anaesthesia, he had long ago given up the snare, and used the guillotine after having freed with right-angled probe-pointed knives the pillars from the tonsil when adhesions were present. In a fairly large number of operations during the last twenty years, he had had but one case of alarming haemorrhage. It was that of a boy aged about 20 years, large, well-fed, a mouth breather, and with tonsils and adenoids of enormous size. With the head over the table, both tonsils were quickly snipped off with the guillotine. The flow of blood afterwards was very profuse. As it was known that bleeding did not occur from a rough surface, whereas the knife had left a smooth one, by means of his finger nail, previously bevelled on the inside and carefully sterilized, he scratched both cut surfaces very vigorously and the bleeding instantly ceased. Four days later the adenoids were removed without more than ordinary bleeding. Since the Gottstein curette had come into use, it had been his invariable custom to thus rough up the cut surfaces, and the procedure had contributed vastly to his equanimity and comfort after operations on doubtful cases.

Dr. Watson Williams (Bristol) remarked that the occasional but grave occurrence of severe and dangerous haemorrhage following operation for a relatively simple condition brought home the importance of employing such means as had been referred to for the removal of the chronic enlarged tonsils of adults which had undergone fibroid degeneration. In such cases when operative interference was called for the snare was preferable to a guillotine, but as in tonsils of that kind the infective processes were largely in abeyance, it would suffice, and be safer to make a less complete extirpation than in younger patients.

Dr. John Hunter (Toronto) raised a question as to the possibility of severe haemorrhage after tonsillotomy when both tonsils required removal. Should there be an interval between the two operations? He thought the preference in Toronto was rather to wait some time before removing the second tonsil.

Dr. C. Trow (Toronto) controverted Dr. Hunter's statement that it was the custom there to take out one tonsil and wait some days before removing the other. He (Dr. Trow) had never seen a dangerous haemorrhage from tonsillotomy, either in his own practice or during a long term of service at Golden Square Hospital, London.

Dr. Herbert Tilley (London) had had experience of three cases of severe tonsillar haemorrhage during twelve years of practice. The first case was in an anaemic female, aged 33, whose left tonsil was removed for constantly-recurring attacks of tonsillitis. She bled until she fainted, in spite of all efforts to check the bleeding. The third case was in a lad upon whom enucleation of the right tonsil was being practised. The speaker always removed both tonsils at the same sitting, and since the cases of haemorrhage nearly always occurred in adults, he was accustomed to have ready a sponge soaked in a saturated solution of a mixture of tannic and gallic acids. If haemorrhage persisted the sponge should be held against the bleeding surface, and would rarely prove ineffective. He thought that the use of the snare tended to produce severe pain in the throat, owing to the crushing of the tissues.

Dr. St. Clair Thomson (London) referred to the general use of the guillotine in England, the employment of chloroform instead of ether, and to the much greater infrequency of serious haemorrhage than appeared to be the case in America. Possibly another reason was that in London there was much less operative work done in the office. He had never met a case requiring ligation of the external carotid, and in thirteen years had only had two cases in private practice that caused any anxiety.

Dr. Henry Smurthwaite (Newcastle-on-Tyne) desired to draw attention to three points, namely, the condition and idiosyncrasy of the patient, the operation, and the anaesthesia. Was it not a fact that haemophilia or leukaemia accounted for a large number of the severe and fatal cases of haemorrhage following tonsillotomy? He always made a point of proving or disproving a tendency to be a "bleeder" in his patient before operating, and had refused to remove the tonsils in a young man who gave a history of severe bleeding following tooth extraction, and also epistaxis for several days after a blow. Profuse haemorrhage might be due to severing the anterior pillar, and so cutting the more or less large vessel running in it. As to the anaesthetic, he had found there was always more bleeding with the use of ether, and personally, when he did use general anaesthesia, he preferred ethyl chloride or chloroform.

Dr. John A. Donovan referred to the case of an adult whose tonsils, after the breaking down of adhesions, were removed with the snare. Very severe haemorrhage supervened, and was checked after four hours by the constant application of suprarenalin solution. He always introduced a probe into the crypts of removed tonsils. If it passed through the tonsils some tonsillar tissue remained in the throat, but if it did not go through the patient could be positively assured of no more tonsil trouble.

The President avoided the guillotine in adults, and employed the strong wire snare, or more frequently the morcelleur devised by Ruault.

Reply.

Dr. Alice G. Bryant, in reply, said that the twisting of the wire as it entered the cannula, referred to by one speaker, might be obviated by using heavy wire. She had tried finer wire, No. 5 or 7, but had gradually come to adopt No. 12 or 13. The oxidation of the wire favoured its closer adherence to the tissues.

(To be continued.)

MEMORANDA:
MEDICAL, SURGICAL, OBSTETRICAL.

TSETSE FLY IN ARABIA.

On October 30th, 1903, whilst crossing the Dakkham country one found on the Haushabi bank of the Tiban River a blood-sucking fly, presenting tsetse characteristics, but smaller and differing from any species then described by Austen in his monograph on tsetse flies. On submitting a specimen of this fly on October 30th, 1906, to Mr. Newstead of the Tropical School of Medicine, Liverpool, he very kindly identified it for me as *Glossina tachinoides* (Westwood), which he informs me is specifically identical with specimens of *G. tachinoides* from the Benue River in Northern Nigeria.

This species of tsetse fly is thus the first recorded from beyond the African Continent. In S. Arabia the fly was first found at the foot of Jabal Hashar in Haushabi on the bank of the Tiban River. Here several belts of tamarisk occur, and within half a mile a large marsh in the Dakkhan country exists. A second specimen was caught near Addar Rega, at the junction of Wadi Rafad and Wadi Addar Rega, also in Haushabi. Five specimens were also caught near the volcanic hot springs of Hawemi, adjoining the Wadi Natid. The fly occurred here in cactus belts, being very locally distributed—in fact, none were seen at Am Hathewa hot springs about 1¼ miles away. It occurred freely at Kurrash, on the right bank of the Wadi Natid, a halting place on the great caravan track to Mavia and Tais, 1½ miles below Hawemi. Here are found volcanic springs of cold water arising from tumuli of red and grey mica-laden clay. Flies were not seen near the water's edge, but in the adjoining thick belts of euphorbia, babal, and tamarisk.

In Subaihi three specimens were caught during the demolition of the forts by the escort to the Commission in the Al Hay Gorge; they were also several times seen along the banks of the Ghail Akashi and Ghail Maula. Tsetse flies are sparsely seen between Nakil Madraga and Sanawi in North Subaihi. Here the flies occurred in belts of tamarisk and babal thorn, never in the date groves or along patches of cultivation. These flies, occurring as they did scantily amongst myriads of other flies, were very difficult to catch, whilst the hostility of the Arabs in Subaihi precluded any attempts to pass beyond the visual limits of our camping positions.

The Arabian *Glossina tachinoides* does not depend for its existence on big game, for, excepting gazelle, nothing else frequents the belts of bush which it haunts. Only once was the fly recognized by Arabs, and then by a band of wild Bedouins from North-Western Subaihi, who sought medical advice at Camp Wadi Kaluli. They stated this fly used to be more frequent in Subaihi, that it bit goats, donkeys, horses, dogs, and men, but did not attack camels or sheep. They further stated that it sucked blood only after the spring rains, that some years it disappeared from

a district entirely, that rarely it became abundant, and then they moved their settlement and cattle by night marches to a fly-free district. They further had noted a marked diminution in the game in Subaihi, but were uncertain whether it was not due to the introduction of Winchester rifles from Jibutil rather than to cattle murrain.[1]

In conclusion, I wish to express my great indebtedness to Mr. Newstead of the University, Liverpool, for having kindly identified the species of fly above discussed.

It is worthy of note that horse sickness has again appeared at Kataba in the Amiri country, a Turkish town situated in the Dthalla Valley, 1½ miles from Jabal Hashar where the fly was first found.

Liverpool. R. MARKHAM CARTER, Capt. I.M.S.

ABORTION FOLLOWING THE USE OF DIACHYLON.

MRS. R., in January of this year, believing herself pregnant, was advised to take some pills by a neighbour who made them up for her. The instructions she received were that she was to take two night and morning for three days, with a three-days' interval. She took the pills for about a fortnight, but on a few occasions increased the dose, taking three pills night and morning. When she began to take the pills she had amenorrhoea, but after a fortnight had a miscarriage. This cleared up in a few days, and she remained regular up to July 23rd, when she had a second miscarriage, the fetus in this instance being about two months old. I first saw her on October 12th, when I found her suffering from pelvic peritonitis. She told me that though she took diachylon pills in January, she had not taken any since; in fact, on account of having seen her periods regularly, she was not aware that she was pregnant in July. The typical blue line on the gums was still quite distinctly visible. The interest of the case is that the patient, after having taken diachylon for a fortnight, aborted twice, the second abortion occurring five months after having taken the pills.

Southampton. F. W. HOPE ROBSON.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

Birmingham, Thursday, November 8th, 1906.

O. F. WYER, M.D., President, in the Chair.

Inhalation Mask.—Mr. L. KIRBY THOMAS showed a modified inhalation mask arranged for the administration of ethyl chloride.

Excision of Lachrymal Sac.—Mr. JAMESON EVANS showed a girl, aged 15, in whom the lachrymal sac had been excised. She had previously been treated by means of probing and antiseptic and astringent injections for over two years, without any material improvement. In a few weeks after removal of the sac all signs of epiphora had disappeared. The wound had healed by first intention, and the resulting scar was inappreciable.

Triplets.—Dr. PURSLOW showed the placentae and membranes from a case of triplets. The patient from whom they were taken had been confined in the Queen's Hospital Maternity; she was 19 years old, and this was the first pregnancy. The first two children presented by the vertex and the third was a breech presentation. All three were born alive. Two of the placentae were fused at their edge and the other was separate.

Carcinomatous Larynges Successfully Extirpated.—Professor JORDAN LLOYD showed two larynges recently removed successfully for carcinoma by a new method and without preliminary tracheotomy. The operation was divided into two parts, in the first of which the patients lay flat on the back with the head raised and the chin drawn upwards; a long median incision was made down to the hyoid, larynx, and trachea, and all the extralaryngeal structures were completely divided on both sides of the larynx, all bleeding vessels being caught and securely tied with silk. The head was then lowered over the end of the table, and the trachea cut completely across immediately below the cricoid, the cut end of the trachea being held up with a sharp hook passed through its anterior part. All blood ran downwards away from the open trachea towards the pendent head. The larynx was removed from below upwards, care being taken of the anterior pharyngeal wall, and was finally separated from the hyoid bone by dividing the thyro-hyoid membrane. Vessels might be tied, and the opening into the pharynx closed with sutures. Operating by this method made the procedure easy, deliberate, and free from embarrassment, and it was practically impossible for blood to enter the air passages. A tube might be introduced into the cut end of the trachea, tightly filling it, before the larynx was freed from its posterior attachments, and this tube might be left *in situ* after the trachea had been secured to the skin edges at the lower end of the wound with two or three silver or silk sutures. The patients from whom the specimens were removed were a woman aged 65, and a man aged 62.

Caesarean Section.—Dr. PURSLOW read a paper on Caesarean section, with notes of 4 cases. All the mothers made good recoveries. (1) Contracted pelvis; Caesarean section, before onset of labour; child did well. (2) Contracted pelvis; in labour several hours and repeated attempts at delivery made before admission; no signs of life in child, but uterus threatening rupture. (3) Dermoid cyst obstructing pelvis; child born alive but feeble, and died later. (4) Contracted pelvis; child did well. Modifications of technique and of the question of sterilization of the woman were considered.

The Lachrymal Sac in Visual Economics.—Mr. J. JAMESON EVANS read a paper on this subject. An outline of the anatomy and physiology of the lachrymal apparatus was given. The lachrymal sac was considered as a source of microbic infection of corneal abrasions and wounds. Serpiginous ulceration of the cornea was said to be the most common cause of loss of vision in adult working men. The bacteriology of lachrymal discharges and serpiginous ulcers was dealt with. Conservative treatment of dacryocystitis was declared to be unsatisfactory, prolonged, and expensive. The author proceeded to consider the indication for excision of the lachrymal sac; its economic advantages to the working man were pointed out.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.

Kendal, Wednesday, October 31st, 1906.

Dr. HALL, President, in the Chair.

Peritonitis.—Mr. C. H. HOUGH (Ambleside) read a paper entitled, Some Points in the Etiology, Symptoms, and Treatment of Peritonitis. Before introducing the real subject of his paper the author briefly discussed the generally-accepted opinions regarding the peculiarities and morbid anatomy of the peritoneum: (1) Its great extent of surface; (2) its remarkable powers of absorption; (3) the resistance to septic organisms and their products; (4) that it does not show the same degree of vulnerability in all its parts; (5) the nerve supply to the peritoneum; the relationship existing between the great sympathetic plexuses within the abdomen and some branches of spinal nerves, and its important bearing upon the symptoms of peritonitis, together with the treatment adopted in some cases for the relief of pain. The late John Hilton, in his classic work, *Rest and Pain*, draws particular attention to this. "The same nerves that supply the muscular apparatus should supply also the serous membrane which these muscles move." It will be seen that the lower seven dorsal nerves coming down from the spine to the abdominal muscles supply also the peritoneum of the abdominal parietes, and some of these same nerves supply also the skin of the exterior of the abdomen. The same spinal nerves send filaments to the visceral peritoneum covering the intestines. Further, some of these filaments of spinal nerves go through the sympathetic ganglia, and thus associated with the sympathetic, travel upon the artery and become ultimately distributed to the walls of the small and large intestines. "The muscular apparatus of the abdomen, its serous membrane, the peritoneum, the skin over the muscles, and the intestines themselves are thus brought into harmonious association. Etiology: Sir Frederick Treves's classification—(1) Peritonitis

[1] *Journal of the Royal Army Medical Corps*, vol. vii, No. 5, November, 1906, p. 530.

lished in the *Comptes Rendus*, and gives the main features of an investigation he has made into the relation of alcohol and insanity. The most striking feature, he says, exposed by these inquiries has been

the fact that a relatively small quantity of alcohol to the feeble-minded, epileptic, and potentially insane, whether the result of inherent or acquired brain defect, acts as a poison and renders him antisocial.

This fact of alcoholic intolerance among the epileptic and feeble-minded, affirmed for many years by Aschaffenburg and others, receives support from Dr. Mott's *post-mortem* observations, which showed that out of 1,282 autopsies, very few evidenced changes in the liver and other organs indicative of inebriety. He says:

The evidence obtained from this source leads one to infer that the majority of people admitted to asylums are hereditarily predisposed to insanity or are of a neurotic temperament, so that a quantity of alcohol which might be consumed daily by a man of stable mental organization without producing mental symptoms is sufficient to cause insanity in such predisposed persons.

Tuberculosis.

Out of a total number of 17,088 patients resident in the asylums on March 31st, 1906, 335, or 1.96 per cent., were reported (Dr. Mott says) to be suffering from pulmonary tuberculosis. Of the total number of *post-mortem* examinations made during the year in the London County Asylums active pulmonary tuberculous lesions were found in 11.61 per cent. A reference to the Claybury *post-mortem* statistics shows, he says, that a large proportion (47 per cent.) of the cases examined had signs of obsolescent or active tuberculosis, and that in very few cases could it be inferred that the disease had been acquired during residence in the asylum. Nevertheless, the tables which he includes in his report show that of the 335 cases reported as present on March 31st, 1906, 101 were diagnosed on admission as tuberculous, 53 within one year of admission, and no less than 181 after one year of residence—supporting the contention that the majority would fall within the category to which he alluded last year in his report of those in whom the disease was lit up in the asylum.

Dysentery and Diarrhoea.

The total number of cases of dysentery reported during the year ending February 28th, 1906, shows an increase on the numbers of the two preceding years—the actual figures being, for the years 1903-4, 232 cases; for 1904-5, 231 cases; and for 1905-6, 274 cases. This increase was due to a recrudescence of the disease at Bexley, the returns for that asylum being unusually high, the Bexley cases (63) and those of Hanwell (23) contributing 75 per cent. of the total number reported.

THE EPILEPTIC COLONY.

The Asylums Committee's Report contains the third annual report of Dr. C. Hubert Bond, the Medical Superintendent of the Colony. The medical statistics refer to the year 1905. There were in the colony on January 1st, 1905, 322 patients. During the year 70 were admitted, 30 being transfers from asylums and 40 direct admissions. One patient was found not insane and had to be discharged, thus not appearing in the statistics. In 18 of the total admissions the patients suffered from congenital mental disease, in 44 the attack was a first and in 7 a not-first attack. A comparison of these figures with those of previous years shows a fairly uniform proportion of about 27 per cent. of congenital or juvenile mental defect. In addition to these, however, in 19 others a mild degree of congenital defect was recognizable. To this latter class Dr. Bond attributes considerable importance, as these cases would be recognizable by a trained observer during school years, and should be "ear-marked" for future observation and guidance or segregated in special institutions.

In over 40 per cent. the epilepsy was of over twenty years' standing on admission, and in no case had it existed for less than two years. With regard to the various etiological factors in the 69 admissions, an insane heredity, direct or collateral, was ascertained in 15; an epileptic heredity in 16, a neurotic heredity in 16, an alcoholic heredity in 7, and tuberculous heredity in 13. Congenital defect was established in 18 and congenital syphilis in 3. Of various other causes, acquired syphilis was assigned in 5, alcoholism in 15, or 21.7 per cent., and fevers in 3. Cardio-vascular degeneration was present in 20, valvular heart disease in 2, and in 5 signs of former rickets.

During the year 4 cases were discharged as recovered, 2 as relieved, and 1 as not insane on admission. Also 47 were transferred from the colony as relieved or not improved, and there were 11 deaths. These deaths, giving a percentage death-rate on the average numbers resident of 3.39, were due in 4 cases to epilepsy, in 5 to diseases of the heart and blood vessels, in 1 case to ulcerative stomatitis, and in 1 to cancer.

From the point of view of occupation of the patients, the colony appears to be carried on successfully, the value of the vegetable produce being double that of the preceding year; the average weekly expenditure per patient for the financial year ending March 31st, 1906, was 14s. 8d., or approximately 1s. 6d. less than that of the year previous.

MEDICAL NEWS.

SIR T. HALLIDAY CROOM, M.D., will preside at the next annual dinner of the Edinburgh University Club of London, which takes place on Friday, November 23rd, at the Criterion Restaurant, Piccadilly Circus, at 7.30 o'clock.

A SPECIAL meeting of the Medical Society of London will be held on Monday, December 3rd, at 9.15 p.m., when Dr. Henri Hartmann, Professor in the Medical Faculty of the University of Paris, will deliver an address entitled the Surgical Forms of Ileo-caecal Tuberculosis.

THE eighth annual dinner of the London Medical Graduates' College and Polyclinic will be held at the Trocadero Restaurant, Piccadilly, on Wednesday, December 12th, at 7.15 for 7.30 p.m. Dinner tickets, exclusive of wine, 7s. 6d., may be obtained from the Medical Superintendent, 22, Chenies Street, Gower Street, W.C.

THE annual meeting of the Glasgow University Club for Manchester and District will be held at the Mosley Hotel, Manchester, on November 27th, at 5.30 p.m., after which the members will dine together at the same place, a 6.15 p.m. Further particulars can be obtained from the Secretary, Dr. D. Richmond, 176, Drake Street, Rochdale.

THE autumn dinner of the Irish Medical Schools' and Graduates' Association will take place at the Hotel Great Central, Marylebone Road, London, on Wednesday, November 28th, at 7.30 p.m. The guest of the Association will be Admiral of the Fleet, Sir Edward Seymour, G.C.B., O.M. Tickets can be obtained by members of the Association from Mr. Canny Ryall, 85, Harley Street, W.

ON the occasion of his resignation of the post of Senior Surgeon to the Hospital at Stroud, in Gloucestershire, Dr. A. S. Cooke was recently the recipient of a gratifying testimonial from the members of the Board and others interested in the institution. Dr. Cooke first threw in his lot with the fortunes of the Stroud Hospital some forty-two years ago, long before the present building was erected. The hospital at that time consisted of three rooms, holding four beds each, in a separate house, with no regular staff, and Dr. Cooke became its first house-surgeon, and subsequently the first member of its permanent staff. The presentation, made by Sir John Dorrington in the name of the subscribers, took the form of a suitably-engraved silver salver and a cheque for 120 guineas. In acknowledging it, Dr. Cooke mentioned that of his original colleagues all had passed away, and that some of the members of the present Committee were the grandsons of those under whom he had first served.

THE medical arrangements for that part of the route from Paddington Station to the Guildhall lying between Tottenham Court Road and the Guildhall, on the occcasion of the visit of the King and Queen of Norway to the City on November 14th, were in the hands of the (London District) Royal Army Medical Corps Volunteer London Companies, under the command of Lieutenant-Colonel Valentine Matthews. Three ambulance stations, for the reception of possible casualties were formed, one at Tottenham Court Road, one at Holborn Circus, and one at the Guildhall, and nine stretcher parties were interposed between these at intervals of about 300 yards. We are informed, however, that no casualties occurred on this part of the route. The following officers were doing duty at the several ambulance stations: Captain and Adjutant Langford Lloyd, Captain Miles, Captain Salisbury Sharpe, Captain E. A. Snape, Lieutenant H. C. Phillips, and Lieutenant and Quartermaster H. E. L. Purcell.

PATIENT'S CHOICE OF MEDICAL ATTENDANT: DOOR-PLATES.

ETHICAL.—(1) Under the circumstances stated our correspondent is perfectly at liberty to attend the husband. The rule about interference applies only to cases where another practioner is actually in attendance. The fact that some one else attended the patient some time ago is not important, as he is at liberty if he pleases to select a new medical attendant in any subsequent illness. (2) So far as we know we have not said that we thought a doctor ought not to put up a plate at any address at which he does not "actually reside," by which we suppose our correspondent means eat and sleep, for in that case we should have condemned many of the consultants of London, Manchester, and other large towns who do not actually reside at their consulting rooms. What we have frequently said is that we do not approve of plates being put on houses, where the practitioner has no bona fide tenancy, for simple advertising purposes, a very different thing; consequently, we see no objection to our correspondent taking consulting rooms in Harley Street or anywhere else he may please.

DOOR-PLATE.

INQUIRER.—It is not unusal, and would certainly not be wrong, to place a door-plate at the corner leading to our correspondent's house.

SCHOOL CLOSING CERTIFICATES.

A. G. asks: (1) Is a guinea, or two guineas, a reasonable fee for granting a school closing, or opening, certificate? Can both be charged for? (2) A doctor entitled to such fees, who has not collected them, though an account had been rendered, becomes a member of the Board at the next election. Can he still claim the fees?

*** (1) A guinea, or even two guineas, might be a reasonable fee for granting such certificates, according to the work required to be done. Whether for closing or reopening a school a fee could be claimed for the certificate. (2) If the fees in question were earned before the doctor became a member of the Board he may legally claim the payment of the same.

MEDICAL ATTENDANCE ON POLICEMEN.

J. M. writes that a policeman in a neighbouring town, having contracted pericarditis, was seen for a short time by the police surgeon and then sent home to his father's house; our correspondent was sent for by the father and attended the patient till convalescent. The man then reported himself at head quarters, and was pronounced unfit for further service. J. M. asks who is responsible for his fees. Must he send in the bill to the policeman, or can he recover from the police force?

*** We are advised that the bill should be sent to the policeman or his father, and that our correspondent has no claim to be paid by the police authorities.

LABELS ON MEDICINE BOTTLES.

R. A. KEYS.—The labels put upon bottles of medicine should not be made mediums of advertisement, and should therefore contain only the necessary directions for the patient, except where the law directs that the name and address of the person dispensing a poison must be placed upon the bottle.

OBLIGATIONS OF A SUBSTITUTE.

QUAERO writes that twelve years ago A. attended a gentleman as a substitute for B., who was absent on a holiday. The patient died after a few days. In the present year, that is twelve years after, A. was asked to attend the widow. In the interval the family had resided for some years in another place, but after return B. had attended the daughters as lately as last year. Was A. free to attend the case?

*** Considering the length of time that has elapsed, we do not think that the obligation originally imposed on A. by his having acted as B.'s substitute should be held still to debar him from attending.

GLASGOW UNIVERSITY CLUB, LONDON.—The Right Honourable H. H. Asquith, K.C., M.P., Lord Rector of the University of Glasgow, will preside at a dinner of the club to be given in the Trocadero Restaurant, Piccadilly Circus, W., on Friday, December 7th, at 7.15 for 7.30 p.m. Application for tickets to be made to the Honorary Secretaries, 63, Harley Street, W.

WE are asked to state that during the months of November, December, January, and February charges for the various types of treatment at Harrogate—numbering forty-six altogether—will be considerably reduced, in many instances to half the usual rates.

THE British Electro-Therapeutic Society is organizing an exhibition of *x*-ray and electrical apparatus to be opened at Queen's Hall, London, W., on December 14th.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on November 8th:

M.B., B.C.—S. G. MacDonald, Joh.; R. M. Courtauld, Pemb.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on October 24th.

Appointments.

Dr. J. K. Fowler and Dr. A. D. Waller were re-elected Deans of the Faculties of Medicine and Science respectively.

Dr. P. H. Pye-Smith was reappointed the Representative of the University on the General Medical Council.

Dr. J. D. Thomson and Dr. H. M. Woodcock were appointed Assistants to the Professor of Protozoology, Mr. E. A. Minchin, M.A., formerly Lecturer on Zoology at University College.

UNIVERSITY COLLEGE.

The Council has conferred the title of Professor of Clinical Medicine upon Dr. J. S. Risien Russell.

Inter-Collegiate Scholarships.

The Provost, Dr. T. Gregory Foster, and Professor Hill have been reappointed the Council's Representatives on the London Inter-Collegiate Scholarships Board, which was founded in 1904, for the award of Entrance Scholarships to several of the London Colleges, including University, College, King's College and the East London College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on November 8th, Mr. Henry Morris, President, in the chair.

Issue of Diplomas.

Diplomas were issued to 120 candidates who passed at the recent examination as members.

The Royal Commission on Vivisection.

The President was appointed to give evidence before the Commission as representative of the College, in reply to a letter dated November 25th from the Commission, asking whether the College was desirous of nominating such a representative.

University of Sheffield.

Professor Howard Marsh was appointed to succeed Sir John Tweedy as the representative of the College on the Court of Governors of the Sheffield University for the next three years.

Bradshaw Lecture.

This will be delivered by Mr. Edmund Owen on Wednesday, December 12th next, at 5 o'clock, on "Cancer: its Treatment by Modern Methods."

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, November 6th, Dr. Playfair, President, in the chair.

The Fellowship.

Robert Cranston Low, M.B., Ch.B., was introduced and took his seat as a Fellow of the College. Robert Brooks Popham, M.R.C.P.E., F.L.S., West Ealing, was admitted by ballot to the Fellowship of the College.

Admission to the Membership.

On a ballot the following candidates were admitted to the Membership of the College after examination: William Herbert Fawcett, L.R.C.P.E., F.R.C.S.E., D.P.H., Bournemouth; Robert Durward Clarkson, M.D., C.M., B.Sc., Falkirk; Robert William Johnstone, M.B., Ch.B., Edinburgh; Hugh Angus Stewart, M.B., Ch.B., Pitlochry.

Admission to the Licence.

The Registrar reported that since the last quarterly meeting 49 persons had obtained the licence of the College by examination.

Recognition of Lecturer.

Dr. Alexander Goodall, F.R.C.P.E., was recognized as a Lecturer on Physiology.

UNIVERSITY COLLEGE, CARDIFF.

AT the meeting of the Council of the University College of South Wales and Monmouthshire on November 7th at the College, Cardiff, it was reported that a cheque for £4,500 had been received from the Worshipful Company of Drapers for the new College Building Fund; also, that a sum of money had been received from the trustees under the will of the late Dr. Isaac Roberts, F.R.S. Mr. M. Y. Orr (Glasgow) was appointed Demonstrator and Assistant Lecturer in Botany. It was reported that the short course for farmers would commence at the College on November 12th. This course is con-

ducted by the College in association with the Agricultural Committee of the Glamorgan County Council. The arrangements for the unveiling of the late Principal J. Viriamu Jones's statue at the City Hall on December 1st, 1906, were approved. The resignation of Mr. A. Longbottom, Demonstrator and Assistant Lecturer in Geology, was received, he having been appointed to a post on the mineral survey of Nigeria under the Colonial Office.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen having completed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board, and having complied with the by-laws of both Colleges, the Licence of the Royal College of Physicians was conferred upon them on October 25th last, and the Diploma of Member of the Royal College of Surgeons on November 8th, namely:

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. Blanford, 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. Doble, 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, C. 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, 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.

* M.R.C.S. granted on October 11th last.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE HOUSING QUESTION.

DR. GORDON, Physician to the Royal Devon and Exeter Hospital, at the request of the Bishop of Exeter, addressed the Diocesan Conference last week on the housing question. Dr. Gordon disagreed with the statement that the housing of the poor was not so important in the country districts as in the towns. If he were asked where the problem was most pressing, he would say in the country. There were three questions intimately connected with each other. The first was the threatened deterioration of the people, the second was the threatened exodus from the country into the towns, and the third was the defective conditions of the housing, both in the country and in towns. Private enterprise in this matter had failed—it could not do otherwise—and local enterprise was very slack. An adequate central co-ordinating body was wanted. The Local Government Board should have far more influence, and he was certain that if progress was to be made in this matter, the health service must be absolutely independent. A higher position, a more independent place, and absolute security of tenure in office for medical officers of health, were changes advocated by the medical profession in the interest of the public health of the community which they served. Cheaper houses and better by-laws were also wanted.

INSTRUCTION IN INFECTIOUS FEVERS.

THE Hospitals Committee of the Metropolitan Asylums Board reported on November 3rd the receipt of a letter from the medical superintendent of the hospitals at which classes of fever instruction are held, pointing out that the fee for attendance at a class of fever instruction is £3 3s. for the first two months, and £1 1s. for each additional month (in practice students do not attend for more than three months), and the medical superintendent who acts as instructor receives a fee of £2 2s. in respect of each student, irrespective of the length of the course taken by that student, the additional £1 paid for attendance during a third month being retained by the Board. The medical superintendents urged that, having regard to the fact that attendance during a third month involves additional work on the instructor, the extra guinea paid for this month should be allotted to them in return for the extra instruction afforded. The Committee was of opinion that this request was a fair and reasonable one, and recommended that, subject to the sanction of the Local Government Board, it be granted. The recommendation was carried unanimously.

AT a meeting on November 8th the Ophthalmological Society of the United Kingdom, after a long debate, decided *nem. con.* to remain a separate Society.

MEDICAL OFFICERS' FORTNIGHTLY REPORTS TO GUARDIANS.

PARISH DOCTOR writes as follows: My Board of Guardians have requested me in future to send my register every fortnight instead of the report sheets, which they have accepted up to the present. This, I believe, they have a right to demand, but I shall be obliged if you will inform me whether they are equally within their right in asking me to fetch the register away again. I live six miles from the board room, and should have to send a special messenger. To have to pay postage of 12s. a year on the register out of a salary of £30 is bad enough, but to be expected to send a man and horse a journey of twelve miles once a fortnight seems very unreasonable. Yet this is what one of my colleagues will have to do, unless he can post his register and rely upon the guardians to return it.

*** We believe it to be within the power of guardians to insist on the medical officer's register book of his cases being sent to them periodically instead of a copy of such, on loose sheets, which can be so easily transmitted by post. It is not easy to understand why any Board of Guardians should have become dissatisfied with the last-mentioned easy method specially sanctioned as it has been by the Local Government Board, it being a great convenience to all parties concerned; such being the case we are inclined to regard the demand of the guardians of which our correspondent complains, as unreasonable and even vexatious. Should they persist in having the heavy and cumbrous register sent to them by their medical officers it may, perhaps, be within their power to throw the expense of its transmission upon them as the medical officers have probably undertaken by contract to be responsible for this duty. Having done so much as this it appears to us that it would then rest with the guardians to return the same at their own cost, and this at a sufficiently early date, to enable all subsequent necessary entries to be regularly inserted therein. Should they fail to return the register within reasonable time, they could hardly expect to receive it again at their next meeting properly filled up.

NOTIFICATION FEES.

B. was quite right in notifying the case. Sec. 3 (*b*) of the Infectious Disease (Notification) Act 1889 requires "every medical practitioner attending on or called in to visit" a patient suffering from one of the scheduled diseases to forthwith, on becoming aware that the patient is suffering from the disease, send a certificate to the medical officer of health. B. should return the certificate to the medical officer of health, and in due course require payment from the sanitary authority. During the first few years after the passing of the Notification Act several medical practitioners had to sue sanitary authorities who repudiated liability to pay fees under circumstances similar to those detailed by B. In every case the medical practitioners succeeded in recovering their fees.

HOSPITAL AND DISPENSARY MANAGEMENT.

DOWN DISTRICT LUNATIC ASYLUM, DOWNPATRICK.

ON December 31st, 1904, there were 700 inmates in this asylum and on the corresponding date in 1905 there were 723. The total number of cases under treatment during the year was 863 and the average number daily resident 715. During the year 163 were admitted, being 16 less than those of 1904. Of these 120 were first admissions. In 46 the attack was a first attack within three months, and in 24 more cases within twelve months of admission, 40 were the subjects of "not-first" attacks within twelve months of admission, and the remainder were either of more than twelve months (41), of unknown duration (2), or congenital cases (10) on admission. As to the forms of mental disorder the admissions, Dr. M. J. Nolan, the Medical Superintendent, says, presented nothing of exceptional interest in their character, being mainly melancholic in type. They were divided into mania of all kinds 41, melancholia of all kinds 87, secondary and senile dementia 12, general paralysis 5, acquired epilepsy 6, congenital or infantile defect 10 and not insane 2. As to the probable causes of the insanities in the admissions, alcoholic intemperance was assigned in only 14, venereal disease in none, puberty or change of life in 11, old age in 17, various bodily diseases in 29, previous attacks in 7, and "moral" causes in 11. Hereditary influences were ascertained in 62, or 38 per cent. After commenting on the misleading nature of the statistical information hitherto set forth in asylum reports and the improvement which it is to be expected will accrue from the adoption of the new tables formulated by the Medico-Psychological Association, Dr. Nolan continues: "To cope with causes it is necessary to understand thoroughly the causes and this understanding can only be arrived at by an accurate investigation of the conditions which produce them. These conditions are extrinsic