

I am indebted to Mr. Telford, F.R.C.S., for his report of the *post-mortem* examination of the head:

*Calvarium*.—Unusually thick; otherwise normal.

*Dura Mater*.—Very loosely attached; inner surface normal.

*Brain*.—A layer of soft, gelatinous tissue was found covering to a depth of  $\frac{1}{4}$  in. the whole of the anterior half of the under surface of the left cerebellar hemisphere. This substance extended inwards towards the middle line covering the under surface of the mid portion of the cerebellum, and extending forwards as a delicate covering over the hinder half of the floor of the fourth ventricle. The abnormal tissue was grey in colour, almost diffident in consistence, and resembled the grey matter of an infant's brain. The fourth ventricle was dilated to twice its normal size; the third to the third ventricle was as large as a goose quill, and the third and lateral ventricles were alike much enlarged, and contained clear fluid.

The growth was quite distinct from the adjacent brain, from which it could readily be removed, disclosing the unaltered contour of the structures beneath it.

The anatomical diagnosis was new growth of the soft meninges, with secondary extension to the fourth ventricle, producing interference with the normal circulation of cerebro-spinal fluid. Paraffin sections were made of the growth. These showed that the structure was that of a round-celled sarcoma, with almost complete absence of an intercellular stroma.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### INDUCTION OF PREMATURE LABOUR.

Most men in general practice meet with obstetric cases in which, in subsequent pregnancies, they would like to induce premature labour, and yet have a hesitation in doing so. I chiefly allude to difficult forceps cases in which craniotomy may have been necessary. The following plan I have found simple and effectual. The date—seventh or eight month—having been settled for the induction, the patient should have an enema administered. After free purgation the external genitals are well cleansed, and a bougie inserted as usual into the os and passed upwards, care being taken not to rupture the membranes. This by itself often fails to induce labour. The following procedure, in addition, makes it effectual. A large-sized Barnes bag, made aseptic and oiled with carbolic oil, should be inserted high up in the vagina. It should then be distended fully with warm water by a Higginson's syringe, the tap of the bag turned so as to retain the water, and the syringe taken away. The presence of the bougie in the uterus and of the Barnes bag in the vagina set up in a few hours rhythmic uterine contractions. If the insertion of the bougie and bag is done at 11 a.m., the labour will probably be completed in the evening. Micturition will be necessary two or three times during the day. The nurse should be instructed to get the patient into a suitable position and allow the water in the Barnes bag to drain off, but on no account to withdraw the bag. After micturition the nurse should again distend the Barnes bag with warm water. A capable nurse can carry out all this, and will summon the medical attendant in the evening, when the os will be found, on removing the Barnes bag, fully dilated. A natural delivery will then take place.

Bournemouth.

A. HUMPHREY DAVY, M.D.

#### A HYDATIDIFORM PREGNANCY.

MRS. C., aged 44, who had reared a large family, had missed a period or two, but as she was nearing the menopause it was impossible to be certain whether she was pregnant or not. There then succeeded slight intermittent haemorrhages for two or three months more, the abdomen meanwhile rapidly distending, till at the end of four or five months it had attained the size of a six or seven months pregnancy. The haemorrhage then became so serious that it was decided to evacuate the contents of the uterus without any further delay. The smallest Barnes bag was used, but after its application for many hours there was no further dilatation than that made by the finger for its first insertion, the os remaining as hard as ever, and becoming dry, hot, and tender. A further exploration with the finger withdrew a vesicle or two, thereby clinching the diagnosis. It was then decided to

abandon any further attempt at artificial dilatation, and a full dose of ergot was given; it was interesting to note the inefficiency of forced dilatation compared with the beautiful effects of the oxytocic, which, acting on the nerve centre, set in motion all the co-ordinating forces of labour, the os soon becoming soft, moist, and patulous, and labour pains setting in, which, increasing in force and frequency, were not long in expelling a large hydatidiform mole, with complete cessation of haemorrhage and an uneventful recovery.

In the management of the case I had the invaluable assistance of the late lamented Dr. James Murphy, to whose memory I wish to add my humble tribute of warm and grateful admiration.

Sunderland.

B. STRACHAN, M.B.

#### ANTISTREPTOCOCCUS SERUM IN EMPYEMA.

ON April 16th I was called to a boy, A. T., aged 11 years, an ill-nourished child suffering from acute pleurisy with effusion on the left side. He had also suffered for some time from blepharitis. To all appearances he was of strumous diathesis. He had all the usual signs of acute pleurisy with effusion. For nine days the temperature ranged from 100° to 104°; on April 24th it was 99.2° in the morning and 102° at night; the acute pain had subsided and the child began to show signs of rapid wasting. His appearance was hectic and pus was found in the chest. I suggested operation, but this was objected to by the parents.

The temperature remained the same, ranging between 99° to 103° morning and evening, until April 29th. I then injected 10 c.cm. antistreptococcus serum. On April 30th and May 1st and 2nd the child's temperature reached 101° in the morning and 104° at night, but on May 3rd the temperature assumed its old character—99° in the morning and 103° at night—and so remained until May 11th, when I received an urgent message to see the child as his mother was afraid he had scarlet fever. I found the temperature 104.2°, and an adventitious rash more especially marked on the face. He complained of aching throughout his body; I assured the mother it would all soon go. On the following day the temperature was normal and his aches and rash soon disappeared. The child was out of bed on May 17th; the cough entirely disappeared; he was soon able to be out-of-doors, and rapidly gained strength. The condition of his eyelids has also improved.

Burghead, Morayshire.

JOHN WM. INGLES.

#### THE ETIOLOGY AND TREATMENT OF OBLIQUE INGUINAL HERNIA.

I WAS interested to find, in Mr. Murray's paper in the BRITISH MEDICAL JOURNAL of June 16th, p. 1390, confirmation of an opinion formed by me as the result of experience with Egyptian troops. There is little to be added to his lucid and convincing observations upon the subject, but the nature of my cases makes them interesting. The reasons which led me to regard most oblique inguinal hernias as congenital, and to modify my operative methods accordingly, were as follows:

1. The Egyptian soldier is a man of exceptional strength and muscular development. The idea that, in his case, rupture is due to weakness of the abdominal wall, is refuted as soon as an operation is commenced and the strength of the local defences against hernia made visible.

2. A large number of recruits suffer from hernia shortly after joining the army. This I attribute to the new muscular combinations that are demanded by military exercises. Mr. Murray has used an illuminative expression in speaking of the "sphincter-like action of the muscles guarding the inguinal canal." This action might be perfectly successful whilst muscular exertion was on familiar lines, but the sphincter might be "taken by surprise" during some new and severe exercise. On the assumption that a patent funicular process exists, it is to be expected that the fellah, having pulled a "shadoof" all his life without inconvenience, might rupture under the unfamiliar stress of the goose step.

3. I have on several occasions found a patent funicular process during operation for encysted hydrocele of the cord, although hernia had been carefully excluded in a differential diagnosis.

4. Lastly, I have during the last two years had very good results from an operation exactly similar to that advocated by Mr. Murray, that is, splitting of external oblique tendon, high ligature of sac, and avoidance of any meddlesome attempts to narrow the canal. I find that it pays to give great attention to closing the wound layer by layer, reproducing the natural condition as far as possible. In the case of soldiers it is essential to keep them away from military duty for at least two months after operation; a month in bed and a month's sick furlough is found sufficient. I have carried out the above operation from thirty to forty occasions during the last two years, and have seen many of the men since. I have had occasion to see three in the last few weeks. Two came asking for a fresh operation, *but on the opposite side*. One of these is a bugler in the 1st Battalion. He has, against my advice, carried out the duties of a bugler for over eighteen months since his operation. There is no trace of return where the sac had been obliterated on the right side. He has managed to blow down a fresh hernia on the left side, however. Another man (not a bugler) reported sick lately with a fresh hernia on the left side, the right side being perfectly sound a year after operation. Lastly, a clerk, an enormously fat man who had the biggest hernia that I have yet operated upon, visited me for a slight illness, and gave me the opportunity of seeing that there was no return of the hernia after a year. I have only seen one slight return, but possibly some of the men since gone to the Reserve may have had fresh trouble.

Khartoum.

S. LYLE CUMMINS,  
Captain R.A.M.C., Att. Egyptian Army.

## TRANSPPOSITION OF VISCERA.

On examining a boy, aged 15, at my consulting rooms recently, I found that his heart was placed on the right side of the chest instead of on the left. The apex beat was situated in the fifth right intercostal space one finger-breadth internal to the nipple line. The cardiac dullness extended inwards to the edge of the sternum, and upwards to the lower margin of the right third rib. On auscultation there was a soft systolic murmur limited to the apex, but not conducted round to the back. On examining the liver I found it normal in size, but situated on the left side instead of on the right. The spleen was also transposed from the left to the right side; apparently it was of normal size. The case seems worth recording, as the transposition of the heart, liver, and spleen is sufficiently rare in itself, and has more commonly been discovered *post mortem*.

Broseley, Shropshire.

WILLIAM DYSON, M.B.

## REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE  
HOSPITALS AND ASYLUMS OF THE  
BRITISH EMPIRE.LONDON MISSIONARY SOCIETY'S HOSPITAL,  
JAMMALAMADUGU, SOUTH INDIA.

## MYXOMATOUS DEGENERATION IN A UTERINE FIBROMYOMA.

(Under the care of T. V. CAMPBELL, M.A., M.B., C.M. Edin., and E. W. LEWIS, M.B., Ch.B. Edin.)

On March 16th, 1904, Hussain Bhu, aged 45, came to the hospital complaining of extreme distension of the abdomen and great weakness. The history given was that three years before she noticed a small tumour in the right lumbar region which gave her some pain. Nothing was done, however, and the pain disappeared. For a little more than two years the tumour grew rapidly, then increase in its size seemed to stop. Menstruation had been regular until within fifteen months of admission, when it began to decrease in amount and finally ceased in May, 1903. She had had four children, the youngest of whom was twelve years old.

*State on Admission*—The patient was weak and emaciated, but her organs generally were healthy. The abdomen was distended by a large fluctuating tumour; the measurement round the umbilicus was 43 inches; there was resonance in the flanks, but complete dullness elsewhere. The percussion

wave could be felt right through the tumour from side to side. On vaginal examination the uterus could be felt apparently distinct from the tumour and to the left but attached to it. A diagnosis of cystic ovarian tumour was made and operation undertaken.

*Operation*.—On March 25th, under chloroform, the abdomen was opened by a 4-in. incision. At the site of the incision the parietal peritoneum was firmly adherent to that covering the tumour, which made it very difficult to define the latter at first. The walls of the tumour were extremely friable, and tore in many places, causing a profuse haemorrhage. When the trocar was introduced, the fluid which escaped seemed to be pure blood. As rapidly as possible the adhesions were separated, the tumour isolated and drawn out of the abdomen, when it was found to be a degenerated fibroid with a long pedicle. This pedicle was ligatured and the tumour removed. After the abdominal cavity had been thoroughly washed out, the wound was closed.

*Result*.—The patient suffered from severe shock for three hours, but recovered, and made good progress for three weeks, when she suffered from a very severe attack of dysentery which nearly proved fatal. She recovered from this, however, and left the hospital on May 9th, completely cured.

*REMARKS*.—The interest of this case lies in the difficulty of diagnosis. It was impossible to diagnose the growth from an ordinary cystic ovarian tumour. After removal, the tumour showed one huge cyst filled with almost pure blood, and several smaller cysts which showed typical myomatous degeneration. There was very little solid tumour left, but what there was showed the typical fibroid appearance on section. This solid part lay at the back of the tumour, where it could not be felt. The long pedicle, which allowed of some separation of the tumour from the uterus, completed the resemblance to an ovarian tumour.

## REVIEWS.

## AN EDINBURGH MURDER.

THE volume of the Notable Scottish Trials Series giving an account of the trial of *Eugene Marie Chantrelle*<sup>1</sup> is dedicated to Sir Henry D. Littlejohn, Emeritus Professor of Forensic Medicine in the University of Edinburgh, who played an important part in it as a witness for the Crown.

Chantrelle was a native of Nantes, where he was born in 1834, being the son of a ship-owner of some standing in that town. It is not likely, as stated by the author, that the boy's studies at the Nantes Medical School were broken off at or about the year 1848, as he could have been only 14 years of age at that time. Chantrelle says in his Declaration, made after his arrest, that he studied medicine for five years at Strassburg and one year in Edinburgh, but he did not qualify although he practised medicine to some extent among his friends, and with the overweening conceit which is curiously characteristic of the criminal intellect, he was fond of expressing his contempt for the regular members of the medical profession. Little seems to be known definitely of the reasons why he did not take his degree or why or when he left France, but it is certain that he went to America, and it may have been, as Mr. Duncan Smith suggests, that his republican principles made him uncomfortable in France under the Napoleonic régime. In 1862 he came to England, and in Newcastle, Leicester, and other places devoted himself to the teaching of French. In 1866 he settled in Edinburgh, where he acquired a good connexion with some of the leading schools, his reputation being enhanced by the compilation of several French textbooks for use in schools. According to Mr. Duncan Smith, he was not only able to teach French and German, but he had a sufficient knowledge of Latin and Greek to enable him to undertake general private tuition, and at one time he made a fair if not a large professional income. In his capacity as a teacher of French he was engaged to instruct the pupils of Mr. McLachlan's school, known as the Newington Academy, on the south side of Edinburgh, where he became acquainted with a young girl named Elizabeth Cullen Dyer, the daughter of a commercial traveller. Eighteen months or two years later he was on visiting terms with her family, although he does not seem to have been well received by Mr. and Mrs. Dyer, whose consent

<sup>1</sup> *Trial of Eugene Marie Chantrelle*. Edited by A. Duncan Smith, F.S.A. (Scot.), Advocate. London: Sweet and Maxwell, Limited. (Demy 8vo, pp. 253. 5s.)

informing the poet that there is "real poetic merit—I mean both fancy and tenderness and some happy expressions" in his work, but objecting to some of his words as coarse, and accusing him of bad grammar! The word "fellow" in the title incurs his special dislike, and he suggests "person," or even "sportsman," as a substitute. One wonders what Burns felt on receiving this extremely frank reply to his demand.

William Gregory, born in 1803—James's fourth son—was the last of his family to hold a chair in a Scottish university. He had intended to be a physician, like his father, but chemistry appealed to him more strongly than medicine, and he decided to become a chemist. He went abroad to study, and at Giessen met the man who was to be his lifelong friend—Liebig.

In 1839 he was appointed Mediciner of King's College, Aberdeen, and took up his residence in that city. His life there, however, was not wholly pleasant, for, besides shocking the people by playing secular music on Sunday, he was much interested in spiritualism, and gave great offence by being surrounded by "a most undesirable throng of quasi-scientific humbugs," who practised table-turning and mesmerism, to the extreme disgust of Gregory's friends. He died at Edinburgh in 1858, and left only one son. None of his descendants carried on the medical tradition of the family.

One is sorry to leave this interesting family. Miss Stewart's evident love and admiration for them communicate themselves to her readers, and one lays down her interesting book with a feeling of something like personal affection for the "Academic Gregories."

### INTERNATIONAL CONGRESS ON ASSISTANCE FOR THE INSANE, MILAN.

This Congress will be held at Milan from September 26th to 30th, 1906. The meetings will be held in the Palais de l'Université Bocconi, Piazza del Statuto. In addition to the subjects for discussion proposed by the Organizing Committee, of which Professor Tamburini of Reggio Emilia is President and Professor Ferrari of Bertalia, Bologna, is General Secretary, the Congress will discuss a proposition made by Dr. Frank of Zurich the object of which is to found an international institute for the purpose of studying and combating the causes of mental diseases.

The general subjects proposed for discussion by the Organizing Committee are:

1. The progress in assistance for the insane in different countries since 1902 to the present time.
2. The organization of sections of observation, supervision, and isolation in asylums and colonies, and methods which have given the best results.
3. Assistance for convalescents.
4. Assistance for the feeble-minded, alcoholics, epileptics, and the morally insane.

The subjects 1, 2, and 4 will be treated by the following representatives of Great Britain: No. 1, by Dr. Menzies, of Cheddleton Asylum; No. 2, by Dr. Bond, of Ewell Colony for Epileptics; and No. 4, by Drs. Ireland, Shuttleworth and Fletcher Beach.

Other subjects for discussion will be, outpatient departments for the "nervous" and insane; popular sanatoriums for the "nervous"; economic and social results of the progress of assistance for the insane and especially family care; the function of the State in assistance for the insane.

An exhibition of plans of asylums will be held, the London County Council showing plans of Long Grove Asylum prepared by its architect, Mr. G. T. Hine, who will also show plans of Kesteven and Hellingly Asylums; on the latter of these a paper will be communicated by Dr. Hayes Newington, Alderman of the Sussex County Council, and Dr. F. R. P. Taylor, the Medical Superintendent.

The Provincial Administration of Milan will afford opportunities to the Congress to visit the Asylum of Mombello and other institutions, and a tour has been organized to the Italian Lakes with an opportunity to visit the asylum of Mendrisio, Switzerland.

The Italian railways will make reductions of 60 per cent. in the prices on their lines.

Those who wish to join the Congress should at once

inscribe their names by sending their subscriptions, 20 frs., to the Treasurer, Dr. Piero Gonzales, via Leopardi 14, Milano.

### NOTES ON HEALTH RESORTS.

#### DROITWICH.

DROITWICH, an ancient borough with a resident population of about 4,000 people, is 6 miles from Worcester and 20 from Birmingham; it can be reached from London either from Paddington by the Great Western Railway in two and a-half hours, or from Euston by the London and North-Western Railway via Birmingham, and there it has a junction between the Great Western and Midland Railways.

The town has been celebrated for its salt manufactured from the natural brine since Roman times. The waters have earned a considerable reputation in the treatment of chronic rheumatic affections; they are said to be of value also in rheumatic arthritis, sciatica, and lumbago. We have seen no recent analysis of the water, but that made at Herepath in 1855 gives the following results in an imperial gallon: Sodium chloride, 21761.872; magnesium chloride, 2.560; lime sulphate, 91.120; aluminium sulphate, 14.400; sodium sulphate, 342.720; sodium iodide, 0.201; total, 22212.880. The water may, therefore, practically be regarded as a saturated solution of common salt, and is a type of the strongest brine water.

### CONTRACT MEDICAL PRACTICE.

#### CONSULTATIONS.

"IN DOUBT" asks whether a club doctor is entitled to charge for a consultation in the case of a club patient, and whether it is usual to make a charge?

\*.\* A club surgeon is not obliged to meet a consultant in the case of a club patient, unless he thinks the consultation necessary, but in that case he cannot charge the patient.

### MEDICAL NEWS.

DR. D. R. CAMPBELL, Resident Medical Officer, County Hospital, Newport (Mon.), has been presented with a portrait by the members of the Cinderford Ambulance Association.

A MEETING of the Council of the Metropolitan Hospital Sunday Fund was held on August 2nd, the principal business being to receive the report of the Distribution Committee and confirm awards to hospitals, dispensaries, and nursing associations. The amount dealt with was some £58,000, this being divided between 161 hospitals, 60 dispensaries, and 26 nursing associations.

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 July 27th, Dr. de Havilland Hall in the chair. The accounts presented showed that the operations of the Society during the first six months of the current year have produced very satisfactory results. The sickness experienced has been appreciably less than in the first half of 1905, and the present list of sickness claims compares favourably with that of the same date last year. The number of members increases each year, and the average age of the members is also growing. From this it follows that a considerable increase in the sickness expectation has to be reckoned upon, and since the year 1884, when the Society started its operations, the amount paid away annually in sickness claims has steadily grown until, four years ago, the sum disbursed in this way just equalled the amount expected by the tables. During the last few years, however, the sickness experienced has always been under the expectation, and the result has been an appreciable increase in the financial strength of the Society. Over £10,000 is now disbursed each year in sickness claims, and nearly £2,000 of this is paid to members who are permanently incapacitated from professional work and thus entitled to sick pay, usually amounting to 100 guineas a year, until they reach the age of 65 years. A considerable reserve is, of course, required to secure these annuities, but as the funds of the Society now amount to over £200,000, there is little fear that the great benefits secured by the members will ever have to be reduced. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

College, inherited much of his father's aptitude for languages, and at school was noted for his successes in the classics. He went to Edinburgh to study medicine, was prizeman in medicine and surgery, and graduated M.B., C.M., at the University in 1884. He took the D.P.H. of Cambridge in 1893. He practised for some time in Kansas, U.S.A., but returned to England eighteen years ago, and became assistant to his uncle, Dr. R. A. Brannigan, of Liverpool. About eleven years ago he began to practise on his own account in Park Place, Liverpool, and continued there until a few months ago, when a rapid failure of health compelled him to desist. Beyond a slight attack of rheumatism some thirteen years ago he had enjoyed good health, at any rate he never seemed to be ill, but about a year ago he was found to be suffering from aortic disease, and cardiac failure rapidly supervened.

Dr. O'Flaherty was a man who, had he chosen, might have aspired to the highest positions in his profession. He combined a cultivated intelligence with a love of work for its own sake, but he seems not to have felt the ambitions which urge on men of far less ability to obtain distinction as commonly understood. He deliberately preferred to practise among poor people, and persistently declined the solicitations of his friends to move into a wealthier neighbourhood than that in which he first put up his plate. He was a man of most refined tastes and susceptibilities, and kept himself well abreast of the progress of medicine. His hobby was literature, and he had a passion for languages. He read Greek as a recreation, and he mastered several modern languages. As an illustration of the facility with which he could master a new language, as well as of the thoroughness with which he pursued any work which he undertook, it is worth recording that some years ago a lady from South America, who knew no language but Spanish, came to Liverpool and engaged him to attend her in her confinement. Thereupon he set to work to learn Spanish, in order to be able to converse with her during the attendance, and he acquired such a mastery of the language that he was ever afterwards able to talk fluently in it, and sometimes was called on to act as interpreter between medical practitioners and their Spanish patients. He made many friends, to whom he was endeared by his charm of manner and his amiable disposition; and he was idolized by his patients, to whom he gave ungrudgingly of his best.

His death took place on August 1st at the residence of his uncle, Dr. Brannigan, and he was buried on August 3rd in Flaybrick Hill Cemetery, Birkenhead. The Rev. Mr. Burrows, who knew him well, delivered a most touching address, dealing more especially with his work among the poor in Liverpool. Many of his patients were at the graveside, and not a few of his professional friends, though there would have been more if it had not been for the fact that many were away on their holidays.

We learn with regret that Dr. WILLIAM J. MARTIN died at his residence, 17, Harcourt Street, Dublin, on August 4th after a few hours' illness, of cardiac failure. He had been in delicate health for some time, but he was able to attend to all his numerous duties up to the eve of his death. Dr. Martin became a Licentiate of the Royal College of Surgeons, Ireland, in 1852. M.D. St. Andrews in 1855, F.R.C.P. Edin. in 1855, L.K.Q.C.P. in 1866, and M.R.C.P.I. in 1880. He was for many years Physician to Jervis Street Hospital; and later on became Visiting Surgeon to the Richmond District Lunatic Asylum. He was also Inspector of Anatomy in Ireland, and Secretary to the Board of Superintendence of Dublin Hospitals. He had travelled much in America, the Near East, and in Australia, and he was full of interesting reminiscences of his wanderings. His death is very sincerely regretted. He was one of the most genial of men, and he never said an unkind word of any one.

TELEGRAMS from China announce that the Rev. Dr. RODERICK J. J. MACDONALD has met his death in very tragic circumstances. The steamboat by which he was travelling on the West River was attacked by Chinese pirates. The captain fell badly wounded, and Dr. Macdonald went to his assistance, and was himself shot. This was not his first brush with river pirates, for on a former occasion, when travelling by boat on the same river, a shot, fired from a pirate vessel, went through the

chair on which he was sitting. Macdonald was connected with the Wesleyan Methodist Missionary Society, and had worked in the Canton District for twenty-two years. At the time of his death he was stationed at Wuchow, having charge of the Mission Hospital there. His name adds another to the long list of those who fall victims in the cause of religion and humanity. He was of a modest, retiring disposition, yet faced unflinchingly the dangers which beset all foreigners in China. He had to a singularly wide degree won the respect, and even the love, of the Chinese; and so great was his desire to get into touch in every possible way with those among whom he laboured that he would not permit a wall to be built around the mission compound. Dr. Macdonald received his medical education partly at the Middlesex Hospital and partly at Edinburgh. He graduated M.B., C.M. Edin. in 1881 and M.D. in 1884. He was medical officer to the Imperial Maritime Customs, Wuchow, and surgeon to the British Consulate and gaol, Wuchow. His death is greatly deplored by all who knew him, struck down as he was in the prime of life. Much sympathy is felt for his widow and two boys.

COLONEL WILLIAM EGERTON SAUNDERS, C.B., Royal Army Medical Corps, Principal Medical Officer of the Meerut Division in India, died on July 17th in the 57th year of his age. He was appointed Assistant Surgeon, April 1st, 1871; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1883; granted the rank of Lieutenant-Colonel, April 1st, 1891; made Brigade-Surgeon-Lieutenant-Colonel, May 1st, 1895; and Colonel, June 14th, 1899. He served in the Zulu war in 1879 (medal); in the Boer war in 1881; and in the campaign on the North-West Frontier of India in 1897-8 with the Tirah Expeditionary Force as Principal Medical Officer on the Line of Communications; he was mentioned in dispatches, made C.B., and granted the medal with two clasps.

LIEUTENANT-COLONEL HENRY WALKER BUTLER BOYD, of the Indian Medical Service, Bombay, died at Bombay, July 16th, from cholera, aged 55. He joined the Bombay Medical Department as Assistant Surgeon, March 31st, 1876, and became Brigade-Surgeon-Lieutenant-Colonel, March 31st, 1896. Lieutenant-Colonel Boyd was well known in Bombay, where he had filled numerous important offices, the latest being that of Senior Physician at St. George's Hospital.

DEPUTY-SURGEON-GENERAL EDWARD TAYLOR, Bengal Army, retired, died at Stevenage, Herts, on July 26th, at the age of 81. He entered the service of the East India Company in 1853, and served through the Indian Mutiny with the 42nd Native Infantry (medal with clasp); the Bhutan campaign (medal with clasp); the Abyssinian war in 1867-8 (medal); and the Afghan war in 1878-9.

SURGEON-MAJOR HAMPDEN HEALEY MACLEAN, late of the Royal Horse Artillery, died at Northampton on June 24th, aged 74. He was appointed Assistant Surgeon, April 22nd, 1858; became Surgeon-Major, April 1st, 1873, and retired from the service, August 9th, 1878.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have lately died are Dr. A. Peride, Professor of Anatomy in the University of Jassy, Roumania; Dr. Albert Voss of Potsdam, a distinguished anthropologist; Dr. A. Chkliarewsky, Professor of Medical Physics in the University of Kieff; Dr. Jules Castiaux, Professor of Forensic Medicine in the University of Lille; and Dr. A. Vincent, formerly Professor of Hygiene in the University of Geneva, and Vice-President of the International Conference for the Revision of the Geneva Convention.

MISS K. H. MONK, on her retirement from the post of Sister-Matron at King's College Hospital, after twenty-three years' service, has been presented with a testimonial subscribed for by past and present members of the Committee and medical and nursing staff of King's College Hospital.

A PARTY of forty French doctors is visiting the German medical schools. They are to make a three days' stay in Berlin, where a Committee, of which Professors von Bergmann and von Leyden are honorary presidents, has been formed to entertain them.

small share may in the course of time increase the same. Where the deed is silent, the most equitable arrangement would seem to be for the holder of the small share to be allowed to purchase an additional share at the same rate he paid for his original one. If he paid one or two years' purchase for his original share, he should do the same for the additional one, but the valuation of the latter must be made according to the present value of the practice.

#### VALUE OF A PRACTICE.

A CORRESPONDENT asks the following questions: (1) In selling a practice how many years' income is generally calculated to get at an average income? (2) What ratio of income is generally deducted for expenses? (3) How many years' purchase is as a rule asked for a practice?

\* (1) The gross receipts of the last three years are usually taken. (2) The gross receipts are taken. It is not usual to make any deduction for expenses. (3) A practice is seldom worth more than two years' purchase, and the value is usually somewhere between one and two years' purchase, according to the character of the practice.

### ROYAL NAVY AND ARMY MEDICAL SERVICES.

#### INDIAN MEDICAL SERVICE.

THE Commander-in-Chief in India has notified that the following officers of the Indian Medical Service have been approved by the Director-General Indian Medical Service as specialists in the subjects noted against their names:

Capt. C. A. Sprawson	...	Eastern	...	Fevers.
Lieut. F. N. White	...	...	...	...
" A. C. Ingram	...	Secunderabad.	...	"
" J. H. Burgess	...	Eastern	...	Operative Surgery.
" C. H. Brodribb	...	...	...	"
" C. H. Barber	...	Northern	...	"
" A. F. Hamilton	...	Western	...	"
Major J. Bedie	...	Secunderabad.	...	"
Capt. T. B. Kelly	...	Eastern	...	Ophthalmology.
" S. H. L. Abbott	...	Northern	...	"
" F. S. C. Thompson	...	Western	...	"
Major A. E. Berry	...	Secunderabad.	...	"
Capt. G. E. Charles	...	Eastern	...	Rhinology.
" C. C. Murison	...	Western	...	Physiological Medicine (Mental Science)
" A. W. Overbeck-Wright	...	Eastern	...	"
Major H. M. Earle	...	Northern	...	Midwifery and Gynaecology.
Capt. G. Tate	...	...	...	"
Lieut. J. Anderson	...	Western	...	"
Capt. W. D. A. Keys	...	...	...	"
Major M. A. Ker	...	Northern	...	Public Health.
Capt. A. W. C. Young	...	...	...	"
Major C. M. Moore	...	Western	...	"
" G. W. Jenney	...	...	...	"
Capt. A. Spitteler	...	...	...	"
Major C. A. Johnston	...	Secunderabad.	...	Public Health and Parasitology.
Lieut. A. C. Ingram	...	...	...	Public Health.
(also in fever)	...	...	...	"
Lieut. D. Steel	...	Eastern	...	Parasitology.

### PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### DUTIES OF DISTRICT MEDICAL OFFICER IN REFERENCE TO BOARDED-OUT CHILDREN.

J. R. A., who is a district medical officer, writes that he has recently attended three children suffering from chicken-pox. They were brought to him by their foster-mother, who reported them to him as boarded-out children of the union, but beyond this he had no official communication in reference to them, and did not know that there were any such in his district. At midsummer last he sent in an account charging for this medical attendance, and was subsequently informed by a guardian, who was honorary secretary to the Boarding-out Committee of the union, that he had no right to make any charge for medical attendance, as this was one of the duties of a district medical officer.

\* We are advised that it is one of the duties of a district medical officer to provide medical attendance in illness for all boarded-out children in his district, and for this he cannot claim any special remuneration. In this case, however, there must have been great neglect on the part of some non-medical official of the union, as our correspondent ought to have been supplied with a list of all such children resident in his district. It would then have been his duty to visit them at their homes once during every quarter whether ill or well, and to report to the guardians at the end of it. For this duty he would be entitled to a fee of 2s. 6d. for each visit. As it is, he has lost the opportunity

to earn these fees and the guardians have profited by not seeing that the regulations were carried out in reference to these cases. Now, as our correspondent is aware of the existence of such children he should at once make all his quarterly visits and charge for the same at the end of the quarter, whether the patients are then still living in the district or not. The foster-mother ought to have been supplied with a ticket or order for medical attendance on all these children to use in case of illness of any kind occurring to them.

M. S.—We know of no book better than Goodall and Washbourn's *Manual of Infectious Diseases*. London: H. K. Lewis. 1896. 15s. With regard to opinions as to the value of isolation we can only refer our correspondent to the pages of this JOURNAL during the last two years or so.

### UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF EDINBURGH.

THE summer graduation ceremonial was held in the M'Ewan Hall on Friday, July 27th, the Vice-Chancellor (Principal Sir William Turner) presiding. The honorary degree of LL.D. was conferred on Sir Donald Currie, G.C.M.G., Sir Alexander Russell Simpson, Senhor Antonio Da Veiga Beirao of Lisbon, and on Baron Descamps, D.C.L., of Louvain.

The Promoter (Professor Annandale) devoted the customary address to the subject of "Quackery," and traced the beginning of the use of internal remedies. Surgery, he said, was more ancient than medicine. The first special treatment of disease came from the ancient Egyptians or Chaldeans; from them the Grecians obtained their knowledge. The history of medicine was traced onwards to Aesculapius, Hippocrates, and others. Quackery in olden times was discussed. It might have been expected that as knowledge and civilization advanced, the treatment of disease and injury would have been relieved of much that was erroneous and absurd, but although great improvements had taken place gradually, yet quackery in many forms continued rampant, and it was sincerely to be regretted still remained so. The history of quackery was traced, and some noted quacks referred to. The quackery and credulity of to-day were next discussed, and Christian Science characterized as neither Christian nor scientific, and quite incompatible with the Christian faith. A shrewd Scotswoman had been treated for painful rheumatism according to the methods of Christian Science, and when asked her opinion of it said, "Christian Science has not cured me, but I am cured of Christian Science." Some remarks on the law for patent medicines, and the need for its stringent revision, and parting counsels to the younger graduates, closed an interesting address.

The following were among the gentlemen who received ordinary degrees:

M.D.—R. G. W. Adams, W. Anderson, J. R. Atkinson, A. C. Begg, J. H. Bell, A. J. Biennemann, V. Chastel de Boinville, Isabella D. Cameron, W. S. Campbell, T. F. Cavanagh, R. D. Clarkson, J. H. Connolly, J. F. Crombie, J. D. H. Croom, T. A. Davies, J. L. Dick, C. W. Eames, T. G. Easton, J. G. Elsworth, E. Fawcett, A. N. Fell, J. W. Gainer, J. C. Gilchrist, A. Gillespie, L. Grant, A. Y. Greenwood, W. W. Greer, J. M. Holmes, J. W. Ingle, A. Ingram, E. B. Jamieson, R. W. Johnstone, J. W. Keay, A. C. Keir, E. H. Kelso, J. M. Kirkness, H. Kramer, C. D. Laing, A. J. Lewis, E. W. Lewis, C. H. Lindsay, J. Lindsay, A. W. B. Loun, A. J. M'Cloosky, J. S. M'Cracken, W. J. M'Farlan, W. MacKenzie, L. C. MacLagan-Wedderburn, R. A. Mack, Macleod, L. W. C. Macpherson, R. M. Manwaring-White, J. P. Marais, F. Mason, P. Mathews, J. S. Maynard, J. H. Meikle, H. G. Melville, J. Miller, J. T. W. Mitchell, S. A. Moore, E. M. K. Nicholl, H. Overy, R. Owen, B. L. Paton, E. C. Prichard, H. H. Roberts, J. H. Robertson, W. S. Robertson, G. A. Rorie, A. B. Ross (M.A.), R. A. Ross, Shiela M. Ross, Francois Auguste Rouget, D. J. Scott, J. A. Scott, G. B. Serle, C. J. Shaw, W. C. Sillar, J. J. W. Simpson, W. H. Simpson, W. M. A. Smith, J. Tait (B.Sc.), H. P. Thompson, G. C. Trotter, J. O. Veitch, H. Whittaker, F. A. Wille, W. Y. Woodburn, M. B. Wright.

\* Commended for thesis. † Highly commended for thesis.

‡ Gold medal for thesis.

M.S.—F. D. S. Mackenzie.

M.B., C.M.—P. W. Freyer.

M.B., CH.B.—G. P. Adshead, J. H. Aikman, M.A., J. A. Ainscow, J. Alexander, A. W. Atkinson, R. C. E. Atkinson, F. Babonau, C. R. M. Baker, D. P. Blair, F. Blamire, J. D. Bowie, F. H. Bradley, I. W. Brebner, T. G. Brown, C. H. Burgess, Alice M. Burn, E. Burnet, J. S. Caldwell, S. T. Champaloup, A. E. Chisholm, Marjorie D. Cohen, W. Core, S. G. Corner, D. Cotterill, Agnes M. Cowan, R. G. Cunningham, J. A. Currell, J. S. Daniell, J. Dass, S. K. Datta, R. Davidson, A. Davies, J. A. M. Dick, T. H. Dickson, J. A. M. Drennan, J. D. C. Duncan, R. Duncan, D. D. Dunn, E. W. Dyer, S. S. Dykes, J. S. Edwards, P. El-Karey, R. H. Fothergill, M. S. Fraser, J. W. Frew, Jessie H. Gellatly, K. N. Ghosh, G. H. R. Gibson, L. Gibson, J. Gilmour, E. C. Girling, G. A. Gordon, E. Gordon, W. J. Gordon, E. R. Grieveson, W. M. A. P. Henderson, Isabel Hill, A. S. Holden, G. H. Howe, J. B. Johnston, N. W. Kidston, A. G. K. Ledger, A. Laitch, Olive T. Leonard, J. Lindsay, P. Lornie, J. P. Lowson, A. T. McDonald, J. W. S. Macfie, G. B. Macgregor, T. S. M'Intosh, J. MacKenzie, J. N. MacLaughlin, M. Maclean, J. A. MacLeod, J. B. M'Morland, R. P. M'Morland, G. M'Mullan, A. C. B. M'Murtrie, W. J.

Macnab, J. M. MacPhail, A. S. Mactavish, \*J. N. M'Turk, D. Mann, J. S. Maunson, J. Mathewson, G. M. Melville, H. J. More, J. E. Murray, M. A. D. Naoroji, A. J. P. Nowell, J. L. H. Pater-son, A. MacT. Pirrie, \*G. Pollock, H. B. Porteous, Agnes E. Porter, \*C. Pycroft, Edith G. Pycroft, Mabel L. Ramsay, G. Raubenheimer, J. Ritchie, W. G. Rivers, H. D. Robb, R. M'N. Robb, T. E. Roberts, G. Robertson, E. Rose, F. Ross, J. M. Ross, Z. M. H. Ross, E. Russell, A. Sandison, Elsie B. Saunders, W. O. Sclater, T. H. Scott, H. L. Sells, E. D. Simson, A. G. H. Smart, W. T. Smith, A. Stephen, R. StC. Stuart, A. D. Stewart, G. H. de Wet Stofberg, K. R. Tampi, D. R. Taylor, J. A. Taylor, C. H. Tewsley, E. R. Thompson, H. H. Thorburn, A. Todrick, J. N. Turnbull, N. B. Turnbull, Annie D. Urquhart, E. W. Vaughan, A. G. Visser, G. F. C. Wallis, R. H. Walton, W. O. Welpy, W. H. Welsh, O. H. Williams, W. E. R. Williams, C. R. Wills, Ethel Wiseman, A. F. Wright, \*A. W. Young.

† First-class Honours. \* Second-class Honours.

D.P.H.—T. H. Jamieson (with distinction), A. MacRae, M.A.

CERTIFICATE IN TROPICAL MEDICINE.—G. P. Adshad, J. A. Ainscow, J. Alexander, D. P. Blair, F. H. Bradley, I. W. Brebner, Alice M. Burn, E. Burnett, S. T. Champaloup, Majorie D. Cohen, S. G. Corner, Agnes M. Cowan, R. G. Cunningham, J. A. Currell, H. Curwen, J. Dass, A. Davies, A. MacD. Dick, T. H. Dickson, E. W. Dyer, S. S. Dykes, J. S. Edwards, K. N. Ghosh, E. C. Girling, G. A. Gordon, J. E. Gordon, W. M. A. P. Henderson, H. Jamieson, P. Lornie, J. P. Lowson, J. A. McLeod, J. S. Manson, W. R. C. Middleton, A. MacT. Pirrie, Agnes E. Porter, Edith G. Pycroft, J. Ritchie, H. D. Robb, R. M'N. Robb, G. Robertson, F. Ross, J. M. Ross, W. O. Sclater, T. H. Scott, A. G. H. Smart, A. Stephen, K. R. Tampi, C. H. Tewsley, H. H. Thorburn, J. N. Turnbull, R. H. Walton, Ethel Wiseman.

The following awards were announced:

ETHEL SCHOLARSHIP.—A. M. Drennan.

ALLAN FELLOWSHIP.—A. D. Stewart.

BUCHANAN SCHOLARSHIP.—A. MacD. Dick.

JAMES SCOTT SCHOLARSHIP.—E. Burnett.

MOUAT SCHOLARSHIP.—J. Ritchie.

STARK SCHOLARSHIP.—W. Omand Sclater.

M'COSH GRADUATES' AND MEDICAL BURSARIES.—W. M. A. P. Henderson.

BEANEY PRIZE.—A. MacD. Dick.

CONAN DOYLE PRIZE.—C. Pycroft.

DOROTHY GILFILLAN MEMORIAL PRIZE.—Ethel Wiseman.

PATTISON PRIZE.—A. E. Bennet and W. K. Macdonald (equal).

WIGHTMAN PRIZE.—J. S. Manson.

GUNNING VICTORIA JUBILEE PRIZE.—J. M. Kirkness.

## UNIVERSITY OF LONDON.

The following candidates have been approved at the medical examination indicated:

INTERMEDIATE.—† O. J. W. Adamson, M. H. Atherton, A. P. Bacha, E. F. Ballard, R. S. Barker, Anne Borrow, S. Boyd, Ethel M. Brand, †† Eda S. Bryan-Brown, D. H. Caine, G. H. Chisnall, †† Elsie M. Chubb, B. I. Cohen, M. M. Cowasjee, S. J. Darke, H. C. R. Darling, T. B. Dixon, J. R. B. Dobson, D. Dunbar, Irene C. D. Eaton, \*† E. G. Fearnside (B.Sc.), Mabel Foley, W. L. E. Fretz, C. G. Galpin, S. R. Glead, A. A. Greenwood, J. R. Gyllencrutz, D. J. Harries, E. R. Holborow, A. W. Holthusen, H. T. Howells, \*† W. B. Johnson (Scholarship in Anatomy), C. A. Joll (B.Sc.), W. B. Jones, H. B. Kent, W. S. Kidd, †† Blanche P. Lindup, † J. P. Little, † W. E. Lord, †† T. S. Lukis, G. R. Lynn, Marjorie E. Middleton, \*† E. B. Morley (Scholarship in Physiology), D. G. S. R. Oxley, †† A. H. Penistan, A. A. W. Petrie, Ellen M. Pickard, W. N. Pickles, N. Prescott, † R. A. Rankine, H. D. Rollinson, N. G. H. Salmon, F. S. Scott, \*† R. R. Smith, Florence Stacey, V. H. Starr, Marion Stocks, H. L. Tasker, † J. Thompson, C. C. Tudge, † R. W. W. Vaughan, \*† Anna B. Walsh, F. M. R. Walsh, G. R. Ward, A. L. Weakley, L. M. Webber, H. O. West, E. W. Witney, C. A. Wood, C. I. Wright.

\* Distinguished in anatomy. † Distinguished in physiology.

† Distinguished in pharmacology.

† Bracketed equal for Scholarship in Pharmacology.

## CONJOINT BOARD OF ENGLAND.

The following candidates have been approved at the examinations indicated:

FIRST EXAMINATION (*Chemistry and Physics*).—S. V. Appleyard, T. E. Ashley, T. C. Brentnall, H. H. Budd, R. E. R. Burn, L. C. W. Cane, H. V. Capon, W. E. Carter, D. T. Corke, J. Cowan, H. W. Doll, D. C. Evans, S. Falkner, N. H. Gilbert, A. S. Gillett, D. H. Griffiths, J. Griffiths, A. A. Henderson, A. J. Hickey, H. H. Hiley, A. S. Hoole, S. W. Jamieson, J. E. T. Jones, R. L. Jones, J. B. Jordan, G. A. E. Kelman, W. S. Lacey, C. Y. Laing, W. E. Levinson, M. Lindsey, E. C. Linton, D. McRae, H. L. Mann, S. Marie, G. K. Maurice, A. E. Moore, W. E. Neale, G. Nelson, H. L. C. Noel, H. C. W. Nuttall, F. M. Oliphant, W. G. Orchard, J. H. Owens, G. N. Palmer, A. Pimm, V. St. L. Pinnock, J. A. Prendergast, R. B. Roe, A. M. Stuart, W. E. Tanner, R. T. Timberg, M. C. Wall, A. F. Waterhouse, P. J. Watkin, W. Watts, H. White, F. St. B. Wickham, R. F. Wilkinson, J. W. Williams.

FIRST EXAMINATION (*Elementary Biology*).—B. Barnett, P. L. T. Bennett, K. Black, H. R. Brown, F. B. Bull, E. C. Cline, W. E. S. Digby, G. J. F. Elphick, M. A. Farr, N. E. Farr, A. A. Fyfe, A. J. Graves, A. P. Green, B. Grellier, D. H. Griffiths, J. Griffiths, S. F. Harris, P. V. E. Hayes, A. S. Heale, A. J. Hickey, S. Hutchinson, J. B. Jordan, W. S. Lacey, J. A. Lamb, W. E. Levinson, M. M. Melrose, W. E. Neale, W. G. Orchard, A. S. Pern, V. St. L. Pinnock, M. H. Ratton, V. G. Roberts, H. Robinson, P. Scott, T. Scott, H. G. Spain, A. M. Stuart, R. T. Timberg, A. G. Trott, C. G. Waddington, W. Watts, F. Wells, W. H. Williams.

FIRST EXAMINATION (*Practical Pharmacy*).—G. Aldridge, J. Appleyard, D. G. Arthur, R. G. Bingham, G. C. Birt, A. E. Blythmann, I. G. Cobb, B. M. Collard, J. T. Daly, S. Danziger, D. H. Davies, W. T. Dobson, H. R. Elliott, G. E. D. Ellis, D. C. Evans, H. A. Evans, C. D. Faulkner, E. G. P. Faulkner, H. E. B. Finlaison, W. T. Floods, G. J. Gallagher, H. Gibson, G. Graham, H. L. S. Griffiths, J. Griffiths, C. Hall, C. H. Hart, G. R. Heard, T. S. Hele, E. C. Hobbs, R. A. Hobbs, F. H. Holl, W. H. Hooton, E. Howden, D. E. J. S. Hughes, A. H. James, G. Jefferson, G. L. Jones, C. F. V. Keblell, W. R. Kilgour, C. H. Knowles, J. M. Land, M. H. Langford, W. B. Lawrence, S. J. Lee, E. C. Linton, D. McCully, C. McIver, H. S. Mason,

A. E. Moore, C. W. Morris, A. P. Nicolle, H. L. C. Noel, C. Noon, R. S. Overton, G. N. Palmer, R. A. Parsons, S. K. Poole, J. F. Richardson, H. Rimington, T. S. Rippon, H. N. Ritchie, J. Seife, E. A. Shirvell, O. T. Slatter, H. Stobie, R. W. Stocks, J. E. A. Stowell, C. H. B. Thompson, G. G. Timpson, W. V. Tothill, A. J. Tozer, H. B. Walter, A. Watson, J. E. P. Watts, F. C. Wright, R. Yood.

The Secretary reports to the two Royal Colleges that at the first part of the Examination for the Diploma in Public Health, held on July 2nd, 4th and 5th, by Dr. Luff and Dr. Spitta, 30 candidates presented themselves, 19 of whom were reported by the Examiners to have passed; and that at the second part of the Examination, held by Dr. Hamer and Dr. Bulstrode, on July 9th, 10th and 11th, 20 candidates presented themselves, of whom 15 were found by the Examiners to be qualified for the Diploma.

The following are the names of the fifteen candidates who are therefore recommended by the Examiners for the Diploma, namely:

D.P.H. (*Parts I and II*).—J. H. L. Cumpston, L. H. D. Hale, J. M. Hamill, J. W. Leake (Capt. R.A.M.C.), H. A. Macewen, S. H. Nathan, L. E. L. Parker (Capt. R.A.M.C.), T. P. Puddicombe, D. M. Taylor, J. F. Taylor, W. J. Thomas, J. M. Thomson, H. B. G. Walton (Capt. R.A.M.C.), H. G. S. Webb (Capt. R.A.M.C.), C. S. Willis.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following candidates have been admitted Fellows of the College: D. R. Bardi, D. N. Morgan.

## LONDON SCHOOL OF TROPICAL MEDICINE.

The following were successful at the examination held at the end of the twenty-first session:

\* Captain L. P. Stephen, I.M.S., \* L. A. Prins (Colonial Service), \* Captain A. W. Cook Young, I.M.S., \* Major E. Wilkinson, I.M.S., W. S. Allan, R. T. Booth, I. McW. Bourke (Colonial Service), John Cross (Colonial Service), B. M. Flood (Colonial Service), E. N. Graham, E. M. Nicholl, J. Ottley (Staff-Surgeon R.N. retired), E. C. Peake, E. Robledo, Miss L. G. Thacker, Captain L. L. G. Thorpe, R.A.M.C., A. B. Tighe, W. M. Wade, Miss K. Wyss.

\* With distinction.

## HOSPITAL AND DISPENSARY MANAGEMENT.

## CITY OF LONDON ASYLUM.

From the annual report for the year 1905 of Dr. R. H. Steen, appointed to the Medical Superintendentship of the City of London Asylum, Stone, near Dartford, in January, 1905, we note that the resident inmates numbered 565 on January 1st, 1905, and that there remained 552 on the last day of the year. There was thus a fall in the numbers of 13, but we note that the average number daily resident was 568, the highest number recorded in the history of this institution. Of the 552 remaining at the end of the year 515 were English and the remainder were—Germans 15, French 5, Americans 4, Russian 3, and natives of other countries. About 46 per cent. of the total inmates were private patients, both at the beginning and at the end of the year. During the year 146 cases were admitted, a considerably lower number than in any of the preceding six years. There were 28 transfers from other institutions, and, including these, recovery appeared probable in 34, possible in 30, improbable in 41, and impossible in 41. Thus only 23 per cent. of the admissions could be classed as favourable, and no less than 28 per cent. were hopeless. The bodily condition was poor in the greater number and in 27 feeble. In 79 cases the attack was a first attack, in 68 within three months, and in 11 more within twelve months of admission. All the remainder were "not-first" attacks or congenital cases, or of unknown duration. As to the form of mental disorder on admission 71 were classed as cases of mania, 48 as cases of melancholia, 6 of dementia, 10 of general paralysis, 7 of acquired epilepsy, and 4 of congenital or infantile defect. Dr. Steen notes the difficulty in obtaining reliable information as to the probable causation of the mental malady, but states that in those cases from whom a trustworthy history could be elicited, hereditary predisposition was ascertained in 40.22 per cent. Of these the insane heredity was direct in 7, collateral in 26, and remote in 2. Amongst other probable causes noted are: Alcohol in 19, or 13 per cent., venereal disease in 3, previous attacks in 32, puberty, old age, and the climacteric in 13, bodily diseases and disorders in 16, "moral" causes in 27, and in 40 no cause could be assigned. During the year only 24 were discharged as recovered, giving the unusually low recovery-rate on admissions for this institution of 20.51 per cent. There were also discharged as relieved 69, 16 as not improved, 1 as not insane, and there were 49 deaths. These deaths, giving a death-rate on the average numbers resident of 8.62 per cent., were due in 22 cases to cerebro-spinal diseases, including 12 from general paralysis; in 14 cases to chest diseases, including 3 cases of phthisis pulmonalis; in 8 cases to abdominal diseases, in 4 to general diseases, and in 1 case to exhaustion from burns. There were only 4 deaths in all from tuberculous disease, or in the small proportion of 8 per cent. of all deaths. The general health of the patients was satisfactory during the year. There were 8 cases of dysentery, of whom 1 died, and there were 2 cases of typhoid fever, but no other cases of zymotic disease. There