiry preceding the making of the reception order should be more precise in its procedure by informing the alleged lunatic of the nature of the charges against him and hearing him in his defence. Another question also required much thought, whether the existing system of constant visits and reports afforded sufficient safeguards against undue prolongation of detention. When these questions were considered it might be found difficult to provide any more practical safeguards than were at present provided, and they must certainly be approached from the point of view of protection of the community as well as that of liberty of the individual. He had already expressed his opinion on these points once in the case of *Everitt v. Griffiths* (1920, 3 K.B., at pp. 197 and 198), and he concurred with Lord Moulton's view in the same case (1921, 1 A.C., at p. 693). In the present case the results were sufficiently startling to call for a careful examination of the legal questions involved. Dr. Bond was one of a number of members of the Board of Control, and a professional man of standing with large experience of persons of unsound mind. He had nothing to do with the original certifying of Mr. Harnett as a lunatic, with the asylum in which he was placed, or with his being let out on probation. He saw Mr. Harnett for the first and last time, until he was free from the asylum, during his detention for parts of three hours on the morning of December 14th, 1912. His lordship did not think Dr. Bond had ever heard of Mr. Harnett before that day: he received afterwards a few letters from him, but made no special examination of him. Mr. Harnett was in the next nine years in five places of detention examined by a number of experienced doctors, all of whom reported him of unsound mind. The jury found that Dr. Bond, when he saw Mr. Harnett, believed that he had escaped from the care of his brother, and that Dr. Adam, the resident physician of the asylum in which Mr. Harnett had been received, had retained a power to take him back, and that in consequence Dr. Bond sent him back to that asylum to be detained there. In spite of the fact that a number of independent doctors and visitors seeing Mr. Harnett in other asylums had certified that he was of unsound mind, without whose certificates he would have been a free man, Dr. Bond for that three hours' action had been held liable to pay £25,000 as damages for the whole of the nine years' detention, by a jury who did not see Mr. Harnett at the time Dr. Bond did, but eleven years afterwards when he was admittedly cured. One had to look closely into an eighteen days' trial which had produced this remarkable result. His lordship then dealt with the questions raised in the case and concluded: "I think the earnest—almost overwhelming—desire of judge and jury to make proper compensation to the plaintiff for wrongs which they think, probably rightly, he has suffered has prevented them from giving sufficient consideration to their equally strong obligation to do justice to the particular defendants whom the plaintiff is seeking to make liable and who are not necessarily the persons responsible for every, or any, wrong the plaintiff has suffered."

The Services.

SIR ARTHUR BANKART.

THE appointment of Surgeon Commander Alexander C. W. Newport, C.V.O., to the Royal Yacht *Victoria and Albert* is of interest. When the Prince of Wales visited Canada in 1919 and Australia in 1920 he was the principal medical officer of the *Renown*. In the Prince's Indian tour he was appointed medical officer to the Prince, and additional to the principal medical officer of the ship at that time. He succeeds Surgeon Rear-Admiral Sir Arthur R. Bankart, K.C.V.O., M.B., D.P.H., K.H.P., who, with the exception of the war period, has been serving continuously in the *Victoria and Albert* since 1901; immediately prior to this he had been the medical officer of the *Osborne*, then the yacht of the Prince of Wales (the late King Edward). He received the M.V.O. in 1898, the C.V.O. in 1911, and the K.C.V.O. at the end of the summer cruise of the King last year. He was mentioned in dispatches for his services in the battleship *Agincourt* at the battle of Jutland. He was promoted surgeon captain in June, 1920, and to his present rank in November last, and has therefore had already six months' service in it. The position of junior officers of this rank is at present rather unfortunate, as six is the established number allowed, and the whole of the four billets usually held by these officers—namely, the naval hospitals at Haslar, Plymouth, Chatham, and Malta—received fresh holders last year. As the usual length of service in these appointments is three years, it entails at least two years on half-pay before re-employment for some of the officers promoted. There is one officer junior to Sir Arthur Bankart, Surgeon Rear-Admiral Edward Sutton, C.M.G., who since the war was for over three years the Deputy Medical Director-General of the Navy, and who was appointed to the Admiralty for special duty in March last, so that it is probable his half-pay time will also be shortened.

Medical News.

A COMPLIMENTARY dinner was given to Dr. J. R. Whitwell, of St. Audry's Hospital, Melton, at the Great White Horse Hotel, Ipswich, on May 14th. The chairman was Dr. H. H. Brown, O.B.E., of Ipswich, and thirty-eight medical men were present. Dr. Whitwell has been twenty-seven years in charge of the asylum, and after an active life of work for the Suffolk Branch and the South Suffolk Division of the British Medical Association is now President of the Branch. Dr. Brown referred in suitable terms to Dr. Whitwell's services, to his good judgement, and to his powers of friendship.

THE President of the Royal Society (chairman of the General Board of the National Physical Laboratory, Teddington) has issued invitations to visit the institution on the afternoon of June 24th.

AN open-air lecture arranged by the Chadwick Trustees will be given in the Chelsea Physic Garden on June 4th by Sir David Prain, F.R.S. The gardens will be open to inspection at 4.30 p.m. and the lecture, the subject of which is the economic and hygienic relationships of cinchona bark and its alkaloids, will be delivered at 5.15.

DR. ROBERT J. SMITH, O.B.E., barrister-at-law and lecturer on forensic medicine at the Welsh National School of Medicine, Cardiff, has been appointed City Coroner for Cardiff.

THE annual public meeting of the medical missions department of the Society for the Propagation of the Gospel in Foreign Parts was held on May 14th, with Sir Humphry Rolleston in the chair. During 1923 the total income of the department was £21,396, and it is estimated that an income of £20,552 will be required during 1924 to provide for the expenses of administration and propaganda and to assist the erection of buildings. During the past year new hospitals have been opened at Singapore, Ta Tung Fu, St. John's (Kaffraria), and Keiskama Hoek, whilst new buildings were opened in connexion with St. Barnabas's Hospital, Ntlaaza. A three weeks' post-graduate course for Chinese doctors was held at the Shantung Christian University; it was attended by sixteen doctors from widely different parts of China.

DR. ARTHUR T. JONES, of Mountain Ash, the secretary of the North Glamorgan and Brecknock Division of the British Medical Association, has been appointed High Constable for Miskin Higher for the coming year.

Two research fellowships, each of the value of £300 per annum, are offered by the Obstetrical and Gynaecological Unit of the London (Royal Free Hospital) School of Medicine for Women. Applications must be received by the Warden and Secretary by June 13th. Further particulars are given in our advertisement pages.

THREE lantern demonstrations on the pathological histology of cancer will be given in the Anatomy Lecture Theatre of the Medical School of the University of Manchester by Dr. C. Powell White, at 4.30 p.m., on Tuesdays, May 27th, June 3rd and 17th. Further particulars will be found in our advertisement pages.

THE council of Epsom College will shortly award the following three scholarships. The Sir Walter Buchanan entrance scholarship—value about £33 a year—is primarily intended for the sons of deceased or prematurely invalidated officers of the Indian Medical Service, or, failing such candidates, for the sons of British medical practitioners in necessitous circumstances who have practised in India for at least five years. The Leopold Salomons entrance scholarships—value about £50 a year—are restricted to the sons of medical practitioners whose financial condition renders it impossible or difficult to obtain an education for their sons at Epsom without help. The St. Anne's Home scholarship—value £48 a year—will be given to a deserving and necessitous orphan daughter of a medical practitioner who had been for not less than five years in independent practice in England or Wales. Forms of application for these scholarships can be obtained from the secretary, Mr. J. Bernard Lamb, 49, Bedford Square, W.C.1.

MR. H. MORRISTON DAVIES, F.R.C.S., will give an address illustrated by lantern slides at a meeting of the North-Western Tuberculosis Society to be held at the Tuberculosis Offices, Joddrell Street, Manchester, on Thursday next at 3.15 p.m.; the meeting is open to medical practitioners.

THE biannual dinner of the Aberdeen University Club, London, will be held at Gatti's Restaurant, Strand, W.C.2, on Saturday, May 31st. Professor John Harrower will take the chair at 7.30 p.m. The honorary secretary, Dr. W. A. Milligan, 11, Upper Brook Street, W.1, will be pleased to hear from past or present graduates (men or women) wishing to attend the dinner or join the club.

AMONG those elected Fellows of the Royal Sanitary Institute this month are Dr. E. G. Annis, M.O.H. Greenwich; Dr. Joseph Beard, M.O.H. Carlisle; Dr. W. W. Jameson, M.O.H. Finchley; and Dr. J. Wheatley, M.O.H. Shropshire. Dr. Ludwith Rajchman, Medical Director of the Health Section of the League of Nations, has also been elected a Fellow, as has Lieut.-Colonel J. I. Smith, M.R.C.V.S., of Johannesburg.

A CONFERENCE on science and labour, organized by the British Science Guild and the National Joint Council of the Trades Union Congress and Labour Party, will be held at the British Empire Exhibition, Wembley, on Friday and Saturday, May 30th and 31st, under the presidency of Lord Asquith. The place of meeting is Conference Hall No. 2, in the Palace of Industry. The subjects to be discussed are: the place of science in government; scientific research and industry; science and production; science and the human factor; science and educational organization. The secretary is Mr. T. Ll. Humberstone, B.Sc., 15, Gower Street, W.C.1.

A FOUR weeks' post-graduate course in gynaecology begins on June 2nd at the Chelsea Hospital for Women. A series of eight clinical demonstrations will be given from June 3rd to 27th on the more important diseases of tropical countries by Dr. G. C. Low and Dr. Manson-Bahr at the London School of Tropical Medicine. An intensive course will be given at the Royal Northern Hospital in conjunction with the Royal Chest Hospital from June 16th to 28th. From June 16th to July 12th a four weeks' course in urology will be held at St. Peter's Hospital for Stone. A two weeks' course on diseases of children will be held at the Children's Clinic (Western General Dispensary) from June 16th to July 4th. Further particulars of these courses may be obtained from the Secretary, Fellowship of Medicine, 1, Wimpole Street, London, W.1.

ON the occasion of the two hundredth anniversary of Kant's birth, which has recently been celebrated at Königsberg, several papers have been published in the German medical press showing the influence of Kant's philosophy on medicine.

OWING to the insanitary conditions connected with the earthquake there has been a great increase this year in the number of cases of dysentery and typhoid fever in Tokyo.

IN Germany in 1923 550 cases of infantile paralysis occurred, as compared with 593 in 1922. The incidence was highest from August to November. Prussia had 291 cases, of which 59 occurred in Berlin.

THE late Mr. H. H. Wills founded a St. Monica Home of Rest at Westbury-on-Trym, Bristol, for the benefit of gentlefolk in poor circumstances suffering from certain chronic or incurable ailments. Mental cases, epileptics, sufferers from an infectious or contagious complaint, or from cancer are not eligible. The Home will not be ready until the end of this year, but its council has power to give financial assistance to a limited number of persons who cannot be accepted as inmates, and is ready now to consider cases. Inquiries should be addressed to Mr. W. W. Ward, Merchants' Hall, Bristol. The benefits are restricted to members of the Church of England.

THE late Sir Malcolm Morris has left estate of the value of £29,461.

DR. W. G. AITCHISON ROBERTSON, author of a *Manual of Medical Jurisprudence, Toxicology, and Public Health*, has been called to the bar by Lincoln's Inn.

THE International Congress for the Study of the Problems of Industrial Hygiene will be held at Geneva from July 18th to 20th, when the following subjects will be discussed: I. Industrial lighting and ocular fatigue: (a) Technical report, by Dr. Gaster of London; (b) General physiopathology, by Oblath of Trieste; (c) Lighting of mines and fatigue of the visual apparatus, by Stassen of Liège. II. Vitiated air in workshops: (a) Ventilation, by Professor Leonard Hill of London; (b) Dust and smoke, by M. Kohn-Abrest of Paris; (c) Gas, by Professor Lehmann of Würzburg. III. Value of fatigue tests: (a) Chemical methods and general review of tests for fatigue, by F. Lee of New York; (b) Mechanical and graphic methods, by Professor M. Patrizi of Bologna; (c) Psychological methods, by Wytt of London. Further information can be obtained from Professor Cristiani, Institute of Hygiene, University of Geneva.

Letters, Notes, and Answers.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—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. Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.2.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone 4737, Dublin), and of the Scottish Office, 6 Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

PUBLIC ANALYSTS' FEES.

"T. D. H." asks: What is the usual fee charged by county analysts for estimating the percentage of cream and solids in milk; also for informal estimates of cream only?

* * We understand that fees of varying amount are charged in different circumstances. Some county councils provide for such tests at a charge of 2s. 6d. to the applicant. In these cases it is usually done by a salaried officer in his capacity as agricultural analyst, and is intended for assistance to the farming industry. The agricultural analyst is often the same individual as the public analyst, the latter being an officer appointed under the Food and Drugs Act. A county analyst who is not a salaried officer but is left to realize a livelihood out of fees, and has to bear the charges of maintenance of his laboratory, would generally charge 10s. 6d. for the two estimations and probably 5s. for fat alone. He might consent to do an informal estimation of the fat for less if he were satisfied that he would not be challenged to substantiate his certificate afterwards, but he can rarely trust to such expectation and must observe the same care as if serious consequences depended on his finding. The Food and Drugs Act provides, however, that any person may submit an article for analysis to the public analyst of the district in which the article was sold and demand an analysis at a charge of 10s. 6d.

LIFE AND SLEEP.

"MORPHEUS" wishes to know whether any estimate has been made of the approximate number of years which the normal person spends in sleep in the course of a life of average length, and, if so, what was the result.