

The toxic effects were of an acute character, the animals dying in twelve to eighteen hours. The main *post-mortem* appearance consisted in a more or less acute congestion of the lungs. The filtered cell juices contained about 5 mg. of solid matter in each cubic centimetre.

The above experiments will be sufficient to prove that it is possible to extract an acutely lethal toxin from the bodies of virulent pneumococci, and one of much greater potency than the soluble toxins described by previous observers, inasmuch as the ascertained minimum lethal dose was about  $\frac{1}{4}$  mg.

The endotoxin of the pneumococcus is sensitive to the action of heat. A filtered cell juice heated to 55° C. for an hour failed to kill in doses of 0.5 and 1 c.cm., whilst 2 c.cm. only caused death at the end of five days. The unheated juice was acutely lethal in doses of  $\frac{1}{2}$  c.cm.

The prolonged action of chloroform vapour is also injurious to the toxin. After an exposure of one hour to chloroform vapour, 0.5, 1, and 2 c.cm. did not kill the test animals, the lethal dose of the untreated toxic cell juice being  $\frac{1}{2}$  c.cm.

The immunizing experiments with the above toxin of the pneumococcus are at present in progress, and will form the subject of another communication upon the feasibility of producing an antitoxic serum.

## REFERENCES.

<sup>1</sup> G. and F. Klemperer, *Berl. klin. Woch.*, 1891, Nos. 34 and 35. <sup>2</sup> Foa and Scarbone, *Centralbl. f. Bakter.*, vol. x, p. 768. <sup>3</sup> Foa and Scabia, *ibid.*, vol. xi, p. 615. <sup>4</sup> Pane, *ibid.*, vol. xxi, p. 664. <sup>5</sup> Mennes, *Zeitsch. f. Hygiene.*, vol. xxv, p. 413. <sup>6</sup> Isaëff, *Annales de l'Inst. Pasteur*, vol. vii, p. 29. <sup>7</sup> Carnot and Fournier, *Archiv. Méd. Expér.*, 1900, p. 357. <sup>8</sup> Washbourn, *BRITISH MEDICAL JOURNAL*, 1897, i, p. 510, and 1899, ii, p. 1247. <sup>9</sup> Römer, *Archiv f. Ophthalmologie*, vol. 55, 1902. <sup>10</sup> Macfadyen, *BRITISH MEDICAL JOURNAL*, April 21st, 1906.

## RUPTURE OF INTERSTITIAL TUBAL PREGNANCY: HYSTERECTOMY.

By G. BERTRAM HUNT, M.D., B.S.LOND.  
SURGEON TO THE SCARBOROUGH HOSPITAL.

ALTHOUGH the formation of a gestation sac in the wall of the uterus is the rarest form of tubal pregnancy, the condition is one of general interest, as it is liable to unexpectedly present itself to any one who is called upon to open the abdomen for intra-peritoneal haemorrhage.

## History.

A. H., a multipara, aged 30, was seized with sudden pain in the left side of the lower abdomen while getting up from bed at 8 a.m. The menstrual periods had been quite regular up to six weeks previous to seizure. Since the time of the omitted period there had been frequent but slight pain in the left pelvic region. The last pregnancy had been three years ago. From the onset of the acute pain the abdomen became more generally tender and the collapse increased. There was no haemorrhage from the vagina.

Dr. Murray, who was called to the patient, made a diagnosis of ruptured tubal gestation and ordered immediate removal to the Scarborough Hospital.

## Condition on Admission.

On admission the collapse was very marked, pulse 120 to 130 running; face and extremities cold, clammy and blanched. The abdomen was fixed, distended and tender. Palpation revealed a sort of boggy resistance. Strychnine was given hypodermically and an infusion of a pint of saline with 5 minims of adrenalin made under the breasts.

## Operation.

Owing to the prompt action of Dr. Murray the patient was submitted to operation within four hours of the onset of the attack.

The peritoneal cavity when opened was found to contain a large quantity of blood clot. On bringing first one tube and then the other into the wound without finding any sac or abnormality, I thought that the diagnosis was erroneous and that the bleeding had some other source. The uterus, however, was felt to be distinctly enlarged, and on bringing it up a small ruptured sac full of clot was seen projecting from its wall just above the point of emergence of the left tube. Being unexpectedly confronted with a condition which I had previously merely heard of as a pathological curiosity, I saw no way of effectively stopping the bleeding but by removing the uterus. The patient was accordingly placed in the Trendelenburg position, and with Dr. Salter's assistance the uterus, with the left tube and ovary, was amputated from the cervix, the right ovary being preserved.

## Result.

The after-history was entirely uneventful, the patient making a good recovery.

## Description of Specimen.

On dividing the removed uterus an oval sac about 1 in. in its longest diameter was seen lying in the wall of the womb and slightly projecting from its surface, in connexion with and immediately above the uterine portion of the left tube. The sac, which had a rent about  $\frac{1}{4}$  in. long on its peritoneal surface, was full of soft, friable tissue infiltrated with blood. No trace of the embryo was found. The cavity of the uterus was enlarged and empty, and the uterine mucosa thickened. The left ovary contained a large corpus luteum.

Cases of interstitial gestation are rare (1 to 77 of all cases of ectopic gestation, Martin), and when ruptured lead to exceptionally profuse bleeding owing to the wall being formed by vascular uterine tissue. The condition is also of interest practically, as the operation required when rupture occurs is necessarily different from that performed in ordinary cases of tubal gestation.

Although my patient made a good recovery after removal of the uterus, even more rapid than a simple case of ruptured tubal gestation I treated by removal of the tube and ovary a short time ago, yet one cannot help feeling that hysterectomy may be rather a severe operation to perform on a gravely collapsed patient, and possibly entails more mutilation than absolutely necessary. This feeling was rather strengthened by reading a case reported by Battle,<sup>1</sup> in which, finding a condition of ruptured interstitial pregnancy very similar to the present, he scraped out the sac and brought the uterine peritoneum together over it with Lembert sutures, the patient making a good recovery. Other cases in which the treatment consisted in removal of a wedge-shaped piece of uterus, including the sac, bringing the raw surfaces together by suture, are quoted from Franqué<sup>2</sup> and Hofmeier.<sup>3</sup> However, one is relieved to find that hysterectomy, which was the treatment adopted on the spur of the moment, is recommended by some.<sup>4</sup>

The surer prevention of any further haemorrhage after removal of the uterus seems to me to render it advisable if the patient is operated on early enough to stand it; and when one considers how often tubal gestation appears to repeat itself, the natural reluctance to inflict the increased mutilation, especially in a woman who already has children, will be much lessened.

## REFERENCES.

<sup>1</sup> *Lancet*, April 21st, 1906, p. 1098. <sup>2</sup> *Journal of Obstetrics and Gynaecology of the British Empire*, June, 1906, p. 485. <sup>3</sup> *Ibid.*, p. 491. <sup>4</sup> *Ibid.*, p. 489; Herman's *Diseases of Women*, p. 501.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

## NERVOUS SHOCK.

ON March 12th last the patient, a stolid unemotional Scotchman, was travelling on the London and North-Western Railway to Preston, when the carriage in which he was seated ran off the line. It "telescoped" into a van in front, which had also become derailed without turning over, and the front of the carriage was slowly but steadily forced into within a foot of the patient's chest. He received no physical injuries, and for some hours felt perfectly well. He then became "nervous," and the night subsequent to the accident appears to have been one of undiluted horror. He returned to London on the 14th, and I saw him for the first time on the 16th.

The nervous symptoms were then particularly well marked and typical of the condition. He had a startled appearance, was perspiring freely, respiration much increased, pulse 120, general tremor, and there was some slight headache. He was unable to sleep, the remembrance of the gradual telescoping of his carriage being so vivid as to become a complete mental obsession. He complained of some dimness of vision and the pupil reaction was rather sluggish. There was no digestive disturbance except for some loss of appetite. He was, of course, unable to concentrate his attention on any mental work, but there was no impairment of memory.

He was given nerve sedatives, and veronal as a hypnotic. He thus got some sleep, but otherwise the condition remained practically unchanged for three days. The excessive perspiration and the rate of respiration then began to diminish, and the pulse fell to 100. The tremor still persisted, and he was very nervous at crossing a street, though curiously enough he did not object to train journeys. His weight did not decrease, and gradually he

was able to do without any hypnotic. He remained, however, for about four months unable to concentrate his attention on his work, which was that of a consulting engineer. This was the only symptom which persisted beyond two months, all the others having slowly subsided without any particular treatment except rest and tonics. This case is interesting in so far as it illustrates almost all the cardinal features of this somewhat protean disease, only two of the better known symptoms being absent, namely, photophobia and digestive disturbances.

London.

R. L. GUTHRIE, M.A., M.D.

#### NUTMEG POISONING.

SOME time ago I received an urgent message about 11 p.m. to see a woman who had been taken ill during the evening, and was said to be dying. I found the patient, a woman of about 34, in bed; she was perfectly conscious though markedly collapsed. Her face was very white, with pale mucous membranes, and her hands, feet, nose, and legs nearly up to the knees stone cold and clammy. She was restless, and complained of a weight on the chest. The pulse, about 98, was very small and weak. Respiration was shallow, and rather rapid and irregular. The pupils were normal.

The history was that she had been quite well until that afternoon, when she had taken, on the advice of a neighbour, one whole nutmeg, crushed up, and swallowed with some water. This was by way of treatment for menstrual "irregularity." The nutmeg was taken about 5 p.m., "just before tea," and about 8 p.m. she began to feel "queer," becoming rapidly worse and so giddy that she could not stand. About 10.30 p.m. she had vomited, and since then had felt a little better. The vomited matter was shown me; it contained bile, with some mucus and a quantity of the nutmeg, of which it smelt strongly.

I administered a dose of liq. strychninae hypodermically, covered her up with blankets, and had hot bottles applied. She also took and retained some hot whisky and water by the mouth. She was not given an emetic in view of the amount already vomited and the state of collapse. After about an hour she was distinctly better, and said she could sleep. Next day she was apparently quite well except for the feeling of weakness.

P. W. HAMOND, M.B.Lond., M.R.C.S., L.R.C.P.

Thornton Heath.

#### TUBERCULOUS CERVICAL ADENITIS.

THE child in the following case, aged 6 years, was first seen on April 29th, 1905, when she had been suffering for a week with a swelling on the left side of the neck. There was a distinct tuberculous history on the father's side. On examination a gland was found to be much enlarged. It was lying midway between the angle of the jaw and the clavicle, and was about the size of a hen's egg. There was great pain and tenderness, but no fluctuation. By May 6th, however, fluctuation was distinct, so the abscess was opened and the cavity drained. The discharge continued for ten days, when it was observed that the whole gland was beginning to break down. By May 29th it had become entirely disintegrated, leaving a raw granulating spongy surface,  $1\frac{1}{2}$  in. long and  $\frac{3}{4}$  in. wide, and raised for a considerable height above the surrounding skin. It was treated with lotions and ointments until June 17th, without any benefit whatever. It was then suggested that the child should be put under chloroform, and the part thoroughly scraped, but as the parents refused consent, x-ray treatment was begun. From June 17th till July 28th the part was subjected to fifteen irradiations, each lasting fifteen minutes. No violent reaction took place, but the granulating surface became less and less, until finally healing was complete.

Penryn, Cornwall.

ALEX. GREGOR, M.D.

UNDER the will of the late Mr. John Fyfe of Aberdeen, which has now been proved, the Aberdeen Royal Infirmary receives a legacy of £1,000.

THE INVESTIGATION OF SYPHILIS.—Professor Neisser (Breslau) has been commissioned by the German Imperial authorities to pursue his researches on syphilis, and will accordingly start on a second expedition to Batavia in November. He will be accompanied by Drs. Halberstädter, von Prowazek, Bruck, and Siebert.

## REPORTS

ON

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

#### ST. BARTHOLOMEW'S HOSPITAL.

##### LEAD AS AN ABORTIFACIENT: A FATAL CASE.

[By J. G. PRIESTLEY, M.B., House-Physician.]

THERE have been several communications in the BRITISH MEDICAL JOURNAL during the last six months upon the subject of lead, taken in the form of diachylon, as a means of procuring abortion. Dr. Hall and Dr. Ransom, in a statistical paper (BRITISH MEDICAL JOURNAL, 1906, i, 428), give the bibliography up to that date, and mention that 10 deaths were ascribed to it. Since then Wramham (ibid., p. 556) and Jollye (ibid., p. 620) have recorded cases, an inquest is noticed at Sheffield (ibid., p. 769), and lately (ibid., ii, p. 334) there is an account of the trial and sentence of a vendor of diachylon pills. These particular pills, on analysis, contained diachylon 50 to 70 per cent., with aloes to prevent constipation, and boric acid. In other cases diachylon ointment, which in Hebra's prescription contains one-fifth of its weight as lead oxide (*Extra Pharmacopoeia*, Martindale and Westcott), but less if made according to other formulae, has been bought in the mass and taken in irregular lumps. Dr. Ransom, in the paper cited, writes that "the symptoms described fall into three groups:

"1. Those of acute lead poisoning, such as colic, vomiting, or encephalopathy.

"2. Those attending abortion, such as metrorrhagia and metritis.

"3. Those of chronic lead poisoning, such as anaemia, headache, and occasionally wrist-drop."

This use of diachylon appears sufficiently uncommon in London to warrant my recording a fatal case of encephalopathy, which was doubtless due to this cause.

Elizabeth M., 30, housewife, was admitted on August 3rd, 1906, into St. Bartholomew's Hospital, under Dr. Herrington for severe headache. She was quite well three weeks before, but then began to complain of slight headache, beginning in the occipital region, which has ever since been getting worse. A few days later she began to vomit, and this also has become more frequent. She has had no fits or unconsciousness. She does no work but that of her own house. She has had three children—the youngest 5 years old—and two miscarriages—the last fifteen months ago. There is no history or sign of syphilis. Catamenia ceased three months ago. She is evidently in great pain and tosses on the bed. She vomits a clear fluid frequently. She has been very constipated. She is remarkably pale. The breath is foul, and on the gums is a definite lead-line. The tongue is dry and furred.

In the right eye the optic disc is swollen to 2 D. and the whole fundus blurred, but the veins are not much engorged. In the left eye, which is highly myopic, the optic disc is also swollen. There are several opaque white patches of choroidal change on the temporal side, probably due to the myopia (Note by Mr. Coventon, Ophthalmic House-surgeon).

Temperature normal; pulse 70; no squint nor any other form of paralysis; knee-jerks present; viscera natural; no albuminuria. Since no cerebral tumour would account for the blue line, she was at once treated for lead poisoning. We could not obtain any history of her having taken lead, but we learned that she had had a somewhat similar illness before her miscarriage in 1905.

On August 9th she aborted, and complained of numbness, tingling, and weakness of the right hand and forearm. That morning she could not hold her medicine glass. No further change took place, and she died comatose on August 14th.

The dissection showed as usual some flattening and dryness of the brain, and haemorrhages in the gastric mucous membrane; the liver and kidneys showed slight fatty degeneration; the other organs were natural. No further information was obtained at the inquest.

negroes throughout the Middle Atlantic and Middle Western States, extending over many years, and the critical examination of more than 100 brains from a representative element of the negro population, enable him to classify the American negro in two large groups. One of these comprises the great majority of the negroes of the South, and the physical and mental characteristics of this group indicate purer negro blood than the other. The other group, which is decidedly in the minority, is largely distributed through the North, and shows traces of previous minglings of races, the individuals being commonly designated as mulattoes. Dr. Bean has made a comparison of brains from these with forty-nine brains of American Caucasians. These brains were from a representative element of the American negro population, and from the lower classes of the whites, especially the white females, who belonged to a notably low social class. The brain of the negro male is demonstrably smaller than that of the Caucasian male. The brains from the females of the two races are virtually of the same size. The average weight of twenty-two male negro brains, weighed by different men, at various times, in divers places, with different systems and under dissimilar conditions, is 1,256 grams. The average weight of ten female negro brains of a like assortment is 980 grams. Waldeyer gives the average weight of twelve negro brains in the fresh state as 1,148 grams. These are European records, the brains having been obtained from native tribes of Africa and elsewhere. It is evident that the brain of the American negro weighs more than the native African, no doubt because of the greater amount of white blood in the American negro. It has been found that the weight of the brain in the American negro varies directly in proportion to the amount of white blood in the individual, those less than one-half white having smaller brains than the pure negro. The brain weights of more than 4,000 individuals of various Caucasian nationalities collected by Marshall of England, Retzius of Sweden, Bischoff and Marchand of Germany, Matieka of Bohemia (Slavs), and others, show an average of about 1,400 grams for males and about 1,250 grams for females. It is evident, then, that the Caucasian brain is larger than the negro brain, and in a mixture of races the brain weight resulting is directly in proportion to the amount of Caucasian blood in the individual, other things being equal. The size and shape of the front end of the brain are different in the two races, being smaller and more angular in the negro, and larger and more rounded in the Caucasian. The convolutions of the Caucasian brain are more elaborate and the fissures are deeper than in the negro brain, while the relative amount of white matter is greater in the Caucasian brain. Dr. Bean holds that his investigations have established the facts: (1) That the Caucasian brain is heavier than that of the negro; (2) that the relative quantity of the white fibre is greater in the Caucasian than in the negro; and (3) that the anterior association centre (front end of the brain) and the front end of the corpus callosum are larger in the Caucasian than in the negro. The first two propositions are held to corroborate the statement made previously that the negro brain contains both less grey matter and less white matter than the Caucasian. The white and the black races are, therefore, antipodal in cardinal points. The one has a large frontal region of the brain, the other a larger region behind; the one is subjective, the other objective; the one a great reasoner, the other pre-eminently emotional; the one domineering but having great self-control, the other meek and submissive but violent and lacking self-control when the passions are aroused; the one a very advanced race, the other a very backward one. The Caucasian and the negro are fundamentally opposite extremes in evolution. Dr. Bean's conclusion is as follows:

Having demonstrated that the negro and the Caucasian are widely different in characteristics, due to a deficiency of grey matter and connecting fibres in the negro brain, especially in the frontal lobes, a deficiency that is hereditary and can be altered only by intermarriage, we are forced to conclude that it is useless to try to elevate the negro by education or otherwise except in the direction of his natural endowments. The way may be made plain to the black people, and they may be encouraged in the proper direction, but the solution of the question still must come from within the race. Let them win their reward by diligent service.

## MEDICAL NEWS.

THE initial meeting of the session of 1906-7 at the Medical Society of London is to take place on Monday, October 8th. The incoming president is Mr. C. A. Ballance, who will deliver an address entitled *Then and Now in Surgery*.

THE New Sydenham Society will hold its annual general meeting on Monday next, at 4.30 p.m. It is the forty-seventh in succession, and will take place at the house of Mr. Jonathan Hutchinson, 15, Cavendish Square, W.

MR. CHARLES S. TOMES, F.R.S., will distribute the prizes of the Royal Dental Hospital of London at a *conversazione* to be held at the Royal Institute Galleries, Prince's Hall, Piccadilly, on Friday, October 19th, at 8 p.m.

THE subject of Dr. Leonard Mark's Presidential address at the West London Medico-Chirurgical Society next Friday evening is to be art and medicine. It will be illustrated by lantern slides of pictures with a medical interest to be found in British galleries.

WE are requested to state that it has been decided that the opening address of the winter session of the West London Post-graduate College, to be delivered by Mr. Keetley, shall be given on Wednesday, October 10th, at 4.30 p.m.; not on Thursday, October 11th, as previously announced.

THE post-graduate clinical lectures at the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, recommence on Tuesday next at 3.30 p.m. The first lecture, dealing with local lesions of the spinal cord, will be delivered by Dr. Collier.

THE King has been pleased to approve of the reappointment of Obadiah Johnson, M.D., to be an Unofficial Member of the Legislative Council of Southern Nigeria.

HOSPITAL FOR CHILDREN'S DISEASES.—The winter session at the Hospital for Children's Diseases, Great Ormond Street, will begin on October 4th, when Dr. Garrod will deliver the opening lecture on *Some General Considerations of Disease as it Occurs in Children*, at 4 p.m. On October 11th Dr. Thompson will lecture on *Infantile Asthma and its Treatment*. Lectures and demonstrations will be given free to medical practitioners every subsequent Thursday at 4 p.m.

GRESHAM LECTURES.—Four lectures on "Prophylactics in Medicine" will be delivered on October 2nd, 3rd, 4th, and 5th, at 6 o'clock, by Dr. A. T. Schofield (for Dr. Symes Thompson, the Gresham Professor), at Gresham College, Basinghall Street, E.C. Lecture I will deal with Personal Prophylactics, Lecture II with Domestic Prophylactics, Lecture III with Public Prophylactics, and Lecture IV with Unconscious Prophylactics. The lectures are open free to the public.

A SANATORIUM AND MARKET GARDEN.—The Open-Air League whose General Committee includes the Duke and Duchess of Marlborough, Lord and Lady Iveagh, Lord Monk Bretton, Sir Edward and Lady Sassoon, Sir Edmund Hay Currie, the Hon. W. F. D. and Lady Esther Smith, and Mrs. Humphry Ward, and whose Advisory Committee includes Drs. James Goodhart, George Heron, Wilfred Hadley, Percy Kidd and Vaughan Harley, was formed early in the present year to provide inexpensive sanatorium accommodation for the consumptive poor, to educate the public as to the advantages of the open window, and to find occupation for consumptives, cured in sanatoriums, that will enable them to escape the dangers which they must incur if they return to the unsuitable conditions under which their health broke down. It is announced that the League will open its first sanatorium colony at Great Clacton, Essex, in the course of a few weeks. The institution will be conducted by Dr. John Chapman. The sanatorium will accommodate twenty-five patients in the incipient stages of the disease, who will be taught practical market gardening. They will be kept in residence sufficiently long to enable them to recover their health and to fit them either independently or in association with the work of the League to earn a livelihood away from the dangers of town life. It is estimated that the total expenditure will barely exceed £1,500 a year, or an average inclusive cost of 25s. a patient weekly, and it is expected that even this figure will be reduced by the value of the work of the inmates. In the meanwhile the League appeals to the public for further funds. Fuller particulars of the objects of the League may be obtained on application at the offices of the Open-Air League, 79, Harley Street, W., and contributions will be gratefully received by the Honorary Treasurer (Lady St. Helier) or by the Honorary Secretary, Dr. Charles Reinhardt.

Surgeons in 1872. In the year 1870 he obtained the now long abolished diploma of Licentiate of Midwifery; it was much prized forty years ago, so that there were 434 Licentiates living last year according to the *College Calendar*, although the examinations for the Licentiatehip were discontinued over thirty years since.

David Goodsell was not only a surgeon of distinction and a high authority on the treatment of rectal disease, but also an excellent man of business. He was a director of the Western Telegraph Company for many years and was one of the chief agents in raising it to the high position which it holds at the present day.

Goodsall married about fifteen years before his death; his widow and one child, a son about 7 years of age, survive him. His remains were cremated at Golder's Green on Tuesday, September 18th.

WE regret to announce the sudden death of Major T. BIRT, R.A.M.C., youngest son of the late Thomas Birt, M.D., of Leamington, at the age of 44. On September 17th, while cycling near Reading with a brother officer, he was thrown from his bicycle on attempting to take a sharp turn at the foot of a long hill. He fell on a bank against a projecting furze stump, injuring his abdomen. He was taken to the Royal Berks Hospital, Reading. The symptoms were at first latent. In twelve hours, however, peritoneal inflammation was suspected. In the absence of Mr. Maurice, of the visiting staff, and on the advice of Mr. Walters, of the consulting staff, Mr. Barker was called in. He quickly arrived from London, and performed laparotomy twenty-two hours after the accident. He discovered a little opening in the small gut through which faeces had extravasated. Peritonitis was already advanced. Death took place next day. Major Birt received his early education in Leamington. He entered the Birmingham Medical School, where he gained the Queen's Scholarship, and honours in anatomy. He filled surgical posts at the General Hospital, Birmingham, and the County Hospital, York. He then joined the medical service of the army, in which he continued for nineteen years, up to the time of his death. During a tour in India he won distinction in the Chitral campaign. He was of muscular build, a good oar and horseman, and an intrepid swimmer. When quartered at Queenstown he nearly lost his life in attempting the rescue of a soldier by plunging into a sea so boisterous that the act struck onlookers with horror. His professional judgement was sound, and his opinion much sought by his colleagues and patients. He won popularity with officers and men wherever he went, and his loss is deeply regretted by his family and a large circle of friends in all parts of the world. The funeral took place at Reading on September 22nd. Brother officers from Aldershot, Chatham, and London were present. Floral tributes were beautiful and numerous.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### PHTHISIS AND THE POOR LAW.

WE learn from the *Morning Post* that the Lewisham Union Board of Guardians has decided to convene a conference of representatives of the several Metropolitan Boards of Guardians to consider the advisability of applying for special legislative powers with the view of placing consumptive cases for proper classification and treatment in hospitals or asylums to be provided for by the Metropolitan Asylums Board or some other central authority. The Lewisham Board, it is said, has been led to take action in the matter by the fact that the infirmary in that Union is at present stated to be overrun by cases of phthisis, some fifty consumptives being treated in two wards and in the open air on the balconies and in tents. It is stated further that members of the staff have been affected. The Guardians feel that the matter is not one for the Union to take up single-handed, as the provision of special accommodation might induce consumptives to take up residence in the Union.

### GLASGOW PARISH COUNCIL.

DR. THOMAS RUSSELL, Poor-law Medical Officer, Shettleston and Tollcross District, desires to express his grateful thanks to his professional colleagues and others who have withdrawn their applications for the appointment in his favour. He wishes to take this opportunity of thanking them all for their unanimous sympathy and support.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### A SOCIETY OF MILITARY MEDICINE.

A French Society of Military Medicine has recently been founded with the approval of the Minister of War. Its object is the study of all questions pertaining to the health of troops and the organization of the medical service of armies. Foreign medical officers on the active list are eligible for corresponding membership.

### THE ENNO SANDER3 PRIZE.

At the meeting of the Association of Military Surgeons, held in Buffalo in the early part of the present month, it was announced that the Enno Sanders prize had been awarded to Major Pilcher for an essay on the Training of the Medical Officer of the State Forces to best qualify him for Local Service and for Mobilization with National Troops.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

*Anatomy, Physiology, and Materia Medica.*—\*J. P. Jackson, A. H. Bower, L. F. Browne, J. G. Campbell, B.A., H. A. Cooper, R. C. H. Francis, P. A. Galpin, R. V. Khedkar, E. P. Martin, Theresa de G. Miller, Ruth Nicholson, R. Raffle, C. E. Reindorf, H. W. Sykes, G. H. Wood.

#### \*Second-class honours.

*Chemistry and Physics.*—Eva Lumb, I. Bainbridge, J. A. Caulerick, Helen G. Clark, R. V. Clayton, J. Hare, J. P. Higham, H. T. Hunter, G. E. W. Lacey, S. Littlewood, E. H. Shaw, S. Worthington, J. C. Young.

*Elementary Anatomy and Biology.*—Eva Lumb, E. W. Blake, E. Jessie Ramsbotham, Madeline R. Shearburn, Olivia N. Walker.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### HEREFORD COUNTY AND CITY ASYLUM.

THE report for the year 1905 of this asylum shows that the enforced admission of numbers of cases of simple dotage and bodily infirmity from old age is still going on, resulting in overcrowding, increased expenditure, and serious detriment to patients who might otherwise benefit by proper care and supervision. "If the difficulty," says Dr. C. S. Morrison, the Medical Superintendent, "was simply a question of some personal inconvenience requiring extra effort on the part of the staff to reduce the daily recurring experience of unsatisfactory makeshifts, perhaps the inconvenience could be suffered with greater equanimity, and any remedy involving expenditure indefinitely postponed, or at least for a time set back, until other circumstances arose in conjunction with it to make it more acceptable; but the attempt really is, and has been for the past three years, to fill into a pint a quart measure, with the same futile result and the same acquisition of unprofitable wisdom. While we wait efficiency is threatened, and proper care and supervision unattainable for the different classes of patients, who are often in urgent need of greater care than they receive."

In the meantime cases have to be boarded out in other asylums. During the period that patients have had to be boarded out in the past the actual cost to the county has been £4,222 in excess of what it would have been had there been sufficient accommodation in this asylum. The Asylum Committee, in view of these facts, suggested to the guardians concerned that these cases might be suitably treated in work-houses if some simple alterations and additions were made. Unfortunately this suggestion has not been favourably entertained. In these circumstances, the Commissioners say, there does not appear to be any alternative to further asylum extension. It remains to be seen, however, how long the public will put up with this deflection of public moneys from the purpose for which they were set apart by permitting asylums to be filled up by patients unable to benefit by it.

Altogether there were 621 cases under treatment during the year, giving an average number resident at any time of 536. On the male side there was a daily average excess of two beds above the number provided, and sometimes six. Of the 94 new admissions, only 29 were the subjects of first attacks within three months of admission, 20 more were first attacks within twelve months of admission, in 13 the attacks were not first attacks within twelve months of admission, and the remaining 32 were either of more than twelve months' duration (22) or congenital cases (10). No less than 22.91 per cent. of the male admissions and 23.91 of the female were over 60 years of age, and a very large proportion were in bad bodily health and condition, 24 having well-established organic heart disease with arterial changes, 13 advanced arterio-sclerosis, 13 were chronic alcoholics, 4 suffered from constitutional syphilis, and 12 females had thyrogenous complications, and many others suffered from other disorders. During the year 24 were dis-