

prepared I am already indebted to the kindness of Mr. L. Noon, F.R.C.S., of St. Bartholomew's Hospital. The question merits the attention of pathologists.

## REFERENCES.

<sup>1</sup> *Journ. of Physiol.*, xxvii, p. 237, 1901. <sup>2</sup> *Journ. of Physiol.*, vii, p. 1, 1886. <sup>3</sup> *Journ. of Physiol.*, xxxi, pp. 260, 1904. <sup>4</sup> *Journ. of Physiol.*, xxviii, p. 73, 1902. <sup>5</sup> *Legege, Arch. Internat. de Pharmacodynamie et Therapie*, xlii, p. 245, 1904. <sup>6</sup> *Meitzer, Amer. Journ. Physiol.*, xi, p. 59, 1904. <sup>7</sup> *Blum, Deutsch. Arch. f. Klin. Med.*, lxxi, p. 146, 1901. <sup>8</sup> *Journ. Physiol.*, xviii, p. 230, 1895. <sup>9</sup> *Archiv Mikroskop. Anal.*, lxxi, p. 263, 1903, and *Anatomische Hefte* xli, p. 254, 1902. <sup>10</sup> *Biedl and Wiesel, Pflüger's Archiv*, xci, p. 434, 1902. <sup>11</sup> *Journ. Physiol.*, xxx, p. 476, 1904.

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

## DIACHYLON AS AN ABORTIFACIENT.

In reference to your notice in the BRITISH MEDICAL JOURNAL of the 8th inst. on the use of lead as an abortifacient and the fact that in the cases recorded by Dr. Ransom wrist-drop did not occur, I recently attended a case in conjunction with my colleague, Dr. Barton, where the presence of this symptom enabled us to arrive at a correct diagnosis.

My patient aborted in the month of February last and denied having taken any drug, but having amenorrhoea the following months of March and April, repeated her doses of diachylon pills.

When called in again on April 17th, I found all the cardinal symptoms of plumbism—including wrist-drop—markedly present.

On questioning the patient closely, I then ascertained the history of three months' lead administration.

In Dr. Ransom's cases it is probable that only one large initial dose was taken, and that coming under appropriate treatment, the drug was eliminated. To bring on the typical nerve lesions, a short continuation is required.

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L.F.P.S.G.

## UNDULANT FEVER IN SOUTH AFRICA.

The subject of Mediterranean or Malta fever is at present receiving a good deal of attention, and a considerable number of contributions upon it have appeared in the pages of the BRITISH MEDICAL JOURNAL during the past six months. It does not appear to be generally known outside of South Africa that a disease apparently identical with Malta fever is endemic in certain parts of this country. I send herewith for your perusal a copy of a paper\* by me on "The Question of the Presence in South Africa of Undulant or Malta Fever" read before the Orange River Colony Medical Society in April, 1904. The paper was published in the *South African Medical Record* of August 15th, 1904, and was based upon a study of seventy-two cases during a period of eighteen months, presenting the clinical features of undulant fever.

On February 8th, 1905, I read a second paper on the subject before the Orange River Colony Medical Society. In that paper I recorded the following facts:—

Among the original seventy-two cases I observed sixteen cases of joint swellings, although at the time when I wrote the first paper, I was able to cite only four. There was hearsay evidence of several more cases of joint swellings at distant farms.

Blood samples from thirty-four of my patients were sent to the Cape Colony Government laboratories at Grahamstown and at Capetown. The tests were conducted by Dr. Edington and Dr. G. W. Robertson, who kindly procured cultures of the *M. melitensis* for the purpose. The following were the results:—

Dilution used	Positive reaction to Malta fever.	Negative.
1 in 10	...	3
1 in 20	...	6
1 in 30 to 35	...	8
1 in 50	...	4
not stated	...	4
Total	...	25
	Positive reaction to typhoid fever,	5

One, which was negative to Malta fever, was not tested for typhoid. The four latter were comparatively short fevers presenting the characteristics of typhoid.

In the *South African Medical Record* of October, 1903, a paper on "Camp Fever" by Mackenzie, of Kimberley, was put

\* It has been placed in the library of the Association.

lished. In that paper Dr. Mackenzie gave it as his opinion that this fever had its closest analogue in Malta fever. From Dr. Mackenzie's description of "camp fever" I am led to believe that it is the same as that which has been prevalent in my practice, and consequently that the disease is not a new importation due to the circumstances attending the late war; for I understand that the term "camp fever" has been in use in Kimberley from the early days of the diamond fields.

Last February I sent a patient for observation to the Government Hospital at Bloemfontein. Dr. Targett Adams, Government bacteriologist, reported to me that the *M. melitensis* was undoubtedly present in the patient's blood.

Philippolis, O.R.C. P. D. STRACHAN, M.A., M.B., Ch.B.

## LARGE VESICAL CALCULUS.

CAPTAIN H. A. WILLIAMS, D.S.O., I.M.S., Resident Medical Officer, General Hospital, Rangoon, has just forwarded me the final result of a case of stone in the bladder operated on by me in February. He has at the same time called my attention to the report in the BRITISH MEDICAL JOURNAL of January 7th, by Mr. Pike, of St. Vincent, of the successful removal entire of a stone weighing 13*1/2* oz.; to a note by Lieutenant-Colonel Hatch, I.M.S. ret., of a stone removed entire by him weighing 17 oz. (result not stated); and to a note by Major Tilson Hudson, I.M.S., in the JOURNAL of March 18th of a fatal case of stone weighing about 20 oz. removed after bisection.

My case was that of a Burman cultivator, aged 37, who had suffered for fifteen years from symptoms of stone in the bladder. His general condition was, however, surprisingly good, although there was constant dribbling of urine, which was intensely fetid. Litholapaxy being found impossible on account of the size of the stone and the way in which it filled the bladder, suprapubic cystotomy was performed, and the stone was then crushed, with great difficulty, by a lithotrite introduced through the suprapubic wound. The operation occupied two hours, and was extremely tiring. The fragments of the stone weighed, when dry, 13 oz. 6 dr. Its central part was extremely hard, and was surrounded by softer white concentric laminae, fragments of the outer giving a good idea of its size. The wound was left open. The patient had no bad symptoms, and was discharged with his wound healed just a month after.

The most important point in connexion with these large stones would seem to be the best means of removal. Removal entire is the most expeditious way, but this means a very large incision into the bladder, with the danger of opening the peritoneum, and the exercise of perhaps a dangerous amount of force. Removal by crushing means a prolonged operation in a patient generally greatly debilitated, and a considerable amount of injury to the mucous membrane of the bladder. I have no experience of perineal litholapaxy and its applicability to these cases.

C. DUER, M.B., F.R.C.S., Major I.M.S.

## HYPERPYREXIA.

ON March 31st, 1905, about 10 30 p.m., I was asked by a lady to see her nursery governess. She informed me that she had taken the patient's temperature under the arm; the first thermometer that she used burst, and the second registered 110.2° F. I found the patient in bed with flushed face, quick pulse, complaining of pains in the back of the head, pains in the eyeballs, pains down the back and legs, and, as she expressed herself, she was all pains. On taking the temperature with my own thermometer (Kew certificate) I found that it likewise registered 110.2° F. in the axilla.

I looked upon the case as one of acute influenza in a neurotic subject, ordered quinine sulphate gr. vi every second hour and a diaphoretic mixture. The next morning I found her a great deal better, with temperature almost normal; it remained so until April 2nd, when I again had a message late at night; then her temperature had registered 112.3° F. There was considerable restlessness and delirium, with dilated pupils. The quinine was repeated in the same dose. The nurse in attendance put her into a hot bath and administered stimulants freely, and when she had been put back to bed free perspiration set in, saturating everything about her. When I saw her next day the temperature had fallen to normal, and remained so, with the exception of a slight increase about a week after, which could be easily accounted for; she was given a mixture of dilute hydrochloric acid, quinine, liquor strychniae with the glycero-hypophosphates.

When she made the effort to get out of bed she was unable to use the lower limbs; they were more or less paralysed, and knee-jerks diminished. This condition proved only temporary, and she gradually regained her usual condition. I may state that all the thermometers (four, not including the burst one) registered the same temperature, and three of these had Kew certificates; one of these unshaken still stands at  $112.3^{\circ}$  F. The points of interest are the severity of attack, the high temperature, and recovery to health of the patient without suffering any apparently injurious effects. She was able to travel to London safely, and I am informed by her medical attendant there that she is convalescent, and will be able to return to her usual duties. I should like to know if others have had any similar experience.

Strabane.

JOHN BRITTON, M.D., F.R.C.S.

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

ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN,  
BRIGHTON.

### SOME CASES OF SURGICAL DISEASE.

(Reported by L. A. PARRY, M.D., B.S.Lond., F.R.C.S.,  
Assistant Surgeon.)

In each of the following cases there is a point worthy of note by those who take an interest in the pathology of cases of surgical disease in children.

#### 1. RETENTION OF URINE.

A boy, aged 2, was admitted to the hospital on account of abdominal pain. Nothing in his previous history bore on his condition, except the fact that he was extremely rickety and had previously had some spasmodic laryngeal trouble. His bladder was found distended up to the umbilicus. He had phimosis, but the aperture in the foreskin was of fair size. I at once circumcised him and passed a catheter. There was no obstruction in the urethra. For many days afterwards a catheter had to be frequently passed, but gradually he began to micturate naturally, the catheter being used for the last time fourteen days after admission.

REMARKS.—I look upon this case as one originally of acute retention, due reflexly to the phimosis. The great dilatation of the bladder led to atony of that organ, which only slowly recovered itself. Many cases are on record in which an excessive dilatation has been followed by atony of the bladder, but I have never seen it before in a child. Acute retention is not in itself a very rare reflex sequence of phimosis, and since the foregoing case passed through my hands I have had to deal with another one. In the latter retention had existed for twenty-eight hours, but the child micturated freely directly it was placed under chloroform, and no other trouble occurred from atony, as in the case narrated.

#### 2. MULTIPLE EXOSTOSIS.

A boy, aged 9 years, was brought to hospital on account of a large number of lumps, which were deforming him. The first ones noticed were when the child was aged 2 years; gradually others appeared and increased in size. Altogether, when brought to the hospital, there were present about forty tumours, varying in size from a pea to a walnut; they were all situated at the junction of diaphysis and epiphysis, and were very hard, painless, and sessile. They were remarkably symmetrical on the two sides. Amongst other places in which they were situated were the upper and lower ends of both tibiae and fibulae, both sides of the lower ends of the femora, the lower ends of the radii and ulnae, several at the junction of the various pieces of the sternum, and many at the junction of the ribs and cartilage.

REMARKS.—The only tumour which caused any trouble was at the upper end of the left tibia. It was arranged to remove this if the slight pain which it was said to cause seemed later on to be of any real importance.

#### 3. LATERAL CURVATURE.

This was a case in a boy aged 4 years. Three years before he had been affected by anterior poliomyelitis. The muscles in the gluteal region and all over the thigh on the right side were much wasted. There seemed also to be wasting of the erector muscles on the same side, but of this owing to the twist in the spine it was not easy to be certain. The leg on the affected side was in no way shortened. In the lumbar region there was a marked curve to the left which was very little altered by suspension.

REMARKS.—Usually scoliosis from infantile paralysis is due to defective growth of one of the lower limbs, but in this case, as noted, the limbs were of identical length. The time, of

course, had long passed at which any benefit from electricity could be expected, and no form of apparatus seemed likely to be of value. The parents, therefore, were merely advised to do all they could to maintain nutrition in the paralysed muscles by exercises and warmth.

## British Medical Association, CLINICAL AND SCIENTIFIC PROCEEDINGS.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—The annual meeting of this Branch was held at Bowness-on-Windermere, on Wednesday, June 28th, Dr. A. W. COLLINS in the chair. The new PRESIDENT (Dr. T. Mason, Windermere) delivered an address on "Angina," with special reference to the mild cases, which he maintained occurred in larger numbers than was usually admitted to be the case. He suspected that the reason for the refusal on the part of the profession generally to entitle the slight cases angina was an unwillingness to give a classically-ominous name to cases which lacked the most striking and urgent characteristics. He described cases which in the early stages, and over a period of years, presented symptoms of angina in a modified or suggestive form, but which ultimately developed well-marked and definite paroxysms of the disease. Several of the cases mentioned occurred in women, in whom the symptoms were clearly not due to hysteria. He deprecated the use of the term pseudo-angina as being both vague and misleading. Simple cases of hysteria should be diagnosed as such, though personally he had not met with any; while the mild cases of true angina, which were not very uncommon, should be clearly recognized, and treated as liable and likely to run on to a fatal termination if not properly cared for. With regard to the pathology, the most striking cause was disease of the coronary arteries, but with equal frequency fatty degeneration, thin-walled ventricles, or atheroma of the aorta appeared to induce angina; while in not a few cases no grave lesion could be found after death. Perhaps angina should be looked upon, like syncope, as a recurrent symptomatic condition in the overtaxed heart, rather than as a disease. Finally, he laid stress on the absence of physical signs in many diseased or degenerate hearts.—A short discussion followed, in which Drs. OLDHAM, J. W. ANDERSON, and RODAS SHAW took part.—Specimens: The following were shown:—Dr. W. D. CHAPMAN: Portion of glass catheter removed from bladder; Dr. MASON: Melanotic sarcoma of toe; Mr. A. S. BARLING: (a) A myoma of uterus, weighing 6 lb., removed by abdominal section; (b) gall stones removed by cholelithotomy; (c) scapula excised for carcinogenesis; Dr. MASON: Microscopic section of melanotic sarcoma.—Books: The following were exhibited:—*Air, Water, and Situation* (Hippocrates); this contains the oath and also the description of the "facies Hippocratica"; the *Lancet*, vol. i; *The Vermiform Appendix and Its Diseases* (Kelly), and many others.

## REPORTS OF SOCIETIES

### EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Professor JOHN CHIENE, C.B., President, in the Chair.

Wednesday, July 5th, 1905.

#### INFLUENZA.

DR. MICHAEL DEWAR read a paper on an epidemic of influenza which occurred in Edinburgh in the spring. The greater number of his patients were attacked during the thirty days from the middle of January to the middle of February, 1905. Three principal types were noted: (1) Cardiac and pulmonary, (2) gastro-intestinal, (3) nervous or neurotic. Diagnosis of the condition often presented difficulty; but consideration of the manner of onset, the temperature of the patient, erratic pulse, facial expression, the dry brownish tongue, and inability to discover lesions which could give rise to such symptoms enabled a correct diagnosis to be reached. Conjunctival and nasal catarrhs were rarely met with. In the cardiac type the temperatures varied from  $99^{\circ}$  F. to  $102.5^{\circ}$  F. for about a fortnight; the heart became feeble and irregular in action, the pulse was quick and coinsepsible. In some cases a faint mitral bruit developed.

give the medical officers every facility for the separation of such cases from the crowded tents, and for the thorough disinfection of their excreta, bodies, clothing, and tentage.

Without such precautions and provisions all encampments occupied for longer than a few weeks will be liable to disastrous typhoid epidemics.

## MEDICAL NEWS.

THE Duke of Connaught will open the Nurses' Home at the City of London Hospital for Diseases of the Chest, Victoria Park, at 4 p.m., on July 26th.

IT is announced that Professor Schweninger, formerly Physician to Prince Bismarck, has resigned the position of Director of the hospital at Gross Lichtenfelde, near Berlin.

AT a Special Court of Governors and Subscribers of the Warneford Hospital, Leamington, on July 5th, Dr. Otho F. Wyer was appointed Consulting Physician to the institution, after twenty-one years' service as Honorary Physician.

IN a letter dated Iringa, Uhehe, April 26th, which is published in the *Kölnische Zeitung*, Professor Koch announces that he has found that the trypanosome of tsetse fever undergoes special development in the tsetse fly.

UNDER the will of Mrs. Hames, the wife of Mr. G. H. Hames, F.R.C.S., of Sloane Street, the King Edward's Hospital Fund for London will eventually receive the residue of her estate, estimated to exceed £50,000.

A VACATION course, lasting four weeks, will commence at the Post-graduate College, West London Hospital, on Thursday, August 10th. The course comprises twenty lectures and demonstrations. Further particulars can be obtained from Mr. L. A. Bidwell, Dean of the College.

AT the last meeting of the Council of the University of Birmingham, Professor R. Saundby, M.Sc., M.D., LL.D., F.R.C.P., was appointed, on the recommendation of the Senate, as a delegate to represent the Medical Faculty of the University at the International Congress of Medicine, to be held in Lisbon in 1906.

THE late Mr. Francis Wyndham Cook left a sum of £25,000 to his trustees to pay in their discretion to any central fund for the benefit of London hospitals. Half of this sum was given to the Metropolitan Hospital Sunday Fund on June 25th, as stated at the time, and the balance of £12,500 has now been allotted to King Edward's Hospital Fund.

WE regret to announce the death of the famous Vienna clinician, Professor Hermann Nothnagel, who died suddenly on July 7th at the age of 64. He had occupied the Chair of Clinical Medicine in the University of Vienna since 1882, and was the author of many contributions to medical literature of the greatest value. We hope to publish a fuller account of his career in a later issue.

AT a meeting of the Metropolitan Asylums Board, held on July 8th, a letter from the Local Government Board was read, in which it was stated that the Board was collecting information relative to the suggested establishment of sanatoriums for the treatment of consumptives. The Board was, therefore, not in a position to express an opinion on the question whether the managers of the Metropolitan Asylums Board should undertake the new duties proposed.

THE annual Congress of the Royal Institute of Public Health will be opened in London on July 19th, when the President (the Marquis of Londonderry) will give an inaugural address. The business of the Congress will be conducted in eight sections: (a) Preventive Medicine; (b) Municipal Administration of the Education Act; (c) Child Study and School Hygiene; (d) Engineering and Building Construction; (e) Bacteriology and Chemistry; (f) Veterinary Hygiene; (g) Tropical Hygiene; (h) Naval and Military Hygiene. Sectional meetings will be held on July 20th, 21st, 24th, and 25th.

ON July 12th the amount received by the Metropolitan Hospital Sunday Fund had reached a total exceeding £50,000. A good many places of worship, it is understood, still have to pay in the amount of their collections on June 25th.

THE QUEEN'S JUBILEE HOSPITAL.—From a fragmentary record of some correspondence between King Edward's Hos-

pital Fund and the Jubilee Hospital which has been published in some of the daily papers, it would appear that the hospital has been informed that the recommendations of the fund were in no sense demands but merely offered as advice, and that failure to adopt them will be in no way resented. Any applications which the hospital may make for grants from the fund will be considered simply on their merits, as in the case of other institutions.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The 11th monthly meeting of the Medical Sicknes, Annuity, and Life-Assurance Society was held at 429, Strand, London, W.C., on June 30th, under the presidency of the chairman, Dr. de Havilland Hall. The accounts presented showed that the society was making satisfactory progress. The claim account has steadily fallen, and the sickness now experienced is under the average expected from the tables on which the rates of contribution are based. The total amount of sickness money paid away in the first six months of the current year is rather greater than in the corresponding period of last year, but the growth in the number of members and in their average age accounts for this. The number of new entrants has so far been considerably greater than in 1904, and, as the society spends no money in advertising and pays no commission for the introduction of new business, the increase in the number of new entrants is a very satisfactory feature. Over £10,000 a year is being disbursed by the society in this way, and the hundreds of claims comprising every kind of illness and accident brings the society under the notice of the profession in a manner which no ordinary advertisement could rival. Prospectuses and all particulars of Mr. F. Addiscott, Secretary Medical Sicknes and Accident Society, 33, Chancery Lane, London, W.C.

RUPTURE OF GRAVID UTERUS AFTER TWO CAESAREAN SECTIONS.—Professor Olshausen declares that about 110 Caesarean sections have been performed under his observation between 1888 and the end of 1904, and in only one did rupture of the uterus in a subsequent pregnancy occur. Dr. Henkel<sup>1</sup> has reported this case. In 1892 a woman underwent a second Caesarean section in Olshausen's clinique. Last June a hernia of the abdominal cicatrix was repaired. On January 2nd the patient was admitted into the clinique for a sudden attack of somewhat severe abdominal pain for which she could not account. She looked very ill; there was free fluid in the abdominal cavity, the outline of the uterus appeared to be ill-defined and fetal heart sounds could not be heard. Rupture of the uterus during advanced pregnancy, with escape of the fetus into the abdominal cavity was diagnosed. Dr. Henkel opened the peritoneal cavity and removed the fetus and placenta entire. The uterus was then drawn up to the abdominal incision and the ruptured scar which extended from the fundus to the cervix was excised, then the freshened wound closed with ten interrupted sutures and a continuous sero-muscular suture. The patient made a good recovery and was exhibited about six weeks after the operation before a medical society.

SIX LAPAROTOMIES ON ONE PATIENT.—Professor Olshausen<sup>2</sup> exhibited, at a recent meeting of the Berlin Obstetrical Society, a woman who had undergone abdominal section six times in eleven years. In 1903 the right ovary was removed. In 1905 the uterus and the opposite ovary were amputated and a hernia of the abdominal scar resected. In 1896, the hernia recurring, had to be excised, an operation which required to be repeated in 1900, 1903, and 1904. The chief point of practical importance in this case is the obstinate recurrence of hernia of the abdominal scar. Excision of the sac is sometimes more than troublesome, as small intestine may be closely adherent to its inner surface. As a rule, the excision is easy, but it is not satisfactory to learn that with all the care which has been bestowed on the closure of abdominal incisions hernia not rarely develops, whether the layers of the abdominal wall be united all together or separately. Long after-histories of abdominal section are urgently needed. Spencer Wells used to say that a lady once upbraided him for the misery which she suffered owing to a hernia of this kind; the ovarian tumour which that authority had removed was associated in the patient's mind with nothing worse than unsightly abdominal swelling.

<sup>1</sup> Report of Meeting of the Gesellschaft f. Geb. und Gyn. zu Berlin, February 10th, 1905. *Zeitschr. f. Geb. u. Gyn.* Vol. liv, part ii. 1905.

<sup>2</sup> *Zeitschr. f. Geb. u. Gyn.*, vol. liv, part ii, 1905. Report of Meeting of Berlin Obstetrical Society, January 12th, 1905.

municated when necessary with parish councils calling attention to the provisions of the Act, and, among the parish councils lately so communicated with, the parish council of Dundee was written to in the early part of the year. In regard to the latter part of the honourable member's question he had no information in regard to English prosecutions. The number of prosecutions, of course, depended on the number of defaulters.

**The Report on Vagrancy.**—Mr. Pike Pease asked the President of the Local Government Board whether the Committee now dealing with the question of vagrancy would report during the present Session. Mr. Gerald Balfour said he understood that there still remained a considerable number of witnesses to be examined, and that it would not be possible for the Committee to make their report during the present Session.

**The Pollution of the Wey.**—Colonel Wyndham Murray asked the Secretary of State for War whether any drainage takes place from Bordon Camp, Hampshire, into the sources of the River Wey, which flows into the Thames; and, if so, what steps were being taken by the military authorities to prevent pollution of the rivers. Mr. Secretary Arnold-Forster replied that no unpurified sewage from Bordon Camp discharged into the River Wey. The effluent from the Bordon sewage works eventually found its way, as must any such discharge in that locality, into the Wey, which was the natural watercourse draining that area. Difficulties had been experienced in attaining the degree of purification of the effluent desired by the river authorities, and the matter had been and was receiving very special attention, and every endeavour was being made to put matters upon a proper footing.

**Fees for Attendance at Isolation Hospitals.**—Sir Charles Welby asked the President of the Local Government Board whether he was aware that, in the case of an isolation hospital having no resident medical officer, it was customary for the local practitioners to attend their own patients; and whether, in the event of any such practitioner being a member of the local authority to which such hospital belonged it was the practice of the Local Government Board to take any steps to prevent the recovery by him of the usual fees paid by the local authority in such case. Mr. Gerald Balfour replied that he believed that not infrequently patients in isolation hospitals were attended by their own medical men. He was not aware of any case in which the Local Government Board had taken steps to prevent the recovery of fees in such circumstances, but he thought it right to draw attention to the provision in Section xii of the Municipal Corporations Act, 1882, which disqualified a person for being a councillor of a borough if he had directly or indirectly by himself, or his partner, any share or interest in any contract or employment with, by, or on behalf of the council. There was a similar provision in the Local Government Act, 1894, as regarded members of urban or rural district councils.

**The Use of Ether and Laudanum in the North of Ireland.**—Mr. Joseph Devlin asked the Chief Secretary to the Lord Lieutenant of Ireland whether his attention had been called to the abuses arising from the unrestricted sale of ether in the county of Derry and to the inadequacy of the restrictions on the sale of laudanum in Ireland generally; whether he was aware that the want of more stringent regulations in regard to the sale of these drugs had been responsible recently for a murder in Derry county, and the cause of a suicide in the city of Belfast; and whether, in view of the facts, he would take steps to mitigate the possibility of further abuses in connexion with the sale of these drugs. Mr. Long said in reply that both ether and laudanum were scheduled as poisons in Ireland under the Act of 1870. There was some reason to believe that ether was improperly sold in certain districts, and the police would endeavour to bring offenders to justice; but he had no information that the powers of the law as regards laudanum were evaded. The case in Derry was awaiting trial, and he abstained from making any statement in respect to it; and in the Belfast case the coroner's jury found that death was due to an accidental overdose of chloroform. Mr. T. W. Russell asked the Chief Secretary if he was aware that half-pint bottles of ether were sold in Londonderry at a cheaper rate than whisky. Mr. Long replied in the negative, and said the police were doing their best to deal with the matter.

**The Aliens Bill** passed through its Committee stage on Tuesday night, or rather early on Wednesday morning, under the compulsion of the guillotine. In the course of the debates some medical points arose on the questions of decent housing and the importation of disease. Mr. Akers-Douglas on Monday moved the insertion of the words "disease or" in Paragraph 6 of Subsection m of Clause 1, with the view to prevent the introduction of special diseases peculiar to alien immigrants. These diseases did not come under the Local Government Board's regulations, and consequently there would be no conflict with the jurisdiction of the Local Government Board. The necessary medical examination would, where it was possible, be carried out by the Port Sanitary officer. Dr. Hutchinson, in the course of the discussion, asserted, on the authority of Sir Shirley Murphy, that notwithstanding the immigration of aliens in Stepney there was a reduction in the death-rate, including infant mortality. What was wanted was the steady enforcement of the by-laws relating to lodgings. There were hardly any diseased aliens charged on the rates, as they were cared for by the Jewish Board of Guardians, and treated in the Jewish wards of the London Hospital. We exported from this country more disease than we imported, and foreign Governments might retaliate. Thousands of diseased persons were sent to the Continent every year, and we had introduced phthisis into the Riviera. He agreed, however, that it was right to prevent the importation of disease. Mr. Rutherford said that in 1893 there were landed in Liverpool 24 cases of small-pox, 32 cases of enteric, and 12 cases of measles. In 1904 there were landed 38 cases of enteric and 34 cases of measles. In addition there were 581 cases of serious diseases which required to be sent to the hospitals. Sir Charles Dilke pointed out that several of the diseases mentioned came under the regulations of the Local Government Board, and that these cases would continue to be landed. The amendment was then agreed to.

**The Medical Examination of Volunteers.**—On Wednesday Mr. Fuller asked the Secretary of State for War what financial provision he proposed to make to enable officers commanding Volunteer battalions to defray the expense of medically re-examining the men under their command. Mr. Secretary Arnold-Forster replied that there was no reason to suppose that the service would appreciably add to the necessary expenditure of Volunteer corps, and it was not therefore proposed to grant any special allowance. But the matter was receiving consideration. In answer to a supplementary question which pointed out that the Volunteer medical officers were engaged in private practice, and, consequently, would be much inconvenienced in their private work by the service required, Mr. Arnold-Forster said that it was hoped much of it might be done in camp.

**Epizootic Lympangitis.**—On Tuesday a short discussion took place in the Lords, on a question put by Lord Mayo, with regard to the number of cases of this disease among horses in Ireland. Lord Londonderry admitted the importance of the matter and said the Board of Agriculture were doing their utmost to exterminate the disease; 25 horses and 1 ass had been destroyed on the premises of civilians in connexion with outbreaks of the disease, and 3 other horses had been ordered to be slaughtered. Lord Spencer pressed on the authorities the importance of applying drastic remedies. Very serious disease had occurred in the dépôts for horses in South Africa and it was not safe to take a single horse from those dépôts for horsing the army. He wanted to know how many military centres had had the disease, and whether many horses were not found to be diseased on the passage home. Lord Onslow said the disease had been imported into Great Britain and Ireland almost wholly through army horses. It was more a question for the War Office than for the Board of Agriculture. Lord Donoughmore said he had no statistics with him, but his impression was that there were very few cases in the army at the present time; he would, however, make every inquiry. The matter then dropped.

#### 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 78.*

became a public vaccinator he would have the matter absolutely and entirely in his own hands, and if he is so tenderly solicitous of the ratepayers' pockets he will accept a small fee for his work, and endeavour to persuade his less philanthropic brethren to do likewise. Nay, more, he might even return his cheque to the authorities, and instruct them to apply it for the purpose of abatement on a subsequent rating. As it is, he appears so desperately anxious to get the public vaccinator out of his streets, where the latter is obtaining "in spite of himself" such an "unfair advantage" over other doctors in general, and "Justitia" in particular, that he has no hesitation in wiping out of existence a handsome source of income to some members, at any rate, of his profession. Let "Justitia" place the interests of the profession before those of the ratepayers, and he will not cut the throats of the public vaccinators, and then commit suicide, which is carrying philanthropy to extremes.—I am, etc.,

July 7th.

INQUISITIVE.

## HAY FEVER, CHRONIC RHINITIS AND ASTHMA.

SIR.—At a time when these distressing complaints are so prevalent, the following personal experience may be of interest:

Until six years ago I was a very great sufferer from these paroxysmal neuroses. I had been sprayed, cauterized, drugged, and generally treated by some of the foremost of my medical and surgical confrères with but slight and transitory relief. I will not enter into the history of the sequence of events which suggested the line of treatment which has led up to my cure; suffice it to say that for the last three years I have been practically free from all trouble, and that my sense of smell, which was lost, is slowly returning.

It is simply a question of the quantity of food taken. "Enough is as good as a feast," and "enough" in my own case is the smallest quantity which suffices to maintain my weight at a point which is 12 lbs. less than I used to weigh. If I forget myself, I begin to get premonitory symptoms when my weight increases about 4 lb. I do not confine myself to any special dietary, although I take animal food, fats, and sugar sparingly, and alcohol only occasionally.

Concurrently with the disappearance of my nasal and pharyngeal symptoms has been an immense improvement in my general health, so that I am able to say that at 45 I am, to all intents and purposes, a younger, more active, and more vigorous man than I was at 35 years of age.

"Enough" as above defined is a quantity varying in every case. The prescription is an unpopular one to recommend to one's patients, but I have found that if really tried and persisted in, relief invariably follows. In my own case it is a quantity which 10 years ago I should have thought to be impossible.—I am, etc.,

July 3rd.

F.R.C.S.

## INDIRECT INJURIES OF THE OPTIC NERVE.

SIR.—My attention has been drawn to a paper by Mr. Simeon Snell, on optic atrophy following injuries to the head, published in the *Transactions of the Ophthalmological Society*, vol. xvii, 1897. Included in this series of cases is a full record, with chart, of a case of unilateral optic atrophy with loss of the temporal field resulting from a blow on the eyebrow, and therefore exactly comparable to the cases published by me in the BRITISH MEDICAL JOURNAL of July 8th. A somewhat similar case, due to injury to the frontal and malar regions, is also recorded.—I am, etc.,

Birmingham, July 11th.

J. JAMESON EVANS.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

INDIAN MEDICAL SERVICE.  
PROMOTION AND PRECEDENCE.

The London Gazette of July 11th notifies that the Royal Warrant, in relation to promotion and precedence in the Indian Medical Service, dated November 28th, 1903, is amended thus:—(1) The following is added to Article 1: "The Director-General of our Indian Medical Service shall hold the substantive rank of Surgeon-General, but may rank as Lieutenant-General when approved by our Secretary of State for India in Council." (2) The following is substituted for Articles 3 and 4: "3. Except as otherwise herein provided, a Captain shall be promoted to the rank of Major on completing twelve years' full-pay service, but this period may be reduced by six months in the case of an officer who produces satisfactory evidence of progress in any branch of knowledge which is likely to increase his efficiency. 4. Except as otherwise herein provided, a Major shall be promoted to the rank of Lieutenant-Colonel on completing eight years' full-pay service in the rank of Major." (3) The following is added to Article 10: "An officer below the rank of Colonel, who may be appointed as our Honorary Physician or Surgeon after retirement from the Service,

shall be granted the honorary rank of Colonel." (4) The following is inserted in Article 12 at the head of the Table of Ages at which officers shall be placed on the Retired List: "Director-General, 62."

## UNIVERSITIES AND COLLEGES.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

## FELLOWS' DINNER.

AFTER the Council election on Thursday, July 6th, about 100 Fellows dined together in the library of the College, Mr. JOHN TWEEDY, the President, being in the chair.

The usual loyal toasts were proposed by the President, who, in giving the toast of "The King," reminded the company that His Majesty was an Honorary Fellow of the College, and in proposing the succeeding toast stated that Queen Alexandra had in February last visited and inspected the museum of the College.

The next toast was that of "The Fellowship of the Royal College of Surgeons of England." Mr. TWEEDY, in proposing it, said: I have the honour to propose the toast of "Prosperity to the Fellowship of the College." When I had the honour of proposing this toast a year ago, I said the Fellowship had become historical, only two of the original Fellows being then alive. And yet there were not two; for while I was yet speaking the spirit of John Birkett had just left its earthly tenement. A fortnight later John Simon passed away, and with his death the last of the original Fellows of the College disappeared. In the early days of last February we had to mourn the loss of Luther Holden in his ninetieth year. These men, each in turn Senior Fellow, and each in turn occupying the office of President in the successive years of 1877-78-79, manifested in their special activities the great aims and purposes of this College. Birkett was a typical representative of British surgery in the third quarter of the nineteenth century; Holden was a surgeon-anatomist of an order which I fear is gradually dying out, and Simon was perhaps the greatest sanitarian of the age. The promotion of the science and art of surgery, the cultivation of anatomy, and the safeguarding of the public health are, I need hardly remind you, the three principal functions of this College. While it may not be vouchsafed to any of us to be the equal of any of these great men, or of many of the other famous surgeons who adorned the earlier lists of Fellows, we may at least strive to imitate them in the simplicity of their lives, in their devotion to the cause and service of surgery and humanity, and in their loyalty to this College. The medical world is passing through a period of crisis, and no man can pretend to predict when and how the conflicts and controversies and agitations of our time will end. New universities are springing up on every side, and the older universities have awakened to a sense of their responsibilities to the public in the matter of medical education. In London we see everywhere signs of change and flux of unsettlements and readjustments. The old order is changing and giving place to the new. The new: and who will venture to say what that shall be? But whatever the future may bring, I would fain believe that this College will remain the home of British surgery, and that the Fellowship of this College will continue to be the highest criterion of surgical knowledge and skill. You are yourselves living testimonies of its present worth and power. I desire to associate with this toast the names of two gentlemen who, in their several spheres of activity, have done so much to uphold the honour and the usefulness of the Fellowship—Mr. Thomas Bryant and Colonel Pilcher. Mr. Bryant, for many years one of the most distinguished members of the great school of surgery at Guy's, has served this College for a quarter of a century in manifold ways: as examiner, as member of Council, as representative of the College on the General Medical Council, as Hunterian Orator, and as President. His presence to-night is a testimony to his abiding interest in the welfare of the College, and to his sympathy with the Fellows, and especially with the younger Fellows. Colonel Pilcher has maintained the reputation of the Fellowship in the great dependency of India and elsewhere, and I have much pleasure in asking him to join with Mr. Bryant in responding on behalf of the Fellows to this toast.

Mr. BRYANT, in reply, said that before he responded to the toast he had a pleasant duty to perform, which was to present to the Royal College of Surgeons of England a silver loving-cup of some antiquity in the name of the "Standing Com-

mittee of the Fellows' Dinner," which came to an end only when the College in 1904 first instituted a Fellows' dinner to be held on Election Day in July in the College library. The loving-cup was to be held by the College in perpetuity as a memento of the past, together with a book containing a full account of each dinner's proceedings. Mr. Bryant added that as he was the only surviving chairman of the dinners in the past the duty of presenting the cup fell to his lot, Mr. Woodhouse Braine and his son, Mr. Carter Braine, being the two active past secretaries. The cup had been purchased out of a fund approaching £80 accumulated by the past secretaries, and the balance, after paying for the cup now presented, had been given to Epsom College. Mr. Bryant expressed a hope that the cup would be used at all future Fellows' dinners in the College, and have an influence in keeping up the good fellowship which now existed between the Fellows.

Mr. TWEEDY, in accepting in the name of the College the Loving Cup from Mr. Bryant, said:—I have the great pleasure of receiving this cup, and am glad that it should have been given to the College in my term of office, and particularly that it should have been presented by Mr. Bryant, one of my oldest professional friends. A few days ago I was present at an interesting dinner of the Court of the Hôpital François pour les Pauvres Protestants, an institution established nearly 200 years ago for the relief of the Huguenot refugees who came to England after the Revocation of the Edict of Nantes. There I took part in an interesting ceremony of the loving cup, the idea of which I propose to copy in dedicating this cup to its proper use. This cup contains a wine of France, with whose great school of surgery we are linked by centuries of historical association and by considerations of mutual obligation and respect. This wine is *fortified with spirit*—the Spirit of Good Fellowship; it is *sweetened with pleasant memories*. It only remains to add the *cordial of welcome and good wishes to you and to every one here present*.

Mr. BRYANT, in response to the toast, added that he was thoroughly conversant with the examinations of many universities and colleges, and had no hesitation in saying that the examination for the Fellowship of that College was the best examination in surgery that existed, and that the F.R.C.S. diploma was the best in surgery that a man could hold.

Colonel J. G. PILCHER, I.M.S., thought the President and Honorary Secretaries had paid a generous and graceful tribute to seniority in asking him to respond to the toast. The lesson more thoroughly taught than any other in public school life was that of the value and strength of fellowship, nor was it forgotten in the strain and bustle of after-life. It was the spirit of that lesson which had drawn men of the same school of thought, and confronted with similar problems and difficulties, to assemble together that night, and their troth to each other should be as constant and binding as that of any other sacred pledge of life. Half his life had been spent in the Indian Medical Service, the officers of which were brought into closer and more sympathetic touch with the bulk of the population in India than were any other officials. They were thus able to foster and cement the paternal relationship between the Government of India and its subjects. These results were partly due to the high standard of knowledge and efficiency which that College exacted from its Fellows. It was meet that they should on that occasion recall the illustrious names of those who had gone, and whose strenuous and incessant toil had laid deep the foundation of an edifice which the Fellows of to-day could only hope to raise a little higher. "These men were honoured in their generation, and were the glory of their times." "There be of them that have left a name behind them that their praise might be reported." But beyond these islands were Fellows upholding the honour and prestige of their Alma Mater wherever their country's flag was waving, so that the Fellowship of the College was truly an Imperial Fellowship.

Sir THOMAS SMITH proposed the health of the Chairman, than whom no one had ever more thoroughly devoted himself to the service of the College. The toast was received with musical honours.

The PRESIDENT briefly responded, and claimed for the Council that loyalty to the welfare of the College was the guiding spirit of every one of its members. The success of the dinner was due to the Secretaries, Mr. Clinton Dent and Mr. G. H. Makins, C.B., whose healths he proposed.

Mr. DENT acknowledged the toast.

The Fellows then moved to the adjoining apartment, where the new preparations added during the past year to the museum of the College were on view.

#### UNIVERSITY OF LEEDS.

##### ORDINANCES FOR DEGREES IN MEDICINE.

At a recent meeting of the Court of the University the ordinances relating to degrees in Medicine and in Surgery were adopted. In accordance with the terms of the charters granted to Manchester, Liverpool, and Leeds, ordinances dealing with certain matters must, before becoming operative, be submitted to the sister Universities, either of which may, if it thinks fit, give notice of objection. The ordinances are framed very much on the lines of the Victoria ordinances and in harmony with those which exist at Manchester and Liverpool.

The first ordinance for the degrees of Bachelor of Medicine and of Surgery provides that candidates must attend courses of instruction approved by the University extending over not less than five years, two of such years at least having been passed in the University subsequently to the date of passing the First Examination (Chemistry, Biology, and Physics). The ordinance with reference to the degree of Doctor of Medicine runs as follows:

No candidate shall be admitted to the degree of Doctor of Medicine unless he has previously received the degrees of Bachelor of Medicine and Bachelor of Surgery, and at least one year has elapsed since he passed the examination for these degrees.

Candidates for the degree of Doctor of Medicine are required to present a dissertation, and, if the dissertation be accepted, to pass an examination. The dissertation, of which the subject must previously have received the approval of the Board of the Faculty of Medicine, must embody the results of personal observations or original research, either in some department of medicine or of some science directly related to medicine, provided always that original work published in scientific journals, or in the proceedings of learned societies, or separately, shall be admissible in lieu of or in addition to a dissertation specially written for the degree. Candidates will be required to write a short extempore essay on some topic connected with medicine, and to answer questions on the history of medicine. They will also be examined orally on the dissertation, or other work submitted. Any candidate may be exempted from a part or the whole of the examination if the Board of the Faculty so decide. No candidate will be admitted to the degree unless his application, after report from the Board of the Faculty of Medicine, shall have been accepted by the Senate.

Among the regulations there is one which provides that candidates who fail in the second examination or in the third examination must produce evidence of having pursued such further study as may be required by the examiners.

#### UNIVERSITY OF CAMBRIDGE.

THE Raymond Horton-Smith Prize for 1905 is awarded to W. L. H. Duckworth, M.A., M.D., Jesus. Honourable Mention: S. P. Pollard, M.B., B.C., Caius.

The following degrees were conferred on June 20th:

M.D.—F. J. Liddell, Trin.; F. J. Child, Christ's.  
M.B.—D. V. Cow, Trin.; T. J. Faulder, Cai.; R. E. G. Gray, Pemb.; G. L. Crimp, Gonv. and Cai.; H. Spurrier, Gonv. and Cai.; R. A. Clapham, Emm.  
B.C.—W. G. Howarth, King's; R. E. G. Gray, Pemb.; H. Spurrier, Gonv. and Cai.; E. Lloyd, Emm.

The following have passed the Second M.B. Examination:

A. C. Anderson, Down; R. R. Anderson, Trin.; A. Barker, B.A., Trin.; C. T. V. Benson, B.A., King's; W. J. Carr, B.A., Trin.; A. E. A. Carver, Cai.; R. M. Collinge, B.A., Cai.; R. Cox, Cai.; A. H. Crook, Christ's; A. E. Cullen, Jon.; F. C. Davies, Down; H. Dearden, B.A., Cai.; S. Dixon, M.A., Trin.; G. H. Dunn, B.A., Pemb.; A. J. S. Fuller, B.A., Emm.; T. S. Gibson, B.A., Emm.; B. Haigh, B.A., Cai.; A. Hamilton, Christ's; G. Hoffmann, B.A., Cai.; B. E. Ingleby, B.A., Cai.; R. Knowles, Down; F. H. Lester, B.A., Pemb.; C. MacKenzie, B.A., Emm.; H. McLean, B.A., Cai.; W. Mathieson, Sid. Suss.; L. Meakin, B.A., Trin.; E. E. Paget-Tomlinson, B.A., Trin.; H.; B. H. Palmer, B.A., Pemb.; L. B. Perry, Queen's; F. S. Poole, B.A., Sid. Suss.; A. V. Poysar, B.A., Magd.; K. D. Pringle, B.A., Cai.; R. P. M. Roberts, Roberts, Queens'; J. H. Ryfelf, M.A., Pet.; S. E. T. Shann, B.A., Cai.; L. W. Sharp, B.A., Cai.; O. R. Smale, B.A., Cai.; E. R. Stone, B.A., Emm.; R. Svensson, B.A., Cai.; C. H. S. Taylor, B.A., Cai.; G. W. Twigg, B.A., Cai.; G. B. Wainwright, B.A., Trin.; G. Walker, B.A., Trin.; R. W. S. Walker, B.A., Trin.; H. K. Waller, Trin.; J. N. Wheeler, B.A., Christ's.

#### UNIVERSITY OF LONDON.

##### GUY'S HOSPITAL MEDICAL SCHOOL.

*The Gordon Museum.*

A LARGE number of guests assembled at Guy's Hospital on Wednesday, July 12th. The Governors and staff proceeded from the Court Room to the new school buildings, where the prizes were distributed in the lecture theatre. Mr. COSMO BONSOR, the Treasurer, presided. Lord CROSS, Sir Samuel Wilks, Dr. Pye-Smith, Mr. Thomas Bryant, Mr. Robert Gordon, Sir T. Stevenson, Sir Joseph Dimsdale, Sir Cameron Gull, Dr. Savage, and Mr. Brailey were amongst those present. The Chairman welcomed back Sir Samuel Wilks after his illness.

The DEAN (Dr. H. L. Eason) read his report on the medical and dental schools, which had maintained high standard of efficiency during the past year. The successes attained at the universities and elsewhere by the students had been numerous, the report recording that no less than ten had obtained the diploma of F.R.C.S. From the Dental School thirty men had obtained the diploma of L.D.S.R.C.S. The report announced the resignation of the post of Surgeon by Mr. Jacobson by reason of a sad family bereavement, and eulogized his ungrudging services to the hospital during the many years that he was on the

staff. Mr. Arbuthnot Lane had succeeded him as surgeon, and Mr. C. H. Fagge had been elected assistant-surgeon. Other changes had also occurred, the chief of these being the resignation of Professor A. W. Reinold, the Lecturer on Physics, after services of thirty-two years in that capacity. The completion of the new Gordon Museum of Anatomy and Pathology, which at this time last year was not begun, and the erection of the adjoining lecture theatre, and curator's and other rooms, had rendered the Medical School at Guy's Hospital in respect of laboratory and museum accommodation and teaching efficiency second to none in the Kingdom. The Medical School at Guy's had always paid its way in the past, and was doing so at the present time, without any subsidy from the funds of the hospital, but this satisfactory result had only been obtained by means of heavy sacrifices and much devoted work on the part of the medical, surgical, and teaching staff. In May, 1897, His Majesty the King, then Prince of Wales, on the occasion of the opening of these very buildings, made the following weighty appeal: "The medical staff have expended as much as they safely can, and it is to men of wealth and philanthropic aspirations that we can confidently look for further assistance. Let such men once realize that money given for the purpose of medical education directly benefits humanity, and I cannot doubt that that spirit which has prompted the British people to provide by voluntary effort what in other countries is provided by the State, will prove effectual in the present need." Now, eight years afterwards, the staff had to thank his Majesty for that appeal, which had in the interval brought to Guy's the Gordon Museum, the Gordon Lectureship on Pathology, the Wills Library, and financial assistance from the Right Hon. A. J. Balfour, Mr. Pierpoint Morgan, and others. There was now the most ample and efficient laboratory and teaching accommodation, and the necessary endowment of lectureships and scholarships should follow.

Dr. PYE SMITH then distributed the prizes, and in addressing the students and guests enumerated many of the earlier members of the staff who had left behind them imperishable memories. Lastly, he spoke of the repeated beneficence of Mr. Robert Gordon, one of the Governors, and, on behalf of the Governors and medical staff, invited that gentleman to accept a replica in silver of the statue of Thomas Guy in the hospital square, together with a bound memorial volume signed by the Prince of Wales and all the members of the governing body.

Mr. GORDON, in acknowledging the presentation, said that in erecting the museum it was sufficient for him to know that its completion had removed a reproach that had long rested upon the hospital—that their pathological collection, which was one of the finest in the world, had been miserably housed.

Dr. FREDERICK TAYLOR proposed a vote of thanks to Dr. Pye-Smith, which was seconded by Mr. CLEMENT LUCAS, carried with acclamation, and briefly acknowledged by Dr. PYE-SMITH.

The proceedings then closed, the company separating to inspect the new museum and school buildings, the hospital, and Wills Library, and to listen to the band of the 1st Life Guards which played to the garden party in the grounds of the hospital.

The new museum, erected at the expense of Mr. Robert Gordon, will enable the 12,000 specimens collected in the old museum to be adequately displayed, whilst the removal of the old block of buildings will render a larger garden space available for the use of children and convalescent patients. The new buildings have been erected from the plans of Mr. J. H. T. Woodd, the hospital architect, and appear to be remarkably well adapted to their purpose. The museum is arranged in four large rooms, which intercommunicate, and are lighted from the top. Each room contains about 1,000 superficial feet of floor space for the exhibition of models and specimens on tables, and round each room run two tiers of galleries approached by a central staircase, and giving a total wall space of rather more than 13,500 superficial feet for the accommodation of specimens on shelves and in enclosed cases. To the well-known wax models by Towne, illustrating various pathological conditions, and the anatomy of the various regions from dissections by Mr. John Hilton and others, and the pathological specimens collected during the past century by the curators and physicians and surgeons of the hospital, are now added cases containing various instruments and other objects of historical or antiquarian interest connected with Guy's Hospital.

#### ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

THE annual prize-giving at St. Thomas's Hospital Medical School took place on June 28th, Mr. J. G. Wainwright the Treasurer of the hospital presiding, and the Archbishop of Canterbury distributing the following awards: The Entrance Science Scholarship of £150, to E. W. Witney; the University Scholarship of £50, to C. E. Whitehead; the William Tite Scholarship of £25 for second year students, to W. B. Johnson; the Musgrave Scholarship of £35 for third year students, to R. W. Rix; the College prizes of £20 and £10 for students of the same year to Messrs. J. A. Clark and H. H. Robson, respectively; the Peacock Scholarship for fourth year students, to H. J. Nightingale; the College prizes for fifth year students of £10 each for Medicine, to C. L. Morgan; Surgery, to H. T. Gray; Midwifery, to J. M. Wyatt; Pathology (Hadden Prize), to G. J. Langley; Pharmacology, to H. T. Gray and L. E. C. Norbury; Forensic Medicine and Insanity, L. E. C. Norbury; Public Health, to E. J. Langley.

The Medallists for the year, introduced by the Dean of the school, were in Practical Medicine, E. J. Langley, H. E. Dean, G. J. Langley, H. L. Morgan; in Surgery and Surgical Anatomy, L. E. C. Norbury, H. T. Gray, A. W. Hooker, J. H. Drew; in Pathology and Morbid Anatomy, A. G. Gibson; in Obstetric Medicine, J. M. Wyatt; for General Proficiency and Good Conduct, L. E. C. Norbury. In addition a number of Certificates of Honour and Proficiency were distributed. Amongst the distinctions announced as having been gained during the year were the Louis Jenner Research Scholarship, a "Qualified for the Gold Medal" in medicine at the M.D. examination University of London, and a University Medal at the M.S. examination of the same university.

The Chairman in his opening address alluded to the difficulty in which the medical schools now found themselves. It was not possible, he said, in actual practice to raise the funds to meet the increased cost of medical education. The hospital had 350 students on its roll at present engaged in hospital work.

The Archbishop of Canterbury also made a short speech when the prize distribution was finished; "Never had there been," he said, "a time in English history when so much was expected, and not expected in vain, from the medical and surgical profession. There had been of late an inrush of knowledge about human life, its disabilities and possibilities, and on subjects specially connected with that branch of study and investigation to which medical men devoted their lives. Upon them, therefore, rested a peculiar responsibility. If there was one especially character-

istic feature of the medical profession, it was the readiness with which every bit of knowledge which its members acquired was made available at the earliest possible moment for the general welfare."

The hospital was afterwards opened for the inspection of visitors, tea being served in the garden, where a selection of music was given by the band of the Irish Guards.

#### KING'S COLLEGE.

##### Vacation Course in Bacteriology.

A course in clinical and practical bacteriology suited to the requirements of medical practitioners and senior students (for M.B. examination) will be held daily from 10.30 to 1, commencing Wednesday, July 26th, and ending Saturday, August 5th. The course will consist of lectures, demonstrations and practical work. The fee will be £3 3s., inclusive of materials, etc. Names should be sent in as soon as possible to the Secretary or to Professor Hewlett.

##### Vacation Course in Clinical Pathology.

A course in clinical pathology will be held on six afternoons, July 27th to August 4th, 2 to 4.30 p.m. The course will consist of demonstrations and practical work. Inclusive fee, £2 2s. (If both courses be taken the inclusive fee will be £4 4s.)

#### UNIVERSITY OF ABERDEEN.

##### Gifts to the University.

THE University Court met on July 11th in Marischal College, Principal Lang presiding. The following gifts to the University were intimated:—From Mrs Anne D Beaton, widow of Rev. Patrick Beaton, M.A., Paris, the sum of £200 to found in connexion with the class of zoology a prize in memory of her father, the late Professor Macgillivray, and from Rev. Alexander Miller, D.D., M.A., Buckie, the sum of £100 to be added to the funds of the Calthness Prize in History.

#### ROYAL UNIVERSITY OF IRELAND.

##### FIRST EXAMINATION IN MEDICINE.

Summer, 1905.

THE following candidates have been approved at the First Examination in Medicine:

\*J. Anderson, \*W. J. Ashby, \*J. S. Bellas, F. Bradley, P. M. J. Brett, \*J. A. Brown, B. Byrne, \*S. Campbell, \*S. R. Campbell, \*F. S. Carson, \*A. V. Craig, A. T. Crowley, P. J. Cullinan, \*W. Dickey, E. S. Dixon, W. Doolin, F. H. Duke, \*F. P. Ferran, B.A., D. J. Foley, W. A. Frost, \*J. J. Gilmore, \*J. A. Hanrahan, \*J. H. Harbison, A. V. J. Harrison, P. Hayes, \*R. W. G. Hington, J. Holland, D. Horgan, \*J. C. Houston, D. J. Jackson, E. G. Kennedy, E. W. Kirwan, \*B. C. Letts, D. Lynch, J. McCormick, B. McCullough, B.A., G. E. A. Mitchell, Eileen M. O'Keefe, J. M. O'Reilly, C. Ronayne, \*P. J. Ryan, \*T. Scanlan, J. Spence, A. M. Thomson, M. Twohig, J. F. Walsh, \*W. O. Wilson, R. Young.

\*Qualified to present themselves for honours in various subjects.

Exempt from further examination in Biology: J. Byrne, University College, Dublin.

The following candidates have qualified upon their answering to present themselves for the further examination for honours in the subjects set after their names. Those qualified in two or more subjects may present themselves for the further examination in all subjects:

J. Anderson, W. J. Ashby, J. S. Bellas, S. Campbell, S. R. Campbell, F. S. Carson, A. V. Craig, W. Dickey, F. P. Ferran, B.A., J. J. Gilmore, J. A. Hanrahan, J. H. Harbison, R. W. G. Hington, J. C. Houston, B. C. Letts, P. J. Ryan, T. Scanlan, W. O. Wilson.

#### THE VICTORIA UNIVERSITY OF MANCHESTER.

##### Degree Day.

SATURDAY, July 8th, was degree day, when Earl Spencer, who presided, conferred nearly two hundred degrees.

The following were presented by the Dean of the Faculty of Medicine for the M.D.:—M. B. Arnold, A. C. Clarke, M. Gamble, E. A. Goulden, J. P. H. Greenhalgh, C. P. Lapage, A. F. Martin, S. G. Moore, H. W. Russell, C. W. S. Saberton, S. W. Thomson, T. Tierney.

Gold medals for their dissertations were awarded to Drs. M. Gamble and H. W. Russell.

The following awards were distributed:

The Platt Biological Scholarship to Ethel M. Hough.

The Platt Biological Exhibition to Annie Isgrave.

Professor Tom Jones Memorial Surgical Scholarship.—A. E. Johnson, M.B., P. Talbot, M.B.

Turner Medical Scholarship.—Ethel M. Phillips.

Dunville Surgical Prize.—D. P. Sutherland.

Professor Tom Jones Exhibition in Anatomy.—J. Morley.

Platt Physiological Exhibition.—T. W. Todd, jun., T. W. Todd, esq.

Sidney Renshaw Exhibition in Physiology.—J. A. Fairer.

Scholarship in Medicine (Anatomy, Physiology, Materia Medica).—T. W. Todd.

##### Army Commissions.

The Army Council has decided to offer to the University of Manchester, if a satisfactory course of instruction is provided in military subjects, a certain number of commissions in the army, including the Army Service Corps. The Council propose to establish a scheme for providing such instruction.

The following candidates were approved at the June First examination in medicine.

##### FIRST EXAMINATION.

Part I.—Chemistry and Physics: H. E. Allanson, W. A. Bulloch, F. H. Diggle, G. C. Dixon, J. Gow, J. H. C. Green, T. T. Higgins, R. A. Jackson, N. T. K. Jordan, N. McDonald, Edith M. Marsden, C. B. Marshall, C. Pimblett, H. Platt, W. J. A. Quine, A. A. Smalley, N. Tattersall, R. H. Titcombe, G. Whitehead.

Part II.—Biology: H. E. Allanson, Estelle I. E. Atkinson, G. S. Bate, G. M. Benton, W. A. Bulloch, S. J. Clegg, J. F. Cocker, D. I. Connolly, G. T. Cregan, F. H. Diggle, G. C. Dixon, J. Gow, H. M. C. Green, T. T. Higgins, R. A. Jackson, N. T. K. Jordan, N. McDonald, Edith M. Marsden, C. B. Marshall, W. F. Munsey, H. Platt, A. Porter, A. A. Smalley, N. Tattersall, R. H. Titcombe, J. F. Ward.

#### UNIVERSITY OF BIRMINGHAM.

##### REPRESENTATIVE ON GENERAL MEDICAL COUNCIL.

At a meeting of the Council of the University of Birmingham held on Wednesday, July 5th, the Vice-Chancellor presiding, Professor Saundby, M.Sc., M.D., LL.D., F.R.C.P., was appointed the Representative of the

University on the General Medical Council of Education of the United Kingdom.

The following candidates have been approved at the June examinations:

*M.B., Ch B*—(a) Official: F. Marsh. (b) Under Ordinary Regulations (Class II.): E. L. Bunting, L. L. Hadley, W. C. Horton, W. C. Houghton, H. P. Pickerill, T. H. Ravenhill, N. J. L. Rollaston, F. Wilkinson (scholarship).

*4th Examination* (Class II.): H. C. H. Bracey (scholarship), L. C. Hayes, A. C. Hincks, C. Johnson, W. R. S. Roberts.

*3rd Examination* (Class II.): E. J. Boome, H. N. Crowe, J. Fenton (scholarship), E. T. Gaunt, J. K. Gaunt, P. J. Mason, N. C. Penrose, A. J. Smith, R. W. Thompson, F. B. Young.

*2nd Examination* (Class II.): J. Adams, Charlotte Bailey, Mary Clarke (scholarship), G. H. C. Mold, J. L. Ritchie, H. H. Sampson, E. V. Whitby.

*Passed in Part of the Examination in Anatomy and Phystiology*: H. A. Evans, G. F. Jotham.

*1st Examination* (Class I.): C. Walker; (Class II.): J. H. Bampton, W. C. Blackham, N. A. Boswell, C. W. Hayward, H. F. Humphreys, Violet M. McCready, A. H. Newton, K. G. Wilkinson, H. Wilks.

*Bachelor of Dental Surgery*: R. H. Astbury.

*B.Sc. in Public Health*—(a) Official: R. A. Lyster; (b) Under Ordinary Regulations: S. H. Hawley, W. Sisam.

#### CONJOINT BOARD IN IRELAND.

The following candidates have passed the first professional examination with honours:

I. Scher, E. Harrison, J. Merton, E. Dundon.  
Passed: R. Adams, J. F. E. Blake, L. R. Clifford, J. J. Connell, W. Cramble, W. S. Coffey, T. Driscoll, E. C. Deane, J. P. Egan, P. J. Fenton, J. F. Gibbons, J. Good, F. N. Harvey, W. Hedderman, J. Healy, H. Hunt, C. Kelsall, C. L. Lapper, H. S. Meade, A. E. J. Moore, E. B. Moynihan, T. McDonald, J. G. O. Mahony, J. Patton, J. Power, P. J. M. Power, L. C. Rorke, W. F. Russell, R. P. Thomson, R. S. White, and O. W. J. Wynne, and the following four ladies: J. M. Clarke, A. F. Nash, C. Daniell, C. F. Williamson.

#### SOCIETY OF APOTHECARIES OF LONDON.

##### PRIMARY EXAMINATION.

The following candidates have been approved in the subjects indicated:

##### Part I.

*Biology*—U. J. Bourke, R. S. Minchin.  
*Chemistry*—H. S. Brown, R. J. W. McKane.

*Materia Medica and Pharmacy*—W. E. Dimond, L. R. Nezet, P. D. Pickles.

##### Part II.

*Anatomy*—L. G. H. Furber, W. J. Gibson, T. Huddleston, C. J. M. Lawrence, E. A. Mordaunt, G. F. Page, A. Perlman, P. A. Sullivan.

*Phystiology*—L. G. H. Furber, T. Huddleston, C. J. M. Lawrence, P. J. Lush, E. A. Mordaunt, G. F. Page, P. A. Sullivan.

#### OBITUARY.

JAMES MACNABB CUNNINGHAM, M.D., LL.D., C.S.I., Honorary Surgeon to the King; Surgeon-General, Indian Medical Service (Retired).

THIS distinguished officer, who was so intimately and prominently associated with sanitary development and administration in India, died on June 26th, in London, at the age of 76. He was born on June 2nd, 1829, at the Cape of Good Hope. His name, physique, and mental traits bore strong evidence of his Scottish parentage and descent. His medical education was obtained at the University of Edinburgh, where he took the degree of M.D. in 1851; subsequently, in 1892, the honorary degree of LL.D. was bestowed upon him by his Alma Mater. He was a fellow-student of Drs. Charles Murchison, Sir John Burdon Sanderson, and Sir Alexander Christison, Bart., with whom in after-years he maintained intimate private and official relations in India. He was an active member of the Royal Medical Society which has served so useful a purpose in developing the intellectual faculties and stimulating the inquisitive and assimilating powers of medical students in Edinburgh. His graduation thesis on the Medical Conditions of the Aorta was commended. He joined the Bengal Medical Service as Assistant-Surgeon on November 20th, 1851, was promoted to the rank of Surgeon on March 12th, 1864, and of Surgeon-Major on November 20th, 1871. He was gazetted Surgeon-General on March 29th, 1880, and retired on March 29th, 1885, thus completing thirty-three and a half years' service. His first important charge in India was the superintendence of the Central Prison at Bareilly, in 1861. He subsequently held a similar charge at Meerut and was appointed Superintendent of the Government Press, North-Western Provinces, in 1863.

His bent was evidently towards clerical and administrative rather than purely professional work. When a sanitary commission was appointed in India in 1866 for the purpose of reporting and advising on the health of European troops, and, as necessarily conditioning that, on the sanitary state of India generally, Cunningham was appointed secretary. He was at the same time appointed professor of hygiene in the Calcutta Medical College, being the first to hold that office. This com-

mission was an outcome of the great sanitary revival which took place about the middle of the last century, and was more immediately a consequence of the revelations of the Royal Commission appointed in 1859 to enquire into the sanitary state of the army in India. Such sanitation as existed in India previous to this time was carried out under the advice and prompting of the medical authorities, and though men like Ranald Martin and Norman Cheever strongly urged the need of reform, the attitude of the civil, military, and medical authorities was distinctly apathetic. The formation of a special health commission and the subsequent appointment of a sanitary commissioner for each principal province were undoubtedly steps in the right direction; but, as often happens in India, the new departure consisted in the creation of a deliberative head without a working body or limbs. Executive medical officers owed a double allegiance of duty to both medical and sanitary departments, and jealousy and friction arose in consequence. These statements are made for the purpose of explaining the hostility with which Cunningham was sometimes regarded, and the difficulty of the position which he held in relation to civil and military authorities and the Medical Department. This position demanded patience, perseverance, tact, and judgement, and all these qualities he signalized displayed. The first President of the Sanitary Commission was a civilian, Mr. (afterwards Sir John) Strachey, and he was succeeded by Major G. B. Malleson. In 1869 Cunningham was appointed Sanitary Commissioner for the Bengal Presidency, and in 1875 for the whole Indian Empire. He held this office until his retirement. In the year 1880 he was appointed, in addition, head of the Bengal Medical Department, with the rank of Surgeon-General. To this post his seniority in the service entitled him, and the amalgamation of the Medical and Sanitary Departments was then held to conduce to administrative convenience and financial economy. Cunningham was thus for a period of twenty years concerned intimately and actively in all sanitary thought and effort which occurred in India. Of his work it would be impossible, within the limits of this notice, to write in detail; suffice it to say that all he did was ably and sensibly done. His reports were models of order and lucidity. They were perhaps too statistical, but that could not be avoided under the circumstances. On any question referred to him he wrote clearly and forcibly. His habit of mind tended to scientific agnosticism, and he did not make sufficient allowance for the imperfections of medical and sanitary science, relying more on figures than research for his scientific views. He was apt to throw cold water on strivings towards the truth by local inquiry and clinical and pathological investigation, and to call for positive proof when only presumption or probability was forthcoming. By a curious inversion, he laid down the doctrine that statistical generalizations were "great facts," and inquiries into special cases, epidemics, and local incidents "little facts." Nevertheless, he was a thorough believer in the gospel of cleanliness, and warmly supported and urged sanitary reforms of every description. It is but fair to add that scientific etiology was in his time in its infancy, and that the statistical method, which is rather an indicator than an organon, leads when used for etiological purposes to assumptions of telluric and cosmic forces, and similar vague general deductions which were rampant in Cunningham's time. Moreover, in the fervour of early enthusiasm the apostles of hygiene were apt to make wild and sanguine guesses tending to novel and futile practical departures; and probably an attitude of scepticism, if not scepticism, was necessary and salutary. Special pathological and bacteriological inquiry in India was represented at this time by the excellent work done under the Sanitary Commissioner's support and control by Douglas, Cunningham and Timothy Lewis. Improved contrivances and methods have since then resulted in the revolution which has taken place in our notions of the nature and causation of disease. To this great achievement Cunningham did not, perhaps could not, contribute. His habit of mind was indeed rather repressive than encouraging to this sort of work. On the occasion of his retirement the Government of India issued the following laudatory and well-merited resolution:

On the retirement of Surgeon-General J. M. Cunningham, Surgeon-General and Sanitary Commissioner with the Government of India, the Governor-General in Council desires to place upon public record his high appreciation of the eminent services rendered to the State by that officer.

In the Sanitary Department Dr. Cunningham's services extend over a period of twenty years, during fifteen of which he has been the head of the Department. When the scheme for the reorganization of the

Medical services in India came into operation in March, 1880, Dr. Cunningham was selected to fill the combined office of Surgeon-General and Sanitary Commissioner with the Government of India, the very onerous and responsible duties of which have been discharged to the entire satisfaction of the Government of India. During Dr. Cunningham's incumbency the Indian Medical Department has been remodelled in all its branches, with the result that departmental efficiency has been considerably increased, while a saving of expense to the State has at the same time been effected.

In his capacity as Sanitary Commissioner, Dr. Cunningham has also been instrumental in introducing many measures of great importance to the well-being of the people, and has afforded material assistance to the Government of India in dealing with many difficult questions which have from time to time come before it in connexion with sanitary matters.

In his retirement Dr. Cunningham carries with him the warmest thanks of the Government of India for his long and distinguished services.

In recognition of his services he was made a Companion of the Order of the Star of India, and in 1888 was appointed Honorary Surgeon to the Queen. During the twenty years which have elapsed since he left India Surgeon-General Cunningham led a quiet, uneventful, and on the whole intellectually unproductive life. For five years, from 1891-1896, he served as a member of the Army Sanitary Committee, and in 1894 he represented the Government of India at the Paris International Sanitary Conference. Seven years ago he had a stroke of paralysis, and since then his health has been failing. On June 12th a recurrence in more severe form took place, and proved fatal in fourteen days.

James Macnabb Cunningham was a man of fine physique. His features were strong and regular, expression placid, and manner charming. He was most honourable and estimable in all relations of life. His temper was equable, and though often subjected to severe criticism and sometimes violent attack he rarely showed resentment. Himself strong and tenacious in his opinion, he tolerated honest and temperate opposition. No one assailed his views more persistently and uncompromisingly than the writer of this notice, yet this did not interfere in the least with private friendship. Cunningham possessed a well-cultivated and logical mind. He wrote and spoke well, and, though conservative and perhaps lacking in initiative and enthusiasm, he had a ready uptake, and was emphatically a good business man. He cannot be pronounced to have been a great sanitarian, nor in any sense or degree a scientist, but he was an excellent administrator. Apart from official reports and writings the only product of his pen was a work published in 1885 on "Cholera: what the State can do to prevent it." This book embodied the rather nihilistic doctrines which he held, and though well arranged and written cannot be said to have made any addition to our knowledge. On the whole, taking merits and faults into account, Cunningham held with credit a prominent place and performed a useful function in the initiation and development of sanitation in India.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Philipp Schech, Professor of Laryngology in the University of Munich, aged 60; Dr. Hermann von Lingg, of Munich, well known as a man of letters in Germany; Dr. Norbert Pfeischner, of Innsbruck, member of the Legislative Assembly of the Tyrol in 1848 to 1849, aged 88; and Dr. René du Castel, Physician to the Hôpital Saint Louis, member of the Paris Academy of Medicine, author of works on dilatation and hypertrophy of the heart, pulmonary sclerosis, pruritis, and other skin affections and various manifestations of syphilis, aged 59.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### CARE AND CONTROL OF IDIOTS AND EPILEPTICS.

At a further meeting of the Royal Commission on the Care and Control of the Feeble-minded on June 30th evidence was received from Dr. F. W. Mott, F.R.S., Director of the Pathological Laboratory of the London County Council Asylums and Physician to Charing Cross Hospital; from Dr. C. H. Bond, Medical Superintendent of the London County Council's Colony for insane epileptics; and from Mrs. E. M. Burgwin, Superintendent of the Special schools of the same council.

Dr. MOTT said that the London County Council, as the educational and lunacy authority, could establish a uniform continuity of policy by the establishment of a register of all "defectives," and this would be of the greatest value if correlated with the proposed scheme of receiving houses now before Parliament. He thought a medical expert, trained in

psychology or assisted by a psychologist, should be appointed by the Council to examine and inquire into the family history and report upon all children who were admitted to defective schools. A register should be kept, so that when those who were not under complete control appeared in police-court's, maternity wards, or lunatic asylums, they could be identified at the central bureau, and, if need be, sent to an industrial colony. The authorities should also institute industrial farms or colonies for feeble-minded and epileptic persons, whether certifiable or non-certifiable of the classes better than pauper.

Dr. C. H. BOND said the value of industrial colonies as the most humane, economical, and medically wise means of providing for the feeble-minded or defective and the epileptic classes after leaving school was becoming more and more generally recognized. He urged the necessity of medical inspection in the case of all children attending public elementary schools, and suggested that a register should be kept of all the cases thus notified.

Mrs. E. M. BURGWIN expressed an opinion to the effect that the Elementary Education (Defective and Epileptic Children) Act, 1899, should be made compulsory, and alluded to the need of residential schools and of powers to compel the children to enter them.

The Commission met again on July 7th, when evidence was received from Miss Rose Turner, Medical Attendant of some of the Homes for Feeble-minded Children under the Metropolitan Asylums Board; from Dr. A. Rotherham, Medical Superintendent of Darenth Asylum; from Dr. E. B. Sherlock, of Belmont Asylum, and from Dr. R. Cunningham Brown, who gave evidence as to the facts which he had collected when acting as Commissioner on behalf of the BRITISH MEDICAL JOURNAL to inquire into administrative measures adopted by other countries for dealing with the increase of insanity and as to the results of the family colony system.

Miss ROSE TURNER thought the unimprovable only required to be comfortably housed and cared for, and could well be included in the large general asylums, where a certain part of the buildings could be allotted to them. She was in favour of dealing with the improvable of all ages by detention in colonies, a colony to consist of a group of buildings, each capable of accommodating from 30 to 100 inmates.

Dr. ROTHERHAM was in favour of putting all classes of defective children, including epileptics, under certificates by which they might be detained in institutions, and the certificates should be made by a special Board of medical men with a special knowledge. Detention under the certificate should be compulsory, and no one should have the power to discharge a patient from the institution except the special medical Board. No patient should be discharged from the institution unless a favourable report had been received from a special officer as to proper supervision over the patient if discharged, and also from the medical superintendent of the institution in which he was detained. It should be necessary to continue the detention certificate in the form of a re-certificate made by the medical superintendent of the institution in which the patient was detained every three years until the patient reached 25 years of age, and no re-certificate should be necessary after this time.

Dr. E. B. SHERLOCK held that the most important requirement was furnishing of some appropriate authority with much greater powers of interfering with individual liberty than at present existed.

Dr. R. CUNNINGHAM BROWN said that the family colony system consisted in the boarding out of harmless lunatic or imbecile patients within the homes and under the care of competent guardians, who were required to comply with regulations imposed by the administrative authority, had been practised in Belgium for ages, had been adopted in Scotland since 1862, and more recently in France, Germany, Holland, Italy, Austria, Russia, and the United States. His visits had convinced him that this system might be safely applied to from 15 to 20 per cent. of the total insane population with the best results, and its application in our own country would result in increased co-ordination and control.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### A MUSIC HALL PRACTITIONER CONVICTED.

At the Lambeth Police Court, on July 10th, Walford Bodie, of Arundel Street, Leicester Square, was summoned before Mr. Francis to answer a complaint that on May 10th, at the Camberwell Palace of Varieties, he, not then being a registered medical practitioner within the meaning of the Medical Acts of 1858 and 1866, unlawfully, wilfully, and falsely took and used the name, title, and addition of "Doctor," "M.D.," and "Surgeon," thereby implying that he was then registered under the Acts. There was a second summons charging the accused with pretending to be a doctor of medicine and a surgeon.

Mr. Bodkin, instructed by Mr. Hempson, Solicitor to the Medical Defence Union, appeared in support of the summonses; Mr. Avory, K.C., and Mr. Biron appeared for the defendant.

The defendant, under the advice of counsel, admitted that he had used the descriptions "Doctor," "M.D.," etc.

Mr. BODKIN, in stating the facts, said that the defendant had for some time past been performing or giving a "turn" at various music halls. He was described on the programme as Dr. Walford Bodie, M.D., F.R.S., Sc. He was also described as "The Bloodless Surgeon." To further attract the public, advertisements were widely circulated in the music hall and theatrical reviews, in which the defendant was described as "Dr. Walford Bodie, M.D., C.M., F.R.C.P., F.R.S., and M.S.A. Lond." He was not entitled to use any medical degree. The defendant treated people on the stage as a doctor, and so held himself up before the public. By appearing as an artist he was degrading the profession in the eyes of the public.

Mr. AVORY, speaking in mitigation of damages, said that the offence to which the defendant pleaded guilty was merely that of using the titles "M.D.," "Doctor," etc. He had no consulting room or surgery to which any person could go, nor did he charge any person for what he did. However much the medical profession might resent a person giving an exhibition of his art on the music hall stage and performing medical experiments, it was not forbidden by law. It might be inconvenient to the medical profession that some of the things which had been done by this gentleman should be done on the music hall stage, but he was not to be punished because the medical profession did not like it. Leaflets had been distributed among the audiences showing that the degrees were taken in America. Mr. Avory concluded by saying:—"There are a number of persons in Court who were discharged from hospital and by medical men