

rapidly rose to a maximum of 104.6° on January 29th. The throat had cleared and there was now an entire absence of symptoms except constipation. The striking feature of the case at this time was the general well-being and the alertness of mind despite the temperature—a state of affairs contrasting strongly with the ordinary typhoid picture. The pulse was disproportionately slow in comparison with the temperature. The blood gave a positive Widal reaction for *B. typhosus* up to a dilution of 1 in 150, but was negative for *B. paratyphosus* A and B; in view of the clinical picture I was, however, reluctant to accept a diagnosis of typhoid fever.

At this point I became aware of two facts of which previously I had been ignorant—namely, that the patient kept a herd of Jersey cows, more or less as a hobby, and that he had had cases of *abortus* fever in the herd. One heifer had recently aborted after $7\frac{1}{2}$ months' gestation, and the milk from this animal had been used in the house. On February 4th Dr. Cohen of Liverpool was called in consultation; he agreed that the case was one of undulant fever, and that the possibility of typhoid fever might

be ignored, the Widal reaction being modified probably by repeated war-time T.A.B. inoculation.

A further blood test was now performed by Dr. Grace of the Chester Royal Infirmary, with the following results. On three occasions the serum gave an agglutination to *B. typhosus* up to a dilution of 1 in 300; *Br. abortus* was agglutinated twice up to a dilution of 1 in 200; and *M. melitensis* up to a dilution of

1 in 200, using the standardized agglutinable emulsions supplied by the Medical Research Council. A blood count showed: red cells 4,500,000 and white cells 3,750 per c.mm.

The second period of pyrexia lasted for nine days, and up to date (February 13th) there has been an apyrexial

period of eight days. The urine and faeces were not examined bacteriologically, nor was a blood culture made. The spleen was not enlarged, and there was no sign of spots or any kind of rash.

The most striking features of the case were the disproportionate slowness of the pulse, the mental alertness, and the state of general well-being despite the high temperature.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SURGICAL EMPHYSEMA FOLLOWING DENTAL TREATMENT.

THE occurrence of surgical emphysema of the face and neck as a sequel of dental treatment would seem to be an incident worthy of being placed on record.

On the evening of February 13th I was called to see a young married woman, aged 24, who was complaining of pain and swelling on the left side of her face and neck as far down as the clavicle. On examination I found that the left side of the face from the orbit downwards, and the left side of the neck as far down as the clavicle in front, and the scapula behind were slightly swollen, and on palpation were definitely crepitant, indicating the presence of air under the skin. I learned that a few days before she had had a small apical abscess of the left lateral upper incisor tooth drained through the nerve cavity by her dentist. She had the nerve cavity treated with antiseptics on several occasions, and in the afternoon of the day on which I saw her she had the cavity cleaned and filled. While the dentist was drying out the cavity with hot air she felt a sudden pain just below the left eye, and said her face felt as though it had been blown up by a bicycle pump. Presumably, when the dentist blew the air into the cavity, he must have occluded the opening of the cavity with the end of the instrument, and in this way forced the air up the nerve channel; from this it escaped through the infra-orbital foramen under the skin, and from there spread down the cheek and into the neck. The air took about four days to absorb.

Winchester. C. B. S. FULLER, M.C., M.D., M.R.C.P.

UTERINE FISTULA.

WITH NOTES ON THE TREATMENT OF FISTULAE AND SINUSES.

I do not know whether the following method for marking out the track of a sinus or fistula has been previously described. It is specially useful for anal fistulae and other similar conditions in which it is extremely difficult to follow all the windings of the track.

The sinus or fistula is first well syringed with sodium bicarbonate solution, 1 drachm to the pint, in order to remove all pus. Aqueous methylene blue solution is then forced in by a syringe, gauze being held tightly round the nozzle in order, as far as possible, to prevent the solution coming back past the nozzle. If the methylene blue solution is forced in properly, all the walls of the sinus or fistula will be coloured dark blue, and it is the easiest thing in the world to follow the track. If, then, everything blue is removed one may be certain that one has cleared out the whole track.

An interesting case I had recently illustrates a further use of this method.

A young woman on whom I had twice performed Caesarean section had some sepsis of the abdominal wall after the second operation. A small abscess formed, which was opened, and the patient left the hospital soundly healed. Seven months later she came back with a small sinus in the middle of the scar, from which she complained that there had been a profuse discharge of blood for three days recently. The bleeding had then stopped. Thinking that it was a stitch abscess I anaesthetized her, and after forcing in methylene blue proceeded to open up the sinus. A piece of silk, firmly attached, was found in the sinus. Knowing that the only silk used at the last Caesarean section was that employed in suturing the uterus, I proceeded to make a vaginal examination to determine the position of the uterus. I then found that methylene blue was coming out of the vagina. The uterus was found to be adherent to the anterior abdominal wall opposite to the opening of the sinus. It had doubtless been anchored there by the sepsis following the last Caesarean section.

The case was then clear—the sinus was a uterine fistula. Subsequent inquiries revealed the fact that she was menstruating at the time of the discharge of blood from the sinus; so this was obviously menstrual blood. I removed the uterus, and the patient left the hospital with a sound abdominal wall.

Mandalay, Burma.

W. F. BRAYNE, M.B., Ch.B.,
Lieut.-Colonel I.M.S.

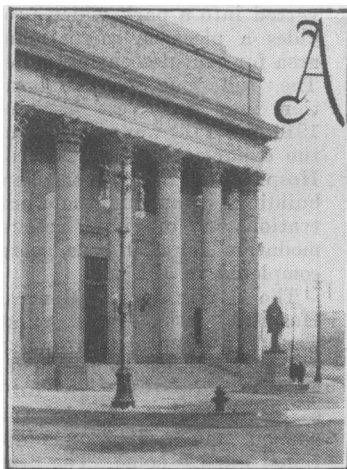
Reports of Societies.

ETHYLENE ANAESTHESIA.

At a meeting of the Section of Anaesthetics of the Royal Society of Medicine on May 2nd, with Dr. R. E. APPERLY in the chair, the subject of ethylene anaesthesia was discussed.

Dr. R. J. CLAUSEN said that, although previous investigations had been recorded, the use of ethylene anaesthesia dated from 1923, when Luckhardt of Chicago reported cases. References were more frequent in the literature of the United States and Canada than in that of this country, but the subject was dealt with in a paper by Fairlie of Glasgow at the Annual Meeting of the British Medical Association last year (*Journal*, November 16th, p. 891). The gas, the chemical formula for which was C_2H_4 , was colourless, with a characteristic smell, part of which might be due to impurities. It was highly inflammable, and, when mixed in suitable proportions with air, oxygen, or nitrous oxide, was explosive. The speaker's own experience included 371 administrations, 92 of which were for dental extraction, and most of the others in gynaecological cases. With few exceptions McKesson's gas apparatus was used. The longest duration of anaesthesia was two hours twenty-five minutes; in four other cases it was over two hours. The preparation and premedication of the patient followed

NINETY-EIGHTH ANNUAL MEETING of the British Medical Association. WINNIPEG, 1930.



BANK OF MONTREAL.
(Photo by P. McAdam, Winnipeg.)

THE invitation of the Canadian Medical Association the ninety-eighth Annual Meeting of the British Medical Association will be held at Winnipeg next summer, under the presidency of Professor W. Harvey Smith, who will deliver his inaugural address on Tuesday, August 26th. The scientific and clinical business of the meeting is being organized in fourteen Sections, which will hold their sessions on Wednesday, Thursday, and Friday, August 27th, 28th, and 29th, the mornings being given up to discussions and the reading of papers, and the afternoons to demonstrations and special addresses. The names of the Officers of Sections, with other preliminary notes, are published in this week's *Supplement*, and further details of the arrangements will appear from time to time in later issues. Members who propose to take part in the meeting should write at once for particulars about the journey by sea and land to the Financial Secretary and Business Manager, B.M.A. House, Tavistock Square, London, W.C.1. We publish below the fourth of a series of historical and descriptive articles on Winnipeg and its institutions, contributed by Dr. Ross Mitchell; the first appeared on January 4th (p. 32), the second on February 15th (p. 300), and the third on March 22nd (p. 556).

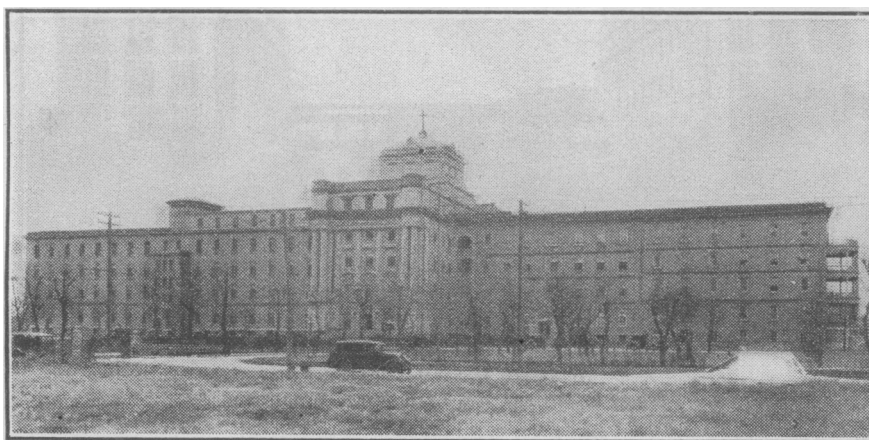
THE HOSPITALS AND NURSING SERVICES OF GREATER WINNIPEG.

ST. BONIFACE HOSPITAL.

Two hospitals in Greater Winnipeg stand out with respect to age and size: the Winnipeg General Hospital and Hôpital St. Boniface—the former in the west end of Winnipeg, the latter on the east bank of the Red River, opposite the junction of the Red and Assiniboine Rivers. Hospitals were called into being after 1871, owing to the influx of settlers following the purchase by Canada of Rupert's Land from the Hudson's Bay Company, and the coming of Lord Wolseley's expedition to quiet the disturbances incident to the change of government necessitated by the creation of the new province of Manitoba.

Even before that date there had been organized care of the sick. At midnight, on June 30th, 1844, four sisters of the Grey Nuns of Montreal arrived at St. Boniface in a bark canoe. Almost from the time of their arrival they entered upon their duties of teaching orphans and caring for the sick. Their proper title is Les Sœurs de la Charité de l'Hôpital Général de Montreal, but from their costume they are commonly known as the Grey Nuns. In 1871 they had managed to acquire sufficient funds to build a hospital which would accommodate four patients. In 1877 they acquired a large house which could accommodate

ten patients. The demand for beds increased so rapidly that ten years later the corner stone of the present hospital was laid. This first building was of brick, and measured 80 feet by 40 feet. In 1893 a transept 140 feet by 50 feet was added. St. Roch's Hospital for infectious diseases was established in the same year. A south wing 223 feet by 36 feet was erected in 1905. In 1917 the central part of the



PRESENT ST. BONIFACE HOSPITAL.
(Photo by Mr. and Mrs. Cyril Jessop, Winnipeg.)

building was enlarged. It has a fine front of Tyndall stone, is six stories high, and measures 167½ feet by 52 feet. In 1927 a residence for fourteen interns was built. In 1928 a fine residence to accommodate 166 nurses was erected, and in 1929 a still further addition to the hospital was made. At the present time the hospital contains six hundred beds, and is completely

equipped. It is a teaching hospital of the University of Manitoba.

The Grey Nuns owe their origin to the Venerable Marie-Marguerite Dufrost Lajemmerais (Madame d'Youville) and the Rev. Louis M. Normand du Faradon, one-time Superior of the Seminary of St. Sulpice of Ville Marie, now Montreal. The order was founded in 1738, when the first city of Canada was little more than a village nestling on an island at the edge of a limitless wilderness.

THE WINNIPEG GENERAL HOSPITAL.

The Winnipeg General Hospital is junior to St. Boniface Hospital only by a short time. In 1871 a meeting was called by Lieutenant-Governor Archibald, and among those who attended were the Hon. A. G. B. Bannatyne, the Hon. Alfred Boyd, and Dr. J. H. O'Donnell. At this meeting a Board of Health was formed, and steps were taken to begin hospital work immediately.

On December 13th, 1872, the Winnipeg General Hospital was organized, but it was not until May 14th, 1875, that provincial letters of incorporation were taken out, a step rendered necessary by an appeal to the Provincial Government for assistance.

The first building occupied by the hospital was situated on the north-west corner of McDermot and Albert Street. This building had been occupied only two or three months when the hospital was moved to a house somewhere in the rear of the present Bank of Montreal, and afterwards to one on Notre Dame Avenue, owned by the late Dr. Schultz. From there it was moved to the bank of the Red River at a point south of Broadway on the present location of the Canadian National Railway. In 1875 the hospital was removed to Main Street North, to property owned by the late Hon. John Norquay. The sixth move was to a home owned by the hospital between Bannatyne and McDermot, close to the present location on land donated by the late A. G. B. Bannatyne. This location was selected with a view to placing the institution in that portion of the city which would most centrally meet the needs of the future, and the site chosen proves the wisdom and forethought of those responsible for the conduct of the Winnipeg General Hospital in the early days. The buildings erected accommodated sixteen public ward patients and four private patients, and had a small operating room.

With the beginning of the C.P.R. construction the large influx of settlers soon made the need for much greater accommodation apparent, and while arrangements were being made to collect funds for extensions the hospital was moved to the Dominion Government Immigration Hall on Point Douglas Common. It was decided that the lot that had been donated to the institution by the late A. G. B. Bannatyne and A. McDermot was not large enough, and this was exchanged for a block to the west of Olivia Street, and the adjoining block was purchased from the executors of the McDermot Estate for \$5,000.00. On this a building costing \$65,000 (£13,000) was erected and formally opened in 1884. The preponderance of males among the patients showed that Winnipeg was still a pioneer city, the proportion of males to females being ten to one.

A Nurses' Home and Maternity Department were added in 1888, and the Isolation Hospital was built in 1892. The growth of the city soon made further accommodation absolutely necessary, and in 1897 arrangements were made for the erection of a surgical wing, which was opened in 1899, and in 1904 a wing was erected at the east end of the medical building and the administration portion was remodelled.

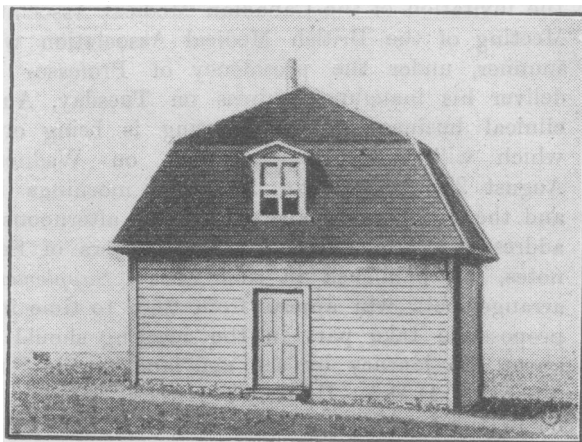
In 1906 Bannatyne Avenue in front of the hospital was diverted to form a crescent so as to increase the site of the hospital, and the vacant square to the north was converted into a park, which provides a pleasant recreational area for convalescent patients.

The full tide of immigration into the West between 1910 and 1912 was reflected in the expansion of the General Hospital at that time. New buildings, shown in the illustration, and providing accommodation for 250 beds, were completed in 1913.

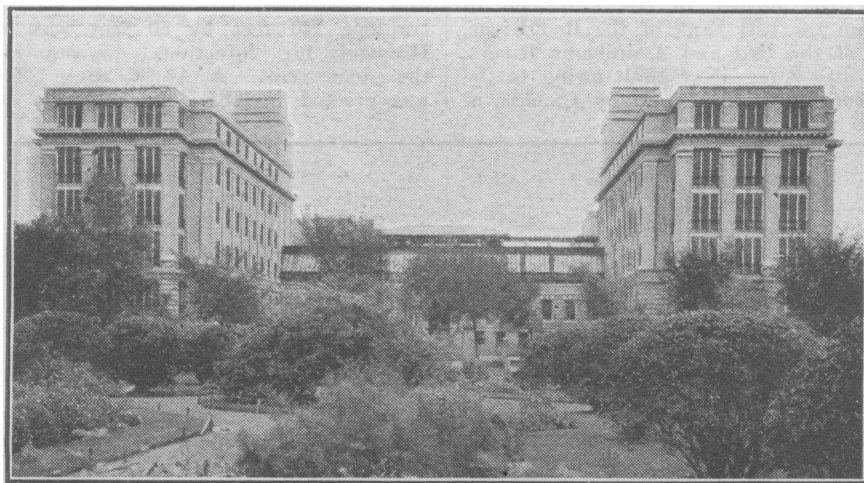
The Winnipeg General Hospital was the first Canadian hospital to organize a social service department. This was in 1910. In 1919 a psychopathic ward was opened, and in 1922 an additional nurses' home. The first graduating class of nurses wrote their examinations in

1889. Since that time over 1,100 nurses have graduated from the hospital training school. The Medical College, which houses the Medical Faculty of the University of Manitoba, lies immediately to the west, and is connected with the hospital buildings by an underground passage. The General Hospital is practically the University hospital, and during its fifty years' existence more than 850 graduates in medicine have passed through its halls. These largely provide the medical service for Western Canada.

The hospital has accommodation for 700 beds. There is a large private service open to the patients of any reputable physician or surgeon in the community, and a public service under the care of the honorary attending staff, numbering thirty-two. The department for out-patients is very large, and an honorary staff of forty-five doctors minister to their ills.



FIRST ST. BONIFACE HOSPITAL (1871).



WINNIPEG GENERAL HOSPITAL.

(Photo by Mr. and Mrs. Cyril Jessop, Winnipeg.)

THE TUBERCULOSIS CENTRAL REGISTRY AND CLINIC.

Up to the present the fight against tuberculosis in Manitoba—with the exception of King Edward Hospital, Winnipeg, for advanced cases, to which reference is made elsewhere—has been directed from the Manitoba Sanatorium at Ninette, 160 miles west of Winnipeg. In 1929 it was decided that since nearly half of the population of the province lies within a radius of ten miles of the Winnipeg City Hall, a Central Registry and Diagnostic Clinic should be established in the city. A brick building immediately to the east of the Winnipeg General Hospital

was purchased, and is being remodelled. It will be connected by an underground passage with the General Hospital. When alterations are completed the structure will be used as a diagnostic clinic and a registry of all known cases of tuberculosis and tuberculosis suspects in the province.

MISERICORDIA HOSPITAL.

Third in point of size among the hospitals of Winnipeg is Misericordia Hospital. It is under the direction of the Institute of the Sisters "de Misericorde," which was founded in Montreal on May 1st, 1845, and canonically approved on January 16th, 1848. The objects of the Institute are to help in the moral rehabilitation of the unfortunate victims of a deceitful world, and to receive, nurse, and bring up the poor forlorn children. Its motto is "Misericordia derelictis." In 1898 a House of the Institute was established in Manitoba. Four sisters were brought out. Shortly after their arrival they bought land on Broadway, where they intended to lay the foundation of a permanent establishment. Unforeseen circumstances compelled them to abandon that site, and a new site was secured at the foot of Sherbrooke Street, close to Maryland Bridge over the Assiniboine. In 1900 the first part of the present structure was completed.

In 1907 the hospital was enlarged, and in 1912 the Asile Ritchot was built at St. Norbert to give shelter to 100 babies. In 1916 a training school for nurses was established, and the hospital, which at first had received only obstetrical cases, became a general hospital. In 1927 a large fireproof addition fronting on Wolseley Avenue was built. It contains splendidly equipped operating rooms and laboratories as well as wards, which bring the total capacity of the hospital to 225 beds.

THE CHILDREN'S HOSPITAL.

In 1906 the idea of starting a hospital exclusively for children was brought before the Local Council of Women. A committee of four was chosen, with power to add to their number. It was decided to open a hospital for children in a locality where the death rate was highest, and, until the venture had shown its value, to solicit no funds, but to raise them by their own personal efforts and the efforts of their friends. By running a teasshop, bazaars, literary teas, selling paper violets on the streets, and in other ways these women finally secured sufficient funds to enable them to rent a large house. On February 6th, 1909, the hospital was opened with one baby patient, one superintendent, one maid-of-all-work, and a full staff of honorary physicians and surgeons. In that year 282 children were admitted and 546 new patients treated.

With the need of a hospital for the exclusive treatment of children established, a site of three and a half acres was procured on Aberdeen Avenue, overlooking the Red River. The present hospital was erected, and was opened for patients in November, 1911. It was formally opened in July, 1912, by H.R.H. the Duke of Connaught, and he and his consort became patrons of the hospital.

In 1916 a complete laundry unit was built, and in 1918 a nurses' residence. In 1925 the Shriners' Hospital for Crippled Children established a unit for the treatment of twenty patients by using one ward of the hospital. In 1928, by an addition, accommodation was provided for thirty-two. At the present time the hospital can accommodate 133 patients. The out-patient department is splendidly equipped with quartz lamps and other apparatus for phototherapy, supplied by the Kiwanis Service Club.

THE BUREAU OF CHILD HYGIENE.

Adjoining the Children's Hospital is the Milk Dispensary owned by the City of Winnipeg and under the direction of the Bureau of Child Hygiene, a division of the Health Department. In 1912, the year prior to the institution of the Bureau of Child Hygiene, the death rate of infants under 1 year was 207 per 1,000 live births. In 1928 the infant death rate was 63. The Bureau has three distinct services: the babies' clinic, milk dispensary, and visiting nurses. In the milk dispensary are prepared by trained dietitians the modified feedings prescribed by the clinic, the Children's Hospital, and private physicians. The clinic

is open daily, except Sundays, from 9 a.m. to 5 p.m., for consultations, advice, and the weighing of babies. The nurses number fourteen—thirteen district nurses and one in attendance at the clinic.

GRACE HOSPITAL.

Grace Hospital was organized in 1904 by the Salvation Army in order to care for unfortunate girls and to provide accommodation for maternity patients. It was incorporated in the same year by special Act of the Manitoba Legislature, and for a time work was carried on in a rented house on Young Street. In 1905 the corner stone of the first section of the hospital at the corner of Preston and Arlington Streets was laid by the Hon. R. P. Roblin, Premier of the province. In 1911 the hospital was considerably enlarged, and in 1927 a fully modern building, of fireproof construction, four stories in height, and fronting on Arlington Street, was opened by Lady Willingdon, wife of the Governor-General of Canada. The three lower floors contain wards and nurseries, while on the fourth floor are waiting rooms, labour rooms, and operating rooms with the latest equipment. With this addition Grace Hospital now contains 140 beds for patients, and also accommodation for sixty girls, as rescue work among the unfortunate has always been part of the work of the Salvation Army.

VICTORIA HOSPITAL.

Victoria Hospital, on River Avenue in Fort Rouge, was built in 1912 by the late Dr. Thomas Beath. A few years previously Dr. Beath had built and operated a hospital on Bannatyne Avenue near the Winnipeg General Hospital. This structure, a wooden building, was later used for a short time by the City of Winnipeg as a hospital for infectious diseases.

Victoria Hospital is seven stories in height, of reinforced concrete and brick construction, and has accommodation for 103 adult patients and 18 babies in the five floors used for hospital purposes. The nurses' home, a solid brick building, adjoins the hospital, while across River Avenue is the Annex, a brick veneered building. This provides quarters for the social service home and for hospital attendants. The hospital is general, and accepts all cases which are not contagious or infectious. It is an "open" hospital in which any registered physician of good standing may attend his cases. Dr. Beath was managing director until 1919, when he resigned on account of ill health. The present direction of the hospital is vested in a board of directors, with Dr. J. R. Thomson as managing director.

ST. JOSEPH'S HOSPITAL.

St. Joseph's Hospital, Winnipeg, conducted by the Sisters of St. Joseph, is situated on the corner of Salter Street and Pritchard Avenue, North Winnipeg; it was built in 1918, and operated as a private hospital until June, 1923, when it was taken over by the Sisters of St. Joseph of Toronto, and immediately converted into a general hospital of fifty beds; in September of the same year a training school for nurses was opened.

In January, 1927, a new unit containing operating rooms and private and ward accommodation was opened, and a staff of attending doctors was formed for the departments of surgery, medicine, gynaecology, obstetrics, and eye, ear, nose, and throat. A radiologist and pathologist have since been appointed. In the same year an out-patient department was opened. The training school for nurses is under the direct supervision of the Sisters of St. Joseph, and is affiliated with the King George and King Edward Hospitals for communicable diseases.

The Order of the Sisters of St. Joseph was established at Le Puy, France, October 15th, 1650, by Mgr. Henri de Maupas, Bishop of Le Puy. In 1836 the first American foundation was made from the community at Lyons, France; and on October 7th, 1851, the first Canadian foundation was made at Toronto, Ontario. The special purpose of the Congregation of the Sisters of St. Joseph is the instruction and Christian education of youth, and the direction of charitable works, such as orphanages, hospitals, and homes for the poor and aged.

THE MUNICIPAL HOSPITALS.

The municipal hospitals, comprising King George Hospital for acute communicable diseases, King Edward Hospital for advanced pulmonary tuberculosis, the Small-pox Annex, nurses' home, power house, and superintendent's residence, are grouped in the south end of the city in a twenty-five-acre park, triangular in shape, with the Red River forming the base of the triangle. King George Hospital has 200 beds, King Edward Hospital 100 beds, and the Small-pox Annex 30 beds.

Hospital service as a civic utility dates back to January, 1911, when the old Beath Hospital, on Bannatyne Avenue near the General Hospital, was purchased to provide for the cases of scarlet fever prevalent at that time. Five months later a temporary building for cases of advanced pulmonary tuberculosis was opened. This building was located on the site in the Riverview district mentioned in the previous paragraph. In July, 1912, King Edward Memorial Hospital was ready for occupancy, and in February, 1914, King George Hospital was opened. H.R.H. the Duke of Connaught opened the King Edward Memorial Hospital and laid the foundation stone of the King George Hospital on July 11th, 1912.

Sixteen training schools in Manitoba, Saskatchewan, and Ontario send their student nurses to the municipal hospitals of Winnipeg for training in infectious diseases nursing. Medical students from the University of Manitoba also receive instruction here. The high standard reached by Winnipeg hospitals may be judged by the fact that all the hospitals come in the fully approved list of hospitals drawn up by the American College of Surgeons.

MOUNT CARMEL CLINIC.

The Mount Carmel Clinic is the most recent of Winnipeg's institutions for ministering to the sick. Located in a fine brick building on the west bank of the Red River at Selkirk Avenue, east of Main, it is well situated to serve the adjacent thickly settled district. The clinic is maintained by voluntary contributions, and renders aid to the sick poor without distinction of race, creed, or nationality. It contains the latest equipment for diagnosis and treatment.

WINNIPEG HEALTH DEPARTMENT.

Winnipeg has reason to be proud of its health department, which for a number of years has been under the direction of Dr. A. J. Douglas. As late as twenty-five years ago typhoid fever was prevalent and swelled the death rates. From 1904 onward energetic steps were taken to stamp out the disease, with the result that for the last ten years very few cases have developed within the city. The steps taken included an extensive campaign of education as to the means whereby the disease is transmitted, insistence upon sewer connexions, the abolition of outdoor privies, and the building of an aqueduct ninety-six and a half miles in length to bring a supply of purest water from Shoal Lake, an arm of the Lake of the Woods. The fight against other communicable diseases has been waged with equal vigour. Reference is made elsewhere to the municipal hospitals, which provide accommodation for sufferers from diphtheria, scarlet fever, tuberculosis, small-pox, and other communicable diseases. The Bureau of Child Hygiene, mentioned earlier, comes under the survey of the Health Department. The death rate for the City of Winnipeg for the year 1927 was 8.29 per 1,000 population, and not the least among the factors which keep the death rate at a low figure is the Health Department.

THE VICTORIAN ORDER OF NURSES.

The Winnipeg Branch of the Victorian Order of Nurses, an organization which extends across Canada, is particularly strong and efficient. It has existed in Winnipeg for twenty-nine years, and has grown with the community. The staff consists of a supervisor and twelve nurses. The Order also has a list of women who can act as helpers in the home when the mother is ill. The nursing service of the Victorian Order is divided into two classes—district and hourly. In district nursing the fees charged for visits are on a sliding scale according to the patients' ability to

pay, though the size of the fee does not regulate the service. One of the objects of the Order is to foster a spirit of independence and self-respect among its patients. In hourly nursing a fixed rate per hour is charged. This service is run on a self-supporting basis, and is in no way a charity. In times past the Winnipeg Branch has also done industrial nursing—that is, assuming the nursing care of the employees of large departmental stores and other organizations. While at the present this work is not being carried on, the Winnipeg Branch is prepared to resume it when conditions warrant.

In connexion with the district work the Victorian Order carries on an educational campaign, through pre-natal and post-natal clinics, a "well baby" clinic at St. James's, and home nursing and mothercraft classes.

The Victorian Order Dental Clinic is a boon to those who cannot afford to pay the full charges of a dentist. Some fifty dentists of the city generously give their services free to this clinic.

The headquarters of the Winnipeg Branch are in the Medical Arts Building, itself a splendid monument of medical enterprise and co-operation.

THE MARGARET SCOTT NURSING MISSION.

This mission is called "The Margaret Scott Nursing Mission of Winnipeg," in acknowledgement of the unselfish and self-sacrificing labours of Mrs. Scott for many years in ministering to the physical and spiritual needs of the sick poor of this city. It is supported by a society formed to perpetuate the work of Mrs. Scott, who, happily, is still living, though in delicate health. The Mission was organized a little over twenty-five years ago. The nurses' home is at 99, George Street, in the east end of the city, close to the Red River. The Mission is undenominational and ministers to the sick poor without making any charge. In 1928 the visits made numbered 27,864, of which a great proportion were to female patients, as maternity nursing forms a large part of the work. The nurses are usually twelve in number, including six student nurses from the Winnipeg General Hospital and two student nurses from the Children's Hospital, who come to the Mission for two months' experience in district nursing.

LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY.

ANNUAL MEETING.

THE annual general meeting of the London and Counties Medical Protection Society was held at the society's offices, Victory House, Leicester Square, W.C., on April 30th, under the chairmanship of the president, Sir JOHN ROSE BRADFORD.

The annual report announced a substantial increase in membership: 805 new members were elected during the past year, 298 of whom were in the first year of their registration. The number of members on December 31st last was 11,856. During the year 1,079 applications for advice and assistance were received; in the majority of cases satisfactory results were obtained without litigation, and the issue of most of the cases in which litigation occurred was satisfactory. The report of the solicitors stated that there had been no spectacular litigation. In again issuing the warning that x-ray photographs should be taken in all cases of suspected dislocation or fracture, the solicitor added a further warning against placing reliance upon x-ray photographs taken by radiographers as distinct from the qualified radiologist; the medical practitioner might be running a grave risk in relying upon such photographs in the event of trouble arising.

Sir JOHN ROSE BRADFORD, from the chair, dwelt upon the financial strength of the society. The income had increased during the year by more than £600, and the expenditure was materially less than in the previous year. It had been possible to transfer the substantial balance of £4,562 to the accumulated funds. In total the assets of the society now reached a very large sum indeed, and its financial stability was thoroughly demonstrated. He paid a warm tribute to the members of the council and officers and staff for their excellent services.

The report and accounts were adopted, Sir John Rose Bradford was unanimously re-elected president, Dr. C. M. Fegen treasurer, and the vice-presidents and retiring members of the council were also re-elected, with four additions to the

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on May 1st the following medical degrees were conferred:

D.M.—R. A. Walsh.
B.M.—R. G. Macbeth, M. G. Pearson.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 3rd the following medical degrees were conferred:

M.B., B.Chir.—J. Foster, T. D. W. Fryer, C. J. M. Dawkins.
B.Chir.—T. O. Garland.

Dr. W. E. Dixon, F.R.S., has been reappointed Reader in Pharmacology for five years.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly meeting of the President and Fellows held on May 2nd the following members were duly admitted Fellows of the College: Ninian McIntire Falkner, Edward Thomas Freeman, David Gray, Victor Ormsby McCormick.

Narayan Bhawan Kotak, F.R.F.P. and S. Glasg., having passed the necessary examination, was admitted a Licentiate in Medicine and a Member of the College. Norman Ward Rawlings, L.M.S.S.A. Lond., was, after examination, admitted a Licentiate in Midwifery of the College.

On the recommendation of the Committee of Management of the Irish Conjoint Board of the Royal Colleges, the courses of instruction given at the London School of Hygiene and Tropical Medicine were accepted by the College as satisfying the requirements of the Conjoint Examination for the Diploma in Public Health.

Medical News.

THE next session of the General Medical Council will commence at 2 p.m., on Tuesday, May 27th, when the President, Sir Donald MacAlister, Bart., K.C.B., M.D., will take the chair and give an address. The Council will continue to sit from day to day until the termination of its business.

THE annual dinner of the West London Medico-Chirurgical Society will be held at the Trocadero Restaurant, Piccadilly, on Thursday, June 12th.

THE annual summer dinner of the Glasgow University Club, London, will be at the Trocadero Restaurant, Piccadilly, on Friday, May 30th, at 7.30 p.m., with Robert S. Rait, C.B.E., LL.D., principal and vice-chancellor, in the chair. Any Glasgow University men who, though not members of the club, desire to attend are requested to communicate with the honorary secretaries, 62, Harley House, N.W.1.

THE annual medical missionary breakfast of the Medical Prayer Union will be held on Wednesday, May 21st, at the Refectory, University College, Gower Street, W.C., at 8 a.m. An address will be given by Dr. John Kirk of University College, London, late of Kwangtung, China. An intimation of intention to be present will be welcomed by the honorary secretary, Dr. Tom Jays, Livingstone College, Leyton, E.10.

THE Manchester Royal Infirmary Old Residents' Club will hold its triennial dinner in Manchester on Saturday, October 25th. Particulars will be circulated to members in due course, but it is hoped that old residents who have moved far afield will start making the necessary arrangements to be in Manchester for that week-end.

A MEETING of the West Kent Medico-Chirurgical Society will be held at the Miller General Hospital, Greenwich, S.E.10, to-day (Friday, May 9th), at 8.45 p.m. The president, Dr. T. E. White, will take the chair, and deliver an address entitled "Reminiscences and reflections." A smoking concert will follow.

A QUARTERLY meeting of the Royal Medico-Psychological Association will be held on Thursday, May 22nd, at the British Medical Association House, Tavistock Square, W.C., when Dr. Nathan Raw will preside. Dr. A. A. W. Petrie will open a discussion, at 3 p.m., on American psychiatry and the practical bearing it may have in the application of recent Local Government and mental treatment legislation.

FROM May 13th until July 4th the Fellowship of Medicine will hold an evening course for the M.R.C.P., consisting of lectures by experts in their particular branches of medicine and demonstrations in medical ophthalmology. Unless otherwise stated, the lectures will be delivered at the Medical Society of London, 11, Chandos Street, Cavendish Square, on Tuesdays and Fridays, at 8.30 p.m. Dr. J. W. McNee will lecture on May 13th on "Recent views on diseases of the liver and biliary tract," and on May 16th on "The structure and functions of the spleen in relation to its diseases." On

May 12th, at 10 a.m., Dr. Stanley Wyard will give a demonstration in the out-patient department at Bollingbroke Hospital, and on May 15th Mr. Herbert Paterson will demonstrate operations and ward cases at 2 p.m. at the London Temperance Hospital; no fee is charged for these demonstrations. From May 12th to 24th there will be a whole-day course at the City of London Hospital for Diseases of the Heart and Lungs. From May 19th to June 7th a course at the Central London Ophthalmic Hospital will consist of instruction in the out-patient department and theatres, including special lecture-demonstrations. A two weeks' comprehensive morning course will be held at the Hospital for Sick Children from May 26th to June 7th; a minimum entry of twelve is required, so early application is desirable. From May 26th to June 7th there will be an all-day course at the Queen Mary's Hospital, Stratford, with especial reference to tuberculosis. Copies of all syllabuses and information on post-graduate work are obtainable from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE twenty-first anniversary of the Men's Union of the Manchester Union was celebrated on May 1st, when honorary membership was conferred on Lord Crawford and Balcarres (Chancellor of the University), Lynd Hewart (Lord Chief Justice), Mr. Arthur Greenwood (Minister of Health), Professor A. H. Burgess (President of the British Medical Association), the Dean of Manchester, the Lord Mayor of Manchester, and Mr. C. P. Scott.

AT the annual general meeting of the St. Pancras Division of the British Medical Association, to be held in the London School of Hygiene and Tropical Medicine (Keppel Street, Gower Street) on Tuesday next, May 13th, at 9 p.m., Dr. R. G. Cauti will show his cinematograph film of the growth of living tissue.

A CONFERENCE of the British Hospitals Association will be held in Newcastle on June 18th, 19th, and 20th, when there will be an exhibition of plans of recent hospital construction, including furniture and administrative appliances.

DR. ALBERT E. BRINDLEY, medical officer of health for Derby, who is retiring, was entertained to lunch in the Friary Hotel, Derby, on April 26th. At the lunch he was presented with a silver tea-set from his past and present professional staff. Several of his former colleagues attended the function, and Dr. Nash (Hounslow), his first assistant, spoke of the affection and respect in which Dr. Brindley was held by his old friends. Dr. A. R. Laurie (Derby) paid tribute to the work which Dr. Brindley had done in Derby since his appointment in 1907, and said that it would be difficult for anyone to follow in the footsteps of so able a chief. Dr. Brindley briefly responded.

IN connexion with the inauguration of the new museum of hygiene at Dresden this month, an international exhibition of hygiene will open in that city on May 17th, and continue until the beginning of October. The exhibits will illustrate methods of training the public in hygiene, both personal and national; dietetics; general physical culture; mental and occupational hygiene; the campaign against insect carriers of disease; and hospital administration. Inquiries should be addressed to the business manager at the office of the exhibition, Lennestrasse 3, Dresden-A.1.

THE fifteenth French congress of legal medicine will be held in Paris from May 26th to 28th under the presidency of Dr. Dervieux, when the following subjects will be discussed: Sudden death, introduced by MM. Hégen-Gilbert, Laignel-Lavastine, and De Laet; traumatic osteomyelitis, introduced by MM. Leroy and Muller; and criminality in modern society, introduced by M. Costedoal. Further information can be obtained from M. Vernis, 19, Quai de l'Horloge, Paris, VI^e.

THE Victoria Home for Crippled Children at Bournemouth, conducted by the Shaftesbury Society, is being extended to accommodate twenty more children, and the Russell Cotes School of Recovery at Parkstone is being enlarged to receive an additional thirty boys and girls selected by school medical officers in Greater London.

AS the result of the consumption of the infected flesh of a circus bear, 75 cases of trichinosis have recently occurred at Stuttgart.

AN association of Belgian surgeons has recently been founded under the presidency of Dr. De Beule.

THE clinical report of the Tsan Yuk Hospital and of the Maternity Buugalow of the Government Civil Hospital, comprising the work of the school of midwifery of the University of Hong-Kong for the year ending April, 1929, has been reprinted from *The Caduceus* of November, 1929, in pamphlet form.

PROFESSOR KARL KISSKALT of Munich has been appointed by the Turkish Government director of the Central Institute for Hygiene at Angora.

DR. G. F. LAFORA, an eminent Madrid neurologist, has been nominated president of the Spanish Medico-Chirurgical Academy.