

1. The inefficiency of subconjunctival injections even in conjunction with rigid dorsal decubitus.
2. The prompt response to puncture, followed by the tendency to relapse, even while the decubitus was maintained.
3. To the effective result apparently obtained by the cautery, to which measure I indeed attribute the success of the result.

MEMORANDA:

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

TRAUMATIC PNEUMONIA.

THE notes by Dr. Forster in the *BRITISH MEDICAL JOURNAL*, December 9th, recalled to my mind a case in my charge when House-Surgeon in Ayr Hospital. The pneumonia not only followed an injury to the chest wall, but throughout its course presented an interesting and somewhat uncommon clinical picture.

R. K., aged 11, was admitted to hospital on April 28th, 1905, suffering from right-sided croupous pneumonia. The following history was obtained: On April 21st when out playing he fell and struck the lower part of the right side of his chest. Two days later he began to complain of pain on that side. No notice was taken for a day or so, as it was thought to be merely due to the bruising sustained in the fall. The pain, however, continued, his breathing became hurried and somewhat laboured, he lost his appetite and could not rest at night. A medical man was then called in, a diagnosis of pneumonia was made and he was removed to hospital on April 28th.

The diagnosis was confirmed on examination, the right lung (lower half) being the affected part. The temperature was 105° F. on admission, the crisis occurred on the ninth day, and in the acute stage the illness ran a fairly typical course.

During his convalescence, which was very prolonged, some interesting points were noted. On May 15th the temperature, after being normal for a week, rose to 101.8° F., and for the next ten days it varied from 99° to 102.8°. A careful examination of the chest was made, and over one limited area posteriorly there was increased vocal resonance and bronchial breathing. He had night sweats and was losing weight. The sputum was scanty and slightly purulent. On May 23rd antiphlogistine was applied, and two days later the temperature fell to normal. I examined the sputum for tubercle bacilli, but failed to see any. I sent up a specimen to the Clinical Research Association, London, for expert opinion, and I received the following report:

The sputum consists of blood-stained muco-pus, but no tubercle bacilli can be seen after prolonged examination.

The patient shortly afterwards began to make headway. His appetite was good and he gained in weight. On June 7th nothing abnormal in his lungs could be detected. He was allowed up a few days later, and was discharged on June 23rd, 1905. There was no history in this case of exposure to wet or cold, and the injury seems to have been the exciting cause.

Edinburgh.

JOHN ALLAN, M.B., Ch.B.

NASAL POLYPI AND ASTHMA.

IN connexion with the vexed question of a relationship between nasal polypi and asthma, the following case may be of interest:

Mrs. X., a lady past middle life, had suffered severely from asthma. She had had nasal polypi removed several times but they rapidly recurred, and it had been decided to try to relieve her by more radical treatment, for a diseased bone was obviously present in the ethmoid region. Dr. Gilmore (Brixton), whose patient she was, gave the anaesthetic (chloroform and ether), and I began by cauterizing the septum. This produced no obvious effect on the breathing, but immediately I applied the curette to the middle turbinate region a violent attack of typical asthmatic breathing came on, which at first was rather alarming. The operation, however, was continued and finished, and recovery was uneventful. *Post hoc*, of course, is not necessarily *propter hoc*, but it certainly appeared as though stirring up the seat of the polypi produced the attack.

London, W.

W. H. KELSON, F.R.C.S. Eng.

ABORTIFACIENTS.

DURING the comparatively short time that I have been in practice in this district I have met so many cases in which diachylon has been taken that I now invariably examine the gums of any female patient the nature of whose trouble is at all doubtful. In none of these cases have I seen wrist-drop, although some of them had been taking lead for several months. In one severe case with encephalopathy vomiting and optic trouble for two months, there was no sign of wrist-drop whatever.

Every young medical man fresh from hospital work should be on the look-out when he commences private practice for instances of attempted abortion by drug-taking. If he is, he will avoid much anxiety and trouble, and will never need to be saved from sending a patient to a hospital as a case of intestinal obstruction by a kindly neighbour's query: "Don't you think she has been taking something, Doctor?"

Belper.

G. BRITTON GILL.

REPORTS

ON

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

THE SICK CHILDREN'S HOSPITAL, NEWCASTLE-ON-TYNE.

A CASE OF OMENTAL CYST IN A BOY AGED 8 YEARS.

(Reported by PAUL MATHEWS, M.B., late Resident Medical Officer.)

THE following case appears one of such unusual interest that I venture to publish the notes in full.

J. N. F., a boy aged 8, was admitted to the Newcastle Sick Children's Hospital in October, 1904, with the following history. He had measles nine months previously, after which he began to complain of vague abdominal pain, chiefly in the left side. Gradual distension of the abdomen then set in, and continued until admission to hospital. He latterly suffered from considerable dyspnoea, at first on exertion only, then constantly. The pain subsided as the distension increased. There was no history of any previous illness or of trauma, and nothing of note was discovered in the family history.

State on Admission.—His general development was good, nutrition rather poor. There was no oedema or cyanosis, but slight dyspnoea. Abdominal tumidity was very marked, the general contour being globular. The superficial veins were distended, but no caput medusae was formed. Resistance to palpation was most marked in the centre and just above the umbilicus. The maximum circumference occurred 2 in. above this level, and was 27 in. The umbilicus was flattened, but not reddened. There was no pigmentation of the abdomen. The abdomen was not tender on palpation. Percussion gave absolute dullness everywhere except in the flanks and hypogastrium, where the note was tympanitic. The limits of dullness were not affected by alteration of posture. There was a well-marked fluid thrill. A few small glands were palpable low down in both axillae, in the groins, and in the supraclavicular triangle. The urine contained 0.1 per cent. of albumen, but no casts; reaction, acid. Examination of other organs revealed nothing of note.

Tapping.—October 10th. The abdomen was tapped in middle line below the umbilicus with a Southey's tube, and 84 oz. of fluid drawn off having the following characters: Opaque red-brown colour, alkaline reaction, specific gravity 1.024; did not coagulate on standing; heavy deposit of red blood cells, with few leucocytes and endothelial cells. On standing the deposit was bright red and the supernatant fluid olive green (opaque).

After tapping, the circumference of the abdomen was 21½ in., walls flaccid and permitting free palpation. The liver and spleen were not palpable, and there was no sign of enlargement of either organ. An indistinct mass was palpable lying along the right side of the vertebral column. Kidneys not palpable. The urine was free from albumen, and its presence never recurred.

The abdomen slowly filled again, and on November 16th the circumference was 25 in. After this it remained stationary and the patient had no discomfort or other bad symptoms. His general condition improved and he was allowed to go home, where he was kept under observation.

Readmission.—He was readmitted in April, 1905, as the tumidity was increasing and his general health was falling. On admission the general condition was much the same as before—circumference of abdomen 26½ in. He was again tapped and 40 oz. of fluid withdrawn with the same characters as before. The abdomen filled more rapidly, and on May 7th 70 oz. of fluid were withdrawn. The fluid on this occasion was examined, and found to contain no less than 750,000 red blood cells per c.mm. Examined chemically it contained 3.75 per cent. of proteid, 0.8 per cent. inorganic salts and a trace of

British Medical Association, the name of the fund was also changed. Though bearing the same name, and closely associated together, each body was independent of the other, and had its own president, treasurer, and officers.

The report of the Benevolent Fund was read every year at the annual meeting of the Association up to the year 1869-70, when the two bodies severed the close connexion which had hitherto been maintained. The cause of this was financial. The Benevolent Fund, by means of legacies and donations, which had been regularly invested, had accumulated a considerable sum, amounting to several thousand pounds, from the interest on which it had paid the pensions or annuities. As the British Medical Association was at that time in pecuniary difficulties, and probably not solvent, it was clearly the duty of the trustees of the fund to take care that if the Association were wound up the capital of the fund should not be impounded. Separation, therefore, became imperative then. Since that date the connexion of the two bodies has never been so close as before, although many Secretaries of Branches have acted as honorary local secretaries of the fund, and done a great deal for it.

During the thirty-five years which have elapsed since the separation each body has developed greatly. The British Medical Association now embraces the great majority of members of the profession. The Benevolent Fund has also grown in each of its departments. The Invested Fund amounts to more than £60,000, upon the income of which 124 annuitants are supported. The grant department has grown less rapidly, for it has always been a difficult matter to maintain, and still more to increase, the annual subscriptions and donations. Now that the British Medical Association has reorganized itself, and is acquiring new powers under a charter, the time, it would seem, has come when the two societies should again take their place side by side and work together strenuously in the cause of charity, as they did for the first half of their existence.

ALCOHOL AND DRUNKENNESS.

THE second Lees and Raper Memorial Lecture, which was delivered by Sir Victor Horsley, has been published as a pamphlet by the trustees, and also appears in the October number of the *British Journal of Inebriety*. We gave an account of its contents at the time of its delivery, but it is worth while to give a further description of them now. Though alcohol forms the central theme of the address, the question considered is not that of alcoholism commonly so-called, but that of the effect of alcohol on the higher centres when taken in such small quantities as are used at meal times, and which are generally regarded merely as dietetic and harmless. The excessive use of alcohol is not directly considered. The case for abstinence from even small doses is set forth with convincing clearness and precision, and the scientific value of the paper is undoubted. At the outset the author reminds his hearers that alcohol is well known to be the cause of certain forms of paralysis in persons who have never in their lives been drunk in the ordinary sense, and its action through its chemical affinity with various parts of the human organism is illustrated by its effect on the peripheral nerves.

An explanation is given of the relations and functions of the cerebrum, cerebellum, spinal cord, and nerves. The structure of the cortex and cells of the sensory and motor centres are described, and the functions of the smaller cells in connexion with the operations of the mind indicated.

In investigating the action of alcohol upon the brain the author points out that the question is how fast and how accurately the brain will work when under its influence or without it. This can be answered by a simple reaction-time experiment, the records being marked on a revolving drum. Kraepelin's beautiful and accurate experiments are detailed, in which the ingestion of a small quantity of alcohol was found to cause a slight acceleration of the reaction period, then, after a few minutes slowing was observed, becoming more marked and enduring as long as the alcohol was in active operation. It is also demonstrated that the time occupied in a so-called complex reaction is never quickened by alcohol, but slowed throughout. Even in the small quantities called dietetic there is a depressing effect on the higher brain centres. Although Kraepelin thought that a small quantity of alcohol had an accelerating effect on the activity of his mind, he found that he actually performed such operations as adding and subtracting less quickly than before; the alcohol had

deceived him in this matter. The analogy of this effect with that of small doses of anaesthetics is plain, the patient having the feeling of making powerful efforts while his brain is rapidly becoming paralysed and himself entering the stage of unconsciousness. When a man has taken a small dose of alcohol he often has the idea that he is thinking more than usual, when as a matter of fact he is thinking slower. The sense of well-being also is only an illusion.

Sir Victor Horsley maintains that the failure of intellectual judgement under the action of alcohol is in harmony with the view that its operation should be referred to the small cells of the brain, as these are the first to succumb to the onset of disease. He also maintains that the first stimulation effect of alcohol is not a real help, for it abrogates the highest function we know in the brain—its controlling mechanism. He makes reference to his own well-known experiment under laughing gas.

It is shown also that before the cortical centre which gives rise to motor impulses is paralysed by alcohol the sensory part is already affected, while fatigue is shown to be due not to fatigue of muscles and nerves so much as the motor portions of the brain.

The experiments of Kraepelin with a dynamometer show that at first an additional amount of work is put out under a dose of alcohol, followed by a depressant effect. Similar experiments with tea show a time acceleration at first but no loss of power afterwards. The acceleration is probably due to loss of control, and tends to show that alcohol and other drugs act in a paralysing way from beginning to end. The effect of the dietetic use of alcohol on skilled volitional work (that of compositors) is investigated by Dr. Aschaffenberg, and his results are in complete harmony with the other experiments described. Attention is drawn to the especially poisonous effect of alcohol to the cerebellum, and the respective production of both inco-ordination and tremor are discussed.

Sir Victor Horsley makes it evident that owing to the minute and careful work of many observers proof is not wanting that even in small quantities alcohol is injurious to the proper working of the brain. And he has through this lecture put into the hands of both scientific men and social reformers much valuable and suggestive material for which they cannot fail to find practical use.

An excellent companion to Sir Victor Horsley's address is the corresponding memorial lecture delivered by Mr. John Burns, M.P., last year, which the trustees have now likewise published in pamphlet form. This presented the subject from another aspect, for it is a subject with many sides. Mr. Burns proved himself equally master of the question in his own field, and his lecture entitled *Labour and Drink*, and addressed to working men, is a practical and precise reading of the truth from the economic and social point of view, as Sir Victor Horsley's lecture is in the scientific aspect. Mr. Burns's subject afforded scope for an entirely valuable output of warning and denunciation as well as an array of very terrible facts, and his scathing indictment of the drinking habits of the working classes and his enumeration of the irreparable losses and unmitigated curses that accrue on this account is entirely just. The whole pamphlet is worth the attention of all interested in the problem of alcoholism as it presents itself in this country. Perhaps no part of Mr. Burns's paper is more emphatic or uncompromising than that in which he refuses to recognize poverty as a cause of drunkenness.

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 76

THE ROYAL ALBERT ASYLUM, LANCASTER.—At the last meeting of the Central Committee, Dr. G. E. Shuttleworth, who was for twenty-three years Medical Superintendent of the Royal Albert Asylum, Lancaster, for the training of the feeble-minded of the Northern Counties, was appointed Honorary Consulting Physician to the Institution, on the motion of the Chairman, the Right Hon. Sir John T. Hibbert, K.C.B., seconded by Colonel Foster, D.L., Vice-Chairman.

Marischal College; and others. Among other volumes is a *Roll of Graduates of the University of Aberdeen, 1860-1900*, edited by Colonel William Johnston, C.B., of Newton Dee, and *Studies in the History and Development of the University of Aberdeen*, contributed to by Principal Lang, Professor Cowan, Davidson, Stephenson, Trail, and others.

We are indebted for the following interesting communication to Dr. Henry Barnes of Carlisle:

"In the FitzPatrick Lecture published in the *JOURNAL* (November 25th, p. 1389) Dr. Norman Moore gives some details of the attack of apoplexy from which King Charles II suffered in 1684, and for which he was promptly bled by Sir Edmund King, who happened to be in attendance. It is generally believed that the King died from a second attack of the same disease, and I think the following *jeu d'esprit*, extracted from the *Diaries of Bishop Nicolson*, which have recently been published in the *Transactions of the Cumberland and Westmorland Antiquarian and Archaeological Association*, will be read with interest. Under date December 10th, 1705, Bishop Nicolson writes:

"Sr. Edmund King being knighted for alleviating ye Kings first Fitt of his Apoplexy, Fleetwood Shepherd wrote under his picture,

This Dr's skill may surely be rely'd on,
Who cur'd the Kg of ye Disease he dy'd on."

Munk, in his *Roll of the Royal College of Physicians*, vol. i, p. 449, states that Sir Edmund died in 1709, and left to the College by will the portrait of himself by Sir Peter Lely, which now graces the dining-room. This has been engraved by Williams; and at its foot he is described as the person "qui praesenti animo (ope divina) sereniss: Car. II a morte subitanea dexterrime eripuit, Februarii 2, 1684)."

In that vast survey of human life, Balzac's *Comédie Humaine*, a considerable part is played by doctors, who are treated with more understanding and therefore with larger sympathy than by other writers of fiction. Balzac had given much attention to physiology and pathology as innumerable passages show. He generally gives a clinical history of his characters, and as Taine says, "wherever there is a deformity or a sore there is Balzac playing his part as a physiologist accustomed to the dissecting room." In fact his detractors made what they called his *manie médicale* a reproach to him. And it must be confessed that his knowledge was after all that of the amateur and often led him astray. He believed in the therapeutic virtues of animal magnetism which he regarded as a panacea, and consulted *somnambules* who would now be called "hypnotists." Taine called him "Molière médecin." An interesting study of Balzac's doctors was made some years ago in a thesis entitled *La médecine et les Médecins dans l'œuvre de H. de Balzac* (Lyons, 1900), presented to the Lyons Medical Faculty by M. Paul Canjole. Balzac has described practitioners of every type—the country doctor, the general practitioner in Paris, and the "princes of science." He drew the famous surgeon, Dupuytren, under the name of Desplein in *La Messe de l'Âthée*. On the other hand Horace Bianchon, who appears as the fashionable physician in so many of his books, was a creation of Balzac's fancy; but so real did he become to him, that on his death bed, when the doctors in attendance were in doubt, Balzac said: "Why don't you call in Bianchon? He knows me." It is noteworthy that all Balzac's famous doctors are men who have risen from the poorest beginnings by their own efforts; they are all, too, materialists, and several of them recover their religious faith just before their death. A point much insisted on by Balzac is the power which women have over the destiny of the medical practitioner. He says:

There is not a household in France where the family doctor is not chosen by the lady of the house. With her doctor a woman is like a Minister sure of his majority; she makes him order her rest, amusements, the country, the town, waters, horse-riding or driving, at her own sweet will.

One of the worst stones of stumbling in the way of a young doctor is the dislike of a woman which he may have incurred by telling her husband in all simplicity that there is nothing the matter with her and thereby unwittingly thwarting her secret wishes. What women can do to ruin a doctor's professional reputation or moral character by mere hints is well shown. How a woman can rule her husband through the doctor is illustrated by a story told by Balzac of Mme. de Maintenon. Whenever she could not get Louis XIV to do something she wished, she would send Fagon to threaten him with apoplexy. The Sun-King at once did as he was bid!

Dr. Weir Mitchell contributes to the *Century Magazine* for November a charming little poem entitled "Indian Summer." One or two extracts will serve to give an idea of the beauty of the thought and the language in which it is enshrined:

Slow falls the evening of the dying year,
Misty and dim the patient forests lie,
Chill ocean winds the wasted woodland grieve,
And earthward loitering the leaves go by.

* * * * *

The dead leaves rustle 'neath my lingering tread,
Low murmuring ever to the spirit ear:
We were, and yet again shall be once more,
In the sure circuit of the rolling year.

Trust thou the craft of Nature. Lo! for thee
A comrade wise she moves, serenely sweet,
With wilful prescience mocking sense of loss
For us who mourn love's unreturning feet.

Trust thou her wisdom, she will reconcile
The faltering spirit to eternal change
When, in her fading woodways, thou shalt touch
Dear hands long dead and know them not as strange.

MEDICAL NEWS.

THE King has been pleased to grant Mr. Charles A. Ballance, F.R.C.S., permission to accept and wear the Insignia of the Third Class of the Royal Order of the Crown conferred upon him recently by the German Emperor.

THE King has approved the appointment of Giuseppe Caruana Scicluna, M.B., Chief Government Medical Officer and Superintendent of Public Health, to be a member of the Executive Council and an official member of the Council of Government of the Island of Malta.

THE next clinical evening at the Royal Ear Hospital, Soho, free to medical men, will be held on January 2nd, 1906, at 8.30 p.m.

MR. JOHN FEENEY has left £20,000 to the University of Birmingham to found a chair for some scientific subject directly connected with one or more of the trades and industries of Birmingham. He has also left £10,000 to the General Hospital, and £1,000 each to the Queen's Hospital, the General Dispensary, the Eye Hospital, the Women's Hospital, the Children's Hospital, the Wolverhampton Infirmary, and the Coventry Hospital. The total amount of the bequests for public purposes amounts to about £30,000, but the money will not be available for five years.

SURGEON-GENERAL WILLIAM M'CONAGHEY, M.D., late Surgeon-General with the Government of Bombay, died on September 28th last, in the 61st year of his age. He entered the Indian Medical Service as an Assistant Surgeon, October 1st, 1869, and was made Surgeon-General, October 30th, 1902. He retired so recently as June 20th last. He has no war record in the Army Lists.

THE new premises of the Hampstead General Hospital were formally opened last Saturday by the Princess Christian. The building at present provides accommodation for 64 beds, about one-third of which are devoted to children. The total expenditure, excluding the cost of the site, has been £32,000, against which £26,000 have been received. Including, therefore, the balance due on the purchase of the site, the total debt is some £10,000. There is room on the site for another wing, and the erection of this will complete the scheme of a hospital for 100 beds. It is stated that an anonymous donor has promised £20,000 to effect this completion as soon as half the present debt has been extinguished by ordinary subscriptions. The new institution promises to be useful to medical men practising within the boundaries of Hampstead for, as was stated some little time ago, a number of beds and small wards have been reserved for contributing patients who will have the privilege of selecting their own medical attendant. The site of the new hospital is certainly convenient but much less attractive than that which was occupied by the little make-shift hospital on the edge of the Heath. The general arrangements of the new building seemed satisfactory, but we were by no means favourably impressed with the way in which the building was furnished internally.

MEDICO-LEGAL AND MEDICO-ETHICAL.

INQUEST FEES AND THE MEDICAL STAFF OF COTTAGE HOSPITALS.

At a meeting of Devonshire County Council on December 14th, Earl Fortescue presiding, the Finance Committee reported that they had had under their consideration the report of the auditor upon the accounts for the year ended March 31st last. With regard to the payment of fees to medical officers of cottage hospitals, there appeared to be no doubt that this was contrary to the provisions of Section 22 of the Coroners Act, 1887. The Committee had been informed by the Admiralty that they considered that the giving of evidence at inquests and the making of *post-mortem* examinations upon the bodies of men in the naval service form part of the duties of naval medical officers. The Admiralty do not desire that fees should be paid in such instances in the future. The Committee recommended that the coroners be requested to abstain from paying fees to these classes of medical witnesses.

Mr. HEBURN said the Committee came to the conclusion, referring to the payment of fees to medical officers of cottage hospitals, with very great reluctance, because they recognized that numbers of the honourable profession of medicine gave their services to cottage hospitals, and the fees hitherto paid to them, which the Committee would have continued but for the interposition of the auditor, were for additional work, often of an irksome and disagreeable character, loss of time, and often the sacrifice of money in out-of-pocket expenses. The law, however, prohibited these fees being paid, and the County Council had no option but to admit that the auditor was right, and to cease paying the fees.

Mr. HUBBELL said that medical men did so much honorary work that perhaps they did not mind this additional claim upon their generosity to do gratuitous labour in assisting in the due administration of the law.

The CHAIRMAN said the cessation of the payment of fees to medical officers of cottage hospitals for special services to the State, without which it would be impossible for coroners to carry out their duties, inflicted a great hardship upon the medical profession. The subject might well engage the attention of the new Parliament with a view to an alteration in the law. He trusted such would be the case, for a reform was needed in the direction indicated by the Committee.

The report was adopted.

UNREGISTERED DENTISTS.

The resolution adopted by the General Medical Council on December 1st, 1893, is as follows:

Any registered medical practitioner who knowingly and wilfully assists a person who is not registered as a dentist in performing any operation in dental surgery, either by administering anaesthetics or otherwise, will be liable, on proof of the facts, to be dealt with by the General Medical Council as having been guilty of infamous conduct in professional respect.

Legally speaking, the holder of a foreign diploma not registrable in this country is as much unqualified as though he held no diploma at all. No case directly involving an issue as to giving an anaesthetic for an unregistered dentist holding an American doctorship in dentistry has been heard by the General Medical Council; it is therefore impossible to say what view that body would take. There seems, however, to be no doubt that a prima facie charge of covering would lie; moreover, as certain colonial dental qualifications are recognized for registration and as certain American diplomas were once recognized, but the recognition was withdrawn, those not registrable might be held to be regarded as insufficient. The length of time of practice in this country would not affect the question; the Acts only provided for those in practice prior to 1878.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

DAIROT.—Neither an order from the School Board nor from a member of the School Board "to inspect thoroughly, even to stripping," the children attending a Scottish public school, during school hours and at the school, would protect a medical man against subsequent legal annoyance. Only the parents' consent, previously obtained, would do that. The Public Health (Scotland) Act, Section 45, however, provides that the medical officer of health may enter any premises in which he has reason to believe that infectious disease has recently existed, and may examine any person found on such premises, with a view to ascertaining whether such person is suffering or has recently suffered from any infectious disease, and in the event of inspection or examination being refused may obtain a magistrate's warrant for such inspection or examination.

THE WARNING NOTICE OF THE GENERAL MEDICAL COUNCIL.

H. S. G.—If our correspondent will read again the warning of the General Medical Council adopted on December 1st, 1905, which was printed in the BRITISH MEDICAL JOURNAL of December 9th, 1905, p. 1544, and also in the SUPPLEMENT of the same week, p. 336, and in the advertisement pages of the JOURNAL of December 16th, p. 20, he will, we think, agree that it is directed solely against the employing, or sanctioning the employment, of agents or canvassers for the purpose of procuring persons to become the patients of the medical man or medical men employing such agents or canvassers. It does not apply to the employment of a collector who does not canvass; there is, of course, an obligation on medical men employing agents or collectors to see that the orders not to canvass are strictly obeyed.

FALSE REPORTS

T. R. H. writes that he has unfortunately to do his best to contradict an unfounded report circulated by a certain professional man's coachman to the effect that he is leaving the place where he practices, and he wishes to know what means we can suggest to let the inhabitants know there is no truth in the rumour? He further asks whether it would be considered wrong to deny it through the local press?

"* There can be no objection to a simple statement in the local press to the following effect: 'We are requested to state that there is no truth in the rumour that Dr (or Mr.) is about to relinquish his practice in the town.'"

MEDICAL ETIQUETTE.

SOMERSET writes: A. is in practice at X, B. and C. (partners) at Y, two miles away; there are no other practitioners in the neighbourhood. A. is sent for to attend a confinement at Y, being told that B. and C. have been sent for but refused to go, as a fee was not forthcoming; the case is not eligible for a parish order, the husband being in work, and there being only two other children. A. knows nothing of the patient previously. Should A. attend or not? The patient is stated to be in full labour.

"* A. would be perfectly justified in attending the case in the urgent circumstances in which he was summoned, but he might write a note to B. and C. to mention the fact of his attendance, and ask whether he had been correctly informed that they had declined the case."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

The Senate has appointed Mrs. Scharlieb, M.D., M.S., to be a Governor of St. Mary's College, Paddington.

UNIVERSITY OF EDINBURGH.

University Court.

At a meeting of the Edinburgh University Court on Monday, December 18th, a letter from Sir Henry D. Littlejohn, intimating his resignation as Professor of Forensic Medicine as from December 31st, was read. The Court accepted his resignation with regret, and resolved to record in their minutes their high appreciation of Sir Henry's services to the University. Sir Henry was appointed to the chair on the resignation of the late Sir Douglas MacLagan in March, 1897.

At the same meeting of the Court leave of absence, on the recommendation of the senatus, was granted to Professor Chiene, on account of the state of his health, up to the Christmas vacation. The arrangements intimated as having been made for conducting his systematic and clinical courses of instruction were approved.

UNIVERSITY OF DUBLIN.

The following licences and degrees were conferred on December 19th:

M.D.—J. Chambré, M. du B. Ferguson, G. Hassard, J. A. Haran, G. B. McCaul, T. C. A. Sweetnam, H. H. White.

M.B.—H. K. R. Fowler.

M.B., Ch.B., B.A.O.—J. G. Burns, J. Chambré, D. M. Corbett, H. English, M. du B. Ferguson, G. R. Galwey, C. Kelly, C. H. M'Comas, G. C. MacFetridge, G. E. Nesbitt, T. T. H. Robinson, G. I. Thompson, H. H. White.

Licence in Medicine, Surgery and Obstetrics.—E. D. Atwell, J. M. Harold, B. Johnson.

UNIVERSITY OF WALES.

A PETITION has been presented to the Privy Council praying for the grant of a supplemental charter by which the University of Wales shall be empowered to declare any public educational institution in Wales duly equipped to be a college affiliated to the University; to admit members of its guild of graduates to degrees in recognition of original research carried out by them; and to establish a Faculty or Faculties of Medicine and surgery. The petition having been referred by His Majesty to a Committee of the Lords of the Council will be considered by their Lordships on January 19th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on December 14th, Mr. JOHN TWEEDY, President, in the chair.

The late Mr. John Croft

The Council passed a resolution appreciating the services rendered by Mr. Croft to the College in the conscientious discharge of the several duties which devolved upon him as a member of the Council and of the Court of Examiners.

Leeds Public Dispensary.

The Council recognized the dental practice of the above institution as fulfilling the requirements of Clause 7, Section 1 of the Regulations for the Licence in Dental Surgery.

Fellowship Regulations.

The Council adopted a report of a special Committee on the Regulations for the Fellowship. The main object of certain changes adopted is to make the conditions of admission to the First Examination fair for all classes of candidates. Under the present conditions two candidates may have pursued the same course of study and yet one may be admissible and the other not. Thus a candidate who has studied chemistry, physics, and biology at a medical school for six months and has dissected at a medical school for eighteen months is admissible to the examination; but a candidate who has studied chemistry, physics, and biology elsewhere than at a medical school for six months and has dissected at a medical school for eighteen months is not admissible to the examination, although the study of chemistry, physics, and biology at non-medical schools is recognized and approved by the College. It is to remove this inequality of treatment that the proposed alteration of the Regulations is designed.

Appointments.

Mr. G. H. Makins was re-elected a member of the Court of Examiners; Mr. William Bruce Clarke was elected in the vacancy occasioned by the retirement of M. W. H. A. Jacobson.

The President was appointed a member of the Court of the University of Liverpool for the period from January 1st, 1906, to December 31st, 1908.

Mr. H. T. Butlin was appointed a member of the Court of Governors of the University of Birmingham for the period from January 1st, 1906, to December 31st, 1908.

At the same meeting diplomas of Fellowship were issued to the following candidates, who have passed the requisite examinations:

C. B. Howe, A. L. Home, E. W. H. Groves, F. A. Hadley, J. F. Cunningham, P. R. Wrigley, H. Walker, E. Bayley, S. A. Boyd, M. A. M. Fitzmaurice Kelly, G. S. Hughes, H. Baine, J. Burfield, E. L. Holland, C. D. Pye-Smith, P. E. H. Adams, L. S. Talbot, C. C. Choyce, R. E. Kelly, N. Patterson, J. Stephenson, G. Wright, H. W. Wilson.

The licence in Dental Surgery was granted to forty-two successful candidates for this diploma.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.
At a meeting of the College held on December 15th, the following were admitted Fellows: R. G. W. Adams, J. J. Bell, N. D. Buchanan, T. M. Callendar, K. N. Karanjia, W. Mackenzie, O. St. J. Moses, J. D. Munsiff, W. E. O'Hare, W. G. Porier, W. A. R. Sharp, H. Stedman, H. Y. C. Taylor, and A. Wilson.

HOSPITAL AND DISPENSARY MANAGEMENT.

ROYAL ALBERT ASYLUM, LANCASTER.

THE forty-first annual report of this "Training Institution for the Feeble-minded of the Northern Counties" was presented at the general annual meeting of subscribers held recently at Leeds under the presidency of the Lord Mayor. It consists of a series of reports, respectively from the Central Committee, the Principal, the Resident Medical Officer, and the Auditor, together with a very satisfactory set of accounts, showing in every case a balance on the right side. The annual income on the maintenance account is about £25,000, whilst the interest on the Sustentation Fund is nearly £5,600. Payments for patients amount to £12,328 58. 7d., annual subscriptions to £4,134 9s. 2d., and there are besides donations and legacies to the extent of about £800. The average weekly cost of maintenance is given at 13s. 7½d. per head, if all charges be included, or 12s. 9½d. per head if the cost of building, sundries, workshops, repairs and furniture be omitted. The average number of patients resident in the asylum during the year is stated as 619. The number admitted was 76, the number discharged 65, and 10 died during the twelve months from June 30th, 1904, covered by the report; the death-rate was extremely low, only 1.42 per cent. on the average number resident.

The Resident Medical Officer, Dr. Archibald R. Douglas, reported an absence of serious infectious disease, and beneficial results from open-air treatment and improved ventilating arrangements by means of electrically-driven fans in the schoolrooms and dormitories. An early-detected case of phthisis underwent open-air treatment, chalets having been provided in connexion with the infirmary by two medical members of the Central Committee, with very satisfactory results, and minor cases of the tuberculous diathesis had been greatly improved. No less than 74 patients had suffered from epilepsy, and 2,994 fits had been recorded during the year, though recognized epileptics are not admissible to the institution. The value of outdoor work in such cases is very properly insisted on, and objection taken to patients so severely affected as to be unfitted for training being received or retained. Outdoor exercise, Swedish drill, and recreations form the subjects of other paragraphs in the medical officer's report.

The general administration and arrangements for education and industrial training were dealt with in the report of Mr. James Diggins as Principal. The history of 367 patients discharged during the last twelve years, collected by him, shows that 33 are earning wages or the equivalent; 123 are living at home, 42 reported to be very useful, 32 useful, and 49 not useful; while 148 are in workhouses, lunatic asylums, etc., and 62 have died. These statistics, it is urged "show that no legislation on behalf of the feeble-minded can be complete unless permanent care be provided for. It will not be absolutely necessary for all cases, because where they lead orderly, industrious lives, and are able to maintain themselves, their segregation from the community does not appear to be justifiable." Experience at the Royal Albert Asylum does not point to the duties of matrimony being frequently undertaken by those who have been discharged; indeed, their marriage is a rare exception, and so far as is known the propagation of their kind is, contrary to what is so often thought, almost a negligible factor in the after-history of trained cases. Mr. Diggins's views, derived from experience of the feeble-minded classes—the mentally deficient in the broad sense of the term—leads him to urge the adoption of comprehensive measures for their education, training, and permanent care. He considers that for the merely mentally defective children the Act of 1899, made compulsory, should provide special classes, special schools, and residential schools for children under 16 years of age. For those above 16 he would suggest legislation, to enable county councils, or county borough councils, either alone or in combination, to establish colonies comprising industrial schools, workshops, farms, and gardens. The defectives (or higher grade imbeciles) could be rendered partly self-supporting by their labour, and should be kept separate from the low-grade imbeciles. To those

colonies should be sent such of the feeble-minded whose friends cannot take care of them and be responsible for their conduct; and the local authorities should have power to detain them indefinitely. In all cases the friends, if they can afford it, should be required to contribute towards maintenance. Mr. Diggins advocates plain, inexpensive (though comfortable) buildings accommodating at least 100 or 200 each. He does not think it would be right to segregate those who are under proper guardianship, or are able to lead quiet, respectable, useful lives, and are no charge to the community. The present voluntary institutions, he says, will still be most useful for training purposes.

The Central Committee record their high appreciation of the unstinted life-service of Mr. Diggins, who, while retiring from the duties of secretary (owing to ill health), retains the office of Principal.

The report contains a large number of excellent illustrations of the life and occupations of the asylum and of its various buildings, the most recent of which is a commodious block of workshops erected by the munificence of Mr. Herbert Storey.

THE EXETER DISPENSARY.

WE are informed that, in view of the resolution of confidence adopted at the meeting of Governors last week, the medical staff of the Exeter Dispensary have withdrawn their resignation.

AN INFIRMARY AND EYE HOSPITAL.

FOR the relations between a hospital and its medical staff to be of a very cordial character is fortunately by no means rare, but even when this is the case the legitimate energies of its members are sometimes rather jealously restrained within the purely professional areas of the institution's work. The position therefore which the staff at the North Staffordshire Infirmary and Eye Hospital, more commonly dubbed the N. S. Infirmary, has come to occupy is somewhat notable. There we find the medical and surgical staff of the hospital not only accorded a free hand in the conduct of the technical work of the institution, but playing an active part in its business administration. The new president of its governing board, indeed, is Mr. W. H. Folker, one of its consulting surgeons, and his election was proposed by another of its consulting surgeons, Mr. W. D. Spanton. Mr. Folker seems to have been connected with the institution for a very long period, over 50 years. He first joined it as house surgeon, served in turn as assistant and full surgeon, and some time ago made room for a younger man by joining the consulting staff, and now, with half a century's experience of the institution's affairs behind him, is to assume their chief control. The eye work of this infirmary, which contains 200 beds, is considerable, the average weekly attendance being 120. The ophthalmic department was started by Mr. Folker himself some fifteen years ago. Another pleasant feature of this annual meeting was a vote of thanks to the medical officers, in proposing which the mover drew attention to a point which elsewhere is not infrequently forgotten, namely, that without the friendly assistance of medical men, most medical charitable institutions would perforce cease to exist.

EDINBURGH HOSPITAL FOR WOMEN.

THE annual meeting in connexion with the Edinburgh Hospital and Dispensary for Women and Children was held on December 11th. The hospital and dispensary were instituted for the purpose of affording to suffering women as desired medical and surgical attendance by women doctors. The report stated that during the year 151 patients had been admitted, a larger proportion than formerly of these being for surgical treatment. At the dispensary 2,457 patients were treated, a number falling slightly below last year's total. The number of individual visits paid to the dispensary was 4,372. Mr. C. J. Guthrie, K.C., in moving the adoption of the report, said there were some people who would not entertain the notion of women as doctors undertaking general medical practice. They had seen, however, a good many astonishing things in regard to the question of women's education; but he did not think that Dr. Jex-Blake, even in her wildest dreams, ever supposed that a lady would be called upon to attend the Ameer of Afghanistan and his son. He did not suppose there was any reasonable and intelligent person who did not now believe in women doctors, and did not approve of an hospital such as they had.

INDIA AND THE COLONIES.

QUEENSLAND.

HOSPITALS FOR THE INSANE.

WE have received the annual report for 1904 of Dr. J. B. Hogg, the Inspector of Asylums for Queensland. The State institutions for the insane in this colony comprise those of Goodna, Ipswich, and Toowoomba, and four reception houses at Brisbane, Maryborough, Rockhampton, and Townsville. On December 31st, 1904, the two last-named reception houses contained only 4 patients, excluding which the patients were distributed as follows: Goodna, 1,031; Ipswich, 140; and Toowoomba, 707; giving a total number of patients housed in the State asylums of 1,882. This number is considerably greater than that of any of the preceding years, but that the increase is due to accumulations and not to a greater occur-

British Medical Journal in 1906.

WITH the first number of the new year important improvements will be made in the type and get-up of the BRITISH MEDICAL JOURNAL. The type will be larger and better spaced, the page will be longer, and the columns somewhat narrower. These changes will increase the ease with which the JOURNAL may be read, and will thereby contribute to the comfort of readers.

Arrangements have been made for the publication of numerous Clinical Lectures and Addresses, among which the following may be mentioned:

On the Medical Aspects of Carcinoma. By WILLIAM OSLER, M.D., F.R.S., Regius Professor of Medicine, University of Oxford.

On Three Cases of Arterial Disease. By T. CLIFFORD ALLBUTT, M.D., F.R.C.P., F.R.S., Regius Professor of Physic, University of Cambridge.

On the Treatment of Arterio-sclerosis. By SIR JAMES BARR, M.D., F.R.C.P., F.R.S.E., Senior Physician, Liverpool Royal Infirmary; Lecturer in Clinical Medicine, University of Liverpool.

On Albuminuric Retinitis. By W. H. H. JESSOP, F.R.C.S., Senior Ophthalmic Surgeon, St. Bartholomew's Hospital.

On Some Points in the Diagnosis and Treatment of Renal Diseases. By J. R. BRADFORD, M.D., F.R.S., Physician, University College Hospital.

On the Significance of Small Quantities of Sugar and of Albumen in the Urine. By ROBERT W. BURNET, M.D., F.R.C.P., Consulting Physician, Great Northern Hospital.

On the Action and Use of Digitalis in Cardiac Failure. By J. MITCHELL BRUCE, M.D., F.R.C.S., Consulting Physician, Hospital for Consumption and Diseases of the Chest, Brompton; and to Charing Cross Hospital.

On the Clinical Importance of the Examination of the Blood. By H. BATTY SHAW, M.D., Assistant Physician to University College Hospital and Brompton Hospital for Consumption and Diseases of the Chest.

On Dilatation and Hypertrophy of the Heart. By SAMUEL WEST, M.D., F.R.C.P., London, Physician to St. Bartholomew's Hospital.

On Tabes Dorsalis; Diagnosis and Treatment. By SIR WILLIAM R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician University College Hospital; Physician National Hospital for the Paralyzed and Epileptic.

On the Borderland of Insanity. By G. H. SAVAGE, M.D., F.R.C.P., Consulting Physician and Lecturer on Mental Diseases, Guy's Hospital.

On the Treatment of Neurasthenia. By GUTHRIE RANKIN, M.D., M.R.C.P., Physician, Dreadnought Hospital and the Royal Waterloo Hospital.

On Some Clinical Manifestations of Malnutrition. By ARTHUR P. LUFF, M.D., B.Sc., F.R.C.P., London, Physician to St. Mary's Hospital.

On the Reality of Enterospasm and its Mimicry of Appendicitis. By HERBERT P. HAWKINS, M.D., F.R.C.P., Physician and Lecturer on Medicine, St. Thomas's Hospital.

On Sporadic Dysentery or so-called Ulcerative Colitis. By ROBERT SAUNDY, M.D., F.R.C.P., Professor of Medicine, University of Birmingham; Physician, Birmingham General Hospital.

On the True Interpretation of Certain Clinical Manifestations often ascribed to the Liver. By H. D. ROLLESTON, M.D., Physician, St. George's Hospital.

On Infantile Scurvy. By G. F. STILL, M.A., M.D., Cantab., F.R.C.P., London, Assistant Physician for Diseases of Children, King's College Hospital; and Assistant Physician to the Hospital for Sick Children, Great Ormond Street.

On Some Common Errors in the Management of Healthy Children. By A. F. VOELCKER, Physician to Out-patients, Middlesex Hospital; and Physician to the Hospital for Sick Children, Great Ormond Street.

On the Complications of Scarlet Fever. By WILLIAM HUNTER, M.D., F.R.C.P., Physician London Fever Hospital; Assistant Physician and Lecturer on Pathology, Charing Cross Hospital.

On Tropical Diseases as they commonly present themselves to Medical Practitioners in Britain. By JAMES CANTLE, M.B., F.R.C.S., Surgeon to Seamen's Hospital; Lecturer on Surgery at the London School of Tropical Medicine.

On Some Common Drugs and their Uses. By LEONARD WILLIAMS, M.D., M.R.C.P., Physician to the French Hospital and Assistant Physician to the Metropolitan Hospital.

On Evidences in the Skin of General Diseases. By JAMES GALLOWAY, M.D., Assistant Physician and Physician to Skin Department, Charing Cross Hospital.

On Enuresis. By J. HUGH THURSFIELD, M.D., Assistant Physician to the Hospital for Sick Children, Great Ormond Street.

On Some Surgical Combinations of Tabes Dorsalis. By ANTHONY A. BOWLEY, C.M.G., F.R.C.S., Lecturer on Surgery and Surgeon to St. Bartholomew's Hospital.

On Some Clinical Symptoms in Surgery. By HOWARD MARSH, F.R.C.S., Professor of Surgery in the University of Cambridge.

On Rare Manifestations of Syphilis in the Upper Air Passages. By SIR FELIX SEMON, K.C.V.O., M.D., F.R.C.P., Physician Extraordinary to H.M. the King; Physician for Diseases of the Throat, National Hospital for the Paralyzed and Epileptic.

On the Treatment of Sprains. By SIR WILLIAM BENNETT, K.C.V.O., F.R.C.S.

On the Indications and Contraindications for Removal of the Gall Bladder. By A. W. MAYO ROBSON, D.Sc., F.R.C.S.

On Pelvic Appendicitis and the Importance of Rectal Examination. By G. E. ARMSTRONG, M.D., Surgeon, Montreal General Hospital.

On Diffuse Peritonitis from Perforation of the Appendix: its Diagnosis and Treatment. By CHARLES A. MORTON, F.R.C.S., Professor of Surgery, University College, Bristol; Surgeon, Bristol General Hospital.

On Carcinoma of the Breast and its Spread into the Lymphatics. By CHARLES BARRETT LOCKWOOD, F.R.C.S., Surgeon, St. Bartholomew's Hospital.

On Torticollis. By A. H. TUBBY, M.S., Surgeon to Westminster Hospital and Consulting Surgeon to the Evelina Hospital for Sick Children.

On Whitlow. By G. B. MOWER WHITE, M.B., B.S., F.R.C.S., Surgeon, Great Northern Central Hospital.

On the Accurate Delineation of Tuberculous Foci in Early Disease of the Kidney in Women before Operation is Undertaken. By HURRY FENWICK, F.R.C.S., Surgeon and Lecturer on Clinical Surgery, London Hospital.

On Some Varieties of Hernia in Children. By E. SCOTT CARMICHAEL, M.B., F.R.C.S.E., Assistant Surgeon, Royal Hospital for Sick Children, Edinburgh.

On Important Symptoms in Diseases of the Eye. By A. MAITLAND RAMSAY, M.D., F.F.P.S., Glasg., Surgeon, Ophthalmic Institution, Glasgow Royal Infirmary.

On the Midwifery of the Present Day. By PETER HOKKOCKS, M.D., F.R.C.P., Obstetric Physician, Guy's Hospital.

On the Prevention of Difficult Labour. By G. E. HERMAN, M.B., F.R.C.P., Consulting Obstetric Physician, London Hospital.

On Dysmenorrhoea. By AMAND J. M. ROUTH, M.D., F.R.C.P., Obstetric Physician, Charing Cross Hospital.

These lectures and addresses and other original articles will be fully illustrated by reproductions of photographs, drawings, and microscopical preparations as occasion may require. The first number of the new year will contain a reproduction in lithography of a series of colour-photographs taken by Dr. KARL GROSSMANN—one of the earliest applications of this new and interesting development of photographic art to the illustration of clinical phenomena.

AN EPITOME.

of current medical literature, mainly devoted to the analysis of foreign publications, is published weekly.

THE SEVENTY-FOURTH ANNUAL MEETING.

of the British Medical Association will be held at Toronto, Canada, on August 21st, and three following days. It will comprise thirteen Sections, and the proceedings will be fully reported in the BRITISH MEDICAL JOURNAL.

THE FOURTH ANNUAL REPRESENTATIVE MEETING.

will be held in London on July 24th and following days. The proceedings of this meeting, which directs the medico-political and ethical work of the British Medical Association, will be fully reported in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL.

A SUPPLEMENT.

is issued weekly containing reports of the proceedings of the Representative Meetings, of the meetings of the Council and Central Committees of the Association, of its Branches and Divisions, and information as to political matters affecting the honour and interests of the profession.

ANNUAL SUBSCRIPTION.

THE Annual Subscription to the British Medical Association, including the delivery of the BRITISH MEDICAL JOURNAL post free in any part of the world, is twenty-five shillings.

Candidates for election can obtain forms of application on application to the Honorary Secretary of the Division in which they reside, or to the General Secretary at the Central Office of the British Medical Association, 429, Strand, London, W.C.