

some quickening of the pulse, and an alteration in its quality, consisting of an increase in volume and a diminution in tension. Idiosyncrasy was found to play a large part in the action of the drug, some patients taking 20 gr. thrice daily with equanimity, whereas others were "thyroidized" by half the dose. The largest dose that could be borne without bad effects was persisted with for about three months, and then gradually decreased. Six patients were treated as in-patients, and these all showed prior to treatment, amongst other signs of hypothyroidism, a deficient excretion of urea. The urea percentage was often increased from about 1.5 per cent. to as much as 3.5 per cent., as estimated by Dupré's apparatus. This treatment was accomplished without any bad effect to the patient beyond some slight transient headache when on large doses, and more occasionally some palpitation, which disappeared on reducing the dose.

Edmunds<sup>14</sup> states that he has come to regard thyroid extract as a specific for sporadic goitre, and adds "If this is so, the enlargement of the thyroid must be an attempt at compensation." I think a more obvious explanation of its action is that, by supplying the organism with the thyroid secretion, it relieves the thyroid of all work and so gives the gland a chance of recovering its equilibrium, and of dealing with the excess of colloid, which, while the patient is under treatment, is no longer secreted in quantity. Or where the thyrocele has not reached the stage of well-developed alveolar distension, and is merely a hypertrophy of normal tissue, a call for this no longer existing, it resolves.

The following conclusions, then, are reached:

1. That a call for increased functional activity is sufficient cause for simple enlargement of the thyroid gland.

2. That such a call is frequently given by the metabolism of the organism in connexion with growth and development, with the performance of the uterine functions in the female, and with the chlorotic conditions of young girls.

3. That the phases of enlargement of the thyroid included under the term "thyrocele" are a response to such an appeal from one or more of the above causes in an individual whose thyroid function is feebly performed.

4. That as undue physiological activity is a potent cause for pathological change, so this simple hypertrophy, when necessitated for prolonged periods, lays the foundation of the pathogenesis of the degenerate cystic and adenomatous bronchocele.

5. That there is often some influence exerted by heredity upon the thyroid function.

6. Conclusions arrived at as regards a possible endemic cause for these cases in this district have been summarized above.

#### REFERENCES.

- <sup>1</sup> Robinson, *Endemic Goitre*, 1884. <sup>2</sup> Hürthle, quoted by Murray, *Diseases of Thyroid Gland*, Part I, p. 8. <sup>3</sup> Thomson, *Edinburgh Medical Journal*, February, 1894. <sup>4</sup> Bramwell, *ibid.* <sup>5</sup> Murray, *loc. cit.*, p. 108. <sup>6</sup> Oliver, *Albutt's System of Medicine*, vol. ii, p. 972. <sup>7</sup> Ord, *ibid.*, vol. iv, p. 474. <sup>8</sup> Jenks, *American Journal of Obstetrics*, 1881. <sup>9</sup> Rinn and Prudden, *International Journal of Medical Science*, August, 1888. <sup>10</sup> Oliphant Nicholson, *Journal of Obstetrics and Gynaecology*, July, 1902, and *Scottish Medical and Surgical Journal*, June, 1901. <sup>11</sup> Verstroeten and Vanderlinden, *Hernal, de la Soc. de Méd. de Gand.*, 1897 (quoted by Nicholson). <sup>12</sup> Albutt's *System of Medicine*, vol. v, p. 492. <sup>13</sup> Lloyd Jones, *Chlorosis*, London, 1897. <sup>14</sup> Edmunds, *Erasmus Wilson Lectures*, 1901, p. 29.

### SIMULATION OF MASTOID DISEASE.

By STEPHEN PAGET, F.R.C.S.,

SURGEON TO THE WEST LONDON HOSPITAL; SURGEON TO THE THROAT AND EAR DEPARTMENT OF THE MIDDLESEX HOSPITAL.

WITHIN the last few years I have had under my care, at the West London Hospital, two cases where the signs of acute mastoid inflammation were feigned. The patient, in each case, was a nurse. I am sorry that my notes are too short to be worth printing here, but I have a clear memory of the cases.

One patient, a nurse in a fever hospital, had been subject for some months to a very slight discharge from the left ear, and I had seen her two or three times, and had advised against operation. She had complained each time of pain behind the ear, even of severe pain. She went back to her work at the fever hospital, and was carefully treated and kept under observation. A few weeks later her temperature began to rise every evening. This evening rise, beginning at 100° F., slowly increased, till at

the end of a week her evening temperature was 103° F. She was now admitted to the West London Hospital, with a view to operation; but the Sister, taking the temperature both in the mouth and under the arm, found it normal in the mouth and 104° F. under the arm. After a week or ten days the temperature became steady, the patient ceased to complain of pain and seemed in perfect health, and left the hospital.

The other patient, a nurse in a convent, had a very slight chronic discharge from the left ear, and, like the first patient, had complained greatly of pain behind the ear. It was known of her that she was "hysterical," and that she was in the habit of taking chloral. On her admission to hospital she had the appearance of a case of meningitis or of cerebral abscess. She lay in bed, day after day, in a state of lethargy, her eyes closed, her hands not moving. She seemed hardly to hear what was said to her, and, when she did answer, it was in a faint whispering voice, very slow. From time to time she moaned, complaining bitterly of pain, and flinching at the very lightest touch behind the ear; but mostly she lay like a log and seemed unconscious of all that was going on around her. Day after day she remained in this extraordinary state for nearly a fortnight. At the end of that time she began to have rapid convulsive up-and-down movements of the right hand and forearm, the side opposite to the affected ear. Even though we were sure that her general condition all these days had been that of a "neurotic" patient, yet I did not dare to leave her without an operation, so I opened the mastoid antrum, but found no pus. The operation perhaps improved the state of her mind, but of that I am not sure. Anyhow, in the course of the next few weeks, she slowly became more natural; the jerking of the arm did not return, and she left the hospital in fairly good health. A year later we heard that she had been admitted to another hospital, with the same set of symptoms, unable to walk or stand, hardly able to speak, and wearing spectacles made not of lenses but of plain glass.

I will not take up space here by any comment on these two cases. But they seem to me worthy of note, showing that we must be on guard against the feigning of the symptoms of mastoid disease. Especially we must not take pain by itself as proof that a mastoid operation is immediately necessary.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### PULMONARY ABSCESS CAUSED BY A TOOTH.

THE following case is of interest from the fortunate termination:

A. C., a young lady who consulted me, stated that she had been ill for about seven months. She complained of pain in the right side of the chest, with severe cough and profuse expectoration. Her previous health had been very good.

About seven months previously she began to cough. This was accompanied with pain in the right side of the chest, and soon afterwards expectoration of thick phlegm. She had difficulty in breathing. These symptoms increased in severity, and the patient lost a good deal of weight. She consulted several medical men and was treated at the Swansea Hospital as a case of phthisis pulmonalis. Her condition did not improve.

When I saw her, she appeared very ill, and was quite unable to leave her bed, she perspired freely, and was much emaciated. Her temperature continued at 101°. The cough was very troublesome and accompanied with expectoration of fetid pus. The movements on the right side of the chest were very much diminished. Vocal fremitus was diminished on right side of sternum. There was extensive dullness, from the right clavicle to the fourth rib. The apex beat of the heart was displaced downwards and to the left about 1½ in. There was undoubtedly an abscess in the lung.

Three days after I first saw the patient she had a very violent fit of coughing with a discharge of a large quantity of pus from the lungs. On examination of this there was found a second bicuspid tooth which she had had extracted by a dentist about seven months previously. This tooth must, of course, have been drawn into the glottis while she was under gas—she was quite unaware of the

fact—and lodged in one of the divisions of the right bronchus, where it had caused the formation of a large abscess.

After this the patient made an uninterrupted recovery. The lung has healed up. Owing to the contraction of the lung the heart has been drawn considerably to the right side, the apex being at least  $\frac{1}{2}$  in. to right of normal.

It was undoubtedly a very lucky chance which led to the expulsion of the tooth from a large cavity through what must have been a small opening, but this must have been due to the tooth being carried in the current of the thick, purulent contents of the cavity towards this small opening.

Swansea.

JOHN D. DAVIES, M.B.

#### IS THE SO-CALLED SYPHILITIC STRICTURE OF THE RECTUM GONORRHOEAL IN ORIGIN?

It has been largely accepted that non-malignant stricture of the rectum is in the majority of cases syphilitic in origin. Putting aside those due to tuberculous ulceration or the spreading burrowing ulcers of ulcerative colitis, syphilis is cited as the cause of non-malignant stricture.

Treves says (*System of Surgery*, vol. i): "We believe that tertiary syphilis is the most important cause of non-malignant stricture of the rectum."

Mr. R. J. Godlee in his clinical lectures maintained that the so-called syphilitic stricture of the rectum was gonorrhoeal in origin. It is much more common in women than men, and this might be explained by the closer proximity of the vagina to the rectum and the greater likelihood of infection from that source. Mr. Pearce Gould admitted to the writer that there was evidence in favour of this view. Another important point is that gonorrhoeal inflammation produces much fibrosis, and non-malignant stricture of the rectum is densely fibrotic. The following case is interesting because it illustrates the process of formation of stricture of the rectum in a case undoubtedly of gonorrhoeal origin.

W. C., aged 27, had gonorrhoea about eighteen months before he came under observation. He had been circumcised when a boy and the prepuce removed *in toto*, so that the discharge had free exit and there was nothing to prevent its dissemination. He came for advice because there was a discharge about the anus and at times a little pain and discomfort. On examination several warts were seen on the perineum and around the margin of the anus. On the left side there were two warts and a fistulous track running between them. At the operation subsequently performed, when this was slit up, a dense mass of fibrous tissue was found surrounding and beneath it. Through this a narrow fistulous track was found, and a probe was passed into this, when it was discovered that it proceeded 6 in. along the rectal wall, not parallel to the bowel, but slanting obliquely across it. No internal opening could be found, and with the finger in the rectum it was easy to make out that more than the mucous coat separated probe point and finger, so that the fistula was running in the muscular coat. On the opposite side of the anus there were two or three large comedones. A thick core could be squeezed out of these, and one being slit up was seen to extend completely through the skin. This was a very possible explanation of the origin of the fistula—namely, by gonorrhoeal infection through a follicle.

W. SIDNEY SWEET,

Heyfield, Australia.

B.Sc., M.B., B.S.Lond., M.R.C.S.Eng.

#### TREATMENT OF CHRONIC X-RAY DERMATITIS.

HAVING had the misfortune of being a pioneer of this branch of science in New South Wales, I have shared with others the attendant reward of chronic dermatitis, affecting chiefly my fingers. My experience has been the same as my *confrères* so afflicted, so far as trying every conceivable drug in the *Pharmacopoeia* without any appreciable advantage. Eventually I dispensed with salves, and resorted to very fine sandpaper, which I used at first daily, and subsequently less frequently, with a marked benefit. I had a couple of painful warts and small ulcers which would not heal and caused excruciating pain. These I had excised, and, though the healing occupied

three times the normal period, the result has been most gratifying. Drs. Maitland and Corbin, of Sydney Hospital, kindly removed them for me.

I can safely recommend this treatment to others, otherwise I do not think the warts will disappear or the ulcers heal for years at least. I trust that this information will lead others to follow this treatment, and would advise that no stitches be inserted, only strapping employed over the excised area.

L. HERSCHEL HARRIS, M.B., Ch.M.Syd.,

Honorary Assistant Surgeon and Senior Honorary Skiagrapher, Sydney Hospital; Lecturer in Skiagraphy, Sydney University Dental School, etc.

## REPORTS

ON

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

LONDON MISSIONARY SOCIETY'S HOSPITAL, JAMMALAMADUGU, SOUTH INDIA.

FIBROMYOMA OF THE OVARY.

(Reported by T. V. CAMPBELL, M.A., M.B., C.M.Edin., and E. W. LEWIS, M.B., Ch.B.Edin.)

On January 14th, 1904, Immam Bee, aged 30, came to the hospital complaining of a large tumour in the lower abdomen, which, though not painful, gave her a great deal of discomfort.

*History.*—A small tumour had been noticed in the umbilical and right lumbar regions one year and eight months previous to her admission. The patient became pregnant two months after the tumour was noticed, and went on to full time, being delivered of a living child seven months before her appearance at the hospital. The child only lived two days. After the pregnancy was over it was noticed that the tumour had increased very much in size. From this time to the time of admission the tumour grew rapidly in size and menstruation failed to return. The patient never suffered any pain from the tumour.

*State on Admission.*—The general health of the patient was good, but the lower portion of the abdomen was distended by a large tumour, the size of a football, which extended from the pelvis to the level of a seven months pregnancy. The tumour was hard, but felt as if it might be a tense cyst. On vaginal examination it was found to be separate from the uterus, which lay to the right and behind the tumour. When the tumour was pulled on, the uterus was felt to move also.

*Operation.*—On January 22nd, under chloroform, the abdomen was opened and the tumour removed. This proved to be solid and necessitated a 7-in. incision. There were three very firm adhesions, one with the omentum which had to be ligatured and cut. The pedicle was long and easily clamped and ligatured. The other ovary was found to be healthy, so the wound was closed. The patient made an uninterrupted recovery. No ascites was at any time present.

*REMARKS.*—On section the tumour appeared to the naked eye to be a fibromyoma, it exactly resembling a uterine fibroid in the distribution of the fibres in whorls. Microscopical section proved the tumour to be a fibromyoma. There was no sign of cystic degeneration to be seen anywhere throughout the tumour. The extreme rarity of this condition warrants the record of the case.

UNIVERSITY COLLEGE, LONDON.—The *Calendar* of University College Hospital Medical School (University of London), which has just been issued, in addition to the full particulars of the courses of study and to the detailed instructions to medical students, contains two chapters giving the outline of the history of University College, the medical school, and of the hospital. The history indicates the important part that the medical school has played in the development of medical education in London. There is an engraving of the new buildings of University College Hospital provided by the generosity of the late Sir Blundell Maple. They will be formally opened by His Royal Highness the Duke of Connaught on November 6th next. The *Calendar* also contains an engraving of the elevation of the new medical school buildings which the Council has been enabled to erect through the munificence of Sir Donald Currie. These buildings are being specially constructed with laboratories and research rooms for medicine, surgery, pathology, and other departments.

—can only be conjectured. Jean Clays being no better for the treatment, was taken back to La Bassée and lodged in the town prison, where he appears, from the accounts for his maintenance, to have remained for many months. Then no more is heard of him. Pilgrims to the shrine of St. Nazaire are few in these days of little faith, but the curé told M. Folet that the relics of the saint are still exposed in the church every year in the month of June. In the porch there is a stone seat where the patients sat while the religious rite was performed; attached to the wall are still to be seen some rings to which poor maniacs could be fixed by the chains with which they were loaded.

In a thesis recently presented to the University of Paris, Dr. Boyer de Choisy gives an interesting account of medical student life in that famous seat of learning in the sixteenth century. The relations between professors and students were cordial and familiar; they sat at the same table, mingled in games and sports, and too often joined in riotous behaviour. The fifteenth century student was a thirsty creature, as his songs abundantly testify. The following is a specimen:

Quicunque vult esse frater  
Bibat bis, ter et quater  
Bibat semel et secundo  
Donec nihil sit in fundo  
Et pro Rege et pro Papa  
Bibe vinum sine aqua;  
Et pro Papa et pro Rege  
Bibe vinum sine lege.  
Haec una est lex bacchica,  
Bibentium spes unica, etc.

The students of the seventeenth century were not more temperate, if we may judge from the following song, which is taken from a collection of old songs published in 1640:

Je suis un docteur tousiours yvre  
Qui tient rang inter sobrios  
Et si jamais je n'ai veu livre  
Qu'espistolas ad ebrios;  
Et moy, de qui la panse esclatte  
Nimis plenis visceribus,  
J'ay les yeux bordés d'escarlatte  
Et nasum plenum rubibus.  
Et tousiours, tousiours chante  
Qu'il vaut mieux avoir vin que trente.

The *International Code of Zoological Nomenclature* is the title of a pamphlet by Ch. Wardell Stiles, Ph.D., Chief of Division of Zoology, Hygienic Laboratory, U.S., Public Health and Marine Hospital Service, which was issued last year from the Government Printing Office, Washington. This code was adopted after several preliminary meetings and discussions at the fifth International Zoological Congress held at Berlin in 1901, and was adopted in printed form at the sixth meeting of the Congress held at Berne in 1904. It is the work of a commission composed of Raphael Blanchard of Paris, J. V. Carus of Leipzig, F. A. Jentink of Leyden, P. L. Slater of London, and C. W. Stiles. While not attempting to dictate to men of science what they shall or shall not do, the commission submits the rules to the serious consideration of all workers in the spirit expressed by Strickland in 1842, namely, "We offer them to the candid consideration of zoologists in the hope that they may lead to sufficient uniformity of method in future to rescue science from becoming a mere chaos of words."

## MEDICAL NEWS.

The first meeting of the 1906-7 session of the Clinical Society of London will be held on Friday, October 12th, at 8.30 p.m.

SIR HENRY D. LITTLEJOHN, LL.D., will deliver the opening lecture of the winter session of the Medical Graduates' College and Polyclinic, on Monday, October 1st, at 5.15 p.m. Subject, The Practice of Forensic Medicine. All members of the medical profession are cordially invited to be present.

A MEDICAL exhibition similar to that held last year will be opened on October 1st in the Royal Horticultural Hall, Vincent Square, Westminster, and will be continued from 11 till 6 daily on the four following days. The Secretary will be pleased to send a ticket of admission to any member of the profession who will address him care of the *British and Colonial Druggist*, 44, Bishopsgate Without, E.C.

CURRENTS, the chief contribution of Greece to the food-stuffs of the world, have in recent years lost some of the reputation which they formerly possessed, owing, apparently, partly to the ravages of disease, and partly to carelessness in the picking and handling of the fruit. With the assistance of the Greek Parliament serious efforts have in recent years been made to put the trade upon a sounder basis, and there is reason to hope that the gathering of immature fruit and insufficient drying—defects which have caused the condemnation of some consignments both in this country, in Australia, and in New Zealand—will cease. If this policy be carried out it is probable that we shall see a more extensive use of currant bread, a wholesome palatable article of diet, which used to be far more popular than it is at the present day.

BEQUESTS.—Under the will of the late Mrs. Ellen Amelia Rigge, of Spalding, Lincolnshire, the London Hospital and the Johnson Hospital, Spalding, divide half of the residuary estate, which is estimated to be of the value of £8,000. Under the will of the late Miss Janet Dai Hamilton, of West End Lane, N.W., the Corfu Hospital and the Corfu Dispensary each receives £250, sums of £50 going likewise to the Royal Infirmary, the Western Infirmary, and the Deaf and Dumb Institute, all of Glasgow.

CRIPPLED CHILDREN'S HAMPERS.—For special reasons the Crippled Children's Hamper Fund has been opened much earlier than usual this year, and His Majesty the King has sent his annual subscription of 10 guineas. The object of the Fund is to send a hamper of Christmas fare direct to every crippled child in London who cannot attend the annual Children's Banquet at the Guildhall. On an average 7,000 hampers are thus dispatched every Christmas, each containing enough to enable the child to act as host to its family for the day. Subscriptions should be sent to Alderman Sir William Treloar, 69, Ludgate Hill, E.C., who has now kept the scheme going for thirteen years.

ARRIVAL OF BARON TAKAKI IN JAPAN.—Baron Takaki, after his visit to the United States and Europe, arrived at Yokohama on July 16th. He at once proceeded to Tokyo, where he was received by the leading representatives of the medical profession of the Japanese capital, among whom were Professor Baron Saneyoshi, Surgeon-General Yamamoto, Surgeon-General Kagami, and Professor Kanasagi. A body of students of the Tokyo Charity Hospital Medical School, some 200 strong, were drawn up on the platform and welcomed their returning chief with shouts of "Banzai!"

FAVUS IN ROME.—A Society for the Promotion of the Study of Photo-Radiotherapy has been founded in Rome. Under its auspices an institute has been opened and placed under the direction of the Vienna dermatologist Dr. Rudolf Steiner. The municipal authorities have commissioned him to organize a scheme of systematic treatment of favus with the x rays in the province of Rome where more than 10,000 children are the subjects of the disease.

MEDICAL DEPARTMENT, UNIVERSITY COLLEGE, BRISTOL.—The annual prize-giving will take place on October 2nd in the Lecture Hall, University College, at 4.30 p.m. The prizes will be distributed by Professor Alexander Macalister. The same evening at the Royal Hotel, College Green, the Bristol Medical School annual dinner will be held. Dr. Frank J. Wethered will preside, and Professor Macalister will be the guest of the evening. Tickets for the dinner, which are five shillings each, may be had on application to F. H. Rudge, Royal Infirmary, Bristol.

ROAD DUST AND HEALTH.—In a recent letter to the *Sanitary Record* Dr. E. M. Smith, Medical Officer of Health for York, discusses the influence of road dust on health and draws attention to his annual report for 1905, in which he suggested that an increase of diphtheria noted in the district was not improbably due to the clouds of dust raised by automobile traffic. He believes that if the bodies of motor cars were raised two feet above the road and had level under surfaces they would cause no more dust than ordinary horse-drawn vehicles; he does not, however, seem disposed to give sufficient credit to the automobile industry for the efforts it is making very earnestly to discover the true cause of dust raising, and to modify the construction of cars in any way which may practically diminish the dust-raising qualities of cars, and yet not be incompatible with their capacity for rapid movement. Undoubtedly the dust problem will only be solved by a union of forces, and nothing which automobile manufacturers can do will prove thoroughly satisfactory until municipal engineers persuade their authorities to allow them to reconstruct roads in their areas on principles more suitable to the requirements of modern traffic than those which at present obtain.

horror of tergiversation—all these and many more things could be said of him, but space forbids. To his contemporaries, and, if one might prognosticate, more so to his successors, he could be summed up in a single sentence as a "great and good man." J. M.

THOMAS HARRIS, M.D.LOND., F.R.C.P.,  
MANCHESTER.

STUDENTS attending the Manchester Infirmary and in the Medical School generally will return to deplore the loss of one who, by his genuine worth, his teaching capacity, and his acknowledged pre-eminence amongst his professional brethren, had won their affectionate regard and sincere admiration. The death of Dr. Harris, following so soon after that of another distinguished member of the staff of the Medical School, comes as a great shock to all. Dr. Harris died at Brewood, in Staffordshire, on Saturday, September 8th, after a very brief illness. It appears that he was out shooting on a very hot day, and, after resting a day or two, returned to the sporting fields. He felt unwell, returned to Brewood, and, after a few days' illness, rapidly sank. Dr. Harris had not even in age reached half a century. He was one of the best-known and best-esteemed physicians in the city, where he passed practically the whole of his professional life. He studied chiefly at Manchester, but took an opportunity of working also at Würzburg. His academical career at Owens College was a brilliant one, and his successes at the University of London included first-class honours in physiology (1878-9), while he took his M.B.Lond. with first-class honours in 1882, qualifying for the gold medal, and his M.D. in 1883.

Dr. Harris had the best possible training for a physician, for he was Registrar of the Infirmary and also Assistant to Professor Dreschfeld when he was Professor of Pathology in Owens College. Besides being Physician to the Infirmary Dr. Harris was the Physician in charge of the Throat Department in that Institution. He had secured for himself an acknowledged and pre-eminent position as a consulting physician, especially on diseases of the chest and respiratory organs. His publications were numerous, but perhaps his most important book is that on *Indurative Mediastino-Pericarditis* (1895). Whilst attached to the Pathological Department of the University he published a *Post-Mortem Handbook*. His other papers deal with thoracic affections, with tumours and diseases of the spinal cord. The subject of pulmonary phthisis he studied with special care. For many years and up to his death he was a Lecturer on Diseases of the Respiratory Organs in the University. When he gave a post-graduate course on this subject it was always well attended by practitioners.

Dr. Harris took no prominent part in the public life of the city, though he interested himself much in the "infirmary question," advocating the retention of the infirmary on the present city site. When this scheme was finally abandoned Dr. Harris became a loyal supporter of the scheme to build the new infirmary on the Stanley Grove site. He visited America, and made himself familiar with hospital construction there as well as elsewhere.

He was buried on Wednesday, September 12th, at Ashton-on-Mersey, in the burial ground of the Society of Friends. The funeral was attended by an extremely large number of persons. Dr. Harris leaves a widow and family. It will be hard to fill his place as a physician in the city and in the Infirmary, and as a teacher in the University and Infirmary.

BRIGADE-SURGEON CHARLES FREDERICK RICHARDS, M.B., late of the Royal Army Medical Corps, died on August 30th at Warrenpoint, co. Down, at the age of 67. He was the youngest son of the late Rev. Edward Richards, Rector of Clonallon, and entered the service as an Assistant Surgeon, October 2nd, 1866; became Surgeon, March 1st, 1873; and Surgeon-Major, January 1st, 1879, retiring with the honorary rank of Brigade-Surgeon, August 3rd, 1887.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the profession in foreign countries who have recently died are Dr. Andreas Högyes, Director of the Pasteur Institute, Budapest, aged 58; Professor Cohn, the well-known ophthalmologist of Breslau, aged 68; and Dr. Wilhelm Czermak, Professor of Ophthalmology in the German University of Prague, aged 50.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE. *Tropical Medicine and Hygiene.*

At the summer examination for the diploma in tropical medicine ten candidates were approved, all of them being students of the London School of Tropical Medicine. Four were officers in the Indian Medical Service, three belonged to the Royal Army Medical Corps, one to the Indian Railway Service, and one to the medical staff of the Church Missionary Society.

### UNIVERSITY COLLEGE, BRISTOL.

THE Council of University College, Bristol, has offered the Chair of Chemistry, vacated by Dr. Travers, to Dr. Francis Francis, D.Sc., Ph.D., F.I.C. Dr. Francis studied at University College, Liverpool (now the University), and at Erlangen, and has been Assistant Professor at University College, Bristol, since 1903. He has published many papers in journals of chemical societies both in England and Germany, among his most recent contributions being one on benzoyl nitrate, which describes a new method for the nitration of organic compounds.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### CORONERS' INQUESTS IN THE COUNTY OF LONDON.

THE report for 1905 of the chief officer of the Public Control Department of the London County Council contains statistical details of some interest relating to coroners' inquests held within the area of administration of the County Council. There are in the county of London twelve districts, presided over by eight coroners, one of whom (Mr. Troutbeck) has three districts, and two others have two districts each. The total number of inquests held in 1905 was 7,126, compared with 7,391 in the previous year, and with 7,574, the average number in the four preceding years. There were 403 inquests upon the bodies of children suffocated in bed with parents or others. In three instances an open verdict was returned, and in the remainder one of accidental death was recorded. It is to be regretted that in nearly one-half of the total number of inquests held the finding of the jury was death from natural causes. The value of mortality statistics is enormously lessened when over 3,000 deaths are thus vaguely classified. The disbursement at each inquest averaged in the whole county £2 10s. 5d., with wide variations in the different districts. Mr. Wynne Baxter, in the Eastern district, paid away at each inquest only £1 6s., while Mr. Troutbeck, in the South-Western district, disbursed £3 5s. 2d. The total expenditure in the county of London in 1905 upon inquests was £28,350, of which sum £10,390 was paid in coroners' salaries.

#### PROPOSED LEGISLATION AS TO DISEASED MEAT.

It is announced that the City of London Corporation is to be asked by its Sanitary Committee to recommend the Local Government Board to introduce a number of reforms with regard to the inspection of meat. The existing laws are described as inadequate. The Committee suggests that the following points should be emphasized in the communication to the Government department:

1. The necessity of forthwith promoting legislation for the compulsory inspection at the time of slaughter of all animals (together with the viscera) intended for the food of man, as the only reliable system for the protection of the public, and insuring such inspection being made by a veterinary surgeon or other recognized expert.

2. That all meat found free from disease after such inspection should be officially stamped.

3. That all foreign meat be required to comply with the same standard as that of home-killed meat, and that the Government should be responsible for the maintenance of such standard.

4. That with regard to boxed and boned fresh meat, arrangements should be made for the exclusion from the United Kingdom of any class of meat which is packed in such a way as to prevent inspection or the possibility of the detection of disease, or which contravenes the recommendations of the Royal Commission on Tuberculosis.

The Committee is also of the opinion that public abattoirs should be provided and private slaughterhouses abolished.

SUCCESSFUL VACCINATION.—The Local Government Board has awarded the grant for successful vaccination to Dr. Sigismund H. Rentzsch of Week-St.-Mary, North Cornwall, for the fifth time in succession.