

(5) only operate through the anterior abdominal opening; (6) use repeated submammary salines and limb bandaging; and concluded: "Note the case recorded in which I was about to remove a cystic kidney, when fortunately a supposed miscarriage was made out to be an ectopic gestation before going on with nephrectomy. Intra-uterine and extrauterine pregnancy is very difficult to diagnose. Double ectopic gestation was only diagnosed at the time of operation; therefore always examine the other side. Early interstitial ectopic is difficult to diagnose; probably this is impossible."

(To be continued.)

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### PNEUMOCOCCIC PERITONITIS.

L. G., a healthy girl aged 6, was on May 7th, 1906, suddenly attacked by diarrhoea and vomiting, with acute abdominal pain. The motions were dark and offensive and very frequent; intestinal disinfectants were administered, and on May 9th constipation set in, and was only relieved by rectal injections. On May 12th purging with pain again occurred; pain was also observed on passing water. On May 15th tenesmus existed, but no motions were passed, and constipation, relieved by thin gruel enemata, continued till May 18th, when a third attack of diarrhoea occurred; it was treated by a bismuth and salol mixture, to which chlorodyne was added on May 20th; pulv. ipecac. co. was given occasionally, and somewhat relieved the acute abdominal pain. The purging finally ceased on May 21st. From the beginning of the illness signs suggestive of peritonitis gradually increased; the abdomen became tumid and tympanitic over the most prominent part and in the right flank, but dull in the lower part and in the left flank; it also moved badly upon respiration. Pain was general, but worse on the left side. The temperature during the whole time fluctuated between 99° and 101.5°, while on May 19th and 23rd it rose in the evening to 102°, between these dates varying from 99° to 101°. On May 16th (ninth day of her illness) an area of consolidated lung was detected at the inferior angle of the left scapula, accompanied by typical pain and physical signs of pneumonia, and a short cough, but though the patient now experienced pain in the left chest, yet the old abdominal pain was still the chief feature. The pulse was persistently rapid, about 128, and the respirations 40 to 44 per minute. On May 23rd I asked Mr. C. J. Bond to meet me in consultation, and we agreed that the patient should be removed to the infirmary.

**Operation.**—On May 25th Mr. Bond performed a median laparotomy. Upon opening the peritoneal cavity about a pint of thick greenish-yellow, non-offensive pus, containing a quantity of flaky fibrin, was evacuated. It was distributed fairly generally over the lower part of the abdomen, but more especially in the pelvis and on the left side. This area was freely irrigated and packed with gauze, as a considerable amount of haemorrhage occurred low down in the pelvis; the child was too ill to allow of searching for the bleeding point, and the gauze packing successfully arrested the haemorrhage. A large drainage tube was inserted and passed through a counter opening in the left flank. A bacteriological examination of the pus made at the time showed that it was pneumococcal.

**After-History.**—The child's condition was now grave owing to the severity of her illness, the shock of the operation, and the large quantity of blood that she had lost. Saline rectal injections were given every three hours, and brandy and subcutaneous injections of strychnine every four hours, and the patient rallied, and on the 26th calomel (gr.ij) was given, and an action of the bowels obtained. Progress was now uneventful, though rather slow. The temperature fluctuated considerably after the operation. The discharge gradually decreased, and the wound in the loin healed. A small sinus persisted in the abdominal wound for a short time, but has now healed.

Dr. Annand and Mr. Bowen (*Lancet*, June 9th, 1906) quote statistics proving that of 45 cases of local pneumococic peritonitis 37 recovered (86 per cent.), but that out of 46 cases of the diffuse form of the disease only 6 recovered (14 per cent.). This case, therefore, being of the latter variety, may be regarded as having done

remarkably well, for the child's condition was very critical after the operation, and the prognosis at that time was decidedly grave.

In conclusion, I should like to thank the house-surgeon of the Leicester Infirmary for kindly furnishing me with the notes of the case while it was in the institution.

Leicester.

L. ERASMUS ELLIS, M.D.

### HUNTINGTON'S CHOREA AND HEREDITY.

As Huntington's chorea is by no means a common disease in this country, I think the following extraordinary family history, with a few notes of the symptoms common to the members, will be of interest. This history demonstrates in a very convincing way the hereditary nature of the complaint.

Robert O., the father, was a perfectly healthy man, but the mother began to develop symptoms of the disease at the age of 30, and died at 44 in great misery. As she died many years ago, I was unfortunately unable to trace the history further back, but she had a brother who suffered from the disease. She had seven children, and of these six were affected, and as it is interesting to note the age when they began I will give each case in detail.

Robert, now aged 63. He is perfectly well and free from the disease, as also are his children and grandchildren.

William, began at 40, and died at 50.

Anna, began at 29, and died at 40. She had a son, now 30 years of age, and he suffers from the condition.

Eliza, began at 30, and is now 42.

George, began at 29, and is now 49.

Charles, began at 32, and died at 44.

Fred, began at 30, and is now 45.

It will be seen that the average age when the disease manifested itself in the mother, six children, and one grandchild is 31, the earliest age being 29. The symptoms in all the cases are practically identical. They commence with a loss of control over the hands. The head is drawn down, and it is with an effort that it is raised, and it wags from side to side. There are slow contractions of the muscles of expression, and the hands and fingers are constantly moving. The gait is very peculiar, being irregular and spasmodic. The reflexes are much exaggerated. The speech is slow and hesitating. The mind until nearly the end is wonderfully clear, and there is great sleeplessness.

Ossett.

G. SYMERS MILL, M.D.

### TREATMENT OF X-RAY DERMATITIS.

LAST year the right hand of a patient I have known for years as a worker in x rays became so severely attacked that the middle finger with the metacarpal bone had to be amputated, as every treatment failed to cure it. He came to me on September 24th with two warty growths on the same hand, one on the back and another in the first metacarpophalangeal joint. I dressed it with powdered iodolum on dry boric lint daily, and now they are healing, and he is quite free from pain. It is at his request I publish these brief notes, and he is also willing to show the results to any medical men or society interested in it.

Iodol is the latest of the iodoform substitutes introduced by Ciamician and Silba of Bologna in 1885; it is official in the United States *Pharmacopoeia*. It is a pale yellow more or less crystalline powder, and if pure is free from odour or taste; it is very insoluble in water, but is soluble in fixed oils, and is now often dispensed with the addition of 1 per cent. of menthol. The preparation I used in this case is the iodolum precipitatum manufactured by Kalle and Co., Biebrich, whose agents in this country are Messrs. A. M. Zimmermann, 3, Lloyd's Avenue, London, E.C.

Victoria Park, N.E.

H. GILBERT NICHOLSON, M.R.C.S.

### TRIPLE INFECTION OF BLACKBIRD WITH FILARIAE, TRYPANOSOME, AND HALTERIDIA.

DR. ST. CLAIR SYMMERS, in the *BRITISH MEDICAL JOURNAL* of October 20th, 1906, p. 995, has written a Note on a Filial Larva in the Blood of a Blackbird, and seems to conclude that this is a rare event in the British Isles.

I have frequently found filariae in the blood of the blackbird and thrush at any and all times of the year. I should expect to find these embryos in the blood of one out of every third or fourth blackbird or thrush which I examined. As far as my experience goes they are more commonly

found in the blackbird, thrush, and starling than in many other birds, and are not infrequently associated with the presence of one of the Haemosporidia, especially the halteridium.

On one occasion, in the blood of an apparently healthy blackbird shot on June 19th, 1904, I found filariae, halteridia, and a trypanosome in the same film of blood. In the third edition of my book on *The Blood* I have given the following short account of this triple infection:

In the blood of a blackbird killed in this neighbourhood, I found numerous filariae, about  $148\mu$  long, halteridia and one trypanosome. Although I carefully searched eight perfectly stained films from the same bird I only met with this one specimen of trypanosome, which had the following characters: The body is somewhat granular and has a fusiform shape. Both ends are sharp and pointed. The nucleus situated somewhat nearer the anterior than posterior end, consists of a densely-stained circular part, surrounded by a paler red area. The free part of the flagellum is short, and the attached portion is very thin but can be distinctly traced up to the centrosome, which is about  $3\mu$  from the end. The following are the measurements of this trypanosome:

Total length= $27\mu$ ; length of body= $23\mu$ ; length of flagellum= $4\mu$ ; posterior end to centrosome= $3\mu$ ; posterior end to the nucleus= $13\frac{1}{2}\mu$ ; width of the body= $5\mu$ ; length of nucleus= $3\mu$ ; width of nucleus= $4\mu$ .

This parasite corresponds to some extent to the *Trypanosoma fusiforme avium minus* described by Danilewsky. This, he states, measures 18 to  $22\mu$  in length, without the flagellum, and has a nucleus which is placed in the middle, or slightly towards the anterior end of the body. The nucleus, he says, is surrounded by a clear halo.

ALFRED C. COLES, M.D., D.Sc., F.R.S.Edin.  
Bournemouth.

## REPORTS

ON

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

ST. GEORGE'S INFIRMARY, FULHAM ROAD, S.W.

LATE EFFECTS OF A HEAD INJURY.

(By GILBERT ROGERS, M.B., B.S., late Assistant  
Medical Officer.)

S. T., aged 50, a carman, was admitted into the Infirmary on January 18th, 1906. He complained simply of giddiness and occasional headache.

*History of Illness.*—The shaft of a cart had fallen on his head on September 8th, 1905. He was stunned for a few minutes. A small scalp wound was made, and this was dressed at a hospital, which he attended for a week as an out-patient. From this time he went about his work as carman till Christmas, suffering with occasional headache and giddiness, and now and again a momentary motor aphasia. These symptoms then became accentuated, and decidedly worse, the week before admission. Since Christmas the momentary attacks of motor aphasia had come on as often as two or three times a day some days; and headache was constant and the giddiness worse. There was no history of any other symptoms; the patient had been a healthy, steady man all his life.

*Condition on Admission.*—He appeared dazed and confused in manner, answered questions only after an interval, and with evident difficulty of concentration. Temperature and pulse normal. There was a small scar just to the right of the middle line of scalp, and about  $1\frac{1}{2}$  in. behind coronal suture. The left pupil slightly larger than right, and both reacted normally. Tendon reflexes were somewhat dulled. He had definite arterio-sclerosis; otherwise nothing abnormal was detected.

*Progress.*—The same night the patient had the delusion that "electrical works were under his bed." His state remained much the same—dull, apathetic, and indifferent to his surroundings—till the morning of January 20th, when in trying to get out of bed he suddenly became unconscious, and remained so for five minutes without showing any convulsions or making any noise; his pupils were very small at the time. He was semi-conscious from this time till late that night (fourteen hours later), when he became completely unconscious again. At this time his legs, especially the right, were rigid; occasionally he slightly moved his arms. Tendon reflexes were very active, as shown by the knee-jerk, and there was light-sided ankle clonus. The right pupil was widely dilated, and both pupils were inactive to light, and there was some right-sided ptosis. A corneal reflex was obtained. The following day his breathing was almost stertorous, both pupils

dilated but the right more so, and corneal reflex present. The limbs were flaccid, knee jerks very slight, and no ankle clonus. There was no albumen in the urine. He died the same day at 7.30 p.m., without any further change occurring.

*Necropsy.*—The lungs were congested somewhat, as was to be expected. An examination of the brain revealed thickening of the meninges over the commencement of the right Sylvian fissure and right temporo-sphenoidal lobe. Cutting into this lobe a space was found about  $1\frac{1}{2}$  in. in length and width and  $\frac{3}{4}$  in. in depth. This contained brownish-yellow pultaceous material, and was enclosed by firm fibrous walls, having a ragged yellowish-stained lining. Outside these walls the brain tissue was oedematous for a short distance. There was no evidence of any fracture of the skull.

*REMARKS.*—I imagine this was a case of old central laceration from *contrecoup*, with breaking down of brain tissue and subsequent fibrosis around. This had proved to be a source of irritation, setting up a surrounding oedema of the brain, which had caused death.

[These notes are sent with the permission of the Medical Superintendent.]

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING.

H. H. CLUTTON, M.A., M.C., F.R.C.S., President, in the  
Chair.

Friday, October 26th, 1906.

#### TRAUMATIC CEPHALYDROCELE IN A BABY TREATED BY OPERATION.

MR. DOUGLAS DREW showed the infant, a female, admitted when 6 weeks old, a few hours after a fall, with a large swelling upon the right side of the head, in which impulse was felt when the child cried, and with twitching of the left arm and leg. The tumour increased and the gap in the bone beneath it widened. On the sixteenth day operation was performed to close the rent in the dura and draw the bones together. The sac containing cerebro-spinal fluid was formed of the separated periosteum. On allowing the fluid to escape profound shock ensued. Through the fracture ( $1\frac{1}{2}$  in. long and  $\frac{1}{2}$  in. across) situated in the parietal bone a hernia cerebri protruded. Owing to the collapse no attempt was made to suture the dura; the bones were forcibly drawn together with silver wire, and the hernia cerebri cut off, the periosteum replaced, and the scalp wound sutured. Slight rigidity in the left arm, nystagmus, and deviation of eyes to the right which lasted four days, followed the operation, and the baby recovered.

MR. GODLEE commented on the rarity of success after such operations, and congratulated Mr. Drew.

#### MALUNITED FRACTURE OF TIBIA AND FIBULA NEAR ANKLE.

MR. WATSON CHEYNE showed the patient, a man, who had fallen in July, 1903, and was treated in an infirmary. In January, 1904, when admitted to hospital, he had marked regular deformity, so that he walked on the outer border of the foot. Mr. Cheyne stripped the muscles and periosteum from the bones, divided the bones at the site of fracture, fixed together the fragments of the tibia by an aluminium plate and tacks, and impacted the sharp end of the upper fragment of the fibula in the medullary cavity of the lower fragment. The wound healed well, and the malposition was rectified.

#### DEFORMITY OF LONG BONES.

MR. T. H. KELLOCK exhibited a girl, aged 8, an only child, in whom the legs had gradually become deformed, and now showed marked genu valgum, and inversion of feet due to curvature outwards at the lower ends of the tibiae and fibulae; the femora, radius, and ulna of each arm, and upper ends of the humeri were also curved. Skiagrams showed that the deformities were chiefly due to fractures and irregular ossification occurring at short distances from the epiphysal lines. The disease was slightly progressive.

DR. GARROD discussed the significance of the transverse lines seen in the diaphyses near the epiphyses in the skiagram.

THE PRESIDENT thought the case was one of rickets, and that many cases of fragilitas ossium were due to late rickets.

medical service. One must acknowledge that at present there is not any motive except the very highest to encourage a medical officer in remote districts of the country to discharge his duties zealously and conscientiously, and in a manner worthy of the traditions, character, and obligations of the profession of medicine. There are, unfortunately, in rural districts too many instances in which the need of a lower motive, accompanied by effective control, is only too notorious.

"We believe that the system now suggested would ensure the supply of good men to all the rate supported or rate-aided hospitals in Ireland. Any change in the Dispensary Medical and Public Health Service is outside the scope of this inquiry, except in so far as dispensary medical officers would *ex officio* have charge of district hospitals; but the foregoing suggestions as regards hospitals could more easily be worked into some general scheme for the entire Irish County and Union Medical Service. The establishment of a State Medical Service in Ireland would mean a very small increase in the Parliamentary Grant in comparison with the benefits involved. The present grant for half the salaries of all workhouse and dispensary medical officers is £63,613 per annum; and if the whole of the salaries of the surgeons of county infirmaries were included, an annual grant of, say, £130,726, that is to say, an additional grant of £67,113, over and above the annual amount for pensions, and for salaries and pensions for medical officers of health, would be necessary at the present rate of expenditure in order to establish a State-supported medical service both for county and district hospitals, and for dispensaries also. Of course, provisional arrangements would have to be made for the transitory period between the old and the new systems, if action were taken upon the foregoing recommendations, and also upon some other suggestions made later on. We do not go into details with reference to dispensary and public health medical expenditure, as these matters are not within our reference, though they are, we consider, sufficiently intermingled with the hospital medical service to justify the observations we now make."

#### INFIRM AND AGED.

The Commissioners recommend that the infirm or aged inmates of all the workhouses in one or more counties should be removed to one central building, which might be a disused workhouse, to be known in future as the county or district almshouse. At present the infirm or aged are distributed in 159 workhouses. The Commissioners recommend that there should be in future about 32 almshouses.

#### LUNATICS AND IDIOTS.

The Commissioners state that they find a universal opinion that the condition of lunatics in practically every workhouse is unsatisfactory. They are confined generally throughout the day in a small, bare, comfortless ward, with an adjoining walled-in yard for exercise; and the attendants in charge are, as rule, without any experience or training to make them suitable for taking charge of lunatics. It is not possible to provide in workhouses, as they are, adequate or satisfactory accommodation for lunatics, because all the wards, yards, and grounds are already appropriated for the various classes of inmates—the lunatics having their share (such as it is) in accordance with the original plan of the building. Improvements have been made in some of the larger workhouses, but not to an extent sufficient to justify the Commissioners in modifying the general opinion as to the unsatisfactory condition of the insane in workhouses.

The Commissioners express the opinion that auxiliary asylums such as that at Youghal would be infinitely preferable to workhouses for the accommodation of chronic harmless lunatics.

#### SANE EPILEPTICS.

There were 463 sane epileptics in workhouses on March 11th, 1905; of this number 131 were in lunatic wards. The Commissioners recommend that sane epileptics should be kept by themselves in separate institutions and advise that two disused workhouses should be reserved for this purpose.

Other sections of the report deal with mothers of illegitimate children, infants, children, casuals and vagrants, other able-bodied inmates, outdoor relief, the chargeability of outdoor and indoor relief expenditure, Parliamentary grants in aid of local expenditure, and the mode of dealing with Poor-law and other local officers.

The report<sup>1</sup> concludes with a summary of the recommendations of the Commission under forty-three heads.

A memorandum is appended by Mr. G. Murnaghan, M.P., dissenting from a recommendation of his colleagues as to the desirability of the adoption of a county rate for the maintenance of union hospitals and support of institutional poor.

<sup>1</sup> London: Wyman and Co.; Dublin: Alexander Thom and Co. Price 9d.

## MEDICAL NEWS.

At a meeting of the Royal Commission on the Poor Laws and the Relief of Distress, on October 29th, evidence was given by Sir William Chance, Mr. J. Bonar, LL.D., and Mr. Thomas Mackay.

At a meeting at the Cannon Street Hotel, London, under the chairmanship of Earl Fortescue, an association was formed to promote the enforcement of the provisions of the Prevention of Corruption Act, which comes into force on January 1st, 1907.

We are informed by the Honorary Secretary, Dr. Arthur James, 69, Connaught Terrace, Hyde Park, London, W., that the Presidents of the Royal Colleges of Physicians and Surgeons have joined the Council of the Metropolitan Street Ambulance Association.

NUMEROUS cases of enteritis, lasting six to ten days, after eating Dutch oysters, are reported from Brussels, Ghent, The Hague, and other towns in Holland. The Dutch Government has issued a warning against the consumption of oysters without a certificate of origin.

At a special meeting of the Aberdeen Parish Council held on October 23rd, Dr. Lisette A. M. Wilson was appointed Resident Medical Officer to the Oldmill Poorhouse. Miss Wilson graduated as M.B., Ch.B. in the University of Aberdeen in 1905.

HER ROYAL HIGHNESS THE PRINCESS LOUISE, Duchess of Argyll, has consented to open the new wing of the Central London Throat and Ear Hospital, Gray's Inn Road, on Monday afternoon, November 19th, when purses will be presented to Her Royal Highness in aid of the building fund, of which £6,000 has been received towards the £15,000 required.

It is announced that, in order to meet the widespread demand for more exact knowledge on the scientific and other aspects of the temperance question, the Department of Scientific Instruction and Information in connexion with the United Kingdom Band of Hope Union will hold a summer school at Lucerne in June next, at which it is expected that a large number of the leaders of the movement will be present.

THE Board of Agriculture has issued a circular letter to local authorities in Great Britain calling attention to Section 2 of the Dogs Act, 1906, which will come into operation on January 1st, 1907. Acting under powers conferred by the Section, the Board has made an Order authorizing a local authority to make regulations for prescribing and regulating the wearing by dogs, while in a highway or place of public resort, of a collar with the name and address of the owner. The order will not apply to a pack of hounds, to a dog being used for sporting purposes, or for the capture and destruction of vermin, or the driving or tending of cattle or sheep.

THE sixth annual meeting of the Peckham Nursing Association, 91, Peckham Rye, S.E., was held last week at the residence of the President, Mr. C. Goddard Clark, M.P. There was a large attendance. The report, which was read and adopted, showed that 14,386 visits had been paid to 808 patients since the Association was inaugurated. Mrs. Charles Ward, the foundress, explained that the Association's nurses render aid to the afflicted poor in their own homes, and attend cases of sickness and operations among the middle classes for a moderate fee.

At the meeting of the Royal Medical and Chirurgical Society on November 13th there will be a special discussion on the operative treatment of non-malignant ulcer of the stomach and its chief complications: with indications, limitations, and ultimate results. The debate will be opened by Dr. Hale White and Mr. Mayo Robson. A list of speakers is being prepared, and it is probable that the debate will be adjourned. Several gentlemen have kindly undertaken to provide tables of hospital statistics, as on the occasion of the Society's debate on appendicitis, and these tables will be printed for the use of Fellows and visitors. The Honorary Secretaries will be glad to receive as soon as possible the names of those who wish to take part in the debate.

**MEDICAL MAGISTRATES.**—Dr. W. Clark Noble (Kendal), Dr. W. Baron Cockill (Kendal), and Dr. Benjamin Walker (Kirkby Stephen) have been added to the Commission of Peace for the County of Westmorland.

**AMERICAN HOSPITAL IN CONSTANTINOPLE.**—We regret to learn that the American Hospital and Training School for Nurses established in Constantinople not long ago by Dr. Thomas S. Carrington of New York was burned to the ground on the eve of its formal opening. The loss is estimated at \$10,000, which is only partly covered by insurance. The Board of Directors proposes to rebuild at once, and steps have been taken to raise the necessary funds.

**PRESENTATION.**—Dr. T. C. Hughes, who for about fifteen years was an Assistant Medical Officer at the North-Western Hospital, and lately transferred as the Senior Assistant Medical Officer to the Park Hospital, Hither Green, has been presented by the nurses and domestic staff of the former institution with a liqueur and smoking cabinet, as a mark of their esteem, good wishes, and regret at his removal.

**ROYAL DENTAL HOSPITAL OF LONDON.**—The annual dinner of the staff and past and present students will be held on Saturday, November 24th, at the Hotel Metropole (Whitehall Rooms) under the presidency of Mr. William Hern. Gentlemen either now or formerly connected with the hospital or medical schools who may through inadvertence not have received special notice, and who desire to be present, are requested to communicate with the Dean of the Royal Dental Hospital, 32, Leicester Square, London.

**FRENCH SCIENTIFIC EXPEDITION TO THE CONGO.**—On October 25th, a scientific mission, equipped by the French Geographical Society, started from Bordeaux for Brazzaville, in the Congo. The object of the expedition is to study sleeping sickness on lines laid down by MM. Bouvier, Giard and Laveran, of the Académie des Sciences. At the head of the expedition is Dr. Martin, of the French Colonial Service; its members are medical men, civil and military, and naturalists.

**ELEMENTARY SCHOOLS.**—The Board of Education has issued a memorandum as to plans for the erection, enlargement, or improvement of elementary schools. It directs that newly-erected buildings, unless for good reason, must be planned in accordance with the principles set out in the several sections of Part I of the Building Regulations, and the Board may refuse to recognize a school if in their opinion these principles have been unnecessarily departed from. Before recognizing enlargements or alterations, other than minor alterations, of premises already recognized, the Board must be satisfied, by the submission of proper plans, that the proposals are satisfactory. Minor alterations may be approved by the inspector after a special visit.

**THE LONDON TEMPERANCE HOSPITAL.**—The foundation stone of a new out-patient department for the London Temperance Hospital, Hampstead Road, was laid on October 25th, in the presence of a large gathering which included a number of representative advocates of temperance from different parts of the country. The addition will provide a waiting hall for 200 patients, various consulting and examination rooms, and dispensary and store room, and a small theatre for minor operations. It is, however, only part of a larger scheme, which, when completed, will furnish isolation accommodation, observation wards, a clinical laboratory, a museum, and a lecture room for nurses. To carry out the entire plan some £25,000 will eventually be required, but only about £11,000 is needed for the first portion with which alone for the present it is proposed to deal. Of this amount, King Edward's Hospital Fund for London, on whose recommendation the new accommodation is being provided, has contributed £3,440, £2,089 have come from various sources, and £1,063 were laid on the foundation stone by those present at the ceremony, leaving only about £4,500 still to be collected.

## UNIVERSITY OF LONDON.

### OPENING OF THE LIBRARY.

A LARGE company assembled in the Jehanghir Hall of the University on October 26th, at the opening of the Library by Lord Rosebery, the Chancellor of the University. The Chancellor, accompanied by the members of the Senate and other officials passed in procession to the dais. Mr. Matthey, the Senior Warden of the Goldsmiths' Company, detailed the circumstances of the purchase by that Company of the economic library of Professor Foxwell of Cambridge, for £10,000, and its presentation to the University. The Company had also purchased other valuable books on Professor Foxwell's advice and

the additional cost of appliances and binding had raised the total amount expended by the Company on the library to a little over £15,000. Professor Foxwell had supplied, too, an admirable catalogue with the library. In conclusion, Mr. Matthey offered the library to the University, and expressed his delight at having been instrumental in carrying out the scheme.

Lord Rosebery, who was received with cheers, thankfully accepted the gift on behalf of the University. He described the process by which the library of the University had grown from its nucleus, which was the classical collection of Mr. George Grote, the historian, a former Vice-Chancellor, who bequeathed it to the University. To this was added, by the munificence of Lord Overstone, the collection of mathematical books of the late Professor de Morgan. Sir Julian Goldsmid had also contributed £1,000 to swell the classical collection of Mr. Grote. The Foxwell collection now added to the library was the most complete of its kind in the world, with possibly one exception in America. Professor Foxwell had aimed at making it a collection representative of the history of (1) economic thought, (2) socialism and labour movements, (3) money and banking, and (4) trade, colonies, and the various mercantile and trading companies. The Goldsmiths' Company had prevented this valuable library from passing to America. The Company had enriched and honoured the University of London in other ways, and its various benefactions reached a total of not less than £150,000. He next spoke of the functions of a library, which he described as an adjunct to a university, but not the staff on which the university leans. He controverted Mr. Carlyle's saying that the true university of our days is a collection of books. No doubt a student must be fed by books, but the mere habit of reading, and often of reading copiously, without any exercise or output for knowledge was injurious rather than beneficial to the mind. It was apt to produce a condition of mental debility, if not of mental paralysis. There was probably no question of economics so difficult to adjust as the question between mental imports and mental exports; if the mind was in the condition of receiving nothing but imports and not able to produce any exports, it was in a condition fatal to intellectual progress. Further, a guide was absolutely necessary, otherwise the student might devour a volume before he learnt from some experienced person that the book was quite obsolete, and had been superseded by better ones on the same subject. A student, on entering a library, must have an object, and must have guidance. One of the Royal Commissions most required for intellectual pursuits was one of experts in the various departments of knowledge, which would indicate the books that were obsolete, books that had been superseded, and might be said to have no further existence. Probably there was no student who had not found that deficiency a very great one in his own line of study. He trusted other corporations might be tempted to imitate the beneficent example of the Goldsmiths' Company.

The Vice-Chancellor (Sir E. Busk) said that the library would be opened every day in the week, and on Tuesday and Thursday evenings, except during vacations, and the regulations would permit most of the books to be borrowed for home study.

The Chancellor now proceeded to the library and formally opened it, and it was subsequently inspected by the guests. It contains about 60,000 volumes, and at present occupies five rooms, of various sizes, on the ground floor. On tables in these rooms were displayed some of the rarer treasures of the library, including the first four editions of Euclid, the first having been printed at Venice in 1482.

The regulations for the use of the library show that all Senators of the University, all graduates, and undergraduates who have passed the examination in any Faculty next following the matriculation examination, all examiners and officials of the University, and all students recommended in writing by any teacher of the University shall be entitled to use the library; every member of the Senate can introduce strangers for three months at a time by written order. Further, members of the Senate, members of Convocation, and examiners can borrow as many as six volumes at a time; this rule does not apply to books of reference and certain rare and valuable books. Books which cannot be borrowed are marked accordingly in the catalogue of the library. No book can be borrowed for more than three months at a time, but the librarian can enter the book that is on loan for a further period of three months. The borrower is responsible in the event of loss or injury to a book, and shall pay compensation for such injury or loss. Every book sent through the post must be registered. Graduates who are not members of Convocation, and undergraduates and other persons desirous of using the library for literary research, may be recommended for the privilege of borrowing books by a member of the Senate or by two members of Convocation or teachers of the University. All borrowed books must be returned before December 31st. No book of the Goldsmiths' Economic Library can be removed from the room in which it is housed. Any person can be recommended for admission to this section of the library by any householder of recognized position. The librarian is Mr. Lawrence W. Haward, from whom copies of the regulations for the use of the library may be obtained.

relations with the officers and staff of the different asylums and hospitals was always marked by courteous consideration. He could appreciate their merits, and was not afraid to censure for faults, if deserved. To all he was a friend if help or counsel was needed. He died from cancer of the bowel after a short but painful illness, which he bore with great fortitude.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

#### *Romanes Lecture, 1906.*

THE Romanes Lecture will be delivered by William Paton Ker, M.A., Fellow of All Souls College, Professor of English Literature, University College, London, in the Sheldonian Theatre on Saturday, November 24th, at 4 p.m. Subject: Sturla, the Historian. Mr. Ker has been appointed in the place of the Right Hon. Lord Curzon of Kedleston. M.A., Hon. D.C.L., who felt himself reluctantly compelled to resign the appointment.

#### *Degrees Conferred.*

In a Congregation held on Saturday, October 20th, the following medical and scientific degrees were conferred:

*M.M.—W. L. M. Day, Exeter College.*  
*B.M., B.Ch.—H. S. Souttar, Queen's College.*  
*B.Sc.—J. A. Brown, New College.*

#### *D.P.H. Examination.*

The date of this examination, which was wrongly given last week as November 10th, is Tuesday, November 20th.

### CAMBRIDGE UNIVERSITY.

THE Examination for the First and Second M.B. and for the Third M.B., Part I., begins on December 10th. The Third M.B., Part II., begins on December 11th. The names of candidates for those Examinations must be sent to the Registry on or before Saturday, November 24th.

The following degrees were conferred on October 25th: M.D.: R. E. Sedgwick, Gonv. and Cai. Inceptor in Surgery, A. G. Wilson, Gonv. and Cai.

### UNIVERSITY OF EDINBURGH.

#### UNIVERSITY COURT.

*Degree in Pharmacy.*—The University Court met on October 22nd, when a draft ordinance (regulations for the degree of Bachelor of Pharmacy) was submitted. The draft was directed to be transmitted to the Senatus and the General Council for consideration.

*Psychology.*—On the recommendation of the Senatus, the Court approved of courses to be delivered during the current academical year by the Combe Lecturer on Psychology (General and Experimental), Dr. W. G. Smith.

*Laryngology.*—It was agreed to appoint Dr. Logan Turner, surgeon in charge of the Ear and Throat Department, Royal Infirmary, to be University Lecturer on Diseases of the Larynx, etc., in room of Dr. R. McKenzie Johnston, resigned.

*ERRATUM.*—In the notice of the Graduation Ceremony at Edinburgh on October 20th (BRITISH MEDICAL JOURNAL, October 27th, page 1160) it should have been stated that Hugh Jamieson, M.D. Edin., M.R.C.P.E., was capped B.Sc. in Public Health.

### THE UNIVERSITY OF SYDNEY.

#### *Diploma in Public Health.*

THE Senate of the University of Sydney has decided to grant a special diploma in public health. The by-laws dealing with this matter have been presented to the State Parliament in accordance with law. These state that the diploma should testify to the candidate's proficiency in all the branches of study, scientific and practical, which are necessary for the proper performance of the duties of a medical officer of health. The examination is to be in two parts, one relating to the general principles of sanitary science; the other relating to State medicine and to the appliances of pathology and sanitary science to public health.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly Comitia was held at the College on Thursday, October 25th, the President, Sir R. Douglas Powell, in the chair.

#### *Jenks Scholarship.*

The President announced that the Jenks Scholarship had been awarded to Godfrey Alan Walker, of the London Hospital.

#### *Membership.*

The following gentlemen were admitted Members of the College: Charles Henry Benham, M.D. Lond.; William Haig Brodie, M.D. Edin., F.R.C.S. Eng.; Peter Kevin Byrne, M.D. Lond., L.R.C.P.; Ernest Nicholson Cunliffe, M.D. Vict.; Henry Devine, M.B. Lond., L.R.C.P.; John McCrae, B.A., M.B. Toronto, L.R.C.P.; Carlton Oldfield, M.D. Lond., L.R.C.P.; Alexander Corsar Sturrock, M.A., M.D. Edin.

#### *Licences.*

In conjunction with the Royal College of Surgeons, licences to practise were granted to 122 gentlemen.

#### *Communications.*

The following communications were received:

1. From the trustee of the will of the late Sir George T. Michael O'Brien, K.C.M.G., informing the College of a bequest by the testator of the reversion of £1,000 to a hospital for the treatment of the blind, and of a like bequest to a hospital for the treatment of cancer; the hospitals to be selected by the President of the College. The bequests were accepted, although the trust moneys are not likely to be available for a lengthy period of time.

2. From the Clerk of the Privy Council, August 20th, announcing the further postponement for a year of the International Congress on Gynaecology at St. Petersburg, which was fixed for September, 1906.

3. From the Secretary of the College of Surgeons, reporting certain proceedings of their Council on July 26th last and on October 11th.

4. From Jonathan Hutchinson, Esq., F.R.S., thanking the College for the honour which they conferred on him by awarding him the Moxon Medal.

5. From Thomas Hodgkin, Esq., D.C.L., of Barmoor Castle, offering for the acceptance of the College a photo-engraving of his uncle, the late Thomas Hodgkin, M.D., of Guy's Hospital, a Licentiate of the College of 1825. The gift was accepted and a vote of thanks passed to the donor.

#### *Reports.*

The Quarterly Report of the Finance Committee, and the Quarterly Report of the Examiners for the Licence on the results of the July examinations, were received.

#### *Committee of Management.*

Dr. Norman Moore, who retired by rotation, was re-elected a member of the Committee of Management.

#### *Library.*

Books and other publications presented to the Library during the past quarter were received and thanks returned to the donors.

### CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved for the membership of the Royal College of Surgeons and the licence of the Royal College of Physicians:

E. H. Adams, E. Alban, E. Balthasar, A. L. Baly, G. B. Bartlett, H. G. Bennett, A. W. Berry, M. Birks, P. Black, H. O. Blandford, L. H. Bowkett, J. E. M. Boyd, G. G. Butler, W. E. Carswell, C. Cassidy, J. B. Close, A. G. Cole, H. G. Cole, I. R. Cook, J. Couper, S. B. Couper, P. P. Daser, H. R. Davies, G. H. Dive, F. C. Dobie, L. Doudney, S. F. Dudley, A. G. Dunn, L. Edwards, R. R. Elworthy, D. Embleton, C. H. J. Fagan, \*J. S. Farnfield, C. H. Fernie, P. Fiaschi, R. D. Forbes, G. Ford, \*W. Gabe, R. F. Gerrard, C. W. Gittens, G. E. Green, S. W. Grimwade, \*J. R. Gunne, E. H. R. Harries, T. S. Harrison, T. S. Hele, D. W. Hume, R. W. Ironside, T. J. Jenkins, \*D. M. Keith, T. L. Kenion, W. R. Kilgour, W. H. King, Camille Lebon, W. H. Lee, R. B. Low, J. A. McCollum, O. R. McEwen, W. E. McLellan, P. D. F. Magowan, E. S. Marshall, J. D. Marshall, D. M. Masina, E. W. Matthews, H. B. Maxwell, C. A. L. Mayer, F. E. W. Meadows, O. Le F. Milburn, S. W. Milner, H. V. Mitchell, W. S. Mitchell, E. Morgan, R. J. Mould, L. D. Neave, F. M. Neild, R. B. Nicholson, H. J. Nightingale, T. Norman, H. W. Ogle-Skan, M. W. B. Oliver, G. G. Packe, G. S. Parkinson, E. H. A. Pask, G. D. Perry, G. R. Phillips, A. J. S. Pinchin, A. M. Pollard, E. S. Prior, \*A. E. Pryse, R. M. Rendall, A. T. Rivers, P. M. Roberts, R. C. Roberts, I. J. Roche, T. R. St. Johnston, C. N. Slaney, H. A. Smith, F. M. W. South, H. McL. Staley, P. K. Steele, A. C. H. Suhr, D. W. Tacey, D. C. Taylor, O. Teichmann, H. E. H. Tracy, F. C. Trapnell, W. H. Trethowan, C. Tylor, I. Valerio, J. P. Walker, S. L. Walker, C. G. Welch, C. E. Whitehead, \*R. H. Williams, W. S. Williamson, H. D. H. Willis-Bund, J. G. Willmore, J. L. Wood, E. M. Woodman, H. N. Wright, A. B. Zorab, C. E. Zundel.

\* Under Regulations dated October 1st, 1884.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

AT the opening of the winter session in the schools of the Royal College of Surgeons in Ireland on October 15th, the prizes won at the end of the previous session were distributed by the President, Mr. H. R. Swanzy. The Barker Anatomical Prize of thirty guineas went to P. G. Elvery, and the Carmichael Prize of £15 to C. Green; the gold and silver medals in operative surgery to D. Adams and R. M. Bronte respectively, and the Stoney Memorial Gold Medal in Anatomy to G. S. Levis. Some fifteen class medals as well as a large number of prizes and certificates were also distributed for proficiency in various subjects of the curriculum.

### TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examinations indicated:

*INTERMEDIATE EXAMINATION (Part I).*—R. T. Brooks, J. P. S. Dunn, G. E. Craig, R. D. Fitzgerald, W. H. Hart, J. E. McCausland, W. R. Allen, J. Alston.

*PRELIMINARY SCIENTIFIC—Physics and Chemistry:* Dorothea M. Franks, F. J. A. Keane, S. R. Richardson, C. D. Hanan, M. S. Moore, T. G. Hardman, P. F. Nunan, J. W. Flood, V. W. T. McGusty, J. G. Dods, H. Fleming, C. J. Pentland, F. Crosbie, E. F. Lawson (Sch.), E. Garland. *Botany and Zoology:* Mary G. Caskey, M. S. Moore, T. G. Hardman, W. O. Halpin, J. B. Burgess, F. R. Dougan, R. G. McEntire, L. F. Macan, H. E. Williams, F. Casement, H. L. Blackley, G. F. C. Healy, H. G. Holdbrook, T. F. Breen, S. A. Lane, S. A. Dudley, R. T. Vaughan.