

that the embryos in the ticks used in my experiments are developmental filariae.

In my first experiments I used young ticks collected by my black boys in pig-sties, etc.; but, as the sources of fallacy under such circumstances were so obvious, I used the results thus obtained only as a suggestion for future work, and at once set myself to breed out young ticks from pregnant females, and have repeated all my observations, using young ticks that had never before sucked blood either from men or animals. Numerous controls were used to check all experiments.

As the dissection of the species of tick employed presents considerable difficulties, and section cutting of all ticks is well known to be very unsatisfactory, I have not yet satisfied myself as to all the details of development, which differs in some points from that of *nocturna* in mosquitos, notably in the much more rapid growth of the nematode during the first few days after its ingestion by the tick. The development seems to be practically complete at about the twenty-first to the twenty-third day, although the large forms may be obtained from the ticks for at least two months after that, and probably for a much longer period. When some time has passed after feeding, the embryos cannot be demonstrated except by pressure and rolling of the tick. This doubtless means that the worms bore through the walls of the digestive tract and go on to their further development in some of the firmer tissues of the host's body. Observations on these points and also regarding human infection are not yet complete, but from what I have already learned I am inclined to conclude that, as Dr. Low has already suggested to me in a recent letter, the parasite undergoes changes (analogous to those studied in other filariae) in *Ornithodoros moubata* as its intermediate host, and is then inoculated back directly into man, its definitive host.

One point the definite settlement of which has given me some trouble, and which led me to delay the publication of this paper for months after it was sent to London, was the possibility that the nematodes are natural parasites of the ticks which the controls (on account of slightly different environment, etc.) might lack the opportunity of acquiring; but numerous and extended experiments (some of which are difficult owing to danger of infecting controls through feeding to keep them alive), using ticks bred from eggs and also those from *perstans* districts and districts free from filariasis, seem to have disposed of the possibility that the age or environment is a factor in the infection of the ticks.

A detailed account, with drawings and other data, of the experiments here reported and those still in progress, together with the literature on the subject, will be presented in due time.

It is of interest to mention briefly in connexion with my work the observations of others.

Christy has suggested that *Ornithodoros* may be the host of *F. perstans*. He based his idea on the fact that his black servant, after being bitten with ticks, showed filariae in his blood which had before been free from them. I am not aware that he made any experiments to prove his point.

Feldman has claimed that man is infected with *F. perstans* through eating bananas. This author states that when ticks (he unfortunately does not give the species or even genus) suck the blood of natives affected with *perstans*, the worms undergo a certain development in the ticks, and then are deposited with the tick's eggs in ripe bananas, from whence they are carried into the alimentary canal of man. From this position he conceives that they bore their way into the tissues of the abdominal cavity, and develop into the adult form. These assertions are interesting, but the methods used to arrive at them are open to grave fallacies. I can glean from Dr. Feldman's paper no evidence that the ticks used were bred from eggs, or that any controls were employed, or whether the embryos found in bananas were proved to have any relation to the forms seen in ticks, nor, in fact, that any of the usual precautions used to eliminate error from scientific research were employed. On the other hand, my experiments with bananas have all been entirely negative. According to my observations, the ticks oviposit in the dust of the floor and not on bananas, which in this district are generally hung from the ceiling. It should also be remembered that the geographical distribution of bananas does not coincide with that of *F. perstans*, and that microscopic nematodes occur naturally in bananas.

To sum up: in view of my researches, so far I am inclined to the opinion that the intermediate host of *F. perstans* (Manson) in tropical Africa is a tick, *Ornithodoros moubata* (Murray), and that the cycle is probably (as in the case of other filaria carried by insects) direct,

from man to tick and from tick back to man. In British Guiana, etc., where *perstans* is also found, some other member of the genus—for example, *O. turicata*, *O. talaje*, etc. (which are natives of South America)—possibly plays the same part as *O. moubata* in Africa.

In conclusion, I wish to record my indebtedness to Dr. Low for criticisms, suggestions, and encouragement during the course of a long and tedious series of experiments.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

IODINE AND TYPHOID FEVER.

ABOUT six years ago I employed for the first time the internal administration of iodine in the treatment of enteric fever. I was led to do so by having read an article in the *Journal de Médecine* as far back as the year 1859. My cases are not many, but the results in some have been so striking that I venture to bring my experience of such treatment before the profession. That iodine has a marked and beneficial influence in typhoid I am convinced, be the explanation what it may, and if administered from the beginning it acts almost like a specific, shortening the duration of the illness, which in some cases would appear to abort, and modifying favourably most of the symptoms.

How does iodine act? Modern research shows it to stimulate the formation of white corpuscles necessary to the defence of the system (phagocytism). It renders lymphoid tissue active, and Peyer's patches being of lymphoid nature it may have some specific action on them the moment it enters the circulation.

The way in which I have administered it has been in the form of *B.P.* tincture, 3 to 15 minims diluted in 3j or 3ij of rum or cognac in about 1 or 2 oz. of water with a little sugar. This is administered three or four times in the twenty-four hours.

Puerto Orotava, Teneriffe. GEORGE V. PEREZ, M.B.Lond.

SIMULTANEOUS DISLOCATION OF BOTH SHOULDERS.

THE publication in the *BRITISH MEDICAL JOURNAL* of July 6th, page 20, of a case of the above, reminds me of an exactly similar case that I met with, quite ten years ago, in Sydney, New South Wales.

A woman, aged about 45 or 50, was climbing a step-ladder in her house one night, when she missed her footing and fell heavily on the floor. She was picked up and placed in bed, and was seen by me very shortly afterwards. She had both shoulders dislocated, and there were absolutely no other injuries.

London, W.C. M. J. LYDEN, M.D., Ch.M., R.U.I.

A FIFTEEN PINT HYDROCELE.

THE patient in the following case, a Gold Coast native, aged 30, presented himself at the Addah Hospital with his scrotum enormously enlarged and hanging below his knees. At first sight it appeared to be a case of elephantiasis or lymph scrotum, but on closer examination the swelling proved to consist of a small double inguinal hernia and a left hydrocele. The penis was buried in the scrotal tissue; the testicle could not be located; that on the right side was rather enlarged. From the history disclosed it appeared that the man had had a right inguinal hernia for eight years. This hernia was followed after two years by a left hydrocele, and this again by a left hernia. The scrotum having been carefully cleansed, the hydrocele was tapped and a measured quantity of fifteen pints of fluid removed, in addition to about half a pint which was unavoidably lost. The fluid was yellow, specific gravity 1020, cloudy from a cholesterine plates, and a few leucocytes, alkaline in reaction, and was almost solid with albumen on boiling; no spermatozoa were to be found on microscopical examination.

I have no data to refer to here, but I think that this quantity of fluid in a single hydrocele must be almost a record. After tapping, the left testicle could be felt as a

small soft mass posterior to the sac. Sexual intercourse had been possible, the patient informed me, from the beginning of the hydrocele up to the time of tapping.

A. E. HORN, M.D., B.Sc.Lond., D.T.M.Camb.,
West African Medical Service.

REPORTS

ON

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

WEST RIDING ASYLUM.

A CAVERNOUS ANGIOMA IN THE TEMPORO-SPHENOIDAL LOBE OF THE BRAIN.

(By MARGARET B. DOBSON, M.D.Lond.,
Pathologist to the Asylum.)

THE patient in the following case, a male epileptic idiot, was admitted in August, 1904, and died in February, 1907, at the age of 8 years, in the condition of status epilepticus.

Family History.—His parents were healthy, and no other of their children suffered from epilepsy. His maternal uncle was weak-minded, alcoholic, and epileptic; his maternal aunt was melancholic, probably suicidal. His maternal grandfather was a heavy drinker. His paternal aunt was already in the asylum, suffering from puerperal melancholia.

Clinical History.—Mentally the patient was a low-grade idiot, quite unable to do anything useful for himself. He made strange noises, but was unable to communicate his ideas to others. Extremely irritable and passionate, he would, if thwarted in any way, bang his head against the wall or floor. It was impossible to gain his voluntary attention. He fre-

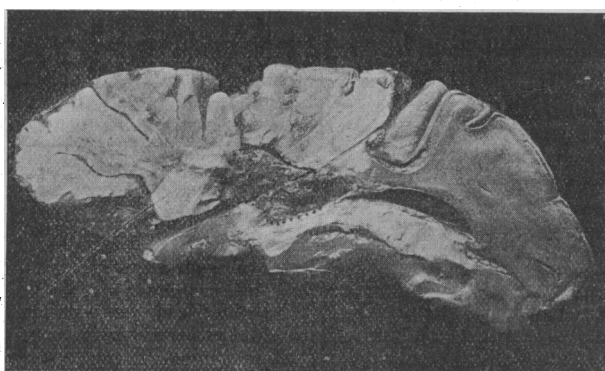


Fig. 1.—Horizontal section through left temporo-sphenoidal lobe, showing the site of angioma.

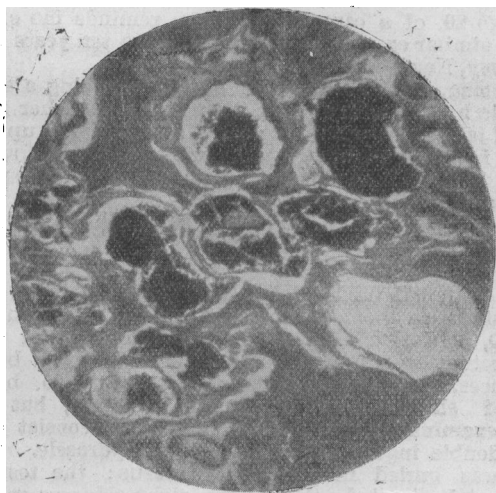


Fig. 2.—Photomicrograph showing irregular spaces filled with dark masses composed of red blood corpuscles. (Low power.)

quently performed curious automatic movements; he would tap the left frontal eminence with the middle finger of the left hand several times in succession, at the same time rotating the right hand backwards and forwards with the palm turned upwards. Physically he was well developed and well nourished. He possessed no well-marked stigmata of degeneration. His respiratory, circulatory, and alimentary systems were normal. Tactile sensibility was obtuse, and his eyesight appeared to be defective. He suffered from epileptic seizures of the "grand mal" type. The convulsions were typical, a short tonic stage being followed by clonic contractions, equally affecting both sides of the body. The number of fits on admission was about two of three a week, but under bromide treatment these were con-

siderably reduced. On February 9th, 1907, five days before his death, the patient began a series of paroxysms so closely following one another that status epilepticus resulted. The total number of fits in five days was 524. At first, between the convulsions, consciousness was partly regained, but afterwards coma was continuous between the seizures. The temperature was raised and the pulse and respiration increased in frequency in proportion to the resulting exhaustion.

Post-mortem Examination.—An autopsy was made twenty-seven hours after death. The calvarium was thickened, more especially in the occipital region. The density was greatly increased in this region, elsewhere the diploë were much congested. The contour of the skull was symmetrical. The dura mater, thick and fibrous, was markedly adherent to the skull and slightly adherent to the arachnoid mater over the Rolandic areas. The pia arachnoid was thick, gelatinous, and opaque over the fronto-parietal regions, and finely granular over the left occipital lobe. The blood vessels were extremely congested and dilated. The veins over both occipital lobes were engorged with blood, being distended, hypertrophied, and slightly tortuous. The brain, weighing 1,180 grams, appeared to be well developed. The convolutions, complicated, firm, and rounded, were of increased consistence, but, on examining the under surface of the brain, the greater portion of the left hippocampal gyrus and

a small part of the adjoining gyrus occipito-temporalis-lateralis (lobus fusiformis) was found to be bright yellow in colour, atrophied, membranous-looking, and much softened. On further examination a most unusual vascular growth was found within the brain. On making a horizontal section through the left temporo-sphenoidal and occipital lobes the posterior and descending horns of the lateral ventricle were exposed. Situated in the medulla, directly opposite the diverging descending and posterior horns, a large naevoid growth was found. It was 1 in. in diameter, and bulged into the ventricular cavity, occupying the triangular expansion known as the "trigonum ventriculi." Macroscopically, the tumour was composed of a mass of thick-walled blood vessels, varying in size, intermingled with large irregularly-shaped blood sinuses. An area of softened tissue extended from this growth to the above-mentioned softened

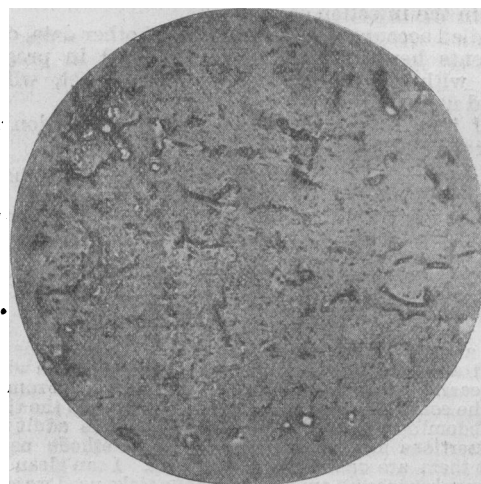


Fig. 3.—Photomicrograph showing innumerable small blood vessels in another part of the growth. The vessel walls have undergone hyaline degeneration. (Low power.)

cortical area. The growth was supplied by a large branch of the posterior cerebral artery. In the white matter of the left occipital and parietal lobes two very small angiomatous growths were found, and a third was discovered in the left cerebellar peduncle. The ependymal lining of the lateral ventricles was coarsely granular, and in places presented a somewhat mouse-eaten appearance.

Microscopical Examination.

The Vascular Growth.—The growth consists of (a) numerous large irregularly-shaped blood sinuses, separated from each other by thin fibrous partitions. In other parts of the growth these sinuses are more isolated, and each is surrounded by a thick fibrous wrinkled coat. (b) Innumerable

England and Wales in the decennium 1891-1900, exceeded by 25.9 per cent. the average death-rate in the preceding decennium, after allowing for changes in the age constitution of the population. The death-rates given are based upon deaths stated in the death certificate to be due to cancer, or found after an inquiry addressed to the certifying practitioner to be due to this disease. Dr. Tatham adds that the practice of writing to medical attendants for further information concerning an indefinitely stated cause of death has resulted in the addition of a large number of deaths to this heading, and has probably also indirectly led in many cases to a more precise statement of the cause of death.

The increase noted in the last as compared with the previous decennium is a continuation of a tendency observed since civil registration was instituted. For every 100 deaths attributed to cancer in the decennium 1851-60, 233 were assigned to this disease during the decennium 1891-1900. A chart is given in the report, on which the rates for both sexes and for males and females are plotted, and in all three instances the rise is practically steady, although the increase has been more rapid among males than among females. In both decennia the mortality from cancer was much higher among females than among males, but it was twice as high in 1851-60, and only one and a half times as high in 1891-1900. During the last forty years the corrected death-rate has trebled among males and doubled among females; but if attention is directed only to the age after 35 years, it is found that at the age 55 and upwards the mortality in the recent decennium is about three and a half times as heavy among males and about two and a half times as heavy among females as in 1851-60. As all statistics tend to prove, this preponderance of mortality among females occurs only after the age of 25 years, is heaviest between that age and the 55th year of life, and is accounted for entirely by the larger number of deaths from cancer of the female generative and mammary organs.

Taking the mortality among both sexes together, it is found that an analysis of the deaths according to the part of the body affected shows that the increase is largely due to the more frequent detection of internal cancer, as a result either of operation or of *post-mortem* examination, so that the increase is probably to a large extent due to the more favourable opportunities of correct diagnosis which have become available in recent years. An extended table, giving the mortality at various ages, shows that it is very low up to the age of 25 years, and is not high until after the 35th year of life. Dr. Tatham adds that the relative incidence of cancer will be most satisfactorily represented by temporarily disregarding both the deaths and the population under 35.

Cancer: Annual Mortality per Million living at all Ages and at Ages above 25 Years in Five Successive Decennia.

	All Ages.	25—	35—	45—	55—	65—	75 and Upwards
1851-60	325	103	390	862	1,412	1,960	2,071
1861-70	350	113	446	1,054	1,776	2,374	2,568
1871-80	477	124	527	1,257	2,209	3,100	3,289
1881-90	602	128	536	1,552	2,871	4,180	4,312
1891-1900	758	139	646	1,833	3,662	5,604	6,145
1851-60	194	62	175	422	932	1,503	1,738
1861-70	240	60	205	539	1,206	1,874	2,269
1871-80	313	71	240	706	1,593	2,605	2,989
1881-90	437	80	299	1,002	2,302	3,758	3,926
1891-1900	600	90	384	1,300	3,160	5,325	5,824
1851-60	448	140	595	1,283	1,857	2,355	2,326
1861-70	532	161	670	1,539	2,302	2,806	2,798
1871-80	632	174	793	1,764	2,765	3,524	3,520
1881-90	756	173	855	2,051	3,375	4,531	4,601
1891-1900	906	175	891	2,323	4,099	5,892	6,377

MEDICAL NEWS.

THE new out-patient department at St. Bartholomew's Hospital is to be opened on Tuesday afternoon next by the Prince of Wales.

PROFESSOR ALEXANDER MACPHAIL, of St. Mungo's College, Glasgow, has been appointed Lecturer on Anatomy at the Charing Cross Hospital Medical School.

UNDER the will of the late Mr. R. Stirrup, of Bowdon, the following bequests are made: £250 to Manchester Royal Infirmary, £100 to Manchester and Salford Hospital for Skin Diseases, £250 to the Cancer Pavilion, £100 to Altrincham and Bowdon Hospital, £1,500 for a scholarship, and the residue of his estate to the University of Manchester.

As it is anticipated that the successful formation of the Royal Society of Medicine will lead to greatly increased use of the library at the premises of the old Medico-Chirurgical Society in Hanover Square, considerable alterations of the internal arrangements are to be made. These will necessitate the closing of the library for about two months, commencing from August 1st. Application forms for the use of persons who desire to become Fellows of the Society or members of one or more of its sections can now be obtained from the Secretary, 20, Hanover Square, W.

As has already been announced in the BRITISH MEDICAL JOURNAL, the third International Congress on Provision for the Insane will be held at Vienna from October 7th till the 11th, 1908, under the presidency of Professor Obersteiner. Notice of intention to take part in the Congress, of communications to be made, and of demonstrations to be given must be conveyed on or before July 1st, 1908, to the General Secretary of the Congress, Docent Dr. Alexander Pilcz, ix Lazarethasse 14, Vienna, from whom also all information relative to the Congress may be obtained. A detailed programme will be issued later.

NORTH-EAST LONDON POST-GRADUATE COLLEGE.—A vacation course will be held at the Prince of Wales's General Hospital, Tottenham, N., during September, commencing on the 9th of the month, the arrangements for which have been adapted to the requirements of those engaged in active practice. They include daily clinics in the wards, demonstrations in the out-patient and special departments, classes on clinical methods, other practical clinical demonstrations, and clinical lectures with lantern demonstrations. The fee for the course, which will last a fortnight, is 1 guinea. Full particulars may be obtained from the Dean at the hospital.

UNITED STATES IMMIGRATION LAW.—The new Immigration Law came into force on July 1st. Its provisions are designed to raise the standard of persons admitted to the United States, and the head tax on all aliens entering the country is raised from 2 to 4 dollars. The excluded classes are increased by the addition to the list of imbeciles, feeble-minded persons, persons afflicted with tuberculosis, those certified upon medical examination to be mentally or physically defective to such an extent as to affect their ability to earn a living, and all persons coming into the United States for any immoral purposes. One section (says the *Medical Record*) makes the decision of a Board of special inquiry final, not only as to the rejection of aliens afflicted with loathsome or dangerous contagious diseases, or with mental or physical disability bringing them within the excluded classes, but also as to persons afflicted with tuberculosis.

A QUARTERLY Court of Directors of the Society for Relief of Widows and Orphans of Medical Men was held on July 10th, at 11, Chandos Street, Cavendish Square, Dr. Blandford, President, in the chair. Twenty-one directors were present. The deaths of Sir William Broadbent and Dr. Robert Barnes were reported. Both had held the office of director. The Secretary was directed to send letters of condolence to Lady Broadbent and Mrs. Barnes. Two new members were elected. Since the last quarterly court one of the widows, an annuitant of the charity, had died. Her husband paid a life subscription fee of £26 5s., and the widow had received in grants the sum of £490. Six letters had been received from widows of medical men asking for relief, but in each instance this had to be refused as their husbands had not been members of the Society. The sum of £1,300 10s. was voted for the half-yearly grants to the 49 widows and 20 orphans at present on the books of the Society. Membership is open to any registered medical practitioner, who at the time of his election is residing within a twenty-mile radius of Charing Cross. Full particulars may be obtained from the Secretary at 11, Chandos Street, Cavendish Square, W.

disability of the intercostal muscles of either side, whilst from a discharge lesion of a part of the cortex (a part belonging to the same anatomico-physiological system as that part which is the seat of a destruction lesion in hemiplegia) there is great spasm of the intercostal muscles of both sides. Another, a third, confirmation of the hypothesis is given by so-called pseudo-bulbar paralysis; in cases of this malady there is a double cerebral destruction lesion, causing great disability of bilaterally acting muscles of a certain region of the body—of both sides of the tongue, lips, and palate. A destruction lesion of the left half of the brain only causes very slight, almost no, disability of the bilaterally acting parts mentioned, compensation being for the effects of that one-sided lesion practically complete. But when that compensation is lost from a lesion of the right half also, there is very great disability of the bilaterally acting parts mentioned. Speaking more at large, it follows from Broadbent's hypothesis that "double hemiplegia" is more than the double of hemiplegia.

So much for three applications of the hypothesis. There is another one of great importance which I shall do little more than mention. The hypothesis "leads" (I am now quoting Broadbent again, *Brain*, op. cit.) "to the conclusion that words are represented in the right as well as in the left hemisphere."

I hope that what I have said shows how fundamental and how widely applying Broadbent's hypothesis is. This basic contribution to neurology has lasted forty years, and is still not only valuable for the explanation of certain neural symptomatology, but is also fruitful in its indications for further research in medical neurology. Moreover, I think that it and deductions or inferences from it, will be found of great value in the study of still larger problems than those dealt with in the foregoing—of great value in investigations into the physiology of the organism, when that physiology is considered as especially corresponding to psychology, both to the psychology of the sane and that of the insane.

Dr. CHEADLE, Consulting Physician to St. Mary's Hospital, writes: My acquaintance with Sir William Broadbent extended over forty years, and my friendship for him has for an equal period known no break or weakening. A staunch comrade and colleague—genial and kindly, moreover, with those with whom he worked. A born leader, a determined fighter in what he judged to be a just and right cause—"Vir justus ac proposita tenax."

His energy was remarkable. He spared neither time nor labour, and no trouble was too great for him to take in order to forward the end in view. His devotion to the advancement of his hospital and medical school bore excellent fruit. The rise of St. Mary's as a medical school was coincident with his career. It is hardly too much to say that it was chiefly owing to his untiring work and wise counsel, the zeal and enthusiasm which he aroused in colleagues and students, together with the personal reputation which he achieved, that St. Mary's gained the position which it holds.

Sir William Broadbent's chief characteristics were thoroughness in all he did, a high moral courage, undaunted by hostile criticism, or prejudiced opposition; with this an intellectual power and grasp of the subject in hand rarely equalled.

The work he has done towards the advancement of medical knowledge, such as his lectures on the heart and pulse, is of sterling value, and will endure; and his efforts in the public service—as, for example, in the campaign against tuberculosis—have borne rich fruit, and will be of permanent benefit to mankind.

As a practising physician his leading distinction was a certain sound and acute judgement in diagnosis. It was impossible to examine a case in conjunction with him and not be impressed by his originality of view. He gave no mere stereotyped opinion, but constantly developed some point the value of which had perhaps been underrated, if not overlooked, and I always felt afterwards that I had gained something in clinical wisdom. No other Master in Medicine whom I have met has thus influenced me, with the sole exception of the late Sir William Gull, who possessed the same faculty of fresh insight.

Sir William Broadbent's teaching at the bedside was eagerly sought after by the students, who were not slow to appreciate the value of his lucid exposition of the clinical

problems before them, and he won their attachment and esteem as fully as their admiration and respect. In his dealings with patients—rich and poor alike—he was always considerate, courteous, and long-suffering of many a tedious tale.

As a lecturer and speaker his delivery was in some degree marred by a curious hesitancy. He had not that dangerous Celtic fluency of speech which now and again leads the possessors of it to utterance in advance of correct and accurate thought and judgement. Yet his dealing with the subject in hand was lucid and complete. It commanded attention in spite of this drawback of the slow and careful search for the precise word best fitted to express with accuracy the idea intended, and which he always succeeded in finding.

In fine, Sir William Broadbent was a man of exceptional brain power, well trained and effective, a marked and forceful personality, one of the big men of the profession in our time.

The funeral took place on July 13th, the first part of the service being conducted at St. Peter's, Vere Street, by the Rev. Canon Page Roberts, assisted by the Rev. H. Lafone, son-in-law of Sir William Broadbent. Among the wreaths with which the coffin was covered was one from the Queen bearing the inscription, "In grateful remembrance, from Alexandra." Among those present at the service at Vere Street were the Hon. Sidney Greville, representing the King; Sir James Reid, representing the Prince of Wales; Sir R. Douglas Powell, President, and Dr. Liveing, Registrar, of the Royal College of Physicians; Sir William Church, Sir Thomas Barlow, Dr. Frederick Roberts, Dr. Pye-Smith, Dr. Hughlings Jackson, Dr. Ferrier, Dr. Bastian, Mr. Henry Morris, President of the Royal College of Surgeons; Sir Thomas Smith, Mr. Jonathan Hutchinson, Sir William Bennett, Professor Howard Marsh, Mr. Mayo Robson, and Mr. Pearce Gould. The British Medical Association was represented by Mr. Edmund Owen, Chairman of Council; Dr. Radcliffe Crocker, Treasurer; and Dr. Frederick Taylor, President of the Metropolitan Counties Branch; the University of London by Dr. J. Kingston Fowler; the Society of Apothecaries by Mr. E. Parker Young, Master; the British Medical Benevolent Fund by Dr. Samuel West; Epsom College by Sir Constantine Holman and Mr. J. B. Lamb, Secretary; the Invalid Children's Aid Association by Mr. J. Warrington Haward; and the National Association for the Prevention of Consumption by Dr. Theodore Williams. Among others present were Sir R. Finlay, K.C., Sir Squire Bancroft, Sir Anderson Critchett, Sir James Blyth, Sir Felix Semon, Bishop Welldon, Sir Lauder Brunton, and Mr. Charles Schwann, M.P., as well as Dr. Chedale, Sir A. E. Wright, Mr. Pepper, Dr. Caley (Dean), and many other members of the staff, past and present, of St. Mary's Hospital. The interment took place at Wendover, the officiating clergy being the Rev. H. Lafone and the Rev. A. Smith, vicar.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have lately died are Dr. Giuseppe Corradi, formerly Professor of Surgery in the Superior School of Medicine, Florence; Dr. Moritz Litten, Extraordinary Professor of Medicine in the University of Berlin, author of many original contributions on contusion pneumonia, endocarditis, etc., aged 62; Dr. Jules Dubrisay, President of the Paris Society of Medicine, for many years one of the leading practitioners of the French capital, author of papers on pediatrics and hygiene, and founder of the first dispensary for children in Paris, established in 1863; Dr. André Cannieu, Professor of Anatomy in the Medical Faculty of Bordeaux, author of numerous writings on embryology and general anatomy; Dr. N. E. Sokoloff, Extraordinary Professor of External Pathology in the Medical Faculty of Khartoum; Dr. Felix Formento, of New Orleans, an Italian who formerly served in the Sardinian army, and took a prominent part in organizing the army hospital service in Missouri, was Vice-President of the International Congress of Hygiene held at Geneva, and was the author of several works on military surgery, aged 70; and Professor J. J. Grancher, of Paris, founder of a society for the preservation of children from tuberculosis, aged 63.

UNIVERSITIES AND COLLEGES.

THE ROYAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examination indicated:

FIRST EXAMINATION.—C. Barragry, *D. J. Barrett, J. L. Brown, P. A. Charkin, M. J. Cogan, *E. J. Colgan, P. J. Corcoran, J. F. Craig, *T. P. Davy, *J. C. Denvir, *B. Doyle, B.A., *G. Fitzgerald, T. F. S. Fulton, M. J. Gallagher, J. M. A. Gorman, T. D. Graham, *G. S. Harvey, J. Hill, *J. O. Hodnett, *N. L. Joynt, *F. J. Keane, *J. J. Keirans, J. L. Kilbride, J. Laverty, H. T. S. McClintock, *R. J. McConnell, L. J. J. McGrath, *M. McGuire, *A. D. MacMahon, R. C. McMillan, *D. McSparron, C. Martin, *W. Megaw, *W. M. Millar, A. G. Mitchell, *J. J. H. Mitchell, H. H. Mulholland, *H. J. V. Mullane, D. O'Brien, J. P. O'Brien, J. O'Connor, T. F. O'Donoghue, W. M. O'Farrell, J. A. O'Flynn, P. J. O'Grady, O. J. O. O'Hanlon, *H. O'Neill, *J. Patrick, J. Porter, J. H. Porter, *J. M. Rishworth, W. N. Rishworth, M. J. Roche, J. M. Rowe, *H. A. Skillen, *F. Smyth, F. J. D. Twigg, *W. Wilson.

*Candidates against whose name a star is affixed may present themselves for further examination for honours in one or more subjects.

UNIVERSITY OF DUBLIN.

THE recent competitions in the Faculty of Medicine have resulted in the following awards: The Medical Travelling Prize has been adjudged to Mr. R. E. Wright, and the two scholarships in anatomy and institutes of medicine to Messrs. A. A. McConnell and T. A. Hughes, and the corresponding scholarships for Physics, Botany, Chemistry, and Zoology, to Messrs. H. J. Smyly and H. de L. Crawford. The winner of the Purser Medal in the institutes of medicine is Mr. C. M. Finny.

UNIVERSITY OF LONDON.

LONDON HOSPITAL PRIZE DISTRIBUTION.

MR. HUDSON KEARLEY, M.P., distributed the prizes to the successful students at the London Hospital on July 17th. Mr. D. Hoare, the chairman of the College Board, in the course of his speech introducing Mr. Kearley referred to the pecuniary assistance given by him to the research work at the hospital, and declared that money thus spent on the discovery of the causes of disease was wisely expended, and would yield results of far-reaching importance. He was proud to observe that in regard to the number of students entering the medical schools of the metropolis, the London Hospital again headed the list. Mr. Kearley, in the course of his address, said that the research work done at the London Hospital deserved well of the community; side by side with the alleviation of pain and sickness there was carried on at the London Hospital an investigation into the causes of disease with a view to its prevention in the future. He affirmed unhesitatingly that in no other hospital were there better-equipped laboratories for research into the causes of disease. Unfortunately, however, research work did not appeal to the charitable public. After Mr. Kearley had distributed the prizes to the medical students, Mr. Sydney Holland introduced three nurses, who duly received prizes. At the termination of the ceremony Dr. Leonard Hill exhibited the experimental chamber in which he and Mr. Greenwood had submitted themselves to air compressed to very high pressures, and showed a diver at work in a tank on the lawn. Dr. Hill also demonstrated an apparatus for saving life in mines after explosions, the wearer entering an experimental hut and enduring a stifling atmosphere of smoke in safety.

UNIVERSITY OF LEEDS.

DEGREES.

ON Thursday, July 11th, the degrees of Bachelor of Medicine and Bachelor of Surgery were conferred by the Vice-Chancellor on Messrs. J. P. Bibby and W. L. Dibb.

EXAMINATIONS.

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B. (Anatomy and Physiology).—C. S. Brown, C. G. K. Sharpe, (Materia Medica and Pharmacy): J. P. Brown, T. Elliott, J. B. Fisher, W. S. Hart, H. V. Lamb, N. P. Milton, B. A. Slocumbe, G. V. Stockdale, N. S. Twist.

FINAL M.B., CH.B. (Part I).—W. H. Butler, H. Vallow.

The diploma in Public Health has been granted to Messrs. W. Scatterly and F. A. Sharpe.

UNIVERSITY COLLEGE OF NORTH WALES.

ON July 9th, the King, accompanied by the Queen and Princess Victoria, visited the city of Bangor, and were received with a welcome which for cordiality and enthusiasm could not have been exceeded. His Majesty laid the foundation stone of new buildings for the University College of North Wales, and then, to the delight of thousands of spectators, who apparently were quite unprepared for the incident, conferred the honour of knighthood upon Dr. Henry Rudolf Reichel, M.A., the Principal of that institution from its foundation twenty-three years ago. In his address the King paid a high tribute to the love of the people of Wales for education. Sir Henry Reichel is a brilliant scholar and a man of progressive ideas. He was selected to be one of the three representatives from Wales on the Moseley Education Commission to America

in 1902, and the report he drew up was considered of great educational value. The University College of North Wales, Bangor, was opened in 1884, and, like its sister college at Cardiff, is a direct result of the report of the Departmental Committee (presided over by the late Lord Aberdare), appointed by Mr. Gladstone in 1880 to inquire into the condition of intermediate and higher education in Wales and Monmouthshire. Thirteen towns in North Wales competed for the seat of the College, and the decision was referred to Lord Carlisle, Lord Bramwell, and Mr. Mundella, who unanimously selected Bangor. From the very outset the College was enthusiastically supported by the people. Parliament voted it an annual Treasury grant of £4,000, and to supplement this an endowment fund of £30,000 was raised, towards which there were nearly 8,000 subscribers. In October, 1884, the College was opened in premises previously known as the Penrhyn Arms Hotel. Bangor, following the example of Cardiff, presented the College with the magnificent site on which the new buildings will ere long be reared. The site is 13½ acres in extent, and cost the city £19,000; the townspeople have in addition subscribed upwards of £4,700 to the College Building Fund. It was in 1902 that this gift was made, since which time £42,725 has been collected or promised out of the total expenditure, which is roughly estimated at from £150,000 to £175,000. Early in 1906 the Chancellor of the Exchequer promised a grant in aid of £20,000.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE quarterly council was held on July 11th, Mr. Henry Morris, President, in the chair.

Arnott Legacy and Gift.

By the death of Miss Moncrieff Arnott on June 10th the legacy of £1,000 bequeathed to the College by Mr. James Moncrieff Arnott will become payable to the College free of legacy duty on November 11th next. Miss Arnott's executors, in accordance with her desire, offered to the College the portrait in oil of her father, which is in the Mauston House of Chapel, Fifeshire. The President stated that he had accepted the portrait on behalf of the Council, and had conveyed to Miss Arnott's executors the assurance that the presentation of this portrait of a past president of the College would be warmly appreciated.

Election of President and Vice-Presidents.

Mr. Henry Morris was re-elected President for the ensuing year. Mr. R. J. Godlee was re-elected the Vice-President, and Mr. William Watson Cheyne was elected as the second Vice-President for the ensuing year.

Vacancy on the Court of Examiners.

The vacancy occasioned by the retirement of Dr. C. H. Golding-Bird will be filled up at the Council on July 25th, as will the vacancy on the Board of Examiners in Dental Surgery occasioned by the resignation of Mr. A. Pearce Gould. The expiration of the period of office of Mr. W. B. Paterson will occasion a further vacancy. Mr. Paterson proposes to seek re-election.

Donation.

The best thanks of the Council were given to Sir John Tweedy for his donation to the College of *Rymer's Foedera*, twenty volumes folio, 1711.

Election of Lecturers.

The following gentlemen were elected Lecturers for the ensuing year: *Hunterian Professors*—William Sampson Handley (one lecture), William Francis Victor Bonney (three lectures), Donald John Armour (three lectures), Arthur Ralph Thompson (two lectures), Frank Charles Shrubsole (three lectures). *Arris and Gale Lecturers*—Francis Arthur Bainbridge (one lecture), Major Greenwood, Jun. (two lectures). *Erasmus Wilson Lecturers*—Samuel George Shattock, John William Henry Eyre, Leonard Stanley Dudgeon (one lecture each).

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting on July 5th, Messrs. W. Boxwell, W. J. Dargan, and W. G. Harvey were admitted to the Membership of the College. At the same meeting the licences in Medicine and Midwifery were conferred on Mr. B. Hogan.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

FELLOWSHIP EXAMINATION.

NOTICE is given that on and after January 1st, 1910, all examinations for the Fellowship of this College will be conducted under the scheme of examination now known as Grade I. No candidate after above date will, under any circumstances, be admitted to examination for the Fellowship of this College under the scheme now known as Grade II, which will then cease to be used.

ERRATUM.—In the Birmingham University pass lists published in our issue of July 13th, the names of the successful candidates at the D.P.H. examinations should have read Part I, T. W. Beazeley and A. E. Remmett Weaver, and Parts I and II, E. F. Wharton Bywater.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

SECOND PROFESSIONAL.—J. Alston, H. G. P. Armitage, *Miss M. M. S. Coghlan, O. G. Connell, C. P. Corbett, W. Crymble, M. Drummond, *A. Foley, G. J. Fraser, J. Gormley, W. V. Johnston, F. R. Jones, F. M. Kirwan, C. Lapper, A. M. Lanphier, J. Mitchell, H. M. Montgomery, C. McDonnell, H. M. E. H. McAdoo, R. O'Connor, P. T. O'Farrell, M. F. O'Hea, J. H. O'Neill, *J. S. Pegun, J. B. Power, T. P. Seymour, T. Sheedy, *W. A. Swan, R. C. Thomson, H. K. Tighe, *R. H. Weir, H. Q. C. Wheeler, *R. White, T. J. Williams.

* With honours.

Medico-Legal.

AN ASSAULT.

DR. S. BUTLER MASON of Pontypool recently prosecuted W. King, a nailmaker, for assault. Dr. Mason stated that he had attended the recently-deceased sister of the defendant for over twenty years, and in making out the death certificate he certified that death was due to a certain chronic disease. The certificate prevented the defendant's family from securing certain insurance money, and Dr. Mason, having refused to alter the certificate, the defendant abused him and finally struck him on the chest. Corroborative evidence as to the assault was given. The defendant denied it, but admitted that he had used abusive language; he asserted that his sister's health had been ruined by vaccination. The Bench, having extracted a promise from the defendant that he would not repeat the assault, fined him £3. Dr. Mason is the Poor-law medical officer for the district, and had treated the patient in that capacity. We congratulate Dr. Butler Mason on the course which he took.

A DOCTOR'S WATER-RATE.

C. R. W. writes: With reference to the paragraph in the BRITISH MEDICAL JOURNAL of June 29th, p. 1561, I get my water supply from the — Corporation. The following is a list of their charges:

	Per annum.
Premises	£1 17 5
Hose-pipe	0 7 6
Trade	0 6 6
Two horses	0 12 0
Four-wheeler	0 3 0

I have been innocently paying these charges for the past five years. The hose-pipe is used for washing the trap and for swilling the yard, etc.—not for gardening. I supposed that I was liable for the trade charge because I use the water for dispensing purposes. I should be much obliged if you would kindly give me your opinion as to whether I am liable for all or any of these extra charges, and if it would be possible to get them returned for the past five years in case I am not liable.

** The answer to this question depends upon the terms of the Corporation's Water Act, to which we have no access.

HOSPITAL AND DISPENSARY MANAGEMENT.

LEBANON HOSPITAL FOR THE INSANE.

WE have received the eighth annual report for the year ending March 31st, 1906, of the Lebanon Hospital for the Insane, Asfuriyeh, near Beyrout, Syria. The number of patients benefited through the existence of this hospital since its opening in 1900 is 434, of whom 113 have recovered, and about 100 more much improved. "This may well be a cause of much satisfaction," the Committee say, "and the more so when it is remembered that, almost without exception, each of these patients has either been taken to one of the so-called holy caves, where they have undergone some of the almost indescribable tortures meted out to the poor insane in those places, or they have been treated no less harshly by their relatives in their own homes." The report of the Medical Superintendent, Dr. Harry Thwaites, shows that on March 31st, 1905, there were 63 patients in residence, and that on the same date in 1906 there were 65. During the year 94 cases were admitted, of whom 59 were men and 35 women, representing 90 fresh cases, 4 of the cases being readmitted during the year. No table is furnished showing a comparison of the admissions with those of previous years, but Dr. Thwaites says that the admissions are steadily increasing, thus demonstrating the place the hospital holds in the country, and that, further, the inclusion in these numbers of patients holding different creeds and religions is a proof of its acceptance as an international institution, irrespective of denomination. This is borne out by a table giving the admissions classified as to religious denomination, from which we see that there were 21 Maronites, 3 Roman Catholics, 14 Moslems, 9 Jews, 2 Druses, 12 Protestants, 27 belonging to the Greek Orthodox Church, and 6 to the Greek Catholic Church. The admissions were further classified as to the forms of mental disorder into: Mania 25, melancholia 17, dementia 34,

epileptic insanity 2, delusional insanity 5, hysteria 5, and alternating insanity, general paralysis, and insanity from coarse brain lesion 1 each. There were also 2 cases of congenital defect, and 1 not insane. As to probable causation, Dr. Thwaites says that 18 per cent. gave clear histories of direct inheritance, but that this factor was probably much greater than the statistics would show. Alcohol was the principal etiological factor in 12 per cent., and Dr. Thwaites also notes that there were no cases of confusional insanity dependent upon hasheesh or opium habits such as are common in Egypt. During the year 34 were discharged as recovered, giving a recovery rate on the admissions of 36 per cent., 28 as improved, 24 as not improved, and there were 6 deaths. The deaths were due in 3 cases to exhaustion depending upon the nervous condition, in 1 case to suicide, and in 1 each to nephritis and heart failure.

There was an entire absence of infectious and epidemic diseases during the year, though in the summer there were a few cases of fever of mild non-malarious type. This freedom from zymotic disease is all the more satisfactory, as in Beyrout a severe outbreak of enteric fever prevailed throughout the winter. The institution is entirely supported by voluntary contributions, collected mainly in Great Britain, but also in Holland, Switzerland, America, and Germany. The venerable founder of the hospital, Mr. Theophilus Waldmeier, recently visited Europe and America in the interests of the hospital, and his account of his travels is included in this annual report.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Pontypriidd.—The annual report of Dr. Howard Davies (M.O.H. Pontypriidd), just issued, contains an indictment of the water supply of the district, but shows a marked decrease in the rate of mortality. The statistics dealing with infantile mortality show an improvement, the figure being 164.6 per 1,000 in 1906, and 181 for 1905. As compared with the average infantile mortality for England and Wales, it is pointed out that there is room for still further improvement. The births registered during the year totalled 1,099, or a decrease of 200 as compared with the previous year. The death-rate was equivalent to 13.8 per 1,000, this being the lowest recorded since 1873, or 1.6 below the average for England and Wales. The chief feature of the report is the portion dealing with the water supply, which Dr. Davies says is monopolized by the Pontypriidd Waterworks Company, and was most unsatisfactory during the year under review. "Not only was the water supply scarce," proceeds the report, "but throughout the year there was marked evidence in the water supplied to the public that scant, if any, attention was paid by the company to filtration. Besides peat and vegetable matters, which were more or less always present, worms, insects, and lizards were frequently brought to my notice by householders." Upon analysis the water was always found to contain dissolved lead, being invariably acid or neutral in reaction, thus possessing plumbic solvent action. "I consider," continues Dr. Davies, "the question of the water supply to be one if not the most important problem that requires your most careful and serious attention and consideration. It was gratifying to be able to state that the Council had taken a deep concern in the question, and had appointed an eminent waterworks engineer to make a special report upon the water supply." Regarding the water supply necessary to meet the future development of the district, Dr. Davies contends that the reservoirs of any scheme must be outside the area of the coalfield, in consequence of the frequent subsidences experienced. The result of land disturbances has been that many well-known springs of water have entirely disappeared. "As the supply of the district," concludes the report, "is dependent entirely upon the rainfall . . . after our experiences of the present and past I view with apprehension and anxiety the conditions that will exist if some steps are not immediately taken to increase the water supply of the district, which I consider, even now, most inadequate."

ROYAL NAVY AND ARMY MEDICAL SERVICES.

DEPUTY TO THE PRINCIPAL MEDICAL OFFICER IN INDIA.

THE *Statesman* of Calcutta understands that an important addition is to be made to the medical staff by the appointment of a senior officer of the Indian Medical Service to be Deputy to the Principal Medical Officer with His Majesty's Forces in India.

THE charge of the new orthopaedic department at Guy's Hospital has been entrusted to Mr. R. P. Rowlands, M.S., Assistant Surgeon to the hospital.