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MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF INFANTILE DIARRHOEA.

As during the extreme heat infantile diarrhoea appears to be exceptionally prevalent, I hasten to invite attention to a method of treatment which appears to have acted like a charm in the few cases in which I have tried it.

Immediately the case is seen a suitable diet is prescribed, and the good old-fashioned half-teaspoonful of castor oil is given to sweep away any fermenting particles of food. As soon as this has acted, 3ss to 3j, according to the age of the patient, of infusion of quassia is given as an enema, a small glass syringe being used for this purpose. If necessary, the injection may be repeated two or three times at intervals of three or four hours. In the few cases in which I have had an opportunity of trying this treatment the diarrhoea ceased after the first injection. This may, of course, have been a mere coincidence. On the other hand, it may have been directly due to the action of the quassia; and I am anxious that others should give the treatment a trial and record the results. If it is desired to give a more astringent preparation, decoction of haematoxylon may be substituted for infusion of quassia.

The use of quassia or haematoxylon in this way was suggested by the failure of other methods of treatment, and by a recollection of the great benefit occasionally obtained from enemata of nitrate of silver in the acute diarrhoea and dysentery of adults in the tropics.

G. H. YOUNGE, F.R.C.S.I.,
Lieutenant-Colonel R.A.M.C. (Ret.).

TRANSPPOSITION OF CAECUM AND APPENDIX.

A FEW days since I operated upon a male child, aged 15 months, for a large inguinal hernia on the left side. The sac contained the caecum and appendix. The appendix was about 3 in. in length and perfectly healthy. The caecum was completely covered by peritoneum and freely movable.

There was no evidence of transposition of any of the other viscera. It is well known that the caecum may be found upon the left side, but its presence in the left inguinal hernia is sufficiently unusual to deserve record.

W. BILLINGTON, M.S.Lond., F.R.C.S.,
Surgeon to Out-patients, Queen's
Hospital, Birmingham.

SERUM IN MALTA FEVER.

As we are yet without a specific for Malta fever, and, indeed, without means of influencing the course of the disease, the following note may be of use:

A European patient was sent up here early in the summer for change, having had Malta fever for over three months. He had marked anaemia, had an attack of dysentery, some dropsy, and transient purpura. On the 138th day of the fever he was given about 3vj of horse serum which had been heated to 55° C., as practised by Petit for the encouragement of phagocytosis in bacterial invasions (see Metchnikoff's Harben Lecture in June, 1906, number of *Journal of Preventive Medicine*).

For the previous three weeks the patient's temperature came down in the mornings for a short period to 99°, and nearly every evening was up to 103°. On the 139th day his temperature went to 100° for a short time, and on the 140th day it did not rise above normal all day. He had no fever afterwards, but, most unfortunately, congestion of the left lung appeared on the 143rd day and carried him off in three days. Of course, this sudden cessation of the fever may have been only a coincidence, but in a disease like this every chance is worth seizing. I wish that I had known of the treatment earlier in the case.

H. A. HAINES, Lieutenant-Colonel, R.A.M.C.

Dalhousie.

REVIEWS.

A MEDICAL TRAVELLER.

UNDER the title of *Around the World via India*,¹ Dr. NICHOLAS SENN has republished a series of letters sent by him to the *Journal of the American Medical Association* whilst on a tour of the Pacific Islands, Australasia, and India during the summer of 1904. The book is most interestingly written and full of instruction. In the opening chapter the author insists on the great usefulness of travel for the purposes of post-graduate study. By touring about the world, and observing medical and surgical work in all kinds of places and under every possible condition of climate, race, and environment, a practitioner may gain more useful knowledge than by reading any amount of textbooks. Dr. Senn deals systematically with each country he visited. After giving a short description of the country and its inhabitants, he treats of the medical aspect of each individual city or town, the status of the profession therein, the number of hospitals, their fitness for the work they are called upon to perform, and the manner in which that work is performed. He touched first at the Hawaiian Islands, and his description of the leper settlement on the island of Molokai throws a new light on the lives of these poor outcasts from society. He pays a touching tribute to the splendid work done there by Father Damien and his courageous assistant, Brother Dutton, who is still toiling in the same vineyard "free from the loathsome disease after an uninterrupted service of twenty-three years." Dr. Senn urges the United States Government to convert the whole island into a colony for lepers from all parts of the world, and to found a laboratory there having a "recognized scientist at its head," with the object of discovering a remedy for this awful disease. Since Dr. Senn's visit, Dr. Walter R. Brinckerhoff, of the Pathological Department of Harvard Medical School, has been appointed Director of this leprosy station; we may, therefore, look forward to some real advances in our knowledge of this hitherto inscrutable disease. The author proceeds to detail the diseases most prevalent in the island of Honolulu, the capital of Hawaii. The hygiene and sanitation are supervised by a Board of Health, the country being divided into districts with a medical officer over each. He was very favourably impressed by the work done by the practitioners in these islands; he gives a useful hint to young doctors on the outlook for a place of settlement by adding that the number of medical men is ample for their requirements. The author's next place of call was Samoa. His account of the people, their liability to certain forms of disease—especially to elephantiasis in the male—make very interesting reading.

Auckland, New Zealand, was the next port of call. Dr. Senn is well satisfied with the hospital, and gives an account of some interesting cases he saw in its wards. He comments on the fact that of forty medical men in practice in Auckland, thirty-nine are general practitioners, there being only one specialist, and he takes the eye and ear for his province. We learn that the *BRITISH MEDICAL JOURNAL* is the chief source of information in medical subjects for the medical men of New Zealand.

From New Zealand Dr. Senn crossed over to Sydney, which struck him very favourably, whilst the country round "surpassed all my expectations." He gives a very good account of the various hospitals in the place, and reproduces some figures from the operating records, which show that the surgery of Sydney compares well with that of America and Europe. He concludes his account of Sydney with the following interesting remarks:

The doctor's social standing in Australia is much superior to our own. His financial possibilities compare well with that of any other country. A fair average fee for a capital operation is 250 dollars; a maximum 500 dollars; consultation from 10 to 25 dollars; and visits average 2.50 dollars; obstetric fee from 10 dollars to 25 dollars. There are several men in Sydney whose annual income amounts to 30,000 dollars. The country practitioners, of course, do not fare so well, but their expenses are so much less that at the end of the year their bank account makes a fair showing. The relations between the members of the medical profession are cordial, and the commercial element is not nearly as rampant as with us. The requirements for entrance are not at all stringent.

¹ *Around the World via India*. By Dr. Nicholas Senn. Chicago: American Medical Association Press. 1905.

fingers." Elsewhere a light that will be new to many is thrown on the nature of the "fistula" of which the King in *All's Well that Ends Well* was cured by Helena. The disease from which the monarch suffered was not, it appears, a *fistula in ano*. There can be little doubt, Mr. Griffiths points out, that Shakespeare took the story of the play from Painter's *Palace of Pleasure*, in which the passage from Boccaccio's *Decameron* containing the mention of the King's malady is translated from the Ninth Novel of the Third Day as follows:

The Frenche Kyng had a swelling upon his breast, which, by reason of ill-cure, was grown to a Fistula, and did putte to marvellous paine and grief.

Under a mistaken notion of the situation of the fistula Bowdler, who took upon himself the task of expurgating Shakespeare, excised the whole passage! Mr. Griffiths's little book extends only to A—E! We hope that before long he will give us the rest of the alphabet.

At the annual meeting of the British Medical Association held at Bristol in 1894, Dr. Yeats quoted a letter by Thomas Carlyle, written to Messrs. Sutherland and Knox, an Edinburgh firm of publishers, in acknowledgement of a book entitled *The Healing Art the Right Hand of the Church*. Dr. Yeats described the book as written by a medical man for medical men. The author concealed his personality under the *nom de guerre* "Therapeutes." The letter was published in the BRITISH MEDICAL JOURNAL at the time, but it may interest some of our younger readers to have their attention called to it:

Chelsea, 25th February, 1859.

Dear Sir,—I have received your book, which you were kind enough to send me, and I beg to return you thanks for the same. It is a book (unlike many that come to me here) of a serious nature, the fruit of long study, meditation, inquiry, and evidently of perfect conviction on your part.

I believe, and have long believed, the essential idea it sets forth to be not only true, but of the very highest importance to mankind, namely, that the Physician must first of all be a priest (that is to say, a man of pious nobleness, devoted to the service of the Highest, and prepared to endure and endeavour for that same, taking no counsel of flesh and blood, as the theory of Priests is)—first of all, a real priest, and then that the whole world should take supreme counsel of him, as it does of its real or imaginary Priests or Pontiffs this long while back, and follow said counsel as the actual will of God—which it would be were the Physician what I say.

It is curious to remark that *Heilig* in our old Teutonic speech is both Holy and also Healthy; that the words Holy and Healthy, as our antique fathers understood them, are one and the same. A thousand times has that etymology risen sorrowfully upon me, in looking at the present distracted position of affairs, which is horrible to think of, if we look earnestly into it, and which cannot well be spoken of at all. We, sure enough, have completely contrived to divorce holiness (as we call it) from health, and have been reaping the fruits very plentifully during these fifteen hundred years.

The notion of bringing our present distracted anomaly of a Physician into union with our ditto of a Priest, and making them identical is of course extremely chimerical; nor can one easily say what ought to be the first step towards bringing each of them back from his anomalous, imaginary condition and nearer to veracity, and the possibility of coalescing. But I am very glad to see the idea started, in any form, under any vesture, and heartily wish you success in bringing it home to men's minds.

I remain, yours truly,

T. CARLYLE.

The *Journal of the Ceylon Branch of the British Medical Association* from July to December, 1905, is a record of sound scientific work which reflects great credit on the members. Miss Mary N. Fysh, M.B., contributes an account of "a simple and riskless method of treatment of prolapse of the uterus"; Dr. William Wijesakere describes the present position of ankylostomiasis in Ceylon; Dr. H. Huberty treats of papain, its characters and uses; Dr. Sinnetamby reports a case of achondroplasia in which Caesarean section was successfully performed; Dr. S. C.

Paul writes on the operative treatment of hydrocele; Dr. Sinnetamby discusses a recent epidemic outbreak of dysentery and diarrhoea in Colombo, and contributes notes on astereognosis. In a paper of special interest, A. Willey, D.Sc., F.R.S., deals with the identification of poisonous snakes in Ceylon. The *Journal* is well edited by the Honorary Secretary, Dr. M. Sinnetamby.

MEDICAL NEWS.

THE 1906-7 session of the Royal Medical and Chirurgical Society of London will commence on Tuesday, October 23rd, at 8.30 p.m.

LIEUTENANT-COLONEL H. G. HATHAWAY, R.A.M.C., who was dangerously wounded at Diamond Hill, South Africa, on June 11th, 1900, has been awarded a permanent wound pension of £100 a year.

THE general meeting of the German Medical Press Association will be held at Stuttgart on September 19th, when Professor Posner will present a report of the proceedings of the Association during the past year. Professor Posner will also read a communication on the spelling of foreign medical words. Dr. Schwalbe will discuss the question of the payment of authors, and will submit a black list of authors.

MEDICAL LEGISLATORS IN PORTUGAL.—At the recent elections in Portugal fifteen representatives of the medical profession secured seats in the Chamber of Deputies. The total number of deputies is 155.

TYPHUS FEVER GERM.—The Mexican Government has offered three prizes, each of the value of £4,000, for (1) the discovery of the typhus fever germ; (2) the mode of its transmission to man; (3) a successful preventive or curative serum or other effectual remedy. Communications should be addressed to the Secretary of the Medical Academy, Dr. Cosío, Ortega 9, Mexico.

INTERNATIONAL DENTAL CONGRESS.—The International Congress of Dental Surgeons, which was held in Geneva in the early part of August, passed resolutions urging the co-ordination of the legal requirements for dental practice in all countries; and the institution of an inquiry into the value of the diplomas granted by various schools of dental surgery. The Congress further passed a resolution insisting on the importance of mechanical instruction as a supplement to theoretical teaching.

THE INVESTIGATION OF SYPHILIS.—The Simon Fund of £5,000 for the furtherance of research on syphilis has been divided between Professor Neisser of Breslau, who receives £3,800, Dr. J. Siegel, who receives £900, and Dr. Lesser, to whom £300 has been awarded. The trustees of the Pettenkofer Fund, at a meeting recently held at Munich, unanimously awarded the prize founded in memory of the great hygienist to Dr. Schaudinn for his discovery of the parasite of syphilis. The amount (£60) has been paid to Dr. Schaudinn's widow.

VOLUNTARY NOTIFICATION OF BIRTHS.—Dr. J. F. Sykes, Medical Officer of Health for St. Pancras, has issued a notice to the effect that the borough council has resolved to adopt tentatively during three months a system of voluntary notification of births, and to pay the father, doctor, midwife, student, or other person attending upon the mother the sum of one shilling for notifying to the medical officer of health, at the St. Pancras Town Hall, a birth within forty-eight hours of its occurrence in the borough. The notification first received is to be the one accepted.

A LADY MEDICAL OFFICER.—Miss Frances Margaret Harper, M.B., Ch.B. Edin., and D.P.H. Camb., has been appointed assistant medical officer at St. Helen's. The appointment of a lady doctor was decided upon by the St. Helen's Health Committee with the idea that her work should practically place her at the head of the lady sanitary inspectors. Among her duties will be to educate midwives, teach women at mothers' meetings, and give instruction in day schools and to women teachers.

THE PREVENTION OF CONSUMPTION.—A society, to be known as the White League, has been founded for the suppression and prevention of tuberculosis in the State of New Jersey. Some 4,000 persons die of the disease in the State every year; this figure represents a higher death-rate from tuberculosis than is found in any other State in the American Union. In addition to distributing leaflets and other measures for the enlightenment of the public mind, the White League will make a systematic effort to obtain the names of all sufferers from tuberculosis in the State, with the view of helping the State Health Department in the suppression of the disease.

By the death of Dr. ISIDOR VON NEUMANN, Professor of Syphilidology in the University of Vienna, which occurred suddenly on September 1st, Austrian medicine has lost one of its leading representatives. He was born in 1832 at Misslitz in Moravia, and took his Doctor's degree at Vienna in 1858. In 1861 he qualified as *Privatdocent* in dermatology and syphilidology; in 1873 he became Professor Extraordinarius, and in 1881 Ordinarius in the same subject. He was head of the clinic of skin and venereal diseases. In 1903 he resigned his chair. Professor Neumann was one of the most distinguished of Hebra's many distinguished pupils. He was the author of a textbook on skin diseases with an atlas, and of a handbook of syphilis.

PROFESSOR MARSHALL WARD, D.Sc., F.R.S., died at Torquay, at the early age of 52, after a long and painful illness. Medical students who studied botany at Owens College during the early Eighties under the late Professor W. C. Williamson will remember Marshall Ward, who acted as his assistant, and who took such an active part in the work of that department. He began his studies as a field botanist, but he soon became a disciple of the Darwinian school. At the age of 20 he studied under Huxley at South Kensington, and there he devoted much of his time to cryptogamic and physiological botany. Afterwards he worked in Würzburg under Professor Sachs, whose *Lectures on the Physiology of Plants* he translated. In 1883 he was appointed Assistant Lecturer in Botany at Owens College, and two years later he was appointed Professor of Botany in the Forestry School at Cooper's Hill. In 1895 he was elected Professor of Botany at Cambridge. Nine years ago, when the British Association visited Canada, Dr. Ward was president of the Botanical Section of the Toronto meeting. Besides numerous original papers on botanical subjects, on the organism in vinegar, on the disease of the coffee plant, his best-known works are *The Oak, Timber and Some of its Diseases, Diseases of Plants, Grasses*, and the articles "Schizomycetes" and "Bacteriology" in the *Encyclopaedia Britannica*. He also lectured with much acceptance at the Royal Institution, London, notably on the influence of light on micro-organisms.

WE regret to announce the death of Dr. JAMES FRASER, which occurred suddenly from heart failure at Sutton Coldfield on August 23rd, at the early age of 39. The news came as a great shock to a very wide circle of friends and patients. He graduated at Aberdeen University as M.B. and Ch.B. He had practised at Sutton Coldfield upwards of seventeen years, first as an assistant, secondly as a partner, and thirdly by himself. By his great sympathy with sorrow and suffering he endeared himself to all his patients. He was a keen worker, a shrewd observer, and quickly gained the confidence of those under his care. He possessed in no small degree the *suaviter in modo* and the *fortiter in re*. The large attendance at his funeral testified to his popularity. He leaves a widow and a daughter 8 months old. A. H. E.

SURGEON HERBERT BARTLETT SIMPSON, R.N., H.M.S. *Sealark*, died on August 28th, at Diyatalawa, Ceylon (Naval Camp), of enteric, in his 29th year. He was appointed Surgeon, November 21st, 1902.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Philip Dospranikoff, Professor of Anatomy in the University of St. Petersburg, aged 78; Dr. Nina Rodrigues, Professor of Forensic Medicine in the University of Bahia; Dr. W. E. Taylor of Honolulu, President of the Hawaiian Medical Society, and formerly Professor of Surgery in the University of California, and President of the San Francisco Medical Society, aged 69; Dr. Guyot, Representative of the Rhone Department in the French Senate, aged 76; Dr. Gouraud, formerly Physician to the Paris hospitals; and Dr. Emile Yot, President of the Medical Society of Versailles.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

MEMBERS OF ORDERS OF KNIGHTHOOD, ETC.

THE Army Council notifies that the names of the recipients of the Distinguished Service Order, or of an Order of Knighthood, who have ceased to hold any military rank are only retained in the Army Lists conditionally on reports of existence being forwarded to the Secretary of the War Office on January 1st and July 1st of each year. All who have not complied with this regulation should at once send such a report, and should in future furnish similar reports on the dates above specified. These reports are necessary in order that the lists of recipients of Orders may be kept as accurate as possible. Colonial and Indian papers are requested to copy this notification.

A FRENCH BOARD OF MILITARY HYGIENE.

By decree dated August 6th the French Minister of War has established a Superior Board of Military Hygiene and Epidemiology. The Board is to consist of seventeen members, of whom nine are civilian practitioners and eight medical officers of the army.

THE PAY OF R.A.M.C. COLONELS.

ANOTHER P.M.O. writes: A letter written by "P.M.O." in the BRITISH MEDICAL JOURNAL of July 28th is most misleading. He states: "Generals, R.E. officers, A.S.C. officers, Paymasters, other than P.M.O.'s, are seemingly competent to decide what is or is not necessary for the cure or prevention of disease." Of the above-mentioned officers the general alone has the power to decide, though he may take the opinion of the other officers on his staff. The P.M.O. is his staff officer on medical matters, and if this officer is worth his salt, the G.O.C. will be guided by his opinion on medical matters in preference to that of the other staff officers. At least such has been my experience of all general officers under whom it has been my good fortune to serve. With regard to pay. A P.M.O. in India draws about Rs.300 a month more than the selected lieutenant-colonel in charge of the largest station hospital, and of these large hospitals there are very few. In England the difference is not so much, but if the allowances of a full colonel are added, his pay exceeds that of a selected lieutenant-colonel in charge of the largest station hospital. However, an increase of pay at home appears to be called for. It is true that if a P.M.O. in India goes on general leave his pay drops to Rs.1,000 a month, but he can go on privilege leave for sixty days a year on his full pay, which ought to be sufficient for any man who wishes his work not to be subservient to his pleasure.

PICA writes: Whilst sympathizing with "P.M.O.s" hard lot under what he calls Bedlam-like administration, one cannot help noticing the selfish disregard of his juniors which has been the real cause of so many of the troubles of the Royal Army Medical Corps. The Government have at the point of the bayonet been compelled to pay medical officers a minimum living wage. This wage has of course been calculated on the home standard; on arriving in India the young officer finds that the increase in his pay is so little that it hardly meets his increased insurance rate, let alone the increased expense of living; while his friends in the cavalry, gunners, and line are receiving about double what they would receive at home. A lieutenant-colonel of artillery receives at home about £400 a year; a captain R.A.M.C. at home receives roughly the same. If they both proceed to India the colonel receives Rs.1,500 per mensem, the captain Rs.500.

I append a table showing increase of officers' income on proceeding to India. The pay of officers is liable to variation; it depends upon the duty he is engaged upon. The following will be found to be approximately correct. It is compiled from the Pay Warrant and Allowance Regulations:

Rank.	Corps.	Home Pay.	Indian Pay.
Lieutenant...	Royal Army Medical Corps	£ 320	£ 350
Captain ...	Royal Army Medical Corps	380	400
Major ...	Royal Army Medical Corps	605	600
Lieutenant...	Army Service Corps...	200	400
Captain ...	Army Service Corps...	250	560
Captain ...	Royal Engineers ...	365	720
Captain ...	Royal Artillery ...	240	420
Captain ...	Indian Army ...	—	430
Major ...	Indian Army ...	—	740

Is "P.M.O." correct in describing the Government as Bedlamites? I think the Government played a pretty hand when they compiled our pay; but as for our own ability to guard our interests—well, the above table will allow any one to form their own conclusions.

"Alpha" further asks whether the guardians are not presumed to make adequate arrangements for the treatment of such cases, and to what extent (if any) should the funds of a hospital be requisitioned in relief of the rates.

* * "Alpha's" letter opens up wide questions which can only be briefly replied to here. Poor-law medical officers, especially those in rural districts, have frequently urgent cases thrown upon their hands, where their responsibility is sometimes extremely serious. Many cases of strangulated hernia may be regarded as belonging to this category. It is often very difficult to convince the poorer class of patients, and not infrequently even the better classes of the public, of the necessity of regarding all cases of strangulated hernia as being of urgent and grave character, but under such circumstances it is the first duty of the medical attendant to take care that the plan adopted for the relief of these patients is that which is best adapted to safeguard the lives of the patients. In the absence of information to the contrary, we are ready to assume that "Omega" did, in the case in question, full justice to his patient by having him removed to the nearest general hospital where the necessary treatment could be adopted, and this with little or no delay. We are very much inclined to question whether the general arrangements of Boards of Guardians in rural districts are really such as to enable cases of strangulated hernia always to be dealt with in the way that the urgency of the case demands, and beyond this is the fact that it might be verging on an infringement of statute law if arrangements were made for sending all pauper cases requiring operation to a parochial or union infirmary on that account. The spirit of the advice emanating from the Local Government Board on this point has hitherto certainly been of adverse character. "Alpha's" last question as to the propriety of the funds of a general hospital being requisitioned for the relief of the rates cannot be discussed here for want of space.

DISTRICT MEDICAL OFFICER AND PUBLIC VACCINATOR APPOINTED MEDICAL OFFICER OF HEALTH.

J. C. N., who is a district medical officer and public vaccinator, says he has just been appointed medical officer of health to the rural district council, and the Local Government Board require that the district medical officer should *not* hold the health appointment. He asks if he can retain the vaccination appointment when he resigns the district medical officership.

* * The resignation of the appointment of district medical officer does not necessitate the giving up of the position of public vaccinator. Our correspondent, however, should remember that the last-mentioned engagement with the guardians was effected by a special contract, the terms of which enable either of the parties concerned to put an end to the contract at any time, by giving to the other party twenty-eight days' notice in writing of their intention to end it.

DISTRICT MEDICAL OFFICER AND BOARDED-OUT CHILDREN.

J. R. A., to whose previous communication we replied (BRITISH MEDICAL JOURNAL, August 11th, 1906, page 336), writes again saying that he has since been informed by the Chairman of the Boarding-out Committee of his union that the guardians have dispensed with the quarterly visits of the district medical officer to these boarded-out children, and that they have thereby saved the expense of such visits. This being so, he asks whether these guardians can call upon him to attend such children, who do not properly belong to his district, without extra remuneration.

* * We assume that our correspondent has entered into a contract with the guardians of his union to attend all paupers *residing in his district* when called upon to do so by a written or printed order of the guardians, or by a relieving officer of the union, or by an overseer; and, if this assumption is correct, it must be evident that any or all boarded-out children (if they belong to his own union) can, while residing in his district, claim his medical attendance when ill, and this without extra remuneration. To enable them to do this, however, they ought to be provided with the necessary written or printed authority from a relieving officer or overseer. The question as to the propriety of Boards of Guardians dispensing with the usual quarterly visits of the medical officer to boarded out children is a wide one, and as to it there is much difference of opinion. The plan is, we believe,

only exceptionally adopted; it has not the approval of all, even if it has that of any of the inspectors of the Local Government Board, and it is far from having gained our own commendation.

POOR-LAW MEDICAL OFFICER.—We understand that the grievances of our correspondent have already been considered by the out-door medical staff of his parish council, by the Council of the Scottish Poor-Law Medical Officers' Association, by the Council of his Division of the British Medical Association, and by the members of his Division, and that they are at present under consideration by his Branch. We can only advise our correspondent to abide by the decision of the bodies which have had his case under consideration.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF MANCHESTER.

FROM the annual report of the Vice-Chancellor of this University for the year 1905-6 we gather that the total number of students in the Faculty of Medicine was 307. Of these, 169 were working in preparation for the degree examinations of the University, 14 for the University of London, 8 for other universities, including Cambridge, Edinburgh, and Glasgow, 8 for the Fellowship of the Royal College of Surgeons of England, 52 for the examinations of the Conjoint Examination of the Royal Colleges of Physicians and Surgeons of England, 8 for the triple qualifications of the Scottish Colleges. There were 27 students in the dental department, 4 in the pharmaceutical school, and 25 in the department of public health. There were 12 women students in the Faculty of Medicine. We note with satisfaction that the Council of the University is now proceeding with the erection of a new hall of residence for the accommodation of about forty students. Allusion is made in the report to the valuable work done by the Committee of Publications in the issue of several new medical works.

HOSPITAL AND DISPENSARY MANAGEMENT.

SOMERSET AND BATH ASYLUM, WELLS.

THE annual report for the year 1905 of Dr. G. Stevens Pope, the Medical Superintendent of this Asylum, shows that on January 1st, 1905, there were 907 patients in residence, being 8 in excess of the numbers at the beginning of the previous year. By December 31st, 1905, the number had, however, dropped to 750 on account of a considerable transference of patients (75 male and 79 female) to the Cotford Asylum, whose extensions were completed in April, 1905. During the year 188 patients were admitted, of whom 159 were first admissions. In 74 cases the patients were the subjects of first attacks within three, and in 22 more within twelve, months of admission, 30 were not first attacks within twelve months of admission, and the remainder were either of more than twelve months duration (42), congenital cases (11), or of unknown duration (9) on admission. The admissions were classified as to the form of mental disorder into: Mania of all kinds, 66; melancholia of all kinds, 49; dementia, mainly senile dementia, 34; general paralysis, 9; acquired epilepsy, 10; and cases of congenital or infantile defect, 20. With reference to the probable causes of insanity, the following etiological factors are recorded in the statistical tables: Alcoholic intemperance in 12, or 6.3 per cent.; venereal disease in 7; old age in 59; change of life, 7; previous attacks, 37; hereditary influences were ascertained in 37; and congenital defect in a further 19; in 35 no cause could be assigned, and in 28 the insanities were ascribed to various "moral" causes. During the year 87 were discharged as recovered, giving the unusually high recovery-rate, for a county asylum, of 50.8 per cent. on the admissions; 167 as not improved (mainly to the Cotford Asylum), and there were 91 deaths. The deaths, giving a death-rate on the average numbers resident of 11.1 per cent., were due in 31 cases to cerebro-spinal diseases, including 12 deaths from general paralysis; in 15 cases to chest diseases, excluding 9 cases of pulmonary consumption who are given in the list of general diseases; 24 to senile decay; 16 to general diseases, including 9 cases of tuberculosis of lung and 1 of another form of tuberculosis; 3 to Bright's disease, 1 to strangulation of bowel, and 1 to Addison's disease. There were no deaths from accident, but three inquests were held, in all cases death being found due to natural causes. The general health throughout the year was satisfactory both as regards patients and staff, though there were several cases of dysentery, three of which ended in death, and eight casualties sufficiently serious to be reported. Neither mechanical restraint nor seclusion had to be resorted to during the year.

A BELGIAN RADIOGRAPHICAL SOCIETY.—A medico-radiographical society has recently been founded in Belgium. The president is Dr. De Nobele. There are in Belgium more than forty medical practitioners who have taken up radiography as a speciality.