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is due to the fact that the statistics therefrom, which were the first taken, comprise a certain number of accident cases, and the distribution of pigmentation among these is the same as in the general populace. The curves, then, strongly suggest that disease during childhood falls unduly heavily on the fair element. This feature is also brought out by the application of the method of standard deviations, but the resulting table is too large for publication in the *BRITISH MEDICAL JOURNAL*. That not only disease but mortality shows this special selection is indicated by such statistics as I have up to the present collected, but so far these are too few in number to be statistically significant.

As regards environment, it will be seen that the most marked preponderance of brunette traits occurs in West Clerkenwell, where a great part of the population is Italian by race if not by birth; and in Whitechapel and St. George's-in-the-East, which are largely if not exclusively inhabited by Polish and other Jews. These, therefore, must be left out of consideration. Further, it will be noted that the blonde element decreases from the periphery towards the centre of the city, and that the degree of brunetteness forms a fair indication of the social status of the several districts. The Borough of Marylebone is perhaps unduly low, owing to the presence of a large alien population in its south-eastern quarter.

CONCLUSIONS.

So far, then, it would appear:

1. That certain diseases show special affinities for certain types of the population.
2. That adult hospital patients, as a whole, are slightly fairer than the population within the sphere of attraction of each hospital.
3. That with each successive generation of city life the fair element sends an undue proportion of its members to the hospitals.
4. That child patients are markedly fairer than the children in the districts around the hospitals.
5. That diminution of stature and increase of brunette traits are almost certainly progressive with increased heredity of an urban environment.

It remains only to discuss the possible influence of these factors towards changing the distribution of physical characters in successive generations of Londoners. During the earlier years of each generation the fair element certainly presents its maximum representation. During this period the chief causes of death are disorders of the alimentary and respiratory systems, coming on either directly or as sequelae of some of the infectious diseases common in childhood. These even in adult life show, as far as case incidence is concerned, a certain degree of greater frequency among the blonde class of the community, and furnish the children's hospital, in which the fairer element particularly predominates, with the greater proportion of their medical casualty cases. The diseases associated with brunette traits are at this period at their minimum. The quinquennial period 10 to 15 is characterized by a very low mortality evenly spread over the different disorders, but still falling least on the "brunette group." The special incidence of illness on the lighter classes of the community continues until the period 20 to 25, when owing to the sudden rise both of case-incidence and mortality from pulmonary tuberculosis, the darker element begins to suffer severely. At this period, 20 to 25, it seems certain that dark traits are at their maximum frequency. This time, however, is that at which most marriages occur, so that assuming the marriage-rate to be uniform among the different types, which is, however, susceptible of proof, the parents of the next generation should present a maximum of pigmentation. It is true that the children show a regression towards the mean type of the population, but it is towards the mean type of existing parents and not the mean of the previous generation in early infancy. Supposing the difference to be but slight, yet in time it might produce and even accentuate the features of predominant brunetteness visible even now in all urban areas. The vast majority of marriages take place with the ages of the contracting parties between 21 and 30, and the majority of children are born in the earlier years of married life. Between the ages of 20 and 40 about half the deaths that occur are due to pulmonary tuberculosis, which, both in case-incidence and death-rate, draws most heavily from the brunette class, so that, as time passes on, the relative frequency of dark individuals is diminished. Consequently the parents of children born later in life are more likely to present a normal frequency of blonde traits; but, on the other hand, fewer children are born of late

than early marriage, so that this scarcely serves to equalize the proportions. The remaining brunette-selecting disorders, cancer and nervous diseases, present their maximum incidence and mortality later in life, and only slightly affect the population during the all-important period of early adult life.

The most overcrowded areas are, on the whole, both the darkest and those characterized by a high infant mortality. That they do not become still more brunette is to be explained by immigration, and perhaps, to a lesser extent, by the earlier rise of mortality from pulmonary tuberculosis, the greatest scourge of the child-bearing period.

The object of this paper has been to show that, as regards the influence of urban residence, London follows the same rules as the Continental cities, and to inquire if any relation exists between health and physical characters. The facts contained remain unvitiated by any wrong interpretation which may have been placed on them, and should their publication serve as a stimulus to the collection of further records, the desired object will have been fully attained.

MEMORANDA:

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

A CHEMICAL TEST FOR TINEA VERSICOLOR.

TINEA VERSICOLOR is a disease much more prevalent than is commonly supposed. This is due, in part, to its causing very little inconvenience, and in part to its being passed over as a mere discoloration of the skin. When the skin is washed frequently and the superficial part of the growth thus removed, the disease is very hard to detect. The following, however, affords an excellent chemical test. Dissolve a little acetate of lead in water, and suspend in the solution a little sublimed sulphur. Apply a little of this lotion over the suspected parts. In a few hours, and still more by the next day, the tinea will appear clearly marked out in distinctly blackened patches. Not only is this an excellent test for the disease, but it is also probably the best remedy for it.

The sulphur and acetate of lead may be kept in the above lotion indefinitely without change; but the tinea, by its action, brings about combination of the sulphur and lead, the blackening of the tinea being due to the deposition of black lead sulphide in the tinea itself. The adjoining healthy skin is not affected.

If the same lotion is applied to the roots of the hair the same result evidently takes place in the hair follicles and inside the hairs themselves. Hence the use of this mixture (with the addition of scent, glycerine, etc.) as a lotion for the hair in certain proprietary hair lotions which need not be named. The lead sulphide darkens the hair, and so prevents its growing grey. What it is that brings about the combination of the lead and sulphur in the hair follicles and hairs I am not quite prepared to say. There is obviously danger of lead poisoning if such lotions are used without medical advice.

London.

HUGH WOODS.

A CASE OF ACUTE ALCOHOLIC POISONING IN A CHILD AGED 4 YEARS.

ON Sunday, August 15th, I was called at 1 p.m. to see a boy aged 4 years who, having escaped the vigilance of his parents, rose at 5 a.m. and extracted from a cupboard in an adjoining room about 6 oz. of rum and 10 oz. of beer, drank them, and returned to bed. About midday both spirit and beer were missed, but no particular importance was attached to the matter, as it was thought that the liquids had possibly been consumed by one or other of the adult members of the family then absent.

Shortly after, however, the unusually prolonged slumber of the child aroused suspicion, and it was then discovered that his breath smelt strongly of rum, and that he could not be roused. Medical aid was then summoned.

On examination the breath had a strong alcoholic odour. The head was hot, the cheeks pale, and the hands and feet very cold. The temperature in the axilla was 99.4°, the pulse 100, and respirations 36, the latter being somewhat shallow. The eyelids were half closed, and there was marked internal strabismus, the pupils, which were only moderately dilated and reacted to light, being directed downwards and inwards.

The head was thrown back and the spine arched forwards. The abdomen was slightly carinated, but the integument had not lost its elasticity. The *tâche cérébrale* was also unobtainable. The patient was also the subject of violent and frequent tonic convulsions, but was able in the intervals of the paroxysms to swallow a very small quantity of fluid by the mouth.

Up to the time of examination the child had not vomited, emetics were therefore given, but without result; while tickling the fauces with a feather only proved how deep was the anaesthesia. A gastric tube was next used, and the stomach thoroughly washed out. The liquid removed had a marked alcoholic odour, and showed an increase of about 5 oz. over and above the water injected. Ice was applied to the head and hot-water bottles to the feet and trunk. The convulsions continuing, small doses of potassium bromide were given at intervals of two hours throughout the night.

On the following day, August 16th, the patient still remained very convulsed, passing urine and faeces unconsciously. The strabismus was now external, the pupils still reacting to light and slightly dilated, being directed upwards and outwards instead of downwards and inwards as on the previous day.

Signs of bronchitis now began to show themselves all over both lungs, and the respirations increased to 40, the pulse to 120, and the temperature rose from 99° in the morning to 100.2° at 6 p.m. As the patient by this time was much exhausted, chloroform was used to control the convulsions, and a nutrient enema, consisting of half a pint of milk and the yolks of two eggs, given and partly retained; after this the patient had about an hour's sleep, only to be followed by further but less severe convulsions.

On the morning of August 17th the convulsions ceased, and the patient, though very weak, became conscious and spoke to his parents, but finally died of heart failure on the afternoon of the same day, although strong beef-tea and other stimulants were tried.

W. J. BURROUGHS, M.R.C.S.Eng., L.R.C.P.Lond.
London, N.W.

CASE OF DERMOID CYST OF THE STERNUM.

As the following case seems to me to be one of a kind not often encountered, it seems worth while to put it upon record. The patient, a man aged 45, first noticed a lump in his sternum, about the size of a marble, two years ago. Very gradually this lump increased in size. He adopted various treatments which had no effect, and at last came under my care in the Victoria Cottage Hospital, Sidmouth. He was a bloated, florid man, with acne all over him, and presented for inspection a large round tumour about the size of a turkey's egg, situated in the mid-sternal region of his chest, not adherent to the skin, but seemingly attached above to the manubrio-gliadiolus juncture; it did not pulsate, but fluctuation was easily obtained. Some thick, turbid, and somewhat curdy white fluid was drawn off with an exploring syringe. Subsequently, the man being anaesthetized with A.C.E. mixture by my colleague, Dr. Leon, of Sidmouth, I cut down upon the growth, which proved to be a cyst attached by a pedicle dipping down between the gliadiolus and manubrium. I removed it entire and found it to be a dermoid.

ARTHUR C. BIRD, M.R.C.S.Eng., L.R.C.P.Lond.,
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A DEVICE FOR CONJUNCTIVAL THERAPEUSIS.

THE methods hitherto available for benumbing the palpebral conjunctiva preparatory to such small operations as the evacuation of tarsal cysts and the expression of trachoma granules have certain disadvantages. Perhaps the most usual plan consists in tucking a small pledget of cotton-wool, soaked with cocaine solution, between the eyelid and the eye, where, like a two-edged sword, it operates equally in two directions, on the eyeball and the lid. This makes it unsafe to employ a very concentrated solution, and since the tears percolate the pledget, they make the solution gradually weaker. It is rare, therefore, by this method to obtain complete anaesthesia. By a better method the lid is everted and solid cocaine in powder form is applied to the conjunctiva. But as it takes five minutes, however, for cocaine to attain its maximum effect, and it is tedious to evert the lid all this while, the operation is generally commenced before the anaesthesia is complete. To combine the advantages of both methods without the disadvantages of either, I have devised small discs of thin fabric,

backed with delicate impervious tissue, like, indeed, microscopic spongiopiline. These are impregnated with solid cocaine and hemisine, and when taken up by cilia forceps, and tucked between the lid and the eye, they cling to the lid and protect the globe. These enable the lid to be safely and yet powerfully anaesthetized, so that tarsal cysts can often be removed with absolutely no pain. When cut to an oval shape and large enough to come in contact with the entire inner surface of the upper lid, they can be employed for therapeutic purposes by charging the fabric with various medicaments, such as copper sulphate, cuprol, mercuriol, etc., which are thus maintained in prolonged contact with the conjunctiva without damaging the cornea. They are obtainable from Burroughs, Wellcome and Co.

ERNEST E. MADDOX, M.D., F.R.C.S.Edin.
Bournemouth.

ANENCEPHALOUS FETUS: SCALP SIMULATING BAG OF MEMBRANES.

A SHORT time ago I delivered a woman of a seven months' child in which all the bony vault of the skull was absent. The child had been dead for some time, and the whole body was soft and macerated, the head and limbs being easily detached from the trunk. On examining the head I found that the face was quite normal, and all the features perfect; but that the bones of the vault of the cranium were entirely absent, the brain being enclosed simply by the scalp and the dura mater. The base of the skull was more or less completely ossified, and all the cranial nerves could be distinguished. The patient had previously had several normal labours. On examining her when the labour was well advanced, I found the scalp protruding into the os exactly like the bag of membranes, and I ruptured it under the impression that such was the case, the result being a copious discharge of semi-fluid brain substance. The labour terminated quite easily, and the patient has since done perfectly well.

Ealing. A. L. SCOTT, M.R.C.S.

DIPHThERIAL CONTACTS.

A SCHOOLBOY, a diphtherial "contact," who had been in quarantine for one month, came for a certificate to pronounce him safe to return to school. I took a swab of his throat, rubbing especially over a whitish-yellow spot, the size of a small pin's head, on his right tonsil, and sent it for examination to Mr. Duncan, our county bacteriologist. His report stated that no diphtherial bacilli were found, but streptococci and staphylococci were present. The spot still being visible on the third day after the first swab was taken, I squeezed out with a pair of sterilized forceps a plug of inspissated pus, dissolved it in water, fixed and stained it in the usual way. In this Klebs-Loeffler bacilli were seen without much difficulty, and Mr. Duncan confirmed this.

Throughout the boy had no visible hyperaemia around the plug and no symptoms of diphtheria. After a prophylactic injection of antitoxin and free application of antiseptics there was no reappearance of follicular accumulation. Antiseptics then being discarded, repeated swabs gave negative results.

This case, I think, is interesting—first, in showing how easily these bacilli may become buried in the crypts and follicles without their reaching the surface for the ordinary swab to touch; and, secondly, in demonstrating the long period—namely, one month—they lurk in "contacts."

Great Malvern. GILBERT CHARLESLEY, M.B., M.R.C.S.

DIPHThERIA IN INDIA.

DURING the last five years I have come across only three genuine cases of diphtheria in Hyderabad. From one of these a pure culture of diphtheria bacillus was obtained, which, in morphological and cultural characters and in pathogenic effects upon animals proved to be identical with the specific bacillus discovered by Klebs and Loeffler. Hence it is clear that diphtheria does occur in tropical climates. As far as my knowledge goes it occurs in sporadic form and in cold weather.

The urine in all the three cases contained albumen and also casts which, however, could not be detected in the urine of several cases of severe throat affections. Hence the presence of albumen and casts in the urine of a child suffering from an acute throat affection but otherwise healthy would incline me to the conclusion that the case was one of diphtheria.

S. MALLANAH, M.D. Edin., D.P.H. Camb.,
Lecturer, Medical School, Hyderabad.

A TEST FOR CONSTIPATION.

It is, I believe, within the experience of all medical practitioners that many persons complain of being constipated who are not so, and similarly, many state their bowels are in good working order, when it is not the case. Subject to correction I would put it that the matutinal motion ought to be the débris of the food consumed during the previous day, and if it is so, constipation does not exist. While if it is the débris of food consumed some days previously, constipation does exist.

To determine this, in many cases, vital matter, I have administered a tablespoonful of animal charcoal to doubtful subjects, and timed its appearance in the stool. In normally-constituted persons I find it comes through within twenty-four hours, and I have seen it delayed for a week in a patient who was under the impression that because she went to stool every morning, she could not be constipated. I have found this test of value in cases of suspected intestinal obstruction, the gritty charcoal being unmistakable in the excreta, and by its presence clearly demonstrating the patency of the canal. It is even possible by this test to convince mothers that their children do not require to be dosed with castor oil every night.

C. GRAHAM GRANT, L.R.C.P.Edin., L.R.C.S.Edin.
London, E.

ADMINISTRATION OF ANTITOXIC SERUM BY THE MOUTH.

DR. GOODALL in his paper on serum therapeutics at Oxford said that, as far as he knew, there was no valid clinical proof in favour of, and experimental evidence was against, giving serums by the mouth or rectum. Two years ago, while injecting antidiphtherial serum (2,000 units) in a "confirmed" case in a child aged two years, something went wrong with the syringe, and I poured the rest—about half—into a teaspoon and gave it by the mouth, with the very happiest results as compared with my previous orthodox cases. Being encouraged by this case, I have never since used the syringe, and in both preventive cases (500 units) and curative ones (2,000 units) have been very pleased with the efficacy of the method; one very obvious advantage is that of ease, and also that a preventive case will have no objection to the remedy if the needle be held back. I have not only given the serum by the mouth to others, but on one occasion when I had reason to believe I had a slight attack of diphtheria, I took it myself with good results. My own case was not verified bacteriologically, but all the other cases in which I have administered serum in this fashion have been "confirmed" cases.

Sheffield.

A. M. PILCHER, M.B., Ch.B.

ABSENCE OF UTERUS AND VAGINA.

READING the account of this case in the BRITISH MEDICAL JOURNAL of December 10th, 1904, p. 1571, I think it will be interesting to put on record an exactly similar case that came under my notice five years ago. The patient, a well-developed girl of 18, was brought to me by her mother with an adenoma of the right breast. She stated that she had never been "unwell," and as this was the cause of considerable anxiety to her mother and herself, I suggested that whilst under chloroform for the removal of the adenoma I should make an examination. This revealed a total absence of vagina and uterus, although both ovaries could be made out in their normal positions.

CHARLES E. BELL,
Surgeon, Royal Devon and Exeter Hospital.

AIR IN THE HEART.

IN the BRITISH MEDICAL JOURNAL of July 9th I recorded a somewhat strange case of air in the heart; I have now to report another which recently came to my notice. I was instructed to make a *post-mortem* examination of a young woman who had died shortly after a normal labour at the eighth month. The patient was attended by an unskilled midwife, who stated that shortly after confinement the patient complained of intense pain in the precordial region and died "almost suddenly" about twenty-two hours after delivery. At the autopsy I found the heart healthy, but with very pale blood clots in all its cavities, those on the right side being large and extending into the pulmonary artery and the veins of the right auricle. The right side of the heart also contained much frothy blood. With the exception of the kidneys, which were much congested with swollen cortex, I

found nothing noteworthy in the condition of the other organs. There was no blood clot in the uterus, and many of the sinuses at the placental site were open, a large one especially, and I think that death was undoubtedly due to the entrance of air into one of these sinuses: a somewhat rare accident, but to most obstetricians a well-recognized possibility. I should add that this unfortunate woman was not seen by a qualified medical man until after her death.

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

A CASE OF TETANUS.

THE following case presents points of interest:

J. F., aged 27, a butcher, was thrown from his horse on June 18th, 1904, and was dragged by his foot in the stirrup for some distance. He was brought at once—about 8 a.m.—to my house, and I found extensive lacerated wounds over the right knee and elbow, dirt was rubbed into subcutaneous tissue, fascia, and lacerated muscle and there were skin abrasions over forehead and nose full of dirt. The wounds were well irrigated with carbolic lotion, and hot boracic fomentations were applied, and I then sent the man to the Cottage Hospital. He was put to bed, and the wounds were irrigated with carbolic and redressed three times a day. He did well for the first three weeks, but on the twenty-third day he complained of pain and stiffness in neck, back, and legs. His legs became rigid and his jaw stiff, so that he could only take slops; he could not use his teeth, nor could he swallow fluids well. He took bread and milk quite easily. He had no spasms, and his temperature was never above 99°. He was given potassium bromide, gr. xv, three times a day, and syrup of chloral at bedtime; he slept well. His condition remained much the same for the next few days, and on July 14th, 16th, and 18th he was given an injection of tetanus antitoxin. He gradually improved, and at the end of ten days could take his food better, but the stiffness of back and legs lasted for nearly three weeks. He left the hospital on August 6th quite well.

Remarks.—The mildness of the attack was doubtless due to the prompt cleansing of the wounds and the frequent irrigation and changing of fomentation. The antitoxin seemed to affect its course very little. I must thank Mr. R. Martyn for looking after the patient during my absence, for the symptoms of tetanus developed whilst I was away on my holiday.

Exmouth. R. STANLEY THOMAS, M.A., M.D., B.C.Cantab.

METOL AS A CAUSE OF ACUTE DERMATITIS.

A MAN, aged about 50 years, neurasthenic, of a uric acid diathesis, and not having regained his strength fully since an attack of influenza a few months before, and in which he had no rash, was seized with a severe cold, which he increased by going out in the wet. The attack began about four days previous to my visit, and the last twenty-four hours he had remained in bed; nine days before this he had been using metol as a developer in photography. The temperature was 101° (it never became higher than 102° during the illness); he complained of sore throat, and I found the parts congested. He was feeling very weak and had great irritation of the skin. The hands were affected with a few small blisters, and had an erysipelatous appearance; there was a rash on the chest and arms very like scarlet fever (I could not definitely say when it first appeared); numerous marks, the result of scratching, were observed. He said that he thought nothing of the state of his hands, as they had been just the same before after using metol, and that all the skin had come off. The rash gradually spread over the body, but was not so profuse on the legs; on the feet the appearance was that of erythema; the cervical glands on both sides became affected, and sudamina appeared, and were very profuse on the chest and arms. He complained very much of the great itching and heat of the skin; the rash gradually passed away in about a week, but was followed by great burning and pain, particularly in the skin of the right arm, where the rash had been very profuse. Desquamation began, and was very thorough; I never saw so much before. It was more than six weeks before the soles of the feet were clear, and the patient regained strength slowly.

I found this dermatitis rather obstinate in responding to treatment; of the different local applications used for the irritation, emol-kelet and sponging with vinegar and water did the most good. Ammonium bromide did good, but he did not care to take anything at night to ease him. I think that metol was the cause of the dermatitis, which, of course, increased the patient's weakness and thereby retarded convalescence and caused very acute suffering.

ARTHUR STORRS, M.D.McGill, M.R.C.P., L.R.C.S.Ed.
Southport.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ending November 19th and 26th and December 3rd the deaths from plague in India numbered 14,115, 14,528, and 17,728 respectively. The deaths during the week ending December 3rd were: Bombay City, 69; Bombay Districts, 6,670; Calcutta, 8; Bengal Districts, 722; North-West Provinces and Oudh, 4,435; Punjab, 2,446; Kashmir, 30; Rajputana, 292; Karachi, 9; Central Provinces, 529; Central India, 206; Hyderabad State, 768; Mysore State, 1,157; Madras Presidency, 392.

SOUTH AFRICA.

Port Elizabeth.—During the weeks ending November 26th and December 3rd the fresh cases of plague numbered 0 and 0, deaths 1 and 0. Four cases remained under treatment on December 3rd. Plague-infected rodents continue to be found at Port Elizabeth and East London.

MAURITIUS.

During the weeks ending December 15th and 22nd the fresh cases of plague numbered 11 and 14, and the deaths from the disease 9 and 6 respectively.

HONG KONG.

During the weeks ending December 10th and 17th the fresh cases of plague numbered 3 and 2, and the deaths from the disease 3 and 2 respectively.

RUSSIA.

In the Ural territory two districts have been declared plague-infected. The disease is reported to have appeared in November, and between November 24th and December 26th 190 persons are said to have died of the disease. The outbreak, at first unrecognized, first occurred amongst a family of Kirghiz and then spread to the Cossack population.

SUEZ.

A telegram dated Port Said, December 27th, states that "a case of plague has occurred here."

MEDICAL NEWS.

THE late Professor Tillaux, of Paris, has left £20,000 to the French fund for pensions to working men. He has also bequeathed considerable sums to the Medical Association of the Seine Department and to other professional bodies.

THE NAPLES ANTIRABIC INSTITUTE.—The statistics of the Naples Antirabic Institute for the three years 1901-1903 have just been published. The number of persons admitted during that period was 1,470. The percentage of deaths in the total number was 2.

THE Liverpool coroner held thirteen inquests on the day succeeding Boxing Day; seven of these were on the bodies of infants who had been suffocated in bed. On the conclusion of one of them he said it was deplorable that so many young lives should be sacrificed through want of proper care on the part of parents.

At the last meeting of the Zoological Society of London, the Hon. Walter Rothschild, Ph.D., F.Z.S., read a paper on the Anthropoid Apes, in illustration of which he exhibited a large collection of mounted skins, skeletons, and skulls. A gorilla from South Cameroon and the white-faced chimpanzee of the Gaboon were characterized as new.

A PRIVATE citizen has placed in the hands of the Government of the Grand Duchy of Baden a sum of £12,500 towards the foundation at Heidelberg of an institute for the study of cancer. The Government has given a site for the purpose in the immediate neighbourhood of the University Hospital, and has promised a grant for the maintenance of the institute.

A DISTINGUISHED CENTENARIAN.—The Laryngological Society of London is organizing a celebration in honour of Señor Manuel Garcia, the inventor of the laryngoscope, who will complete his 100th year on March 17th, 1905. The Society proposes to present the famous maestro with a testimonial and an address on the occasion.

A SHORT WAY WITH DEGENERATES.—It is stated that Dr. Henry Hatch, recognized in America as an authority on criminology, recently read a paper before the Prison Association at Quincy, Illinois, in which he advocated the elimination of degenerates and chronic lunatics by some painless mode of death. He further urged that suicide should be legalized in the case of helpless incurables.

THE Board of Delegates of the Metropolitan Hospital Saturday Fund Association states, in its circular for the final quarter of the year, that the receipts up to the date of issue exceeded those at the corresponding period of 1903 by £369. In that year, however, some large contributions came in at Christmas time, and the total collection for the year constituted a record. To equal it this year nearly £7,000 must be received by January 9th next, the date on which the accounts are closed.

THE estate of the late Mr. Herbert William Allingham has been sworn at £41,942. Among the bequests contained in his will was one of a sum of £2,000 to St. George's Hospital Medical School for the foundation of a scholarship to be known as the Herbert Allingham Surgical Scholarship.

THE MIDWIVES ACT.—As stated in the BRITISH MEDICAL JOURNAL of December 24th, out of 61 county councils mentioned, 48 have retained their powers under the Act in their own hands. The councils of Devon, Dorset, Kesteven, Southampton, Isle of Wight, West Suffolk, and Brecknock have delegated their powers to the district councils. The county councils of East and West Sussex came to no decision on the subject. The county councils are prompter in acting than the district councils. Two of the latter, both in Sussex, seem to show hesitation in putting the Act into force. The Newhaven Urban Council has decided to inform the county council that the council does not see its way clear to undertake the administration of the Midwives Act in their district. The Cuckfield Rural Council is prepared to carry out the Act provided an adequate sum be allowed to defray the cost.

TEMPERANCE IN THE ARMY.—At a temperance medal distribution at St. George's Barracks on December 27th, a letter from His Royal Highness the Duke of Connaught was read containing the following passage: It is very satisfactory to think of the great strides in the army this (Royal Army Temperance) Association has made of late years. On every ground the army has been the gainer by the spread of temperance principles, with the result that crime decreases, the soldiers are happier, and the service is more looked up to by all classes of His Majesty's subjects. At the same meeting, Lord Methuen, who presided, said that the recruit of the present day was a very different man morally to the recruit of ten years ago, and the improvement was in a great measure due to temperance aided by the influence of the Church Lads' Brigade and improved education.

THE TREATMENT OF CONSUMPTIVES.—Dr. G. Petit, Editorial Secretary of the *Revue Internationale de la Tuberculose*, has issued to the medical practitioners of France what he calls a "referendum," consisting of the following questions: (a) 1. Should a practitioner who has diagnosed tuberculosis in a given case tell the patient that he has done so? 2. Besides the dispensary and the sanatorium, are there not other organizations which could help in the solution of the tuberculosis problem? (b) 1. From the point of view of the individual, is it to the interest of the patient to be exactly informed as to the condition of his disease? 2. Is it to the interest of the family to be informed that the relative is suffering from tuberculosis? 3. Is it to the interest of the community that tuberculosis should be officially notified? (c) 1. What in your opinion is the essential and dominating factor of tuberculosis? 2. What do you think of the isolation of consumptives in large urban hospitals? 3. Is there not in France, apart from the dispensary and the sanatorium, another weapon in the antituberculous armoury? 4. Could not certain large buildings belonging to the State, which now stand empty and unutilized, be used for the treatment of consumptives? Do you know many such places? 5. Could not suburban and intercommunal hospitals with special accommodation, and even pavilions, be fitted up at small cost for the reception and isolation of consumptives?

THE ADELAIDE HOSPITAL.—We have received from Dr. Leonard W. Bickle of Adelaide a letter with reference to a paragraph in the letter of our special correspondent in Adelaide, published in the BRITISH MEDICAL JOURNAL of September 24th. Dr. Bickle states that the difficulty at the Adelaide Hospital began in 1894, when he was on a visit to England, and that he did not accept a position on the staff of the hospital until 1897. He adds that he had every reason to believe that, had he not done so, the hospital, which is mainly supported by the Government, would have been turned into a Government institution pure and simple, and its value from an educational point of view to the profession lost. He states, further, that before accepting the position he wrote to the then president of the Branch, giving his reasons for the step, and encloses us a copy of the president's acknowledgement of this letter, dated March 26th, 1897. Dr. Bickle also states that he received expressions of regret from five members of the Board who would have voted for his re-election had they been present, and also from many members of the profession and others. We have also received a letter from Dr. A. D. Leith Napier of Adelaide, in which he characterizes the reference to him in the same letter from our Adelaide correspondent as misleading; as the matter is at present *sub judice*, he prefers not to discuss it further.

same time producing statistics from prisoners in a goal in Manila which are very striking. From these it would seem that unless cases are followed up after once finding amoebae in the stools, they cannot be declared to be harmless, and this opinion is doubtless correct. The experiments on monkeys and other animals appear to have been carefully and accurately carried out and are convincing. The chapter on the treatment of amoebic dysentery is not very striking. Ipecacuanba, a drug usually found to be of the greatest service in this form of dysentery, elsewhere is declared to be useless, and the rather impracticable method of large quinine enemas is recommended instead.

A SIGN OF DEATH.

ALTHOUGH premature burial is extremely rare, except perhaps on the battlefield, the possibility of such an occurrence cannot be denied. It is well known that owing to this possibility, remote as it is, many otherwise strong-minded persons have lived under the shadow of a great fear, and have in their wills directed payments to be made to physicians who should be willing to run the risk of homicide to prevent live burial. It may safely be said, however, that the horrors of the accident are imaginary rather than real. If a person in a state of trance were to be buried while life still persisted in a latent state, it is scarcely conceivable that the victim could awake; the unconsciousness of catalepsy would simply deepen until it became fixed in the dreamless sleep of death. The danger of premature burial is, of course, greatest in time of epidemic, when the disposal of the dead becomes a matter of urgency, and the risk of infection may conceivably cause undue haste in the verification of the fact of death. Many signs of death are set down in the books, but none of them, except the commencement of decomposition, furnishes a proof amounting to positive certitude. It may therefore be interesting to state that Dr. Icard has lately published¹ a test which he regards as absolutely trustworthy. After the injection of a solution of fluorescin deeply into the cellular tissue, if circulation still goes on, intense jaundice of the skin and mucous membranes follows the absorption of that substance, whilst the eye becomes green "like an emerald set in the orbit," to use the author's phrase. If the circulation has completely stopped nothing of the kind is seen. When, therefore, after some time has elapsed from the time of the injection, none of these phenomena of coloration are seen, it may safely be concluded that death has occurred. A return to life would be manifested by renewal of circulation, and this would automatically be followed by yellow staining of the skin and green coloration of the eye. In time of epidemic Dr. Icard thinks it would be expedient, at least two hours before a body is placed in the coffin, to make a subcutaneous injection of fluorescin. If the person is dead this causes no disfigurement; if he is alive only a transient discoloration is produced.

THE JAMAICA CYCLONE AND THE HEALTH OF THE ISLAND.

THE Colonial Office Report on Jamaica just issued is unusually bulky, its extra size being chiefly due to the record of the cyclone of the 11th August, 1903, and the means taken to combat the distress resulting from it. We need not enter into these here, but it is interesting to note the effect that this tremendous hurricane produced upon the health statistics of the island. The general health conditions in the earlier months of the year appear to have been unusually good, and the season being dry there was very little illness, especially in the way of malaria. The heavy rainfall at the time of the cyclone and after it caused masses of leaves, the detritus of the storm, and all sorts of decaying matter to be swept into the streams and water-courses, and the consequent pollution of the water caused a large increase in dysentery and bowel complaints, which, with rheumatism and malaria, were very prevalent. The

sickness began in September, and continued till February this year, and the death-rate of the island rose from 19.8 to 24.7 per 1,000. There were 5,183 cases of malaria, or 2,420 more than in the previous year; but the type of fever was not abnormally severe, and the rate of mortality did not increase. The returns of admissions to hospitals show an increase of more than 50 per cent., and of out-patients of 33 per cent. on the preceding year. Outside the hurricane-stricken districts, however, the health of the island generally was very good. It may be noted—though not, of course, as having any connexion with the foregoing—that there were 36 admissions to the leper hospital, bringing the number of inmates to the total of 118.

THE PREVENTION OF YELLOW FEVER IN BRAZIL.

A TRANSLATION issued by the Liverpool School of Tropical Medicine of a part of the report of the preliminary yellow fever expedition of the Hamburg Tropical School shows very clearly that the authorities in Rio Janeiro are alive to the fact that yellow fever is caused by mosquitos, and are determined to emulate the feat of the Americans in Cuba by stamping it out. Their antimosquito measures follow the American lines very closely. They include, for example, the disinfection of houses where cases have occurred by pyrethrum, the wiring of windows to prevent mosquitos getting in to bite patients suffering from the disease, and the organized employment of 2,000 men to exterminate the insects as far as possible throughout the town. One large source of mosquitos is found in the rain-water drains which form a vast network of pipes close under the surface of the streets; for these the Clayton apparatus comes in very handy. All outlets being covered by mosquito netting, the system is then divided into sections and the gas blown through, rats as well as mosquitos and other life being exterminated. It is to be hoped that this enlightened policy will bear fruit, and be another lesson to the world at large demonstrating how much can be done in mosquito extermination.

THE meeting of the Pathological Society of London announced for next Tuesday, January 3rd, 1905, has been postponed.

A COMMITTEE has been formed in Paris for the erection of a monument to the late M. Péan. The Chairman is M. Mézières, Member of the French Senate and of the Académie Française.

AN international convention, providing that hospital ships in time of war shall be exempt from all dues and taxes imposed on vessels for the benefit of the state, has been signed at The Hague by most of the powers. It has not been signed by Great Britain—probably because no such dues are levied.

DR. NORMAN MOORE, Chairman of the Board of Advanced Medical Studies of the University of London and the representative of the Royal College of Physicians of London upon the General Medical Council, has been appointed a member of the Consultative Committee of the Board of Education, vice Professor Bertram C. A. Windle, M.D., F.R.S., who has resigned his membership on appointment as President of Queen's College, Cork.

CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 71.

¹ Ann. d'Hygiène Publique et de Méd. Lég., October, 1904.

had not been afforded an opportunity for explanation; the consideration of the application was therefore postponed.

Charge of Intoxication.

A letter was received from a local supervising authority in the provinces containing a charge of intoxication against a midwife when in charge of a patient; depositions were read in support of the charge. Mr. Parker Young observed that what the Board had heard amounted only to an *ex parte* statement, and it was decided that the local supervising authority be asked to investigate the charge, and should a *prima facie* case be established to report the same to the Board.

A Certified Midwife Suspended from Practice.

A letter was received from Dr. M. Young, Medical Officer of Health of Stockport, reporting the suspension from practice of a certified midwife on account of her connexion with a case of puerperal fever. It was decided that a letter should be sent to the midwife reprimanding her for her breach of the rules of the Board.

Private and Confidential Communications.

A letter from a registered medical practitioner as to the character and competence of a certified midwife was reported to the Board as having been sent marked "private and confidential." The Board decided that no communications to the Board marked private and confidential should be considered.

Notification by Midwife of Stillbirth or Death.

A letter was read from Dr. Sargeant, medical officer of health, Lancashire, as to the action to be taken by local supervising authorities on receipt of notification by a midwife of a stillbirth or death under Rule E 18. It was agreed that an answer should be sent recommending that an investigation should take place if it was considered necessary.

Number of Women on the Roll.

After consideration of applications for certificates, the names of 938 women were passed under Section II of the Act, and ordered for entry on the roll. The following table shows the numbers of the various qualifications at present appearing on the roll:

Royal College of Physicians of Ireland	...	5
Obstetrical Society of London	...	3,787
Rotunda Hospital	...	189
Coombe Hospital	...	54
Queen Charlotte's Hospital	...	228
Liverpool Lying-in Hospital	...	153
British Lying-in Hospital	...	5
Glasgow Maternity Hospital	...	136
St. Mary's Hospital, Manchester	...	140
Manchester Maternity Hospital	...	27
City of London Lying-in Hospital	...	62
Royal Maternity Hospital, Edinburgh	...	41
Salvation Army Maternity Hospital	...	17
National Maternity Hospital, Dublin	...	12
Limerick Lying-in Hospital	...	6
Cork Lying-in Hospital	...	7
Eden Hospital, Calcutta	...	2
Women in bona-fide practice, July, 1904	...	6,605
Total enrolled...	...	11,476

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.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—The next meeting of this Division will be held at the Coventry and Warwickshire Hospital on Thursday, January 5th, 1905, at 8.30 p.m. Agenda:—Specimens.—Dr. Hawley: (1) Multiple Fibroids of Uterus; (2) Dr. Harman Brown: Fetus and Placenta from Case of Placenta Praevia; (3) Mr. W. E. Bennett: Two Appendices. Papers.—(4) Dr. J. Orton: Diagnosis and Treatment of Typhoid Fever; (5) Dr. E. H. Snell: Notes on the Treatment of Typhoid Fever as Exemplified in a Series of 100 Cases with one death.—E. H. SNELL, *Honorary Secretary, Coventry.*

DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION.—A meeting of this Division will be held on Wednesday, January 4th, 1905, at the Medical Society's rooms, Shaftesbury Hall Chambers, Bournemouth, at 3.30 p.m. Agenda: General business, report of Executive, consideration of matters referred to the Divisions (see SUPPLEMENT, November 26th, which contains full information and which members are requested to bring with them to the meeting). Members wishing to show cases or read papers are requested to give early notice to the Honorary Secretary. Tea will be provided by the kindness of the Bournemouth Medical Society.—C. H. W. PARKINSON, *Honorary Secretary, Wimborne.*

METROPOLITAN COUNTIES BRANCH: WESTMINSTER DIVISION.—The next meeting will be held at St. George's Hospital, on January 26th, 1905, at 8.30 p.m.—W. KNOWSLEY SIBLEY, 70, Duke Street, Grosvenor Square, *Honorary Secretary.*

PERTSHIRE BRANCH.—At a meeting of Council held on Friday, December 16th last it was decided, in view of the unsuitability of the present time for calling a meeting of the Branch, to ascertain the views of the members by writing on the matters which the Annual Representative Meeting decided should be referred to Divisions. Members are requested to send early replies to the Medico-Political Committee. The questions are as follows:—(1) The interim report on contract practice; (2) Necessity of contract practice; (3) medical control; (4) distribution of work; (5a) Friendly Societies—choice of medical attendant; (4) minimum rate; (5) exclusive of infants; (6) provision against abuse; (7) special services. 2. The desirability of consultation between medical witnesses in legal cases likely to be brought before the court. Details of the questions will be found in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL, November 26th. The clinical meeting will be held in the Perth Infirmary on Friday, February 10th, at 3.45 p.m. Any members wishing to show cases might kindly communicate with the Secretaries by January 31st, 1905.—WILLIAM A. TAYLOR and ALEXANDER TROTTER, *Joint Honorary Secretaries, 10, Marshall Place, Perth.*

SOUTH-WESTERN BRANCH.—The next meeting of this Branch will be held at the Athenaeum, Plymouth, on Tuesday, January 10th, 1905, at 3 p.m., the President (Dr. J. Alexander) in the chair. The following communications are already promised:—Mr. G. C. Wilkin: The National Importance of the Thorough and Systematic Removal of Adenoids in Childhood.—Dr. W. Gordon: Some Facts and Fallacies about the Climate of South-East Devon.—Mr. C. Hamilton Whiteford: Intravenous Injection of Saline Solution in Cases of Haemorrhage, Shock, and Sepsis.—Mr. W. Woolcombe: Post-peritoneal Rupture of Abdominal Aneurysms.—On the conclusion of the business of this meeting a special general meeting will be held (by order of the Council) to consider and adopt the Code of Rules (copies of which have been sent to members) to regulate procedure in ethical matters.—G. YOUNG EALES, 1, Matlock Terrace, Torquay, *Honorary Secretary.*

SPECIAL CORRESPONDENCE.

MANCHESTER.

Royal Infirmary.—The Eye Infirmary.—Burnley Schools and their Ventilation.—A Substitute for Tobacco.

REGARDING the question of beds or no beds in the Central Receiving House of the Royal Infirmary, the following are the motion and amendment submitted to the decision of the trustees. The trustees number about 1,300, and to every one of them, according to the regulations of the infirmary, a circular, specifying the motion and the amendment, has been issued. The replies were returnable on Saturday, December 24th—that is, within seven days of the date of issue.

At a recent meeting of the Board of Management of the Royal Infirmary it was resolved to arrange for the purchase by the Eye Hospital of 1,600 square yards of land adjoining the Eye Hospital, free of chief rent, from the infirmary authorities, at a cost of £2,500. It was also reported that the foundation plans of the new infirmary were not as far advanced as was hoped. They have to be designed from the top, as every pier and other part had to be considered with a view to the weight

Principles and Practice of Surgery, a post which he held till his death.

Meanwhile he had been elected to the staff of the hospital in 1886 as surgeon in charge of out-patients, and on the expiration of Mr. Edmund Owen's term of office in May, 1902, he succeeded him as one of the full surgeons to the hospital.

Mr. Silcock had from an early period in his career devoted special attention to ophthalmology, and during the long period of holding subordinate offices, had worked regularly as Clinical Assistant at the Royal London Ophthalmic Hospital, then at Moorfields. He was appointed Assistant Surgeon to that institution in the same week in 1886, in which he was promoted to the staff of St. Mary's Hospital; in due time he became full surgeon at the Royal Ophthalmic Hospital.

Mr. Silcock was the only surgeon on the staff of the Ophthalmic Hospital who also held the post of surgeon at a general hospital and medical school, and his wide knowledge of general medicine and surgery contributed to his success in ophthalmic work. He was a skilful operator and spared no pains in the investigation of any obscure case of eye disease. His opinion and advice were widely sought and appreciated. Within the last two years, when the son of the present President of the Royal College of Surgeons received a terrible injury to the eye, requiring an operation of much delicacy, it was to the care of Mr. Silcock that he was confided and to his skill in treatment that complete recovery was due. Mr. Silcock was one of the original members of the Ophthalmological Society, and was for a time its Honorary Secretary: he made several valuable contributions to its *Transactions*. So recently as the present year he was elected also a member of the Court of Examiners in Surgery to the Board of the two Royal Colleges, and Examiner in Surgery for the Fellowship of the Royal College of Surgeons.

It will be seen that he led an active and busy life—in consulting practice, in teaching, and in the work of two large hospitals. The great increase in operative procedure of late years leads to frequent and trying demands at all hours of day and night on the surgical staff of large general hospitals, and it is probable that Mr. Silcock's never very robust constitution suffered severely from the strain. He was called late on the night of December 10th to St. Mary's Hospital to perform a long and difficult operation, and appeared then in good health and spirits. He was out on the next day, but on that evening he was attacked by severe chills, and soon showed indications of a very acute and serious attack of appendicitis. He was attended by Dr. Cheadle, Sir Frederick Treves, and by his old fellow student and colleague Mr. Pepper. He was operated on by Mr. Pepper with the assistance of Mr. Clayton Green, who remained in the house with him during his illness, relieved at times by Mr. Gay French, his house-surgeon at St. Mary's. Mrs. Silcock was with him throughout, but the attack was of a most virulent nature, and notwithstanding all that skill and devotion could do, he died after a week's illness at the comparatively early age of 49 years.

Besides the appointments already mentioned, Mr. Silcock was Honorary Ophthalmic Surgeon to the Royal Normal College for the Blind, to the Cripples' Home, and to the Indigent Blind Visiting Society. He contributed to *Druitt's Vade Mecum of Surgery* the article on Injuries of the Eye, and made many contributions to the *Transactions* of the Pathological and Clinical Societies, and to various professional publications.

Mr. Silcock was a man of fine character and undeviating straightforwardness; he was independent in mind, and unhesitating in acting as he believed to be right. Having nothing to conceal, and having the courage of his convictions, he resorted to no equivocal or ambiguous phrases, but spoke and acted with directness and decision. If he was sometimes abrupt in manner, it was never long before his kindly nature and his genuineness impressed themselves upon those who came in contact with him, and won for him their esteem and regard. He worked strenuously and never spared himself. The success he merited had come to him within the last few years, and he had every reason to look forward to a distinguished and prosperous future, when he was prematurely and suddenly called away.

Mr. Silcock married in 1889 Emmeline, daughter of the late Henry Vernon Chichester, by whom he leaves two sons, aged 13 and 11 years. He was unassuming, simple, and hospitable in his home life; music was his favourite recreation. Some who were his fellow residents at University College Hospital may call to mind the evenings he made pleasant by his musical talent. Then, as afterwards, he never missed an opportunity of being present at any high-class musical performance.

His body was cremated, by his own expressed wish, and the respect and affection in which he was held were testified to by the large attendance of professional and other friends at the memorial service held on December 22nd at St. Peter's, Vere Street. Among the mourners were his two sons, Messrs. T. B. Silcock and Harry Silcock, and Mr. Morton Bult; among others were all his colleagues from St. Mary's and the Royal Ophthalmic Hospitals, besides many students and nurses, and representatives from the Bromley Cottage Hospital, to which Mr. Silcock was Consulting Surgeon. There were also present Sir William and Lady Broadbent, Sir James Walker, Sir Frederick Treves, Mr. Christopher Heath (whose House-Surgeon Mr. Silcock had been), Sir Thos. Smith, Mr. Henry Harben (Chairman of St. Mary's Hospital), Mr. Watson Cheyne, Mr. Ballance, Mr. Golding-Bird, Mr. Plimmer, and Mr. A. P. Gould.

PROFESSOR NIKOLAI SKLIFOSSOWSKI, M.D.,
Moscow.

WE regret to announce the death of the distinguished Russian surgeon, Professor Nikolai Sklifossowski, sometime Director of the Clinical Institute of the Grand Duchess Helena Pawlowna, Moscow, at the age of 68. He studied medicine in the University of Moscow, where he obtained a qualification to practise in 1859. For ten years subsequently he served as Superintendent of the Municipal Hospital at Odessa. Afterwards he proceeded to the degree of Doctor of Medicine, and visited the schools and hospitals of Berlin, Paris, and Edinburgh.

In 1870 he was appointed to the Chair of Surgery in the University of Kieff, from which in the following year he was called away to be Head of the Surgical Clinic in the Medico-Chirurgical Academy of St. Petersburg. When that institution was amalgamated with the Military Medical Academy, Sklifossowski accepted an invitation to Moscow. In 1897 he was President of the International Medical Congress held in that city. Two years later he retired from the active practice of his profession, and he spent the remainder of his life on his estate at Jakowzy in the Paltawa Government. He was a skilful operator, and contributed more than 100 papers and monographs to surgical literature.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. A. S. Herrero, Professor of Clinical Medicine in the University of Madrid; Dr. William F. Cushman, a well-known physician of New York, who was for many years Treasurer of the New York Academy of Medicine, aged 65; and Dr. Alexander Bobroff, Professor of Surgery, Director of the Surgical Clinic of the University of Moscow, and a former President of the Russian Surgical Society, aged 54.

INDIA AND THE COLONIES.

NEW ZEALAND.

The Lunatic Asylums.

THE annual report for 1903 of the Inspector-General of Asylums for New Zealand, Dr. D. MacGregor, shows that the certified insane of the colony numbered 2,959 on the 31st of December, 1903. This is an increase of 111 on the previous year and is in the proportion of 3.38 per 1,000, or 1 in 296 of the general population inclusive of Maories. Exclusive of Maories, this proportion is 3.53 per 1,000 or 1 in 284. The incidence of certified insanity thus appears to be very much less amongst the native than amongst the white population. Of the 2,959 patients, 1,912 were natives of Great Britain, 704 (not including Maories) were born New Zealanders, and 85 were natives of Australian colonies. European countries, other than Great Britain, contributed 131, China 26, other countries 71, and of Maories there were only 29.

Increase of Insanity.

The statistical tables of this report go back to 1876, and show that there has been an uninterrupted increase in the numbers of the insane since that year. As the following table, extracted from the Inspector-General's report, will show, this increase has been not only a numerical increase natural to a growing colony, but an increase proportionally to the population.

be seen, notwithstanding the new regulation, while care will also be taken that no hardship is inflicted on patients coming from a considerable distance.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE. MICHAELMAS EXAMINATIONS. *Surgery, Midwifery, and Medicine.*

THE following have now satisfied the Examiners in all three sections:
C. E. A. Armitage, B.A., Emm.; G. F. Bird, B.A., Trin.; W. V. Braddon, Trin. H.; H. M. Clarke, B.A., Cla.; S. H. Clarke, B.A., Cai.; L. Courtauld, B.A., Trin.; G. Cowan, B.A., King's; C. R. Crowther, B.A., Joh.; C. W. Cunningham, B.A., Non-coll.; T. Drysdale, B.A., Jes.; L. Dukes, B.A., Trin.; F. Gayner, B.A., King's; H. P. Gibb, B.A., Sid. Suss.; H. E. Graham, B.A., Jes.; M. F. Grant, B.A., Trin.; R. E. G. Gray, M.A., Pemb.; J. M. Hamill, B.A., Trin.; H. Hardwick Smith, B.A., Joh.; N. G. Harry, B.A., Jes.; A. E. Harvey, B.A., Joh.; W. R. Higgins, B.A., Cai.; E. C. Hughes, B.A., Cla.; A. E. Kerr, B.A., Christ's; W. B. Knobel, M.A., Trin.; W. Lowe, B.A., Cai.; C. D. Mathias, B.A., Trin.; R. C. Mott, M.A., Trin.; S. A. Owen, B.A., Trin.; C. E. Palmer, B.A., Cai.; F. W. M. Palmer, B.A., Jes.; O. V. Payne, B.A., Joh.; J. S. Pearson, M.A., Trin.; R. N. Poignand, B.A., Cai.; R. Putock, B.A., Emm.; R. Rees, Down.; E. W. Sheaf, B.A., Down.; H. Spurrier, B.A., Cai.; C. M. Stevenson, Joh.; W. H. Thresher, B.A., Cai.; A. W. Wakefield, B.A., Trin.; G. T. Western, M.A., Pemb.; J. D. C. White, M.A., Trin.; K. G. Wills, B.A., Joh.; F. L. Woods, B.A., Cai.

The degree of M.D. was conferred on December 15th on G. B. Davis, M.A., Corpus Christi.

The examination in Tropical Medicine and Hygiene will commence on Tuesday, January 10th, in the New Medical Buildings.

UNIVERSITY OF LONDON.

THE following is a list of the successful candidates at the December examination for the degrees mentioned:

M.D. in Medicine.—W. M. Anderson, B.S., London Hospital; A. Harner, Guy's Hospital; J. H. Arthur, London Hospital; J. B. Burt, University College; Janet M. Campbell, B.S., London School of Medicine for Women; A. R. J. Douglas, B.S., St. Bartholomew's Hospital; R. Hatfield, St. Bartholomew's Hospital; H. C. Jonas, B.S., St. Thomas's Hospital; F. S. Langmead, St. Mary's Hospital; J. J. S. Lucas, B.A., University College, Bristol, and Royal Infirmary, Bristol; G. E. Malcolmson, Guy's Hospital and Victoria University; W. J. Morrish, St. Mary's Hospital; E. M. Niall, B.S., St. Bartholomew's Hospital; R. Norman, London Hospital; H. E. Ridewood, London Hospital; *C. N. Sears, B.S., St. Thomas's Hospital; A. R. Short, B.S., B.Sc., University College and University College, Bristol (University medal); B. Wethered, St. Bartholomew's Hospital; O. T. Williams, B.Sc., University of Liverpool and Royal Infirmary, Liverpool; Louisa Woodcock, B.S., London School of Medicine for Women; G. T. Wrench, B.S., Guy's Hospital.

* Obtained the number of marks qualifying for the University medal.
M.D. in Pathology.—C. P. Lukis, St. Bartholomew's Hospital (University medal).

M.D. in Mental Diseases and Psychology.—M. A. Collins, B.S., Guy's Hospital and Health Asylum, Bexley.

M.D. in Midwifery and Diseases of Women.—T. Holmes, B.S., Guy's Hospital; L. G. Hopkins, University College; A. Ricketts, University College; P. M. Smith, St. Mary's Hospital; Jane H. Turnbull, B.S., London School of Medicine for Women; Asa C. All Van Buren, B.S., King's College and St. Bartholomew's Hospital; E. C. Williams, B.S., St. Bartholomew's Hospital and University of Liverpool; C. W. Wirgman, B.S., University College.

Master in Surgery.—F. Barnes, University of Birmingham; *R. C. Elmslie, St. Bartholomew's Hospital; L. Jones, St. George's Hospital; C. A. R. Nitch, St. Thomas's Hospital (University medal); Florence Elizabeth Willey, B.Sc., London (Royal Free Hospital) School of Medicine for Women; E. E. Young, St. Bartholomew's Hospital.

* Obtained the number of marks qualifying for the University medal.

TRINITY COLLEGE, DUBLIN.

MICHAELMAS TERM, 1904.

THE following candidates have satisfied the examiners at the examinations mentioned:

Medicine: Final Examination.—T. Creaser, C. E. Fawcett, J. Chamber, J. F. W. Leech, F. W. Bury, J. Cunningham, A. A. M'Neight, C. E. C. Williams, R. Kelly, K. R. C. Hallows, M. J. M'Auliffe, W. G. Harnett, G. A. Crowley, R. S. Smyth, T. J. T. Wilmot, W. L. Myles, R. Bailey, J. H. C. Thompson, H. H. White.

Diploma in Public Health.—Part I: J. T. Wigham, M.D.; W. R. Dawson, M.D.; C. R. Kilkelly, M.B., B.Ch.; T. F. Griffin, M.D. Part II: C. R. Kilkelly, M.B., B.Ch.

SOCIETY OF APOTHECARIES OF LONDON.

At the December Examination the following gentlemen satisfied the Examiners in the subjects indicated:

Surgery.—W. Archer, *J. J. Comerell, P. C. Franze, †F. E. Gubb, *M. E. Jeremy.

Medicine.—*J. J. Comerell, W. L. Crabtree, P. C. Franze, *J. A. R. Wells, *P. B. Whittington.

Forensic Medicine.—P. C. Franze, F. E. Gubb, W. J. Pegler, A. F. Reardon, P. L. Vawdrey, R. J. S. Verity, P. C. West, P. B. Whittington.

Midwifery.—D. L. E. Bolton, J. J. Comerell, P. C. Franze, F. E. Gubb, C. F. Kernet, J. W. Rollings.

The diploma of the Society was granted to Messrs. W. Archer, P. C. Franze, and P. B. Whittington.

* Sections I and II. † Section I.

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.
DEBYSHIRE ROYAL INFIRMARY.—(1) House-Surgeon, (2) House-Physician, (3) Assistant House-Surgeon. Salary for (1) and (2) £100 per annum, and for (3) £60 per annum.
DORCHESTER: DORSET COUNTY HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Dental Surgeon.
GLOUCESTER: GENERAL INFIRMARY.—Assistant House-Surgeon, resident. Salary at the rate of £30 per annum.
GROGERS' COMPANY.—Two Scholarships in Sanitary Science. £300 a year each.
LANCASHIRE COUNTY ASYLUM, Winwick.—Assistant Medical Officer, resident. Salary, £150 per annum, increasing to £250, and further increase on promotion to £350.
LONDON SCHOOL OF TROPICAL MEDICINE.—Teachers of: (1) Protozoology, (2) Helminthology. Salary, £250 per annum, rising to £500 each.
NEW ZEALAND: UNIVERSITY OF OTAGO.—Professor of Physiology. Salary, £600 per annum, and half of the class fees.
NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Surgeon, resident. Salary at the rate of £60 per annum.
NORWICH: NORFOLK AND NORWICH HOSPITAL.—Assistant House-Surgeon, resident. Honorarium, £20 for six months.
LANCASTER: COUNTY LUNATIC ASYLUM.—Assistant Medical Officer, resident. Salary, £150 per annum.
LINCOLN: HOSPITAL FOR THE INSANE.—Assistant Medical Officer. Salary, £150 per annum.
ROYAL DENTAL HOSPITAL OF LONDON.—Demonstrator in Mechanical Pupils' Department. Stipend £120 per annum, rising to £150.
ST. MARY'S HOSPITAL, Paddington, W.—Two Physicians in charge of Out-patients.
SALISBURY: FISHERTON ASYLUM.—Assistant Medical Officer, resident. Salary, £150 per annum.
SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.—Clinical Assistants.
SCARBOROUGH BOROUGH.—Medical Officer of Health. Salary, £350 per annum, increasing to £400.
SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—Assistant Physician.
WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—(1) Senior House-Surgeon, (2) Junior House-Surgeon. Both resident. Salary, £120 and £80 per annum respectively.
WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Honorary Surgeon.

APPOINTMENTS.

BAKER, W. I. T., L.R.C.P. and S. Edin., L.F.P.S. Glasg., Medical Officer of Health, Winterton Urban District.
GASK, G. E., F.R.C.S., Assistant Surgeon to the Metropolitan Hospital.
GORDIE, E. M., M.D. Edin., Public Vaccinator to the Woodford District of the West Ham Union, vice Dr. Sayre, resigned.
HILL, J., L.R.C.P. and S. Edin., Certifying Factory Surgeon for the Miltown Malbay District, co. Clare.
HOYLAND, S. S., M.D., District Medical Officer of the Samford Union.
JOHNSON, R. G., M.B., Certifying Factory Surgeon for the Poole District, Dorsetshire.
LAFAGE, C. P., M.B., Ch.B. Vict., Senior Resident Medical Officer to the St. Mary's Hospital, Manchester.
LEGGE, S. C., M.B.C.S., L.R.C.P., Medical Officer of the Workhouse and Cottage Homes Worcester.
LIVINGSTONE, T. H., F.R.C.S., M.D. Edin., Honorary Assistant Surgeon to the Hospital for Children, Newcastle-upon-Tyne.
MARREW, T. G., M.D. Edin., Certifying Factory Surgeon for the Kirby Lonsdale District, Westmorland.
MATTHEY, Arthur, M.R.C.S., L.B.C.P., Medical Officer in Charge of the Port Morant District of British Guiana.
PRICE, Florence M. S., M.B., Ch.B. Edin., House-Physician to the Swansea General and Eye Hospital.
SAMUEL, H., M.R.C.S. Eng., Resident Medical Officer to the Cardiff Infirmary.
SCHORSHEIM, Gustave, D.M., M.A. Oxon., F.R.C.P., Physician to the Brompton Hospital.

DIARY FOR NEXT WEEK.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Short communications:—Surgeon-Captain Leicester: On a Case of Chluria with Pregnancy, and one by Dr. A. W. W. Lea. Paper.—Dr. Victor Bonney and Mr. A. G. R. Foulerton: The Etiology of Puerperal Fever. Specimens will be shown by Drs. Lewers, Williamson, Malcolm, Targett, Handley, and Taylor.

THURSDAY.

North-East London Clinical Society, Tottenham Hospital, 4 p.m.—Discussion on The Medico-Legal Aspects of Alcoholism, to be opened by Dr. A. J. Whitting.

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.

MARRIAGE.

POYNTON-CAMPBELL-ORDE.—On December 20th, at St. John's Church, Paddington, by the Rev. A. Simcox, Rector of Yactendon, assisted by the Rev. G. S. Karney, incumbent of St. John's, Frederic J. Poynton, M.D., F.R.C.P. Lond., son of the late Rev. Francis John Poynton, Rector of Kelston, Bath, to Alice Constance, daughter of the late Sir John Campbell-Orde, Bart., of Kilmory, Argyllshire.

DEATHS.

COPLLEY.—On December 20th, at Wounpesson House, Wisbech, Cambs., William Henry Copley, Esq., M.R.C.S., L.R.C.P., aged 49.

MACDONALD.—At 21, Clarendon Crescent Edinburgh, on December 21st, Eginakht Francis Norman, dearly loved eldest son of Keith Norman Macalister Macdonald, M.D., F.R.C.P. Edin., aged 80 years.

MILNE.—On December 19th, at Oxford Bridge, Gulesley, James Milne, M.D., of Straffan, co. Kildare, Ireland. The remains were conveyed to Ireland, and interred at Naas on December 22nd.

THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EPITOME

OF

Current Medical Literature.

JULY TO DECEMBER, 1904.

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