

move by a lashing of the tail. At times, however, they assume so many varying shapes that it is impossible to describe them.

4. Small, round, vesicular bodies, highly refractile, with a central spot, ruby in colour. These bodies are usually at rest, though I have observed slow movement occasionally.

5. Small micrococcal forms, clear and highly refractile, and with the power of very rapid movement. They are never at rest, and appear to have the power of endless motion—a swift, tremulous movement, scintillating like heat rays. (All these bodies have been called “haemoconia,” but their exact origin has never been definitely settled.)

Second Day.

Rouleaux have disappeared. The crenated corpuscle with the fine hair-like processes are now as numerous as the normal corpuscle, and appear to possess a tremulous movement. The uncrenated corpuscle is becoming faintly granular. No. 5 group of haemoconia are more numerous.

Third Day.

Much the same appearance as the previous day; all forms of haemoconia are more numerous and as freely motile as on the first day. Red corpuscles appear to be losing their colour and becoming fainter; the white cells appear to be unaffected.

Fourth Day.

It is apparent that the corpuscular elements are fewer in number. The crenated corpuscles have not so marked tremulous movement. The white corpuscles are becoming irregular in outline and more granular, the nuclei are more distinct. In the spaces there is a large amount of debris composed of irregular masses, some of indefinite shape, greyish-blue in colour. In places there are highly refractile bodies resembling the so-called blood plates. There are also irregular, indefinite-shaped bodies which appear under certain optical conditions as granular, blue in colour, sometimes highly refractile, and which have the power of tremulous movement, slow and rapid alternately. The haemoconia, especially Group 5 (which might be appropriately termed haemococci), are more numerous. It is clearly noticeable that the granules of the leucocytes have now the power of movement, and can be seen moving within the corpuscle, and if observed long enough can be seen detaching themselves from the corpuscle, sometimes singly, at other times in groups of two, three, or four, apparently connected by thin translucent threads. In whatever way they detach themselves or escape from the corpuscle, they always exhibit free movement. These granules are in every respect similar to one of the groups of haemoconia. The red corpuscles also appear to be undergoing a change, some becoming granular, others more distinctly so, while movement can be observed. These granules finally detach themselves, and exhibit a similar movement to those of the white cells. In certain films I examined, it could be observed that a few of the red cells showed signs of division. A constriction appeared at one pole, which ultimately ended in the cell being divided into two or three parts. The parts of this division appeared like a microcyte or a smaller body.

Group 5 of haemoconia appeared to be the most numerous elements in the field, especially near the corpuscles, which were disintegrating. The red cells, which look on a casual glance to be normal in appearance, have really very fine hair-like appendages. They all exhibited power of movement. In some films I observed a number of round amoeba-like bodies with a central spot or nucleus; they are about 1μ in diameter, and are motile and very similar to bodies I have observed in calf lymph.

Without describing in detail the further daily changes, a similar process is to be observed, the corpuscles becoming fewer, while all the groups of haemoconia increase in number. This process is continued till the eighth or ninth day, when disintegration is complete and no movement is visible. About the fifth or sixth day a number of red cells have become shadow corpuscles and microcytes. It is apparent to the naked eye at this time that the film is almost devoid of colour. As disintegration continues movement generally is less marked.

From my observations I have concluded that:

1. Haemoconia are present in all human blood.
2. Crenated corpuscles and shadow corpuscles are degenerated cells.

3. That a certain proportion, if not all, of microcytes are degenerated or altered cells.

4. Blood plates are debris of red and white corpuscles.

5. Leucocytes. Eosinophiles degenerate first; secondly, the polymorphs, and that lymphocytes are the longest lived (and youngest) of the white cells.

6. Haemoconia. Some are escaped nuclei of leucocytes, some escaped granules of leucocytes, others are the result of disintegration or alteration of red corpuscles, and that all are produced by some change in the blood constituents.

It is evident, therefore, that blood cells are destroyed within the vessels, and that under certain conditions they have the power of propagation. In films where pear-shaped cells are present I have observed that these cells are motile, that the apex is the motile part, and is analogous to a pseudopod. If this be observed long enough the pseudopod becomes detached as a free swimming organism. This I believe is propagation on the part of the red cell.

Before concluding I desire to state that I have failed to stain haemoconia, and have also failed to cultivate them, and this has been the experience of other observers.

Whenever I have observed blood cells in lymph, vaccine, urine, pus, etc., those bodies are visible, and exhibit similar changes to those in blood. Calf lymph shows so many bodies which present a very close similarity to haemoconia that I believe some at least are identical.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL

METHOD OF ESTIMATING COAGULATION TIME.

For several months I have used a method of ascertaining the coagulation time very like that described by Dr. McGowan,¹ but even simpler, requiring less apparatus, and yielding results of, I think, much greater accuracy.

In my method, the file or glass knife is not necessary, and the bore of the capillary tube is quite immaterial.

The process is in all respects the same as Dr. McGowan's up to the point of filling the capillary tube. Then, instead of sealing the end of the tube, I blow the drop of blood at once upon a glass surface. Now seal the end of the tube, and use this sealed end as a rod to dip from time to time into the drop of blood. At length it will draw from the drop a fine thread of fibrin, and the very definite moment at which this takes place is noted, and gives the coagulation time.

Dr. McGowan does not record any fractions of minutes, and presumably, therefore, his method does not record intervals of less than a minute. By the method I use, it is possible to ascertain the coagulation time to within a very few seconds—with practice, to a single second.

The glass surface must, of course, be clean, and it is better that it should be the same in every experiment; the temperature, too, should be uniform. But it is as well to recognize that there is no absolute coagulation time. All that we can ascertain, and all that we need, is the relative time, previous to coagulation, taken by different specimens of blood under circumstances as similar as possible.

London, W.

CHARLES MERCIER.

ALBUMINURIA FROM A LIFE ASSURANCE POINT OF VIEW.

THE differentiation of organic from functional albuminuria is of paramount importance. The problem, however, is somewhat more difficult than would at first appear, and in some cases practicably insoluble.

Functional (non-organic) albuminuria may be present in erysipelas, diphtheria, pneumonia, acute rheumatism and gout, consecutive to burns, blisters, and the use of salicylic acid, turpentine, and carbolic acid (Da Costa). Albuminuria has also been observed in young persons consuming large quantities of albuminous food, and after severe exercise. Orthostatic albuminuria, occurring late in the day and not at all in the morning, is, of course, a

¹ BRITISH MEDICAL JOURNAL, November 30th, p. 1580.

variety of the so-called functional form. The various forms of kidney disease and advanced cardiac disease are the main causes of organic albuminuria, haematuria; bladder and urethral disease are also to be borne in mind.

Out of 800 cases submitting themselves to examination for life assurance I observed albuminuria in 11. Those who have larger data and experience to go upon vary very greatly in their estimates, and Rose Bradford¹ states that slight intermittent albuminuria may be present in as large a proportion as 37 per cent. of the apparently healthy. Lambert, in a paper read before the New York Medical Society,² stated that during a period of twenty years, by rejecting albuminurics he had been the means of saving enough money to pay [the entire expenses of the medical department of New York City. Stokvis³ protests against indiscriminate rejection, and in the absence of polyuria, casts, cardiac hypertrophy, arterio-sclerosis, retinitis, uraemia, oedema, and where health is otherwise satisfactory, says that proposers may be accepted after a period of probation. De Havilland Hall suggests a period of three to six months, and acceptance then if free from albuminuria; if not, a further probation, or an extra premium to be charged as a debt upon the policy, this debt to be diminished each year, until at the expiration of the term for which the life may be expected to live the debt is cancelled, and the sum assured is payable in full on subsequent death. Craandyke⁴ states that hyaline casts as found by the centrifuge may frequently occur in functional albuminuria.

The quantity of albumen present is not an absolute criterion, as an extremely small amount, in rare cases almost imperceptible, may occur in advanced Bright's disease; while in a case which came under my notice seventeen years ago albumen was present to the extent of 50 per cent., and the patient had not then, nor has he now, the slightest trace of ill-health.

An experimental treatment has been proposed as a method of differential diagnosis and prognosis by means of calcium lactate. A number of successful cases have been reported by Wright, Hingston Fox, and others. This procedure is extremely interesting, but probably impracticable from a life assurance medical officer's point of view, inasmuch as the candidate for insurance is rarely a patient of the examining physician.

Again, as certain cases of organic disease have shown diminution, though, it is true, never total disappearance, there seems to be an element of uncertainty about the test.

It would seem the wisest plan to reject all albuminurics with any symptoms of organic disease whatever; to reject temporarily cases without symptoms and apparently healthy, and only to accept after two satisfactory examinations at three months' interval and at different times of the day, and then only if no symptoms pointing to organic disease have presented themselves. If albumen is present at the end of six months and no symptoms, to accept and charge a debt upon the policy.

Upper Norwood. ROBERT WILKINSON, M.D., M.R.C.S.,

POISONING BY MERCURIC POTASSIUM IODIDE.

I was called to see a young man, aged 28, whom I found at his home, walking about and complaining of great pain in the abdomen and throat. He stated that he had "done what he ought not to have done," which meant that he had taken 24 or 25 grains of mercuric potassium iodide in soloids of 1 grain each. These he had obtained by having an old prescription, given for urethral injection, repeated. He mixed the tablets with water, and swallowed them, probably only partially dissolved. This was about 1 a.m. Vomiting soon occurred, and the patient drank warm water to encourage this.

On my arrival, about 2 a.m., there was constant retching and some purging, but as the latter appeared early and soon ceased I think it was only reflex. I was without a stomach tube, and should have hesitated to pass one, looking upon the case as being akin to one of corrosive sublimate poisoning. I suppose, as a matter of fact, a soft tube would do no harm in such a case. However, I gave olive oil, milk, petroleum emulsion, and, when I could

obtain it (which was not for some time), white of egg. I also made the man drink repeated copious draughts of warm water till vomiting occurred, which it did forcibly. I kept this up for more than an hour, with the idea of getting rid of the pink dye from the soloids, but after such prolonged washing the colour was still in evidence. Fearing to exhaust the patient by keeping on too long, I gave white of egg, and also morphine $\frac{1}{4}$ grain, with digitalin $\frac{1}{100}$ grain hypodermically, got him to bed, and left him about 5 a.m., still in pain, but more comfortable.

Later in the day I gave bismuth and morphine in mixture every three or four hours. Vomiting was now less, but some blood was ejected, and there was much pain in the throat. Later the same day milk and lime water was retained. Slight purging took place during the following night.

Improvement was continuous, except for slight pain in the abdomen on the fourth day, and recovery was uneventful. No noticeable salivation occurred. The man was a neurotic, with criminal and immoral tendencies, as proved by later events, and the intention was suicidal.

The case may be of interest from the unusual nature of the poison. The dose was large, and I think the favourable result points to the innocuousness of this drug as compared with mercury perchloride, although Dixon Mann states that recovery has ensued in one case after 90 grains of the latter, with salivation, and after 100 grains in another case without salivation. He gives 3 to 5 grains as the probable fatal dose for an adult.

I am indebted to Dr. William Crooke, of Egremont, whose assistant I was at the time, for permission to publish these notes. The case was also seen by him upon one or two occasions.

SEYMOUR W. DAVIES, M.B., Ch.B.Vict.

Liscard, Cheshire.

BONE ABSCESS DUE TO A BACILLUS ALLIED TO *B. PARATYPHOSUS*.

MUCH evidence has accumulated to prove that infected shellfish, as oysters, mussels, and cockles, even when "cooked," are causally related to typhoidal disease. The following case, an account of which was contributed to the Royal Society of Medicine affords bacteriological support to this view. The bacillus isolated from the bone abscess following the typhoidal disease was one of the intermediate group of organisms of which the bacilli of paratyphoid and Gaertner are members. Dr. A. Castellani has recorded in the JOURNAL of November 23rd, 1907, such a bacillus as present in a case of gangrenous appendicitis, and playing a part in the causation of the disease.

E. T., aged 41 years, was admitted to the Sussex County Hospital under the care of Mr. R. F. Jowers, F.R.C.S., on May 25th, 1907, for acute suppurative periostitis of the left tibia. There was a history of mild "typhoidal" attack five weeks previously, when under the care of Dr. F. S. Beachcroft, of Petworth. This first illness was attributed to eating whelks bought from a barrow ten days previous to the onset of the sickness, and the eating of this foodstuff was followed by sickness and diarrhoea in other members of the family. The patient had diarrhoea during the first week, rose spots were present, and on the twelfth or fourteenth day the Widal reaction to typhoid was negative. The bone trouble began during convalescence, and yielded to incision, etc.

Bacteriological Examination.—Fus from the abscess contained Gram-negative bacilli, 1-2 μ long by 0.5 wide. Inoculated in broth there was uniform turbidity in twenty-four hours at 37°C., due to motile slender bacilli in pure culture; no pellicle, but sediment in a few days. On Conrad-Drigalski medium small transparent colonies appeared in twenty-four hours at 37°C. On gelatine at 22°C. numerous transparent colonies, with irregular or rounded margins, not liquefying the jelly.

Twenty-four Hours.

Levulose...	...	Acid and gas
Galactose...	...	"
Dextrose...	...	"
Maltose...	...	"
Dulcett...	...	"
Mannite...	...	"
Lactose...	...	Unaffected (slight reddening once)
Raffinose...	...	"
Sucrose...	...	"
Milk...	...	Acidified and clotted in 48 hours on two occasions; clotted and alkaline on one occasion
Peptone...	...	No indol in 14 days

This bacillus fermented glucose and maltose, with production of gas and acid, and was thus an intermediate. As

¹ *Allen's System of Medicine.*

² *Med. Rec.*, February, 1903.

³ *Wien. med. Woch.*, May 3rd and 10th, 1902.

⁴ *Corr. Bl. f. Schweiz. Aerzte*, May 15th, 1902.

lactose remained untouched it was not a colon bacillus. With milk its action was variable (as also was *Cushing's bacillus* 0), so that it could not be assigned to paratyphoid type A, in which permanent acidity is usual, or type B, in which initial acidity is followed by alkalinity. Moreover, it clotted milk.¹

Serum Reactions.—The patient's serum was negative to *B. typhi* on three occasions. It was positive in 1 per cent. solutions in thirty minutes to Schottmüller, paratyphoid α , 0.04 Buxton and Gaertner. Thrice the patient's serum was positive in 1 per cent. dilutions to the bacillus isolated from the abscess.

Paratyphoid fever appears to be not uncommon in Sussex, but this sequela is very rare. The sudden onset of symptoms of poisoning of the family after eating wheals is comparable to meat poisoning by *B. enteritidis* (Gaertner), but in this patient invasion of the system by bacilli followed in all probability.

Brighton.

F. G. BUSHNELL.

SPECTACLES IN AMETROPIA AFTER REMOVAL OF THE LENS.

In some cases of high myopia it is considered advisable to remove the lens for the treatment of the condition. In such cases it is useful to know what glass will be required after the operation to correct the remaining error of refraction. It is a somewhat troublesome calculation, but the following simple formula will give a result that is nearly correct if the curvature of the cornea has not been altered by the operation.

D. = glass required before the operation.

x = glass required after the operation.

$$x = \frac{25 + D}{25 - .01 D}.$$

Thus a myope who was corrected by a -18 D. would theoretically require after the operation about +3.56 D. for distance; and

$$x = \frac{25 - 18}{25 + .18} = \frac{7}{2.18} = +3.21 \text{ D.}$$

A myope of -25 D. would require no correcting glass for distance after his lens had been removed.

Similarly a patient requiring +5 D. to correct his hypermetropia will, after the removal of his cataract, theoretically require about 15.7 D. for distance; and

$$x = \frac{25 + 5}{25 - .05} = \frac{30}{2.45} = +12.24 \text{ D.}$$

ARCHIBALD STANLEY PERCIVAL, M.B., B.C. Cantab.
Senior Surgeon Newcastle Eye Infirmary.

VAGITUS UTERINUS.

UNDER the above heading in an editorial in your issue of July 6th, you discuss the question of the possibility of a child being heard to cry in utero. In this connexion an experience I had in Bradford in November, 1905, may be of interest.

I was called to a Mrs. D., primipara, who had been some hours in labour. The vertex presented but would not engage owing to the patient having some degree of flattening of the pelvis. The membranes had ruptured, and the liquor annii escaped. After waiting some time I put her under chloroform and proceeded to apply forceps. There was a little difficulty in getting the blades into position, and while manipulating the lower blade the fetus gave a distinct whining cry. I said nothing, hoping that the two women in attendance had not noticed it, but in adjusting the upper blade the fetus twice repeated the same whining cry, and the women present both remarked it. I concluded that air had gained admission to the uterus and that unless the child was delivered in a few minutes it would be suffocated.

On this account most vigorous efforts were made to deliver as speedily as possible, but as at the end of ten minutes heavy pulling the head had not entered the pelvis, I concluded that the child must be dead, and desisted, releasing the fixation screw of the forceps and sending for my chief. He came shortly afterwards, and an hour from the time that the cries were heard a living child was delivered. It was considerably damaged—a fractured parietal, fractured base, haematoma of scalp, and facial paralysis on one side. In spite of these injuries it survived and did well.

The interest of the case lies in the fact of undoubted cries having been heard from a fetus which had not begun

¹BRITISH MEDICAL JOURNAL, November 23rd, 1907, p. 1513.

its journey through the pelvis, and, further, in the delivery of a living (though injured) child an hour later.

H. E. A. WASHBOURN, M.B. Edin.

Collingwood, New Zealand.

REPORTS

ON

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

MERTHYR GUEST HOSPITAL.

A CASE OF LACRYMAL OBSTRUCTION TREATED BY PARSON'S METHOD.

(Reported by C. MARTIN ROW, Surgeon to the Hospital.)

THE patient in the following case, a boy, aged 11 years, was admitted on February 11th, 1907, with a swelling, the size of a filbert on the inner side of the right eye; there was a good deal of conjunctivitis and the tears ran down the cheek. On pressure discharge issued from the lower punctum of the lacrymal sac. He also complained of deafness. The tonsils were found enlarged and adenoids to be present.

Treatment.—On February 15th I removed the tonsils and adenoids, and five days later dilated the lower punctum with a Nettleship's dilator; a probe-pointed cannula was then passed into the lacrymal sac, and the latter syringed out with a solution of zinc sulphate, 2 grains to the ounce.

Progress.—I repeated the syringing for five days without any fluid passing down the nose. On the sixth day the solution flowed quite freely out of the right nostril. I continued treatment each day for another week. I then instructed the nurse to continue doing so every other day. Two days later I found the patient with a large swelling completely closing his eye, and extending downwards and upwards over cheek and eyebrows. He complained of a good deal of pain. The nurse told me she had passed the cannula without causing pain, and on injecting the fluid the lower lid at once began to swell. The swelling had been increasing. No fluid came down the nose. Treatment was then suspended for five days, after which a cannula was passed by me without difficulty, though the lower lid was still a good deal swollen; on syringing the sac the fluid at once passed down the nose.

Result.—I continued treatment every other day till March 30th, when the boy was discharged cured of his deafness, and with his lacrymal apparatus working perfectly. He returned by instruction after three weeks, when I again syringed out the sac and found the nasal duct free. Between then and July 8th the sac was syringed out three times, and the nasal duct always found clear.

REMARKS.—The case seems worth recording, because it must be of interest to the general practitioner to know how easy it is to perform this little operation in place of the old and difficult treatment of probes and styles, both painful to the patient and unsatisfactory to the surgeon. It is to be noted, too, that though Mr. Parson advises that the mother in some cases should be taught to use the syringe, there is the danger she may perforate the canalicular wall, and inject the fluid into the loose cellular tissue round the eye in the same way as did the fully-trained nurse in this case.

PARK HOSPITAL, LEWISHAM, S.E.

A CASE OF CEREBRO-SPINAL MENINGITIS WITH IMMEDIATE RECOVERY AFTER TREPHINING.

(Reported by DUDLEY W. BOSWELL, M.D.,
Assistant Medical Officer.)

I AM indebted to Dr. Birdwood, medical superintendent, for permission to publish the following case.

The patient was a girl, aged 5, admitted to this hospital on the third day of illness—August 4th, 1907. She was sent in as a certified case of scarlet fever, the diagnosis of which was not confirmed, as the rash was very indefinite and the subsequent scanty desquamation not of the scarlatinal type; there was no albuminuria.

The illness commenced suddenly with headache, vomiting, an indefinite rash, delirium, pyrexia (104°), and squint. When the patient was admitted the squint was very evident and the head was markedly retracted. The child was extremely irritable and restless, constantly complaining of pain in the head, especially in the frontal region. Kernig's sign was present, and a *tâche cérébrale*

granted the sum forthwith, the work could be put in hand at once. This was in itself desirable, and moreover the contribution, by enabling the work to be done during the present winter, would benefit materially those employed upon such building, as well as those for whom the building was intended. The grant towards the removal of King's College Hospital would bring the total distribution from the Fund to that purpose up to £22,000. A subject which ought to engage the most serious attention of the Fund in the early future was that relating to the treatment of consumption; he was glad to see that the Distribution Committee was giving special attention to the necessity for sanatoriums, for whether the treatment of consumption should be regarded as distinct from ordinary hospital work or otherwise, the need of sanatoriums for London patients suffering from this disease was very great, and the Fund should do whatever it could to encourage their establishment. Reference was also made to a large number of other subsidiary questions, including the date at which annual reports and accounts should be issued by hospitals; it did not seem unreasonable to expect that three and a half months should be regarded as sufficient time for any hospital to prepare its annual statement to its subscribers. The amalgamation of orthopaedic hospitals was now complete, and it was hoped that next year a similar report could be made with regard to the Hampstead General Hospital and the North-West London Hospital, and concerning the throat, nose, and ear hospitals. Stress was also laid on the value of hospitals to insurance companies in connexion with the Workmen's Compensation Act, and acknowledgement made of the assistance received from the League of Mercy and the London parochial charities. Sir Eyre Shaw and Captain Wells were thanked for their report on fire prevention, and acknowledgement made of the indebtedness of the Fund to its honorary officials and to the members of the various committees. The year's work had been unusually heavy in consequence of business entailed by the incorporation of the Fund. Very much to their regret, one of their honorary secretaries—Mr. Danvers Power—was about to retire. It was impossible to speak too highly of his services. The statistical report which he had compiled was in itself an enormous asset to the Fund, while his qualities as a man of business and of practical experience in the hospital world were too well known to need comment. He would remain on the Council and Executive Committee, where his advice would always be available, and his post as one of the honorary secretaries be taken by Mr. Frederick Fry.

Mr. JOHN BURNS, in seconding the adoption of the report, said he wished to associate himself with His Highness's remarks about Mr. Danvers Power, of whose work he had had experience in connexion with the Queen's Unemployed Fund. The relationship between general hospitals and Poor-law infirmaries and outdoor relief generally, required attention. There was considerable overlapping, and a committee of the Fund might well look into the matter. There was demand for the compulsory notification of tuberculosis, but if it were hurriedly compiled with, there would be an enormous, almost an overwhelming, claim made for new sanatoriums. He hoped to circulate a report on the subject next month.

The reports were then adopted.

THE FUTURE OF THE FUND.

THE PRINCE OF WALES then addressed the meeting with reference to the alterations entailed by incorporation of the Fund under the Act granted last session. Under that Act it would be his duty to appoint a new Council every year; such appointment must be made in, and in respect of, the year in which the Council was to act. He would therefore not nominate the Council for next year until next January, but it was his intention to invite all those who had hitherto given their help to continue their services, and he had also secured the assistance of some new members. The first work of the new Council would probably be to delegate some of its powers to committees, and in order that the meeting in January might be purely formal, the resolutions which it was proposed to bring forward had been prepared in advance, so that they might be discussed forthwith. The way in which the work of the Fund had hitherto been divided was satisfactory, and in pursuance of his duty in nominating the members of the various committees, he proposed in the first

instance to proceed on the principle of not nominating any one to more than one committee. The honorary secretaries, however, should have the right to attend and speak at all committees, though they would be unable to vote except at that to which they belonged. If the Council decided to delegate its powers to committees their work under the draft resolution would be as follows: The Finance Committee would deal with all matters of investment; the Distribution Committee would advise the General Council as regards the hospitals, deciding which of them should be placed on the list for consideration, and making rules for their observation in connexion with their applications for grants. Their Visitors, whose work was personal rather than corporate, he would nominate as officials at a later date. The Convalescent Homes Committee would advise as to grants to convalescent homes and sanatoriums beyond the metropolitan area. The fact that these were outside the area at present visited by the Fund should not preclude consideration of their claims. Many of their inmates were patients from the London hospitals. Some portion of the Fund, he trusted, might be devoted to them next year. As hitherto, he hoped himself to attend the meetings of the Council regularly, but should he be unable to do so, he would like to think that his place as president would be taken by Mr. Hugh C. Smith, who would bring his long experience as Chairman of the Executive Committee to the service of the Council. It was doubtful whether any standing orders were necessary, for the constitution of the Fund was in its broad lines laid down by the Act and all would desire to give effect to it in the spirit as well as in the letter. The draft resolutions appointing committees provided for current work, and defined the power of the committees; the Distribution Committee in particular possessing that of making rules and regulations for the observation of institutions applying for grants. Under the Act, the machinery of the Fund was subject to annual reconstruction, and what was decided to be best now was not to be regarded an immutable law for all time, or even for the year after next. The Prince of Wales then named the persons whom he proposed to appoint as members of the Committee and invited discussions of the resolutions, and concluded his speech by congratulating all who had been connected with the Fund up to the present. Great results had been achieved, and it was starting upon a new era. The King watched over it with an interest no less keen than on the day of its foundation, and he himself never lost sight of its great responsibilities, and of the duty of directing, and encouraging and supporting efficient administration of the London hospitals.

On the motion of Sir WILLIAM COLLINS, the resolutions mentioned by the Prince of Wales were then approved, a further resolution being adopted which gave the Executive Committee power to act for the General Council in all matters not covered by the duties assigned to the various committees, and to spend a sum not exceeding £3,500 on the administration of the Fund.

The proceedings then terminated by a vote of thanks to the Prince of Wales for presiding.

MEDICAL NEWS.

THE sum collected for the erection of a Cancer Institute at Heidelberg now amounts to 878,185 marks (about £43,909).

THE Secretary of the Royal Society of Medicine has given notice that its library and offices will be closed from the evening of Monday, December 23rd, to December 30th at 2.0 p.m.

HIS Majesty the King of Spain, before leaving Kensington Palace, conferred upon Dr. A. J. Rice Oxley, Physician in Ordinary to Her Royal Highness Princess Henry of Battenberg, the Order of Isabella the Catholic, in recognition of services rendered during the visit of His Majesty and the Queen of Spain.

AMONG those elected Fellows of the Royal Sanitary Institute this month are Dr. R. T. Hewlett, Director of the Public Health Laboratories, King's College, London; Dr. E. P. Lachapelle, Laval University, Montreal; Dr. G. F. McCleary, M.O.H. Hampstead; Dr. Frederick Montizambert, Director-General of Public Health, Ottawa, Canada; Dr. J. Andrew Turner, Health Department, Bombay, and the Bishop of Hereford.

The General Superintendent of the Wells and Baths, Harrogate, writes that the statement in Dr. H. T. A. Warnock's presidential address before the Ulster Branch published in the *BRITISH MEDICAL JOURNAL* of November 30th, page 1583, that the water of the Old Well, Harrogate, contained only 0.531 in. per gallon of sulphuretted hydrogen was incorrect, it contains according to an analysis of Professor Thorpe, 10.16 cubic inches of the gas per gallon.

The medical practitioners of Alfreton, Derbyshire, at a recent meeting, unanimously resolved to give notice that in future the rate of pay for all sick clubs shall be not less than 4s. a member per annum, the rate to apply to all members—men, women, and juveniles. It was also resolved that no discount should be given to sick clubs in the form of rebates or presents, and that no medical man should become an honorary member of a sick club, and that those who were already honorary members should resign such membership. We publish these facts for the information of the profession, and we understand that Dr. John C. Pouden, Ironville House, Alfreton, Derbyshire, will reply to any inquiries which medical men may wish to address to him with regard to the circumstances which have led to the adoption of this course of action.

At the annual meeting of the Metropolitan Hospital Sunday Fund, on December 17th, the report of the Committee, recommending the distribution of £68,134 among 159 hospitals, 57 dispensaries, and 27 nursing associations, was adopted. An attempt was made by the Rev. L. S. Lewis to refer the report back to the Committee on the ground that it had made no grant to the Antivivisection Hospital in Battersea. As an answer, the Lord Mayor read a resolution, in which the Distribution Committee expressed the opinion that, as the Antivivisection Hospital did not comply with those general conditions which should govern any hospital designed to give the best form of relief to the sick poor, no grant could be recommended. A protest against the introduction of the topic was raised by Mr. Sydney Holland, who said that the patients of this hospital were refused some of the greatest benefits known to the human race. It was a miserable hospital, miserably equipped, and, as its work was not based on considerations which were for the benefit of its patients, it ought not to be helped by the Fund.

SPEAKING at a recent flower show, Dr. Brown of Bacup, showed that the healthiness of plant life in the neighbourhood of large manufacturing towns was increased by filtering the air of greenhouses through muslin, and proceeded to suggest that a corresponding step would be useful in ordinary houses. Muslin curtains, he thought, should be used quite as much in winter as in summer, for owing to the increased use of coal fires the air contained far more solid matter. The healthiness of houses would be increased if all inlets were covered by filters made of unstarched and unironed muslin, which could be easily cleaned and replaced. The suggestion is attractive, and its value might easily be tested on any foggy day, by comparing the atmosphere of a room in which a window was partly open with that of one in which a window was open to the same extent but the aperture guarded by a muslin curtain. There is no doubt that the solid impurities of the air such as might be removed by filtration of this character, count for a good deal in the production of bronchitis, which year by year in the winter months is the immediate cause of grave illness and mortality, especially among persons of comparatively advanced age.

THE French Government, wishing to restrict the use of opium in the French possessions in the Far East, directed the Governor-General of Indo-China to examine the question. In his report he expresses the opinion that the complete prohibition of opium without transition would cause serious discontent among the natives. It would, moreover, be impossible to enforce such prohibition so long as China has not completely suppressed the cultivation of the poppy. Even if the interdiction were possible, it ought not to be carried out until resources had been found that would make up for the disappearance of the revenue from the monopoly of this product, which amounts to seven million piasters—about one-fourth of the whole budget. On the other hand, the Governor-General has pronounced himself strongly in favour of the gradual restriction of the use of opium by increasing its price in proportion varying according to the regions, whether more or less distant from the centres of Chinese production. Since June 19th last an ordinance has been issued in this sense. In addition to this, he has forbidden the opening of any opium den in the territory of Indo-China. On the other hand, the Minister for the Colonies, holding that France could not permit its functionaries to give the example of the most fatal of habits to those whom their duty is to teach Western civilization, has ordered the

local administration to forbid expressly the use of opium to all the functionaries and agents of every rank and service. Those infringing this rule will be debarred from all promotion till they have completely renounced the habit. Analogous measures will be taken in regard to native functionaries.

INTERNATIONAL FIRST AID CONGRESS.—The First International First Aid and Life-Saving Congress will be held at Frankfurt-on-the-Main in Whitsun week, 1908, under the honorary presidency of Count von Posadowsky. The Honorary President of the Committee is His Excellency Professor von Esmarch; the Honorary President of the Organizing Committee was to have been the late Professor Moritz Schmidt. Forty foreign Governments have been invited to send delegates. The work of the Congress will consist in lectures on subjects of general interest by eminent professional men, and in discussions in the Sections. The following are the Sections: (1) Medical first aid in accidents; (2) instruction of non-professionals in first aid; (3) ambulance work in towns; (4) ambulance work in the country, in industrial and small communal centres; (5) ambulance work in land traffic (railway, underground railway, electric railway, and automobile traffic), etc.; (6) ambulance work at sea, and on inland and coast waters; (7) ambulance work in mines and similar works; (8) ambulance work for fire brigades; (9) ambulance work in the mountains; (10) ambulance work in the hunting field, sports, etc. The official languages of the Congress are German, English, and French. The Secretaries of the Organizing Committee are Dr. A. Ettlinger, and Dr. Fromm, of Frankfurt; Dr. Felix Hübel, Dr. Korman, and Dr. Streffer, of Leipzig; Dr. Kohler, of Munich; Professor Manes of Berlin; and Herren A. Scharff, engineer, and Dr. Schleussner, factory director, both of Frankfurt.

PRIZES OF THE ACADEMIE DE MÉDECINE.—The principal prizes in the gift of the Paris Academy of Medicine have this year been awarded as follows: The Louis Boggio prize of £172 (triennial) was awarded to Professor A. Calmette, Director of the Pasteur Institute of Lille, and Dr. C. Guérin, Chief of the Laboratory of the same institute, for their researches on the intestinal origin of pulmonary tuberculosis, and on vaccination against tuberculosis by the digestive channels; the Adrien Buisson prize of £420 (triennial) for the discovery of a method of complete cure for diseases hitherto recognized as incurable was awarded to Dr. Donter, *professeur-agrégé* at the Army Medical School of Val-de-Grâce, for his bacteriological researches on bacillary dysentery, its specific germ, and anti-dysenteric serumtherapy; the Cheillon prize of £60 (annual) to Dr. Joseph Okinczic, of Paris, for a contribution to the surgical treatment of cancer of the colon. The Desportes prize of £52 (annual) for the best work on therapeutics was divided between Dr. Albert Weil, of Paris, for his *Manual of Electrotherapy* (£32) and Dr. Nielot for a paper on the mosquitos of Oran during the years 1904-6 in relation to malaria (£20). The Théodore Herpin prize of £120 (annual) for the best work on epilepsy and nervous diseases, was awarded to Dr. L. Alquier, of Paris, for his work on nervous disorders in Pott's disease; the Huguier prize of £120 (triennial) for the best work on diseases of women was awarded to Drs. F. Jayle and X. Bender, of Paris, for their work on leucoplasia of the vulva, vagina, and uterus; the Laborie prize of £200 (annual) for the best work on surgery was awarded to Dr. G. Luys, of Paris, for his work on exploration of the urinary apparatus; the Louis prize of £120 (triennial) for the best essay on the radium treatment of neoplasms was awarded to Drs. J. Belot and G. Haret, of Paris, and M. Auguste Jaugeas, head of the laboratory of medical radiology at the Saint Antoine Hospital, Paris. The Meynot prize of £104 for the best work on diseases of the eyes was awarded to Dr. Etienne Ginestous, of Bordeaux, for a paper on granular ophthalmia in France; the Tarnier prize of £180 (annual) for the best work on gynaecology was not awarded, but Dr. X. Bender received an honourable mention for a contribution to the study of tuberculosis of the vulva. The Barbier prize of £80 (annual) for the discovery of a method of complete cure for diseases hitherto recognized as incurable, such as hydrophobia, cancer, epilepsy, scrofula, cholera, etc., was divided between Professor Cadéac, of the Veterinary School of Lyons, for experimental researches on the contagion of tuberculosis; Dr. E. François-Dainville, of Paris, for an essay on disturbances of nutrition and of urinary elimination in diathetic dermatoses (eczema and psoriasis); and Dr. A. Roussel, of Saint-Etienne, for an essay on ankylostomiasis in the coal-mining district of Saint-Etienne. The annual prize of £40, offered by the Academy itself, for the best essay on the physiology and pathology of the suprarenal capsule, was awarded to Drs. Léon Bernard and Bigart, of Paris.

will take the trouble to write or speak to his Parliamentary representative, I feel sure that an exception in our favour will be made to any alteration of the existing conditions.

In particular, might I call the attention of medical constituents in the East Fife Division to the importance of this subject?—I am, etc.,

December 3rd.

PNEUMATIC.

THE LATE SIR W. T. GAIRDNER AND MESSRS. OPPENHEIMER.

SIR,—Most medical men throughout the country will recently have received a diary from Messrs. Oppenheimer and with the diary a letter from the late Sir W. T. Gairdner purporting to be a testimonial in their favour. To have a letter of his used as a testimonial to push a commercial article would have given my father the greatest displeasure, and had Messrs. Oppenheimer before publishing the letter asked the consent of the writer's family (which they did not do) it would most certainly have been refused. That the letter dated February, 1904, has only now been circulated is sufficient proof that the firm did not originally regard the letter as a testimonial for public use.

Seeing that the letter has been published it may be as well to publish also the incident that gave rise to the correspondence. Messrs. Oppenheimer had sent Sir William Gairdner a leaflet describing one of their preparations, which leaflet was returned to them with the endorsement "Polypharmacy run mad." Messrs. Oppenheimer replied in defence and the letter published apparently closed the correspondence. The last paragraph of that letter is not, I think, to be taken as meaning that Sir W. T. Gairdner regarded the palatinoids of Messrs. Oppenheimer as being superior to analogous preparations by other makers, but only that the formulae of some of that firm's products were not objectionable in the opinion of the writer, who would therefore have used them on a suitable occasion had one such arisen.—I am, etc.,

Ayr, Dec. 13th.

ERIC D. GAIRDNER.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. R. DEANE SWEETING has been reappointed Examiner in State Medicine.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.

The new *Calendar of University College Hospital Medical School*, that for the session 1907-8, contains the text of the Act by which University College was transferred with its possessions to the University of London. Attached to it are sundry schedules appointing various Boards of Management and Commissioners, and a copy of the statutes drawn up for the constitution and management of the North London or University College Hospital and the School of Advanced Medical Studies connected therewith.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary Comitia was held at the College on Thursday, December 12th, the President, Sir R. Douglas Powell, in the chair.

Licences.

The Licence of the College was granted to John Lewis, Alfred Richardson, and John Lancelot Todd.

Admission of Women to the Examinations of the College.

The petition received at the Comitia on May 9th last, from the London School of Medicine for Women, praying for the admission of women to the examinations of the College, was considered, and a resolution refusing the prayer was moved. An amendment to the effect that the by-laws be so amended as to permit women to present themselves for the examination for the licence only was, after prolonged discussion, carried by 59 votes to 33. The hour being late, the discussion of this amendment, which had thus become the substantive motion, was adjourned.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At an ordinary Council on December 12th, Mr. Henry Morris (President) in the chair, the diploma of Fellow was conferred on twenty-five candidates who had satisfied the examiners, and a Licence in Dental Surgery issued to forty-four persons found qualified at the examination recently held.

Appointment of Conservator.

Directions were given for an advertisement of the vacancy of the above appointment to be issued forthwith. Candidates should send in their applications before February 1st, 1908.

A statement of the conditions of appointment may be obtained on application to the Secretary.

Court of Examiners.

Mr. C. J. Dent was re-elected a member of the Court.

Dates of the Fellowship Examinations.

With reference to the letter from the Deans of the Medical Faculties of the Universities of Leeds, Liverpool, and Sheffield, suggesting the desirability of holding the Primary Examinations for the Fellowship at other times of the year than May and November, the Committee proposed to postpone their report, with the object of ascertaining the views of the several medical schools upon the proposed change, before submitting any recommendation to the Council upon the subject.

The Curriculum in Dental Surgery.

The Board of Examiners, in pursuance of the request of the Council, have considered the following resolution adopted by the British Dental Association at its annual meeting, namely:

That any regulation prescribing not less than two years' instruction in mechanical dentistry, instead of three years as heretofore, is seriously detrimental to the efficiency of the profession.

The Board of Examiners now beg to report to the Council that they are aware of no facts relating to the subject which were not before them when, on June 25th, 1906, they reported unanimously in favour of the recommendation to reduce the period of instruction in mechanical dentistry from three to two years, and that under these circumstances the Board can only recommend the Council to thank the Honorary Secretary of the British Dental Association for his enclosed resolution, and state that they see no reason to modify the decision already arrived at.

The Board of Examiners have also to report that they have considered the application from the University of Leeds, for the recognition of the dental department of the University, together with the accompanying documents. The Board being satisfied that the requirements of the College have been complied with in regard to the appointment of the staff, the scope of the courses of instruction, and the opportunities for hospital practice, recommend the Council to add the University of Leeds dental department to the list of dental schools recognized for the licence in dental surgery.

Examinations.

The following candidates have been approved at the examination indicated:

FINAL FELLOWSHIP.—H. Ainsworth, Captain, I.M.S., Victoria University, Manchester, and St. Bartholomew's Hospital; E. Maynard, London Hospital; R. D. Maxwell, London Hospital; W. S. V. Stock, University College, Bristol; W. E. Fisher, University College Hospital; A. J. Couzens, London Hospital; E. W. Bain, London Hospital; J. G. French, St. Mary's and St. Bartholomew's Hospitals; M. Culpin, London Hospital; W. Appleyard, University College Hospital; S. C. Hayman, University College, Bristol, and London Hospital; H. Chitty, University College Hospital; H. Hardwick-Smith, Cambridge University and St. Bartholomew's Hospital; W. E. Brierley, Leeds University; C. Clarke, St. Bartholomew's Hospital; H. T. Gray, Cambridge University and St. Thomas's Hospital; T. McPherson, McGill University and St. Bartholomew's Hospital; P. Talbot, Victoria University, Manchester; R. Jamison, Oxford University and St. Bartholomew's Hospital; L. R. Braithwaite, Leeds University; K. McK. Duncan, Glasgow University and London Hospital; E. Gillespie, Glasgow University and Middlesex Hospital; J. L. Falconer, Victoria University, Manchester, and London Hospital; D. Ligat, Glasgow University and London Hospital; H. F. Shorrey, Melbourne University and Middlesex Hospital.

CONJOINT BOARD IN ENGLAND.

At an extraordinary meeting of the Royal College of Physicians of London on December 12th, and at a meeting of Council of the Royal College of Surgeons of England on the same date, diplomas of L.R.C.P. and M.R.C.S. were conferred upon the following gentlemen who have passed the Final Examination in Medicine, Surgery, and Midwifery, and have now complied with the by-laws of both Colleges, namely: J. Lewis, A. Richardson, J. L. Todd.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognised by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

THE RIGHTS OF REGISTERED PERSONS.

LONDON.—(1 and 2) By Clause XXXII of the Medical Act, 1858, no person can recover any charge in any court of law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine which he