

more for the honour you have conferred upon me by placing me in this chair.

REFERENCES.

¹ *Lancet*, January 9th, 1904, p. 113. ² *Lancet*, Milroy Lecture, June 18th, 1904. ³ Dr. Sinclair's letter, *BRITISH MEDICAL JOURNAL*, June 4th, 1904, p. 1341. ⁴ Lecture on the Midwives Act, 1902, and the Teaching of Midwifery to Students of Medicine, Address at Owens College, April, 1903. ⁵ The Present Mode of Teaching Midwifery in London; G. E. Herman, vol. lvi, p. 391. ⁶ *BRITISH MEDICAL JOURNAL*, January 9th, 1904, p. 76.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

MITRAL STENOSIS IN ADVANCED LIFE.

As mitral stenosis at an advanced age is rare, the two following cases which have recently been noted in the Sick Asylum, The Hyde, Hendon, N.W., may be of interest:

The first case was that of J. M., aged 73, who was admitted on September 17th, 1903, complaining of pain in the left side, and dyspnoea. As she was very deaf the duration of the cardiac trouble was difficult to ascertain. Upon examination there was felt a slight apical thrill, and a well-marked pre-systolic murmur in the mitral area was audible. The patient gradually went downhill, and died on April 9th, 1904. At the necropsy an advanced degree of stenosis of the mitral valve—of the "button-hole" type—was found, and there was a row of pale vegetations on the edge of the orifice. There was an old infarct in the spleen. The left auricle was much dilated.

The second case was as follows: T. Y., aged 73, was admitted on March 21st, 1904, complaining of cough and emaciation. No murmur of the heart could be detected, but the lungs showed signs of general bronchitis. On May 29th signs of consolidation at the right apex were present. He grew rapidly worse, and died on June 6th, 1904. At the necropsy there was found a moderate degree of stenosis of the mitral orifice, of the funnel type, and a row of old vegetations at one part of the edge of the opening. The orifice was just wide enough to allow the little finger to pass through. Numerous tuberculous deposits were present in both lungs, with a few old cavities.

The second case is also interesting from the co-existence of pulmonary tuberculosis with organic mitral disease.

JOHN S. F. WEIR, M.B., B.Ch. (R.U.I.).

Sick Asylum, The Hyde, Hendon, N.W.

POISONING BY "FOOL'S PARSLEY" (AETHUSA CYNAPIUM).

On July 1st, 1904, I received a message to attend E. W., aged 23, domestic servant, and found her to be suffering from severe abdominal pains with persistent vomiting and diarrhoea. The vomited matter was green stained. The patient was extremely collapsed. Surface cold, radial pulse absent, heart beating at the rate of 120 times a minute, heart sounds very feeble. The temperature was so subnormal as to be incapable of being registered by the ordinary clinical thermometer—the mercury not rising to the 95° F. graduation mark. On inquiry I elicited the fact that on the previous day the patient had eaten a considerable quantity of a herb gathered in the kitchen garden attached to the house, which she believed to be "mustard and cress." This proved to be "fool's parsley" (*Aethusa cynapium*) of very young growth. The symptoms of poisoning did not come on until some twenty hours after ingestion.

Morphine (for the pain) and stimulants were administered, and the patient made a speedy recovery.

Monkseaton, Northumberland. H. E. DAVISON, M.D.

DIPHTHERIA AND HOFMANN'S BACILLUS.

The view appears to be gaining ground that Hofmann's bacillus and the true diphtheria bacillus are in no way related to one another, and it is right that pieces of evidence, however small, should be brought forward in order that this important point should be cleared up. I therefore venture to record the following memoranda of an outbreak of infection with Hofmann's bacillus, coincident with what appeared to be an isolated case of true diphtheria.

Three or four years ago I was resident at a London Children's Hospital where the excellent practice was observed of taking swabs of the throats of all patients admitted to the wards and submitting the same to the Jenner Institute for examination. On one occasion I admitted a

patient from whose throat a culture of Hofmann's bacillus was obtained. From the throats of none of the other children at that time in the ward was either Hofmann's or the true diphtheria bacillus isolated. A week later a case of clinically true diphtheria, from which the true diphtheria bacillus was isolated, occurred in the ward. I then again took cultures from the throats of the other patients, of whom six, out of a total of eight, yielded cultures of Hofmann's bacillus. No further cases of diphtheria developed, and a few days later swabs again taken from the six patients proved to be sterile.

It would be interesting to learn if a similar sequence of events has been observed elsewhere, for coincidences are of such frequent occurrence in medicine, that unless repeated on several occasions no value can be attached to them.

Torquay. A. E. CARVER, M.D., M.R.C.P.

THE EFFICACY OF VACCINATION TESTED BY INOCULATION AND SMALL-POX.

DR. T. D. ACLAND, in an address delivered on March 22nd, 1902, on "Vaccination and Common Sense,"¹ states that the means which might be adopted for deciding the question as to whether vaccination protects against small-pox are:

1. By vaccinating first, and inoculating with small-pox afterwards, a test which cannot, of course, be made in the present day.
2. By observing the effect of vaccination on particular groups of persons exposed to the contagion of small-pox under more or less similar conditions.
3. By observing the comparative frequency with which small-pox attacks the vaccinated and unvaccinated in large communities, the degree of the severity of the attack in each of these classes, and the resulting death-rate.
4. By observing the effect of vaccination upon the age at which small-pox is most prevalent amongst those who have been vaccinated in infancy and among those who have not.

The present communication aims at supplying evidence mainly under the first head—a method of testing the efficacy of vaccination which is not available in countries where inoculation is forbidden by law. In Burmah, where I have been engaged in Government Medical Service for the past ten years, inoculation is freely practised outside the limits of municipal towns and is not forbidden by law. It is a common experience, where small-pox is epidemic, to find that the local *Saya* (medicine man) has been busy in a village inoculating all children who have not been protected by a previous attack of the disease. The method adopted is to select a mild case, pick off a few scabs from the pustules, grind these as fine as possible, mix the powder with water and inject some of the mixture into the forearm or rub it into punctures about 3 in. or 4 in. above the wrist.

In April, 1902, I received information that small-pox had broken out in a village called Leyamah, Pakokku District. On reaching the village I found that 59 persons had been attacked; that 22 of these, chiefly children, had got the disease by infection, and the rest—namely, 37 children—by inoculation. There were 5 deaths—1 man, who had been infected, and 4 children, who are said not to have been inoculated. The total population of the village was about 1,500. I also found that isolation had in no way been practised. The headman of the village informed me that not a single vaccinated child had been infected, and that the vaccinated children that had been inoculated were also free from the disease, but that all unvaccinated children had been inoculated successfully. After personal inspection of each child vaccinated in 1900 and 1901, and also of all those inoculated, I made the following notes:

Number of children successfully vaccinated in 1900 and 1901	... 144
Number successfully vaccinated, inoculated without result	... 123
Number successfully vaccinated and have resisted infection, but were not inoculated	... 21

Thus not a single child successfully vaccinated a year or two previously got small-pox either by infection or inoculation. The headman further informed me—and I verified the fact—that his six children had all been inoculated, that four of these had been successfully vaccinated and resisted inoculation, and were free of the disease, while the remaining two that had not been protected got a mild attack of small-pox.

From Leyamah I proceeded to a village called Pyintha, where I found that there had been 8 cases of small-pox, that all the vaccinated children (14) had resisted infection, and that one of these had been inoculated without effect.

In Burmah, as in some parts of this country, vaccination is not popular, and such was the attitude of the majority in the Leyamah village till the people had satisfied themselves by as severe a test as possible. The headman admitted that he was

¹ *BRITISH MEDICAL JOURNAL*, April 26th, 1902, pp. 1009-16.

fully convinced of the efficacy of vaccination, and that it was in many respects better than the method of inoculation practised by them. It was very gratifying to find that a poor, uneducated man, such as this, had common sense enough to weigh the evidence he had before him and to come to a right conclusion on so important a subject. His sense of justice was in striking contrast to that of a European lady, an antivaccinist, who had no arguments in support of her contention, but merely said to me that she did not believe in vaccination "because her brother Joe did not."

The facts detailed above have been abstracted from the Sanitary Report on the Pakokku District for 1902, written and submitted by me to the Sanitary Commissioner, Burmah. I have been induced to publish these notes, as every fact in support of vaccination should be recorded. I regret that owing to pressure of work I have not earlier given publicity to these notes, but the facts as detailed were reported officially early in 1903 to the Sanitary Commissioner.

LAWRENCE G. FINK, M.B., C.M.Edin.,
Barnhill, Broughty Ferry. Civil Surgeon, Burmah (on leave).

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

JERVIS STREET HOSPITAL, DUBLIN.

A CASE OF ACUTE SPREADING GANGRENE.

(By E. GLENNY, L.R.C.P. & S.I., Senior Resident Medical Officer.)

M. M., aged 27, a stout, well-developed woman, was admitted to Jervis Street Hospital at noon on Tuesday, March 11th, 1902.

State on Examination.—She was in a state of collapse and suffering from cardiac syncope. On examination I found her right leg greatly swollen, oedematous, and of a blue-black colour; there were numerous blisters of all sizes scattered over the surface, whilst in places the cuticle was rubbed off, leaving a raw moist-looking surface. This condition extended from midway between the ankle and knee up the leg and thigh, whilst the right groin and a small portion of the adjacent abdominal wall were similarly affected. She rallied somewhat in a couple of hours, but the gangrenous process spread rapidly, and travelled across the lower portion of the abdominal wall and on to the left groin, whilst there was extensive emphysema of the abdominal wall on either side above the gangrenous parts. Her temperature on admission was 98° F.

Result and Necropsy.—She died the same day at 4.15 p.m., four and a-quarter hours after admission, and I made a necropsy the same day. I found extensive moist gangrene of the right leg, thigh, and vulva, right buttock, lower portion of the abdominal wall, and left groin, which was beginning to extend into the left loin; the tissues being exceedingly soft and lacerable. On the right buttock, situated external to and between the vagina and anus, I found a small gangrenous patch, much darker in colour than any of the other gangrenous portions and about the size of a half-crown piece, with apparently a breach of surface in its centre. From this gangrenous patch a gangrenous track led through the deeper and healthy tissues into the neighbouring diseased parts. From the state of the limb due to the gangrene I was unable to detect any signs of trauma, had such occurred, and I could find no breach of surface other than I have mentioned. There was no thrombus in any of the vessels of the limbs, same being carefully dissected out as far as the junction of the common femoral. With the exception of the right ovary, which contained a small cystic cavity about the size of a hazel nut, containing a brownish fluid, all the other organs and viscera were in a healthy condition. No microscopic examination was made of the fluid which saturated the gangrenous tissues, but I have little doubt the bacillus of malignant oedema could have been found therein.

Inquest.—The evidence at the inquest showed that the deceased had been released from prison, where she had been confined for seven days for drunkenness, the morning of the day preceding her admission to hospital. Her relatives said that in the afternoon she complained of some pain in her leg, and lay down to rest, but apparently was otherwise well, and looked so. That night she left the house of her relations and stayed at a friend's house; but she returned the next morning at 8 o'clock, complaining that she could not walk. She then looked extremely ill, in fact she looked as if she were dying, as a witness said. Her friends thought it might be some venereal disease she had, as she also complained of a swelling in the lower portion of her trunk, so they brought her to the Government Lock Hospital. There the doctor requested a nurse to take the patient's temperature, and, finding it 101°, he advised her friends to take her to Cork Street Fever Hospital. Not having the money to take a conveyance she proceeded to walk thither, but collapsed on the way after she had traversed about a quarter of a mile. She was then conveyed by ambulance to Jervis Street

Hospital. The evidence of the prison medical officer showed that she complained of no sickness before leaving prison or during her detention, and that she had taken exercise regularly.

REMARKS.—Cases of spreading gangrene are not often encountered now, and this fact and the fearful rapidity with which death ensued after the first symptoms were noticed, together with the somewhat peculiar distribution of the gangrene, seem to make the case worth recording.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

A CASE OF PNEUMOCOCCUS PERITONITIS.

(Under the care of Mr. WHIPPLE.)

[Reported by H. W. WEBBER, M.S.Lond., Assistant Surgeon. M. B., aged 6 years, was admitted on May 8th, 1904, at 7.30 p.m. with the following history:

She was quite well up to five days previously, when in the evening she complained of pain in the abdomen, vomited once, and had some diarrhoea. The next day she vomited several times, but the diarrhoea was diminished. During the next two days the symptoms improved, and the temperature, which had been up to 102° F., came down to 100°, but on the day previous to admission she vomited several times, and the temperature rose again.

State on Admission.—The temperature was 101° F. and pulse 130. She lay with the legs drawn up: the respirations were 62, but the colour of the face was good and pulse of fair volume. The abdomen was uniformly distended, very tense, and tender everywhere. Per rectum an indefinite soft fullness could be felt high up.

Operation.—At 9.30 p.m. the abdomen was opened through the right linea semilunaris, giving exit to turbid odourless fluid in considerable quantity. The coils of bowel were everywhere coated with a thick deposit of yellowish lymph, which caused weak adhesions between the coils. The fluid having been evacuated, the cavity was washed out with hot saline solution and the viscera examined for perforation or intussusception. Appendix, small intestine, and large intestine were inspected (as far as possible) in turn, and no lesion discovered. An incision was then made in the linea alba above the umbilicus, and the stomach and duodenum examined with negative result. The liver was normal, except for a thick deposit of the same yellowish lymph in the portal fissure. The epigastric incision was now closed, an iodoform gauze drain inserted to the bottom of the pelvis, and brought out at the lower wound, which was partly closed to prevent prolapse of intestines.

Result.—On May 9th she passed a loose dark-green motion at 3.30 a.m., and was sick; all the day she lay with the knees drawn up, restless, and in pain. The bowels moved three times more during the day. Temperature 99° to 101.2°. Five minims of liq. morph. hydrochlor. were given every four hours. At 8 p.m. the gauze drain was removed under an anaesthetic and a fresh one inserted. On May 10th the bowels acted four times. The temperature varied from 100.6° to 102.8°, and respirations from 20 to 35. She gradually became weaker and died about 10 o'clock. Subsequently to the operation no discharge came from the abdominal drainage wound, and it was found impracticable to obtain any material for bacteriological examination.

Pathological Report by the Pathologist to the Hospital, Dr. F. Bushnell.—An incomplete necropsy was made, a full one being unfortunately refused. The abdomen was opened, with aseptic precautions, between the two surgical incisions. The intestines were found distended and glued together in places with bright yellow lymph, between which were loculi of turbid yellowish serous fluid. Microscopic films of this fluid showed pus cells, diplococci, cocci, and a straight bacillus with terminal spore, on staining with carbol-thionin. Gram staining showed numerous capsulated elongated diplococci, occasionally forming short chains—the micrococcus lanceolatus. Cultures made on broth and serum agar (no blood agar being available) and in melted gelatine (after subculturing as recommended by Dr. M. H. Gordon, BRITISH MEDICAL JOURNAL, March 19th, 1904, p. 659) did not exhibit the typical growth of the pneumococcus. The film preparations were quite distinctive, and the other organisms found were of subordinate importance. I satisfied myself that there was no perforation of a hollow viscus; the appendix vermiciformis was acutely kinked, but normal, and the pelvic organs were merely congested. A portion of both lungs showed broncho-pneumonia and pleurisy. In the lymph on its surface micrococcus lanceolatus was found, and sections of lung stained with eosin-Gram-Weigert method showed this organism, with bacilli straight or slightly curved, and staphylococcus pyogenes, together with broncho-pneumonic changes. The ears, heart, spleen, etc., could not be examined.

A MEDICAL conference on the alcohol question was recently held at Bolton, under the chairmanship of Dr. J. Johnston, who pointed to the necessity of securing the sympathy and assistance of the medical profession in the fight against drink. He instanced the success of the British Medical Temperance Association and of the petition recently signed for presentation to the President of the Board of Education as proofs that the medical profession was disposed to take an active part. Dr. V. H. Rutherford gave a general account of alcohol, and the proceedings terminated by a general discussion.

riage, it may be gathered that he was a man of substance, but it is also clear that he was not a good man of business. So embarrassed were his affairs that his second bride—a widow and clearly a practical woman with no sickly sentiment about her—insisted, contrary, as the marriage contract sets forth, to the custom of the country, that there should be no community of goods between them. The marriage took place in 1744, but there is nothing to show how it turned out. Nor is there any record of Perdereau's professional life, except there is an indenture of apprenticeship dated about a year after his marriage, by which he secured a pupil whose father was in a position to pay well for the privilege.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ending June 4th and 11th the number of deaths from plague in India numbered 13,770 and 7,762 respectively. During the two weeks the principal figures were: Bombay City, 82 and 74; Bombay Districts, 517 and 416; Calcutta, 70 and 35; Bengal, 129 and 133; North-West Provinces and Oudh, 420 and 229; Punjab, 12,219 and 6,492; Kashmir, 81 and 49; Rajputana, 90 and 55. During the week ending June 11th the deaths from plague in Central India numbered 21; Hyderabad State, 4; Mysore, 165; Karachi, 18. Plague has disappeared from Aden.

SOUTH AFRICA. Cape Colony.

Port Elizabeth.—During the weeks ending June 11th and 18th the fresh cases of plague numbered 1 and 1; no deaths from the disease. Cases under treatment numbered 5 on June 18th. Plague-infected rats and mice continue to be found at Port Elizabeth, but at no other towns in the Colony.

Transvaal.

During the weeks ending June 25th and July 2nd and 9th the fresh cases of plague numbered respectively 2, 2, and 2; no deaths from the disease were reported.

HONG KONG.

During the week ending July 2nd, 38 fresh cases of plague were reported and 38 deaths from the disease.

FORMOSA.

During the first six days of May 345 fresh cases of plague were reported in Formosa. The total number of plague cases in the island since the outbreak of the disease in January, 1904, amounted on May 6th to 2,600.

MAURITIUS.

During the weeks ending June 30th and July 7th the fresh cases of plague numbered 2 and 1, and the deaths 1 and 1.

MEDICAL NEWS.

THE Royal Westminster Ophthalmic Hospital has received, under the will of Miss Steel, a legacy of £1,000.

DR. JAMES BARR, Physician to the Liverpool Royal Infirmary, has been elected a Fellow of the Royal Society of Edinburgh.

SMALL-POX IN EDINBURGH.—During the week ending midday of Saturday, July 9th, no fresh case of small-pox was notified to the public health authorities. There remained on that day only 2 cases in the City Hospital at Colinton Mains, as against 3 on Saturday, July 2nd.

KING'S COLLEGE.—Vacation courses in clinical pathology and practical and clinical bacteriology will be given at King's College in August by Professor R. T. Hewlett. Bacteriology will be taken in the morning and pathology in the afternoon. The courses commence on August 3rd and terminate on August 13th. If both courses be taken the inclusive fee will be £4 4s.

We are informed by Mrs. Barnett, Honorary Secretary of the Hampstead Heath Extension Council, that the efforts to preserve Wylde's Farm and the view from the North-West Heath are likely to be successful. The London County Council has voted £8,000, the Hampstead Borough Council £5,000, the Middlesex County Council £2,000, and private persons and City companies have subscribed £18,500; the sum of £5,500 is still required. Hampstead is a unique piece of real country on the confines of a great city, and the new electric tube railway is likely to bring it within the reach of a still larger proportion of the poorer classes of London. The Treasurers of the fund are Sir Robert Hunter, General Post Office, and Mr. E. Bond, M.P., House of Commons.

BRUSSELS MEDICAL GRADUATES' ASSOCIATION.—The annual general meeting of this Association took place on July 5th at the Trocadero, Regent Street, at 6.30 p.m. The annual balance sheet was presented at the meeting, and officers and Council elected for the ensuing year. At 7.30 the members and their guests dined together. Dr. Major Greenwood, the

President for the year, being in the chair. The President, in proposing "The Health of the Guests," said that the Association would complete its first quarter of a century next year, and that during that time many illustrious guests had dined at its table. He thought that Sir Isambard Owen, as Deputy Chancellor of the University of Wales, and Vice-Dean of the Medical Faculty of the London University, would sympathize with their academic aspirations. He eulogized Dr. Hall for the work he had done in connexion with the Medical Sickness Society, which had owed not a little of its success to the ability with which he had looked after its business as Chairman of the Executive Committee. He said that the fact that Dr. F. J. Smith presided over an association of the London diplomats of the Colleges of Physicians and Surgeons of London, who were asking that their diplomas should have the force of medical degrees, showed that the universities of the country were not doing their business in a satisfactory manner: and he complimented Mr. Betham Robinson on the able manner in which he had promoted the welfare of the Metropolitan Branch of the British Medical Association by his work as Secretary. Dr. de Havilland Hall, in responding, said that it gave him much pleasure to dine with the Association. He had always held the greatest respect for their degree, and in his early days, when he was engaged in medical tuition, he was struck by the searching character of the examination. Sir Isambard Owen, in proposing the toast of the Association, said that the members had his entire sympathy; that with regard to the degree he had every respect for it, and thought it was quite equal to some English ones; that the university system in this country was by no means perfect, although decidedly better than formerly. He thought that the title "Doctor" was a rightful appanage of the profession, and he gave a quotation from Shakespeare, showing that it was a common term for a medical practitioner even in his days. He saw no objection to the registration of the degree as an additional medical title, and hoped that Brussels medical graduates would gain that right in the future. Dr. Walter Smith, who responded, thanked Sir Isambard Owen for the sympathy he had shown with them, and gave a brief history of the Association. He regretted that those of their members who had got their degrees registered took so little interest in the Society, and showed so little gratitude for what it had done for them. He spoke of the important work of the Council during the year, and said that it was kept informed of what took place at Brussels by an agent on the spot: and that matters were not infrequently referred to them by the University touching the interests of foreign graduates. Dr. Haydon, who proposed the health of the President, Dr. Major Greenwood, said that the Association owed him much for the work he had done for so many years as honorary secretary, while the whole profession was indebted to their President for the public work he had done for the profession; he referred to the numerous offices Dr. Greenwood held on well-known professional societies, and pointed out that he had just been elected a member of the Council of the British Medical Association. The President suitably responded. An excellent programme of music was performed during the evening under the direction of Dr. Haydon, who himself played several violin solos.

INDIA AND THE COLONIES.

GIBRALTAR.

THERE appear to be special difficulties surrounding the compilation of health statistics with regard to the civil population of Gibraltar, and Major Horrocks, the Medical Officer of Health, therefore returns most of his figures for the year 1903 in terms of the census population, taking no account of intracensal increase. They are, therefore, not very useful for comparison with those of other Colonies, and a further difficulty in examining them is introduced by various arbitrary divisions of the population under terms the precise significance of which is not very clear. It being useless, therefore, to quote the majority of the figures, it may be said generally that while the aggregate mortality in 1903 was comparatively low, the infantile mortality was very high, being within a decimal point of 180 per 1,000 registered births. From the figures given with regard to diphtheria, chicken-pox, and other infectious diseases it is apparent that the causes of this high rate must be looked for in those general conditions which affect the infantile mortality figure. Obvious explanations indeed may be found in the statements made as to close aggregation of houses on very limited areas, and the overcrowding of the inhabitants of individual tenements. There are also serious water difficulties to contend with, less as regards quality than quantity. No attempt appears to be made to eliminate the first of these causes of public ill-health, but many details in the report made it obvious that sanitary progress in other directions is being slowly effected, and that if it is not very rapid it is not for want of sound advice on the part of the medical officer of health.

garden party at Headington Hill Hall on Thursday, July 28th; and Dr. Neil, the Medical Superintendent, with the Chairman and Committee of the Warneford Asylum, Headington Hill, are inviting 600 guests to a garden party on the same afternoon. The number of invitations to be issued for the Vice-Chancellor's *soirée* at the Museum on Wednesday evening, and to the reception given by Dr. Collier, the President, and the members of the Oxford Division in Wadham College Gardens on the same afternoon, must be limited to 2,000. Invitations to the Garden Party at Blenheim will be issued by the Duke of Marlborough personally.

ANNUAL PATHOLOGICAL MUSEUM.

As it is now known that a considerable number of members of the Association are to arrive in Oxford on Monday, July 25th, it is hoped that all exhibitors in the Pathological Museum will see that their exhibits reach Oxford, if possible, by the 23rd inst., in order that the Museum may be open for inspection on Tuesday morning, the 26th. The afternoon of that day is fairly free from business, and many members will like to take advantage of their leisure to visit the Museum.

OPHTHALMOLOGICAL EXHIBITION.

We are informed that, attached to the Section of Ophthalmology, an exhibition has been arranged in Keble College. It will include instruments, electric and other appliances, ophthalmoscopic pictures, optical and colour apparatus, pathological specimens, and other things of interest to ophthalmic surgeons.

A number of rare and interesting eye cases will be exhibited at the Eye Hospital, some seven minutes' walk from Keble College.

ACCOMMODATION FOR MEMBERS AT OXFORD.

A list of lodging-houses, with scale of charges, was published in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL for June 11th, 1904, pp. 182-5, and July 9th, 1904, pp. 28-31.

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 journeys.

Dr. John R. Hamilton, of Hawick, writes to point out that members from the West of Scotland and the Border Counties can travel via Carlisle and Birmingham direct to Oxford either by the Midland or the London and North-Western Railway route.

ASSOCIATION NOTICES.

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.

LANCASHIRE AND CHESHIRE BRANCH: CHESTER DIVISION.—A meeting of the members of the above Division will be held at the Chester General Infirmary, in the Board Room, on Tuesday, July 19th, at 4.30 p.m. Attendance of members is particularly requested. Agenda: Minutes of last meeting.

To receive the Executive Committee's report, and to consider and to form resolutions upon the following subjects: (1) Some suggested alterations of the By-laws (see BRITISH MEDICAL JOURNAL, July 9th, 1904); (2) Scheme for British Medical Association Direct Representation; (3) Contract Practice; (4) Nurses Registration Bills; (5) Information to Coroners; (6) Life Insurance Fees; (7) National Deposit Friendly Society; (8) The Revised Medical Acts Amendment Bill; (9) A Memorandum of Parliamentary Matters. To transact any other business which may arise.—H. W. KING, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH: MANCHESTER AND LIVERPOOL DISTRICTS.—A special reserved saloon car will be attached to the Great Western train leaving London Road, Manchester, on Monday, July 25th, 12 o'clock noon: Stockport, 12.10; Crewe 1.3. The Great Western train leaving Liverpool Central 11.44, Woodside Birkenhead 12, Chester 12.40, joins the Manchester train at Wellington, 2.25, where tea will be served in the saloon. The Great Western route has been chosen so that the members travelling by it may avail themselves of the invitation of the Mayor of Leamington and the Earl and Countess of Warwick. (See BRITISH MEDICAL JOURNAL, July 9th, p. 95.) The return car will be attached to the train calling at Leamington 6.30, and Warwick 6.35, on Saturday, July 30th. Members from outside places may join the train at most convenient station at the times named above. The railway company have issued special tickets from Manchester, which may be had from Dr. Bagley in the train. The saloon is now full, but another one will be supplied if a sufficient number send in their names before July 20th. It is hoped that every one who intends sharing the privilege of the arrangement will send a post-card forthwith to Dr. Bagley, 229, Clowes Street, Manchester, S.E., intimating their intention to join the party.

SPECIAL CORRESPONDENCE.

BERLIN.

Cancer Research and Cancer Hospitals.—Tuberculosis.—Lead Poisoning in Painters.

THE directors and architects of the new Charité buildings have been approached by the Committee for Cancer Research with a request that the new buildings may include a special department for cancer patients, this department to be under the direction of Professor von Leyden, Chairman of the Cancer Committee. It is understood that the request has been acceded to, and further, a movement has been set on foot, and funds collected by private subscription, for the establishment of "incurable" cancer hospitals, a form of charity which, strange to say, has hitherto been unknown in Germany.

Important deliberations on problems connected with tuberculosis have lately been held at the Imperial Board of Health. As regards the care of consumptive patients in general hospitals, it was unanimously concluded that advanced cases should be segregated, if possible, in special sanatoria built and arranged on modern principles, or where this was impossible, at least in separate departments of general hospitals. Another day was devoted to the question whether human and bovine tuberculosis could be considered as identical in character. Professors Robert Koch, von Leyden, Orth, B. Fraenkel, Krauss, Loeffler, and others were present, and after Regierungsrath Kossel had read his report on the year's experimental researches in the Board of Health, there was a debate, which ended, as might have been expected, without unanimity being reached.

Count Posadowsky, German Minister of the Interior, has submitted to the Federal Governments a schedule of "Regulations for the prevention of lead-diseases among house-painters, decorators, and varnishers." These regulations are to be binding on all employers in the house-painting and other similar trades, as well as on all industrial establishments where painters and varnishers are employed in connexion with other trades and manufactures—for instance, carriage factories, furniture factories, wharves, etc. The regulations do not forbid the use of white lead for social economic reasons. They contain detailed instructions for avoiding the dangers connected with the manipulation of lead colours mixed with oil or varnish, as well as with the process of rubbing or breaking away dry coats of lead colour. Medical supervision and the keeping of a special health book are to be obligatory, and each workman is to receive gratis a leaflet enlightening him on the dangers connected with the trade, and the best methods for escaping them.

MANCHESTER.

Proposed Ambulance Service.—Proposed Union of Hospitals.—A Convalescent Hospital.—Dearth of Patients for Lancashire Inebriate Reformatory.

A PRELIMINARY informal conference took place recently between the Infirmary authorities and the Watch Committee

Dr. McKeown's work has been appreciated by both home and foreign authorities. He was President of the Ophthalmology Section of the British Medical Association at the annual meeting in Belfast in 1884, of the Ulster Medical Society, and of the North of Ireland Branch of the British Medical Association; and when the Lectureship on Ophthalmology and Otology was created he was appointed to that post, and held it till his death. Men from all parts of the world have been found in the operating theatre of the Ulster Eye Hospital to watch the operation for unripe cataract. Quite recently he was informally invited to be present at Lucerne and demonstrate his methods by Dr. Haab's assistant, who visited him in Belfast and promised him a warm and hearty reception, and a few hours after his death a letter arrived from Dr. Reik, of Baltimore, regretting that Dr. McKeown could not be present at the meeting of the American Ophthalmological Association in Atlantic City in July, and asking him to address the Ophthalmic Society of Baltimore, and to operate in the Johns Hopkins Hospital. Attention was drawn to the value of his operation in India lately by Dr. Elliott, who published the results of 800 consecutive cases of cataract operation by the irrigation method with brilliant success.

Latterly, Dr. McKeown gave much attention to educational matters. He regarded education in all its branches, from primary to university, as the great question of the day; he had clear and pronounced opinions, and never wavered or hesitated in expressing them openly and decisively. He studied the national school system in Ireland, and exposed many of its glaring faults, urgently demanding complete freedom from all sectarian or clerical influence, and independence of the teachers from the clergy of all denominations, with more suitable and fuller recompense for their labours. His remarks brought him into conflict with ministers of various denominations. He strongly opposed the establishment of a Roman Catholic university, and condemned it as a retrograde measure, subversive of the best interests of higher education. When the Royal University Graduates' Association was founded some years ago to safeguard the interests of the university, Dr. McKeown was elected President, and held the post till his death.

In estimating Dr. McKeown's character and ability, one is impressed with the conviction that Nature narrowly escaped making a great man. Many believe he would have been a great man, if time and opportunity had been favourable. He was a man of strong personality and force of character; he could do nothing by halves. It is said that one day when the University question was at its height, he spent close on £5 in telegrams from his private purse. The Association for the Reform of Education has at present a Bill drafted dealing with the whole question of education in Ireland from the primary education of the national schools to university education in Trinity College and the Royal University, much if not all of it from Dr. McKeown's information and according to his ideas; it probably may never be adopted, but it will serve as a source of knowledge and a reference for many years to come. One secret of his success and failure was his intensity; he could not admit in practice that there were two sides to a question; there was a right and a wrong, and he unhesitatingly went for what he considered the right without delay or hesitation. In private life he was considerate and thoughtful.

He leaves a widow and one child, with whom much sympathy is felt, and a brother, Dr. David McKeown, who practises in Manchester.

We regret to see the announcement of the death at Zagazig, from bubonic plague, of Dr. NOEL UNSWORTH, Assistant Inspector of the Sanitary Department of the Egyptian Government. Dr. Unsworth, who received his medical education at St. Thomas's Hospital, obtained the diplomas of M.R.C.S., L.R.C.P., in 1899, and went to Egypt as assistant surgeon to the Kasr-el-Aini Hospital, Cairo, and was actively employed during the cholera epidemic of 1902. More recently he had been engaged on plague duty in the Delta. He showed the first symptoms of the disease on July 7th, and died on July 10th.

We regret to announce the death of Mr. JOHN GREEN, which took place at his residence in the Waterloo Road, Wolverhampton, on June 30th, at the age of 62. He was apparently in his usual health until five days before his death, and attended his patients up to that time, when he was seized with an apoplectic fit from which he never

recovered. Mr. Green was well known in Wolverhampton and held in high esteem there, not only for his professional skill, but also for his great personal qualities. He was educated at Queen's College, Birmingham, where he won prizes in anatomy, physiology, medicine, and surgery. He took the diplomas of M.R.C.S.Eng. and L.S.A. in 1868. He was Medical Officer of Health for Heath Town, and was the Honorary Medical Attendant of the members of the Wolverhampton Wanderers' Football Club, in whose success he had taken great interest for over twenty years. Mr. Green was a widower and leaves one daughter.

UNIVERSITIES AND COLLEGES.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND. THE FELLOWSHIP OF THE COLLEGE.

SINCE the adoption of the method of voting for members of the Council by balloting papers sent through the post the number of Fellows attending the annual meeting for the election has gradually become much smaller, and it was felt that the Fellows were deprived of the many advantages to be derived from the meeting and from inspection of the additions to the museum which are yearly placed together for exhibition on that day. The Council consequently, acting on a happy suggestion of the President, Mr. John Tweedy, decided this year to revive the annual dinner of Fellows, which had been for some years past in abeyance, and to allow it to be held in the College itself.

The first dinner under this arrangement took place on July 7th, after the declaration of the results of the voting for the Council. It was held in the library; and more than 100 Fellows were present. Mr. Tweedy, who presided, was supported by, among others, Sir T. Smith, Bart., Sir Frederick Treves, Bart., Mr. Jonathan Hutchinson, Mr. Christopher Heath, Sir H. G. Howse, Mr. Henry Morris, and Sir Alfred Cooper. The result was so very satisfactory in every way that it is hoped the dinner will become an annual function. The toasts of "The King," and of "Queen Alexandra, the Prince and Princess of Wales, and the other members of the Royal Family," proposed by the President, were received with great applause; the Fellows not forgetting that His Majesty has always taken great interest in the College of Surgeons; and that the first time he went out after his illness two years ago was to go to that College and inspect the pathological specimens in the museum illustrating the disease from which he had been saved.

The President then rose and said :

"I have the honour to propose the toast of 'The Fellowship of the Royal College of Surgeons of England.' In doing so I desire on behalf of my colleagues in the Council and myself to express our gratification in seeing so large a gathering of distinguished Fellows; and you will, I am sure, on your part join me in offering a hearty welcome to Sir Frederick Treves, who has just returned to us from his distant travels. On an occasion like this, it is especially agreeable to remember that the experience and skill of a Fellow of this College were instrumental, two years ago, in preserving to the nation the most valued life within the empire. As this is the first large gathering of Fellows since that momentous event, we avail ourselves of the opportunity to offer to Sir Frederick Treves our warmest congratulations on its happy issue. You are probably aware that of late years, in consequence of the option of recording votes for members of the Council through the medium of the Post Office, the personal attendance of the Fellows has steadily diminished. While it is easy to find an explanation of this it is itself a contingency which is to be regretted, and which it is desirable, if possible, to counteract. Many of you will remember that the meeting of Fellows at the annual election of members of the Council was a pleasant social function, bringing together old acquaintances, reviving agreeable memories, renewing old friendships, and serving as an occasion, sometimes perhaps, of reconciliation, always, I trust, of kindness and goodwill. Nor were these meetings without a beneficial influence upon the College itself. The corporate and academic life was quickened, and the interest of the Fellows in the affairs of the College and in the ever-increasing treasures of the museum was stimulated, and the links which bind us to the College and to each other were multiplied and strengthened. These advantages we desire to preserve; and we also desire, by adding the power of harmony and numbers which your presence and sympathy supply, to enhance and

extend the authority and influence of the College in its relations both to the surgical profession and to the State. I would fain hope, therefore, that the festival which we inaugurate to-night may be continued and repeated year by year as long as the College itself and its Fellowship shall endure. *Esto perpetua!* To-day we may be said to celebrate the sixty-first anniversary of the Fellowship. All the original Fellows of the year 1843 have passed away, the last dying only last year at a ripe old age. Of the Fellows elected in the year 1844 only two remain, Mr. John Birkett¹ and Sir John Simon. The Order of Fellow has, therefore, now become historic. The great originators of the Order and many of those among its first members were men distinguished in their day and generation, and they have left behind them lasting memorials of high endeavour and of great accomplishment. Sir Benjamin Brodie, writing in his autobiography of the original purpose of the Fellowship, states: 'The object of this institution is to ensure the introduction into the profession of a certain number of young men who may be qualified to maintain its scientific character, and will be fully equal to the higher duties as hospital surgeons, teachers, and improvers of physiological, pathological, and surgical science afterwards.' You know as well as I how worthily our predecessors realized these great purposes, and you are yourselves living testimony to their reality and power. To maintain the scientific character of the surgical profession; to be equal to the duties of hospital surgeons; to become teachers and improvers of physiology, pathology, and surgery—what ambition could be more praiseworthy? To what nobler ends may any man devote the highest faculties of mind and body? Gentlemen, the Fellowship of our College has from the first been a beacon of surgical light and truth—a symbol of all that is greatest and best in British surgery. It is for you and for me, and for every Fellow of this College, to do all within our will and power to ensure that the Fellowship, as represented in and by us, and by those who shall succeed us, shall continue to be worthy of its origin and of our ancestors. We have a great inheritance. Let us guard it with a jealous pride, and let us ever be mindful of the honour and dignity of our Order and all that it implies of culture, of character, of knowledge, and of power."

Sir Thomas Smith, the senior Fellow present, replied on behalf of the Metropolitan Fellows.

Dr. Thomas Savage, replying for the Provincial Fellows, said that he thought the College stood for science, art, and charity, and that it had had a great share in the enormous advance in surgery which had occurred in recent years. But, though individual Fellows passed away, the College remained, and exemplified the motto of the sister college, "Life is short, art long, and judgement difficult." He proposed the toast of "The President," *primus inter pares*.

The President said, in reply, that the confidence and goodwill of the College as manifested towards himself had touched him deeply; and that the devotion to duty of the different members of the Council had always greatly impressed him. The success of the dinner was due to the Honorary Secretaries of the Dinner Committee, Mr. C. T. Dent and Mr. C. H. Makins, and he drank to their health.

Mr. Dent and Mr. Makins returned thanks. The company subsequently adjourned to the adjacent rooms in the College, where the chief additions to the museum during the past twelve months were on view.

During dinner the band of the Coldstream Guards, under the leadership of Lieutenant J. Mackenzie Rogan, performed a selection of music in the Gallery of the Library.

UNIVERSITY OF DUBLIN.

THE following degrees were conferred on June 30th:

Doctor of Medicine.—C. B. Benson, H. St. M. Carter, D. Gray, H. F. Johns, R. D. R. Sweeting, H. Crossle (*in absentia*).
Bachelor of Medicine, Surgery and Obstetrics.—H. M. L. Crawford, H. St. M. Carter, C. J. Coppering, D. Gray, A. W. Goldsmith, H. T. Marrable, G. B. McCaul, F. C. Newland, G. W. Wade, J. G. Wallis, T. Wilson.

ROYAL UNIVERSITY OF IRELAND.

THE following candidates have passed the First Examination in Medicine:

J. B. Aitkin, T. P. Carroll, J. K. P. Clarke, M. Connell, V. L. Conolly, Gertrude C. Corscadden, N. Cunningham, G. Deery, E. P. Dewar, C. Dickson, W. P. Dunne, B. A., M. P. Fitzgerald, H. J. Grant, E. J. Harty, J. Horan, J. C. Johnson, T. Kennedy, P. J. Keogh, J. Keys, A. Kidd, W. C. M. Lewis, W. P. MacArthur, S. W. McCombe, T. C. MacGowan, M. J. McGrath, M. McNiff, H. H. MacWilliam, P. J. Mockler, K. F. Mulligan, U. J. G. Mulligan, D. F. Murnaghan, H. Newman, P. H. O'Connell, W. M. J. O'Connor, W. D.

¹ See *ibid.* by reference to p. 154. Mr. Birkett had died on the previous day.

O'Kelly, W. F. O'Regan, A. Patton, J. F. Rabilly, A. H. Rentoul, R. H. Robinson, J. J. Shell, J. A. Sinton, W. Speedy, R. S. Taggart, G. J. W. Tierney, W. Tyrrell, B. A. West, J. M. Williams, J. A. L. Wilson.

Of the above candidates the following qualified for the further examination for honours in the subjects set after their names. Those qualified in two or more subjects may present themselves for the Honour examination in all subjects: J. K. P. Clarke, Zoology; C. Dickson, Chemistry; W. P. Dunne, B. A., Zoology and Physics; M. P. Fitzgerald, Botany; H. J. Grant, Chemistry and Physics; J. C. Johnson, Botany, Chemistry, and Physics; J. Keys, Physics; A. Kidd, Botany; W. C. M. Lewis, Chemistry and Physics; W. P. MacArthur, Chemistry; H. H. MacWilliam, Botany, Zoology, Chemistry, and Physics; K. F. Mulligan, Botany, Zoology, and Chemistry; P. H. O'Connell, Physics; W. D. O'Kelly, Botany, Zoology, Chemistry, and Physics; A. H. Rentoul, Botany and Zoology; R. H. Robinson, Botany and Chemistry; J. J. Shell, Physics; J. A. Sinton, Botany, Zoology, and Physics; B. A. West, Botany and Sanitary Science.

Sanitary Science.—The following candidate has passed the examination for the diploma: D. J. Collins, M.B. B.Ch. B.A.O.

UNIVERSITY OF MANCHESTER.

DR. A. L. GRIFFITH has been appointed Lecturer in Clinical Ophthalmology.

End of the Summer Session.

The lectures and most of the practical work at the Medical School of the University came to an end on July 6th, and now there is the turmoil of examinations. The Universities of Manchester and Leeds will probably work together at this period in the purely medical examinations for the last time. A very large number of candidates—over six hundred—sat for the examination conducted by the Joint Matriculation Board of the three northern universities, Manchester, Liverpool, and Leeds.

UNIVERSITY OF BIRMINGHAM.

Congregation.

A CONGREGATION was held on July 6th in the Town Hall. The Principal, Sir Oliver Lodge, in a short speech, mentioned the cordial reception which had been accorded to a deputation from the Birmingham University and other universities and colleges in the country by the Chancellor of the Exchequer, and the promise that the endowment which had been raised privately and locally, in this and other great cities in the country, should be nationally recognized and supplemented by increased Government support. In October next a residential hostel for lady students and other ladies who live away from home was going to be instituted. The money necessary to make a start had nearly all been subscribed, and a house in Hagley Road, Edgbaston, had been taken for this purpose. Miss Fry, daughter of ex-Justice Sir Edward Fry, had been elected Lady Warden. The Council had determined to erect on part of the Mason College site a club and recreation room for male students which should be worthy of the University. The work of clearing the site would be commenced during the summer vacation. The Council had guaranteed the sum of £2,000 towards the building, and £4,000 or £5,000 would have to be raised by private subscriptions. The club when once started would be a self-supporting institution.

Ingleby Lecturer.

Dr. James Kerr, Medical Officer of Health to the London Educational Authority (County Council) has been appointed Ingleby Lecturer for the year 1905, and will deliver two lectures during the summer of that year on the subject of Feeble-minded Children.

Special Lecturers.

The Council has decided to establish a class of special lecturers amongst the members of the Junior Staff. These appointments will be personal and not attached to any department or subject, but will be conferred upon those lecturers who have gained special distinction in any branch of their department. Such special lecturers will not be exempt from taking part in the general work of their departments under the direction of their professors. Amongst the names of those chosen for this distinction are those of two Lecturers in the Medical Faculty, namely, W. Wright, M.B., F.R.C.S., Special Lecturer on Osteology, and James Miller, M.D., M.R.C.P. Edin., Special Lecturer on Bacteriology. Both these gentlemen will be the recipients of the degree of Doctor of Science at the next Congregation, this distinction having been awarded to them after Thesis.

Demonstrator in Anatomy.

Mr. J. H. Watson, M.B., B.S., F.R.C.S.Eng., has been appointed Second Demonstrator in Anatomy, a post which has just been created.

Russell Memorial Prize.

This prize has been awarded to A. E. R. Weaver, who has also secured the Queen's Scholarship at the recent Final Examination for the degrees of Bachelor of Medicine and Bachelor of Surgery.

M.D. Examination.

The following new regulations have been approved, and will come into force after October 3rd:

Every candidate for this degree shall present a thesis embodying observations in one of the departments of the medical curriculum enumerated below, and in addition he will be required to pass a general examination in Principles and Practice of Medicine. It will be in the power of the Board of Examiners to exempt a candidate whose thesis is of exceptional merit from any part of these examinations. A thesis may be presented in any of the following departments of study: (1) Anatomy, including Comparative Anatomy; (2) Physiology; (3) Human or Comparative Pathology; (4) Bacteriology; (5) Pharmacology; (6) Therapeutics; (6) Medicine; (7) Mental Diseases; (8) Preventive Medicine or Public Health; (9) Toxicology; (10) Legal Medicine; (11) Midwifery.

The following is a list of the successful candidates at the June examinations in the Faculty of Medicine:

M.D.—J. D. Stanley and J. Lloyd.

M.Ch.—J. T. Hewetson and F. Wilson.

M.B., Ch.B.—A. W. Nuttall, T. W. Beazeley, T. C. Y. Flewitt, S. C. Lawrence, T. W. A. Loxton. Class I: A. E. R. Weaver (Scholarship).

Class II: W. Cook, C. K. Gettings, and L. G. J. Mackay.

M.B., Ch.B., Fourth Examination.—Class I: N. J. L. Rollason, (Scholarship). Class II: R. W. Aitken, R. H. Astbury, E. L. Bunting, F. T.

H. Davies, Helen G. Greener, L. L. Hadley, W. C. Horton, W. C. Houghton, H. B. Jones, T. H. Ravenhill, H. H. Warren, and F. Wilkinson.

Third Examination.—Class. I.—F. Wilkinson, (Scholarship). Class II.—R. W. Aitken, R. H. Astbury, J. S. Austin, E. L. Bunting, F. T. H. Davies, Helen Gertrude Greener, L. L. Hadley, L. C. Hayes, A. C. Hinks, W. C. Horton, W. C. Houghton, H. B. Jones, T. H. Ravenhill, W. R. S. Roberts, N. J. L. Rollason, S. G. Walker, H. H. Warren.

Second Examination.—Class II.—J. Dale, (Scholarship), J. Fenton, N. C. Penrose, D. P. Smith.

Passed in Part of the Examination.—E. J. Boome (Comparative Anatomy and Physiology), H. C. H. Bracey (Anatomy), E. T. Gaunt (Comparative Anatomy and Physiology), J. K. Gaunt (Comparative Anatomy and Physiology), A. C. Hinks (Comparative Anatomy), P. J. Mason (Comparative Anatomy and Physiology).

First Examination.—Class II.—J. Adams, Charlotte Bailey, H. G. Browning, J. S. Edwards, G. H. C. Mold, G. B. Moon, A. M. Pickup, J. L. Ritchie, H. H. Sampson, H. C. Terry, Ethel Annie Waldron, E. V. Whitby.

Bachelor of Dental Surgery.—H. P. Pickerill.

Diploma in Public Health.—Parts I and II.—T. Dawson.

TRINITY COLLEGE, DUBLIN.

THE following scholarships have been awarded to the persons mentioned:

Surgical Travelling Prize.—J. S. Joley. **Fitzpatrick Scholarship.**—J. G. Wallis. **Medical Scholarships:** (1) In Anatomy and Institutes of Medicine—T. O. Graham, Trinity College; F. O. B. Ellison (Stewart). (2) In Physics, Chemistry, Botany, and Zoology—A. J. Powell, Trinity College; G. F. Graham (Stewart). The Purser Medal has been gained by F. R. Copperger.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE prize-winners for the summer session are as follows: **Barker Anatomical Prize.**, £11 10s: C. Cooper. **Mayne Scholarship.**, £15: A. N. Crawford. **Carmichael Scholarship.**, £15: J. Prendiville. **Gold and Silver Medals in Operative Surgery.**—Gold—J. S. Dunne; Silver—P. D. Sullivan and J. C. Murphy (equal). **Stoney Memorial Gold Medal in Anatomy.**—J. Prendiville. **Practical Histology.**—H. C. Carden, First Prize (£2) and Medal; D. Adams, Second Prize (£1) and Certificate. **Practical Chemistry.**—R. H. F. Taaffe, First Prize (£2) and Medal; F. C. Warren, Second Prize (£1) and Certificate. **Public Health and Forensic Medicine.**—M. Cohen, First Prize (£2) and Medal; T. H. Massy, Second Prize (£1) and Certificate. **Materia Medica.**—F. C. Warren, First Prize (£2) and Medal; J. E. Kelly, Second Prize (£1) and Certificate. **Biology.**—J. C. S. Day, First Prize (£2) and Medal; T. C. Boyd and H. W. White (equal). **Second Prize (£1), and Certificate.**

CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—Candidates have passed this Examination as undernoted:

Honours.—T. C. Boyd, T. P. Cormack, J. C. L. Day, C. Hyland, G. Patton, W. G. Ridgway, A. Sheridan, H. W. White.

In all Subjects.—G. E. Beggs, G. Collins, J. J. Cuskelly, G. A. Finegan, J. A. J. Flannery, M. J. Hawkshaw, F. N. Holden, D. J. Hurley, H. W. Kay, W. J. P. Lilles, D. J. Lyne, T. J. Lyons, J. McHugh, J. T. McKee, P. Maguire, J. P. Morgan, T. N. Neale, E. Ryan, M. J. Saunders, H. B. Sherlock, J. M. Smyth, C. H. Stringer, W. C. Townsend.

Completed Examination.—S. W. Hudson, T. J. McDonnell.

APOTHECARIES' HALL OF IRELAND.

THE annual dinner of the Apothecaries' Hall of Ireland was held at the Gresham Hotel, Dublin, on June 25th. After the usual loyal toasts had been honoured, Sir Charles Cameron proposed prosperity to the Apothecaries' Hall of Ireland, which he said dated back to the year 1746, and now existed under a charter granted in 1791, by which it was bound to take none but the purest drugs. Both as an examining body and as a commercial enterprise it was, he said, doing good work, and was likely ere long to be still more prosperous. The health of the guests was proposed by Lieutenant-Colonel Adye Curran, and responded to by Dr. Royer, of Philadelphia.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

SEWAGE DISPOSAL.

STAFFORDSHIRE.

ABOUT two years ago works were constructed for treating one-sixth of the dry weather flow of the sewage of Hanley, in Staffordshire, on biological lines. We have now received from Dr. Reid, the county medical officer, a special report on the results obtained.

The object was to determine by experiment on a large scale whether the septic tank method followed by a single filtration would yield satisfactory results with the sewage in question. For many years past the method of disposal at Hanley has been by chemical precipitation, followed by land treatment. The land available, however, is of a clayey nature, most unsuitable for the purpose, and the area is quite inadequate. It was perfectly evident, therefore, that, if the present outfall was to be retained, all idea of land treatment, even as a supplement to other methods, must be discarded. An existing tank was therefore adapted to provide for

twenty-four hours' storage of the sewage preparatory to its passage on to the filters at a rate of 200 gallons per yard for twenty-four hours. The total area of the experimental filters amounts to half an acre, consisting of a circular quarter-acre bed fed by the Scott-Moncrieff distributor, and a rectangular quarter-acre bed fed by the distributor designed by Mr. Willcox. The total depth of the filtering material in both cases is 4 ft. 6 in. Both the distributors were specially designed, and so adjusted that each yard of filter received its quantum of sewage at seven minutes' intervals. It should be added that, as regards the quality of the sewage, the analytical records indicate that it is an ordinary domestic sewage not of a very strong character, the dilution being accounted for by the discharge into the sewers of a considerable volume of mine drainage water, as well as a certain amount of stream water from a small tributary stream, which—having received some sewage from Hanley and the adjoining borough of Burslem—communicates with the outfall sewers.

Treatment in the "septic" tank effected a purification of 64 per cent. and 62 per cent. in the organic ammonia and oxygen absorbed figures respectively, while as regards the filter effluents these percentages varied from 94 per cent. and 91 per cent. in the case of the large grain section of the circular filter to 97 per cent. and 94 per cent. in the case of the finest grain section, the last-named figures being practically the same in the corresponding section of both filters. As regards the degree of nitrification effected, the results are practically the same in the case of all sections of both filters.

Dr. Reid illustrates his report by a graphic diagram, showing the degree of putrefaction as estimated by the reduction in oxygen absorbed and organic ammonia, and the amount of "nitric nitrogen" in the effluents, and he concludes "that in every case the degree of purification which has been effected is excellent." He adds, "the good quality of the work done exceeds that of any plant of which I have had experience, neither do I know of any published records from similar works, which will approach those of Hanley as regards the degree of purification effected."

BERKSHIRE.

Dr. Trew Cattell has made a study of the systems of sewage treatment in the rural towns of Berkshire, and has related the result in a brief pamphlet entitled, *Sewage Disposal in Berkshire*.¹ At Reading and Abingdon broad irrigation is alone used, the crude sewage being applied directly to the land; at Wallingford and Windsor the sewage is irrigated over the land and soaks in, and there is no apparent effluent. In the five remaining towns of Bracknell, Didcot, Maidenhead, Newbury, and Wokingham bacterial methods are in use. In these latter places septic tanks are the bacterial methods most favoured, and the results appear to be, on the whole, successful. Dr. Cattell discusses the advisability of settling tanks, and even mild precipitation where septic tanks are not used prior to passing sewage on to contact beds. The pamphlet contains a description of each sewage disposal works in the county, with analyses of the effluents, and the writer illustrates the importance of effectual and skilled management in order to secure good results. He concludes as follows:

Where small communities are to be dealt with, and where land can be obtained at a comparatively small cost, irrigation should not be rashly given up before it has been thoroughly tried under a good manager. If it then fails it is time to think of other methods. On the other hand, when we deal with large cities, in the neighbourhood of which land is costly, difficult to obtain, and possibly of a nature not well suited for irrigation, then the bacteriological treatment of sewage is without doubt the best system to adopt. A rough analysis of sewage effluents should be made daily, and the result entered in a book kept for that purpose. We believe that these views would receive very general acceptance from those having experience of sewage treatment in rural districts.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,567 births and 3,948 deaths were registered during the week ending Saturday last, July 6th. The annual rate of mortality in these towns, which had been 13.8, 13.2, and 13.5 per 1,000 in the three preceding weeks, was 13.5 again last week. The rates in the several towns ranged from 2.6 in Handsworth (Staffs.), 3.2 in Hornsey, 6.3 in King's Norton, 6.9 in Tottenham, 7.1 in Leyton, 7.7 in Cardiff, 8.4 in Walthamstow, and 8.5 in Coventry to 17.7 in Gateshead, 17.9 in Manchester, 18.6 in South Shields, 18.2 in Liverpool, 19.1 in Oldham, 19.9 in Stockport, 21.1 in Burton-on-Trent, and 21.4 in Huddersfield. In London the rate of mortality was 12.9 per 1,000, while it averaged 13.7 per 1,000 in the seventy-five other large towns. The mean death-rate from the principal infectious diseases in the seventy-six towns was 1.7 per 1,000; in London this

¹ London: Phillimore and Co. 1904. (Demy 8vo, pp. 24. 18.)

death-rate was equal to 1.5 per 1,000, while among the seventy-five large provincial towns the rates ranged upwards to 3.2 in Plymouth and in Blackburn, 3.5 in St. Helens, 3.6 in Burnley, 3.9 in Salford, 4.2 in Liverpool, 4.8 in Stockport, 5.4 in Birkenhead, and 7.7 in Huddersfield. Measles caused a death-rate of 1.4 in Walthamstow and in Plymouth, 1.6 in Salford and in Burnley, 1.9 in Oldham, 2.1 in Liverpool, 2.4 in St. Helens, 3.6 in Birkenhead, and 5.5 in Huddersfield; scarlet fever of 1.3 in Aston Manor and in York; diphtheria of 1.6 in Grimsby; whooping-cough of 1.1 in Birkenhead, 2.0 in Great Yarmouth; 2.3 in Warrington, 2.8 in Blackburn, and 3.0 in Burton-on-Trent; and diarrhoea of 1.3 in Gateshead, and 1.4 in Southampton. The mortality from "fever" showed no marked excess in any of the large towns. Five fatal cases of small-pox were registered in Stockport and one in Gateshead, but none in any other of the large towns. The Metropolitan Asylums Hospitals contained 71 small-pox patients on Saturday last, the 9th inst., against 20, 83, and 74 on the three preceding Saturdays; no new cases were admitted during the week, against 7, 16, and 10 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 1,630, 1,629, and 1,631 at the end of the three preceding weeks, had further risen to 1,685 at the end of last week; 269 new cases were admitted during the week, against 206, 199, and 254 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, July 9th, 991 births and 524 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.0, 15.9, and 16.3 per 1,000 in the three preceding weeks, declined again to 15.8 per 1,000 last week, but was 2.3 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 12.3 in Perth and 13.0 in Aberdeen and in Leith, to 16.5 in Glasgow and 17.5 in Dundee. The death-rate from the principal infectious diseases in these towns averaged 1.9 per 1,000, the highest rates being recorded in Glasgow and Aberdeen. The 253 deaths registered in Glasgow included 2 which were referred to small-pox, 2 to measles, 13 to whooping-cough, 4 to "fever," and 10 to diarrhoea. One fatal case of small-pox, 6 of whooping-cough, 2 of "fever," and 2 of diarrhoea were recorded in Edinburgh; 3 of diarrhoea in Dundee; 4 of whooping-cough and 2 of diarrhoea in Aberdeen; and 2 of measles in Leith.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, July 9th, 549 births and 315 deaths were registered in six of the principal Irish towns, against 528 births and 303 deaths in the preceding period. The mean annual death-rate in these same towns, which had been 20.1, 16.4 and 18.4, per 1,000 in the three preceding weeks, rose slightly to 18.6 per 1,000 in the week under notice, this figure being 5.1 per 1,000 above the mean annual rate in the seventy-six English towns for the corresponding period. The figures ranged from 11.3 in Londonderry and 15.0 in Limerick, to 19.2 in Cork and 20.2 in Waterford. The death-rate from the principal zymotic diseases during the same period and in the same six Irish towns averaged 0.9 per 1,000, or 0.3 higher than during the preceding week, the highest figure, 1.6, being recorded in Belfast, while Limerick and Waterford registered no deaths under this heading at all. From small-pox no deaths were recorded in any part of Ireland, while the total deaths from whooping-cough fell to 6. From measles 2 deaths each were recorded in Belfast and Dublin; from scarlet fever, 2 in Belfast; from diphtheria, 1 each in Cork, Londonderry, and Belfast; and from enteric 3 deaths in Belfast.

SMALL-POX HOSPITAL ACCOMMODATION IN NORTH STAFFORDSHIRE.

DR. C. H. PHILLIPS, Medical Superintendent of the Infectious Diseases Hospital, Bucknall and North Staffs Small-pox Hospital, Bagnall, has prepared a brief memorandum on the requirements in the way of small-pox hospital accommodation in North Staffordshire. He states that at least 75 per cent of the population over 10 years old have not been revaccinated, and that until the public accept vaccination and revaccination as the only remedy to stamp out small-pox, it will continue to prevail. It therefore becomes an imperative necessity to provide suitable hospitals for sufferers. In the case of the Bagnall Hospital, 350 small-pox cases have been admitted within the last twenty-six months, and patients have been continually under treatment except during eight weeks of the total period. The hospital is jointly owned by fifteen different sanitary authorities, urban and rural, and only one of these has not sent in any patients. Dr. Phillips advises that permanent instead of merely temporary arrangements should now be made. The structures which he recommends include an administrative block, a laundry block, an observation ward, a discharging block, a destructor, a mortuary, and a steam disinfecter. All these recommendations are thoroughly sound under the conditions described by Dr. Phillips, and it is to be hoped that the sanitary authorities concerned will have the good sense to follow his advice.

HOSPITAL AND DISPENSARY MANAGEMENT.

ABUSE OF HOSPITALS.

WE are informed that the East London Medical Society, at a meeting held on May 17th, decided to memorialize various hospitals on the subject of the abuse of hospital charity. Deputations from the Society have met the House Committees of two of the East London hospitals. The matter was discussed, and it was promised that steps would be taken to diminish as far as possible certain abuses the existence of which was admitted.

The abuses that the Society complained of more particularly were:

1. The part payment system at hospitals.
2. The insufficiency of the scrutiny of patients to prevent treatment at hospitals of persons whose means render them unsuitable for relief at a charitable institution.

The Society also pointed out that the hospital authorities are almoners of the charitable public; that it is their bounden duty to see that the money entrusted to them is applied in relieving deserving cases; that to expend it otherwise is to commit a grave breach of trust, and that to expend it on those whose means render them unfit for such relief is a course calculated to pauperize the recipients and sap their independence of character. The Society contends that a proportion of the funds subscribed by the charitable public is wasted on unsuitable subjects, and they intend to press for reform at all institutions where these abuses exist.

MEDICAL VACANCIES AND APPOINTMENTS.

VACANCIES.

AYR DISTRICT ASYLUM.—Assistant Medical Officer, resident. Salary, £120 per annum.

BELFAST; MATER INFIRMORUM HOSPITAL.—House-Surgeon, resident. Salary, £250 per annum.

BIEKENHEAD BOROUGH HOSPITAL.—Junior Resident House-Surgeon. Salary, £30 per annum and notification fees.

BRIGHTON THROAT AND EAR HOSPITAL, Church Street. Non-resident House-Surgeon. Salary at the rate of £75 per annum.

CARLISLE NON-PROVIDENT DISPENSARY.—Resident Medical Officer. Salary £150 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.

DORCHESTER: DORSET COUNTY HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House-Surgeon; (2) House-Physician. Salary, £20 for six months, and £210s. washing allowance for (1) and (2). (3) Surgeon-Dentist.

MANCHESTER: VICTORIA UNIVERSITY.—Junior Demonstrator in Physiology.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Soho Square.—Honorary X-ray Specialist.

NOTTHAMPTON: BERRY WOOD ASYLUM.—Locum Tenens for three months. Terms 4 guineas weekly.

SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon. Salary at the rate of £70 per annum.

STIRLING DISTRICT ASYLUM, Larbert.—Assistant Medical Officer, resident. Salary, £150 per annum.

STOCKPORT INFIRMARY.—House-Surgeon, resident. Salary, £100 per annum.

TOXTATH PARK TOWNSHIP.—Assistant Medical Officer of Workhouse and Infirmary. Resident. 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.

WORCESTERSHIRE GENERAL INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.

APPOINTMENTS.

BLAIS, Charles, M.D.Durh., F.R.C.S.Eng., Surgeon to the Western Ophthalmic Hospital, London.

DAWSON, E. N. de Vere, L.R.C.P. and S.Edin., L.F.P.S.Glasg., Additional Surgeon of Kimberley, Cape Colony, resident at Warrenton.

DICKIE, J. L., M.B., C.M.Aberd., Medical Officer and Public Vaccinator to the Fetteresso Parish Council.

GRIFFITH, Wynne, L.R.C.P. and S.Edin., Medical Officer for the Pwllheli District of the Pwllheli Union.

KIRBY, S. J. J., M.D.Brix., L.R.C.P. Edin., M.R.C.S.Eng., Medical Officer to the Oulton Broad Urban District Council.

KITCHING, C. A., M.R.C.S., L.R.C.P.Lond., District Surgeon at Mossel Bay, Cape Colony.

SHAW, F. C., M.B., M.Ch.Syd., Government Medical Officer and Vaccinator at Wyalong, N.S.W.

SUTHERLAND, William, M.B., Ch.B., Resident Surgeon, Tuapeka Hospital, Lawrence, N.Z.

SUTTON, C. S., M.B., Ch.B.Melb., Additional Anaesthetist, Women's Hospital, Melbourne.

TAYLOR, C. Gerrard, M.D.Cantab., D.P.H., Medical Officer of Health of the Urban District of Finchley.

VOELCKER, Arthur Francis, M.D., F.R.C.P.Lond., Examiner in Medicine, Society of Apothecaries.

WEBB, F. E. A., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Parish of Cambridge.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES OF LECTURES.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Infantile Syphilis.

Medical Graduates' College and Polyclinic, 23, Chenies Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 5 p.m.—The Administration of Anaesthetics in Affections of the Respiratory System.

North-East London Post-Graduate College, Tottenham Hospital, N., Thursday, 4.30 p.m.—On Anaesthetic Difficulties, General and Special.

St. Peter's Hospital, Henrietta Street, W.C.—Lecture-Demonstrations will be given at 3.30 p.m. as follows: Monday, Cases in the Wards; Thursday, Electric Illumination of the Urethra and Bladder (Urethroscopy, O'stoscopy).

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.

CROCKER.—On July 13th, at Gort House, Petersham, Surrey, the wife of J. H. Crocker, M.D., of a daughter.

DIXON.—On July 12th, at Lynwood, Haven Green, Ealing, the wife of E. Halstead Dixon, M.B.Lond., M.R.C.S.Eng., L.R.C.P., of twin daughters.

MCCINTOCK.—On July 9th, at The Chestnuts, Loddon, Norfolk, the wife of Lawson Tait McClintock, M.B., Ch.B., of a son.

WAY.—On July 9th, at Kenilworth Lodge, Southsea, the wife of Montague Way, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

WILLIAMSON.—On July 9th, at Clerkenwells, Horley, the wife of Charles F. Williamson, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.Lond., of a son.

MARRIAGES.

CORY—KEANE.—On July 5th, at Cape Town, Harold Myrie Cory, M.R.C.S., etc., of Qathing, Basutoland, to Sibyl Fane Keane, of 20, New street, West Bromwich.

SAUNDERS—BROOMHEAD-COLTON-FOX.—At St. Peter's, Harrogate, on July 9th, 1904, by the Rev. Charles Ellin, M.A., Vicar of Wales, assisted by the Rev. F. Robtwell, Deacon of Harrogate, Dr. M. B. Saunders, The Beeches, Wales, to Mildred Ethel Broomhead-Colton-Fox, of Wales Court, Sheffield.

DEATHS.

COGHILL.—On June 15th, at her residence, 4, Sunnyside, Prince's Park, Liverpool, Agnes Irene Sinclair Coghill, M.B., C.M.Edin., the beloved wife of Percy de G. Coghill, and youngest daughter of the late Dr. J. G. Sinclair Coghill, Ventnor, Isle of Wight. Also, on the same date, the infant son of the above, aged 14 days.

MANN.—On May 18th, at Kisumu, British East Africa, Harold E. Mann, M.R.C.S., L.R.C.P., D.P.H., Medical Officer, East Africa Protectorate, son of the late Major-General Gother F. Mann, C.B., E.E., and of Mrs. Gother Mann, "Selldown," Hamilton Road, Boscombe, aged 39.

VAUGHAN.—On June 30th, Alfred Ells Vaughan, aged 41, L.R.C.P., L.R.C.S.Eng., L.F.P.S. and L.M.Glasg., of Crewe Cottage, Crewe, the son of Dr. William Wedge Vaughan, and grandson of Dr. Thomas Vaughan.