

owing to inability to put her foot to the ground. I moved her knee-joint under ether and followed this treatment up with massage and passive movements. This patient is able to get about to-day without the aid of a stick or a crutch in comparative comfort.

## REPLY.

Dr. LUFF, in reply, said he wished again to insist on the necessity of early diagnosis. A simple way of differentiating rheumatoid arthritis from rheumatism was that the one did not react to salicylates and the other did. It was an interesting difference noted in its prevalence in different parts of Devon, its frequency in the Plymouth district was probably due to its moist seaside climate. He thought it was not practicable to use the Bier method when many joints were involved. He had not himself found any benefit in rheumatoid arthritis from counter-irritation of the spine. He dissented from the view that rheumatoid arthritis was a rheumatic disease; he believed that the micro-organisms implicated would prove to be quite distinct.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL.

## A CASE OF WASP STING.

A MARRIED woman, aged 40, who had had three healthy children and no miscarriages, had always enjoyed good health except for periodical attacks of migraine, which a distinguished consultant told her were due to her liver. This has been a great solace to her. The catamenia began at 17 years of age, and had been regular every month till the last onset, which occurred a week before its proper time, and she had not felt quite well since.

On September 6th she ate a small fried sole for dinner. On September 7th she had partridge for dinner, and also had it cold for supper on September 8th. No other suspicious food of any kind was taken. On September 8th she went to bed feeling as usual. At 7:45 a.m., on September 9th, she awoke feeling an urgent desire for stool, slipped on a dressing-gown, put her feet into slippers, and went to the lavatory. Just as she reached it, she felt a most intense pain in her left foot, and found a wasp had stung her on the outer side of the great toe, just at the level of the great and second toes. She killed the wasp. The pain was excruciating. She had often been stung before, but had never felt such pain as this.

She walked back to her bedroom after the bowels had acted, and within five minutes she began to itch all over, and felt herself swelling from head to foot. This was followed by abdominal pain, and a desire to defaecate. She tried again to go to the lavatory, but remembers nothing more. Her husband tells me that he was present, and that his wife was much frightened and suffering from shock. The bowels acted before she had time to reach the w.c., although it was adjoining the bedroom. She then collapsed, and her husband and a maid carried her back to bed. She was then unconscious.

I arrived about 9 a.m. She had swallowed a little brandy before my arrival. I found her in a semi-conscious condition, and the whole body irregularly convulsed. She rallied when spoken to and then relapsed into apparent unconsciousness again. The pupils were normal and reacted to light, and the corneal reflex was not affected. The whole of her body was covered with a dark, measly rash. There was a mark on the toe where the sting had been inserted, but otherwise there was nothing to distinguish the affected toe from any other part. The skin felt hard and tense and brawny. The hands, and especially the finger tips, were livid. The face was congested and the eyes suffused. She tells me there was a feeling of nausea all the time. The skin was cold, the pulse feeble, and the heart sounds faint. A distinct wheeze could be heard over the chest. An emetic of salt and water was given and a little grumous fluid was ejected from the stomach.

At 10 a.m. she felt better, but complained of the tight feeling all over the skin and the difficulty of breathing.

At 2 p.m. the rash had almost gone. She felt much better, but there was still some dyspnoea and feeling of constriction. There was a round erythematous patch on

the dorsum of the left foot about 1½ in. in diameter. I thought she was nearly well again.

At 9 p.m. I found her very hot and flushed, and the skin now covered again from head to foot with a very bright scarlatiniform rash, and on the back and hips were many extensive wheals.

On the morning of September 10th all rash had practically gone, but there was some oedema of both eyelids. All the other symptoms had disappeared. I would add that each time the bowels acted there was a little bright blood in the motions. Is it possible that all this trouble could arise from the sting of a wasp?

Chadwell Heath.

T. REUELL ATKINSON.

### THE REMOVAL OF FOREIGN BODIES FROM THE HAND OR FOOT.

1. The removal of a splinter from under the nail is an operation of some little difficulty when there is no projecting portion to seize with forceps. In such a case a very serviceable instrument is found in the so-called lens-hook of ophthalmic surgeons which often forms part of a box of instruments intended for microscopical dissecting purposes. Happening to possess such a hook I used it the other day to get out a splinter which had entered the whole length of a finger nail. The hook was passed down the track of the splinter and the point then turned upwards so as to press the splinter against the nail; the hook being then withdrawn brought the splinter with it painlessly. Splinters and thorns in other situations can be well extracted by the same method, the foreign body being compressed against the surgeon's finger applied to the skin. Most other instruments are too clumsy or not stiff enough for this purpose.

2. The needle of a hypodermic syringe filled with cocaine solution makes an excellent probe for the location of foreign bodies under the skin. Instead of being withdrawn after injection of the solution, as soon as anaesthesia is established the needle should be pushed on and moved about in the soft tissues till its point clicks upon the foreign body. Not long ago a coachman came to me who in brushing the lining of a carriage swept his hand over a needle which his mistress had left sticking into it, with the result that it entered the side of his finger and broke off. The orifice of entry could be seen, but the needle could not be felt; so filling a syringe with cocaine solution I passed the needle of the syringe into the track, and after a moment felt about with it, and found the needle lying along the bone. Its end could be clearly defined, and was cut down on without difficulty. This is an excellent method of locating without delay needles which have run into the sole of the foot; also thorns which have penetrated under the skin of the forearm or into the orbit, and have then broken off.

London, S.W.

J. B. NIAS, M.D.

### SECOND ATTACK OF TYPHOID FEVER: PERFORATION: LAPAROTOMY: DEATH.

IN view of the generally-accepted theory regarding the immunity conferred by an attack of typhoid fever, the following may be of interest:

Samuel H., aged 23, came under my care on July 31st, 1906, suffering from typhoid of a mild type; his brother developed a very severe type of the disease about five days later, and a sister who was nursing both of them took to bed with the same disease some weeks later. On July 10th, 1907, Samuel H. again sickened with typhoid of even a milder type than that which he had had previously. On July 19th, the sudden onset of dangerous symptoms led to the diagnosis of perforation; laparotomy was performed, stovaine being administered by lumbar puncture, and a perforation was found a short distance above the caecum. He died seven days after the operation. It may be said that the attack of a year ago was not typhoid, and I unfortunately did not try the Widal reaction in his case; but the positive clinical symptoms, coupled with the fact that his brother and sister subsequently developed the disease, leaves little doubt in my mind that the fatal attack was the second time of infection.

Winnipeg.

E. S. MOORHEAD.

whom Mr. Lambton was one), as well as their attachment to the memory of their preceptor, do much credit to his head and heart.

The older Beddoes was born in 1760, and died in 1808. He resigned his readership in chemistry at Oxford in 1792, partly, it is said, owing to his sympathy with the French Revolution.

## MEDICAL NEWS.

At a recent meeting of the Society for the Study of Diseases in Children Dr. George Carpenter was appointed Chairman for the ensuing year.

At the annual meeting of the Peckham Nursing Association, on October 17th, it was stated that during the past year the nurses had paid 5,073 visits to 187 patients.

The Chelsea Hospital for Women has received from Earl Cadogan a donation of £500, and the Council has resolved to name a ward of the hospital in memory of its late benefactress, the Countess Cadogan.

The annual dinner of the Society of Anaesthetists was held at the Café Monico on October 18th. Some forty members and guests were present, Dr. Probyn Williams being in the chair; the guests of the evening were Mr. Warrington Haward and Dr. A. D. Waller.

The proceedings of the First International Conference on Sleeping Sickness, held in London, in June, 1907, have been issued as a Parliamentary Paper (Cd. 3,778. 6d. London: Eyre and Spottiswoode.) The nature of the proceedings was indicated in the JOURNALS of June 29th, p. 1558, and August 17th, p. 406.

The German Congress of Urology held its first meeting at Vienna on October 2nd and three following days. It was attended by some three hundred members. A banquet was given in their honour by the Austrian Minister of Education. The next meeting was fixed for Berlin in 1909. Professors Posner, of Berlin, and Zuckerkandl, of Vienna, were elected presidents; Professor Casper and Dr. Brennen, vice-presidents. Among the honorary members elected by the Congress was Mr. Reginald Harrison, of London.

A COMMITTEE of which Mr. Henry Morris, President of the Royal College of Surgeons, is Honorary Treasurer, and Mr. Percival Turner, 4, Adam Street, Adelphi, London, W.C., Honorary Secretary, has been formed to perpetuate the memory of Archdeacon Robinson Thornton, D.D., who in 1855 was appointed first Head Master of Epsom College, and retained that office for fifteen years. Donations of 10s. 6d. and upwards are asked for; among the objects suggested are a window in the chapel, a new classroom, and a laboratory.

The yellow fever record in Cuba for 1907 is, up to the present, the worst for several years. Seventy-eight cases with nineteen deaths were reported between January 1st and September 9th. All but two of the cases occurred since the middle of May, and during September the number of new cases increased rapidly. According to the *Medical Record* of October 5th, the disease is now present in at least five places.

The annual prize-giving ceremony of the London School of Dental Surgery (Royal Dental Hospital) took place in the galleries of the Royal Institute of Water-Colour Painters, Piccadilly, on October 18th. Mr. J. F. Colyer, the Dean, in the course of his remarks upon the progress of the school, observed that there was a tendency towards increase in the number of dental students taking the full medical curriculum. The principal prize-winners for the year were Messrs. H. Stobie (Entrance Scholarship), W. Thew (Saunders Scholarship), S. Bellman (the Ash Prize), who with other successful students received their awards at the hands of Sir Frederick Treves. A pleasant *conversazione* followed. The annual dinner of the school is to take place on November 23rd, on which day the staff will be "at home" at the hospital from 2.30 p.m. to 5 p.m.

The annual medical service at St. Paul's Cathedral took place on Tuesday evening, and was attended by a large congregation. The members of the Guild of St. Luke and several other members of the medical profession, wearing their academic robes, walked in procession to places reserved for them under the dome. Minor Canon Besley intoned the service, and Sir R. Douglas Powell and Mr. Parker Young read the first and second lessons respectively. A choir, under the direction of Mr. Alfred Redhead, Organist of St. Augustine's, Kilburn, rendered the music. The Bishop of Kensington preached the sermon, taking as his text Revelations iv, 10—"The four-and-twenty elders fall down before Him that sat on the throne, and worship Him that liveth for ever and ever, and cast their crowns before the throne." He said that the text revealed the

picture of the future, but that it was the meaning of such a service as that in which they were then engaged. A great profession brought its crown. The story of the past told them how Christ held up the offices of the physician and the prophet, the healer and the teacher, uniting them, and thus consecrating the medical profession with an eternal consecration, whilst pressing home upon the hearts of all men the work of the medical missionary—the highest expression, in a sense, of that twofold office—and flinging a halo round that College of St. Luke, in which their young men were trained to become medical missionaries.

**MEDICAL SICKNESS AND ACCIDENT SOCIETY.**—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 6, Catherine Street, London, W.C., on October 11th, Dr. de Havilland Hall in the chair. The operations of the society during the summer have produced a considerable surplus, and the Committee arranged for an investment of about £7,000 at 3½ per cent. The assumed rates are 3 per cent. for the Annuity and Life Assurance Branches and 2½ per cent. only for the Sickness Branch. All interest earned beyond these rates is placed to a special Investment Fluctuation Reserve Fund, and the amount now at the credit of this Fund is over £13,000. The funds now amount to over £215,000, and are still rapidly growing. Prospectuses and all particulars can be obtained on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

**PRACTICAL MIDWIFERY FOR STUDENTS.**—The Committee of management of the Queen Charlotte Lying-in Hospital, London, is making arrangements, under the advice of the medical staff, to meet the requirements of the General Medical Council as to the instruction of medical students in practical midwifery. There is accommodation at present for four students every month; this number will be increased as necessary, and it is expected that the hospital will be able to admit as many as fourteen students each month early next year (168 per annum) to the practice of the hospital in order to receive the preliminary instruction, which is preparatory to the attendance on twenty cases of labour still required in addition to the course. The instruction will include: (1) Practical instruction in the methods of examination of pregnant women; (2) delivery of women in labour, under the direct supervision of a medical officer of the hospital; (3) practical instruction in the treatment of the mother and child during the puerperium, including clinics held four times weekly by the visiting medical staff; (4) instruction in the clinical laboratory of the hospital. Students will be accommodated in the residential college adjoining the hospital, and the inclusive fee for hospital practice and board and lodging will be £12 12s. per calendar month; 1,704 women, of whom nearly two-thirds were primiparae, were delivered in the hospital in 1906, and a large number of the cases were abnormal.

A VERY successful *conversazione*, arranged on unusually elaborate lines, was given by the staff of St. Bartholomew's Hospital on Wednesday evening in the new out-patient building. The entertainment was intended to inaugurate the commencement of work in all the numerous sections of the new block, and to give those directly and indirectly connected with the institution an opportunity of inspecting the great advance which this constitutes. Between 9 and 12 in the evening upwards of 5,000 persons were distributed about the building, but the place is so vast that, in spite of numbers, there was no inconvenient crowding except occasionally on the stairways and in passages. The ventilating arrangements, moreover, were thus put fully to the test and proved satisfactory. The rooms in their complete condition won approval both from hospital experts and ordinary visitors, the latter admiring the proportions of the rooms, and the former approving the circumstance that, although nothing which modern science can suggest has been omitted in structural arrangements or appliances for work there is nowhere evidence of the extravagance which nowadays too commonly characterizes the building of hospitals. Of the very numerous exhibitions and demonstrations it is impossible to give an account. In the electrical department the orthodiagraph displaying and measuring the movements of the living heart was shown in action, and in the large waiting-room for medical out-patients there was a remarkable collection of engravings and pictures depicting the hospital and its surroundings from early times up to the present date; in an adjoining room there was a display of the ward furniture and surgical appliances, bleeding basins, old-fashioned matches, and the like, which were in use in the hospitals in the middle of the eighteenth century.

A provident dispensary places efficient medical attendance within the reach of those wage-earners who, though they may be unable to pay ordinary medical fees, are yet not poor enough to justify them in seeking free medical treatment.

A provident dispensary properly so-called should have a membership on the basis of regular payments on insurance principles, a reasonable wage-limit being fixed as a condition of membership, and its medical staff should be sufficient in number to preclude the suggestion that it is established for the benefit of one or two practitioners.

It should, moreover, be managed by a committee, upon which the medical staff should be represented, and a properly audited balance sheet should be published annually.

While there exist in various parts of London many excellent dispensaries established upon the principles I have indicated, they are not sufficiently numerous or well distributed to be able to undertake the treatment of the respectable and provident poor of the whole of the metropolis.

In these circumstances the London Provident Dispensaries' Council has been lately formed as the outcome of a conference of the provident dispensaries of London.

Its objects are to circulate information on the provident medical movement among the medical profession and the public at large and to promote the establishment over the whole area of London of well-equipped and well-regulated provident dispensaries. It will endeavour, while promoting the independence and individuality of existing provident dispensaries, to promote co-operation between them, and to afford opportunities for comparing their methods of administration.

It will also endeavour to promote that co-operation between provident dispensaries and hospitals which is essential for the relief of the out-patient departments of the latter institutions. Every provident dispensary of London has been asked to send a representative—medical or lay—to the Council, and it is intended to add a few co-opted members, including nominees of the British Medical Association.

It is hoped that all those who are interested in existing dispensaries, and all who desire to encourage habits of thrift and self-reliance among the poor, will endeavour to further the objects of the London Provident Dispensaries' Council. Further information will be gladly supplied by the honorary secretary, Charles H. Warren, and may be obtained at the temporary offices of the Council at 5, Lamb's Conduit Street, W.C.—I am, etc.,

H. A. HARBEN,  
Chairman, London Provident Dispensaries' Council.  
London, W.C., Oct. 17th.

#### THE INSTRUCTION OF MIDWIVES.

SIR,—Allow me to thank Dr. F. Knight for pointing out the clerical error in my address on abnormal labour. "Presentation" of the cord is where it is felt through unruptured membrane, and "prolapse" of the cord is where it has slipped through the rent when the membranes rupture. When the head bulges the perineum, and each pain increases the bulge, the head receding, in between the pains, to the same place as before, so that no advance is made, a midwife should send for assistance and the doctor should deliver at once, preferably with forceps. It will be found in many such cases that the cord is round the neck and the child partially or completely asphyxiated. The explanation of this is quite another matter. Let me add that in some such cases the cord is not round the neck, and in some cases where it is round the neck this to-and-fro movement of the head does not take place.

It is very gratifying to me that Dr. Knight and others who have written or spoken to me, agree that the routine practice of dropping a germicide into the eyes of every newly-born child is, to say the least, an unnecessary measure; and before long, it is to be hoped, it will become as obsolete as routine vaginal syringing after labour.—I am, etc.,

London, W., Oct. 19th.

PETER HORROCKS.

#### THE DISORGANIZATION OF THE PUBLIC HEALTH SERVICE.

SIR,—The article on the above subject in the JOURNAL of October 12th shows at least that you, at any rate, are

cognizant of the conditions now existing in the above service, and it is sincerely to be hoped that the proper authorities will mark, learn, and inwardly digest its contents. It is simply astounding to behold the manner in which medical officers of health of high standing, both by experience and qualification, have been compelled to relinquish their position and their places given to men of neither experience nor qualification, and in fact in some cases almost absolutely ignorant of public health matters. That the Medical Officer of Health Bill which was introduced last Parliament sitting, and passed the first reading, requires to be reintroduced at the earliest possible time and put in force, there is no possible question of doubt.—I am, etc.,

October 22nd.

EFFICIENCY.

#### THE WARFARE AGAINST QUACKERY.

SIR,—I believe myself that a Royal Commission would do a great deal of good to expose the ways of the patent medicine vendors, and would open the eyes of the public to the way that they are exploited.

Newspapers reap a rich harvest from the insertion of the special "news" letters of the purveyors of these medicines, but the question is whether they would like to have their means of making extra profits exposed to the public eye.—I am, etc.,

Cardiff, Oct. 17th.

T. GARRETT HORDER.

#### THE ORTHODIASCOPE.

SIR,—I see in the number of your JOURNAL for September 14th an article on the orthodiascope by Drs. Hugh Walsham and Halls Dally, illustrated by representations of my improved form of orthodiascope. In this article no mention is made either of myself as the inventor of the improvements or of the maker of the apparatus, Messrs. Reiniger, Gebert, and Schall. I trust you will of your courtesy repair the omission.

A full description of my orthodiascope and its evolution from earlier instruments is appearing in the November number of the *Archives of the Roentgen Ray*.—I am, Sir,

Bad-Nauheim, Oct. 15th.

DR. FRANZ M. GROEDEL.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF OXFORD.

##### Romanes Lecture.

THE Romanes Lecture will be delivered by the Right Honourable Lord Curzon of Kedleston, D.C.L., F.R.S., All Souls' College, Chancellor of the University, in the Sheldonian Theatre, on Saturday, November 2nd, at 2.30 p.m. Subject, "Frontiers."

##### Philip Walker Studentship in Pathology.

Upon the nomination of Professor Dreyer, the Board of Managers of the Philip Walker Studentship have unanimously elected to the studentship James Sholto Cameron Douglas, B.M., Christ Church.

##### Hospital and Other Scholarships.

Norman Glover, B.A., Trinity College, has been elected to a Senior Entrance Scholarship in Science at St. Bartholomew's Hospital.

Mr. Victor T. Ellwood, of Merchant Taylors' School, has been elected to the Theodore Williams Medical Scholarship at Pembroke College.

#### UNIVERSITY OF CAMBRIDGE.

##### APPOINTMENTS.

DR. GASKELL has been elected a member of the Senate, and the following appointments have been made:

University Lecturer in Botany.—R. P. Gregory, M.A., St. John's College.

Demonstrator in Botany.—A. M. Smith, B.A., Emmanuel College.

Member of General Board of Studies.—Professor Sims Woodhead.

Elected to Professorship of Anatomy.—Dr. Langley.

Elected to Downing Professorship of Medicine.—Dr. Gaskell.

Member of State Medicine Syndicate.—Dr. Louis Cobbett.

Examiners in Pharmacology.—W. E. Dixon, M.A., Downing College, and Professor Stockman, M.D. Edin.

Examiners in General Pathology.—T. S. P. Strangeways, M.A., St. John's College, and J. Ritchie, M.D. Edin.

On October 17th the degree of D.Sc., *honoris causa*, was conferred on Dr. Emil Fischer, Professor of Chemistry in the University of Berlin.

The General Board of Studies will shortly proceed to the appointment of a Lecturer in Advanced Human Anatomy. The annual stipend is £50. Applications should be sent to the Vice-Chancellor before Tuesday, November 5th.

#### Freshmen.

The number of freshmen who matriculated in the Senate House on October 21st was 1,093, an increase of 78 over the number last year. In 1900 the entry was 841, and there was a steady increase for the next three years, averaging about 20 a year. In 1904 there was a drop of 2, but in 1905 an increase of 124. The School of Medicine also shows a steady increase; the number of freshmen registered as medical students was 89 in 1904, 117 in 1905, 122 in 1906, and 130 this year.

#### UNIVERSITY OF EDINBURGH.

At a special graduation ceremonial on October 19th the following degrees were conferred:

M.D.—G. D. McRae.

M.B. CH.B.—Aung-Tun (Burmah) E. Banks, J. P. Berry, F. V. N. Bruce (*in absentia*), T. Buchan, R. A. Campbell, W. G. Cobb, E. G. Cowan, H. C. D. Cross, P. S. Dias, C. A. Dighton, Joanna M. F. Drake, A. D. Edington, B.Sc., R. Edwards, J. G. Fleming, S. Forrest, M.A., R. Fraser, L. Gavin, F. G. Harper, D. K. Henderson, J. M. A. Hill, L. Hughes, T. J. Hughes, Mohamet A. Huk, H. B. Hunter, M.A., S. Jackson, Catherine Kirk, M.A., J. G. de Kock, E. M. Liddell, G. L. Little, H. B. Low, G. H. Lowe, G. J. Luyt, B.A. (second-class honours), T. Lyon, J. Macdiarmid, J. F. Mackay, Jamesina J. Marr, C. J. van der Merwe, F. W. Michael, G. G. Middleton, A. G. Murchison, W. Murdie, M.A., A. T. Paterson, C. E. Powell, Barbara Richardson, A. N. Robertson, C. F. T. Scott, F. L. Scott, H. B. Thomson, A. E. Turnbull, A. M. Vlok, E. N. Wallace, E. D. Wilmot.

At the close of the "capping" ceremony the Vice-Chancellor, Sir William Turner, said: Graduates, you have got your degrees, and we congratulate you on having come to the end of your labours in this direction. Although there are many labours and anxieties before you in your future lives, still it is something to have accomplished successfully one step in your career. That has been accomplished to-day. This graduation in October represents graduation not in a single faculty, but in many faculties in the University, and in the name of my colleagues in the Senatus of the several faculties to which you have belonged we congratulate you on your success.

#### UNIVERSITY OF ABERDEEN.

At the statutory meeting of the General Council of the University on October 9th the first business was the election of two Assessors of the Council. The retiring Assessors were Dr. Angus Fraser and Dr. Albert Westland, both of whom were eligible for re-election. Dr. Selbie said it was with very great pleasure that he proposed the name of one of the assessors whose term of office had expired, but who was eligible for re-election, and who was willing to continue his services if desired. The name was one which would commend itself to the General Council—Dr. Angus Fraser. This gentleman had been one of their representatives for eighteen years continuously. He had thus sat from the first in the University Court as remodelled by the Universities Act of 1889, and had had his part to play in connexion with all the changes for the better or the worse that had been made on the old curriculum and arrangements. Dr. Fraser's well-known sagacity and statesmanlike grasp of a situation commended him at first to those who chose him as their representative, and the confidence then reposed in him had been amply justified. Dr. Fraser had hitherto been elected more especially by the medical part of the electorate, but he had now established a claim on the confidence of the other sections, and by re-electing him to the office of Assessor the General Council could do honour alike to him and to themselves, and would entrust the interests of the whole body to safe hands.

Dr. Edmond proposed the re-election of Dr. Albert Westland, and both motions were unanimously agreed to.

This was the first occasion on which ladies graced the General Council meeting with their presence.

#### University Court.

At the last meeting of the University Court receipt was intimated of a legacy of £500 by Mr. Alexander Gillander, a native of Aberdeen and a late Customs House officer in England, for the purpose of founding a bursary or medals in the Faculty of Medicine. The Court remitted to the Senatus to suggest a scheme as to the manner of bestowal of the benefaction.

Mr. John E. Kesson, M.B., was appointed Second Assistant in Physiology.

#### Gift of Shelley MS.

An interesting Shelley MS. has been presented to the library of the University of Aberdeen. This is the Trelawny MS. of Shelley's lyric, *The Magnetic Lady to Her Patient*, and it has been presented by Lieutenant-Colonel Call and Mrs. Call. Lieutenant-Colonel Call, in sending the gift, refers to his birth in Strathdon district of Aberdeenshire and to his early associations with Aberdeen. Professor Grierson has made a careful study of the MS. and comparison with the printed texts of the poem, and in a letter in last week's *Aberdeen Free Press* states the result of his examination. There are various verbal and other differences, which will be noted with interest by Shelley students. The MS. belonged to Captain Trelawny, hence the name.

states the result of his examination. There are various verbal and other differences, which will be noted with interest by Shelley students. The MS. belonged to Captain Trelawny, hence the name.

#### CONJOINT BOARD IN ENGLAND.

The following candidates have been approved in the subjects indicated:

PRACTICAL PHARMACY.—T. E. Ashley, C. N. Ailee, J. J. Clarke, A. W. Duncan, H. Galloway, W. J. Gibson, A. J. Graves, A. A. Henderson, G. L. H. Johnston, C. Y. Laing, G. Llewellyn, J. T. Lloyd, M. C. Mason, W. Mathieson, A. H. Owen, W. N. A. Paley, D. H. Pennant, E. A. Pywell, M. Salem, S. Sharples, R. H. E. Stevens, A. F. Waterhouse, W. Watkins, L. C. Watkins-Baker, F. Wells, F. St. B. Wickham.

ANATOMY AND PHYSIOLOGY.—J. D. Anklesaria, J. P. Benskin, F. S. D. Berry, T. R. Bowen, S. L. Brohier, J. J. Brown, L. K. Cooper, W. B. Cooper, E. A. Coorey, E. G. H. Cowen, J. A. Edmond, B. C. Eskell, E. L. Z. Fickling, L. Game, N. L. Guilford, S. T. Gunasekara, A. H. James, T. H. James, M. M. Khan, S. J. Lauder, E. A. Lindsay, J. P. Lupton, C. McIver, C. R. Menon, C. Noon, R. J. Paget, T. S. Rippon, F. F. Saldanha, E. G. Stanley, E. L. Sturdee, J. S. B. Vakil, C. R. B. von Braun, F. J. Williams, R. R. Williams, H. A. Woodruff.

#### ROYAL UNIVERSITY OF IRELAND.

The following candidates have been approved at the examinations indicated

Final M.D.—T. Barry, R. Chambers, F. Coates, B.A., W. J. Maguire, B.A., J. B. Slattery, R. Steen, W. J. Wilson, B.A.

M.B., B.Ch., B.A.O.—T. S. S. Holmes, \*J. B. Lapsley, J. E. A. Lynham, B.A., \*W. D. O'Kelly, \*H. H. Prentiss, J. Shaw, \*J. A. Shorten, B.A., \*A. L. Stevenson, J. H. P. Boyd-Barrett, E. B. Brooke, M. F. Caldwell, G. Calwell, W. F. A. Carson, R. Cox, B.A., J. Dewar, M. L. Donovan, B.A., J. J. Flood, C. E. L. Harding, J. J. Hickey, J. Horgan, J. B. Horgan, J. Hughes, F. Keane, J. P. Kerlin, R. R. Kirwan, T. J. McAllen, J. S. McCombe, W. McCready, A. P. MacMahon, J. J. O'Reilly, C. F. X. O'Sullivan, \*D. T. Sheehan, J. Sinclair, H. C. Swertz.

† Upper Pass. \* Qualified to appear for honours in one or more groups of subjects.

#### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

##### PRESIDENTIAL ELECTION.

At the annual meeting held on October 16th Mr. Joseph Montagu Cotterill was unanimously elected President for the ensuing year.

##### The Fellowship.

The following gentlemen have been admitted to the Fellowship:

W. R. Bacot, H. G. Bennetts, G. H. L. Fitzwilliams, J. M. Graham, W. E. Graham, D. Lorimer, P. McEwan, W. L. Robertson, W. C. Stewart, S. M. Wells, Dr. John Kirkerton, Honorary Physician to His Majesty the King, Gwydyr House, Crief, Perthshire, has been admitted an Ordinary Fellow without examination.

#### CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

PRELIMINARY.—J. T. McConkey, \*J. I. Pollock, W. I. Adams, A. C. J. Austin, A. J. Bodell, G. Bailey, A. T. Cannon, G. Campbell, T. F. Collins, D. Dudley, A. P. Flood, P. A. Gardner, R. M. Gordon, S. Griffin, D. J. Healy, N. S. Hood, T. Kennedy, W. J. Marmion, M. Meehan, D. Murphy, J. J. Murphy, A. J. Patterson, F. P. Shields, M. Scher.

FIRST PROFESSIONAL.—M. L. Bourke, F. E. Fitzmaurice, J. M. Gilmore, C. W. Joynt, J. Kirker, C. J. Kelly, A. G. J. MacIlwaine, B. Malaher, B. Murphy, D. McDevitt, B. Neary, A. J. Neilan, J. M. K. O'Byrne, J. H. Rishworth, C. Roche, G. Wilson, G. Young.

\* With honours.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

In considering the plan of organization for the medical service of the territorial force, which Sir Alfred Keogh has proposed and Mr. Haldane has sanctioned, the purpose of the force as a part of the military forces of the country must be borne in mind. The general idea is that the regular army would furnish an expeditionary force for service abroad, and it would of course take with it practically the whole of the whole Royal Army Medical Corps; under such circumstances the territorial force would be mobilized for home defence and in a short time there would probably be an army of say 70,000 men assembled in various places to defend the country against threatened invasion. Each army would require (1) field units—that is to say, the medical organization of the fighting line; (2) a general service—that is to say, the medical units at the base and on lines of communication, hospitals, stationary and general, sanitary officers and dépôts for medical supplies.

the Crimea he became acquainted with the late Sir W. H. Flower, K.C.B., and Mr. J. W. Hulke, and co-operated with Sir Spencer Wells. At the end of the war he returned to England, and was appointed Physician to the Samaritan Free Hospital, where he became intimately associated with Wells, who was then beginning to found his reputation as an ovariologist. Dr. Day contributed several papers to the medical societies; perhaps the best of those contributions was a memoir on the pulmonary and cardiac complications of abdominal tumours, with remarks on blood-letting, read before the Royal Medical and Chirurgical Society in 1875. He spent the last years of his life at his estate, Holly Hill, Meopham, Kent, and died on Tuesday, October 22nd. Dr. Day was a kindly genial, and hospitable man, and his loss will be regretted by a large circle of friends.

DEPUTY SURGEON-GENERAL ROWLAND WIMBURN CARTER M.D., retired Army Medical Staff, passed away in his sleep at Southsea, on October 20th, in the 77th year of his age. His commissions were dated: Assistant Surgeon, July 18th, 1854; Surgeon, March 9th, 1867; Surgeon-Major, March 1st, 1873; and Brigade-Surgeon, November 27th, 1879. He retired from the service with the honorary rank of Deputy Surgeon-General, November 26th, 1884. He served throughout the Crimean campaign in 1854-5, and was at the battle of the Alma, the siege and fall of Sebastopol, and the capture of Kimbourn (medal with two clasps, and Turkish medal). He was also in the Indian Mutiny campaign in 1858, being present at the actions of Khankur and Bunkagaon (medal), and in the Afghan war in 1878-80 (medal).

LIEUTENANT-COLONEL EDWIN OSWALD MILWARD died at Oxford on October 1st, at the age of 54. He entered the Army Medical Service as Surgeon, July 31st, 1880; was made Surgeon-Major, July 31st, 1892; and Lieutenant-Colonel, July 31st, 1900. During the South African war in 1899-1902 he was at the relief of Ladysmith, including the action at Colenso; he was also present in the actions at Spion Kop, Vaal Kranz, on the Tugela Heights, Pieter's Hill, and Laings Nek; subsequently, as Principal Medical Officer of the Eastern Mobile Force, he was in operations in the Transvaal and Orange River Colony; he was several times mentioned in dispatches, and had received the Queen's medal with six clasps, and the King's medal with two clasps.

CAPTAIN JAMES ALLEN DREDGE, Indian Medical Service, Staff Surgeon at Bangalore, was accidentally killed while riding at Glastonbury on October 8th, aged 34. He joined the department as Surgeon-Lieutenant, July 28th, 1897, and was promoted to be Captain three years thereafter. He served in the China war in 1900, and had received the medical granted therefor.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Johann Kessel, Director of the Ear Clinic of the University of Jena; Dr. Guiraud, Professor of Hygiene in the Medical Faculty of Toulouse; Dr. Joel Wilbur Hyde, Consulting Obstetrician to the Long Island Hospital, and Consulting Gynaecologist to the Bushwick Central Hospital, Brooklyn, aged 67; Dr. Peter M. Wise, President of the New York State Commission in Lunacy, aged 56; Dr. Rudolf Blasius, Professor of Hygiene in the Technical School of Brunswick, and author of a number of publications on school hygiene, the purification of water supplies, the sterilization of milk, etc., aged 64; Dr. Leopold Glück, Chief of the Bosnia-Herzegovinian National Hospital at Sarajevo, and a distinguished dermatologist; Professor Robby Kosemann, originally a zoologist, but in later years a well-known gynaecologist of Berlin, and author of several works on subjects within his special sphere of practice, aged 58; Dr. Livius Fürst, of Berlin, a well known authority on children's diseases, to the literature of which he made considerable contributions, aged 67; and Dr.

N. Vaschide, Assistant Director of the Laboratory of Experimental Psychology in the École des Hautes Études, Paris, who had acquired a wide reputation by his writings on psychological subjects, aged 33.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### WONFORD HOUSE HOSPITAL FOR THE INSANE.

THE Committee of this private asylum, at the beginning of the report for 1906, said that that year had been a lean and also an unfortunate one, for whilst at the beginning of the year there was a credit balance of £1,740, at its close there was a debit balance of £582. This state of affairs has been thoroughly redeemed by the year 1906, as not only has it been a fat year but it has established a record for the institution. An abstract of the financial results of the past five years shows that the average number of patients, the amounts received for the board of patients, and the balance on maintenance were all greater in 1906 than those of the other years, and that instead of a debit balance of £582, as in 1905, there was a credit balance at the end of 1906 of £2,216. As this institution does much good work by accepting patients at reduced rates—there being 57 such cases in 1906—this state of affairs is thoroughly satisfactory. The annual report of Dr. P. Maury Deas, the Medical Superintendent, shows that there were 122 patients in the asylum on January 1st, 1906, and that on the last day of the year there were 133. The total number of cases under treatment during the year was 148 and the average number resident 131. During the year 26 cases were admitted, of whom 22 were first admissions. In 8 the attacks were first attacks within three and in 2 more within twelve months of admission; in 6 not-first attacks within twelve months of admission, and in 10, whether first attack or not, of more than twelve months' duration on admission. The admissions were classified as to the forms of mental disorder into: Mania of all kinds, 5; melancholia, 5; dementia, 3; delusional insanity, 6; acute confusional insanity, 2; and alternating insanity, volitional insanity, and general paralysis, 1 each. As to the probable causation of the insanities in these cases alcohol was assigned in only 1, venereal disease in none, old age in 2, previous attacks in 8, an insane heredity in 4, moral causes in 5, and in the remainder various bodily illnesses or disorders. During the year 9 were discharged as recovered, giving a recovery-rate on the admissions of 52.9 per cent. as compared with 26.8 per cent. for the previous year, 1 as relieved, and 4 as not improved. During the year there was but one death, due to cerebral apoplexy in a lady aged 65, giving the unprecedentedly low mortality rate of 0.8 per cent. on the average numbers resident. The general health was good throughout the year, no serious casualty occurred, and the condition and management of the asylum were favourably commented upon by the Commissioners who have visited the asylum during the year.

### COUNTY AND CITY OF WORCESTER LUNATIC ASYLUM.

FROM the annual report for the year 1906 of Dr. Geo. M. P. Braine-Hartnell, the Medical Superintendent, it appears that on January 1st, 1906, the number of patients in residence was 1,199, and that the same number remained on the last day of the year. The total number of cases under care during the year was 1,457, and the average number daily resident, 1,202. During the year 20 male patients had to be boarded out, giving an actual increase, not shown in the above figures, of 20 for the year. During the year 258 cases were admitted, of whom 211 were first admissions. Of the total admissions, 27 only were in good bodily health and condition, the remainder being either in reduced condition and indifferent health (165) or in an exhausted state (66). In 88 the attacks were first attacks within three and in 29 more within twelve months of admission, in 54 not-first attacks within twelve months of admission, and in the remainder the attacks were either of more than twelve months (47), or of unknown duration (25), or of congenital origin (15). The admissions were divided as to the forms of mental disorder into: Mania of all kinds, 119; melancholia of all kinds, 62; dementia, 31; general paralysis, 9; acquired epilepsy, 22; and congenital or infantile defect, 15. The probable etiological factors amongst the admissions were assigned in the following numbers and proportions: Alcoholic intemperance in 31, or 12 per cent.; venereal disease in 1, or 0.3 per cent.; previous attacks in 62, or no less than 24 per cent.; old age in 12; general paralysis in 7; epilepsy in 23, or 8.9 per cent.; other bodily diseases in 11, and moral causes in 28. Hereditary influences were ascertained in 35 or 13.6 per cent., family predisposition (not direct heredity) in 45 or 17.4 per cent., and congenital defect existed in 15, or 5.8 per cent. During the year 114 were discharged as recovered, giving a recovery-rate on the admissions of 47.5 per cent., excluding transfers—a very satisfactory recovery-rate. There were also 7 discharged as relieved and 40 as not improved. During the year there were 97 deaths, giving a death-rate on the average numbers resident—omitting the boarded-out cases—of 8 per cent. The deaths