

the mixture after adding the HCl gave a deposit of 0.5 per cent. With a similar artificial urine containing 0.1 per cent. uric acid instead of 0.04 per cent., the deposit obtained with simple HCl was slightly less than 1 per cent., while with HCl and subsequent freezing the amount was 1 per cent. In another artificial urine excess of sulphate of soda was added, but that had no effect on the volume of uric acid deposited. All these samples were feebly acid; about 10 c.cm. of deci-normal soda solution were required to neutralize 100 c.cm. of these.

As these artificial samples did not contain any urinary pigments, and it being likely that these pigments have the property of keeping the urates in solution, I tried the following experiment: I added some measured amount of uric acid to a sample of healthy urine which I knew did not contain an excess of this constituent. The urine was divided into two equal halves; to one half nothing was added, and it was tested by the HCl and freezing method and also by Fokker's method for the amount of actual uric acid; to the other half enough uric acid was added to bring up the total amount to about 0.1 per cent., assuming that the quantity present in the urine was 0.04 per cent. The estimation of uric acid in the first half showed that the assumption was correct. The excess of uric acid was dissolved by gently warming the mixture on a water-bath, no alkali was required to dissolve it. Five cubic centimetres of the pure urine and of this mixture were treated with HCl, in the ordinary way, but no crystals were found to come down in the second tube. These were frozen and centrifugalized, and the normal urine gave a deposit of about 0.5 per cent., while the other one gave a deposit of 1 per cent.

The simple addition of HCl did not give any deposit of crystals even after half an hour. So it is highly probable that the pigments of urine keep the acid in solution.

The actual amount found by Fokker's method was 0.05 per cent., while the amount added was 0.06 per cent.; therefore the quantity of uric acid present in the second half was 0.11 per cent. On the other hand, the two samples mentioned above (Nos. 25 and 26 of Table C) seem to show that perhaps the aromatic sulphates may help to precipitate the urates in ordinary urine. Again, I have not come across a single case where no deposit was obtained on cooling the urine, when both the uric acid and indican were copious, as will be seen by a reference to Table C.

Tests with Animal Urine.

As a further test of the accuracy of this method, dog's urine was used as a solvent for uric acid, and this solution was used as follows:

- A. Simple dog's urine was cooled to 0° C., and no deposit was obtained.
- B. Same urine was treated with the HCl and freezing method; result was same as in A.
- C. Same urine was treated with 0.05 per cent. uric acid and cooled to 0° C., without obtaining any deposit.
- D. Urine C was treated with the HCl and freezing method; deposit obtained was 0.5 per cent.
- E. Urine A was treated with 0.1 per cent. uric acid and cooled to 0° C.; no deposit.
- F. Urine E was treated with HCl and freezing method; deposit was 0.5 per cent.

As dog's urine is free from uric acid, the deposit obtained in D and F was due to the amount added. The sample used was rich in carbonates and that accounts probably for the absence of deposit in E. The urine was faintly acid and the uric acid was easily dissolved by momentarily boiling the urine.

REMARKS.

From a review of all the observations given in the tables, it seems that in urine with less than 0.05 per cent. uric acid, the deposit is less than 0.5 per cent., while from 0.06 per cent. to 0.15 per cent. the deposit varies between 1 to 2 per cent. This is rather a wide range, but it is explained by the fact that the soluble urates present in the urine are soon changed into uric acid and biurate of soda. Both these are crystalline in structure, and the deposit of these is a good deal more compact than that of the quadriurates which form a thick, granulous deposit. As the quadriurates commence to change into the other two constituents with varying rapidity, the deposit obtained by the freezing method must necessarily vary within the limits mentioned above.

However, by rendering the urine faintly alkaline and boiling it, etc., as has been described above in the cases of urines which deposit crystals of uric acid, I have been able to reduce the range considerably. Thus for less than 0.04 per cent. uric acid, the deposit is less than 0.5 per cent.; for 0.05 to

0.08 per cent. uric acid, the deposit varies between 0.75 to 1 per cent., and for higher amounts it is 1.5 to 2 per cent.

It will be noticed that the amount of HCl added is very small (about 0.8 per cent.) compared with the amount added in the ordinary clinical methods, in which this acid is used. In fact, I have found that the amount if increased, interferes with the freezing of the urine and the precipitation of the urates.

SUMMARY.

1. Have the urine as free as possible from extraneous dirt.
2. Remove the albumin and pus, if present, by adding acetic acid and heating the urine.
3. Render the urine slightly alkaline by adding tiny drops of strong NaOH—boil it, and take 5 c.cm. of this boiled urine for examination.
4. Add two tiny drops of HCl from a capillary pipette (each drop equals 0.02 c.cm.), stir it well; see that it is quite clear again.
5. Freeze it and centrifugalize till the whole has remelted, and read off the percentage of deposit as soon as the temperature is about 25° C.

In conclusion I have to thank the Government of Bombay for having given me a grant for this research.

MEMORANDA:

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

WIDE CLEFT OF THE PALATE.

SIR THORNLEY STOKER's explicit and admirably illustrated paper on cleft palate in infants induces me to describe a case recently under my care.

It was that of a newly-born baby with a hare-lip about $2\frac{1}{2}$ in. wide, and a complete palatal cleft of nearly equal extent. The premaxillary bone and the vomer were attached to one side, and the maxillary bone was represented by two narrow rami. It was utterly impossible to procure any adequate flaps, even by Lane's method, and so I declined at first to undertake the case. Shortly afterwards, owing to the kindness of Mr. Edmund Owen, I received a copy of his most practical volume on Cleft Palate and Hare-Lip, and by it was first influenced in favour of Brophy's operation, of which I had before read a description in the *International Textbook of Surgery*. My colleagues approving, we decided to follow the methods so clearly described by Mr. Owen and by Sir Thornley Stoker. The passing of the wires was the most difficult part of the operation, and as the child was somewhat collapsed afterwards no attempt was made to bring the bones together. Three weeks later that was easily done, the bones having been first cut through just below the infraorbital foramina. The cleft, however, could not even then be wholly closed in consequence of the projection of the premaxillary bone. A few weeks later still, the premaxillary bone was partly cut through at its attached edge, and was pushed into and fixed in the middle line. It completely filled the front of the cleft. The remainder of the cleft, now reduced to a narrow chink, was afterwards readily closed by the method of Mr. Lane.

Some months later the hare-lip, then closely approximated, was easily repaired, and quite a pleasant-looking baby was substituted for a very repulsive one. It is sad to add that soon after the last operation this unfortunate little patient succumbed after a few days to an attack of gastro-enteritis. The experience, however, has been a very instructive one for us, for it proves that there is no case of cleft palate which is beyond the reach and the resources of surgery, and it has also illustrated, perhaps for the first time, how good a result may be obtained by the combined operations of Brophy and Lane. All surgeons must, I am sure, feel grateful to Dr. Brophy for the great help he has given them in dealing with the most difficult cases of cleft palate. The bleeding during his operation is comparatively small, very different from what one often sees after the older operations, and the shock is by no means great.

Without the help and encouragement of my colleague, Mr. Buckell, who has several times assisted Mr. Lane in cleft palate operations, I am sure that the manipulations described by me would have fallen short of their immediate success. May I state, in conclusion, how encouraging and instructive is Mr. Owen's paper on the healing of cleft palate wounds by second intention?

G. B. FERGUSON, M.Ch., F.R.C.S.,
Surgeon, Cheltenham Hospital.

CLEFT-PALATE OPERATION WOUNDS HEALING BY SECOND INTENTION.

AFTER reading Mr. Edmund Owen's instructive and highly-practical paper on the above subject in the BRITISH MEDICAL JOURNAL of June 24th, I was reminded of an operation for cleft palate I saw, through the courtesy of Professor Hoffa, whilst visiting the German Surgical Congress held at Berlin last Easter.

Dr. Helbing performed an operation upon a cleft palate at Professor Hoffa's private clinic, and his method was quite new to me, and it has a bearing upon Mr. Edmund Owen's perplexity *re* the correctness of the expression "healing by second intention." Dr. Helbing performs his cleft-palate operations in two stages; at the first operation the edges of the cleft are pared, and the flaps from the hard and the soft palates are formed and freed in the usual manner, but there the operation ends. Four days later the patient is again anaesthetized and the flaps are brought together by silver wire, and the usual result is immediate union. Whether the healing is by "second intention" in such cases is as much of an enigma as it is in the encouraging results recorded by Mr. Edmund Owen in his valuable communication.

Cardiff.

J. LYNN THOMAS.

THE SPREAD OF CANCER BY THE THORACIC DUCT.

I HAVE read with much interest the articles by Dr. Mitchell Stevens and Dr. Nathan Raw, in the JOURNAL for April 29th and June 24th respectively, on the spread of abdominal cancer by the thoracic duct, more especially since I was previously under the impression that that channel of dissemination was well recognized and not in need of further demonstration.

As, however, according to Dr. Raw, there are "very few recorded cases of definite involvement of the thoracic duct in cancer within the abdomen," it may be worth while reporting that in the course of dissection during the last five years I have met with two cases of cancer of the stomach in which the thoracic duct was involved throughout almost its entire extent. I have only a short note on the first case, but have preserved specimens from the second which I discovered last winter. In it there was a large medullary carcinoma along the greater curvature of the stomach. The receptaculum chyli was completely solid, and numerous typical nodules were present along the thoracic duct within the thorax, the lumen of the duct being completely obstructed at least one point from which a section was made. The left cervical glands were also the seat of metastases, while the right glands did not appear enlarged. It is interesting to add that there was no ascitic fluid within the abdomen.

Dublin.

T. GILLMAN MOORHEAD, M.D.

It would seem possible in cases such as that described by Dr. Nathan Raw, in the BRITISH MEDICAL JOURNAL for June 24th, that there may have been some patch of peritoneal invasion. If this actually were the case, the secondary growths at the root of the neck would probably be due to absorption along the lymphatic paths which pass up behind the costal cartilages. In 1897¹ I recorded some experiments on animals, showing how very rapidly absorption from the peritoneal cavity occurs along these paths. A number of observations was also made in the *post-mortem* room, and it was found that in every case in which the peritoneum was invaded by tubercle or cancer there were enlarged masses corresponding to the glands at the first intercostal space (caseating or cancerous). It appeared that diagnoses of tuberculous, cancerous, and acute peritonitis could almost be made solely from the appearances of the lymphatic tracts at the back of the sternum. The spread of growth from these upper sternal glands might easily give the impression that the thoracic duct had been primarily involved.

HERBERT E. DURHAM.

DEATH UNDER ETHYL CHLORIDE.

MRS. W., aged 50, a married woman, stout and alcoholic, was admitted to the Corbett Hospital, Stourbridge, on June 24th, suffering from cellulitis in the left hand and forearm. It was intended to remove her ring, which had cut deeply into and was strangulating her ring finger. Half an hour after admission ethyl chloride (6 c.cm.) was administered in a modified Ormsby, the patient being in the semi-recumbent position.

¹ *Journal of Pathol. and Bacteriol.*, 1897, pp. 360 et seq., and *Medico-Chirurg. Trans.*, 1897, vol. lxxx.

Anaesthesia was easily and quietly induced, and, the mask being removed, an endeavour made to cut the ring.

Spasmodic twitching of head and eyes towards the right was now noted, passing off quickly on the reapproach of consciousness. The mask was again applied, but no more ethyl chloride introduced.

A few seconds after its removal the breathing, which up to now had been easy and unembarrassed, stopped suddenly, and the pulse was found to have disappeared. Artificial respiration for half an hour proved unavailing, no cardiac impulse being again detected.

At the *post-mortem* examination, forty-eight hours later, a marked pallor of all the viscera was noted. The heart was empty, the left ventricle very thin-walled, the liver was large and fatty, the stomach like a huge bag, and both kidneys cirrhotic.

Stourbridge.

GEO. KEITH GIFFORD, M.D.

REPORTS

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

THE BATH EYE INFIRMARY.

CASES OF ABNORMAL EYE CONDITIONS.

(Reported by W. M. BEAUMONT, Surgeon to the Infirmary.) EACH of the three following cases presents a point of interest which seem to make it worthy of record :

1. RETINITIS PUNCTATA ALBESCENS.

J. P., a farm labourer, aged 26, complained of nothing except occasional *muscae volitantes* in the right eye and, on rare occasions, headaches. His father and mother were both living and healthy, and over 70 years of age, and he has one sister, who also has good health. His father and mother were not consanguineous. The urine was 1016, acid, and contained no albumen. On examining the eyes, the fundi were seen to be studded with whitish unpigmented punctate retinal spots, irregularly scattered in all directions, suggesting the appearance of stars on a November night. In the right yellow-spot region the spots were numerous; in the left there were four stars, one of them of the first magnitude, arranged in a cruciform manner, suggestive of the Southern Cross. In both eyes the spots varied somewhat, both in size and whiteness, while some were yellowish. They were confined to the anterior layer of the retina. The patient's general health was good, his vision was 6/6 with each eye, his field of vision was full, and he could read J₂ at 33 cm. There was no colour blindness, and he had never suffered from night blindness.

REMARKS.—The condition is one, I have no doubt, of *retinitis punctata albescens*, which has probably existed since intrauterine life, and is probably due to retinal sclerosis. If a retinal degeneration had occurred since birth, it is improbable that sight would have remained normal, seeing that the yellow-spot region is affected in each eye. The case would appear to be an ophthalmic curiosity and nothing more. Apart from occasional *muscae volitantes*—a condition which, I believe, is said to be often symptomatic of some liver derangement—he has little to complain of and nothing to cause alarm.

2. GRAVES'S DISEASE.

A. C., aged 48, complains of proptosis of both eyes, and from her history it would seem that she had had an attack of Graves's disease dating back about five years. I have not been able to communicate with the doctor who attended her, but from the history of enlarged thyroid, proptosis, and breathlessness there does not appear to be much doubt about the diagnosis. At the present time she has neither Stellwag nor Graefe's sign, and she has no enlarged thyroid and no tremor. Her vision is 6/6 with each eye. She has a pulse of 100 when she sits quietly at rest with nothing that excites her in any way. Colour sense is good, but her field of vision is concentrically contracted, as so frequently happens in this disease.

REMARKS.—The interest in this case lies in the fact that she has what has been called the "new ocular symptom" of Graves's disease—that is, she has pigmentation of the upper lids. Each upper lid is of a brownish hue, the pigmented patches being sharply defined, and strictly confined to the lids, and quite symmetrical.

3. ESSENTIAL SHRINKING OF THE CONJUNCTIVA.

J. G., a labourer, well developed physically but not mentally, has a xerotic condition of his conjunctiva which has existed for many years. In the left eye the conjunctiva is dry and wrinkled, resembling the neck of a tortoise. The cul-de-sacs are non-existent, and the edges of the lower lids are continuous with the bulbar conjunctiva. The eye is quite insensitive, and there is no lid reflex on touching any part of it. The

trict, was suffering from secondary syphilis, contracted from a lodger. This patient was living under the care of her father and mother, both old people. Another female patient, an imbecile girl, in the same district, had an illegitimate idiot child. This patient, however, was not on the list when the child was born. Another patient, also in the same district, had been a few days before to a medical man to find out whether she was pregnant or not; she was not, but that she had run the risk of conception was proved. In another town were two feeble-minded female patients, sisters aged 20 and 30, living in very bad surroundings, with whom—the medical officer was informed—men in the neighbourhood had frequent intercourse. Such things sound almost incredible, but in every town, with two exceptions—and in these cases owing to pressure of time it was not possible to visit the larger districts—similar instances were seen or heard of in every district, and conditions were found to exist from which these evils must almost inevitably arise. On the other hand, slightly over one-half of the cases were found in clean and comfortable homes, possessing adequate accommodation; the patients were well clad and nourished, and provided by their guardians with solicitous care and attention. Such homes existed in sufficient numbers to prove that the system of family care is not inapplicable to England, but the contrast between these and others in which patients were sleeping on sacks stuffed with straw, on rags, and on broken-down camp beds, shows that the whole system requires increased inspection, rearrangement, and higher control.

COST, ETC.

In reviewing the family-care colonies abroad it was possible to arrange the reports in sections dealing with clothing, diet, cost, and so forth, as each of the colonies made definite provision in their regulations as to these matters. In Scotland, where the system is much more elastic, the standard is given in the words of Sir A. Mitchell quoted above, but in England and Wales there seems to be no standard at all. The patients or their friends provide their own clothing, the food of the patients ranges from the wholesome food of the better sort of houses to the bread and dripping and tea for every meal of the solitary dement living on 3s. 6d. a week. The parochial assistance given on account of the patients may be medical relief solely or monetary grants from 1s. 6d. to as much as 7s. a week; only one case, however, was met with in receipt of the latter sum. The usual sums paid are from 2s. 6d. to 4s. a week. These sums are, of course, utterly inadequate for the proper maintenance and care of patients whose mental affection is sufficiently marked to prevent their earning wages of any kind. As a matter of fact a good number do earn small, as a rule very small, sums to help towards their maintenance, but the rest are either inefficiently looked after or are a continual drain upon the resources of their guardians. That many of these patients, removed from their present surroundings and placed in competent hands, with the possibility of some healthy manual occupation, would be capable of work which would benefit both themselves and their guardians, can hardly be doubted; but under the present haphazard system, this is impossible. They are neither efficiently controlled, guided, nor cared for, and what energies they have are either misdirected or run to waste.

As to statistics concerning the death rate, the occurrence of major casualties, breaches of the law by any of these patients, pregnancies amongst the female patients, etc., no information was obtained, and it is doubtful whether such information is obtainable. Possibly, after laborious search, a fairly accurate death-rate might be obtained, but it would probably be impossible to get beyond this. As regards pregnancy, which might appear to be a point which would come under immediate notice of the law, the possibilities of error are too numerous to permit the compilation of any trustworthy estimate. Although the patients are visited quarterly by the parochial medical and relieving officers, the time intervening may be sufficient for the pregnancy to have occurred without any one being aware of it; the patient may have been removed to another district and lost sight of; and further when the birth is registered, there is nothing on the birth certificate to say whether the mother is imbecile or lunatic or not.

Such conditions as are here portrayed are surely not beyond remedy. It may be frankly admitted that the matter is not free from complication and conflicting interests, but the difficulties may be resolved.

RECOMMENDATIONS.

Reforms which would result in immediate improvement are:—

1. The inclusion of these cases of pauper Lunacy residing with relatives or friends within the jurisdiction of the Commissioners in Lunacy.

2. Their periodic visitation by the Commissioners in Lunacy.

3. More frequent visitation by medical and lay officials.

4. A careful selection of cases for treatment outside institutions.

5. A careful selection of guardians of such cases; their appointment to be conditional on their compliance with conditions imposed by the Commissioners.

6. Adequate remuneration for these guardians.

At first sight it would appear that the carrying-out of this scheme would result in a much increased expenditure, but when it is considered that if a properly-managed system of this kind were once established many of the patients who are at present maintained in asylums, at great cost to the community, might be treated satisfactorily and economically under family care, it will be apparent that this system would result in a considerable economy of public moneys.

There is still one more way in which this plan might be of benefit. This concerns the considerable class of feeble-minded and defective persons who cannot at present be officially notified and treated; it was for the consideration of this class that the present Royal Commission on the Care and Control of the Feeble-minded was appointed. Nearly every medical man must know of such cases. During the visits recently made in the course of this inquiry, imbeciles and feeble-minded, and also epileptics with some degree of mental deterioration were seen, whose parents or guardians, respectable working people, were not in receipt of parochial aid, and who were strongly opposed to sending their wards to an asylum. There are grounds for believing that many of these people would not be averse to sending the patients to family care, and though, as has been said, epileptics as a class are not suitable for this form of treatment, the family-care system may very suitably be combined with other and more institutional modes of treatment.

We desire to tender our very hearty thanks to all those parochial medical officers who have so kindly permitted our Commissioner to see their cases, and who have given invaluable assistance; without their aid, indeed, it would have been impossible to prosecute this inquiry. The evils described are in no way the fault of the medical service but of the system, and we may add that those medical officers who have had the most experience of its working agreed that changes, on the lines which are here indicated, would be of great benefit.

THE PREVENTION OF CONSUMPTION.

WORCESTERSHIRE ASSOCIATION FOR THE PREVENTION OF CONSUMPTION.

Purchase of Open-Air Sanatorium.

NEARLY three years ago the Worcestershire Association for the Prevention of Consumption obtained a five years' lease of the house and grounds of Mr. J. Dangerfield at Knightwick for the purposes of a sanatorium for the treatment of consumptives. The value of the sanatorium having been abundantly proved, 89 per cent. of the cases treated having been enabled to resume work, the Committee has decided to purchase the property. With this object an appeal for funds has been issued by Dr. Harry E. Dixey of Malvern, Chairman of the Committee. The amount required for the purchase is £6,000, and already about £4,750 has been promised. Some of the promises are contingent on the whole amount being raised, which naturally adds to the anxiety of the Committee to obtain the comparatively small sum still required. Promises of contributions, which may, if desired, be spread over a period of two years, may be sent to Dr. Dixey, or to the Secretary, Mr. J. P. Holder, Elladale, Penbury Street, Worcester.

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 79

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

COUNCIL ELECTION.

THIS election took place on Thursday, July 6th, and the result was:

		Votes.
Mr. EDMUND OWEN	...	512
Mr. C. H. GOLDFING-BIRD	...	480
Mr. RICKMAN GODLEE	...	471
Mr. W. HARRISON CRIPPS	...	373
Mr. ANDREW CLARK	...	315

The President declared Mr. Owen and Mr. Godlee re-elected, and Mr. Golding-Bird and Mr. Cripps elected. Mr. Bruce Clarke, who retired, received 66 votes.

MEDICAL NEWS.

AMONG the Congresses to be held at Liége this year in connexion with the Universal and International Exposition there is to be one of Chemistry and Pharmacy. It will take place from July 27th to 30th.

THE Fellows of the Therapeutical Society will meet on Wednesday next at the Botanical Gardens, Regent's Park, to view the medicinal and other plants. Tea and music will be provided in the course of the afternoon.

DR. ISHINOSKÉ MIMURA, Physician to Prince Arisugawa of Japan, has been appointed an Honorary Member of the Fifth Class of the Royal Victorian Order on the occasion of the visit of His Imperial Highness to this country.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held at the Medical Schools, Downing Street, Cambridge, at 11 a.m. on Saturday, July 15th, when Professor Sims Woodhead will open a discussion on the water-supply problem in rural districts and interpretation of the reports of water analysis.

We are informed that on June 29th, a conference representing the societies working for the health of the nation was held, and agreed to a federation between such societies and the Council of the National League for Physical Education and Improvement on the principle of proportional representation. The Societies which were unable to send representatives to this conference can obtain further particulars on application to Mr. Beverley Halley, 49-50, Denison House, Vauxhall Bridge Road, London, S.W.

MEDICAL MAGISTRATES.—Dr. D. T. Rocyn-Jones, of Abertillery, and Dr. E. M. Griffith, of Abercarn Fach, have been appointed to the Commission of the Peace for the County of Monmouth.

KING'S COLLEGE HOSPITAL.—The trustees of the late Miss Marianne Frances Hasker, formerly of St. Leonards-on-Sea, have promised a donation of £20,000 towards the fund for the removal of King's College Hospital to South London, on condition that when the new hospital is built one of the blocks for the accommodation of female patients shall be named after the deceased, a brass mural tablet being erected thereon to record the benefaction.

METROPOLITAN HOSPITAL SUNDAY FUND.—The sums received up to Wednesday, July 4th, at the Mansion House by the Metropolitan Hospital Sunday Fund, in respect to the appeal on Sunday, June 25th, amounted to £40,000. This total includes both the special donation of £12,500 made by the trustees of the late Mr. Wyndham Francis Cook and the result of the separate appeal which was this year addressed to city men.

A TUBERCULOSIS EXHIBITION IN NEW YORK.—The first American Tuberculosis Exhibition will be held in New York in November under the auspices of the National Association for the Study and Prevention of Tuberculosis, and of the Committee on the Prevention of Tuberculosis of the Charity Organization Society. Dr. Lederle, formerly Commissioner of Health of the City of New York, is Chairman of the Organizing Committee. The object of the exhibition is the

education of the people. In addition to exhibits illustrating different phases of the tuberculosis problem, and especially the treatment of the disease, popular lectures will be delivered by specialists.

"OSTEOPATHY" IN PENNSYLVANIA.—A Bill was passed by the last State Legislature of Pennsylvania regulating the practice of osteopathy, licensing those who desired to engage in the practice of this art, and establishing a board of examiners representing the State Osteopathic Association, before whom all candidates should appear before they could legally engage in the practice of osteopathy. This Bill has now been vetoed by the Governor on the ground that there is nothing in the Bill to indicate what constitutes osteopathy. Approval of the Bill would in the Governor's mind, appear to give the authority of the State to a system of practice in the healing art that excludes the use of medicine and also surgery.

REQUESTS TO MEDICAL CHARITIES.—Under the will of the late Mr. Nathan Salaman, of Gordon Square, W.C., which has now been proved, University College Hospital receives £1,000 for the maintenance of a bed to be called the Nathan Salaman Bed, the London Hospital receiving a similar amount for a Meyer Salaman Bed. The Middlesex Hospital receives £400 for its cancer ward, and a further £1,000 for general purposes. The Brompton Consumption Hospital receives a legacy of £1,000 for general purposes, and £400 for its convalescent home. St. Peter's Hospital for Stone and the Jewish Home for Incurables each receive £600, while £500 is directed to be paid to each of the following medical institutions: The North London Hospital for Consumption, the Lock Hospital, Soho, the City of London Hospital for Diseases of the Chest, the London Fever Hospital, the National Hospital for the Paralysed and Epileptic, the Hospital for Incurables, and the Great Northern Hospital.

PURE MILK FOR POOR BABIES.—The movement for the supply of sterilized milk to poor mothers unable to nurse their babies, which was started in France under the name of "Goutte de Lait," has spread to several other countries, and has developed to such an extent that it is thought the time is ripe for an international congress on the matter. It is to be held in Paris on October 20th and 21st. The Presidents of the Organizing Committee are Dr. G. Variot, Physician to the Enfants-Malades, and Dr. Léon Dufour, of Fécamp, Founder of "Goutte de Lait." The Vice-Presidents are Dr. Richardière, Physician to the Enfants-Malades; Dr. Boissard, Obstetric Physician to the Paris Hospitals; Dr. Raoul Brunon, Director of the Medical School of Rouen; Dr. Mc Cleary, of Battersea, Director of the Infants' Milk Depôt; Dr. Rafael y Cordona, founder of the Madrid "Goutte de Lait"; Dr. Davel, of Buenos Aires; Dr. E. Lust, founder of the "Laiterie Moderne" of Brussels; Doctress Margouliez, founder of the St. Petersburg "Goutte de Lait"; and Doctress Champendal, founder of the "Goutte de Lait" of Geneva. The Secretaries are Drs. Paul Roger, Physician to the Hospital Péan, in Paris, and Grasset, Director of the "Goutte de Lait" of Tours. Those wishing to take part in the congress should communicate with Dr. Paul Roger, 39, Rue de Berry, Paris.

FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The Congress of the French Association for the Advancement of Science will be held this year at Cherbourg from August 3rd to 10th. Five of the sections are devoted to subjects more or less closely connected with medical science. There is a section of Zoology, Anatomy, and Physiology, presided over by Professor Duboscq, of Montpellier; one of Medical Sciences, of which the President is Dr. Manquat, of Nice; one of Medical Electricity, presided over by M. André Broca, Professeur-Agrégé in the Medical Faculty of Paris; one of Hygiene and State Medicine, which has for its president an engineer, M. de Montricher, of Marseilles. There is also a section of Odontology, the President of which is Dr. Frey of Paris. The questions proposed for discussion in the section of Medical Electricity are: (1) The present state of radiotherapy, to be introduced by M. Bergonié; (2) atrophies of bone discoverable by radiography, to be introduced by M. Imbert; (3) notations of results of the electrical exploration of the limbs and nerves, to be introduced by M. Marques; (4) the present state of the medical applications of high-frequency currents, to be introduced by M. Zimmern; (5) the power of the Crookes tube in its different modes of excitement, to be introduced by M. Turchini. There will also be an exhibition of apparatus for the application of electricity in medical practice.

the Scottish Widows' Fund Assurance Society, the National Provident Institution, and the British Equitable Assurance Company, and also filled the offices of Vice-President and President of the Ulster Medical Society.

He was closely connected, too, with the founders of the White Star Line, and was for many years an intimate friend and medical adviser of the late Sir Edward Harland, M.P., the well-known member of the famous shipbuilding firm.

Dr. Wales is survived by his wife, a daughter, and four sons; three of these he gave to his own profession—John Frederick Wales, M.D., now of Southampton; Fleet Surgeon G. F. Wales, R.N.; and Alfred E. Wales, M.D., of Belfast. A fourth son, the Rev. F. A. Wales, is in Holy Orders in the Church of England.

He lived after his retirement at Holywood, Belfast, and it was there that he died.

ARTHUR DAVID GRIFFITHS, M.D. BRUX., M.R.C.S.,
L.R.C.P. LOND.,
Bridgend.

THE unexpected and appalling sudden death, at the early age of 34, of Dr. Arthur D. Griffiths of Bridgend, on June 15th, produced a profound feeling of regret and sorrow among the community where the last years of his useful life were spent, and a very poignant sense of loss to his immediate relatives and intimate friends. It is difficult to realize that one who was deservedly held in such high esteem and whose life was, to human judgement, so full of promise of future usefulness, is irrevocably gone, his young life sacrificed, truly, on the altar of duty. There is a feeling, however, that the heart failure, which was the immediate cause of his death, was not brought on entirely or solely through the stress of work entailed by recent exceptional prevalence of sickness in his practice. It will be within the recollection of readers of this notice that he was subjected not long ago to a form of persecution of a most malicious character, and that he was called upon to clear himself of a charge which was elaborated with deliberate and ingenious circumstantiality. There was never for a moment the slightest doubt of the utter baselessness of the charge among the brethren of his profession, whose good name and fame and not merely his own, it was felt, he was dutifully defending, or among those of the public whose esteem was of worth; still, though he was indeed encouraged by and deeply grateful for the kindly sympathy and support manifested towards him during his dark days, no one but himself was capable of realizing what an effect this must have produced upon his vitality. It is questionable even if he himself adequately appreciated the effects, and, in the light of events, there is reason to believe that, had the level of his vitality not been reduced by the terrible strain of those troublous times, mere temporary stress of work, even though coupled with such serious anxiety as the illness of his wife from typhoid fever, and the precarious health of his only child, would not have induced such dire consequences.

Of sunny, kindly personality, straight and genuine in every sense, he was one who instinctively was all that was honourable. His life's work showed that his was in the best and truest sense a "calling." To this he devoted himself whole-heartedly and disinterestedly, with perhaps too little care for self. His life might assuredly have been a longer one, but it could hardly have been fuller or one which would have left behind more kindly memories, for he possessed many accomplishments both musical and artistic, and, interested as he was in every phase of life, his judgement was on most matters greatly appreciated. He will be sadly missed, not only by his more immediate friends but by all those among whom he lived and laboured, and the recollections of him, whether in Dean Forest, Ramsgate or Glamorgan, cannot but remain of the kindest. Especially will the loss be felt by the St. John Ambulance Brigade, in whose work he had long been enthusiastically and actively interested; and this will be particularly the case in the Number VII District in which he held Staff rank. Brigade work in his district has suffered a loss that will not readily be made good, and all his brother officers will assuredly feel a keen sense of personal loss in the untimely ending of a life which, to quote the motto of the Order, was sacrificed "for service in the cause of humanity."

His unfailing courtesy, kindness of heart and uprightness of character endeared him to all who knew him, and rightly earned for him genuine respect and admiration.

DR. ROBERTS-DUDLEY, who died on July 2nd at Stalybridge of angina pectoris, had been ailing for about twelve months,

but was out and doing his work on the Saturday before his death. Dr. Roberts-Dudley studied at the Royal School of Medicine in Manchester, and took the M.R.C.S. in 1862. He was born at Rochdale, and was the son of a medical man in that town. He settled in Stalybridge over forty years ago, and was for some years House-Surgeon at the Ashton and District Infirmary. He was the oldest magistrate on the borough bench, having been placed on the commission in 1874. He was Medical Officer of the borough for over thirty years, Vaccination Officer for the district, and Medical Inspector under the Factories Act, a Lecturer and Examiner to the St. John Ambulance Association, and Surgeon to the Borough Police and Post Office.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD. *Professorship of Pathology.*

JAMES RITCHIE, M.A., B.Sc., Fellow of New College, Reader in Pathology, has been constituted Professor of Pathology so long as he holds the aforesaid Readership.

First M.B. Examinations.—The following passed in Organic Chemistry: H. O. S. Gibson, New; G. D. Knox, Balliol; G. E. Neligan, Exeter; H. W. Scott-Wilson, Queen's; W. W. Wagstaffe, New; R. O. Ward, Queen's.

The following passed in *Materia Medica and Pharmacy*:

P. P. W. Andrews, University; D. C. Dobell, Christ Church; G. E. Downs, Magdalen; H. J. Fry, Magdalen; H. E. Gibson, Queen's; G. H. Hunt, Christ Church; G. J. Z. Jessel, University; G. E. Neligan, Exeter; H. P. Newsholme, Balliol; J. A. Noble, Queen's; E. W. M. H. Phillips, Jesus; T. S. Wright, B.N.C.

The following passed in *Human Anatomy and Human Physiology*:

M. B. Bates, St. John's; A. W. Burney, Queen's; G. D. Carpenter, non-coll.; C. D. H. Corbett, University; G. H. Crosfield, University; G. R. Girdlestone, University; S. Hartill, Exeter; R. G. Klein, Christ Church; T. R. Walker, Hertford.

Second M.B. Examination.—The following passed in *Forensic Medicine and Hygiene*:

H. H. Baker, University; H. A. Barnes, Keble; O. E. Berkeley Hill, Trinity; L. T. Burra, University; P. J. Dear, non-coll.; J. S. C. Douglas, Christ Church; E. L. Farncombe, St. John's; J. H. Hebb, St. John's; R. Jameson, Trinity; R. C. Jewesbury, Christ Church; A. G. Jones, Magdalen; S. Nockolds, Keble; L. J. J. Orpen, Keble; C. J. Pinching, St. John's; J. G. Priestley, Christ Church; C. A. Smallhorn, Wadham; B. H. Spilsbury, Magdalen; H. G. F. Spurrell, Merton; H. C. Squires, Hertford.

Second M.B. Examination.—The following candidates passed in Pathology:

H. H. Baker, University; C. Beards, Jesus; H. B. Billups, Jesus; H. H. Carleton, Keble; D. Davidson, B.N.C.; J. S. C. Douglas, Christ Church; E. L. Farncombe, St. John's; G. M. Johnson, Magdalen; G. A. Jones, Magdalen; O. G. F. Luhn, Christ Church; S. Nockolds, Keble; C. J. Pinching, St. John's; H. R. Ramsbotham, B.N.C.; H. S. Souttar, Queen's; H. C. Squires, Hertford; A. G. J. Thompson, Queen's; A. P. Yonge, Exeter.

The following candidates passed in Medicine, Surgery, and Midwifery: H. A. Barnes, Keble; E. L. Farncombe, St. John's; J. H. Hebb, St. John's; R. Jamison, Trinity; R. C. Jewesbury, Christ Church; J. G. Priestley, Christ Church; C. H. Smallhorn, Wadham College; B. H. Spilsbury, Magdalen.

Examination for the Degree of Master in Surgery.—The following passed: A. C. Goodwin, B.M., Keble; O. W. Richards, B.M., New.

UNIVERSITY OF LEEDS.

DEGREES.

A CONGREGATION of the University was held in the Town Hall on July 1st, when certain degrees were conferred by the Vice-Chancellor on Associates of the Yorkshire College, and on other students who, having attended complete courses of studies in the Yorkshire College, had graduated in Victoria University or in other universities of the United Kingdom. In the latter category degrees in medicine were conferred on the following:

Degree of Doctor of Medicine (M.D.).—E. Turton, M.D. Vict.

Degree of Bachelor of Medicine (M.B.).—G. L. Wells, M.B., B.S. Lond., A. F. Kellett, M.B. Cantab., A. Manknell, M.B. Lond., S. L. B. Wilks, M.D., B.S. Lond., D. Seaton, M.B. Vict., R. Hopton, M.D., B.S. Lond., C. W. Eames, M.B., C.M. Edin., J. Broadley, M.B. Lond., F. Darlow, M.B. Vict., A. Mackenzie, M.A., M.B., B.C. Cantab., C. H. Moorhouse, M.B. Vict., H. Stansfeld, M.B. Vict., W. J. W. Anderson, M.B. Vict., C. H. Greenwood, M.B. Vict., J. A. Reed, M.B. Vict., E. W. Spink, M.D. Lond., C. R. Willans, M.B. Vict., H. Brown, M.B. Vict., W. A. Stott, M.B. Vict., R. G. M. Ladell, M.B. Vict., L. R. Braithwaite, M.B. Vict., H. Maffin, M.B. Vict., C. T. Matthews, M.B. Vict., F. P. H. Birtwhistle, M.D. Vict., W. E. Brierley, M.B. Vict., E. Cundall, M.B. Vict., A. M. Deane, M.B. Vict., F. W. M. Greaves, M.B. Vict., F. W. Bayes, M.B. Vict., J. H. Legge, M.B. Lond., H. J. Macvean, M.B. Vict., B. Suggit, M.B. Vict., H. Tomlin, M.B. Vict., W. H. Smailes, M.B. Lond.

Among those degrees conferred on the results of examinations of the University of Leeds was the following:

Degree of Doctor of Medicine (M.D.). (Presented by Professor Birch, Dean of the Faculty of Medicine).—A. S. Parkinson.

On June 30th degrees were conferred by the Vice-Chancellor on the heads of certain departments, and on certain members of the staff of the General Infirmary at Leeds, which is closely associated in its work with the University. Among these the degree of Master of Science was conferred on the following:

C. J. Wright, M.R.C.S., Professor of Obstetrics in the University; W. B. Lewis, M.R.C.S., L.R.C.P., Lecturer on Mental Diseases in the University; W. H. Brown, F.R.C.S.I., M.R.C.S., Surgeon to the General Infirmary at Leeds; H. Littlewood, F.R.C.S., Surgeon to the

General Infirmary at Leeds; H. S. Walker, F.R.C.S., Ophthalmic and Aural Surgeon to the General Infirmary at Leeds.
By resolution of the Court, the degree of M.D. was conferred *in absentia* on W. W. Stoney, M.D. (Vic.) residing at Kimberley, South Africa.

UNIVERSITY OF MANCHESTER.
The Council has appointed Gilbert J. Fowler, D.Sc., Lecturer in Bacteriological Chemistry in the Department of Public Health.

ST. MARY'S HOSPITAL.
The prizes gained during the year by the students of St. Mary's Hospital Medical School, Paddington, were distributed on June 29th in the library of the institution by Sir John Gorst, M.P., Mr. Herbert Page, presiding.

The DEAN (Dr. H. A. CALEY) read a report, in which it was stated that during the year the proposed concentration of the early and intermediate medical studies had again been under consideration. Whilst desirous of co-operating with the Senate of the University of London in any scheme clearly for the advancement of medical education in the metropolis, the authorities had decided to maintain the several departments for these studies, so that the medical school would continue to provide complete courses for the preliminary scientific and intermediate M.B. under recognized teachers of the University.

The awards were as follows: The four *Open Scholarships*, one of the value of £145, and three of £52 10s., went to Messrs. W. L. Cowardin, E. W. Archer, A. B. Porteous, and T. A. F. Tyrell, respectively; the two *University Scholarships*, each of £63, to Messrs. C. H. Rothera, B.A. Cantab., and K. A. Lees, B.A. Cantab. The *General Proficiency Scholarships*, of £20 each, went in *Anatomy, Physiology, and Histology* to A. Fleming; in *Midwifery, Pharmacology, Pathology and Medical Jurisprudence* to G. S. Thompson; in *Medicine, Surgery, Operative Surgery, Hygiene and Mental Diseases* to V. Z. Cope, B.A. The prizes in *Clinical Medicine* to E. T. H. Davies, and G. S. Thompson (equal); in *Clinical Surgery* to G. E. Peacheil, H. E. Kitchen, B.A., and V. Z. Cope, B.A.; in *Ophthalmology* to V. Z. Cope, B.A., and C. I. Graham; in *Dermatology* to V. Z. Cope, B.A.; the prizes for *Prosecutors of Anatomy* to D. W. Daniels and H. L. Barker; in *Hygiene* to V. Z. Cope, B.A.; in *Midwifery*, E. T. H. Davies; in *Medical Jurisprudence*, G. S. Thompson; in *Materia Medica and Pharmacology*, A. Fleming; in *Psychological Medicine*, V. Z. Cope, B.A.; in *Chemistry and Physics*, J. L. Waller; in *Organic Chemistry*, A. Fleming; in *Chemistry and Physics*, G. S. Thompson; in *Pathology*, A. Fleming; in *Practical and Operative Surgery*, T. E. Francis; in *Anatomy*, D. W. Daniels and A. B. Porteous; in *Physiology*, D. W. Daniels and E. W. Archer; in *Biology*, T. Hard and H. H. Tanner.

Sir JOHN GORST delivered an address in the course of which he said that the medical profession would in a few years assume a more important position than even that which it occupied now, because all civilized nations were waking up to the fact that on the health and vigour of their people depended their existence and prosperity. But there would be no real reform in the health of the people without a strong and widespread public opinion, and there were indications that such opinion was beginning to form. There should not be much difficulty in carrying out considerable reforms, because the Public Health Act was a perfect mine of powers which only needed to be put into execution by the local authorities to produce a much better state of things. One of the obstacles to progress was that the richer members of society had not hitherto recognized the extent to which their own well-being and the health of their own children were dependent upon the condition of the poor. Another obstacle was the apathy of the people. He believed that one of the fruits of the work of the League for the Promotion of Physical Education and Improvement would be an effort to place on local authorities men who were prepared for reform. A third obstacle to improvement was the fact that the medical officers of health were not placed in a sufficiently independent position in regard to the local authorities. In Berlin a very different state of affairs prevailed. He did not know why England, with all its riches and public energy, should not become a model to the rest of the world in the attention paid to the sick.

UNIVERSITY STUDENTS' CONGRESS.

THE British University Students' Congress was held at University College during last week, all the universities in the United Kingdom being represented except Oxford and Cambridge, which have no organization to send delegates to represent their undergraduates generally.

Sir ARTHUR KÜCKER, Principal of the University of London, in welcoming the delegates, said that there had been in the past too little communication between the different universities, and the experiment now undertaken was of great interest.

Lord REAY, President of University College, who also welcomed the delegates, referred to the proposal which would come before the Congress to appoint a representative committee to examine into the possibility of extending the organization of the International Academic Committee of the University of Edinburgh to other universities in the United Kingdom. The British universities could, he said, no longer remain isolated, and added that in his opinion the success of Japan was due to the fact that it was the most international country at present in existence.

The first business of the Congress was the receipt of a report on residential halls. It was stated that fourteen British universities and colleges, eleven American universities, and four Australian universities had been communicated with. Afterwards it was decided to extend the scope of the Congress to include the delegates from students' councils of all the universities of England, Scotland, Ireland, and Wales. At the second session a long discussion took place on the need for physical as well as mental development, and a resolution was adopted urging university authorities to organize on practical lines adequate means of the physical exercise for students. At the third session a long discussion took place on the need for a system of State support for universities. Before the Congress separated it adopted a resolution to the effect that, whenever practicable, the work done by a student at one university should entitle him to an equivalent standing at any other university.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved at the examinations indicated.

Surgery.—A. Beeley, *G. N. Biggs, *V. H. Blake, H. R. Grellett, F. E. Gubb, A. H. Hughes, *H. A. Parker, *J. W. Peatt, *T. R. St. Johnstone, *N. A. Stutterheim, *A. L. Walters, J. M. Wilson.

Medicine.—†M. B. Dawson, *F. E. Gubb, *P. A. Hendley, *F. J. Macphail, *T. R. St. Johnstone, J. M. Wilson.

Forensic Medicine.—J. J. Commerell, P. A. Hendley, F. J. Macphail, H. J. May, G. B. Messenger, E. B. Miles, R. Terry, J. M. Wilson.

Midwifery.—G. N. Biggs, V. H. Blake, H. S. Burnell-Jones, W. L. Crabtree, E. B. Miles, H. M. Waller.

The diploma of the Society was granted to Messrs. A. Beeley, J. J. Commerell, W. L. Crabtree, M. B. Dawson, H. R. Grellett, F. E. Gubb, P. A. Hendley, A. H. Hughes.

* Section I.

† Section II.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL ETIQUETTE.

PEPPLEPLEX writes: A. is in professional attendance on B., who is a visitor to the district. C. is aware of A.'s attendance on B., but calls at the urgent request of B.'s family doctor, in order to give a special report on B.'s condition. C. in calling, regarded himself as the representative of B.'s family doctor, and abstained from giving advice, but did not ask A.'s sanction to visit B. Was C.'s professional attitude correct?

** No. A practitioner ought not to visit a case under the care of another without communicating with the latter and asking his permission to see the case with him.

PEPPLEPLEX also writes: A. is a very old patient of B.'s, but meets with an accident, and calls in C. in the emergency, and asks him to continue in attendance. Neither A. nor C. communicate with B. C. and B. are not on friendly terms. Should C. have communicated with B.?

** If B. was not in attendance on A., C. was not bound to communicate with him. His previous attendance no doubt gave him a claim to be treated with some consideration by A., who might have taken an opportunity to explain matters to him; but C. was entitled to continue in attendance if asked to do so, and it was not his duty in any case to communicate with B.

THE ETHICS OF CONSULTATION.

BACILLUS writes that about five months ago he was called into consultation by a country practitioner about seventeen miles from the city in which he lives; on the day of writing to us a sister of the patient then seen had called to consult him. He wishes to know whether he was right in examining and prescribing for her. As he was in doubt he wrote to the country doctor and explained the circumstances.

** The proper course to adopt in such a case is to ask permission to write to the patient's medical attendant and to enclose the prescription to him. If, however, the patient refuses to allow this there would be no impropriety in seeing the patient and prescribing for her as she was not the person who had been seen in consultation.

COMPENSATION FOR INJURY.

G. writes: I am attending a boy, aged 14, whose fingers were caught in a machine at his work. The fourth and fifth fingers of the right hand had to be amputated about $\frac{1}{2}$ in. in front of the palm. Is this boy entitled to compensation under the Employers' Liability Act? If so, what compensation could he claim? He had been in his employment three weeks. His wages were 4s. ad. per week.

** If the accident arose out of and in the course of the boy's regular employment he is entitled to compensation under the Workmen's Compensation Act. No amount is due for the first fortnight. Afterwards the amount payable is a sum equal to half the average wage—that is, 2s. $\frac{1}{2}$ d. a week until the boy is able to resume work.

CONSULTATION FEE RECEIVED BY PARTNER.

A. sells B. a practice with the usual six months' partnership introduction, in the course of which partnership B. attends an old patient in consultation with a practitioner in another town. Is B. entitled to the whole fee, or should the fee be placed to the credit of the partners' ip?

** While the partnership subsists all professional receipts should be shared.

ADMINISTRATION OF ANAESTHETICS FOR A FIRM OF UNREGISTERED DENTISTS.

J. J. C.—The position is complicated by the firm employing a registered assistant, and we doubt if, under the circumstances, any charge of covering could be maintained, but we think that our correspondent has acted in accordance with professional etiquette in declining in any way to countenance the practice of the firm. It must be remembered that where the actual practitioner is not the principal a qualified assistant may be there to-day and an unqualified person to-morrow; such is, in fact, the habit of some of those firms. We know nothing of the firm in question, but a person bearing the same surname as that coming first in the style of the firm was struck from the *Dentists' Register* in 1903 by the General Medical Council, and subsequently converted himself into a limited company. We have no reason, however, to connect him with this firm.

PROFESSIONAL SECRECY.

JUDICIAL.—The Court has power to compel a medical witness to divulge professional secrets under penalty of being committed for contempt. Our correspondent should place himself in the hands of the Court, expressing his willingness to answer those questions which, in the opinion of the judge, it is in the interests of justice that he should answer