

## MEMORANDA:

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

## A FURTHER NOTE ON PARAFFIN IN SURGERY.

A PATIENT was sent to me, some weeks ago, who had undergone operation for empyema of the left frontal sinus. The operation had been perfectly successful; but there remained a very deep and ugly depression in the left frontal region, almost admitting the tip of the little finger. It was lined with thin scar tissue, continuous with the skin of the forehead. Of course, it was impossible to raise this adherent film of scar tissue with paraffin. I therefore dissected it out of the pit, and then, having stopped all oozing by pressure, I filled the pit with half-melted paraffin, in the same way as one would stop a tooth, and drew the skin together over the embedded paraffin. This very simple method has given an excellent result. In a case of femoral hernia, some time ago, I tried to plug the femoral ring, in the same sort of way, with paraffin, but the plan failed. The little wad of paraffin slipped this way and that, and would have been useless, so I did not leave it there. But in any case of a depression in bone, or in rigid tissues, where the paraffin cannot shift its place, this method of levelling up the hole may be worth bearing in mind.

London, W.

STEPHEN PAGET, F.R.C.S.

## WARTS AND CORNS.

THERE is no remedy in the treatment of warts and corns, so efficacious, so simple and so free from any discomfort in application as sea water. For many years I have used and recommended this treatment, after finding that corns, which had quite crippled me, disappeared entirely during a three weeks' stay at the seaside, when I bathed twice a day, staying in the water from ten to fifteen minutes each time. Since then, whenever there has been any threatening of return, I have followed the same course of sea-water treatment, either by bathing or paddling, with similar benefit.

Every one who has carried out this treatment, at my suggestion, has found equal relief.

Those sufferers who live near the sea are able to adopt and carry out this method easily. To those who are not able to obtain the use of sea water directly I recommend the use of "sea salt," dissolved in warm water, in such proportions as to raise the specific gravity of the bath to the level of sea water, such bath to be used every day, and twice a day, if possible, until the corns are softened and can be peeled off easily, as they almost certainly will be at the end of a fortnight.

Warts are treated in the same way. The hand or hands affected are placed in warm sea water or the solution of sea salt twice a day for at least ten minutes at a time.

Warts on the scalp of cauliflower form, even of considerable size, will yield to this method of treatment (though not so quickly as those on the hands). They are best treated by the application of a compress of sea water, which may require to be maintained in position by a bandage, and left on all night.

I have lately had two cases of cauliflower warts under treatment. The first was on the back of the hand of a child; warm sea water was used, as above directed; at the end of one week the stem was shrinking, and at the end of the second week the wart dropped off. After the lapse of a few weeks I examined the hand, and could find no scar or any other mark to indicate where the wart had been. In the second case the wart was on the scalp of an adult of middle age; it was about  $\frac{3}{4}$  in. in diameter, and projected  $\frac{1}{2}$  in. from the surface of the scalp. This was treated with a compress of sea-salt solution, and in the course of a few weeks it was completely dislodged; the scalp is now quite natural, only a faint red mark indicating the position which the wart had occupied.

Of the minor ailments to which we are subject, there are few which can give more acute bodily suffering, and exert such demoralizing an influence on temper and disposition, as the presence of corns on the feet. Moreover, there are conditions of life in which corns may materially interfere with the efficiency, not only of the individual, but of a body of men; for instance, the marching power of a regiment might be very seriously impaired if any considerable proportion of the men suffered from this cause.

Bearing these things in mind, I am induced to put before my professional brethren my experiences in the treatment of warts and corns, hoping I may thereby be the humble means of contributing to the relief of many sufferers.

Chichester.

ARTHUR EVERSLED.

ATHEROMA OF RIGHT CORONARY ARTERY:  
SOFTENING: RUPTURE.

MRS. E. B., aged 73, one of the inmates of the Tooting Home, was taken suddenly ill on June 20th, 1905, at 8.25 a.m., with severe pain in the precordial region immediately after ascending a flight of stairs. Up to that time she was in her usual good health, being an active and intelligent woman for one of her years, and had never, so far as I know, complained of being ill.

I saw her two or three minutes after the onset of the attack, and had her undressed and placed in bed. She was very pale and collapsed, and her pulse was 130 and very feeble. The heart sounds were muffled, and could be heard only with difficulty, and no murmurs could be detected. There was some dyspnoea, and the respirations were shallow and slightly increased in frequency. The temperature was subnormal, and beyond some increase in the area of superficial cardiac dullness I could detect no evidence of abdominal or thoracic disease to account for her condition. As time wore on, signs and symptoms pointed to severe haemorrhage, and, despite the treatment indicated under the circumstances, she died at 10.5 a.m., 100 minutes after the onset of the attack.

I opened the chest next day at 3 p.m. The lungs and pleurae were normal, but the pericardial sac was distended with fluid blood to the amount of about 31 oz. I removed the heart in the usual manner. There were no evidences of aneurysm or pericarditis. There was a good deal of fat on the surface of the organ. Its cavities were empty, and the right ventricular wall was extremely thin, but there was no rupture of the heart itself or of the great vessels.

The aortic semilunar valves were all three studded with small calcareous nodules, and one valve showed a small perforation near the centre of its free border. All the other valves seemed competent enough. There were several calcareous plates in the aortic wall close to the valves; one, about the size of a sixpence, was adjacent to the origin of the right coronary artery, which was found ruptured about  $\frac{3}{4}$  in. from its origin, the perforation being about the size of an ordinary probe point. Subsequent examination showed the seat of rupture to be an atheromatous patch which had undergone fatty degeneration and softening. There was also evidence of calcareous degeneration in the immediate vicinity of the rupture. The left coronary artery presented no naked-eye appearances of disease.

RICHARD AHERN, M.B., B.S., D.P.H.,  
Resident Medical Officer, the Infirmary, Tooting Home, S.W.

## A NASAL CALCULUS.

THE following case presents points of interest:

A. B., aged 42, complained of "hawking." This was due to chronic pharyngitis. No complaint was made of any discharge from the nose, but the man's speech had a slight nasal accent. On examination, there was observed in the inferior meatus of the left nostril a bismuth-coloured mass, which on probing proved to be a calculus of large size, and forming an almost perfect mould of the cavity. By crushing it I was able to remove it piecemeal, and in the middle was a small bead, which he remembered caused a lot of fuss about thirty-five years ago, but which was thought to have escaped. Projecting from the septum was an unusually long spur, which almost bridged the meatus, and had evidently locked in the small body.

I think the case interesting, first, on account of the great length of time the bead was retained; secondly, because there was almost entire absence of symptoms; and, thirdly, owing to the peculiar anatomical conditions which had led to its retention. I am aware that a spur is frequently found, but I have never seen one of so marked a character.

Blackburn.

F. W. TAYLOR, M.B., C.M.

## A CASE OF CEREBRO-SPINAL MENINGITIS.

On Monday, June 2nd, I was sent for to see a little boy in the country, aged 8 years, who was said to be suffering from a stiff neck. The day before he had attended Sunday School a mile from his house, walking both ways. He could not eat much dinner when he came home, and during the afternoon complained of pain in the back of his neck, and thirst; he passed a restless night, and did not get up the next day.

I saw him at 7 o'clock that evening. He was a thin, badly-nourished child; I found him lying flat on his back, with a slight appearance of opisthotonos; temperature 101°. He complained of pain in the upper cervical regions, but was perfectly intelligent. My son saw him at 12 o'clock the next day; he was then quite unconscious, the pupils were

irregular, Kernig's sign was well marked, his temperature was 106.4°, and about a dozen purpuric spots were scattered about his body, more particularly over the buttocks and thigh. We were starting in the afternoon to perform, at my son's suggestion, a lumbar puncture, bearing in mind the case reported by Dr. James Donelan in the *BRITISH MEDICAL JOURNAL* of May 27th, when a messenger arrived to say the boy was dead.

These brief and necessarily very imperfect notes may be of some interest at this time, when cerebro-spinal meningitis is attracting so much attention on the Continent and elsewhere.

Milverton, Somerset.

CHARLES RANDOLPH.

#### URINARY RETENTION DURING PREGNANCY.

I was sent for recently to see a multipara, aged 25. She was in great pain, abdomen fully distended, absolute dullness and vibratory tremor well marked all over the abdomen, bulging of the perineum, and protrusion of the posterior wall of the vagina. She assured me she had passed plenty of urine. There was a history of five months' pregnancy. With slight difficulty I introduced a catheter, and drew off four quarts of urine. On vaginal examination I found an enlarged uterus retroverted and fixed; this I reduced after placing her in the genu-pectoral position.

The interest in this case is the capacity and practically unlimited distension of the bladder. The amount drawn off was carefully measured in an imperial half-pint glass measure (stamped). The abdominal distension had only arisen within the last four days. The patient has, since replacement of the uterus, passed unaided two quarts of urine at a time, and there appears to be no disturbance in the gestation.

London, E.

M. CURSHAM CORNER.

## REPORTS

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

#### YORK COUNTY HOSPITAL.

##### DERMOID CYST OF THE OVARY IN A CHILD.

(Reported by Mr. W. H. JALLAND, F.R.C.S., Surgeon to the Hospital.)

M. C., aged 7 years, was admitted to hospital on March 25th, 1905, suffering from a large swelling in the abdomen.

*History.*—She was brought by people who were not related to her, so at first it was not possible to obtain any history of the case. Subsequently, however, the mother wrote saying that the swelling had only been observed for about five weeks, during which time the child had been "off her food" and frequently sick.

*State on Examination.*—A large elastic swelling was found to fill up a considerable portion of the abdominal cavity; it was somewhat constricted at the umbilicus, and a distinct thrill of fluid was discernible throughout the whole of it. It reached well up under the left ribs, rising somewhat diagonally from the pelvis, where it occupied practically the whole of the hypogastric region. A diagnosis of ovarian tumour was made.

*Operation.*—On March 28th under chloroform the tumour was removed in the usual way. A large cyst was first reached, which was tapped and a quantity of clear fluid removed. A dermoid tumour was then found which involved the right ovary and broad ligament, and spread right across to the opposite side. The retro-vesical fold of the peritoneum was almost obliterated, but by keeping a sound in the bladder it was possible to save this from injury. The broad pedicle was tied in segments, and the abdominal cavity was washed out with sterilized saline fluid; the external wound was then closed.

*REMARKS.*—The child made an uninterrupted recovery and was discharged from the hospital on April 29th quite well.

#### BURRAGONG DISTRICT HOSPITAL, YOUNG, NEW SOUTH WALES.

##### A CASE OF THROMBOSIS OF THE MESENTERIC VEINS.

(By JOHN MACPHERSON, M.A., B.Sc., M.B., Ch.M.Syd.)

F. C., aged 63, old-age pensioner, was admitted to the Burragong District Hospital on the evening of March 8th, after a journey of twenty-seven miles by road and rail. He had been ill a week, the main symptoms being abdominal

pain and vomiting. The physician in attendance had diagnosed his case as one of acute gastritis. On admission he was cold and collapsed, semi-comatose, and with a frequent, feeble, and rapid pulse. Strychnine and stimulants were administered freely, but he succumbed about five hours later.

An autopsy, limited to the abdominal cavity, was performed. A coil of ileum, about 6 ft. in length, extending as far as the caecum, was seen to be ecchymosed, and varying in colour from bright red to dark purple and almost black. Blood was extravasated within the mesentery and in the intestinal walls, the latter being greatly swollen and encroaching upon but not occluding the lumen of the bowel. The lumen throughout contained fluid blood and faecal matter. The peritoneum over the bowel was smooth and shining, with no sign of peritonitis anywhere. Nothing abnormal was detected in the other abdominal viscera, but the mesenteric veins from the implicated bowel were thrombosed and completely impervious.

Thrombosis of the mesenteric veins is not a common lesion, but occurs sometimes after intra-abdominal operations. In the present instance it is impossible to assign any cause. The heart was not examined, but the radial arteries were atheromatous and thickened; nutrition was poor. The old man was living alone and untended in a tent in the bush, supported only by his pension.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### OXFORD AND READING BRANCH.

*Oxford, Thursday, July 20th.*

A. J. DREW, F.R.C.S. Eng., President, in the Chair.

*Bright's Disease.*—The PRESIDENT read notes of a severe case of Bright's disease in a boy, which ended in a rapid recovery.

*Pocket Test for Albumen.*—Mr. H. G. ARMSTRONG followed with a description of his pocket test for albumen, and demonstrated its efficacy.

*The Sanatorium Treatment of Consumption.*—Dr. COLLIER opened a discussion on the sanatorium treatment of pulmonary tuberculosis. He devoted a good deal of his time to an earnest criticism of a paper by Dr. Pendred, published in the early part of the year, and later gave his opinions about the abnormal food-stuffing that was practised upon the patients in the early days of the sanatoriums. He also spoke about the effects of horse exercise, and condemned as absurd and bordering upon the indecent the four-hourly taking of the temperature in the rectum and vagina. He was in favour of sanatoriums in the high altitudes and sunny parts of Switzerland as opposed to the sanatoriums in the winter in such a climate as ours. —Professor OSLER remarked upon the great importance of early diagnosis, including the examination of the sputum, and, amongst other points opened out by the discussion, he emphasized the enormous number of tuberculous patients everywhere and how impossible it would be to place them all in sanatoriums for the time necessary to complete their cure. At present the educational portion of sanatorium treatment was the most important part of it, and both in institutions and at home other methods of treatment than the open air and isolation and disinfection had also to be carefully worked out. —Dr. PENDRED vigorously defended his own statements and statistics, also his diagnosis and percentages of cure. He remarked how often in persons of advanced years dying of various complaints evidence of healed tuberculous cavities and old pleurisy was found. —Dr. REINHARDT spoke about the good effects of sanatorium treatment. He stated that the construction of chalets cost about £100 for each case. He had occasionally met with the "hotel sanatorium" and vigorously condemned it. —Mr. J. H. WALTERS and others also joined in the discussion. —Dr. COLLIER in his reply dwelt upon the little attention given to drug treatment.

*Cases.*—Mr. WHITELOCKE showed some cases of cholecystectomy and cholecystotomy.

*Thyroidectomy.*—Mr. E. BEVERS read notes of a case of thyroidectomy, showed photographs of the patient, and exhibited the specimen—a very large one. —Mr. WHITELOCKE remarked upon the case.

peared from the Philippines at the time that Strong's work was completed there had as yet been no opportunity to put his method to a practical test. From what was known of the disease there was little likelihood that it will ever get a foothold in the United States under present quarantine regulations. The appearance of plague in several parts of the civilized world in 1900, and especially its appearance in San Francisco and Philippines, called the attention of American medical men to this disease. Most of the American work on the disease had been done in the Philippines, where, according to Munson, 970 cases with 812 deaths occurred between January, 1900, and September, 1903. The outbreaks of the disease in Australia, in Honolulu, in Glasgow, and in San Francisco had served to warn them of the necessity of being constantly on guard against its insidious approach. Two general conclusions were forced on them as a result of this study, one being that many of the so-called "tropical" diseases were widely scattered through the subtropical portions of America; the other that the acquisition of tropical possessions by the United States had had a markedly stimulating effect on American medicine, and had led to valuable work, some of it of the very first rank.

#### WORK OF SECTIONS.

In the Sections fewer papers were read than usual, but the work was for the most part of a high standard of scientific value. Abstracts of the more important communications will be published in due course in the *EPITOME*.

#### BUSINESS DONE.

The main business done by the House of Delegates was (1) the authorization of the publication of a medical directory by the profession itself; (2) the emphatic approval of a systematic movement for the suppression on the trade in nostrums; (3) the completion of the machinery for the systematic development of a higher standard of medical education through the appointment of a salaried secretary to the Council on Medical Education. The Association further adopted a resolution submitted by Dr. Liston H. Montgomery of Chicago, advocating the creation of a new Cabinet office to be known as the Department of Public Health, the secretary of which is to rank with other Cabinet Ministers. The resolution also calls for more stringent laws for the prevention of diseases, and urged on Congress the expediency of taking action in that direction.

#### NEXT MEETING.

It was decided that the next annual meeting of the Association should be held at Boston. The last time the Association met in that city of light was in 1865.

#### NEW PRESIDENT.

Dr. William J. Mayo, of Rochester, Minnesota, was chosen President-elect. He was born in Minnesota in 1861, and graduated A.M. and M.D. at the University of Michigan. He is a well-known surgeon and the author, in conjunction with his brother, Dr. Charles H. Mayo, of writings on the surgery of the stomach and biliary apparatus.

#### PROSPERITY OF THE ASSOCIATION.

The financial reports showed that the Association is in a satisfactory financial state. The circulation of the journal was, on the average, 32,423 weekly.

The meeting was in every way a great success. The registered attendance was 1,714—a number which has not often been exceeded at previous meetings.

[We have to express our thanks to the Editor of the *Journal of the American Medical Association* for his courtesy in sending us advance proofs of the Addresses.]

### 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 80.*

#### ATTENDANCE ON CASES OF ACCIDENT.

A CORRESPONDENT writes that as surgeon to a Friendly Society he attended one of the members for a railway accident. The latter made a

claim on the company and was offered £5 as compensation. He then made a further claim for cost of medical attendance, and was allowed £3 more. Our correspondent, learning this, sent in an account for 30s. on the ground that his contract did not include attendance on accidents. This was repudiated by the member with the approval of the secretary of the Friendly Society, and our correspondent sent in his resignation.

\*.\* The contract of a surgeon with a Friendly Society usually includes attendance on accidents, but in this particular case there appear to be circumstances warranting the extra claim. Our correspondent would be justified in bringing the circumstances under the notice of the railway company.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

### MEDICAL NEWS.

GENERAL LEONARD WOOD, the sanitary reformer of Cuba, has lately been operated on successfully for an exostosis of the skull, the result of a blow on the crown of the head received about a year ago.

Mr. ALEXANDER HAY MONCUR, formerly Provost of Dundee, who died last week, has left an additional £5,000 to the Dundee Sanatorium at Auchterhouse, Forfarshire, which was erected and equipped at his expense some three years ago. In addition he has bequeathed a sum of £1,000 to the Royal Victoria Hospital for Incurables.

ON Wednesday last the amounts received at the Mansion House by the Metropolitan Hospital Sunday Fund, as the outcome of the collections on June 25th, exceeded £75,000. The total this year, therefore, seems likely to be considerably greater than any which has been reached in earlier years.

DR. PAUL RICHER, Member of the French Académie de Médecine, and one of the editors of the *Iconographie de la Salpêtrière*, has been elected a member of the Paris Academy of Fine Arts. Dr. Richer is Professor of Anatomy at the Ecole des Beaux Arts, but he owes the remarkable honour which has just been conferred upon him to his distinction as a sculptor.

INTERNATIONAL CONGRESS OF HYDROLOGY.—The seventh meeting of the International Congress of Hydrology, Climatology, Geology, and Physical Therapeutics will be opened at Venice on October 10th under the honorary presidency of the Italian Minister of Public Instruction, and the acting presidency of Professor A. De Giovanni, of the University of Padua, Senator of Italy. The General Secretary is Dr. Fausto Orefice, S. Stefano 2.803, to whom all communications should be addressed. There will be an exhibition in connexion with the Congress.

THE TREATMENT OF PLAGUE.—In an article read before the Grant College Medical Society of Bombay, Dr. R. Row recommends the treatment of plague by the method of inoculation with living pyogenic organisms. He does not enter into details of the character or mode of preparation of the material with which he claims to have produced useful results, but states, somewhat vaguely, that "the chief part of the material consists of a species of staphylococcus pyogenes." This material is introduced by local scarification round about the plague bubo in six or eight points, and "allowed to remain there for eight to ten hours so as to take root." Dr. Row enters into a lengthy discussion about the various physiological and pathological processes whereby these inoculations lead to a beneficial result, the gist of his argument being that the pyogenic organisms inoculated counteract the action of the plague bacilli.

*Diseases of the Chest.*

The number of deaths among the Chinese from respiratory diseases was 1,394, or 23.7 per cent. of the total Chinese deaths. The number of deaths of Chinese from phthisis was 524, or 37.6 per cent. of the total deaths from respiratory diseases.

*Nervous Diseases.*

The deaths of Chinese recorded under this heading number 543, and no less than 387, or 71 per cent., of these occurred in infants under 1 year of age, the causes of death being convulsions, tetanus, and trismus. Most of the infants are left at the doors of the French or the Italian convents in a moribund condition, and very little information is obtainable concerning them. A Committee which investigated this question during 1903 was of the opinion that some of these infant deaths were brought about by improper feeding, and I understand that instances have been met with in the public mortuary of actual rupture of the stomach or intestine as a result of the feeding of young infants on hard, solid food.

*Malarial Fever.*

The total number of deaths among the Chinese from malarial fever was 289, while among the non-Chinese it was 12, of which 7 occurred among the troops, 1 in the navy, and 4 among civilians.

A very considerable amount of antimalarial work has been done during the past four years, mostly in the direction of the subsoil draining of swamps and the training of nullahs, and the results of this work will be seen in the following table of deaths from malarial fever for the past five years, which shows a rapidly-falling death-rate. There is no reason, however, why this death-rate should not be reduced still further by a continuance of the work above indicated:

Year.	Deaths Among Chinese.	Deaths Among Non-Chinese.
1900	546	20
1901	541	33
1902	393	34
1903	283	13
1904	289	12

*Beri-Beri.*

There were 735 deaths among the Chinese from beri-beri, as compared with 379 during the previous year, and 452 in 1902. The deaths among the non-Chinese community numbered 4 only.

The Government Bacteriologist, Dr. Hunter, is engaged on a special research into the etiology of this disease, but the Medical Officer of Health repeats his opinion that the disease is most probably attributable to infected food, such as rice or other grain, which has been attacked by some fungoid growth.

*Infectious Diseases.*

The total number of cases of infectious disease reported by registered medical practitioners during the year was 758, of which 510 were cases of plague. The following tables show the number of cases of each disease reported during each quarter of the year:

Infectious Diseases.	Nationality.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Plague	Chinese	7	367	124	9	507
	Other Asiatics	—	2	—	3	5
	European	22	5	13	17	57
Enteric fever	Chinese	3	5	5	44	57
	Other Asiatics	5	7	4	44	60
	Chinese	1	35	4	—	40
Cholera	Other Asiatics	—	—	1	—	1
	European	—	3	1	1	5
	Chinese	15	35	3	1	54
Small-pox	Other Asiatics	2	2	1	—	5
	European	1	1	1	—	3
	Chinese	—	—	1	2	3
Diphtheria	Chinese	—	1	1	3	5
	Other Asiatics	—	1	—	—	1
	European	—	—	—	1	1
Scarlet fever	Chinese	1	—	—	—	1
	Other Asiatics	—	—	—	—	—
	European	—	—	—	—	—
		57	464	155	81	758

*Enteric Fever.*—It will be seen that the total number of

cases of enteric fever reported during the year was 129, as compared with 44 in 1903 and 55 in 1902. The European cases numbered 54, and 24 of these were imported, leaving 30 of local origin, 12 of which occurred on board various men-of-war in the harbour. The Chinese cases numbered 55, while 20 cases occurred among other Asiatics. The most fruitful source of infection of enteric fever in the colony is the eating of raw vegetables in salads, owing to the time-honoured Chinese custom of manuring market gardens with an emulsion of human excreta. This method of cultivation is strictly prohibited in the Colony, and the inspectors are always on the watch to see it does not occur, but the great bulk of the food supply of the Colony is grown in Chinese territory in the Delta of the Canton River, and it is distinctly dangerous therefore to partake of raw salads in this Colony, unless they have been grown in a private garden and under the immediate eye of a European. Oysters are also a source of infection, and these again come from Chinese territory, so that there is no control over the fattening processes which usually precede their consumption. The public water supply of the Colony is above suspicion, but there are a certain number of small streams in the New Territory which may occasionally be used to furnish water to the shipping—though there is no necessity for this, as water can always be obtained from the public mains on payment—and those streams are liable to occasional contamination from market gardens.

*Cholera.*—A small outbreak of cholera occurred in the Wanchai District during the months of May, June, and July, 41 cases in all being reported, of which two only were known to have been imported. The disease was practically limited to the coal coolies, whose work is of a particularly thirsty nature, and it is more than probable that the disease was contracted on board the ships they were employed in loading, by the drinking of contaminated water which may not have been intended for drinking purposes.

*Small-pox.*—There was a small outbreak of small-pox in the first half-year, 64 cases being reported, of which 5 were known to have been imported. Five of the cases occurred in Europeans, of which 3 were imported, while 5 occurred in other Asiatics and the remainder among the Chinese. One of the European cases died and also one of the other Asiatics, while there were 38 deaths among the Chinese. In spite of the rapid growth of the population, the number of vaccinations recorded yearly has fallen off considerably of late, as will be seen from the following statement:

1898	...	...	7,011	1902	...	...	6,475
1899	...	...	6,529	1901	...	...	5,348
1900	...	...	4,466	1904	...	...	5,555
1901	...	...	5,937				

*Diphtheria.*—Six cases of diphtheria were reported during the year, as compared with 9 in 1903, and 20 in 1902. Three of the cases occurred in Europeans—1 in January, 1 in June, and 1 in September—and 3 in Chinese in September, October, and November respectively. None of these cases proved fatal.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF EDINBURGH.

The following candidates have been approved at the examinations indicated:

*First Professional Examination.*—D. C. Adam, D. Aitken, R. J. Allopp, F. Armstrong, T. H. Balfour, \*G. E. K. Branch, J. A. Browne, B.A.; O. S. Bullock, J. R. Bullman, \*W. L. Burgess, B. N. Burjorjee, G. L. Cawkwell, J. J. P. Charles, A. D. Child, W. F. Christie, Gladys H. Cook, J. Crockett, J. M. Dalzell, Lucy E. Davies, R. W. Davies, W. N. Davies, Jemima B. Dickie, J. K. M. Dickie, Adelaide A. Dreager, J. W. C. Dreaver, W. Duclor, A. L. Dykes, J. E. Eliot, A. M. Elliott, Euphemia L. Farmer, B.A.; H. G. Feltham, W. C. Fragozo, F. R. Fraser, Mary M. Gardner, G. H. Garnett, A. W. Gill, V. H. Gordon, W. T. Graham, E. S. B. Hamilton, W. F. Hamilton, R. Hamilton, \*R. C. Harkness, J. Henderson, B. J. O. Hoare, R. I. Hughes, G. R. Inglis, Flora R. Jones, Hannah M. Irving, B.Sc.; H. E. Johnson, J. V. Kerrie, \*R. R. Kerr, \*G. E. King, C. G. Kurien, J. M. Law, A. J. B. Leckie, Janet Leiper, H. E. A. Lemeile, W. R. Logan, Mary Low, M.A.; W. H. Lowe, R. C. Lowther, W. G. McAfee, A. D. MacArthur, A. J. McConnell, P. A. McCool, \*W. Macdonald, T. M. McFetridge, R. B. Macfie, Mary E. B. MacIlwaine, J. Mackail, M.A.; W. McKie, G. V. T. McMichael, R. D. M. Macpherson, C. G. Marais, T. H. R. Mathewson, W. Messer, R. W. Miller, A. M. Minford, J. Montgomery, J. M. Moyes, \*J. Oag, M.A.; J. E. R. Orchard, J. E. T. Oxley, J. J. Pace, H. F. Pantou, H. Paterson, Ella F. Pringle, N. D. Pringle, Wylanwy D. Rees, \*D. G. Robertson, J. Robertson, D. M. Rees, W. Ross, M.A.; J. M. Scott, K. B. G. Shah, K. Simpson, J. C. Smith, M.A.; W. Stevenson, C. P. A. Stranghan, R. K. S. Sutherland, J. Swan, A. L. Taylor, J. A. Thompson, J. G. Thomson, M.A.; W. S. Thomson, L. J. Wallis, A. Watson, J. C. Watson, J. P. Whetter, S. Williams, J. Wilson, D. W. Woodruff, \*G. G. Wray, Margaret, C. Young.

**Second Professional Examination.**—J. L. Annan, J. P. Berry, H. W. Binks, J. A. Brand, E. A. Brummitt, P. D. Cameron, W. D. Coghill, T. Craig, G. H. Dart, Margaret E. Davidson, C. H. Derksen, T. Derrick, C. A. A. Dighton, Joanna M. F. Drake, V. L. Evans, J. Letitia D. Fairfield, W. P. Ferguson, M.A., B.Sc.; T. Fraser, Hester M. Henderson, W. S. Heron, A. M. Hewat, M. Heyns, W. P. Holden, St. G. M. L. Homan, L. Hughes, J. A. Jamieson, H. C. Johnston, W. D. S. Johnston, A. W. Kendall, J. S. Kinross, A. F. Lee, C. R. Latham, H. B. Low, C. W. L. Lüthgen, \*G. J. Luyt, B.A.; L. G. M'Cune, W. S. M'Cune, T. M'Ewen, R. J. A. Macmillan, D. J. M'Rae, C. J. van der Merwe, J. A. Morris, A. G. Murchison, A. T. Pater-son, O. E. Powell, Barbara Richardson, C. L. D. Roberts, A. H. M. Robertson, R. L. Scott, F. Shannon, H. C. Simpson, J. T. Simson, T. Smyth, Alice M. Thompson, Eleanor M. Thompson, H. B. Thom-son, L. R. Thomson, A. E. Turnbull, A. M. Vlok, Helen M. Wake-field, R. N. Wallace, W. C. Whiteside, G. S. Williamson, E. D. Wilmot.

**Third Professional Examination.**—A. Arthur, R. C. E. Atkinson, M.A.; R. G. A. Bagnall, C. R. M. Baker, M. M. Sujad Beg, Mary Brown, E. Burnet, B.A.; R. Davidson, P. Donald, E. W. Dyer, J. G. Fleming, F. S. B. Fletcher, F. H. S. Gardner, K. N. Ghosh, G. H. R. Gibson, J. Gilmour, W. H. Gowans, D. K. Henderson, F. O. Inglis, S. B. Legge, J. P. Lowson, M.A.; F. J. Luck, W. O. S. M'Gowan, J. B. Mackenzie, R. P. M'Gorland, G. M'Mullan, W. J. Macnab, J. Mathewson, M.A.; H. L. Morrow, Janet M. Murray, M.A.; A. S. Paterson, A. M. T. Pirrie, C. S. U. Rippon, W. G. Rivers, T. Robertson, A. Rose, M.A.; F. Ross, W. S. Stevenson, G. H. Stolberg, H. G. Sutherland, J. A. Taylor, E. W. Vaughan, A. S. Walker, F. E. Wall, R. M. Wishart, A. F. Wright.

**Third Professional (New Regulations—Pathology only.)**—D. M. Barcroft, F. G. H. Black, F. Blamire, R. D. Clayton, J. H. Lamb, J. Macdonald, G. B. Macgregor, G. D. M'Ivor, K. M'Murtrie, J. M. M'Phail, Jamesina J. Marr, C. J. Milne, J. E. Murray, A. J. P. Nowell, J. L. H. Paterson, H. B. Porteous, C. Pycroft, G. Robertson, J. M. Ross, Z. M. H. Ross, Elsie B. Saunders, S. C. Sen, W. O. Welpy. \* With distinction.

**ERRATUM.**—In the list of those upon whom the M.D. was conferred at the summer graduation ceremony at Edinburgh, published on August 5th, the name of Dr. C. T. C. Kingdon, who was commended for his thesis, was incorrectly printed as C. T. Cory.

#### UNIVERSITY OF LONDON.

The following have passed the Intermediate Examination in Medicine:

Alicia Pears Aldous, L. T. Baker, H. L. Barker, F. J. F. Barrington (Scholarship in Physiology), Kathleen Baylis, A. Bernstein, Lilias Margaret Blackett, T. L. Bomford, W. F. Bowen, E. W. Braithwaite, J. W. Bride, Kate Brown, A. Burrows, Rhoda Hicks Butler, G. S. Candy, H. B. Carter, S. E. Cathcart, W. Chesters, J. A. Clark, C. Clarke, M. Cohen, S. W. R. Colyer, E. M. Cowell, Winifred Julia Cox, J. W. Cropper, D. W. Daniels, A. F. W. Denning, E. J. C. Dicks, D. F. Dobson, Gladys Margaret C. Dunbar, R. C. V. Edsall, D. G. Evans, Vera Foley, H. S. Furness, E. L. Fyfe, E. G. Gauntlett, \* W. Gilliat, A. E. Gow, T. J. Hallinan, J. M. Hammond, C. H. Heppenstall, Susie Eleanor Hill, F. G. Hitch, M. J. Holgate, H. Holroyd, C. K. Hoskyn, Matilda Hunt, W. Johnson, J. E. L. John-son, R. H. H. Jolly, A. R. Jones, Rose Fanny Jordan, H. H. King, Elsie Marian Layman, J. Lewis, E. L. M. Lobb, D. Loughlin, O. W. McSheehy, R. V. G. Monckton, Emily Helen Morris, Florence Muriel Morris, A. T. Naikivell, E. E. T. Nuthall, G. E. Oates, J. G. Owen, W. H. Palmer, J. Parkinson, H. E. Perkins, W. J. Petty, Hilda Mar-garet Pollard, D. A. Powell, Laura Gertrude Powell, E. B. Price, J. F. E. Pridaux, S. I. Rabinowitz, J. Ramsay, E. N. Ramsbottom, A. Richardson, A. M. M. Roberts, K. Robinson, H. A. H. Robson, Alice E. Sanderson, B.Sc., H. A. Sanford, C. F. O. Sankey, W. Scaris-brick, B.Sc., F. C. Searle, F. G. Sergeant, S. R. Shirgaokar, L. J. Short (Scholarship in Pharmacology), J. T. Smalley, G. F. R. Smith, St. J. A. M. Tolhurst, V. Townrow, N. H. Walker, Enid Margaret Walters, A. J. Walton (Scholarship in Anatomy), C. H. S. Webb, \* H. Whitehead, \* Margaret Hannah Wild, B.A., H. G. Willis, Sophia Margaret B. Witts, W. W. Wood, A. L. Yates.

\* Distinguished in Anatomy. † Distinguished in Physiology. ‡ Distinguished in Pharmacology.

#### ROYAL UNIVERSITY OF IRELAND.

At a meeting of the Senate held on Thursday, July 27th, the following Regulations for the M.B., B.Ch., B.A.O. Degrees Examination were adopted, to come into force at the October Examinations of the present year:

1. The Examinations in Medical Pathology and Surgical Pathology shall be separated, 25 marks being assigned to each.
2. The Pass Examination shall be held in all respects in the same manner as heretofore.
3. The further Examination for Honours shall be exclusively a written Examination, and only those candidates can be admitted to it who, upon their answering at the Pass Examination, are specially recommended for admission by the Examiners.
4. Honours shall be awarded, not on the Examination as a whole, as heretofore, but in the following groups:
  - (a) Medicine, Theoretical and Clinical, including Therapeutics, Mental Diseases, Medical Jurisprudence, Sanitary Science, and Medical Pathology.
  - (b) Surgery, Theoretical, Clinical, and Operative, including the use of instruments and appliances; Ophthalmology and Otology; Surgical Anatomy; Surgical Pathology.
  - (c) Midwifery, and Diseases of Women and Children.
5. The candidates qualified to present themselves for honours may select one or more of the foregoing groups.
6. The Honour Papers shall be set on the day following the announce-ment of the results of the Pass Examination. They shall consist of:
  - (a) A paper on Medicine and Medical Pathology.
  - (b) A paper on Surgery and Surgical Pathology.
  - (c) A paper on Midwifery, and Diseases of Women and Children.

Each paper to be of two hours' duration, and 100 marks to be assigned to each.

7. The honours in each group shall be awarded, taking into account the entire of the marks obtained by the candidate at the Pass Examination in that group, together with the marks obtained on the Honour Paper.

8. The Exhibitions shall be awarded, having regard to all the marks obtained both at the Pass and the Honour Examinations.

The recent examinations have resulted as follows:

**First Examination.**—J. Anderson, W. J. Ashby, J. S. Bellas, F. Bradley, F. M. J. Brett, J. A. Brown, B. Byrne, S. Campbell, S. R. Campbell, F. S. Carson, A. V. Craig, A. T. Crowley, P. J. Cullinane, 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. Harrison, A. V. J. Harrison, P. Hayes, R. W. G. Hingston, J. Holland, D. Horgan, J. C. Houston, D. J. Jackson, E. G. Ken-nedy, E. W. Kirwan, B. C. Lettis, D. Lynch, J. M'Cormick, B. M'cullough, 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.

**Exempted from Further Examination in Biology.**—J. Byrne.

**Honours in Botany.**—Second Class: W. Dickey, J. A. Hanrahan.

**Honours in Zoology.**—Second Class: J. J. Gilmore.

**Honours in Chemistry.**—Second Class: B. C. Lettis, W. Dickey.

**Honours in Experimental Physics.**—First Class: W. O. Wilson. Second Class: W. Dickey, J. J. Gilmore, J. A. Hanrahan.

**Exhibitions.**—First Class: W. Dickey. Second Class: J. A. Hanrahan.

**D.P.II.**—Honours, First Class: J. N. Meenan, M.B., B.Ch., B.A.O.; J. H. Campbell, M.B., B.Ch., B.A.O.

#### CONJOINT BOARD IN ENGLAND.

The following have been approved at the Final Examination for the Diploma in Public Health:

J. A. Atkinson, R. J. Backham (Capt. R.A.M.C.), N. Campbell, H. E. Corbin, L. Courtneil, J. W. Fox, J. A. Glover, W. L. T. Goodridge, H. L. Hamilton, E. C. Hayes (Capt. R.A.M.C.), H. Holt, P. S. Lelean (Capt. R.A.M.C.), N. F. MacLeod, J. Meek (Major R.A.M.C.), J. W. Myler, J. Nightingale, J. F. Powell, J. E. Robinson, E. D. Townroe.

#### CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examinations indi-cated:

**First Examination.**—R. H. Jones, D. Cogan, T. S. Douglas, J. C. Balsara, W. G. H. Brooks, R. S. Wat, Phiroza Malabari, D. Murphy.

**Second Examination.**—M. H. Fleming, W. Riddell, G. L. Irwin, A. P. Dias, A. D. Woolf.

**Second Examination (four years' course).**—G. M. Macleod.

**Third Examination.**—H. G. Anderson, J. Logan, J. Dawson, A. Baxter, A. Dick, J. A. Smith, K. J. L. Bannerman.

**Final Examination.**—W. N. Walker, W. W. Dempster, W. P. Timmin, W. de W. Henry, J. Owens, J. Macnamara, L. E. Borden, W. N. Alexander, H. M. Master, J. C. Balsara, J. E. Streeter, J. P. Newton, J. S. Lamech, J. Taylor (with honours), A. Dick, J. Gilbert.

#### CONJOINT BOARD IN IRELAND.

The following candidates have passed the special examination for the Diploma in Public Health:

A. W. May, M.D. Dubl., \*W. M. G. Guinness, M.D. Dubl., \*Major W. J. Taylor, M.B.R.U.I., R.A.M.C.

\* With honours.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### THE RELATIONS OF MEDICAL PRACTITIONERS TOWARDS UNQUALIFIED PERSONS IN THE TREATMENT OF DISEASE.

We have had occasion to draw the attention of the profession more than once to the unreflecting support given by certain medical practitioners to unqualified persons who profess to undertake the treatment of diseases. Articles pointing out the injury done to the profession by such conduct may be found in the *BRITISH MEDICAL JOURNAL* for 1904, vol. i, page 1090, and in 1905, vol. i, page 262. In the ethical column of the *JOURNAL* we have also repeatedly noticed instances of advertising electricians who evidently look for and in some cases obtain professional support, and who offer to pay liberally by handing over a proportion of the fees received for patients introduced to them. Examples of this were given on page 218 of the present volume. In some of these cases it may be claimed that the unqualified persons employed have provided an electrical installation which few medical men possess, and that they are willing to act under the direction of the medical profession without making any claims to special or secret methods of treatment. A corre-spondent has, however, sent us a copy of the supplement of the *Wesbech Advertiser* for July 26th, in which there is an advertisement of Mr. Richard Lonsdale, of 315, High Holborn, London, who calls himself a "medical" electrician, boasting of the great curative properties of his "magnetaire treatment." This is supported by testimonials from patients who say they have been cured of locomotor ataxy, chronic rheumatism, paralysis, fits, and the like, and from what the advertise-ment describes as "honoured preachers." We particularly desire, however, to call attention to four testimonials alleged to be from members of the medical profession. The first purports to be signed by a Dr. W. Forbes Laurie, Physician to the St. Saviour's Cancer Hospital, Osnaburgh Street, Regent's Park, N.W., whose name we have not been able to trace in the *Medical Register* or *Directory*. The second and fourth are from gentlemen whose names appear in the list of members of the British Medical Asso-ciat on, The third is from "Dr. T. O. Dobson, M.R.C.S.E., etc.,