

on the golf links behind a man about to hit a golf ball. The up-swing of the club hit him below the chin slightly to the left side. He felt a sharp pain at the time which soon passed away. There was slight bleeding into the mouth, and he felt his lower front teeth had been loosened.

He did not think much about it, and, being interested, followed the players round the links and saw the finish of the match. He then went to his lodging to tea, but found that he could not eat anything on account of the fragments of the lower jaw moving about, and he had great difficulty and pain on attempting to swallow fluid. By this time there was considerable swelling of the lower part of the face, especially on the left side, and owing to the difficulty in swallowing saliva dribbled from his mouth.

He went to the infirmary next day, where a house-surgeon told him his jaw was broken, and bound the teeth on either side of the fracture (the lower centrals) together with binding wire, gave him a piece of cork to bite on, and ordered him a mouth-wash of Condy's fluid.

He attended the infirmary for a week as an out-patient, during which time the swelling of the face subsided, and he was again able to swallow without pain, so that the dribbling of saliva stopped.

He then went home to Aberdeen, and came up to the hospital as an out-patient to Dr. Gray. Dr. Gray removed the wire, which was loose, and the left central which was necrosed, and dispensed with the cork. He put the jaw up in a four-tailed bandage, and told the patient to come up again and see him. The patient did not come up again for ten days, when Dr. Gray turned the case over to me.

I saw the case on April 10th.

**Physical Examination.**—The patient is a strongly-built, healthy-looking man. On examining the mouth, which can be fairly well opened, a wound is seen running vertically downwards between the right lower central incisor and the socket of the left, extending down to the lip sulcus in front and to the floor of the mouth behind. The mandible is fractured in the line of the wound. The socket of the left central is opened into by the fracture. The right central is steady and not periostitic. The wound is suppurating freely. There is slight displacement about an eighth of an inch downwards and outwards of the right fragment and the patient cannot close his mouth properly. Movement of the two fragments is free and crepitus can easily be made out. The fracture can easily be reduced but does not stay in place. There is no pain except slight pain on moving the fragments. There is no loss of sensation and no dribbling of saliva. The teeth are sound, strong, and very close set.

Impressions were taken without difficulty, cast, and the lower sawn through at the line of fracture and articulated to the upper in the usual way, and a modified Hammond's splint made in the way I have described, the collars going round the backs of the second lower bicuspid (Fig. 4).

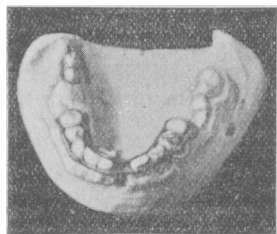


Fig. 4.

Next day (April 11th) the fracture was reduced and the splint applied. Owing to the closeness of the teeth a dividing file had to be used to allow the collars to be applied. Ligatures of binding wire were put on round the first bicuspid on either side and the right lateral incisor. A bandage was put on to aid the patient in keeping his mouth shut. He was told to keep his mouth shut and speak as little as possible for a few days, to take liquid food and come up daily to have his mouth irrigated.

At the same time he was given a boric mouth-wash.

The splint kept the fragments in excellent position, but owing to the free suppuration from the socket of the left central, healing was rather slow.

On April 24th a small sequestrum of bone was removed from the wound, and by that time there was fairly good fibrous union, and the patient was put on soft food.

On May 8th the splint was removed, the fracture being

quite healed and the articulation perfect (Fig. 5.) There was still some discharge from the socket of the left central. The patient was put on ordinary diet.

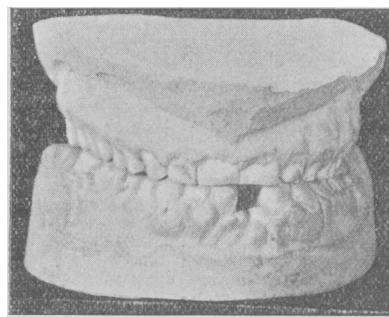


Fig. 5.

On May 12th another small sequestrum was removed and after this the discharge disappeared in a few days, and I last saw the patient on May 16th, when he told me he had a steak to dinner the day before, and ate it with comfort and relish.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### AIR IN THE HEART.

PERHAPS some reader may be able to suggest the source of the air in the right side of the heart in the following case: A woman, aged 60 years, was found dead in an open field on the bank of a little spring. The body was in the genu-pectoral position, and it is believed the woman died in the act of climbing up the bank after drinking water at the stream. She was seen alive within twenty-four hours of the necropsy, the result of which may be summed up as follows:

A well-nourished, rather stout, coloured woman. No external sign of violence or injury. Thorax: Right lung distinctly congested throughout, but no consolidation; left lung much paler and rather emphysematous. Old pleuritic band of adhesion to lower ribs on right side anteriorly. Pericardium bulging, especially over the right ventricle, and seemingly filled with the heart; nothing in pericardial sac. Heart rather fatty, and its muscle pale and brownish. Right side of heart distended with air or gas, which hissed out on incision being made, leaving nothing but dark frothy blood in right cavities. Left ventricle empty, except for small *post-mortem* clot; its wall moderately hypertrophied. Valves competent and healthy, except for calcareous deposits in aortic cusps. Nothing to be discovered abnormal in air passages or large vessels at root of the neck. Abdominal organs all healthy, except for kidneys, which were in a state of granular degeneration. The uterus and appendages were healthy. The brain and spinal cord were not examined.

It was difficult to make a satisfactory dissection in the open field a long way from home, and I found it impossible to trace the source of the air in the right heart, which I am quite satisfied was the cause of death. I shall be very glad of any suggestions that may assist in furnishing an explanation of this very rare condition.

Jamaica.

P. O. MALABRE, M.B., C.M.

### CASE OF CRYPTOPHTHALMOS.

ON March 10th, 1904, a Mohammedan woman brought her daughter, aged 6 months, to the mission dispensary. The eyeballs were completely covered over with skin; over the right eyeball there was a horizontal scab  $\frac{1}{4}$  in. long, the result of a *hakim's* interference. There were no eyelashes. The eyeballs were prominent and under the control of muscles.

Under chloroform a horizontal incision  $\frac{1}{2}$  in. long was made over the left globe. The conjunctival sac was very imperfect, being fairly complete only in the direction of the lachrymal gland and in the internal and lower segment. The cornea was covered by a loosely-attached membrane. This was dissected off, but no pupil was to be seen. Four sutures were put in, joining skin and mucous membrane.

When the eye was dressed on the third day the cornea had assumed a ground-glass colour except at the upper margin, where there was a clear area the size of a pin's head, but the final result I am unable to state as the mother took the child away on the tenth day, and although pleased with the small

result obtained has not brought it back as requested. The child also had webbed fingers. It was not syphilitic, was born at full term, and had no relatives similarly affected.

SOMERTON CLARK, M.B., F.R.C.S.E.,  
Junior Mission Surgeon, Dera Ismail Khan, N.W.F.P.

### SCARLATINA: MEASLES: URAEMIA: VENESECTION: RECOVERY.

THE following case, which occurred in South Africa under the charge of Civil Surgeon H. Cory, M.R.C.S., and myself, may be of interest in connexion with the subject of hyperpyrexia and measles:

Sergeant N., Imperial Yeomanry, was admitted to hospital on September 11th, with a sharp uncomplicated attack of scarlatina, his temperature reaching  $105^{\circ}$ , and falling to normal on the fifth day. His progress was quite satisfactory, and no trace of albumen was found, although the urine was examined regularly.

On September 28th—eighteen days after admission—he developed measles, with a very pronounced rash. His temperature at once rose to  $106^{\circ}$ , but fell four days later to subnormal. It was unregistrable with any thermometer at hand for three days, and continued subnormal till October 8th. During this time the patient, who was feeling well, was on a liquid diet, the bowels and kidneys were acting well, and there was no albumen in the urine. On the date mentioned the patient had a typical uraemic attack—convulsions, vomiting of large quantities of watery fluid, involuntary passage of faeces and urine—which became almost solid when tested with nitric acid—and coma, with muscular twitchings between the fits.

After unavailing attempts with baths, etc., to make the skin act, 20 oz. of blood were removed from the left median basilic vein. The patient, who had had ten fits prior to venesection, and also a very severe one during its performance, began almost immediately to improve, having no more fits, and becoming conscious in less than an hour's time, with profuse sweating.

The temperature rose to  $102^{\circ}$  at night for several days, and the urine contained albumen until October 22nd, by which time the patient was convalescent.

Although this case occurred in a fairly large epidemic of scarlatina, no source of infection with measles could be discovered.

The case appears of interest on account of the complications, the high and low temperatures, and the uraemia, which occurred, with no previous albuminuria, a month after the original scarlatinal attack, and a week after the fall of temperature after the measles attack.

Sutton Coldfield.

C. J. CADDICK, F.R.C.S.E.

## REPORTS

ON

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

#### ROYAL VICTORIA HOSPITAL, BOURNEMOUTH.

TWO RECORDS FROM THE POST-MORTEM ROOM.

(By GEORGE MAHOMED, M.R.C.S., Pathologist to the Hospital.)

I. *Pancreatitis and Appendicitis*.—C. L., aged 12, was admitted April 18th, and died three days later.

*History*.—This boy was sent in by me. He was at school till April 15th, and on the 17th I saw him at his home. He had slight fever, tenderness at McBurney's point, vomiting, and offensive breath. As he was no better by next evening he was sent to hospital, and was admitted under Dr Muspratt. On the following day an operation was performed, and a stercolith and gangrenous appendix found and removed. During the following night he vomited blood twice, once nearly a porringer full, became restless, and complained of pain at the epigastrium. He was given  $\frac{1}{2}$  gr. of morphine and fed by nutrient enemata. During April 20th he had a saline injection per rectum and seemed better for it, but continued to have pain and tenderness at the epigastrium. His pulse became faltering. The bowels acted once. He had nutrient enemata and was given ice to suck. On April 21st his pulse failed more and he was transfused about 3 p.m. with a pint of normal saline and given brandy, but he died about 4.30. His mouth was full of altered blood when he died.

*Necropsy*.—The caecum and its neighbourhood were in a good state, and showed no unfavourable appearance; but the ileum about 3 ft. away from the caecum was acutely congested; then came more healthy bowel, and then another patch almost black. The part of the duodenum which embraces the head of the pancreas was attached to it by adhesions. It contained slightly altered blood; the head of the pancreas was very congested, and at one point posteriorly was becoming green. The rest of the gland was hardened and red.

II. *Sarcomatous Growth: Excision: Treatment of Scar by Roentgen Rays: Prostration and Death: Tuberculous Disease of Suprarenals discovered Post Mortem*.—E. G., a girl aged 19, had a

small fungating growth on the nose which was thought to be sarcomatous. It was excised and the site treated by x rays for about three weeks. She then became suddenly prostrate, suffered from sickness and was admitted to the hospital under Mr. Ramsay on May 18th.

*History in Hospital*.—During the time she was in hospital, three days in all, the prostration continued without any apparent cause. Her pulse was nearly imperceptible and was recorded as 106, 160, and 198, while her temperature ran up from  $99^{\circ}$  to  $102^{\circ}$ — $103.4^{\circ}$  the day before she died. She was slightly cyanosed and her face assumed a brownish tint particularly in the lower part. She remained conscious but complained of abdominal pain and hyperaesthesia. No distension. Vomiting recurred and she rapidly collapsed and died on May 21st. Twelve hours before death the optic nerves appeared slightly blurred. Urine 1015, clear, amber-coloured.

*Necropsy*.—The body was well nourished and fat. The nipples were pigmented, presenting the colour of unpolished walnut wood. Montgomery's tubercles were not developed. There were two oval pigmented patches in the scapular region, which the mother stated she had only noticed quite recently when, owing to the patient's increasing weakness, she had to wash her. The wound on the nose appeared to be granulating healthily. The liver was rather fatty. Uterus small and firm. Kidneys small. Heart small. Lungs normal. The stomach was echymosed in lesser curvature. Pancreas normal. Each suprarenal body was enlarged; yellow masses could be seen to project from their contour. The tissues over them were engorged. On section the centres of the bodies were hollowed out; the cavity filled by yellow pulsatous material, and lined by a granulating surface. They had assumed a roughly globular shape and each was about the size of a lime fruit.

*REMARKS*.—In neither of these cases was the brain or cord examined. It requires some diplomacy to gain consent to an examination in this locality, and I am therefore unwilling to cause any more disfigurement than is necessary to arrive at a conclusion as to the cause of death. The interest in the first case centres round the relation of the pancreatitis to the appendicitis. Did it exist before the appendix troubles, or is it a complication to be reckoned with in operation? The boy came of a healthy stock. He had had no illness except "pain and wind" coming on about half an hour after food for about three weeks before his illness. I rather expect that now and again a bacillary explosion takes place in the bowel; that such explosions and all their concomitant toxins are, in the case of healthy peristalsis, swept on and out; but in the case of sluggish intestinal action they are not cleared out, but invade blind alleys, such as the appendix, and occasionally the duct of the pancreas. The latter body is much more vascular, and resents the intrusion; whence inflammation and haemorrhage.

In Case II the interesting point is, Did the treatment by Roentgen rays set up, expedite, or in any way affect the disease of the adrenals? I think myself it did not. It was merely the "long arm of coincidence," though possibly disease of the adrenals may have caused the growth on the nose. Another curious point is this: The destruction in the suprarenal bodies seemed to be due to infection by tubercle bacilli. Those bacilli, if airborne, had the chance of anchoring anywhere in the respiratory tract; if foodborne, anywhere in the oro-intestinal tract. What made them choose such an out-of-the-beaten-tract sort of location as the suprarenal bodies?

#### NEWPORT COUNTY HOSPITAL.

A CASE OF PHANTOM TUMOUR IN THE MALE.

(Under the care of Mr. O. E. B. MARSH, Senior Surgeon.)

[Reported by B. G. FIDDIAN, M.B., B.S., House-Surgeon.] X., a man of 33 years, came to the hospital on September 9th, 1902, for attacks of severe gastric pain, accompanied by sickness, but without haematemesis. He had had these attacks for some two years, and the pain was generally excited by taking food, coming on almost directly after a meal. He had a clear history of syphilis some ten or twelve years before, and one of his testicles had been removed, apparently on account of gummatus disease.

*Progress*.—He was treated as a case of gastric ulcer for some days, and under the usual routine he gradually improved. The bowels were fairly regular. But on September 16th he had a rise of temperature, and in going over the systems to discover the cause it was found he had several of the signs of tabes: knee-jerks absent, Romberg's sign present (slight), Argyll-Robertson pupil, and lightning pains in the legs. He continued to have slight rises of temperature, and on September 23rd vomiting returned, and a definite mass was felt in the abdomen. It was situated in the epigastrium and left hypochondrium, was fairly hard, had a definite lower edge, and moved with respiration. The left rectus was much contracted, and, as far as was possible to say with so much rigidity, there was a definite mass underneath it, connected with that mentioned above. There was no blood in the vomit, which came up in small quantities, and seemed to have little relation to food. The swelling was watched for several days, during which time it increased

## THE HOLMAN TESTIMONIAL FUND.

THE Treasurer of this Fund acknowledges the following further subscriptions :

	£	s.	d.		£	s.	d.
E. C. Arnold, Esq., M.B.	1	1	0	Jas. Hewetson, M.B., C.M.	1	1	0
Mr. G. H. Barton	0	2	6	Clement Godson, M.D.	1	1	0
C. Dorrington Ball, M.B., J.P.	1	1	0	Mr. C. S. Carnes	2	2	0
Mr. C. F. Wakefield	0	10	6	Balance at disposal of			
I. D. Malcolm, M.B.	1	1	0	South-Eastern Branch of			
Bransby Roberts, M.D.	1	0	0	British Medical Association,			
Mr. E. Noble Smith	1	1	0	tion, per Mr. T. J. Verrall	35	11	9
Alfred Winkfield, M.A.				J. Mitchell Bruce, M.D.	2	2	0
F.R.C.S.	1	1	0	J. F. Goodhart, M.D.	3	3	0
Mr. T. H. Martin	1	1	0	Sir John Puleston	2	0	0
Mr. E. G. A. Walker	1	1	0	R. M. Miller, M.D.	1	1	0

The amount now subscribed is £422 16s. 9d., and an additional £100 is required to carry out the proposed scheme of erecting an Art and Reading Room at Epsom College. A further, and it is to be hoped a final, list will be published in a month's time. Subscriptions of any amount will be received by Dr. John H. Galton, Chunam, Sylvan Road, Norwood, S.E.; or by Mr. W. A. Berridge, Oakfield, Redhill.

## THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

## COUNCIL ELECTION.

THIS election took place on Thursday, and the result was—

	Votes.
MR. GILBERT BARLING	400
MR. A. A. BOWLBY	327
MR. F. S. EVE	313

MR. GOLDING-BIRD	295
MR. J. BLAND-SUTTON	251
MR. BRUCE CLARKE	212
MR. HARRISON CRIPPS	170

The President declared Messrs. Barling, Bowlby, and Eve duly elected. He further announced that on this occasion the largest number of votes ever polled had been recorded—namely, 817—501 were sent by post (1 invalid, 3 too late), 16 Fellows only voted in person.

The total number of Fellows is 1,302, which includes 15 addresses lost, 1 Fellow not entitled to vote, and 182 in the army and navy scattered over the empire.

## MEDICAL NEWS.

THE Prince of Wales has consented to become a Patron of the Royal Meteorological Society.

MEDICAL MAGISTRATE.—Mr. James E. H. Mackinlay, of Redcar, has, on the recommendation of the Lord Lieutenant, been appointed to the Commission of the Peace for the North Riding of Yorkshire.

At a meeting of the governors of the Windsor Royal Dispensary and Infirmary, held on July 4th, it was decided to rebuild the infirmary on a new site, and a Site Committee, including among others Prince Christian, was appointed.

THE Wightman Lecture of the Society for the Study of Disease in Children will be delivered by Mr. R. Clement Lucas, B.S.Lond., F.R.C.S., at the Victoria Hall, Hotel Cecil, on Friday, July 15th, at 6.30 p.m. The title of the lecture is The Hereditary Bias and Early Environment in their Relation to the Diseases and Defects of Children. The lecture is open to all members of the medical profession.

CONGRESS OF SOCIAL HYGIENE.—A Congress of Social Hygiene is to be held at Arras, in France, July 17th to 20th. The Congress has been organized by a Committee of which Professor Calmette is a President. The following questions are proposed for discussion: (1) The disposal of waste waters, to be opened by Dr. Calmette and others; (2) puericulture, including the supervision of the supply of milk for infants, and the organization of medical aid for nurslings, *gouttes de lait*, etc. M. Bordas, Assistant at the Collège de France, will deal with milk and its adulteration; (3) the question of tuberculosis.

SCOTCH DIPLOMATES.—A new medical body was brought into existence last month under the title of the "Association of Medical Diplomates of Scotland," membership of which is limited to those holding the diplomas of the Royal Colleges of Physicians and Surgeons of Edinburgh and of the Faculty of Physicians and Surgeons of Glasgow. Its promoters consider that the holders of these diplomas labour under certain disadvantages, especially in respect of certain public appointments, which they believe to be unjust and which they hope may be removed by a strong and representative association of the diplomates in question. The first officers of the association are as follows: President, Mr. St. Aubyn-Farrer; Treasurer, Mr. W. Bell; Honorary Secretary, Dr. M. E. Leicester (16, Kildare Terrace, Bayswater, W.). Nine members of Council have also been appointed. Applications for membership may be addressed either to the Treasurer or to the Honorary Secretary. The annual subscription is 10s. 6d.

THE ASSOCIATION OF BRITISH POSTAL MEDICAL OFFICERS.—The annual dinner of the Association of British Postal Medical Officers was held at the Whitehall Rooms, London, on July 1st, under the chairmanship of Dr. Walter Browne (Belfast). After the usual loyal toasts the President gave the "Health of the Postmaster-General," which was acknowledged by Lord Stanley, who said that since his appointment to office he had seen the number of postal medical officers increased from 663 to 888, and had that very day appointed 33 more. The toast of "The Imperial Forces" having been drunk and acknowledged, that of "The Secretary and other Executive Officers of the Post Office" was given by Mr. Thomas Roe, M.P., and Mr. H. B. Smith, Secretary, replied. Mr. E. Wason, M.P., in proposing the toast of "The Association of British Postal Medical Officers," said that it had existed for nearly eleven years; the medical officers of the Post Office had responsible duties, for not only did they care for those who through ill-health were unable to serve the State, but they also had to see that there was no shirking. He believed that as long as the members of the Association continued to perform their duties as they had done in the past without fear or favour and without regard to politics the Post Office would prosper. The President said that the Association strove to promote the best interests of the postal service, and paid a deserved tribute to Dr. Giddings for his services as Honorary General Secretary.

A MEDICAL JUBILEE.—An interesting event took place at a recent meeting of the Parish Council of Maybole, N.B., when the Chairman referred to the fact that Dr. Robert Girvan had completed fifty years in the service of the Parochial Board and Parish Council, having been appointed to his present position as Medical Officer to the Parish Council on June 7th, 1854. During the fifty years Dr. Girvan had acted without a break, and had performed his duties in an admirable manner. Cholera broke out in Maybole in the year of his appointment. The Chairman, after some complimentary remarks on the thorough and conscientious manner in which Dr. Girvan had performed his duties, offered him the sincere congratulations of the Council on the occasion of his jubilee as medical officer. Dr. Girvan, in reply, drew a contrast between the condition of the town when he was first appointed and its improved condition at the present time. We may congratulate Dr. Girvan on having completed fifty years of public service with so much credit to himself and advantage to the town of Maybole. Dr. Girvan was also for thirty-eight years in the 2nd Volunteer Battalion Royal Scots Fusiliers, from which he retired as Surgeon-Lieutenant-Colonel, after having been awarded the Volunteer Officer's Decoration.

REQUESTS TO HOSPITALS.—The late Mr. Charles Hemery, of Gladsmuir, Hadley, bequeathed £100 each to the Westminster Hospital, the Royal Free Hospital, the London Fever Hospital, the City of London Hospital for Diseases of the Chest, and the Barnet Cottage Hospital. The late Mr. C. H. Long, of Whitehill, Caterham, governor and almoner of Christ's Hospital, expressed in his will the desire that within five years of his death such sum as should be sufficient to endow permanently a bed in the Incurable Ward of the Westminster Hospital should be paid to the hospital. He bequeathed £100 each to the Samaritan Fund of the Westminster Hospital and to St. John's Convalescent Home at Brighton, and £50 each to the Hospital for Incurables at Putney and the Sussex County Hospital. By the will of the late Miss Esther Steel, the Western Ophthalmic Hospital, Marylebone Road, is to receive the sum of £1,000.

## British Medical Association.

### SEVENTY-SECOND ANNUAL MEETING AT OXFORD.

#### EXCURSIONS.

##### EXCURSION TO LEAMINGTON AND WARWICK.

On Saturday, July 30th, an excursion, 300 in number, will visit Leamington and Warwick. A special train will leave Oxford at 10 a.m., arriving at Leamington at 10.55. The party will be met at the station and conducted to the Royal pump rooms and baths. Here they will be received and welcomed by the Mayor and Mayoress (Alderman and Mrs. Flavel). After the reception they will be conducted by members of the Committee over the establishment, which has recently been brought up to date and modernized, and now comprises: Aix massage douches and Vichy douche, current from the main, high frequency, and x-ray applications, radiant heat and light baths, Turkish and swimming baths (for ladies and gentlemen), douches eccoisie, vibratory massage, and an antheromotor for lesions, stiff joints, etc. Special attention is drawn to this instrument, which, driven by a one-horse power motor, embodies in simple form many similar appliances to those used so successfully by Zander. Afterwards the various parks and pleasure grounds will be open to the delegates and the municipal orchestra will play in the Pump Room Gardens. At 1.30, by invitation of the Mayor and Corporation, the delegates will meet at the Town Hall for luncheon. The chair will be taken by the Right Honourable Alfred Lyttelton, K.C., His Majesty's Secretary of State for the Colonies, and the member for the parliamentary borough of Warwick and Leamington.

After the luncheon carriages will be provided to take the delegates to Warwick Castle, by invitation of the Earl and Countess of Warwick. The Countess has kindly invited the visitors to afternoon tea in the Castle grounds. In the evening the Jephson Gardens will be illuminated and a concert will be given by the Municipal Orchestra, to which the Corporation invites the delegates. To secure tickets for the above excursion application should be made without delay, in writing, to E. C. Bevers, Esq., 117, Woodstock Road, Oxford. Such tickets will be reserved until not later than 2 p.m. on Wednesday, July 27th, and can be obtained on application at the Reception Rooms. Any tickets that remain over, or reserved tickets not applied for before the time mentioned, will be distributed to applicants at the Reception Rooms, but the list will be closed finally at 7 p.m., Wednesday, July 27th. The cost of ticket (1st class return, 10s. 9d., single, 9s. 6d.; 2nd class return, 7s. 8d., single, 6s. 6d.; 3rd class return, 6s. 5½d., single 5s. 6½d.) will include railway fare to and from Leamington and conveyance to and from Warwick Castle. The return journey will be made by the 8.23 train from Leamington.

##### RIVER EXCURSIONS.

A steamer, reserved for members of the British Medical Association and their friends, will leave Folly Bridge on Wednesday, at 3 o'clock, for Nuneham, reaching Oxford, on the return journey, at 6.30. Fare 1s. 6d. On Thursday and Friday it will leave at 2.30 for Abingdon, arriving at Nuneham at 3.30 and Abingdon at 4.10, leaving Abingdon for the return journey at 4.30 and Nuneham at 4.55, arriving at Oxford at 6.30. Those desiring to do so can disembark at Nuneham, the grounds having been thrown open by the kindness of Sir William Harcourt. Fare for the double journey 2s. There will be accommodation for 150. Tickets should be obtained before 10 o'clock each morning at the Reception Rooms. If any tickets remain after that hour application should be made to Messrs. Salter, Folly Bridge, either directly or by telephone (No. 121). There will be a telephone at the Reception Rooms.

##### RIVER EXCURSION TO READING.

On Saturday one or two steamers reserved for members of the British Medical Association and their friends will leave Folly Bridge at 10 o'clock, arriving at Wallingford (for lunch) at 2.10 and Reading at 6.15. Fares: Wallingford, 3s. 6d.; Goring, 4s. 6d.; Pangbourne or Reading, 5s. There will be accommodation for 150. Tickets can be obtained at the Reception Rooms at any time until 2 p.m. on Friday, when the list will be closed.

Messrs. Salter Brothers, Folly Bridge, have also undertaken to reserve 50 punts, 50 rowing-boats, and 30 Canadian canoes. These may be obtained by application each morning before

10 a.m. at the Reception Rooms. No boats will be reserved after that hour, but application can be made at any time, either directly or by telephone (No. 121) to Messrs. Salter. The price by day will be: For punts, 2s.; for rowing-boats, 1s. for two and 6d. for each extra person; for Canadian canoes, 1s. for two and 6d. for each extra person.

#### SPECIAL RAILWAY ARRANGEMENTS.

To members and their friends attending the annual meeting at Oxford the railway companies of the United Kingdom will grant return tickets, on payment at the time of booking, at a single fare and a quarter. To secure this concession each passenger must produce a special voucher, and these may be obtained on application to the General Secretary, 429, Strand, London, W.C. The reduced fares will be available from July 22nd to August 2nd, both dates inclusive.

Members attending the annual meeting, but staying at places outside Oxford, may, on production of cards of membership, obtain return tickets at a single fare and a quarter (minimum charge 1s.), from Oxford to London or Birmingham or to any station not more than fifty miles distant to which through bookings are in operation; these tickets will be available to return on the same or following day. Members availing themselves of this privilege should use the original return ticket for the first journey to and the last journey from Oxford. The member's ticket, which is obtained at the Reception Room when registering attendance, will enable members to get the reduced fares from Oxford to London and to places within the fifty-mile radius for any intermediate journeyings.

## ASSOCIATION NOTICES.

#### ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

#### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

GUY ELLISTON, *General Secretary.*

#### BRANCH MEETINGS TO BE HELD.

**BIRMINGHAM BRANCH: CENTRAL DIVISION.**—Notice is hereby given that a general meeting will be held at the Medical Institute, Edmund Street, at 4 p.m. on Thursday, July 14th. Business: (1) The consideration of a suggested new rule for Division. (2) To consider and instruct the Representative upon various reports of the Medico-Political Committee. (3) General. Members are particularly requested to make a note of this meeting, as individual notices will not be sent out on this occasion.—E. D. KIRBY, 106, Hagley Road, Birmingham, *Honorary Secretary.*

**DORSET AND WEST HANTS BRANCH.**—The summer meeting will be held at the Grand Hotel, Swanage, on Thursday, July 14th, at 3.30 p.m. Agenda: Dr. Lush will move: "That John Ward Cousins, M.D., F.R.C.S., and Sir Constantine Holman, M.D., be elected Associate Members of the Branch." Place of the autumn meeting. Consideration of the proposed transfer of Shaftesbury from this Branch to the Southern Branch. Mr. Hosker, one of the Vice Presidents, will open a discussion on Epilepsy. Luncheon at the hotel at 2.15 p.m.; price 3s. 6d. each. Members intending to be present are requested to communicate with Mr. Hosker, Kirkleatham, Boscombe, Bournemouth, by Monday, July 11th.—WILLIAM VAWDREY LUSH, Weymouth, *Honorary Secretary.*

**LANCASHIRE AND CHESHIRE BRANCH: MANCHESTER AND LIVERPOOL DISTRICT.**—*Oxford Meeting:* A reserved special car will be attached to the Great Western train leaving London Road, Manchester, at 12 noon on Monday, July 25th; Crewe 1.3. Train from Liverpool Central 11.44. Landing Stage 11.40. Birkenhead Woodside 12. and Chester 12.40 will join the Manchester train at 2.38 at Wellington, Great Western Railway. The car will return on Saturday: Oxford 5.23. Leamington 6.30. Warwick 6.35. to take up those members who have availed themselves of the invitation of the Mayor of Leamington and the Countess of Warwick. (See the first column of this page.) Only those members travelling by the Great Western route can do this.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION. — An ordinary general meeting of the City Division will be held at the London Institution, Finsbury Circus, E.C., on Thursday, July 14th, at 4 p.m. Agenda: Minutes. Correspondence: (1) Letter from Exeter Division of South-Western Branch; (2) letter from Branch Secretary re alteration of Branch Rules; (3) other letters. Report of Medico-Political Committee on the Nomination of Candidates for the General Medical Council: to instruct representative on this matter (see SUPPLEMENT to the BRITISH MEDICAL JOURNAL of October 31st, 1903, p. 204, and January 30th, 1904, p. 5). Nurses' Registration: to consider principle of registration and details of scheme and instruct representative thereon (see SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 7th, p. 106). Report on Information supplied by Medical Men to Coroners: to instruct representative thereon (see SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 7th, p. 109). Revised Medical Acts Amendment Bill: to instruct representative thereon (see SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 28th, p. 125). Report on Parliamentary matters affecting the profession (see SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 7th). Any other business that may arise. N.B.—Members are requested to bring with them the numbers of the SUPPLEMENT of the BRITISH MEDICAL JOURNAL referred to above, and are reminded that a quorum of 12 is necessary to transact business at a general meeting.—E. W. GOODALL, M.D., The Eastern Hospital, Homerton, N.E., Honorary Secretary.

ULSTER BRANCH.—The annual meeting of this Branch will be held in Belfast on Wednesday, July 20th. Any member having any communication to make for any business to bring before the meeting should kindly inform me on or before July 15th.—WILLIAM CALWELL, M.D., 1, College Square North, Belfast, Honorary Secretary.

## SPECIAL CORRESPONDENCE.

### PARIS.

*Professor Grancher on the Prevalence of Tuberculous Glands in Paris School Children.—M. Toulouse on the Influence of Salt with or without Bromide in Treatment of Epilepsy.—Inauguration of Monument to Professor Panas.—Dr. Roger appointed Professor of Comparative Pathology.—Monument to Pasteur.*

PROFESSOR GRANCHER, being struck by the fact that the majority of children who come into the hospital wards, and then die of any disease whatsoever, show *post mortem* the presence of tuberculous enlargement of the tracheo-bronchial lymphatic glands, thought that, by diagnosing this disease in the children attending the primary schools, and giving appropriate treatment, a great number would be preserved from the disease which threatened them. Professor Grancher grouped round him twelve of his former pupils, who from November, 1903, to May, 1904, have systematically examined all the children attending the school in the fifteenth arrondissement, which was selected as being a good example of the average population in Paris. The boys were first examined, as to their weight, height, chest measurement, and specially as to the presence of tubercle of lungs or latent tubercle of glands; 312 out of 438 were found healthy on the first examination, 126 being kept for further control examinations. As a final result, 62 boys, that is, about 14 per cent., were found affected with suspicious or actual tuberculous lesions. The parents of these 62 children were asked to submit to examination, and of those who came more than half were affected with tubercle. The following was the condition of these 62 boys:

One had an advanced pulmonary lesion and had to leave the school for hospital. Fifteen were seriously affected although the lesion still was closed. Life in the country or in a sanatorium would suit them admirably. Forty-six slightly affected especially with enlargement of the tracheo-bronchial glands may be allowed to continue school attendance but with a preventive treatment of cod-liver oil and meat powder, and under the eye of a physician.

As these children very often improve in hospital with a little hyper-alimentation, Professor Grancher asked for £60 from the Caisse des Ecoles, so that the children either attacked or with suspicious signs might have for one year the necessary cod-liver oil and meat powder, this, with additional meat, being given at the school. On the girls' side of the school, out of 458 pupils, 79 were found to be actually affected, that is, 17 per cent. This gives a total of 141 children affected out of 896 boys and girls examined. Professor Grancher and his collaborators have commenced the examination of a third school, and intend to continue in the hope that the Municipal Council will help them in this search for nascent tubercle in children general in all the Paris schools, and will help also in giving preventive treatment to those children who are threatened with phthisis. The Assistance Publique is at present overwhelmed with the number of adult cases of phthisis which it is unable to help, whereas by taking the offensive and making a healthy young generation with a minimum expense a maximum result would be obtained. The City of Paris should have for all

these children who are candidates for consumption, and who number from 20,000 to 25,000, schools in the country where life in the open air, judiciously associated with their studies, would cure the majority of them. The communication of Professor Grancher was greeted with applause at the Académie de Médecine, and was handed to the permanent Commission on Tuberculosis for consideration.

Before the Société Médicale des Hôpitaux M. Toulouse recently read a paper describing a research to ascertain if salt given in excess or left out of the dietary had any effect on the course of the disease in epileptic patients not treated with bromides, but put some on ordinary diet, others on a milk diet. Salt was given daily in quantities of 20 grams to 25 grams in alternating periods when all the other conditions remained identical, and had absolutely no effect on the frequency of the attacks. These results are important, as they show the absence of salt from the dietary simply increases the sensibility of the tissues to the action of bromides, and that there is no modification of the osmotic equilibrium, and thus of the general nutrition of the organism.

On June 28th the monument to Professor Panas, who was the originator of the Ophthalmological Clinic in the Hôtel Dieu and of special instruction in this subject in the Faculties of Medicine throughout the country, was unveiled in the Clinic, where for more than twenty years he taught. M. Chaumié, the Minister of Public Instruction and Fine Arts, presided at the ceremony. Professor Guyon handing over the monument to the care of the Assistance Publique. The monument—by the sculptor André Boucher—represents the Professor seated in the Consultation Hall stretching out his hand ready to examine a blind child standing at his side.

The Faculty of Medicine has proposed Dr. Roger to fill the vacant chair of Experimental and Comparative Pathology, Professor Chantemesse, the previous incumbent, having been appointed Professor of Hygiene. On the second ballot Dr. Roger obtained the majority of votes with 17, Dr. Widai being second with 13 votes.

The inauguration of the monument erected to Pasteur in the Place de Breteuil in Paris will take place on July 16th, at 9.45 a.m., in the presence of the President of the French Republic.

### SYDNEY.

*Sydney Water Supply.—The Bubonic Plague.—Epidemic of Infantile Paralysis.—The Coast Hospital.—The Women's Hospital.*

DR. T. M. KENDALL has furnished an important report to the Water and Sewerage Board dealing with his recent inspection of the catchment area. The area inspected comprised 23,332 acres, and it carries a population of 1,027 people and 6,495 animals. He states that the large increase in the population on this area since the last report cannot be viewed without anxiety. The danger arising from the presence of human beings and their dwellings on catchment areas is very considerable, as through them there is great danger of pollution of neighbouring streams. As no amount of dilution will altogether prevent the multiplication of disease germs in water, the amount of purification taking place in running water after a few miles of flow is comparatively limited as far as the disappearance of disease germs is concerned. The number of animals on the area was greatly increased last year in consequence of the presence of starving stock removed from the drought-stricken interior, but this year, even when the same cause is not at work, there has been an increase in the number. Dr. Kendall points out the serious danger to the water supply which results from the fact that these animals have easy access to the streams, frequently wade in them, and not infrequently are found lying dead in them. Although much has been done in the way of improving the cleanliness of the catchment area, Dr. Kendall states that it is the imperative duty of the Board to acquire full control over the whole area, to divert and close up all public roads, clear away all human dwellings and all animal life, and prevent decaying vegetable matter being carried into the water supply during times of flood. In view of this report the minute written by Dr. Kendall dealing with the analyses of the water supplied during the month of April is of interest. The quality was very good; taking 0.05 parts of combined ammonia per million as the highest standard of purity, the analyses showed that a very potable water had been supplied. Expressed in terms of combined



## MEDICAL ADVERTISING.

DURHAM sends us a newspaper paragraph announcing the approaching marriage of a young lady, the daughter of a medical practitioner, who is marrying a member of the medical profession. In consequence of the marriage an exchange of practices is to take place, and the paragraph has been copied into another local paper, in which the newcomer is spoken of as having the reputation of being "a clever practitioner." Our correspondent protests against this as being "pure and simple advertising of the worst kind, and a direct breach both in the letter and spirit of professional etiquette," and he further expresses the opinion that it is "very desirable that some effective means be adopted to prevent such conduct."

\*.\* We have repeatedly expressed our opinion respecting the undesirability of newspaper notices of medical practitioners, but marriages and other social matters are legitimate news for a local newspaper. The Ethical Committee has addressed a circular to the principal newspapers in London and the provinces, drawing attention to the professional view of newspaper notices of medical men, and it is believed that this has done a good deal to modify the practice of editors. We are by no means assured of the sympathy of the general public or of the editors of newspapers with our views, and it is only by exercising discretion in the selection of cases of which to complain that we shall be likely to effect any improvement in the conditions to which the profession takes exception.

## RENT OF PREMISES USED BY PARTNERS.

R. M. asks: A. and his assistant B. are desirous of going into partnership in equal shares. The work of the practice is done at a cash surgery where B. lives in rooms, while the ground floor is used as a waiting room, consulting room, and dispensary. A. says B. must pay the whole of the rent of this house, including surgery, etc., while A. only pays the rent of his private residence, about a quarter of a mile away. A. sees a few patients at his house, the receipts from whom go into the general fund. Is A. right in asking B. to pay the whole rent of the house he lives in, seeing that the ground floor is used for the general work of the practice?

\*.\* It would be a fairer arrangement for the firm to pay a portion of the rent of both premises; the amount in each case ought to be based on the extent to which the premises are respectively used for the business of the firm.

## MEDICAL FEES IN LEGAL CASES.

W. S. C.—Our correspondent's case is undoubtedly a hard one, but we fear he has no claim against the solicitors. If he knew beforehand that the plaintiff was impecunious, he should have refused to give evidence, or even to consult with the defendant's doctor, until his fee was paid.

## THE DOCTOR IN FICTION.

DR. HERBERT MORGAN.—We do not think we are called upon to protest whenever a writer of fiction puts into the mouth of a medical practitioner expressions which we do not approve or sentiments which the majority of the medical profession repudiate. The reputation of the medical profession depends upon the lives and deeds of its members, which speak in words that come home to every household.

## CONTRACTS NOT TO PRACTISE WITHIN AN AREA.

A. sells his practice to B., and agrees not to practise during the following twenty years under a certain penalty. In five years' time B. sells to C. Can C. prevent A. practising until the termination of the twenty years?

\*.\* Speaking generally, No. B. would be the only person who could enforce this agreement. Whether C. could compel B. to enforce the agreement on his behalf would depend on two things: (1) The exact wording and legal effect of A.'s agreement with B. (2) The exact agreement made between B. and C. at the time of the sale of the practice to C. Our correspondent should consult his solicitor.

## GROSS AND NET RECEIPTS.

AQUA wishes to know whether the "gross" or "net" receipts are usually meant by the term "one year's purchase" for a practice or a partnership.

\*.\* When estimating the value of a practice or a partnership in this way the "gross" receipts are always implied.

## EMPLOYER'S LIABILITY.

A CORRESPONDENT writes that he recently attended a farm labourer for an injury to his hand caused by a turnip cutter. He explained to the patient that he should hold him responsible for payment, and the latter promised to pay, but has since left the neighbourhood. He wishes to know whether it will be necessary to follow the patient and sue him, or can he recover from the employer, who, to his knowledge, has received insurance money on account of the accident?

\*.\* Our correspondent's remedy is to sue his patient. He has no right of action against the employer.

## FEES.

PERPLEXED is the best judge as to what he may charge for the services rendered. Speaking generally, considering the circumstances, two guineas for each visit would be a reasonable charge. Where the whole day or night was taken up the charge should be proportionately higher.

The Austrian State Railways have opened an Austrian Travel and Information Bureau at 86, Piccadilly, London, W., where information as to travelling in Austria, spas, shooting, fishing etc., will be supplied on application.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF OXFORD.

## ANNUAL MEETING OF BRITISH MEDICAL ASSOCIATION: HONORARY DEGREES.

In a Convocation to be held on Wednesday, July 27th, at 2 o'clock, it will be proposed to confer the degree of D.Sc., *honoris causa*, upon the following persons, on the occasion of the visit of the British Medical Association:—Thomas Clifford Allbutt, M.D., F.R.S., Regius Professor of Physic at Cambridge; Andrew Clark, F.R.C.S., Vice-President and Chairman of the Council of the British Medical Association; Thomas Dryslwyn Griffiths, M.D., President of the British Medical Association; Jonathan Hutchinson, F.R.S., late President of the Royal College of Surgeons; Sir William Macewen, M.D., F.R.S., Regius Professor of Surgery in the University of Glasgow; Sir Patrick Manson, K.C.M.G., M.D., F.R.S.; Sir John William Moore, M.D., late President of the Royal College of Physicians of Ireland; William Osler, M.D., F.R.S., Professor of Medicine at Johns Hopkins University, Baltimore; Thomas George Roddick, M.D., M.P. (Canada), late President of the British Medical Association.

*M.S. Degree.*—The following candidate has passed the Examination for the Degree of Master of Surgery (M.Ch.), Trinity Term, 1904: P. N. B. Odgers, B.M., Lincoln College.

*Final M.B. Examination.*—The following candidates have passed in Medicine, Surgery, Midwifery, Forensic Medicine, and Public Health: P. E. H. Adams, B.A., Exeter College; W. B. Billingham, B.A., St. John's College; A. F. Hertz, B.A., Magdalen College; A. C. Inman, B.A., Wadham College; A. E. R. Loosely, B.A., Pembroke College; R. D. MacGregor, B.A., Exeter College; P. A. Mansfield, B.A., Keble College; A. Shelley, B.A., Keble College; J. H. Thomas, B.A., Trinity College; A. R. Wilson, B.A., Wadham College.

## UNIVERSITY OF CAMBRIDGE.

*Long Vacation Courses.*—During the months of July and August courses of lectures and practical instruction in Chemistry, Physics, Pharmaceutical Chemistry, Anatomy (including Osteology, Histology, Morphology, and Dissection), Physiology, Pharmacology, Pathology, Bacteriology, Public Health, Surgery, and Medicine will be given at the University Laboratories and the Hospital. Particulars are given in the special number of the *University Reporter* for July and.

## UNIVERSITY OF LONDON.

## REGULATIONS FOR DEGREES OF M.S. AND M.D.

At a meeting of the Senate on June 8th certain modifications were made in the regulation of the Faculty of Medicine which are of interest to candidates for the M.S. or the M.D. in medicine, pathology, mental diseases, and midwifery and diseases of women. The regulations which have been modified are those headed "Branches I.—IV." on p. 252 of the second volume of the *Calendar* and again on p. 268 of vol. iii together with the third subclause on p. 258, vol. ii, as repeated on p. 273, vol. iii. The alterations in the regulations are not very momentous and mainly consist in recasting their form so as to make their meaning more clear. The only real alterations are as follows: Candidates for the M.D. in medicine, or for the M.D. in midwifery and diseases of women, must now hold their six months resident or non-resident medical appointment at a hospital approved for this purpose by the University, while the six months' pathological appointment to be held by a candidate for the M.D. in pathology must also be one approved by the University. In the former regulations these stipulations as to approval were only made in the case of candidates for the M.D. in mental diseases. In the case, too, of candidates who desire to present themselves either for the M.D. or M.S. less than two years after taking the M.B., B.S., there is a slight alteration. Formerly one of the several grounds upon which exemption from the two-year rule could be claimed was that subsequent to taking the M.B., B.S., the candidate had had special experience approved by the University. This general ground of exemption is not abolished, but the nature of the experience demanded is now more clearly shown by the substitution of the term *such exceptional experience as may be approved for the simple phrase special experience.*

## GUY'S HOSPITAL MEDICAL COLLEGE.

*Biennial Festival Dinner.*

The Biennial Festival was held at the Whitehall Rooms of the Hôtel Métropole on July 5th. Mr. Clement Lucas, Senior Surgeon to the Hospital, occupied the chair; and more than 200 former students with their friends assembled.

After the two loyal toasts, the Chairman proposed "Prosperity to Guy's Hospital and its Medical School," and compared the two members of the toast—the Hospital and the School—to the two wheels of a cart, "useless each without the other." He referred to the discoveries made by former Guy's men, and showed that they by no means ended when the names of Bright, Addison, and Hodgkin had been mentioned. Further, the honours attained by men educated at Guy's since the last Biennial Festival included five knighthoods—namely, those of Sir Alfred Fripp, Sir Cooper Perry, Sir A. Manby, Sir T. Stevenson, and Sir C. Holman. Guy's men might differ in many things, in their diagnosis and methods of treatment, for instance; but in one respect they were as one—in their love and affection for their Alma Mater, and in their desire for her permanent welfare and renown.

The Treasurer (Mr. Cosmo Bonsor) replied, and alluded to the glorious traditions of the staff in the past. He said, moreover, that the hospital was respectable because it was in debt, but that for the last eighteen months that debt had not been increased. In further response the company sang, with the usual fervour, "Auld Lang Syne."

Dr. F. Taylor proposed "The Consulting Staff," mentioning, amid a running fire of applause, the names of Birkett, Wilks, Bryant, Pavy, Goodhart, Howse, Savage, Purves, Bird, Galabin, and Pye-Smith, and, as members of the school who have retired, Dr. Debus and Mr. Groves. In speaking of Sir Samuel Wilks, Dr. Taylor said that he was now recovered, and was full of health at the seaside. It further appeared that he had telegraphed his "regret at his inability to meet his friends and show them a living example of the wisdom and skill of Guy's men, and that he sent to all present his affectionate regards."

Dr. Pye-Smith, in replying, alluded to Addison as the greatest of Guy's men, and said that he (the speaker) had heard one lecture delivered by

Addison which he would never forget. Addison expressed dissent from the diagnosis of the case which had been made outside Guy's, but strongly objected to any one making capital of such difference of opinion. "One should draw a veil over the slip of a fellow practitioner." Curiously enough, Addison was opposed in his diagnosis by the last Guy's knight, Sir Constantine Holman, who was then clinical clerk; and it turned out eventually that the clerk was right. Addison at once acknowledged this, and in many other cases his generosity was exhibited. Dr. Pyle-Smith summed up the characteristics of Guy's men as industry, hard work, and generosity, and respect and affection for one another. Long might such sentiments continue!

Mr. Arbuthnot Lane proposed the toast of "the Chairman"; and alluded playfully to the influence which the Chairman, as his teacher in the dissecting room had had in shaping his (the speaker's) career. The toast was received with musical honours.

The Chairman, in replying, remarked that at the age of 60, the members of the staff were now kindly poleaxed off the staff lest they should lose their reputations. Before closing, he asked the company to drink to "the new Knights," but said if they should all speak, the rest of those present would be "benighted." He proposed the toast of Dr. G. N. Pitt, "the Honorary Secretary of the dinner," which was very cordially received.

Dr. Pitt, in reply, mentioned some of the difficulties with which the Secretary of the dinner had had to contend.

#### Prize Distribution.

On Wednesday afternoon, July 6th, the annual garden party and distribution of prizes took place at the hospital. The distribution of prizes took place in the new Physiological Theatre.

The Dean, Mr. H. L. Eason, in his annual report, mentioned that nearly fifty university degrees and sixty other medical qualifications had been obtained by Guy's men during the year, and proceeded to mention the various changes in the personnel and the courses of study. Particular attention had been paid by the Governors during the past year to the teaching of anaesthetics, and a scheme was in operation whereby upwards of ninety students annually were instructed in the administration of anaesthetics. During the year a new department for the treatment of lupus, cancer, and other diseases by light rays had been inaugurated by the Governors, and treatment would very shortly be commenced. A Governor of the Hospital, Mr. Robert Gordon, had generously promised to rebuild the Pathological Museum, and the Right Honourable A. J. Balfour had sent a donation of £30 to the Medical Research Fund. The Dean announced that notwithstanding the changes in the curricula of the University of London and the Royal Colleges of Physicians and Surgeons, the Medical School of Guy's Hospital was so thoroughly equipped that it had not been found necessary to increase either the laboratory accommodation or the teaching staff.

Lord Goschen then distributed the prizes and medals, and, addressing those present, spoke of the enormous advance which had taken place in science and treatment since he was at the Poor-law Board some thirty-five years ago. Now splendid buildings were considered necessary for the accommodation of the sick, and there was vast improvement in the standard and ideal of the medical profession. As to the future careers of the prize-winners and students, he asked them what was their goal. Was it a fine West End practice with a waiting-room full of fair women and impatient men, enabling them to rake in the bimetallic tokens, or was it a prospect of fame in making great discoveries; or a career of usefulness in fighting disease? With regard to research, everybody must admire the splendid progress made therein, though vastly more still remained to be done in opening up the mysterious hinterland which lay behind the present explored province of medical science. Research would open the purse strings of the country, perhaps, more than any other department of physical science. But all the students could not be researchers or specialists; and even in that temple of science he would say that they must also consider the general requirements of the nation. They must have an army of competent, scientific, energetic doctors; and it was the duty of Guy's and the other great hospitals to contribute regiments to that army. The country required professors of the art of healing as well as students of science. There must be general practitioners. He expressed the hope that the family physician would not entirely go out of fashion or vanish. Speaking of dentists, too, he said they were sometimes told that there was a new man they ought to go and see, but he preferred to go to a dentist to whom every tooth in his mouth was an old and intimate friend. Lord Goschen went on to speak of the nobility of the profession, and warned students against two dangers—one intellectual and one moral. The intellectual danger was that a man was from his earliest education and his work in the hospital dealing with hard physical facts, with material aspects of nature, with causes and results, and there must be some slight danger if he did not guard against certain materialistic influences. The moral danger was that he was constantly in contact with the serious side of human nature, with sin and crime and disease which were the result of drink and other vices. He advised medical students not to go through life as pessimists and cynics. They should keep their faith in human nature and hold to the belief that there were heroes and martyrs even amongst the suffering poor. He urged them to keep fresh the fount of their sympathy and to hold high the standard of honesty, sympathy, truth, and knowledge which characterized the profession upon the threshold of which the students now found themselves.

Dr. Frederick Taylor, who proposed a vote of thanks to Lord Goschen, said that there was no lack of men in the profession to do the nation's work, as well as that of the Empire in every department.

Sir Thomas Stevenson seconded the proposition, which was carried by acclamation.

Lord Goschen briefly replied.

Subsequently to these proceedings, the wards, school buildings, and nursing home were open to inspection by the visitors, and the band of the 1st Life Guards played to a large garden party in the hospital grounds.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary Comitia was held on Thursday, June 30th, the President, Sir William S. Church, in the chair.

#### Nominations.

The President announced the following nominations for the lectureships at the College for the year 1905: Goulstonian Lecturer, Dr. Bosanquet; Lumleian Lecturer, Dr. Alchin; FitzPatrick Lecturer, Dr. Norman Moore; Oliver-Sharpey Lecturer, Br. Leonard Hill; Croonian Lecturer, Dr. Rivers.

#### Licences.

Licences were granted to Messrs. Eric Gardner and George Aliak Soltau.

#### Communications.

Communications were received from:

1. The General Medical Council, conveying resolutions of the Council with regard to preliminary scientific education and examination, and rules with regard to diplomas in public health, both adopted in May last. This was referred to the Committee of Management for consideration and report.

2. The Secretary of the Royal College of Surgeons, reporting certain proceedings of the Council of the College on May 12th.

3. The same, reporting further proceedings of the Council on June 6th; communicating, also, a report of a Special Committee on the question of instituting a diploma in tropical medicine, and inviting this College to a conference on the subject. The invitation was accepted, and it was left to the President to nominate representatives to confer with those from the sister College.

#### Reports.

Reports were received from:

1. From the Representative of the College on the General Medical Council on the proceedings of the Council in May last.

2. From the Laboratories Committee, dated June 3rd, 1904, stating (a) that during the three months ending June 4th 5,495 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 16,485,000 units; (b) that during the quarter further batches of antitoxin supplied by Messrs. Parke, Davis and Co. have been tested in the laboratory, and a certificate granted showing its strength, sterility, and freedom from excess of antitoxin; (c) that notice has been given to the Metropolitan Asylums Board that the Royal Colleges do not intend to renew the contract for the supply of antitoxic serum.

3. From the Committee of Management, recommending that the following institutions be added to the list of those recognized by the Examining Board in England for instruction in chemistry, physics, and practical chemistry, namely, Leeds Institute of Science and Art, Oundle School, and Highgate School; and also recommending that the North Eastern Hospital for Children be recognized as a place of study during the fifth year of the curriculum.

4. From the Examiners for the Licence on the results of the examinations in April last.

#### TRINITY COLLEGE, DUBLIN.

##### PREVIOUS MEDICAL EXAMINATION.

The following candidates have passed the examinations mentioned:

*Anatomy and Institutes of Medicine.*—\*J. C. P. Beatty, \*F. R. Coppinger,

\*R. E. Wright, \*T. J. Cobbe, \*T. H. Peyton, \*J. W. Tomb, C. T.

Atkinson, K. Connell, R. G. S. Gregg, G. W. Thompson, T. C. Somerville, C. G. Sherlock, R. Holmes, T. L. de Courcey, H. D. Drennan,

D. S. Torrens, E. C. Stoney, H. J. Wright, M. K. Acheson, W.

Hutchison, R. B. Jackson, G. E. G. Vickery, F. Casement, F. W. H.

Bigley, E. Jameson, E. D. Caddell, E. Evans, W. A. Nicholson.

*Physics and Chemistry.*—\*R. P. Hadden, C. F. F. Davies, W. R. G. Atkins,

E. C. Lambkin, D. P. Clement, J. C. Pretorius, R. V. Dixon, J. F.

Clarke, D. M. Moffatt, R. G. Orr, W. E. Hopkins, F. A. Anderson, G.

Meerdy, H. H. Ormsby, S. F. A. Charles, N. Jewell, C. W. Laird,

J. D. Murphy, J. L. Phibbs, A. V. Richardson, H. S. Sugars, R. J.

Attridge.

*Botany and Zoology.*—\*R. T. Brooks, \*A. H. Land, \*E. C. Lambkin,

C. F. F. Davies, R. P. Hadden, A. J. Stals, W. E. Hopkins, C. W.

Laird, C. G. S. Baronsfeather, H. R. Kenny, J. C. Pretorius, D. P.

Clement, F. N. Smartt, R. E. T. Tatlow, D. M. Moffatt, J. L. Phibbs,

W. R. G. Atkins, T. P. S. Eves, W. Knapp, G. H. Stack, J. Brereton-

Barry, G. A. Jackson, N. Jewell, A. H. Smith, A. S. Winder, J.

Beckett, D. W. Knight, J. T. McDonnell, K. Smith, C. Grene, F. C.

Newland.

\* Passed on high marks.

#### DIPLOMA IN PUBLIC HEALTH.

Part I: A. H. Marks. Part II: A. H. Marks.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### POOR-LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

##### Annual Meeting.

The annual general meeting of this Association was held at the Trocadero on Tuesday, June 28th, at 6.30 p.m.

Dr. Holder, of Hull, in the absence of the President, was voted to the chair. The balance-sheet for the year was duly presented to the meeting, and Dr. Gayton (Treasurer) commented on its flourishing condition. The present officers and council were unanimously re-elected for the ensuing year.

##### Dinner.

At 7.30 the members and their guests dined together, Dr. Holder presiding.

The Chairman, after proposing the Royal toast, alluded to the unavoidable absence of Dr. Farquharson on account of Parliamentary duties, and to that of Dr. Balding through illness. In proposing the health of the guests, he spoke of the great work done by Surgeon-General Evatt in the cause of Poor-law reform, especially his late report as to the condition of the Poor-law medical officers of Ireland. He expressed the pleasure the Association had in welcoming Dr. Gilbert Smith, Dr. Copeman, Dr. Dawson Williams, and

state in the most emphatic way that the experience of Montrose Asylum is that in only a small proportion of the inmates—certainly not more than 10 per cent.—has insanity been produced by alcoholic and other vicious excess. I have no desire to minimize in any way the disastrous effects of alcoholic excess on a large section of the population, and the misery, vice, and improvidence so produced on the present and succeeding generations; but the insane have had enough unmerited opprobrium to endure in the past without being stigmatized to-day as if they were in the main drunkards, and steeped in all manner of vice. Those who are hereditarily predisposed to mental disorders must be strictly temperate in the use of alcohol: the majority perhaps should keep on the safe side and abstain entirely."

#### COUNTY BOROUGH OF MIDDLESBROUGH ASYLUM.

DR. G. STEVENS POPP, Medical Superintendent, County Borough Asylum, Middlesbrough, writes to point out that the remarks contained in the last six lines of the review of the sixth annual report of that asylum, published in the *BRITISH MEDICAL JOURNAL* of May 21st, p. 1234, are founded upon a printer's error; the number of deaths from empyema was 1, and not 11 as printed.

#### NATIONAL SANATORIUM FOR CONSUMPTION AND DISEASES OF THE CHEST, BOURNEMOUTH.

THE forty-ninth report of this institution shows that 225 patients were received into the institution during the year 1903, which, with those remaining in the sanatorium from 1902, brought the total number under treatment to 289. As with similar institutions the Committee comments on the number of cases unsuitable from their advanced stage. Recent extension of the institution has increased the accommodation from 61 to 71 beds, and accounts for a deficit in the balance sheet of £306. To wipe this off and to allow of some much-needed improvements the Committee makes a special appeal for funds.

### MEDICAL VACANCIES AND APPOINTMENTS.

#### VACANCIES.

*This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.*

AYR COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £70 per annum.  
 AYE DISTRICT ASYLUM.—Assistant Medical Officer, resident. Salary, £120 per annum.  
 BIRKENHEAD BOROUGH HOSPITAL.—Junior Resident House-Surgeon. Salary, £80 per annum and notification fees.  
 BIRMINGHAM; GENERAL HOSPITAL.—Assistant Physician. Honorarium, £100 per annum.  
 BIRMINGHAM INFIRMARY.—Assistant Resident Medical Officer. Salary, £104 per annum.  
 BIRMINGHAM UNIVERSITY.—Walter Myers Travelling Studentship. Value £150 for one year.  
 BRECON AND RADNOE ASYLUM, Talgarth.—Assistant Medical Officer, resident. Salary, £140 per annum.  
 BRIGHTON THROAT AND EAR HOSPITAL, Church Street. Non-resident House-Surgeon. Salary at the rate of £75 per annum.  
 CANTERBURY BOROUGH ASYLUM.—Assistant Medical Officer (Male), resident. Salary, £140 per annum.  
 CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—Two House-Physicians, resident. Salary at the rate of £30 per annum.  
 COVENTRY AND WARWICKSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £60 per annum.  
 DOWNPATRICK; DOWN COUNTY INFIRMARY.—House-Surgeon, resident. Salary, £60 per annum.  
 GRAVESEND HOSPITAL.—House-Surgeon, resident.—Salary, £100 per annum.  
 HERFORD COUNTY AND CITY ASYLUM.—Senior Assistant Medical Officer. Salary, £150 per annum.  
 HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Surgeon Dentist.  
 HULL ROYAL INFIRMARY.—Casualty House-Surgeon, resident. Salary, £50 per annum.  
 LEEDS INFECTIOUS DISEASES HOSPITALS.—Second Assistant Resident Medical Officer. Salary, £120, increasing to £150 per annum.  
 LONDON THROAT HOSPITAL, Great Portland Street.—Non-resident House-Surgeon. Honorarium at the rate of £50 per annum.  
 MANCHESTER; VICTORIA UNIVERSITY.—Junior Demonstrator in Physiology.  
 MANFIELD; NOTTINGHAMSHIRE CONSUMPTION SANATORIUM.—Resident Medical Officer. Salary, £100 per annum.  
 NEW ZEALAND; SEACLIFFE LUNATIC ASYLUM, Dunedin.—Assistant Medical Officer, resident. Salary, £350 per annum.  
 NORTHAMPTON; BERRY WOOD ASYLUM.—Locum Tenens for three months. Terms 4 guineas weekly.  
 NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill.—Assistant House-Surgeon. Honorarium, £25 at the end of six months.  
 PLYMOUTH; SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Honorary Pathologist.  
 SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon. Salary at the rate of £70 per annum.  
 SOUTHWARK UNION.—Second Assistant Medical Officer at the Infirmary, East Dulwich Grove, resident. Salary, £100 per annum.  
 STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon, resident. Salary at the rate of £40 per annum.  
 VENTNOR; ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.—(1) Senior Resident Medical Officer. Salary, £300 per annum. (2) Two Assistant Resident Medical Officers. Salary, £100 per annum.  
 WEST BROMWICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum.  
 WEST SUSSEX COMBINED DISTRICT.—Medical Officer of Health. Salary, £650 per annum.  
 WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

#### APPOINTMENTS.

AUBIN, E. D., M.R.C.S., L.R.C.P., Health Officer for the Port of Thames, New Zealand.  
 BATEMAN, W. H., M.B., Ch.B., Viet., Medical Officer of Health to the Norden Urban District Council, vice D. B. Carse, M.B., C.M. Edin.  
 BUSHNELL, F. G., M.D., B.S. Lond., D.P.H. Camb., Pathologist to the proposed Ralli Memorial Laboratories, Sussex County Hospital, Brighton.

CHAPPEL, Frederick, M.B., Ch.B., Medical Superintendent to the Adelaide Hospital, vice Dr. R. Smeaton, resigned.  
 CLAYTON GREEN, W. B., B.A., M.R., B.C. Cantab., F.R.C.S. Eng., Supernumerary Surgeon in charge of Out-patients to St. Mary's Hospital, Paddington.  
 COURTNEY, F. W. E., L.R.C.P., L.R.C.S., etc., Medical Referee to Empire Guarantee and Insurance Corporation, Limited.  
 CRAICKSHANK, A., M.B., C.M. Aberd., Certifying Factory Surgeon for the District of Stonehaven, vice Dr. Wallace resigned.  
 DEY, Robert, M.B. Syd., Government Medical Officer and Vaccinator at Bourke, N.S.W., vice Dr. Charles H. Scott, resigned.  
 FARMESON, A. T., M.D. Toronto, Clinical Assistant to the Chelsea Hospital for Women.  
 GIBB, James A., M.B., Ch.B. Aberd., Assistant Medical Officer to the Dorset County Asylum.  
 HATHERALL, R. E., M.R.C.S., District Medical Officer of the Abington Union.  
 HAY, Joseph F. S., M.B., C.M. Aberd., Inspector of Lunatic Asylums, Hospitals, and Licensed Houses in the Colony of New Zealand.  
 JERMAN, A. E., M.B. Lond., M.R.C.S. Eng., Medical Officer of Health to the Erith Urban District.  
 JOHNSTON, H. Mulra, B.A., M.B., B.Ch., Chief Demonstrator of Anatomy in Trinity College, Dublin.  
 KELLY, W. R., M.B., B.S. Melb., Medical Officer at Croydon, Queensland, vice Dr. F. W. Webb.  
 LILLEY, J. H., M.D. Camb., M.R.C.S., Medical Officer of the Children's Homes of the Hereford Union.  
 LOCKYER, G. E., M.R.C.S., L.R.C.P., District and Workhouse Medical Officer of the Amesbury Union.  
 PALMER, Frederick S., M.D., M.R.C.P., Assistant Physician to the West End Hospital for Diseases of the Nervous System, Welbeck Street, W.  
 PHILIP, J. P., M.D. Aberd., D.P.H., Medical Officer of Health to the Morpeth Rural District Council.  
 READ, W. H., M.B., Ch.M. Syd., Honorary Assistant Skiagraphist, Sydney Hospital, N.S.W.  
 ROTHERHAM, A., M.B., B.C. Camb., Medical Superintendent of Darenth Asylum.  
 ROWLETTE, Robert James, B.A., M.D. Dub., Anaesthetist to the Incorporated Dental Hospital of Ireland.  
 SASS, Wilfrid, M.R.C.S. Eng., I.R.C.P. Lond., Assistant Anaesthetist to the Cancer Hospital, Brompton, S.W.  
 STEPHENSON, B. A., M.B. Toronto, Clinical Assistant, Chelsea Hospital for Women.  
 VAILE, W. B., M.R.C.S., L.R.C.P., Resident Assistant Medical Officer, West Ham Union Workhouse.  
 VINTER, S. G., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, Torpoint Urban District.  
 WAUGH, R. J., M.R.C.S., L.R.C.P., Third Assistant Medical Officer, Bethnal Green Infirmary.  
 WILLIAMS, D. J., M.R.C.S. Eng., L.R.C.P. Lond., Medical Superintendent of the Lunatic Asylum, Jamaica, vice Dr. J. W. Plaxton.

#### DIARY FOR NEXT WEEK.

##### TUESDAY.

Society for the Study of Inebriety, 11, Chandos Street, Cavendish Square, W., 4 p.m.—William C. Sullivan, M.D.: The Criminal Responsibility of the Alcoholic.

##### WEDNESDAY.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 p.m.—Demonstration of cases of interest.

##### THURSDAY.

British Gynaecological Society, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Mr. Christopher Martin, Mr. Bowreman Jessett, and Dr. Macnaughton-Jones. Dr. Jervois Aaron: New Instrument.  
 Neurological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 8 p.m.—Exhibition of cases of Myelopathic Muscular Atrophy.

#### POST-GRADUATE COURSES OF LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Surgical Cases.  
 Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Demonstration of Unusual Specimens of Chest Disease from the Museum.  
 Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—The Treatment of Diphtheria, with especial reference to the Dosage with Antitoxin.  
 Medical Graduates' College and Polytechnic, 22, Chenies Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Ophthalmic. Lectures will be delivered at 5.15 p.m. as follows: Monday, Some Practical Points concerning Colotomy; Tuesday, Cardiac Failure; Wednesday, Haemoptysis and its Treatment.  
 North-East London Post-Graduate College, Tottenham Hospital, N., Thursday, 4.30 p.m.—On the Choice of an Anaesthetic.  
 Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Practical Surgery; Tuesday, Practical Surgery; Wednesday, Practical Medicine; Thursday, Ocular Injuries and their Treatment; Friday, suppuration of the Accessory Sinuses of the Nose, with lantern slides; Lecture III.  
 St. John's Hospital for Diseases of the Skin, Leicester Square, W.C.—Thursday, 6.15 p.m., Ulcer therapy.  
 St. Peter's Hospital, Henrietta Street, W.C.—Lecture-Demonstrations will be given on Wednesday at 4 p.m.—Cases in the Wards.

#### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.*

##### BIRTHS.

AUSTIN ROBINSON.—On June 2nd, 1904, at the Sanatorium, Nottingham Road, N.a't., the wife of Dr. Austin Robinson, D.M.O. Nottingham Road (nee Lilian Rogers Jenkins), of a son.  
 CAIRD.—On July 3rd, at 13, Charlotte Square, Edinburgh, the wife of F. M. Caird, F.R.C.S. Ed., of a son.  
 HAIG.—On June 30th, at 80, Bondgate, Darlington, the wife of Douglas Vercoe Haig, M.D., of a daughter.  
 MACKAY.—At Felaw, Newcastle-on-Tyne, on June 26th, to Dr. and Mrs. J. W. Mackay, a son.  
 TORNEY.—On June 26th, at Bracebridge Heath, Lincoln, the wife of G. Parsons Torney, Medical Superintendent, Bracebridge Asylum, of a daughter.

##### MARRIAGE.

WHITWELL-BRANCKER.—On July 2nd, at St. Margaret's Church, Prince's Road, Liverpool, by the Rev. T. Bell-Cox, George Graves, the son of the late Francis Whitwell, of Shrewsbury, to Gladys Mary, the only daughter of the late Benjamin Brancker, of Fern Grove, Liverpool, and Mrs. Brancker, Summer Hill, Oswestry.

##### DEATHS.

ELLIOTT.—On May 7th, at Geraldton, Western Australia, Charles Bolton Elliott, M.R.C.S. Lond., L.R.C.P. Edin., for nearly thirty years District Medical Officer at Champion Bay, aged 53 years.  
 LEEPER.—On June 26th, suddenly, at Southsea, G. R. Leeper, M.B., T.C.D., L.R.C.S.I., third surviving son of the late Canon Leeper, D.D., Dublin.