

MEMORANDA:

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

DEATH UNDER NITROUS OXIDE.

THE rarity of deaths under the administration of nitrous oxide gas makes it desirable to record every case, since no generalization as to possible dangers can be arrived at through any single individual's experience.

The patient was a female cretin, aged 18, of keen and well-educated intellect, but barely 3 ft. tall, and almost unable to move about. She had had gas before, and is said to have taken it well, and she had no fear or apprehension in taking it on this occasion also. She took it very well, and went under very quickly, but was noticed to be much more cyanosed than is usual. A single tooth was quickly extracted, and she appeared to be coming round, but had a slight convulsive movement of the hands and limbs and ceased to breathe. Artificial respiration—persisted in for an hour—brandy, injection of strychnine and the battery failed to restore her.

The *post-mortem* examination revealed an extremely thick skull cap and an apparently normal brain and membranes. The larynx and air passages were clear; there was no trace of thyroid gland to be seen, but a large persistent thymus; the heart weighed 7 oz., which did not seem disproportionate to the size of the patient; the mitral valves were thickened and incompetent but there was no hypertrophy of the ventricles, so it is not surprising there should have been no murmur. No other lesions were found.

I should be interested to know whether any of your readers have found any special difficulties in the administration of gas to similar patients.

Kingston-on-Thames.

JOHN G. OWEN, M.R.C.S.

DIABETES AFTER OPERATION.

ON March 12th, 1902, I operated on a strong healthy labourer, of about 30, for strangulated hernia. The wound healed by first intention, and beyond troublesome retention of urine for ten days, his convalescence was uneventful. On May 28th he came to see me, as he had a crop of small boils on his arm due to a poisoned scratch on his finger. These soon cleared up. On August 8th he came complaining of frequency of micturition and intense thirst. These symptoms he had only noticed for three days. I found the urine loaded with sugar. Two days later he was admitted to St. Bartholomew's under Sir Lauder Brunton, and died in five days, just five months after the operation. Was the occurrence of diabetes *post hoc* or *propter hoc*?

Helston.

MARK R. TAYLOR, M.R.C.S., L.R.C.P.Lond.

WARNING SIGN OF DANGER DURING LABOUR.

AN interesting paper bearing this title appeared in March from the pen of Dr. F. C. Daniell. He recorded 4 cases in which he noticed a peculiar spasmodic movement of the forceps. All the children were born dead, and all had the cord twisted once or oftener round the neck. I have lately had the unfortunate opportunity of verifying his observations.

My case was a multipara, aged 36, whose former labours had been rapid and uneventful. Labour began about 5 p.m.; by 9 p.m. the os was soft and dilatable, but no progress was made. My patient reminded me that when I had given her chloroform before, the pains at once became strong and her delivery immediate. At 10 I gave the anaesthetic; the pains became at once stronger and more regular, but the head did not advance. The impression given was as though the head was drawn up after each pain and would not engage. At 11.30 I put on the axis traction forceps, and shortly after noticed a curious movement of the handles—they were retracted twice with a backward movement. I said to the nurse that I thought the child would be stillborn, and I now regret that I did not send her down to tell the husband so; but time was pressing, and I delivered as quickly as possible with regard to the mother's safety. This I accomplished by 12 o'clock, but the child was dead, perfectly pulseless, and made not the slightest response to very vigorous efforts at resuscitation. The cord was once round the neck, with the short end to the placenta, the folds crossing, so that the fetal end of the cord was quite bloodless.

I believe with Dr. Daniell that the cause of the forceps

movement is that the infant, suddenly deprived of placental blood, makes a vain endeavour to breathe and dies suffocated.

What, then, can be done? Simply deliver as quickly as possible; but rapidity depends upon the state of the maternal passages, and its safety to the mother is the first consideration. The points of warning are: First the retraction of the presentation like a ball on a rubber cord; then, if the neck could be reached, freedom to the compression could be given; and, secondly, the movement of the forceps, but when this is felt the end is very near, and only forced delivery, with disregard of consequences to the mother, would give any chance of a living child.

Liverpool.

W. MACFIE CAMPBELL, M.D.

OPHTHALMIA NEONATORUM: TREATMENT BY ARGYROL.

I WAS much interested in Mr. Leary's remarks under the above heading in the BRITISH MEDICAL JOURNAL of November 5th, 1904, p. 1246.

I have prescribed argyrol in a large number of eye cases, and have notes of 5 cases of ophthalmia neonatorum in which it was the only treatment used. My experience coincides entirely with that of Mr. Leary. In the case of purulent ophthalmia in an adult the improvement after a few applications of argyrol was most marked.

One of my colleagues at the Royal Victoria Eye and Ear Hospital has used argyrol with success in extensive ulceration of the cornea. I think argyrol is of no value in the treatment of granular ophthalmia. In acute conjunctival cases the best results are obtained by placing the patient lying down and applying several drops of a 25 per cent. solution, so that the entire conjunctiva may be bathed for several minutes. This should be repeated every four hours. I have not noticed staining of the conjunctiva from its prolonged use.

Dublin.

ROBERT J. MONTGOMERY, F.R.C.S.I.

HANGING-DROP PREPARATIONS.

THE following simple contrivance for making a hanging-drop preparation may have a practical interest for those who are engaged in laboratory work: A small rubber elastic band or washer of appropriate diameter and thickness is smeared with vaseline upon one side. This side is then applied to the slide. The upper surface of the band is now smeared with vaseline, and the coverglass with hanging drop is applied to it. An air-tight cell is thus readily made. This avoids the necessity for keeping special hollow-ground slides, and is more convenient than the clumsy and troublesome method of making a similar cell out of damped blotting-paper.

By the use of rubber bands of different sizes the cells can be made of any width and depth desired. Personally, I find rings with a lumen of from 1 to 2 cm. in diameter and of 2 mm. in thickness very convenient. I have not found the above method described anywhere. If it has been, I offer my apologies.

Cheltenham.

J. RUPERT COLLINS, M.D.

TREATMENT OF HAEMOPTYSIS.

THE treatment of sudden and severe haemoptysis resolves itself into an effort to promote conditions favourable to the rapid formation of a blood clot at the seat of haemorrhage, and with this end in view we should proceed as follows:

1. To diminish the frequency of the cardiac beat and lower the arterial tension.

2. To increase the coagulative power of the blood.

3. To lessen the blood supply to the diseased area.

The following method of treatment will meet these indications. Immediately on the onset of haemorrhage the head and shoulders should be raised, and a hypodermic injection of morphine given, the dose varying from one-sixth to one-third of a grain. Then 30 to 40 gr. of calcium chloride dissolved in a small quantity of water should be injected high into the rectum, and an icebag applied to that part of the chest immediately underlying which is the most active tuberculous focus. At the same time the determination of blood to the lower limbs should be encouraged by the application of heat.

The value of morphine in haemorrhage is due to the fact that by stimulating the inhibitory centre it slows the cardiac action. In connexion with the administration of calcium chloride two interesting physiological facts may be stated. The first is that active fibrin ferment is rich in calcium, and that wherever coagulation takes place calcium in some form or other is present; and secondly, that the conditions which favour coagulation in the lungs are feeble, for blood, after

circulating several times through the pulmonary vessels without being allowed to enter the systemic circulation, loses its power of clotting.

The foregoing method of treatment I have followed on several occasions, and with gratifying results. In addition, I have in some cases given a trial to adrenalin chloride in doses varying from 10 to 30 minims, but have not been able to ascribe to it any very striking value, and the increase in arterial tension which may follow its administration is certainly undesirable. Lastly, in the hæmoptysis which immediately precedes or accompanies menstruation, the most useful treatment in my experience is an injection of ergotin, with the application of heat to the lower abdominal region.

H. HYSLOP-THOMSON, M.D.

Consumption Sanatorium, Bridge of Weir.

REPORTS

ON

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

THROAT HOSPITAL, GOLDEN SQUARE.

CASE OF TUMOUR GROWING IN THE LEFT VENTRICLE OF THE LARYNX.

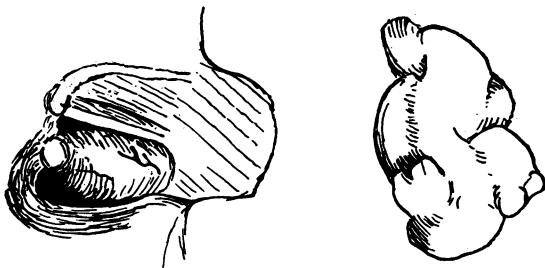
(Under the care of Dr. J. W. BOND.)

[From Notes by the Resident Medical Officer, Mr. F. A. HADLEY, M.R.C.S., L.R.C.P.]

OWING to the rarity of this condition the following case seems to be worth recording:

The patient, a married woman, who was born—and had lived all her life—in the West Indies, came to the Throat Hospital, Golden Square, with complete aphonia and slight inspiratory stridor. The condition had been gradually developed during the last three years.

On examination a round, smooth swelling was found, filling the whole of the left ventricular space, and bulging the aryteno-epiglottic fold outwards and backwards. The left arytenoid cartilage moved freely, and the posterior half of the cord could also be seen on phonation to meet its fellow. The surface of the tumour was of a smooth, pinkish-yellow colour, nowhere ulcerated, and with clearly-marked vessels in it. Touched with a probe, and by palpation, it felt hard.



The patient was kept under observation on iodide for two months, but the swelling distinctly increased, and respiration became more embarrassed. On January 22nd, 1904, after a preliminary tracheotomy, Dr. Bond performed thyrotomy. An encapsuled growth was found filling the ventricle, with the false and true cords spread over the surface. On incising the former the tumour shelled out quite easily, except at its posterior end, where there seemed a firmer connexion, apparently with the upper surface of the cricoid cartilage. Unfortunately during removal the true cord tore across. The alae of the thyroid cartilage were brought together and the wound sewn up.

The patient made an uneventful recovery, but although it is now several months since the operation she has not recovered her voice; partly, perhaps, from functional reasons.

The growth is about the size and shape of a walnut, is lobulated, and microscopically appears to be a fibroma, except that in places there are blood vessels the endothelial linings of which are many cells thick, suggestive of a perithelioma. There has at present been no sign of recurrence.

Attached are two diagrams, one of the appearance before removal, the other of the growth itself.

WEST RIDING ASYLUM, WAKEFIELD.

RUPTURE OF THE HEART FROM FATTY DISEASE OF THE MUSCLE. [Reported by Dr. W. T. HARRIS, Assistant Medical Officer to the Asylum.]

THE following notes of a case of rupture of the heart from fatty degeneration of its muscle are of interest in view of the comparative rarity of such an occurrence:—

State on Admission.—A. B., a stout woman, aged 90, suffering from senile dementia, was admitted into the asylum on January 1st, 1903. Physical examination revealed nothing further than faint, and, at times, intermittent heart sounds; no murmur could be detected.

Progress and Result.—She was confined to bed during the greater part of her stay in the asylum as she suffered from occasional attacks of dyspnoea. On the morning of January 2nd, 1904, a year after admission, she was extremely restless, continually attempting to get out of bed, and calling out complaining of vague and indefinite pains. At 3.50 in the afternoon, she had a sudden attack of dyspnoea, accompanied by a slight cough, and died 5 minutes later.

Post-mortem Examination.—At the autopsy, the pericardium was found distended with blood, and a rent, 1 in. in length, was present in the left ventricle, close to the interventricular septum, $\frac{1}{4}$ in. above the apex. The heart was very fatty and enlarged, weighing 300 gr. The left ventricle was considerably dilated. There were no signs of the rupture having been due to an aneurysm, or to abscess, or cyst, in the muscle wall. All the valves were competent. The walls of the coronary arteries were somewhat thickened, but there was no obstruction. Patches of atheroma were present at the commencement of the aorta. The heart walls were generally soft and friable.

Remarks.—A section of the heart muscle, stained by Marchi's method, showed marked fatty degeneration. Another section, hardened in alcohol, and stained with hæmatoxylin and eosin, showed nothing further than some slight enlargement of the nuclei of the muscle fibres.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

PATHOLOGICAL AND CLINICAL SECTION.

Birmingham, November 25th, 1904.

L. P. GAMGEE, F.R.C.S., in the Chair.

Congenital Elevation of Scapula.—Mr. MILWARD showed a girl, aged 14½, with congenital elevation of the scapula. The deformity had been noticed as long as the mother could remember. The right shoulder was some 2 in. higher than the left, and the scapula was rotated some 45 degrees, bringing the upper angle prominently up under the trapezius, and causing pain there. Abduction of the arm from the side was limited. Infantile paralysis, scoliosis, and maldevelopment of the scapula were absent. The *x* rays showed a marked deformity of the first five ribs on the right side. They were variously contorted, and the fourth and fifth apparently projected backwards, pushing the lower end of the scapula upwards and inwards. Mr. Milward considered that this was the primary deformation, and that shortening of the muscles was secondary. Mr. Charles R. Keyser, in a paper recently read before the Clinical Society of London, had stated that cases of congenital elevation of the scapula might be classified into four groups: (1) Where there was a bridge of bone between scapula and spine; (2) where certain muscles were absent; (3) where there was a long and everted supraspinous portion of the scapula; (4) where the scapula was normal or small and the muscles defective. The present case did not seem to fall exactly into any of these groups, unless into the last, with the important addition of costal deformity. If treatment were called for it was proposed to remove the projecting supraspinous portion. At present such a measure seemed hardly justified, as the symptoms were but slight.

Excision of Both Lachrymal Sacs.—Dr. JAMESON EVANS showed a girl, aged 9, in whom both lachrymal sacs had been removed. She came under his care in August, 1904, when she was suffering from double interstitial keratitis and mucopurulent dacryocystitis, associated with disease of the bony lachrymal canals. The dacryocystitis and lachrymal strictures were treated for over a year by probing and injections of protargol without much improvement. Owing to the distress caused by the probing, the ineffectiveness and tediousness of conservative measures, and the inconvenience and expense of coming a long distance for treatment, excision of the lachrymal sacs was decided on. This was done by a slightly

MEDICAL NEWS.

It is proposed that a congress on malaria shall be held at Naples.

THE number of persons who died of pellagra in Italy in 1903 was 2,648.

A SANATORIUM for consumptives, intended as a memorial of King Humbert I was opened at Leghorn on November 19th, in the presence of the King of Italy.

A NEW policlinic for the relief of the sick poor is about to be established at Athens in the Piraeus. It is to be entirely managed and officered by women.

AT the meeting of the Royal Meteorological Society to be held on Wednesday next, at 7.30 p.m., at the Institution of Civil Engineers, Great George Street, Westminster, S.W., Mr. J. F. Brodie's paper on Decrease of Fog in London during Recent Years will be discussed.

VACCINATION AGAINST BOVINE TUBERCULOSIS.—A series of experiments on Behring's method of vaccinating calves against bovine tuberculosis is about to be undertaken by the Paris Society of Practical Veterinary Medicine. Four months ago a similar experimental research was begun in the Belgian Agricultural Institute, under the auspices of the Ministry of Agriculture, by M. Scholl of Gembloux, and M. Lepoutre, Assistant in the Agricultural Institute.

AMERICA AND THE OPIUM TRADE.—Mr. Hay, the United States Secretary for Foreign Affairs, lately received a deputation of the International Reform Bureau, in regard to a petition addressed by that body to the American Government asking for diplomatic action, with the object of starting a movement throughout the world for the abolition of the opium traffic in China. Mr. Hay promised to lay the matter before the President.

THE UNIVERSITY OF KASAN.—On November 17th the University of Kasan celebrated the centenary of its foundation. In point of age it ranks third among the Universities of Russia. A century ago there was, with the exception of Dorpat, which was then wholly German, only one University in the dominions of the Czar—namely, that of Moscow, which then had only 210 students. Now the University of Kasan has 902 students; nevertheless, with the exception of Tomsk, in Siberia, it is the smallest University in Russia.

THE Surgical Aid Society held its annual meeting on December 5th at the Mansion House. It was shown that among much other work the society had supplied during the year 438 artificial eyes, 882 sets of teeth, and 461 artificial lower limbs. The three principal surgeons who carry out the more scientific part of the Society's work had to deal with 410 cases a week, the senior of them receiving a salary of only £130 a year. Arrangements had been made to supply gratuitously an artificial limb to the fisherman who, owing to an injury received during the Russian attack on the North Sea fishing fleet, had had to have his hand amputated. Sir Frederick Treves was elected to the post of honorary consulting surgeon to the society in place of the late Mr. Allingham. Donations to the amount of £450 were collected during the meeting.

CARE OF THE FEEBLE-MINDED.—At the annual conference of the Poor-law authorities of the South-Eastern and Metropolitan Districts, Mr. R. A. Bray, L.C.O., opened a discussion on the feeble-minded. He said that it was the county councils and not the guardians who should deal with the feeble-minded for it was a question not of poverty but of affliction and of education. The feeble-minded might be at present kept under the control of the education authorities up to the age of 16 and under that of the Metropolitan Asylums Board up to the age of 21, but it was estimated that there were in England upwards of 105,000 feeble-minded children, of whom only about one-third could be taught to be self-supporting; the rest should be compulsorily detained in special homes or workhouses. The speakers who followed expressed similar views.

CANADA AND THE INEBRIETY QUESTION.—The Inebriate Reform Society of Ontario was organized in Toronto a few weeks ago. The objects of the Society, as set forth in the draft constitution submitted to the meeting, are to promote the adoption of the probation system for the reformation of inebriates; to promote the adoption of the "home" or

dispensary treatment in suitable cases; to promote the establishment of municipal sanatoriums for indigent inebriates; to seek the necessary permissive legislation as provided in the proposed Bill now before the Ontario Legislature; to distribute inebriate reform literature, and to favour long sentences for confirmed habitual drunkards. Funds are to be obtained from Government grants, city and county grants, and from private sources. Among the Honorary Vice-Presidents are Professor William Osler, Dr. W. B. Geikie, Dr. James Thorburn, and Dr. R. W. Bruce Smith of Toronto. Dr. A. M. Roseburgh, who for a number of years has taken a keen interest in the matter, has been made permanent secretary of the new organization.

THE ASSOCIATION OF ECONOMIC BIOLOGISTS.—At the inaugural meeting of this Association held, by permission of the Council of the Linnean Society, in their apartments, Burlington House, Mr. Fred. V. Theobald occupied the chair, and, in the course of his introductory remarks, he detailed the steps taken by Mr. Walter E. Collinge to found an Association of Economic Biologists. He hoped that the Association would welcome all investigators in economic biology, whether agricultural, medical, or commercial. The relationship between biology and agriculture was apparent to all, but only recently had we realized the importance of its relationships with medicine and commerce. Membership of the Association would be confined to workers in economic biology. All such biologists employed by the Government or by any county or city council, university, or agricultural or horticultural college or association, and all persons engaged in investigations in economic biology were eligible as members, and others might join the Association as associates. Mr. Collinge announced that about thirty persons had sent in their names as original members. A draft of the proposed laws of the Association was then read, and, after some minor alterations, was approved and ordered to be printed. The following officers were elected for 1904-5:—*President*: Fred. V. Theobald, M.A. *Vice-President*: A. E. Shipley, M.A., F.R.S. *Council*: Professor G. S. Boulger; Professor A. H. R. Buller, D.Sc.; Professor George H. Carpenter, B.Sc.; Dr. Francis Marshall; Robert Newstead; Major Ronald Ross, F.R.S.; Fraser Storey, Cecil Warburton, M.A. *Honorary Treasurer*: Herbert Stone, F.L.S. *Honorary Secretary*: Walter E. Collinge, M.Sc. It was decided to hold the next meeting at Birmingham, in April, 1905.

MEDICAL PRACTICE IN THE PHILIPPINE ISLANDS.—Regulations as to medical practice in the Philippine Islands have recently been promulgated by the Philippine Commission. Four forms of certificate of registration are issued to persons who pass a satisfactory examination before the Board of Medical Examiners—one for a doctor of medicine, one for a licentiate in medicine, one for a *cirujano ministrante*, and one for a midwife. A licensed *cirujano ministrante*—one who has studied medicine in St. Thomas's University, Manila, for a period of not less than two years—may be registered in a manner empowering him to practise in communities where neither a doctor nor a licentiate is easily accessible, on his passing a satisfactory examination before the Board of Health of the province in which he intends to practise. It is thought probable that both the *cirujano ministrante* and the licentiate will, within a limited time, become extinct. Then the entire medical profession of the archipelago will consist of graduates. According to information obtained by the *New York Medical Journal*, the number of registered physicians resident in the city of Manila on September 19th, 1904, was 223. Sixty-two of these, to judge from their names, were Americans or had gone to the Philippines in consequence of the annexation of the islands by the United States. Thirteen of them are in one way or another connected with the Board of Health, nine are medical officers of the army, and a few others are connected with the laboratories or are attached to the constabulary or to one or another of the consulates. In round numbers it may be said that 200 physicians, about a quarter of whom are Americans, are engaged in private practice in that city. We gather that any medical practitioner who may think of seeking his fortune in the Philippines will do well as a preliminary to acquire a conversational knowledge of Spanish, "a tongue that is not likely to fall into disuse for a long time to come." According to the *Journal of the American Medical Association*, however, a doctor who has recently returned to the States from the Philippines says there is little opportunity for successful practice in Manila, as that city "is suffering from a superabundance of medical men."

adopting an antispitting by-law which will come into force very shortly.

Small-pox.

In regard to small-pox the Health Officer reports that there were only two deaths as compared with ten the year before. The statistics in this department would furnish interesting reading for the antivaccinationist, a being now fortunately rare in Montreal, few having survived the year 1885. Of the 90 patients admitted to the small-pox hospital, 77 had never been vaccinated, 13 had been vaccinated more than five years before, and there were none who had been vaccinated within five years. At the present time Montreal may be considered to have a well-vaccinated population, as all the schools, institutions and factories require that their scholars and employes shall be vaccinated, and the Health Department sees that it is properly done. Some years ago more than a thousand children were withdrawn from school on account of this regulation, but this year the officials had no trouble in this respect.

The Birth-rate.

The birth-rate statistics are more accurate than they have been for some time on account of the new regulation compelling medical men to send a printed form to the Health Department filled in with all the details of the birth and parentage. It was thought that this would raise a great deal of opposition among medical men, but an editorial article in the *Montreal Medical Journal* apparently had the effect of discouraging any open condemnation of the new by-law. The total birth-rate for 1903 was 36.08 per 1,000. Of this, French-Canadians contributed 43.64 per 1,000; other Catholics, 30.69; Protestants, 20.52. The excess of births over deaths was 3,375, distributed as follows: French-Canadians, 2,541; other Catholics, 337; Protestants, 507.

TORONTO HOSPITALS.

Two of the leading members of the Senate of Toronto University waited upon the Ontario Government a short time ago and were successful in obtaining the promise of £100,000 dols. towards a new general hospital in Toronto. This sum is given upon the understanding that the hospital will be used for clinical instruction by Toronto University Medical School. Mr. Murlock has donated 200,000 dols. for special departments in the hospital, and as the city is also to provide £100,000 dols., there should be sufficient to begin operations for a modern and complete hospital, suitable for carrying on clinical work and with facilities which have up to the present been lacking in Toronto.

The new Hospital for Consumptives at Toronto has been opened, and is receiving patients whether they are able to pay or not. The hospital is conducted by the National Sanatorium Association, and is maintained by a Government grant, civic grant, and by private subscription.

CENTRAL MIDWIVES BOARD.

Its Methods.

WE have been requested to insert the following communication:

The report in the *BRITISH MEDICAL JOURNAL* of December 3rd of the meeting of the Central Midwives Board held on November 24th contains an inaccuracy which has led to a good deal of misunderstanding. On page 1526 a paragraph, headed "Midwives on the roll who cannot read or write," states that "it was decided that, though the Board was bound to put on the roll any woman who, at the time of the passing of the Midwives Act, had been for at least one year in bona fide practice as a midwife, and borne a good character, nevertheless, the local supervising authorities were not bound to have them on their lists." Nothing bearing on this subject was decided by the Board, though some member or members may have made the statement as reported.

While giving to this correction the same publicity as to the original statement, we desire to take the opportunity of pointing out that the error must be attributed to the unbusinesslike methods of procedure followed by the Board. At its meetings desultory conversations frequently take the place of orderly debates. Long discussions are permitted to take place, and at their conclusion no definite resolution is passed. Such a method of procedure is a waste of public time; the Board has certain statutory duties to perform, and these ought to be carried out in a businesslike manner and its decisions recorded in definite resolutions. The Board does

not itself publish minutes of its proceedings, and as the interests of the public and of individuals are concerned, it appears to us that this deficiency should be remedied without delay. The deliberations of the Board should be so conducted that its opinions are definitely ascertained, and when that has been done the Board itself ought to record them for the information of the public and of the parties concerned.

ASSOCIATION NOTICES.

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1905.

MEETINGS of the Council will be held on Wednesdays, January 18th, April 19th, July 5th and October 18th.

The January meeting of the Council, by kind permission of the Metropolitan Asylums Board, will be held in their Board Room at 2 o'clock in the afternoon of Wednesday, January 18th. The offices of the Metropolitan Asylums Board are situated on the Victoria Embankment, at the corner of Carmelite Street and near to Blackfriars Bridge.

ELECTION OF MEMBERS.

Any candidate for election should forward his application upon a form, which will be furnished on application to the General Secretary of the Association, 429, Strand.

GUY ELLISTON, *General Secretary.*

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.

BRANCH MEETING TO BE HELD.

BATH AND BRISTOL BRANCH: BRISTOL DIVISION.—The following reports of the Medico-Political Committee have been referred to the Divisions for consideration: (1) The interim report on contract practice; (2) the report on consultation of medical witnesses in legal cases; (3) the report on information supplied to coroners by medical practitioners; (4) the report on reorganization of the Local Government Board. The Medical Acts Amendment Bill is also to be considered. These reports and the Medical Acts Amendment Bill have been fully set forth in the SUPPLEMENT to the *BRITISH MEDICAL JOURNAL* of November 26th. A meeting will be held to consider these subjects at 8 o'clock on Tuesday, December 20th, in the Medical Library, University College, Bristol.—NEWMAN NEILD, Honorary Secretary.

SPECIAL CORRESPONDENCE.

PARIS.

Académie de Médecine: Dr. Albert Robin on Metallic Ferments, their Action on Metabolism, their Effects in Pneumonia.—Experiments on Vaccination of Cattle against Tubercle.

At the last meeting of the Académie de Médecine, Dr. Albert Robin read an important communication on metallic ferments, their action on metabolism, and effects in pneumonia, the outcome of a research carried out with G. Bordet. Bredig and his followers, he said, have shown that, on passing a small electric arc between metallic electrodes immersed in distilled water, solutions are obtained containing 0.0009 gram to 0.0002 gram of the metal employed per cubic centimetre. These solutions they showed to be capable of bringing about certain diastatic reactions, and these reactions could be accelerated or inhibited by agents capable of a similar influence on the diastases themselves. Dr. Robin had followed up these researches by injecting under the skin solutions containing a few ten-thousandths of a gram of some metal, such as palladium, platinum, gold, silver, etc. He observed considerable chemical effects similar in every way to those obtained with diastases extracted from yeasts. These effects are:

1. An increase in the urea which can be increased more than 30 per

DR. CHARLES DOUGLAS FERGUSON PHILLIPS, who recently died at the age of 74, was the son of Captain R. Phillips, of the 40th Regiment, a veteran of the Peninsular war and Waterloo. He studied medicine at Edinburgh and Marischal College, Aberdeen, where he graduated M.B. in 1852, proceeding M.D. in 1859. In early life we believe he practised as a homeopath at Manchester. He left the fold of Hahnemann, however, and in 1867 removed to London, where for some years he earned a large professional income. In 1878 he was disabled by a railway accident, for which, after much litigation, he was awarded damages to the amount of £15,000, said to be the largest sum ever given for injuries received. It was proved that he had made nearly £21,000 the year before the accident, and that for several years previously his professional income had been from £15,000 to £20,000. It was several years before he was able to resume practice. Dr. Phillips was for a considerable time Lecturer on *Materia Medica* and Therapeutics at the Westminster Hospital Medical School, and acted as examiner in the subject at the Universities of Aberdeen, Glasgow, and Edinburgh. He was the author of several works on pharmacology and therapeutics, some of which achieved considerable popularity. In his later years Dr. Phillips, who was a member of the Physiological Society, took a great interest in the exposure of the methods of the antivivisectionists. He was a Fellow of the Royal Society of Edinburgh, and an honorary LL.D. of Edinburgh and Aberdeen. It may be added that his will has been proved at £39,814 18. 6d.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died are Professor Karl Koster, Director of the Pathological Institute of the University of Bonn, where he had worked for thirty years, aged 61; Dr. Henry M. Syman, Professor, successively, of Chemistry (1871-6), Diseases of the Nervous System (1876-7), Physiology and Nervous Diseases (1877-9), and Theory and Practice of Medicine in Rush Medical College, Chicago, of which he was for some time Dean, and author of works on artificial anaesthesia, insomnia, etc., and of a *Textbook of the Theory and Practice of Medicine*, aged 68; Dr. Davidoff, Professor of Forensic Medicine in the Military Medical Academy, St. Petersburg; Dr. Pasquale Penta, Professor of Criminal Anthropology and Psychiatry in the University of Naples; and Dr. Alban Fournier, President of the Hautes Vosges Section of the Alpine Club, President of the Administrative Council of the Vittet Springs, a historian and archaeologist, as well as a distinguished physician, aged 62.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE HEALTH OF THE NAVY.

The Statistical Report of the Health of the Navy for the year 1903, just issued,¹ states that the returns for the total force serving afloat in the year 1903 may be considered to be very satisfactory. The total force serving afloat was 103,100. With a *personnel* increased by 3,500 as compared with the previous year, there are decreases in the ratios of cases, invalidings, and deaths, both as compared with the previous year and the average for the last six years. The numbers are respectively 85, 735, 2,478, and 433, in comparison with 85, 769, 2,985, and 590 in 1902.

Wounds in Action.

Only 2 wounds in action are recorded, with 1 death, which occurred on the East Indies Station, a full account of which will be found in the remarks of that station.

Small-pox.

There were only 3 cases of small-pox, as against 14 in 1902.

Enteric Fever.

Enteric fever shows a slight increase of 0.15 per 1,000 of cases, but the deaths during the year were less by 7 as compared with the previous year.

Plague.

Ten cases of plague are recorded as having occurred on the China station; none of these proved fatal.

¹ London: Printed for His Majesty's Stationery Office, by Eyre and Spottiswoode, Printers to the King's Most Excellent Majesty; and to be purchased, either directly or through any bookseller, from Eyre and Spottiswoode, East Harding Street, Fleet Street, E.C., and 32, Abingdon Street, Westminster, S.W.; or Oliver and Boyd, Edinburgh; or E. Ponsonby, 116, Grafton Street, Dublin.

Cholera.

Only 1 case of cholera is recorded.

Venereal Diseases.

There was an increase in the ratio of cases of primary syphilis and gonorrhoea; constitutional syphilis showed a slight decrease, amounting to 0.25 per 1,000.

Sickness and Invaliding.

The total number of cases of disease and injury entered on the sick list was 85,735, which is the ratio of 831.57 per 1,000, being a decrease of 29.56 per 1,000 when compared with the previous year, also a decrease of 48.06 per 1,000 as compared with the average ratio of the last six years. The average number of men sick daily was 3,633.54, giving a ratio of 35.24 per 1,000, and showing a decrease of 0.13 per 1,000 compared with 1902, and of 1.56 in comparison with the last six years' average. The total days' sickness on board ship and in hospital was 1,326,244, which represents an average loss of service from disease and injury of 12.86 days for each person, which is 0.05 below the ratio of the previous year, also a decrease of 0.58, in comparison with the average of the last six years. The total number of persons invalided was 2,478, which is in the ratio of 24.03 per 1,000, and shows a decrease of 5.93 per 1,000 when compared with the average of the last six years. Of the above total 1,757 persons were finally invalided from the service (146 of these refused surgical operation), giving a ratio of 17.04 per 1,000 for the whole force, or 70.9 per cent. of the number invalided, thus showing a decrease of 3.7 per 1,000 when contrasted with 1902. The largest increase—namely, 8.23 per 1,000—was on the North America and West Indies Station; but a decrease amounting to 17.23 per 1,000 appears in the invaliding rate of the South-East Coast of America Station.

Death-rate.

The Mediterranean Station shows the lowest sick-rate and the Irregular Force the highest. The number of deaths was 433, which gives a ratio of 4.19 per 1,000, and exhibits a decrease of 1.73 per 1,000 in comparison with the previous year, also a decrease of 1.49 per 1,000 on the last six years' average. The highest death-rate appears on the East Indies Station. The total death-rate is the lowest recorded since 1856. The death-rate from disease alone was 2.79 per 1,000, which is 0.72 lower than the previous year.

ROYAL NAVY MEDICAL SERVICE.

The following appointments have been made at the Admiralty: EDWARD H. MEADEN, Fleet Surgeon, to the *Fire Queen*, additional, to be lent to the *Apollo*, and then to the *Brilliant*, for twenty-one days, from December 7th; JAMES C. F. WHICHER, Fleet Surgeon, to the *Brilliant*, on recommissioning, December 13th.

HEALTH OF THE FRENCH ARMY, 1902.¹

The medical report of the French army for 1902 is so exhaustive that its publication, towards the end of 1904, cannot well be considered belated.

It may, perhaps, be best reviewed by contrasting its statistical ratios with those of our own army; but it must be premised that the comparison is neither easy nor satisfactory, owing to dissimilar organization of units and difference of method in the compilation of statistics in the two services.

The French have statistical headings for which we have no equivalent, such as "*Malades à la Chambre*," under which are accounted many cases treated in quarters, for slight ailments, and not included in the formal hospital returns; yet the entire French army was so treated in 1902, fully once over, for sickness averaging from two to three days' duration, in the ratio of 1.058 cases per 1,000 of effective strength. All such cases, however, are expressly excluded from the statistical ratios given in the volume and quoted in this article, which are based solely on admissions into infirmaries and hospitals. It is obvious that such a system vitiates a fair comparison between the French and British hospital statistics; for our sick soldiers are never treated in quarters, and our hospital returns and ratios represent practically the entire amount of sickness among our troops.

General Statistics.—For statistical purposes this report is divided into two sections:

1. The statistics of nineteen army corps in France itself (*Interieur*).

2. Those of one army corps (Algerie-Tunisie).

For an effective strength in France in 1902 of 485,207, the

¹ *Statistique Médicale de l'Armée pendant l'Année 1902*. Paris. Imprimerie Nationale. 1904.

general facts as above stated, showed that the defendant at the time was endeavouring to borrow money in various quarters, and that Dr. Griffiths's conduct throughout had been in every way correct and proper. The judge pointed out that Dr. Griffiths's actions had been correct in every particular, and, in concluding his summing-up, told the jury that, although the damages which they might award would probably never be paid, they ought to give some such sum as would show that in their opinion the charges were absolutely groundless. The jury, after a brief consultation, declared a verdict for Dr. Griffiths, with £500 damages, or five times as much as he had asked.

At a meeting of the South Wales and Monmouthshire Branch of the British Medical Association, subsequently held at Carmarthen, a resolution was passed unanimously expressing the sympathy of the Branch with Dr. Griffiths in his painful experience, and congratulating him on the way in which he had justified its faith in his character.

To these congratulations we desire to add our own, together with an expression of the general appreciation which will be felt of the courage and determination with which so dangerous an attack was met by Dr. Griffiths.

THE ETHICS OF SUPERSESSION.

J. G. B.—Assuming that B. thought that he was summoned either to take sole charge of the case or to meet another practitioner in consultation, when he found out how things were he might have seen the case, and left a letter of explanation to be handed to A. by the father when arranging for the consultation; although he was not absolutely bound to write if the father undertook to make the necessary explanation, it would have been the more correct course to take. A. should have accepted the suggested consultation in the first instance; if he had done so none of the further difficulties would have arisen. When A. refused the consultation we should like to know how the matter was put to B. before expressing an opinion upon his conduct. If he was told that A. would retire from the case rather than meet him, he was justified in paying a second visit; afterwards, when A. expressed a desire to continue the case, the offer of the consultation looks as if an attempt were loyally made to enable him to get out of the difficulty he had created; we think he should have accepted it and have resumed his position in charge of the case.

RESIGNATION asks for an opinion upon the following case: Drs. A. and B. are in practice in the same district. They are friends, are in the habit of rendering each other mutual assistance, and A. is under some personal obligation to B. Mrs. Z. engaged B. to attend her in a confinement, though not previously a patient of his. When the labour came on B. was absent from home on a short holiday, and A. attended the case for him, B. taking charge on his return. Mrs. Z. subsequently removed to be quite close to A.'s residence, which is some little distance from B.'s. She now wishes to engage A. to attend her in her next confinement, shortly due. A. at first declined, on the ground that she was B.'s patient, whereupon she declared her intention to engage C. if A. persisted in his refusal. What is A.'s duty in the matter? He wishes to do what is right by B., but not to give C. a fee he could earn himself.

*A. should explain the matter to B., with whose consent he can accept the engagement.

W. and S. are two medical practitioners in the same town. W. has been attending, and is in attendance, on a child, but has not seen her for six days. The child is suffering from slight rheumatism and chorea. Its mother calls on S. and asks him to call and see the child, who is in bed. The mother informs S. that W. has been attending the child, but has not called for six days. S. declines to see the child except in consultation with W., and S. arranges with the mother to see the child with W. next day at a certain hour. The mother informs W., who then goes to see the child, and informs S. by telephone that the illness is slight, the mother fidgety, and that he thinks a consultation unnecessary. Has W. acted honourably towards S.? What should S.'s future action be? Has one medical man any right to refuse to meet in consultation another who is the choice of the invalid? Mother and child were S.'s private patients till the child joined a club to which W. is surgeon.

*It would have been wiser of W. to have accepted the consultation, as in future he has only himself to blame if S. shows him less consideration. As a general rule, medical men should agree to a consultation when asked for by the patient, or, in the case of a child, the parents

SUICIDAL PATIENTS.

JUDEX.—We have no doubt that the attempt was suicidal. It not infrequently happens that considerable amelioration, at all events for a time, follows a determined suicidal attack. Our correspondent would have been justified in giving notice to the police at the time, and his responsibility would then have ceased entirely. As the patient is at present at home, and not obviously insane or likely to die as the result of the fall, we are advised that no further steps should be taken. Should there be a development of mental disorder later our correspondent might communicate with the relieving officer, stating that a person of unsound mind and unfit to be at large is residing at such and such an address.

OPERATION IN HOSPITAL BY SURGEON NOT ON THE STAFF.

WITH reference to the note under this heading "J. F. W." writes: (1) That arrangements in the first instance were made for the performance of the operation at the patient's own house, but two days before the operation was to be performed the patient asked if arrangements could not be made for it to be done at the hospital; (2) that paying patients are admitted into this hospital; (3) that he considers he did consult the senior surgeon, and he complains that the senior surgeon refused to consider the matter; (4) that the cause of the paralysis from which the patient was suffering was pressure from a new growth and not an accident.

*The opinion expressed was founded upon the facts as they were presented to us, and we do not consider that "J. F. W." has modified them in any essential particular. If there are rules and it was intended to admit the patient under them, there should have been no difficulty; if, on the other hand, it was proposed to do something unusual,

adequate time does not seem to have been allowed to consult the proper authorities; telephoning to the senior surgeon does not in our opinion constitute such a proper consultation.

AMERICAN NOSTRUM VENDORS.

We have repeatedly commented upon the circular sent out by the M. A. Winter Co., of Washington, D.C. Our correspondent does not tell us to whom the copy he forwards was addressed, but we can hardly suppose that the senders imagine that British medical practitioners are likely to act as agents for their nostrums.

THE PUFF INDIRECT.

QUAESTOR.—As the subject of the essay is restricted to the discussion of the value of therapeutic preparations, while the allotted space, about twelve hundred words, is insufficient for the proper treatment of the question, it is to be feared that the essays selected may prove to be masked puffs of particular proprietary preparations. Under these circumstances we do not advise our correspondent to compete.

NOTICES OF MEDICAL MEN IN THE LAY PRESS.

A CORRESPONDENT sends us a cutting from the *Lincolnshire Chronicle*, giving an account of a village entertainment got up to pay the cost of sending a boy to London to be operated upon for a harelip under the care of a London surgeon, who is stated to have been on a visit to the village, and to have offered, if the boy could be sent to London, to have him operated upon and the deformity put right.

*Assuming the facts to be correctly stated, it might have been better if the surgeon in question had remembered that the same result could have been obtained without sending the boy so far away from home, but we cannot pretend in any way to hold him responsible for the paragraph sent to us.

THE CONDUCT OF DOCTORS' WIVES.

SUBURBAN asks whether it is in accordance with medical etiquette for a practitioner's wife to call on all the new inhabitants almost immediately on their arrival; also whether it is the right thing for the same lady to expatiate on the qualifications of her husband and his partner to their own glorification and to the depreciation of their colleagues, who are all London diplomates?

*The wife of a medical man may call upon anybody she pleases, but she should be careful not to expose her husband to the charge of advertising by being too eager to call upon every new family. The answer to the second part of our correspondent's letter is, No; and, if trustworthy evidence can be obtained that the lady has used such language, a remonstrance may be addressed to her husband, but it would be well not to move in the matter without having first obtained evidence which can be produced if necessary.

EVIDENCE AT CORONER'S COURT.

KENT asks whether the rules in regard to the admissibility of evidence laid down by the English law apply to evidence given at inquests? Would a witness at an inquest be allowed to state what he heard another person not called as a witness say?

*The coroner's court is a court of record, and a preliminary court of inquiry in cases where criminal verdicts are returned. All evidence recorded by the coroner should be legal evidence, and such only should appear in the depositions, but in the holding of an inquest some latitude is allowed to the witnesses in making their statements as to hearsay evidence and facts told them by other persons. Although such statements might not be regarded as legal evidence, opportunity is given for the police to summon at an adjournment further witnesses who may be able to give direct evidence material to the case, but were not known of previously.

VALUE OF SHARE.

JACK.—The price to be paid by the incoming partner should depend on the share of the practice given to him. This may be worth one, one and a half, or two years' purchase, according to the nature of the practice. It is usual for a partner to pay rent for a house, so that if he is to have a house rent free he might reasonably be required to pay something additional in the premium on this account.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

M.B. Examinations.—The following have passed the examination in materia medica and pharmacy: F. J. Aldridge, Magdalen College; N. E. Grosvenor, Brasenose College; C. G. F. Luhn, B.A., Christ Church; C. T. Raikes, B.A., Trinity College; T. R. Walker, B.A., Hertford College.

UNIVERSITY OF CAMBRIDGE.

DR. RIVERS, of St. John's College, has been appointed a member of the Special Board for Moral Science.

Degrees.

At a Congregation on December 8th the following degree was conferred: M.B. and B.C.—E. J. D. Taylor, Gonville and Caius.

Examiners at M.B.

The following have been appointed additional Examiners for the Third M.B.: Part I—W. E. Dixon, M.A., Downing College, and T. S. P. Strangeways, M.A., St. John's College. Part II—G. R. Murray, M.A., M.D., Trinity College; D. MacAlister, M.A., M.D., St. John's College; T. H. Kellock, M.A., M.D., Emmanuel College.

Schedules in Chemistry and Physics.

The Special Board for Medicine has published new Schedules in Chemistry and Physics, which come into force on January 1st, 1905.

UNIVERSITY OF LONDON.

B.Sc. EXAMINATION FOR INTERNAL STUDENTS.

THE new road to a degree in pure science opened up for medical students by the regulations now in force at London University does not as yet seem to have attracted as much notice as it deserves. Only two candidates presented themselves at the recent examination, which was the first of its kind, and they both came from one medical school, that of the Middlesex Hospital; they were Messrs. Victor Bonney and Gordon Taylor and both were awarded first-class honours. The examination is in human anatomy and the allied subjects of cytology, embryology, and vertebrate morphology. It is an honours and not a pass examination and is open to those who have passed the intermediate examination in medicine and have subsequently gone through an academic year of work at the subjects mentioned. Hitherto it has not been possible to obtain a B.Sc. Lond. in anatomy, and the examination, when it becomes better known, seems likely to appeal to those especially who having in view both the M.D. Lond. and the F.R.C.S. Eng., intend in any case to put in an extra year's work for the primary Fellowship.

PARLIAMENTARY REPRESENTATION.

It is announced that the University of London Unionist Association has invited Sir Philip Magnus to contest the Parliamentary representation of the University at the next election, and that Sir Philip has consented to stand. The sitting member is Sir Michael Foster, M.D., F.R.S.

MEETING OF THE SENATE.

A meeting of the Senate was held on November 23rd.

Recognition of Bombay Degree.—In view of the fact that the University of Bombay does not permit a Licentiate of Medicine and Surgery of that University to proceed to the degree of M.D. unless he possesses the degree of Bachelor of Arts or Science, it was resolved that the degree of Licentiate of Medicine or Surgery of the University of Bombay be not recognized for the purpose of Statute 116 in and after 1907.

Intermediate Examination of Internal Students.—It was resolved that candidates who have been referred to one subject at an intermediate examination be not permitted to substitute another subject for that in which they have been referred.

Lectures on Advanced Physiology.—It was resolved:

1. That a course of lectures in advanced physiology be not recognized as an approved course for the Honours Degree in Physiology, unless it consist of not less than eight lectures.

2. That a course consisting of not less than eight lectures on a single subject in advanced physiology may be recognized as an approved course, although different portions of the course be delivered by two different lecturers.

3. That courses of less than eight lectures may be regarded as falling within the general scheme of advanced physiological teaching of the University, and be advertised by the University as such, but shall not be approved as part of an honours course.

4. That Messrs. Ramsden, Beddard, Boycott, Spriggs, Hopkins, Locke, Myers, Dale, Schryver, Page-May, and Haldane be added to the panel of lecturers in physiology.

5. That the following courses of lectures be recognized as approved courses for honours degrees in physiology:—At University College (Wednesdays, 5 p.m.): S. Schryver, D.Sc., The Disintegration of Proteids, October to December (eight lectures); W. March, M.A., D.Sc., F.R.S., Enzymes and Enzyme Action, January to March (eight lectures); W. Page-May, M.D., D.Sc., Anatomy and Physiology of the Brain Stem, May to July (eight lectures). At King's College (Mondays, 4 p.m.): C. S. Myers, M.A., M.D., Physiology of the Special Senses, May to July (eight lectures). At Guy's Hospital (Thursdays, 4 p.m.): W. Ramsden, M.A., M.D., Coagulability, October to December; A. E. Boycott, M.D., The Blood, October to December, the combined course by the two lecturers will consist of eight lectures.

6. That the following courses of lectures be regarded as falling within the general scheme of advanced physiological teaching of the University, and advertised by the University as such, but not approved as part of honours courses:—At the University: F. W. Pavy, M.D., F.R.S., the subject and dates of the lectures to be announced subsequently. At King's College (Mondays, 4 p.m.): January to March, F. W. Mott, M.D., F.R.S., Vision in Relation to Intelligence (three lectures); C. J. Martin, M.D., F.R.S., The Physiology of Defence against Invasion by Micro-organisms (three lectures); T. G. Brodie, M.D., F.R.S., The Physiology of the Kidney (four lectures); W. D. Halliburton, M.D., F.R.S., Degeneration and Regeneration of Nerves (two lectures); F. S. Locke, M.D., The Isolated Mammalian Heart (one lecture). At Guy's Hospital (January to March): A. P. Beddard, M.D., Glycaemia (four lectures); E. I. Spriggs, M.D., Digestion (four lectures).

Exemption from the Preliminary Scientific Examination.—It was resolved that internal students who have passed the examination in the final honours school in physiology in the University of Oxford, and who have passed the preliminary examination for the M.B. degree in that University in physics, chemistry, zoology, and botany, be exempted from the Preliminary Scientific Examination, Parts I and II.

Regulations for the M.S. Degree.—It was resolved that the regulations for the degree of M.S. for internal and for external students be amended by the deletion of the words "subsequently to taking the M.B., B.S. degrees" from the paragraph beginning "Certificate" on page 421 of vol. ii, and on page 39 of the section on medicine vol. iii of the *Calendar* for 1904-5.

Medals and Honours at the Medical Examinations.—It was resolved that the list of candidates who, having passed the M.B. Examination in or previously to May, 1904, shall qualify for the B.S. degree by passing in the surgery portion of the M.B., B.S. Examination in October, 1904, May, 1905, October, 1905, or May, 1906, be divided into (a) a list in alphabetical order of those candidates who have obtained honours, and (b) a list in alphabetical order of those candidates who have passed; and that a gold medal of the value of £5 be awarded to the most deserving of those candidates who have obtained honours, provided that in the opinion of the examiners he shall have evinced sufficient merit; but that the award of honours and of a gold medal to candidates qualifying for the B.S. degree by passing in the surgery portion of the M.B., B.S. Examination be discontinued after May, 1906.

Appointment to the Senate.—Dr. Thomas Gregory Foster, B.A., Ph.D., has been elected as a representative of University College on the Senate in

the place of Dr. Carey Foster, resigned, and Mr. Henry Trentham Butlin D.C.L., L.R.C.P., F.R.C.S., has been elected as a representative of the Royal College of Surgeons of England on the Senate in the place of Sir Henry Howe, resigned.

Committee of Medical Members of the Senate.—Dr. James Kingston Fowler has been elected Vice-Chairman of the Committee of Medical Members of the Senate.

UNIVERSITY OF LIVERPOOL.

Veterinary School.

THE School of Veterinary Medicine and Surgery was opened on December 13th by Mr. Walter Long, President of the Local Government Board. Vice-Chancellor Dale presided at the ceremony. Mr. Long congratulated the University on this latest addition to its educational equipment. He spoke of the importance of this department of study from the point of view of the physical welfare of the nation. The connexion between the health of the community and of the domestic animals was a vital matter, and he had often wondered at the comparative disregard of veterinary science. Liverpool was the first university in the country to open its arms to veterinary students.

It will be remembered that we announced a month ago that the rights and privileges of the New Veterinary College of Edinburgh had been transferred to the University of Liverpool, and that Mr. W. Owen Williams, of that College, had been appointed the first Professor of Veterinary Medicine and Surgery in the University.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A MEETING of the Royal College of Physicians of Edinburgh was held on December 1st.

Election of President and Officers.

Dr. John Playfair was elected President of the College; Dr. Thomas S. Clouston, Vice-President; and Sir Thomas K. Fraser, Sir John Batty Tuke, Dr. Charles E. Underhill, Dr. James Ritchie, and Dr. R. W. Philip were elected to the Council with the President and Vice-President. The Council subsequently made the following appointments for the ensuing year: Peter A. Young, M.D., Treasurer; Harry Rainy, M.D., Secretary; D. Berry Hart, M.D., Librarian; Sir John Batty Tuke, M.D., Curator of Research Laboratory.

I. EXAMINERS FOR THE LICENCE.

First Board.

Physics.—Dawson Turner, M.D., and Alfred Daniell, D.Sc.

Chemistry.—W. G. Aitchison Robertson, M.D., and John Gibson, Ph.D.

Biology.—John Macmillan, M.B., and J. Beard, D.Sc.

Second Board.

Anatomy.—Sir James A. Russell, M.B., and Joseph R. Whitaker, M.B.

Physiology.—D. Noël Paton, M.D., and J. Craufurd Dunlop, M.D.

Third Board.

Pathology.—Robert A. Fleming, M.D.; Francis D. Boyd, M.D.; and Stuart MacDonald, M.B.

Medical Jurisprudence.—J. Murdoch Brown, M.D.; G. Lovell Gulland, M.D.; and Alex. Lockhart Gillespie, M.D.

Final Board.

Medicine.—Andrew Smart, M.D.; Claud Muirhead, M.D.; James O. Affleck, M.D.; Chas. E. Underhill, M.B.; W. Allan Jamieson, M.D.; Alex. James, M.D.; Byrom Bramwell, M.D.; G. A. Gibson, M.D.; J. Graham Brown, M.D.; Alexander Bruce, M.D.; Wm. Russell, M.D.; and R. W. Philip, M.D.

Midwifery.—Sir J. Halliday Croom, M.D.; D. Berry Hart, M.D.; A. H. F. Barbour, M.D.; F. W. N. Haultain, M.D.; J. W. Ballantyne, M.D.; and J. Haig Ferguson, M.D.

Medical Jurisprudence and Public Health.—James Andrew, M.D.; P. A. Young, M.D.; James Carmichael, M.D.; J. Allan Gray, M.D.; R. S. Aitchison, M.D.; and C. J. Lewis, M.D.

Insanity.—Sir John Batty Tuke, M.D.; T. S. Clouston, M.D.; Sir John Sibbald, M.D.; John Macpherson, M.D.; and John Fraser, M.B.

II. EXAMINERS FOR THE MEMBERSHIP.

A. R. Simpson, M.D.
 Andrew Smart, M.D.
 Claud Muirhead, M.D.
 Andrew Davidson, M.D.
 Sir Thos. R. Fraser, M.D.
 John Wyllie, M.D.
 James Andrew, M.D.
 Sir John Batty Tuke, M.D.
 T. S. Clouston, M.D.
 J. Kirk Duncanson, M.D.
 P. A. Young, M.D.
 James O. Affleck, M.D.
 John Playfair, M.D.
 Sir John Sibbald, M.D.
 Chas. E. Underhill, M.B.
 W. Allan Jamieson, M.D.
 Alex. James, M.D.
 Peter M. Bride, M.D.
 Byrom Bramwell, M.D.
 G. A. Gibson, M.D.
 Sir J. Halliday Croom, M.D.
 D. Berry Hart, M.D.
 Sir James A. Russell, M.B.
 W. S. Greenfield, M.D.
 J. J. Graham Brown, M.D.
 A. H. F. Barbour, M.D.
 Alex. Bruce, M.D.
 James Ritchie, M.D.
 William Russell, M.D.
 G. H. Melville Dunlop, M.D.
 N. T. Brawley, M.B.
 R. W. Philip, M.D.
 John Thomson, M.D.
 J. Haig Ferguson, M.D.
 G. Lovell Gulland, M.D.
 W. G. Aitchison Robertson, M.D.
 Norman Walker, M.D.
 William Elder, M.D.
 Charles Jas. Lewis, M.D.
 Jas. Lamond Lackie, M.D.
 Harry Rainy, M.D.
 K. Mackenzie Downie, M.D.
 Claud Buchanan Ker, M.D.

III. EXAMINERS FOR DIPLOMA IN PUBLIC HEALTH.

First Examination.

Practical Work in Laboratory.—W. G. Aitchison Robertson, M.D.

Chemistry.—Alex. Crum Brown, M.D.

Physics.—Dawson Turner, M.D.

Meteorology.—Sir Arthur Mitchell, K.C.B.

Second Examination.

Epidemiology and Endemiology.—Claud Muirhead, M.D.

Practical Sanitation.—J. Allan Gray, M.D.

Sanitary Law, Vital Statistics, and Statistical Methods.—Sir James A. Russell, M.B., and Jas. Craufurd Dunlop, M.D.

Registrar.—Harry Rainy, M.D.

Superintendent of Laboratory.—D. Noël Paton, M.D.

Clerk.—Alex. Sholto Douglas, W.S.

Auditor.—John Wilson Brodie, C.A.

Sub-Librarian.—F. C. Nicholson, M.A.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia was held at the College on Thursday, December 8th, the President, Sir W. S. Church, in the chair.

Announcements.

The President announced that he had appointed Dr. G. R. Murray, of Newcastle-on-Tyne, to give the Bradshaw Lecture for 1905.

The President further announced that he had nominated Sir T. Lauder Brunton and himself as delegates to represent the College at the Conference of the Sanitary Institute on School Hygiene in February next.

Communications.

Communications were received:

1. From the Secretary of the Royal College of Surgeons of England, reporting proceedings of the Council on November 10th.

2. From the Secretary of the Royal Commission on the Care and Control of the Feeble-minded, asking the College to supply evidence and suggestions as to legislation. After a discussion in which Dr. Fletcher Beach, Sir William Gowers, and the President took part, a Committee, consisting of the President and Drs. Coupland, Savage, Ferrier, Mickle, Fletcher Beach, and Mercier, was appointed to discuss the matter and to arrange how the request of the Royal Commission could be best fulfilled.

3. From the Clerk of the Privy Council, forwarding by direction of the Lord President a note received from the Portuguese Legation, expressing the desire that the British Government should be represented by special delegates at the International Congress on Medicine, to be held at Lisbon, April 19th to 26th, 1906. This was postponed for discussion at a subsequent date.

4. From Dr. W. R. Smith, President of the Royal Institute of Public Health, inviting the College to send delegates to a Congress of the Institute, to be held in London, July 19th to 25th, 1905, with special reference to school hygiene. After a brief discussion, it was unanimously resolved that the communication lie on the table.

Date of Membership Examination.

The Registrar moved that, on the occasion of the examination for the Membership in April, 1905, the regulation appended to By-law CXV be suspended. This regulation requires that the examination should commence on the last Tuesday but one in April—that is, on the 18th in 1905; but, as this would bring the meetings of the Censors' Board into Easter week, it is proposed that it should begin a week earlier—namely, on April 11th. The motion was passed, and the proposed change in the date of examination agreed to.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on December 8th, 1904, with Mr. John Tweedy, President, in the chair.

Diplomas of Fellowship and in Dental Surgery.

Diplomas were issued to 29 candidates found qualified at the recent examination. Diplomas for the licence in dental surgery were issued to 40 candidates found qualified at the recent examinations.

Report of the Board of Examiners in Dental Surgery.

The Board of Examiners in Dental Surgery reported that, as requested by the Council on June 9th, 1904, they have carefully considered the petition from 264 dental students, asking:

1. That the College will publish a reasonably detailed syllabus giving the general range of the knowledge required in (a) anatomy, (b) physiology, (c) surgery, as has been done in the subjects of chemistry and metallurgy.

2. That a quarterly examination may be instituted as for the M.R.C.S. diploma.

In reference to these proposals the following recommendations unanimously made by the Board were adopted by the Council:

I. That it be recommended to the Council to grant the request of the petitioners that a schedule of anatomy, physiology, and surgery, be issued, and that, in the event of the Council adopting this recommendation, the Board beg to report that they are willing to submit a syllabus for the consideration of the Council.

II. That it be recommended to the Council to continue to hold an examination in Part I (anatomy, physiology, and surgery) in February, so that there may be three examinations in that part during the year, but that the Board do not recommend the institution of a third examination in Part II.

The Board was requested to prepare a syllabus of anatomy, physiology, and surgery for the consideration of the Council.

Court of Examiners.

Mr. Bernard Pitts was unanimously re-elected an examiner in surgery.

Report of the Committee on the Proposed System of School Certificates.

The Committee having taken into consideration the proposals framed by the Consultative Committee of the Board of Education for a System of School Certificates and the report thereon from the Committee of Management of the Conjoint Examining Board of the two Royal Colleges, together with the criticisms upon the proposals which were raised at the meeting of the Council on November 10th, recommended the Council to approve and adopt the report of the Committee of Management. The Committee further recommended that the following reply be sent to the Board of Education, namely:

The Council of the Royal College of Surgeons of England having considered the suggested scheme for a system of school certificates, express their general approval of the scheme.

Annual Meeting of Fellows and Members.

The resolutions adopted at this meeting were reported.

The Council states that the subject of the first resolution, as to the title of "Doctor," is under careful consideration. In regard to the second and third the Council did not consider that they called for any answer.

TRINITY COLLEGE, DUBLIN.

Final Examination in Midwifery.—The following candidates have passed this examination:

B. Johnson, A. A. McNight, J. Cunningham, Lily A. Baker, W. J. Powell, W. R. Galway, W. Nunan, T. J. T. Wilmot, Eva J. Jellett, J. H. C. Thompson, H. E. McCreedy, T. Creaser, G. McG. Millar, W. Hassard, C. Kelly, A. G. Alexander.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS OF IRELAND, 1903.

THE main statistics in the annual report of the Registrar-General for Ireland (1903) are summarized on the first page. The marriages were 5.21 per 1,000 of the estimated population, as compared with 4.96 in the preceding ten years. The birth-rate was 23.1—exactly the average for the preceding ten years. The death-rate was 17.5, as compared with 18.1; and the emigrants were 9.0 per 1,000, as compared with an average of 8.9 for the decennium. Of the marriages, 4.91 out of a total of 5.21 per 1,000 of population were of Roman Catholics. The marriages of bachelors with spinsters constituted 88.9 per cent. of the total. It is a matter for regret that the Registrar-General has to note that in the great majority of instances the ages were not stated.

The birth-rate was 23.1 per 1,000, 2.6 per cent. of the total births being of illegitimate children. The percentage of illegitimate children varied from 3.3 in Ulster and 2.6 in Leinster to 2.3 in Munster and 0.5 in Connaught.

The death-rate in Connaught was 14.0, in Munster 16.1, in Ulster 18.1, and in Leinster 19.4 per 1,000.

Of the deaths, tuberculosis caused the largest number, old age coming next, and then in succession heart diseases, bronchitis, pneumonia, diseases of blood vessels, cancer, etc.

On the tenth page is a valuable table giving the annual death-rate for eleven years from each of the chief infectious diseases, from each form of tuberculous disease, from cancer, from certain local diseases, and from violence.

An interesting diagram is given showing the death-rates from measles in England, Scotland, and Ireland since 1871. Speaking generally, the death-rate from measles is lowest in Ireland, but this may be owing to the smaller proportion of children in that country. A more interesting point is that of the eight chief epidemic peaks shown in the Irish curve, five correspond to interepidemic years in England. Comparing Scotland with England, there is a similar lack of correspondence of epidemic years. The highest death-rates from measles in Ireland were in 1878 and 1887, when it was 0.4 per 1,000; the highest in England 0.52 in 1874 and in 1885, 0.6 in 1887, and 0.57 in 1896; the highest in Scotland 0.43 in 1883; 0.63 in 1890, 0.88 in 1893, and 0.53 in 1898.

A similar diagram is given for scarlet fever, showing that the death-rate from this disease in Ireland has been usually lower than that of the other divisions of the United Kingdom. In each of the three countries the highest death-rate from scarlet fever was in 1874, being 0.76 in Ireland, 1.04 in England, and 1.32 per 1,000 of population in Scotland. The curve for Ireland shows more evidence of regular epidemicity than that for England.

Whooping-cough is similarly dealt with. The comparison would have been more accurate had the death-rate from this disease and from measles been stated per 1,000 children aged 0 to 5. In their present form the curves of the two diseases are interesting in contrasting the differences in their epidemicity in the three countries. The lessons of the whooping-cough curve can be best displayed by the following tabular statement which is based on Diagram 5 in the report:

Maximum Epidemic Periods.

| | | | | | | | | | | |
|--------------|-----|------|-----------|------|------|------|------|------|------|------|
| England ... | ... | 1872 | 1875 | 1871 | 1882 | 1885 | 1890 | 1894 | 1896 | 1901 |
| Scotland ... | ... | 1872 | 1875 | 1878 | 1883 | 1887 | 1890 | 1894 | 1897 | 1900 |
| Ireland ... | ... | 1874 | 1878-1880 | 1883 | 1887 | 1890 | 1894 | 1897 | 1901 | |

In England the epidemic curves are much less marked than in Ireland and Scotland, the disease tending more to the endemic type. Probably this is due to the greater density of the English population.

The statistics relating to tuberculosis are especially interesting, in view of the importance of preventive work in connexion with this disease. The death-rate from phthisis is practically stationary, having been 214 per 100,000 in 1893 and 217 in 1903. There has been some decline under the headings of tuberculous meningitis and tabes mesenterica, but these may easily be due to changes of classification. The stationary condition of the death-rate from consumption when contrasted with the steadily declining consumptive death-rate in England is an interesting and important phenomenon.

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.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon, resident. Salary to commence, £70 per annum.
CARLISLE: CUMBERLAND AND WESTMORELAND ASYLUM, Garlands.—Junior Assistant Medical Officer. Salary, £130, rising to £150 per annum.
DORCHESTER: DORSET COUNTY HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
EASTERN DISPENSARY, Leman Street, E.—Resident Medical Officer. Salary, £120 per annum.
GUILDFORD BOROUGH.—Medical Officer of Health. Salary, £100 per annum, rising to £150.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physician. Appointments for six months. Honorarium, £25.
KING EDWARD VII SANATORIUM.—Medical Superintendent, resident. Salary, £500 per annum, rising to £600.
LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—Two House-Surgeons, both resident. Salary at the rate of £60 per annum each.
NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, E.—Pathologist and Bacteriologist. Salary, £50 per annum.
NOTTINGHAM GENERAL HOSPITAL.—(1) Assistant House-Surgeon. (2) Assistant House-Physician. Both resident. Salary, £100 per annum each.
ST. THOMAS'S HOSPITAL.—Resident Assistant Physician.
SCARBOROUGH HOSPITAL AND DISPENSARY.—Junior House-Surgeon, resident. Salary at the rate of £80 per annum.
STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon, resident. Salary, £40 per annum.
STOKE-UPON-TRENT: NORTH STAFFORDSHIRE INFIRMARY, HARTSHILL.—House-Surgeon, resident. Salary, £100 per annum, increasing £10 yearly.
SWANSEA GENERAL AND EYE HOSPITAL.—(1) House-Physician. (2) Assistant House-Surgeon. Both resident. Salary, £70 and £50 per annum respectively.
UNIVERSITY COLLEGE HOSPITAL, W.C.—Surgical Registrar.

APPOINTMENTS.

BYRNE, J. P., L.R.C.S., L.R.C.P.I., Senior Resident Surgeon, Provincial Hospital, Port Elizabeth, Cape Colony.
DAVIES, D. L., M.D.Lond., Certifying Factory Surgeon for the Wisbech and Walsoken District of the Counties of Cambridge and Norfolk.
DAY, Leigh, B.A., M.B., B.Ch.Oxon., M.R.C.S., L.R.C.P., Honorary Assistant Surgeon to the Essex and Colchester Hospital.
DELANEY, K., L.R.C.P. and S.Irel., Certifying Factory Surgeon for the Carrick-on-Shannon District, county Leitrim.
FAIRHARSON, I., M.D.Cant., M.B., F.R.C.P.Ed., Second Assistant Surgeon to the Ear, Nose, and Throat Department of the Royal Infirmary, Edinburgh.
HOYKS, W. T., M.D.Canada, Clinical Assistant to the Chelsea Hospital for Women.
KIDD, Archibald, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, Port Elizabeth, South Africa.
ROGERS, J., L.R.C.P. and S.Irel., Certifying Factory Surgeon for the Ballyfarnon District, county Sligo.
TENCH, M., M.D.Brux., L.R.C.P., M.R.C.S., Certifying Factory Surgeon for the Dunmow District, county Essex.
WILLIAMS, G. J., M.B., B.S.Durh., Medical Officer and Vaccinator, Eastern District and Halthwaite Union and Workhouse. Certifying Factory Surgeon, Halthwaite Division, Vice G. W. Pickering, L.R.C.P., L.R.C.S., resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

Chelsea Clinical Society, Chelsea Dispensary, Manor Street, Chelsea, S.W., 8.30 p.m.—Dr. E. L. Bowles: The Treatment of the Apparently Drowned, with a Demonstration of the best methods of resuscitation.
Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Papers: Messrs. L. S. Dudgeon and H. E. Russell: Experimental Grafting of the Thymus. Dr. W. E. Dixon: The Production of Leucocytosis by Colchicine. Messrs. T. G. Brodie, F.R.S. and W. E. Dixon: Alterations in the Systemic Circulation which tend to produce Engorgement of the Lung Capillaries.
Therapeutical Society, Apothecaries' Hall, 4 p.m.—Papers:—Dr. Nestor Tirard: Some Clinical Observations with New Remedies. Mr. J. D. Gimlette: Notes on some Methods employed by Kelantan Malays in the Treatment of Puru or Yaws. (To be read by the Secretary.)

POST-GRADUATE COURSES AND LECTURES.

North-East London Post-Graduate College, Tottenham Hospital, N.—Tuesday, 4.30 p.m., Lecture demonstration on Anæsthetics.

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.

ADDISON.—At Wiccan Croft, Northwood, Middlesex, on December 8th, the wife of Christopher Addison, M.D., of a son.
LE FEUVRE.—On November 9th, at Bulawayo, the wife of W. P. Le Feuvre, M.R.C.S., L.R.C.P., of a daughter.

MARRIAGES.

BENTLEY-CONSTABLE.—On December 8th, at Routhall Parish Church, Tunbridge Wells, Harold, second son of John Eugene Bentley, of Sandford Dene, Cheltenham, to Hannah Marie Louise, daughter of the late William Constable, of Cahir, co. Tipperary.
PHILLIPS-COXON.—On December 7th, at Hampstead Parish Church, by the Rev. John Crosby, Precentor of Ely Cathedral, and the Rev. Brooke Deedes, Vicar of Hampstead, Llewellyn Powell Phillips, M.A., M.D.Camb., F.R.C.S., M.B.C.P., of Kasr el Ain Hospital and the School of Medicine, Cairo, Egypt, only son of the late Dr. James Matthias Phillips, of Cardigan, to Edith Helen, daughter of the late Alfred Coxon and of Mrs. Coxon, Grimsdon House, Surbiton.
SHARP-MURRAY.—At Christ Episcopal Church, Edinburgh, on December 14th, by the Rev. O. M. Block, M.A., Dr. Gordon Sharp, of Leeds, to Ada, youngest daughter of the late Lieutenant-Colonel Charles Stewart Murray, 72nd (Duke of Albany's Own) Highlanders.

DEATHS.

LUSH.—On December 7th, at Dorchester, suddenly whilst attending a meeting at the Dorset County Hospital, William George Vawdrey Lush, M.D., F.R.C.P.Lond., F.R.C.S.Eng., of No. 12, Frederick Place, Weymouth. Funeral at Radipole on Tuesday, December 13th, leaving house at 2 p.m.
RAPER.—On December 9th, at Great Wakering, Essex, in his 90th year, William Augustus Raper, M.D.Lond., M.R.C.S., L.S.A.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—GENERAL SECRETARY AND MANAGER, 2630, Gerrard.
 EDITOR, 2631, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

TREATMENT OF GLEET.

J. W. asks for suggestions in the treatment of a case of chronic gleet, which ceases entirely for a month at a time if santal oil be taken returning in two days if it be stopped.

ANSWERS.

M. A.—The term "gonion" is applied to the region of the angle of the jaw by Topinard and other anthropologists. It is derived from *gynia*, an angle.

G. M. might consult Arlidge's *Hygiene, Diseases and Mortality of Occupations* (London: Percival and Co., 1892, 21s.) and Oliver's *Dangerous Trades* (London: John Murray, 1902, 25s.), both of which contain chapters on diseases peculiar to colliers.

LETTERS, NOTES, ETC.

VERONAL: A WARNING.

VERONAL writes: I think the following experience may serve as a warning to those who are in the habit of employing a very useful hypnotic—veronal. On two occasions I had read contributions to the BRITISH MEDICAL JOURNAL in which veronal was referred to as a safe and good hypnotic. Having a cerebral case long injured to the use of sedatives and wishing to withhold morphine I determined to use veronal. The dose recommended is from 5 to 15 gr. so I gave 10 gr. After one hour, no effect having been produced, I repeated the dose and again without result. I therefore waited over an hour again and gave a third dose, when the patient dropped asleep. After sixteen hours I called on my usual morning visit, and found her drowsy and unwilling to speak. On feeling the pulse I was alarmed to find it almost gone, and this led to a thorough examination. The pupils were contracted and irresponsive to light, the temperature 96°, clammy skin, and cold extremities. I therefore began to give hot coffee, stimulants, and enforced movements, and she began to wake up, but whenever we ceased our efforts she relapsed into an almost comatose condition. Towards night she improved and this morning I pronounced her out of danger, after twenty-four hours' sleep. A remarkable aspect of the case was the mental condition. The patient was quite oblivious to all surroundings, even when roused up, and now that she is recovered she is smiling foolishly and talking nonsense. The speech has become slurring, although it is more normal than yesterday. I wish to point out that though veronal is a good hypnotic, it seems to take time to act and to have a cumulative action. I think the dose recommended is correct, but at least two hours should elapse before repeating it. One highly satisfactory quality of the drug is that even after this overdose no nausea or headache was felt.

DISPENSING BY MEDICAL MEN.

H. B. writes: How much longer are the pages of the BRITISH MEDICAL JOURNAL to be filled with letters on the above and kindred subjects? By "kindred," I mean subjects affecting the pecuniary interests of the medical profession, for that is what they all hinge upon. Everybody will, I think, agree with me that an individual who is, by disease or accident, rendered unfit for work, is a loss to the community, for not only does he not produce anything, but he prevents others doing so, and therefore the nation is so much the poorer. Such being the case, I suggest that since it is to the interest of the nation to get the patient back to his or her work again as soon as possible, it is the duty of the State to provide the means. How many a valuable life would be saved if the afflicted man or woman could obtain medical or surgical assistance without a thought about the doctor's bill at Christmas! For hundreds of years the State has been paying hundreds of thousands of pounds for the well-being of the souls of the people and I fail to see why it should not make similar provision for the care of their bodies. We should then have no more letters under the above heading, under "All for the worst" or under the eight or ten others which appear on pages 1123-4 of the JOURNAL.

AFEBRILE ENTERIC FEVER.

D. P. H. CAMB. writes: I have read with interest, and with some surprise, the notes on the case of afebrile enteric fever, in the BRITISH MEDICAL JOURNAL of December 3rd. I wonder how many physicians will agree with Dr. George Jubb in his diagnosis and in his conclusions. To me the only positive sign in the case in favour of enteric is Widal's reaction. This, however, only bears out my own not large experience of the