MEMORANDA:

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

CONGENITAL SYNOSTOSIS OF RADIO-ULNAR ARTICULATIONS.

HAVING read with interest the account given by Mr. S. Hamilton of a case of congenital synostosis of the upper radio-ulnar articulations, I herewith enclose particulars of another instance of the rare condition.

A girl, aged 8 years, was admitted into the hospital in July, 1899. The following note being then taken:

Both the arms are pronated, supination is impossible. The head of the radius cannot be felt in the normal position—the radius appears to join the ulna just below the elbow-joint. The mother states that the arms have been in the same condition since birth.

The *x*-ray photograph showed the radius joining the ulna about one inch below the elbow-joint on either side. I operated on both arms, dividing the upper end of the radius at its junction with the ulna, removing about one inch of the shaft, leaving only sufficient for the attachment of the biceps tendon. Passive movements were commenced early and a fair range of movement obtained. I did not see her again until May this year. I then found that her condition was practically the same as before operation. After her discharge from hospital the movements had been entirely neglected. On readmission a skiagraph showed that the bones had joined again—this time a definite ankylosis. On June 6th I operated on the left arm, separating the radius from the ulna, removing as much as possible of the upper inch and a half of the shaft and leaving only the attachment of the biceps tendon. In order to keep the bones apart, a small sheet of zinc was introduced between them and kept *in situ*. Passive movements were commenced the next day. There was again considerable improvement and she was discharged at the end of July. Early in September the zinc sheet was removed and she was instructed to attend in a week, but so far she has failed to do so.

REMARKS.—This is probably the first case of operation for the correction of the deformity. The great difficulty is to secure the separation of the bones without sacrificing the biceps tendon. There is no doubt an improvement in the condition of this girl, but her irregular attendance is most unsatisfactory.

Kidderminster. J. LIONEL STRETTON,
Senior Surgeon, Kidderminster Infirmary and Children's Hospital.

TRAUMATIC PNEUMONIA.

IT was with much interest that I read the report in the BRITISH MEDICAL JOURNAL of October 14th of Fleet-Surgeon Beadnell's case of traumatic pneumonia.

Traumatism as a causative factor in pneumonia is rarely mentioned in the textbooks, but clinically I have for some time been convinced that it plays an important part. In my case books of the past seven years I find no less than 5 cases in which a typical acute pneumonia supervened on a chest injury.

I will briefly mention the case of D. W., seen in 1902. He was a boy, aged 13, who, up to that time was in excellent health. He fell whilst mounting a bicycle and was struck by the twisting handle-bar a sharp blow over the angle of the right scapula. Within four days he was suffering from acute pneumonia at the base of the right lung; at least, the symptoms and physical signs were not distinguishable from those met with in that disease, and the temperature fell by crisis on the ninth day. There was no question of exposure to wet or cold either previous to or between the time of the accident and the onset of the pneumonia.

So was it in the other four cases.

Fleet-Surgeon Beadnell's explanation that the damaged lung presents a favourable nidus for the pneumococcus is a sound one. That a locus resistentiae minoris can be produced by injury is undoubted, and that a blow on the chest wall does not more often result in acute lung inflammation is accountable by the protection afforded by the resilience of the ribs.

There is a further point in this connexion of equally great interest. I refer to pneumococcic arthritis. As has been pointed out by Dr. Cave of Bath and others, during the course of a pneumonia a joint which is injured is more prone to develop arthritis of pneumococcal origin than others. Great care, therefore, must be taken by nurses not only in handling patients suffering from pneumonia, but also in watching them through the delirium stage so as to prevent them unwittingly injuring themselves. To sum up.

1. During the course of, or very shortly after, pneumonia, a very slight injury to a joint may result in an acute arthritis, possibly suppurative.

2. Some injury to the chest wall, not necessarily a severe one, is in certain cases the only traceable cause of pneumonia. Moreover, should this pneumonia prove fatal, the cause would have a very important medico-legal interest.

West Southbourne, Bournemouth. FREDERICK C. FORSTER.

PERITONEAL TOLERANCE.

THE following case is of sufficiently rare a nature to justify publishing: J. T., aged 72 years, a farm labourer, first felt discomfort in his right iliac region four or five years ago; he never had any acute attacks of pain in the abdomen, only a feeling of distension, and was never laid up a single day. During this period he was constipated and had to take aperients regularly. Two years ago he noticed a swelling above the right groin and consulted a medical man who told him that he had a "kind of rupture." About the middle of last July he first consulted me as he was getting a good deal of pain in the swelling. I found he had a tense swelling in the lower part of the abdomen just above the centre of the right Poupart's ligament, irreducible, dull on percussion, giving a feeling of tense fluctuation and about the size of a hen's egg. He was advised to have an anaesthetic and allow me to cut down upon the lump, with a view to clearing up the diagnosis. This course he readily consented to, and I found the swelling consisted of an abscess which I opened by Hilton's method. Upon passing a finger into the cavity it passed downward and backwards in the direction of the right sacro-iliac joint; deep down one came upon a constricted opening through which the finger would not pass, and fearing to cause infection of the peritoneum I desisted, put in a drainage tube, and drained the abscess. In a week or two it had practically finished discharging, and was healed all but a small sinus. Several times I examined this with a probe, and some inch within the sinus felt what appeared to be a piece of carious bone, but could not remove it with forceps. On October 12th he again had an anaesthetic, and I opened up the sinus, and found a rabbit's rib lying in it. The rib was perfect, all but a small piece broken off from the sternal end, was 1½ in. long, and darkened in colour. Since then the wound has completely healed, and the man is quite recovered. It is remarkable that this rib should have travelled from the intestine without producing any acute symptoms, and have rested for four or five years within the patient's abdomen without causing more inconvenience.

Culmstock, Devon. W. HORTON DATE.

PEPSIN IN SPRUE AND HILL DIARRHOEA.

IN connexion with the very interesting discussion on sprue and hill diarrhoea at the annual meeting, reported in the BRITISH MEDICAL JOURNAL of November 11th, may I point out the great benefit to be derived in the treatment of these diseases from the use of pepsin, and especially of malto-pepsin?

In the milder cases, those characterized by three or four frothy motions in twenty-four hours, which may have lasted many months or even several years, without causing more than a moderate degree of anaemia, debility, and wasting, the patients may be allowed to perform their ordinary duties, provided these do not entail any great physical strain or exposure to inclement weather. For a couple of weeks it is necessary to prohibit bread, and to strictly limit the amount of farinaceous food. The diet should consist mainly of fish and of good, easily-digested meat, slightly underdone. Immediately following each meal malto-pepsin gr. v should be given. The diarrhoea usually ceases in three or four days, but it is best not to make any change in the treatment for at least a fortnight. If all goes well the diet may then be cautiously increased. The malto-pepsin should, however, be continued after each meal for a month or even longer, according to circumstances.

In severe cases the treatment recommended by Dr. James Cantlie, plus malto-pepsin in gr. v doses after each meal, will be found to give excellent results. The use of malto-pepsin greatly hastens convalescence and the return of health and strength.

Dr. Cantlie very rightly lays stress on the grave significance of thrush, but he rather overstates the case in calling it "a

fatal sign." I have seen at least one case where thrush was exceptionally marked recover completely under treatment by pepsin.

G. H. YOUNGE,
Lieut.-Colonel, R.A.M.C. (R.P.).

DISLOCATION FORWARDS OF THE FOREARM WITHOUT FRACTURE OF THE OLECRANON.

J. C., aged 45 years: "Walking quickly downstairs, felt as if he had trod on something slippery, his foot went from under him, he twisted round in order to save himself and fell backwards downstairs, the tip of his left elbow striking the edge of staircase first." His elbow was found to be held at an angle of 130 degrees; it could be slightly flexed and extended, and permitted a good deal of lateral movement. The head of the radius and the olecranon process of ulna could be felt lying on the shaft of the humerus, about 2¼ in. above the condyles, the forearm being distinctly lengthened. All the anatomical points at the end of the humerus, the olecranon fossa, coracoid depression, trochlea and capitellum, could easily be made out. That the case was one of dislocation forwards of the ulna and radius, without any fracture of the olecranon, was obvious.

The points of interest are: (1) Rare occurrence; (2) no fracture of olecranon; (3) the relationship maintained between radius and ulna. Attention is called to this in Treves's *Surgery* by Marmaduke Sheild, who states that "this dislocation is extremely rare," and quotes Canton's case where radius maintains its relationship to ulna. Looking up the literature on this subject, I find there are about twelve recorded cases. Erichsen states that six cases of this dislocation are on record. Rose and Carless state that fracture of olecranon always occurs in this dislocation. Gould and Warren[1] refer to this dislocation as

rare and its occurrence without existing fracture has been doubted; in point of fact, the latter complication has been still more rarely recorded.

Helferich:

This is a very rare injury; it was formerly said it never occurred without simultaneous fracture of olecranon; may be produced by a fall or blow on olecranon while arm is in extreme flexion.

Hamilton quotes nine cases, and states:

It seems to have been in most cases caused by a fall upon elbow while forearm is forcibly flexed.

Cheyne and Burghard:

Is sometimes met with as result of a severe blow upon back of flexed elbow.

Stimson, in his book, refers to a case which he had in 1895:

The elbow is held at a right angle, but can be somewhat flexed and extended, is movable laterally, the epitrochlea can be plainly felt, also the inner face and edge of trochlea, the overlying flexor muscles of hand having been torn away from humerus. The tip of the olecranon is below and even a little in front of the trochlea, the inner anterior portion of articular surface of which can also be felt on depressing the skin. The head of radius is in front of capitellum. The forearm is markedly abducted.

The only other reported case is Wright's; the symptoms were similar.

F. W. STAUNTON, M.B., T.C.D.,
Waterford. Hon. Surgeon, Waterford County and City Infirmary.

OEDEMA IN THE UVULA.

A CASE of this condition, which came under my notice recently, gave, at first sight, no clue to the actual local cause. Accompanying the oedema was some symmetrical congestion of the soft palate. Suspecting that some general condition, possibly of renal nature, was at the root of the mischief, I prescribed a placebo and told the patient, a married woman of middle age, to bring a specimen of her urine at her next visit. This to ordinary tests was normal; the throat, however, now showed a dirty, punched-out ulcer to one side of the base of the uvula, but less oedema and congestion. A small gumma had evidently broken down; for a week's course of iodide of potash and mercury resulted in a virtual healing of the ulcer and great improvement in other respects.

Cheltenham. ERNEST C. CARTER, M.D.

POLYNEURITIS FOLLOWING PUERPERAL SEPSIS.

IN the BRITISH MEDICAL JOURNAL of October 14th, p. 951, Dr. R. C. Worsley reports a case of polyneuritis following puerperal sepsis. In April, 1903, I saw a young woman who had well-marked peripheral neuritis of both lower extremities.

[1] *International Textbook of Surgery.*

The history was as follows: She had become pregnant for the first time in October, 1902, and severe vomiting and weakness followed; so much so that it was considered necessary to induce abortion at the third month. Nine days later nervous symptoms appeared. There was numbness of the legs, the reflexes were first increased and then lost. She could not walk, and she moved her legs with difficulty. For a time there was also loss of memory and mental depression. A prolonged convalescence resulted in complete recovery.

There was no alcoholism nor plumbism, and the neuritis with cerebral involvement was, I consider, due to septic absorption.

St. John's, N.B., Canada. MURRAY MACLAREN, M.D.

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

ROYAL VICTORIA HOSPITAL, DOVER.

THROMBOSIS OF THE CAVERNOUS SINUS.

(Reported by J. A. MENZIES, M.B., C.M., Ophthalmic Surgeon to the Hospital, and EGERTON L. POPE, B.A., M.D.McGill, M.R.C.S., House Surgeon.)

THE patient in this case, a girl aged 20, was out walking with a friend on September 21st in the afternoon. A high wind was blowing, and the patient stopped suddenly, remarking that she had an uneasy sensation in her right eye, which she attributed to a bit of dust having blown into it. On reaching home her mother noticed a little redness, and bathed the eye with milk and water. She went to bed at her usual time and slept soundly. Next morning she still complained of the same feeling of uneasiness, which, however, did not actually amount to pain. She went away to her work, her occupation being that of general servant and nursery-maid. Late in the afternoon the discomfort became so severe that she went home earlier than usual. As she was now suffering a good deal of pain, medical advice was sought, and the case was thought to be one of acute conjunctivitis. Boracic lotion and hot bathing were ordered. That night she slept fairly well, but awoke early on the morning of September 23rd with intense pain behind the eye, radiating to the forehead and temple. Some swelling of the lids was noticed. The severe pain continued during that day and on September 24th, and the swelling increased rapidly. She was then sent to the hospital, where she was admitted.

State on Admission.—The patient was well nourished. She complained of intense general headache and great pain in the right orbit. She was quite apathetic and flushed, her tongue was deeply furred, and many of her teeth were in a state of advanced necrosis, her breath was very foul, her temperature was 101°, and her pulse 110. There was very marked proptosis on the right side, so much so that the swollen lids failed to cover any of the cornea. The lids were greatly swollen, oedematous, and boggy, but no fluctuation could be felt. The conjunctiva was intensely injected, the cornea was dry and very hazy, the eye was immobile, and the pupil did not react to light. The pupils were about equal in a dull light. The vision of the affected eye was entirely gone, and there was no perception of light. The cornea was too hazy to permit of ophthalmoscopic examination. The vision in the left eye was apparently normal, but the patient was too ill to be tested with type.

Operation.—The presence of suppuration in the right orbit was suspected. The patient was anaesthetized and an incision was made through the upper lid and the orbit was explored with a grooved director. As no pus was found, the periosteum was deeply incised in different directions in order to exclude the possibility of subperiosteal abscess. The periosteum on the floor of the orbit was explored through the lower lid. No pus, however, could be discovered. The wounds were packed with iodoform gauze. Morphine, gr. ¼ p. r. n., was ordered, and hot fomentations continued.

Progress.—On the morning of September 25th there was noticed a slight proptosis of the left eye, which increased during the day, accompanied by swelling of the lids, and the temperature rose steadily until seven o'clock, when it registered 104.4°. In the evening there were tenderness and oedema over the right mastoid. This sign had been previously sought for, but was absent until now, when, along with it, there was retraction of the head and stiffness of the neck, with tenderness along the jugulars. There was extreme prostration. As soon as the second eye became affected, accompanied by signs over the right mastoid, the diagnosis of thrombosis of the intracranial sinuses was established.

Result.—On September 26th the proptosis of the left eye was as great as that of the right, and the condition of the left eye became practically

intelligent and skilful as they are for the most part affectionate. The pleasure of having healthy children, and the numerous little cares which mothers would have to exert to that end, would go far to banish slovenliness and selfishness.

I. The first and most important thing is to make a real and sustained effort to train girls and young mothers in domestic management and in the proper feeding and care of children. At present this vital necessity of education is hardly touched. It is not that the action hitherto taken is not on right lines. It is wholly inadequate. Nor is it is easy to see how the necessary training is to be given. It is true the Education Department might make elementary instruction of the necessary kind compulsory on schoolgirls. But it can only be offered to girls who have left school. It may be possible to do more than is being done by employing skilled and trained women to visit poor homes, and instruct those mothers who appear to need instruction in the things necessary to preserve the health of the infants.

This instruction would embrace such points as the following:

1. The necessity of cleanliness in the house, and especially the importance of clean floors.

2. The precautions needful in the storage of food, and especially its protection from dirt and flies.

3. The clothing requisite for the health and safety of the child.

4. The amount and kind of food which it needs.

5. How to prepare it, in the case of an infant artificially fed. This is a technical matter, and needs intelligence, skill, and patience. If one or two municipal teaching centres were established, teachers and mothers might also receive practical instruction there.

6. Mothers might also be taught what they ought not to do in many particulars, as in rubbing the child's gums, giving it teething powders, feeding it on unsuitable food, allowing its clothes or bed things to get dirty. A great extension of this house-to-house work is certainly needed.

II. Mothers ought to be prevented from giving their young children starvation foods, and cases in which it could be proved that they had done so, after receiving instruction, should be dealt with.

III. Where insanitary conditions of a permanent character are present they should be dealt with. This remark applies to the numerous narrow passages still in existence, lined with pail closets, and fetid in summer time.

IV. Where parents are in such poverty that assistance is needed, either provision should be made from private charity or they should be compelled to apply for poor relief. The claim of the unprotected infant to food should be enforced, and indeed is, at present, enforced in part.

V. The question of cow's milk is an important one. But, in the main, it is embraced in the above recommendations. All food to be used by infants should be required, by law, to to be protected from flies. It is, however, to the extension of instruction that we must chiefly look for real improvement.

Measles.

Dr. Niven states that the education authority has hitherto furnished to the medical officer of health a daily list of all cases of measles coming to their knowledge. The homes of these cases are visited by the sanitary inspectors, who instruct the relatives in the precautions to be taken, and attend to any sanitary defects found. No schools or parts of schools were closed by the sanitary authority during 1904.

Scarlet Fever.

For the last eighteen years the number of attacks per 1,000 living were:

From 1887-95 ...	47	38	35	51	48	50	58	43	39	
From 1896-1904 ...	44	33	16	27	46	49	42	36	37	

The year 1898 formed the bottom of the trough of the last wave of the incidence, and the year 1901 its crest. In 1902 and 1903 there were falls; 1904 is, for practical purposes, equal to 1903.

The table demonstrates that scarlet fever is most fatal in the first year of life, and becomes less and less so, reaching the lowest mark of fatality at the 10-15 year age period. It also shows that the incidence is greatest in the fifth and sixth years of life. The greatest number of deaths occurs in the fourth year of life. As one would expect from the slightly increased incidence, along with a diminished death-rate, one finds the case fatality per cent. smaller for 1904 than 1903.

City of Manchester.—Scarlet Fever: Number of Attacks, of Deaths, and Case Fatality per Cent. at Different Ages, for the Ten Years 1894-1903, and for 1904.

Ages.	1894-1903.			1904.		
	Attacks.	Deaths.	Case Fatality per Cent	Attacks.	Deaths.	Case Fatality per Cent.
Under 1 year...	256	55	21.5	18	7	38.9
1 to 2 years..	767	136	17 7	61	8	13.1
2 to 3 ,,	1,461	205	14 0	145	16	11 0
3 to 4 ,,	1,925	223	11.6	162	11	6.8
4 to 5 ,,	2,201	193	8 8	228	11	4 8
5 to 6 ,,	2,162	96	4 4	239	8	3.3
6 to 7 ,,	1,968	71	3.6	211	5	2.4
7 to 8 ,,	1,783	52	2 9	176	3	1.7
8 to 9 ,,	1 422	27	1.9	185	2	1.1
9 to 10 ,,	1,159	21	1.8	146	3	2.1
10 to 15 ,,	3,405	49	1 4	346	8	2.3
15 to 20 ,,	1,030	30	2 9	77	—	—
20 to 25 ,,	486	9	1 9	25	—	—
25 to 35 ,,	375	10	2.7	31	1	3.2
35 to 45 ,,	95	3	3.2	11	1	9 1
45 to 55 ,,	28	1	3 6	2	1	50 0
55 to 65 ,,	5	—	—	—	—	—
Over 65 ,,	—	—	—	—	—	—
All ages ...	20,568	1,181	5.7	2,063	85	4.1

MEDICAL NEWS.

MR. MACLEOD YEARSLEY, F.R.C.S., has been appointed the delegate of the Otological Society of the United Kingdom at the International Medical Congress at Lisbon.

MISS THOROLD, having retired after thirty-five years' service as Lady Superintendent of Middlesex Hospital, the Court of Governors has unanimously voted her a retiring pension.

WE regret to announce the death of Dr. Ernst Ziegler, Professor of Pathology in the University of Freiburg, which took place after long suffering, on November 30th. Professor Ziegler was in his 57th year.

A SPECIAL general meeting of the Dermatological Society of London will be held at the rooms of the Medical Society, 11, Chandos Street, W., on Wednesday next at 4.45, to consider the proposal for the union of London medical societies.

THE West Riding Education Committee is offering for competition by students attending plumbing classes throughout the Riding two grants, each of the value of £12, to enable the recipients to join a course of advanced instruction for plumbers conducted by the Plumbers' Company in conjunction with various education authorities at King's College, London.

AT the annual general meeting of the Otological Society of the United Kingdom last Monday, Mr. A. E. Cumberbatch was elected President, and Messrs. C. A. Ballance, A. Bronner, and R. H. Woods, Vice-Presidents. Other officers chosen were Drs. Edward Law, R. Lake, and W. Jobson Horne, who now respectively fill the positions of Honorary Treasurer, Librarian, and Editor of the *Transactions*. In addition six members of council were chosen, and Messrs. Macleod Yearsley and H. S. Walker appointed Joint Honorary Secretaries. The members dined together at the Trocadero the same evening, the President of the Royal College of Surgeons of England and Professor Lermoyez of Paris, being among the guests.

A STRONG committee has been formed for the purpose of erecting a sanatorium in and for the county of Middlesex. It is intended to keep the cost of the building down to the lowest possible point, and it is estimated that the 100 beds in view will all be covered by a capital expenditure of £30,000, including land, building, lighting, and furnishing. Public authorities in the county have already promised to pay for a quarter of whatever beds are provided, and for the rest public subscriptions are sought. The scheme seems to have been well thought out, and should receive support. The Honorary Secretary, Colonel Gerard Clark, 8, Grange Park, Ealing, is ready to receive donations, and also to supply any information desired with reference to the project.

Professor William Stirling, M.D., Brackenbury Professor of Physiology and Histology in the Victoria University, Manchester, has been elected Fullerian Professor of Physiology to the Royal Institution, London. Professor Stirling will give a course of six lectures adapted to a juvenile auditory after Christmas. Mr. Francis Darwin will give three lectures on the physiology of plants; Mr. J. W. Gordon, two lectures on advances in microscopy; and Professor J. J. Thomson, six lectures on the corpuscular theory of matter. The Friday evening meetings will commence on January 19th, when Professor J. J. Thomson will deliver a discourse on some applications of the theory of electric discharge to spectroscopy. Among those who will deliver discourses on later dates are Dr. R. Caton of Liverpool and Dr. Hutchison.

Successful Vaccination.—Dr. Charles Griffith Jones, Public Vaccinator for the No. 1 District of the Cardigan Union, has received for the fourth time the Government grant for successful vaccination.

Bequests to Medical Charities.—The late Mr. John Richard Hutchinson, of Lillington, near Leamington, whose will has now been proved, bequeathed £200 each to the Warneford Hospital, Leamington, and to the Hospital for Incurables in the same town.

A School for Mothers in Brussels.—A school for the training of mothers in the proper rearing of children has recently been opened in Brussels under the auspices of the Belgian National League for the Protection of Infants. Lectures and courses of practical instruction in the hygiene of infancy are given to school-mistresses and teachers well as to mothers.

The Virchow Memorial.—The Committee appointed to carry the proposal of a memorial to Rudolf Virchow into execution has now a sum of £4,000 at its disposal. Of this amount, £1,800 has been contributed by subscribers and £2,200 by the city of Berlin. Three prizes, of the value respectively of £150, £100, and £50, are offered for the best design of a memorial. Drawings must be sent in before April, 1906.

The Supply of Antitoxin in Pennsylvania.—Five hundred antitoxin dépôts have, we learn from *American Medicine*, been established by State Health Commissioner Dixon for the free distribution of diphtheria antitoxin in Pennsylvania. Practitioners attending patients who cannot afford to buy antitoxin will be able to procure the serum free at the nearest distributing point, which will be either a drug store or country general store. The practitioners must undertake to send in clinical reports of the cases in which the antitoxin is used.

International Congress of Anthropology.—The International Congress of Prehistoric Anthropology and Archaeology will hold its thirteenth meeting at Monaco, under the patronage of Prince Albert the First, from April 16th to 21st, 1906. The important discoveries made in the territory of Monaco, especially those due to the initiative of the Prince himself, will lend special interest to the meeting. Excursions are being organized to the celebrated caves of Baoussé-Roussé, and to other places of prehistoric interest. Detailed information as to the Congress may be obtained on application to the General Secretary, Dr. Verneau, 61, Rue de Buffon, Paris.

Presentation.—On Thursday, November 30th, at a meeting held in Newcastle-on-Tyne, over which Dr. Buttercase, Forest Hall, presided, Dr. David Drummond, in a speech into which he infused a good deal of feeling, presented to Mr. Rutherford Morison a Bechstein boudoir upright grand piano, on which was the following inscription: "Presented to Mr. Rutherford Morison, on the occasion of his marriage, as a token of esteem and in recognition of his varied and valuable services to the profession, by the medical men of Newcastle and Northumberland, September, 1905." Mr. Morison having suitably replied, an interesting and successful meeting was concluded by votes of thanks to the Chairman and to Dr. Cromie, Blyth, who had organized the testimonial.

Female Nurses for the United States Navy.—The Surgeon-General of the United States Navy is in favour of the employment of women nurses in the navy. The women nurses in the United States army have shown themselves capable of adapting themselves to service conditions, and efficient in institutions under military control. Their employment in the navy would, it is thought, ensure as careful nursing in the naval hospitals as is now given to the sick of the army. Women nurses would also be of value in teaching and training the men of the hospital corps. In the event of war, besides being utilized on hospital ships, they could, in large measure, take the place of the men in the naval hospitals, thereby setting the latter free for service with the force afloat.

International Congress of Criminal Anthropology.—The sixth International Congress of Criminal Anthropology will open at Turin on April 28th, 1906. The following questions are proposed for discussion, and the communications presented will, as far as possible, be grouped round these as central themes: (1) The treatment of juvenile criminality according to the principles of criminal anthropology, to be introduced by M. von Hamel; (2) the treatment of female criminality, to be introduced by Dr. Pauline Tarnowsky; (3) the relations of economic conditions to criminality, to be introduced by Professor Kurella; (4) the equivalence of the various forms of sexual psychopathies and criminality, to be introduced by Professor C. Lombroso; (5) criminal anthropology in police organization, to be introduced by Professor Ottolenghi; (6) the psychological value of evidence, to be introduced by Dr. Brusa; (7) prophylaxis and treatment of crime, to be introduced by Dr. Ferri; (8) establishments for the perpetual detention of criminals declared to be irresponsible on account of mental defect, to be introduced by Professor Garofalo.

Medical Women in Germany.—The fear expressed by certain sections of the medical profession in Germany that the throwing open of universities and medical degrees to women would greatly increase the stress of competition in professional life has not so far been justified. The *Deutsche medizinische Wochenschrift* of November 23rd published some statistics on the subject collected from official and private sources by Miss Johanna Maass, M.D. The number of women who since 1900 have received the German State licence to practise medicine is 46. As to 31 of these, information has been obtained which shows that 9 are settled in Berlin, 4 in Charlottenburg, 1 in Bremen, 1 in Breslau, 1 in Darmstadt, 1 in Dresden, 1 in Frankfort-on-the-Maine, 2 in Hallé, 1 in Hamburg, 1 in Karlsruhe, 1 in Königsberg, 1 in Leipzig, 1 in Mannheim, 2 in Munich, 1 in Nuremberg, 1 in Rostock, 1 in Weimar. One has gone from Frankfort to practise in Florence. Of the whole number 24 are in practice as physicians for women and children, 4 are specialists (1 in diseases of children, 1 in orthopaedics, 2 in diseases of women); 3 are assistants (1 in a lying-in house, 1 in a State lunatic asylum, and 1 in a psychiatric clinic); 2 of those engaged in private practice are medical officers to schools, and 1 is a police surgeon. Of the 31 all but 1 have taken the degree of doctor. Four are married. There are also 6 legally-licensed female dentists, of whom 1 practises her profession in Berlin, 2 (sisters) in Dresden, 1 in Hanover, 1 in Königsberg, and 1 at Munich.

Medical Sickness and Accident Society.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society, was held at 429, Strand, London, W.C., on November 24th. The chair was taken by Dr. de Havilland Hall. The statement of accounts was presented. It showed that the number of new entrants into the Society since the beginning of the year was greater than in any previous period of the same duration, and unless there is an appreciable falling off in the new proposals during the next few weeks the year 1905 will be the record year of the Society for new business. The claims experience of the Society during the summer months has been very light, and there is now little reason to fear that the current year will show any excess of claims over the expectation. The heavy claim account which is always produced by the cold weather in the early part of the year is generally balanced by a great falling off in the claims in the summer months, and this year has been no exception to the rule. Several additions have been made during the year to the number of those who are on the permanent list that is drawing half-pay until age 65. But the total number of these chronic cases has not grown. Two or three members who have drawn sick pay continuously for some years have died, and in two instances the members have found themselves sufficiently recovered to resume at least partial work. In one of these the member has been totally incapacitated for more than four years, and the regular sick pay of the Society has probably largely aided his recovery. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane London, W.C.

he could claim a pension on resigning one appointment if he continued to hold the other. It would not be in accordance with the regulations of the Local Government Board for a deputy to be left in charge of either appointment for such a length of time as two or three years.

SMALL ISOLATION HOSPITALS.

M.O.H. asks for particulars as to the cost of erection and working of small isolation hospitals in rural districts and for references to books dealing with the subjects, or to hospitals making provision for from ten to twenty patients.

*** The minimum cost of erecting an isolation hospital of ten beds would be at the rate of £300 per bed. There would be a minimum standing charge of £40 to £50 per annum, whether the hospital were occupied or not; and when occupied the cost would vary from 20s. to 30s. weekly for each patient according to the number of patients in the hospital at one time. Useful information upon the construction and administration of isolation hospitals will be found in Dr. Roger McNeill's book, entitled *The Prevention of Epidemics*, published by J. and A. Churchill. A series of articles upon isolation hospitals was published in the *Public Health Engineer* during 1901-2-3, and in the *Hospital* during 1904.

STRUTHIO.—The fee usually charged for a patient brought from an adjoining district (and in some places the same applies to patients temporarily resident in the town) to a fever hospital is £2 2s. weekly, or if the medical attendant at the hospital is paid by fees, £3 3s. weekly. These charges are increased if there are no other patients in the hospital and it has to be kept open for one patient only.

MEDICAL ETIQUETTE IN POOR-LAW PRACTICE.

CYRIAX.—We cannot see that our correspondent would be right in making any application for the appointment about which he writes, as it does not appear to be vacant at the present time. The fact of his having had some communication with one or more individual guardians (who may be his own personal friends) in reference to the matter in question cannot be sufficient to justify him in taking any action whatever which may have the effect of depriving another practitioner of the appointment he now holds. Should a vacancy be publicly declared, or should our correspondent receive an official communication sent to him by direction of the Board of Guardians, he might then, but not till then, give the matter careful consideration.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE ELECTROSOL INSTITUTE.

A CORRESPONDENT sends us a card advertising the "Electrosol Institute" for the treatment of various diseases by light, electricity, and vibration at an address which is that given in the *Medical Directory* for the resident physician whose name appears upon the front page of the card. Descriptions are given on the card of the diseases for which the various methods of treatment carried on at this institute are said to be suitable. These include gout, rheumatic affections, anaemia, debility, nervous disorders, diabetes, catarrh, deafness, clergyman's throat, constipation, stiff joints, and spinal curvature—a tolerably comprehensive list. The advertisement goes on to say that it is hoped "medical men and other persons interested in the treatment of disease by the finer forces of light, electricity, and vibration, will not hesitate to visit the Electrosol Institute and examine its various instalments. Secretary, ———, from whom this prospectus can be obtained." Such an advertisement issued to the public is, in our opinion, objectionable, and having for its object that of procuring patients, appears to come within the terms of the warning addressed by the General Medical Council at its recent sitting to medical practitioners.

MEDICAL ELECTRICITY.

ENQUIRER complains that a medical practitioner a short time ago settled in his town to practise in medical electricity, and called upon the resident practitioners asking their support, and promising that he would not "undertake any case unless sent by a medical man." Six months later our correspondent sent him a case to treat, which terminated fatally. Some months afterwards the husband of this patient consulted the medical electrician about himself. He was examined and charged a guinea, and then sent for treatment to another practitioner. Our correspondent asks whether the medical electrician was right in making an examination, expressing an opinion, and charging a fee to this patient, after the promise he had made to each medical man who would support him?

*** If the medical electrician understood his pledge in the sense in which our correspondent understands it, he was absolutely debarred from practice on his own account, except with patients introduced to him by members of the medical profession.

THE DOCTOR'S SHOP.

G. R. H. writes that he has recently bought a practice where the late holder "sold grey powders, ointments and the like to his patients after they ceased to visit him; was not this bordering on the unprofessional conduct clause?" He says he has stopped this, but he asks "Can you quote me a decision or instruction from the General Medical Council that will make people understand that there is a dividing line between the chemist and medical man?"

*** There is no rule or decision of the General Medical Council dealing with the question, nor so far as we are aware has any licensing body issued any notice to its ordinary diplomates forbidding them to keep shops or to dispense or sell medicines, but several of the licensing bodies forbid their Fellows or Members to dispense medicines or to keep anything of the nature of an apothecary's or chemist's shop. We do not know to what our correspondent refers as "the unprofessional conduct clause"; he was quite within his rights in declining to continue any part of his predecessor's dispensing work to which he objects, but owing to the peculiar circumstances under which a part of the medical profession in England has developed from the status of the apothecary, the dividing line which exists in other countries between the apothecary and the medical man is still undefined.

MONTHLY NURSE'S ENGAGEMENT.

DISAPPOINTED would like to know what sum is customary and fair to be paid to a trained nurse who was engaged to attend a lady in her confinement at the end of November. For unexpected reasons the nurse's services will not be required, and she was informed of this early in October. She is believed to have missed another case on account of the above engagement.

*** It is not unusual for a nurse to accept half her fee and take her chance of getting another engagement; but she is quite within her right in refusing to take less than the whole fee. Then, if at the time for which she was engaged she is without employment, she could recover her fee in the county court. On the other hand, if she accepts another engagement at this time for which she is paid, she could only recover the difference, if less, between the fee she receives and what she was to have received under her original engagement.

COLLIERY SURGEONS AND BONESETTERS.

IF a collier who is injured goes to a bonesetter, and afterwards applies to the colliery surgeon for a certificate, the latter is justified in refusing to give one unless the collier consents to give up the bonesetter and to put himself under the surgeon's care. The colliery surgeon would not be justified in refusing to attend the collier if he asks for his attendance because he had first been to the bonesetter, but he should attend and give a certificate dating only from the commencement of his attendance.

A PROCURATOR-FISCAL'S PROCEDURE.

A. B. C.—It must be borne in mind that the expenditure of procurators-fiscal is strictly supervised and limited by the Exchequer, and that they are liable to be surcharged for any fees the payment of which they cannot justify according to the Exchequer regulations. Taking the particular case referred to by our correspondent, it was clearly not well for the procurator-fiscal to ask for a report from another practitioner; but as the procurator-fiscal had already asked for a report from our correspondent, the case is not a good one to pursue further. We strongly advise our correspondent to call upon the procurator-fiscal in a friendly way, and talk over matters, with a view to obviating sources of complaint in future.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Examination in Preventive Medicine and Public Health (D.P.H. Examination).—Candidates have been approved at the examinations indicated:

D.P.H.—Part I only: A. H. Hogarth, P. K. Muspratt, J. P. Tildesley. Parts I and II: J. F. Beale, W. Cahill, L. B. Scott, D. J. Thomas, R. P. Williams.

UNIVERSITY OF CAMBRIDGE.

W. L. H. DUCKWORTH, M.D., Jesus College, has been approved for the degree of Doctor in Science.

Dr. Anderson, Dr. Graham Smith, and Dr. G. H. F. Nuttall have been appointed members of the State Medicine Syndicate.

Mr. W. M. Fletcher, of Trinity College, has been reappointed a member of the Special Board for Medicine.

Dr. D. MacAlister has been reappointed a member of the Appointments Board.

The following degrees were conferred on December 2nd:—*M.B.:* W. G. Howarth, Trin.; S. H. Clarke, Gonv. and Cai.; R. O. Lee, Emm.; P. W. Leathart, Clare; G. Holroyd, Christ's. *B.C.:* P. W. Leathart, Clare G. Holroyd, Christ's; S. H. Clarke, Gonv. and Cai.

UNIVERSITY OF BIRMINGHAM.

THE following candidates were approved at the examination indicated:

M.B., Ch.B. (Final)—R. W. Aitken, W. D. Carruthers, F. T. H. Davies, Helen G. Stewart, S. G. Walker.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

Final Fellowship Examination.—R. W. Burkitt, L. L. Carlos, H. H. B. Cunningham, and T. A. Dillon.

Primary Fellowship Examination.—T. J. McDonnell and H. D. Woodroffe.

Licence Examination.—H. W. Mason.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examinations indicated:

Final Medical—Section B.: R. S. Oldham, G. Dougan, F. O'B. Ellison, E. D. Caddell, J. du P. Langrishe, A. L. Robinson, W. Hutchison, R. Holmes, L. V. Hunt, J. Gray, M. Leahy, G. G. Vickery, F. Casement, T. B. W. MacQuaide.

Final Surgery.—H. English, J. W. Burns, B. Johnson, D. M. Corbett, W. I. Thompson, G. E. Nesbitt, T. King-Edwards, J. Chambré, W. C. MacFetridge, T. T. H. Robinson, W. R. Galwey, J. M. Harold, C. Kelly, A. C. Elliott, C. H. M'Comas, H. H. White, E. D. Atwell.

Final Dental.—C. R. Ridd.