

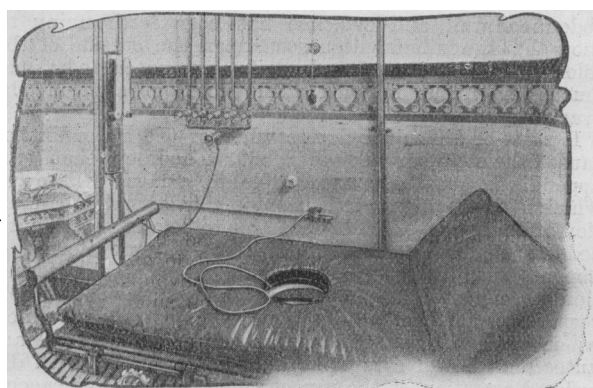
morbid change is frequently one of mucous colitis, and, though severe pericolicitis is comparatively rare, yet a mild and usually more chronic type is not so rare.

Physical examination of the abdomen in all cases of colitis is important and instructive. It is common to find the caecum distended and tender, as also the ascending and transverse colon, whilst the descending colon and sigmoid may show signs of contraction, the result of spasm of the bowel wall, though this is seldom permanent. It is advisable to make an examination per rectum whenever possible, and this must be insisted upon if blood is seen in the ejecta. Thrice within a year I have found the mucous discharge was secondary to a growth in the bowel, and in one of these cases, in which a growth in the hepatic flexure was found, the patient had passed blood and mucus in the stools for twenty years. It is important, therefore, to remember that colitis is not infrequently secondary to some local trouble, which must always be sought after.

Treatment.

I need hardly say that the importance of early treatment of mucous colitis cannot be over-estimated, for the condition if neglected is fraught with more or less serious complications, not only locally but constitutionally, as a result of autointoxication. The treatment of the condition, therefore, has not only engaged the attention of the physician, but also that of the surgeon; and whilst antiseptic treatment by the mouth—for example, salol, salicin, and naphthol—with strict dieting may cure a mild case, there is no doubt a better and more lasting result of treatment can be obtained if we wash out the bowel as we do the stomach when in a similar condition of chronic catarrh and dilatation, and both surgeons and physicians are fully alive to this fact.

Surgically, the method adopted to accomplish this has



Internal douche: Plombières treatment.

been to open the caecum and allow the motions to pass through the artificial anus for some weeks in order to give the colon complete rest, and allow of it being flushed through with antiseptic solutions. But a more recent operation has been to make use of the appendix by fixing it to the surface of the abdomen, opening it at its distal end, and inserting a rubber catheter into its lumen, through which irrigation takes place. Mr. Jonathan Hutchinson, jun., has published a successful case treated in this way, and it is satisfactory that some use for the appendix has at last been found!

For several years at Plombières and Chatel-Guyon in France, and in this country at Harrogate, treatment by irrigation has been carried out with excellent results. The object is to wash away any old faecal matter and mucus, and as de Langenhagen, who recently inspected and was pleased with this bath at Harrogate, remarked, "Aim at giving the mucous membrane a good internal dressing." Briefly, the administration of the complete bath is carried out in the following way:

It consists of two parts—first, irrigation of the bowel by a hydrostatic douche, given through a long rubber tube which is passed into the sigmoid, and which can be easily sterilized by boiling. The colon is washed out with 20 to 40 oz. of alkaline sulphur water at a low pressure and at a prescribed temperature, the patient lying first on the right side and then on the back during the operation. This is repeated, and the ejecta after each

douche are carefully examined and reported upon by the skilled attendant. Hertz points out that antiperistalsis of the colon normally exists, and is an important factor in treatment, enabling rectal injections to reach the ascending colon and caecum when diseased.⁸ After the internal douche follows a warm immersion bath of sulphur water. When in the bath a hot douche plays upon the wall of the abdomen from a large nozzle with fine perforations, and is chiefly directed over the site of the colon. This bath not only opens out the peripheral circulation, and thus relieves the congested viscera, but is beneficial to the arthritic and nervous manifestations the result of toxic absorption. As I have shown before,⁹ when dealing with a similar condition in the stomach, we must remember that there is a serious loss of balance in the circulation under the domain of the splanchnic nervous system, and until we get this restored we give but little or no permanent relief.

Attention, on the patient's part, to moderate exercise, warm clothing, the use of a hot bottle to the cold extremities, and avoidance of exposure to undue cold will give the greatest comfort, and by attracting blood from the splanchnic area to the periphery relieve the affected bowel; whilst care in diet, avoiding all articles of food which may irritate the mucous membrane, must be strictly enforced. It is only left to say that the treatment by this method of chronic constipation and mucous colitis, associated or not with appendicitis and pericolicitis, has been most successful, as well as educational to the patient.

REFERENCES.

- ¹ *Trans. Med. Soc.*, vol. xxix, p. 298. ² *BRITISH MEDICAL JOURNAL*, vol. i, 1906. ³ *Ibid.*, vol. i, 1905, p. 458. ⁴ *Ibid.*, p. 467. ⁵ *Trans. Med. Soc.*, 1905, p. 230. ⁶ *Bio-Chemical Journal*, September 14th, 1907. ⁷ *Trans. Med. Soc.*, vol. xxviii, p. 230. ⁸ *BRITISH MEDICAL JOURNAL*, vol. i, 1908, p. 193. ⁹ The Influence of the Nervous System and External Temperature upon Certain Circulatory Changes concerned in the Etiology of Catarrh, Ulcer, and Simple Dilatation of the Stomach, *Lancet*, vol. i, 1906.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

VITTEL AND AORTITIS.

AFTER suffering for more than a year with thoracic pain, which developed to such an extent as to thoroughly disable me and force me to spend a winter in bed and the rest of the year in a more or less recumbent posture, aortic aneurysm was diagnosed from the bulging appearance presented by the third part of the aorta on x-ray examination, though there were no physical signs to confirm this diagnosis. For a year and a half the orthodox treatment of aortic aneurysm was adopted by diet, rest, potassium iodide, drugs for lowering tension, etc. At the end of a year and a half I consulted Huchard and Béchère of Paris, whose joint opinions (independently formed) were that I was suffering from aortitis with dilatation but that there was no true aneurysm. Vittel was recommended specially for its effects on renal inadequacy. Huchard makes extensive deductions from his theory of arterial hypertension which he considers of toxic origin, arising from the products of malassimilation or other poisons introduced into the blood, as lead, alcohol, tobacco, rheumatism, gout, influenza, etc. Special importance is attached to renal action, and the existence of Brightism is regarded as secondary to high tension rather than the cause of it. The remote arterial system is looked upon as a peripheral heart, offering a great resistance to the central heart, which, thus stimulated to increased effort, may become functionally, and later on organically, deranged. Degenerative changes thus begun in the small vessels extend to the larger, and eventually to the heart and viscera. As the mischief begins in the periphery, so is the treatment directed to the periphery through the kidney, even when there is no direct evidence of disease of this organ. Long before the appearance of albumen it may be found inefficient, and in any case its action is supposed to eliminate from the system materials which tend to cause hypertension. On this theory I went to Vittel. For three days I visited the spring, drinking 600 cg. each morning; but the elimination during the six hours of the "buvette period" on each of these days being only 250, 460, and

590 cg., and the early visit being too much of an effort for me, I was advised to drink 800 cg. in bed between 8 and 10 a.m. No food was taken until noon. Under this régime the elimination between 8 a.m. and 2 p.m., from June 11th to the 25th, 1907, inclusive, was 800, 775, 750, 600, 825, 1,225, 930, 1,065, 955, 1,075, 895, 725, 800, 1,085, 1,125—an average of 908 cg., or 108 cg. beyond what was drunk. The elimination of each complete day from the 11th to the 25th inclusive, in centigrams was 1,065, 1,410, 1,425, 1,670, 1,805, 1,650, 1,625, 1,690, 1,985, 2,215, 1,755, 1,560, 1,570, 1,180, 1,835, being a daily average of 1,642 cg., or 58 oz. At home, whilst at perfect rest, the average renal excretion for the month of December, 1906, was 26 oz. daily. The effect upon my general symptoms has been that the attacks of pain are less frequent and severe, whilst the dyspnoea has practically disappeared, having had but three or four attacks in the last year. This relief alone would amply compensate me for my visit to Vittel.

Brighton.

ED. GEO. WHITTLE, M.D.Lond.

TINCTURE OF EUCALYPTUS IN HAEMORRHAGE

I do not think the great value of eucalyptus in haemorrhage is generally recognized by the profession, and therefore I venture to call attention to it. In minor operations it is most useful, and whereas the effects of adrenalin are transitory and therefore dangerous, this is not the case with eucalyptus.

I was particularly struck with its use in one case. I was sent for to see a patient who had a tooth extracted three days before, and had had persistent haemorrhage from the socket. The usual remedies were applied without avail. On the third day I applied tincture of eucalyptus, and the haemorrhage almost immediately ceased. The next day the patient's brother cut his foot and the haemorrhage was profuse. Having some of the eucalyptus left he applied it to the wound, and the haemorrhage immediately stopped. On June 26th I was asked to see a case in which persistent haemorrhage followed the application of a leech to the gum. The usual remedies—alum, tr. ferri perchlor., ice, etc.—were tried unsuccessfully for twelve hours. I applied tincture of eucalyptus, and the haemorrhage ceased within five minutes and did not return.

It is most useful as a dressing on lint after circumcision or other minor operations. I am of opinion that the internal use of calcium chloride combined with the external application of tincture of eucalyptus will stop any form of haemorrhage.

Leytonstone.

ARTHUR TODD-WHITE.

Reports

ON

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

EAST LONDON HOSPITAL FOR CHILDREN.

A CASE OF TYPHOID FEVER WITH UNUSUAL COMPLICATIONS.

[Reported by H. H. MOYLE, M.R.C.S., L.R.C.P.]

A boy, aged 5 years and 9 months, was admitted (under the care of Dr. J. A. Coutts) on January 29th, 1908, the diagnosis resting between tuberculous meningitis and typhoid fever.

History.

The prodromal symptoms covered a period of nine days, with the following history. Up to January 20th he had been quite healthy, but on that date he complained of headache, slight sore throat, loss of appetite, and, as far as one could judge from the mother's history, a definite rigor. Headache continued, with anorexia; nothing was taken but cold water, and this frequently induced sickness. A slight cough was present, and often during the night he would cry out as if in pain. No rash was noticed. As a rule rather constipated the patient became far more so, the bowels acting with difficulty at intervals of two or three days. He was kept in bed during the onset, and even in this short time lost weight. Flushing was occasionally noticed, and he was exceedingly irritable. The family history showed a phthisical taint.

Condition on Admission.

The temperature was 102°, pulse 128, respirations 24. He was very noisy, screaming incessantly until in bed, when he became quiet, lying with the knees drawn up. The tongue was dry, furred centrally, but clean at the sides; the lips were cracked, and had been bleeding. The skin was dry, rough, and acutely hypersensitive. The abdomen was very tender, and so remained throughout the illness. It was not distended, but movement was restricted. The spleen could not be felt, and no localized rigidity was noticeable. Over the chest and abdomen rose-red spots were seen which resembled those of typhoid fever.

Course of Illness.

On January 30th a specimen of blood was taken for the Widal test, which proved negative. A second test, however, three days later, was returned positive, clumping having taken place in three-quarters of an hour with a dilution of 1 in 30. On the same date the spleen was felt; it was tender and soft.

During the week crops of spots were noticed, identical with those found in the course of enteric fever. Two typical typhoid motions were passed on February 8th, but with these exceptions, constipation was present during the illness.

The patient now showed all the signs of a profound toxæmia, being very restless and screaming out in delirium. The face was flushed, eyes half closed, tongue furred, skin hot and dry. The temperature ranged between 103° and 101.4°; pulse, which was weak and thready, from 140 to 160, and the respirations 40 to 48.

The child remained in this condition until February 17th, when liquor hydrargyri perchloridum mx was given, combined with tr. opii mv, and apparently with excellent result, for in two days the patient became more conscious, less irritable, the eyes brighter, and the lips a little moist. Bleeding, however, occurred from the right ear, slight in amount, but the oozing continued for three days. Coincident with this a purpuric rash developed over the abdomen and chest. The spots, which were the size of and otherwise resembled large flea bites, were discrete and numerous, not fading on pressure. These disappeared in about fourteen days.

About February 21st the face began to swell just above the anterior inferior angle of the left masseter, and the skin was a little red over it. Within a day or so a hard lump could be felt the size of a pigeon's egg, which was acutely tender. There was no ulceration on the inner side of the cheek. Fluctuation soon appeared, and the swelling was incised on March 1st, and about half an ounce of greenish-coloured pus escaped, which yielded on bacteriological examination a pure culture of *Staphylococcus pyogenes aureus*. A similar abscess occurred later, with no reddening of the skin, at the angle of the left scapula; it also yielded a pure culture of the same staphylococcus. Improvement continued, and the patient was sent to the convalescent home well on the way towards complete recovery on April 14th, having been in the hospital for eleven weeks.

REMARKS.

The special points of interest about the case may be summarized as follows:

1. The onset with a rigor, and the extreme hyperæsthesia and irritability.
2. The temperature throughout never conformed to that usually associated with typhoid fever.
3. Abdominal pain and tenderness were marked throughout.
4. Haemorrhage from the ear, and development of purpura abscess formation.

In order to obtain accurate information regarding the nature and extent of the damage done by rats within the United Kingdom, the Committee of the Society for the Destruction of Vermin has prepared a schedule of questions which it desires to place in the hands of all who are in a position, from their own experience, to give valuable information concerning temporary or permanent rat plagues in their districts, the damage inflicted by rats, the steps taken by them, individually or in co-operation with others, for preventing such damage, the means chosen for that purpose, and the results obtained. Copies of the schedule can be obtained on application to the Secretary, Mr. A. E. Moore, 95, Wigmore Street, London, W.

LYNN THOMAS AND SKYRME FUND.

FIFTEENTH LIST OF SUBSCRIPTIONS.

MR. WILLIAM SHEEN, M.S., F.R.C.S., 2, St. Andrew's Crescent, Cardiff, Honorary Secretary of this Fund, desires to acknowledge the following subscriptions:

Subscriptions from June 20th to July 3rd.

Subscribers of Ten Guineas.
Sydenham District Medical Society, per H. Hetley.

Subscribers of Five Guineas.
Cape of Good Hope Western Branch, British Medical Association, per H. A. Moffat.

Subscribers of Four Pounds Eight Shillings.
Furness Division, British Medical Association, per John Livingston, the amount being made up as follows:

Half a Guinea from:
Beardsley, R. H., Grange-over-Sands.

Five Shillings from:
Lowther, R., Grange-over-Sands.

Half a Crown from:
E. Allen, George Alexander, Douglas H. Anderson, R. Ashburner, P. L. Booth, R. O. Bowman, A. Carmichael, J. B. Carter, J. Cockton, R. Coffey, A. W. Collins, A. J. Cross, F. E. Daniel, T. F. Forster, R. H. Fothergill, R. A. J. Harper, John Livingston, James Milligan, John Murray, G. Parsons, E. B. Pooley, J. A. Reed, A. F. Rutherford, W. Sansom, John Settle, William Sinclair, A. E. Thompson, J. T. Williams, J. F. Wilson.

Subscribers of Four Pounds Seven Shillings and Sixpence.
Glasgow Eastern Division, British Medical Association, per John Patrick, the amount being made up as follows:

Five shillings from:
T. C. Barras, William Bryce, William Buchanan, A. Davidson, James Dunlop, Andrew Granger, John Granger, John Muir, W. L. Muir, Alex. Munro, W. A. Parker, John Patrick, William Patrick, Joseph Scanlan, Robert Soot, M. Sempie, R. Service.

Half a Crown from:
Whitelaw, William, Glasgow.

Subscribers of Four Pounds.
Ilford Medical Society, per A. Weiply.

Subscribers of Three Guineas.
St. Helens Medical Society, per D. C. L. Orton.

Subscribers of Two Guineas.
Birkenhead Medical Society, per A. G. Milne
Burmah Branch, British Medical Association, per H. A. Williams
Kinsey, R. H., Bedford.

Subscribers of One Guinea.
Blight, J. H., Chesterfield.
Heath, Charles, London.
Parry, C. P., Carmarthen.
Scholberg, H. A., Cardiff.

Subscribers of Fifteen Shillings.
Border Branch of the South-Eastern Counties Division, British Medical Association, per John Jeffrey.

Subscribers of Half a Guinea.
Martin, William Young, Walkden, near Manchester.

Subscribers of Five Shillings.
Evans, D. R., Clwt-y-Bont, Carnarvonshire.
Stack, M., Liverpool.

Subscribers of Half a Crown.
Morgan, J., Pontrhydygroes.

Medical News.

THE dinner to the Voyage d'Études Médicales will take place at the Hotel Cecil on Thursday, July 16th, at 7.30 p.m. The chair will be occupied by Dr. George Ogilvie.

OWING to urgent official business in Paris, Professor Landouzy will be unable to give the lecture which he had intended to deliver at 20, Hanover Square, on Tuesday next.

THE luncheon usually given by the Continental Anglo-American Medical Society during the annual meeting of the British Medical Association will be held this year on Thursday, July 30th, at 1.30 p.m., at the Royal Victoria Station Hotel, Sheffield.

THE Caledonian Medical Society is to hold its twenty-eighth annual meeting at the Edinburgh District Asylum, Bangour Village, near Uphall, on Friday, July 24th, under the presidency of J. Keay, M.D., F.R.C.P.E., of Bangour. The annual dinner will take place the same evening at the Caledonian Station Hotel, Edinburgh.

ON July 10th the administrative staff of the Technological Branch of the Board of Education removed from South Kensington to the new offices of the Board in Westminster, the entrance to which is in Charles Street out of Parliament Street. All correspondence should be directed to the Secretary, Board of Education, Whitehall, with the exception of letters for the Victoria and Albert Museum, the Royal College of Art and the Solar Physics Observatory, which should continue to be addressed to the offices of the Board of Education, South Kensington.

THE special general summer meeting of the Association of Public Vaccinators of England and Wales will be held at the Royal Victoria Hotel (Great Central Station), Sheffield, on Wednesday, July 29th, at 12 noon. The President, Dr. Drury, of Halifax, will make some remarks on vaccination under the new Act; and a pamphlet prepared by Dr. A. E. Cope, of London, which, it is suggested, the association should issue for use at lectures or debates in defence of vaccination, will be considered. Members intending to be present are requested to communicate with Dr. W. Longbottom, 139, Burngreave Road, Sheffield.

THE second annual dinner of the Medico-Legal Society will be held at the Holborn Restaurant on July 22nd, at 7.30 p.m. The President, Mr. Justice Walton, will be in the chair, and it is expected that several distinguished guests will attend. Tickets (half a guinea each) for members and their friends may be obtained on application to the Honorary Secretaries, Dr. S. B. Atkinson, 10, Adelphi Terrace, W.C., and Mr. D. Cotes-Freedy, 2, Elm Court, Temple, E.C.

THE students (present and past) of King's College Hospital have arranged to give a complimentary dinner to Sir Watson Cheyne, Bart., to congratulate him on the honour recently bestowed on him by His Majesty the King. It will take place at the Waldorf Hotel on Friday, July 17th, at 7 for 7.30. Old Kings men have been circularized as far as possible, but any of them who have not received notices are especially requested to communicate with the Secretaries of the Dinner Committee at the hospital. Owing to the large number of acceptances already received it has been found necessary to limit the invitation to old members of King's (staff and students).

THE Royal College of Physicians held a conversazione on July 2nd, the guests being received by the President, the Censors, and other officers. Among those who accepted an invitation to be present were the Archdeacon of London, the Vicar of St. Martin-in-the-Fields, the Vice-Chancellor and the Dean of the Medical Faculty of the University of London, the President and Vice-President Royal College of Surgeons, the Presidents of the Medical Society of London and the Royal Society of Medicine, the Treasurers of the Societies of the Inner Temple and of Lincoln's Inn, and the President of the British Medical Association. Invitations were also sent to all licentiates who obtained their diplomas before the year 1893. The pictorial and other treasures of the College were on view, and a number of Fellows and others lent pictures of special interest. The band of the Royal Artillery was in attendance and played at intervals during the evening.

THE summer gathering of the West African Medical Staff brought together a large proportion of the officers now at home on leave, as well as several retired officers of the service. The dinner took place at the new Gaiety Restaurant, Dr. Prout, C.M.G., now of Liverpool and formerly P.M.O. at Sierra Leone, being in the chair. Dr. Allman, C.M.G., now of Dublin, but until recently P.M.O. of Southern Nigeria, and Dr. G. F. Darker, now of the Middle Temple, were among the past officers. Those still on the active list included Dr. Strachan, C.M.G., P.M.O., Southern Nigeria, Dr. Chartres, S.M.O., Gold Coast, and Dr. Kennan, S.M.O., Sierra Leone, and many others. As the chairman said in proposing the toast of the evening, all officers of the service should make a point of joining this dinner club, which has its analogue in the Indian Medical Service, Royal Army Medical Corps, and in all regiments. He also expressed what will be a generally echoed hope, namely, that at no distant day some organization may be devised which will strengthen the hands of the medical staff of the West Coast of Africa and tend to secure more rapid sanitary progress than in the past. A few visitors were present and a toast in their honour was proposed by Dr. Strachan. The formal proceedings of the evening ended with a similar compliment to the chairman, which was proposed by Dr. Allman, and warmly received.

ANNUAL MEETING RAILWAY ARRANGEMENTS. — In addition to the reduced railway fares issued within the United Kingdom to Sheffield on presentation of a voucher signed by the General Secretary, the railway companies will issue during the meeting tickets at a fare and a quarter to places within a radius of fifty miles from Sheffield. The concessions from Sheffield can be obtained on presentation of the card of membership, which will be issued at the Reception Room, University Buildings. Members, therefore, should use the railway voucher obtained from the General Secretary for the first journey to and the final journey from Sheffield, while for journeys from Sheffield during the Annual Meeting, production of a member's card will secure the cheap rates.

induced my surprise that he referred only to Ancoats Hospital and omitted all reference to the Salford Royal Hospital when considering the effects of the removal of the infirmary to its new buildings. Your Manchester correspondent evidently regards the centre of the population as the centre of the city. The fact is that Manchester and Salford are only separated by a narrow, filthy river, and in some places only by a landmark. They would now be under a single corporation if the people could have their way. They consist of one great community of nearly a million people, and in spite of police instructions and ambulance arrangements accidents and emergencies have a tendency to gravitate to the nearest general hospital, and will continue to do, whatever the artificial restrictions now in vogue may try to accomplish.—I am, etc.,

Manchester, July 7th.

ANDREW BOUTFLOWER.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. COUNCIL ELECTION.

THE election of members of Council to fill the four vacancies made by the retirement of Mr. Ward Cousins, Mr. Pearce Gould, and Mr. Harrison Cripps and the resignation of Mr. Marsh, was held on Thursday, July 2nd.

The result was as follows:

	Votes.	Plumpers.
Mr. PEARCE GOULD ...	484	8
Mr. ARBUTHNOT LANE ...	406	72
Mr. W. F. HASLAM ...	331	22
Mr. C. B. LOCKWOOD ...	331	17
Mr. GEORGE EASTES ...	320	15
Mr. W. HARRISON CRIPPS ...	279	3
Mr. BILTON POLLARD ...	243	11
Mr. LYNN THOMAS, C.B. ...	219	12

The total number of votes amounted to 866—namely, voting papers, valid, 843, too late 9, otherwise invalid 1, personal votes 13.

Mr. Haslam and Mr. Lockwood received the same number of votes. The latter being junior on the roll of Fellows is the substitute member for Mr. Howard Marsh until 1910.

The President declared Mr. Pearce Gould duly re-elected, and Mr. Arbuthnot Lane, Mr. Haslam, and Mr. Lockwood duly elected members of Council.

UNIVERSITY OF CAMBRIDGE.

THE Raymond Horton-Smith Prize for 1908 has been awarded to T. R. Elliott, M.A., Trinity College, for a thesis for the M.D. degree on Control of the Sphincters in Nervous Lesions. The following have received honourable mention: J. M. Hamill, M.A., Trinity College; H. Beckton, M.A., Clare College.

UNIVERSITY OF BIRMINGHAM.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (*Chemistry, Physics, and Biology*).—Class II: *G. H. Alabaster, N. A. Austin, R. A. Broderick, *E. F. Buckler, †Elsie M. Humpherson, J. C. Jones, J. B. Lowe, H. C. Nicholson, †P. T. Priestley, J. A. Scott, H. Sheasby, †C. L. Spackman.

*Biology only. †Physics only. ‡Chemistry and Biology.

SECOND M.B., CH.B. (*Anatomy and Physiology*).—Class I: *G. E. Elkington, *A. A. Wilkinson. Class II: R. B. Coleman, E. Davies, P. A. Newton, C. E. Salt, A. C. Tibbits.

*Queen's Scholarship.

THIRD M.B., CH.B. (*Pathology and Bacteriology, and Materia Medica and Pharmacy*).—Class I: *C. Walker. Class II: E. W. Assinder, †G. F. Jotham, †A. H. Newton, C. J. Thompson.

*Queen's Scholarship. †Materia Medica and Pharmacy. ‡Pathology and Bacteriology.

FOURTH M.B., CH.B. (*Forensic Medicine, Toxicology, and Public Health*).—Class I: Mary Clarke, *H. F. Humphreys. Class II: W. C. Blackham, N. A. Boswell, H. G. Browning, J. S. Edwards, Violet M. McCready, C. E. Molino, H. H. Sampson, C. J. Thompson, Ethel A. Waldron, H. A. Whitcombe, K. D. Wilkinson.

*Queen's Scholarship.

FINAL M.B., CH.B.—Charlotte Bailey, J. Dale, E. T. Gaunt, E. V. Whitby, N. V. Williams.

M.D.—R. A. Lyster, N. J. L. Rollason, Helen G. Stewart.

D.P.H. (*Parts I and II*).—R. Burnet, W. D. Carruthers, N. Wilks; *H. S. Gettings, †A. E. R. Weaver.

*Part I only.

†Part II only.

UNIVERSITY OF DUBLIN.

THE following candidates have been approved at the examinations indicated:

PRELIMINARY SCIENTIFIC (*Botany and Zoology*).—*W. H. R. M'Carter, *J. N. Armstrong, *W. O. W. Ball, *H. G. Trayer, *C. C. McCreedy, *G. Roe, *F. A. V. Denning, C. D. Goodenough, J. Colgan, J. H. Powell, G. H. Culverwell, E. A. Flood, A. C. Redelinghuys, J. H. Counihan, H. L. D'O. Duckworth, W. Crane, E. S. Johnson, R. E. Tottenham, Jane F. Colquhoun, J. Coulter, E. F. O'Connor, W. P. Croker, T. J. Magee, Kathleen D. Wallace, J. A. MacMahon, K. R. Drury, J. H. Grove-White, M. Horan, R. O. Smyth, A. P. Draper, J. B. Taylor, O. V. Burrows, H. W. Browne, J. S. English, J. R. Dobson, T. V. Oldham, R. A. Stewart, R. Hemphill, G. M. M. Fleming, E. G. Fiske, L. J. Nugent, E. C. Crichton, R. H. Lyons, J. A. Maxwell, A. W. D. Magee, H. B. F. Dixon.

PRELIMINARY SCIENTIFIC (*Physics and Chemistry*).—*H. T. Bates, *G. H. Culverwell, Eileen M. Hewitt, C. W. C. Myles, W. H. R. M'Carter, E. H. Wilkins, Dorothy K. Milne, G. Roe, J. Colgan, W. Crane, J. H. Counihan, W. M. Johnstone, Jane F. Colquhoun, J. M. S. Gericke, J. T. Higgins, T. J. Magee, C. T. Judd, H. G. Trayer, C. D. Goodenough, G. A. Hoffman, W. E. Fetherstonhaugh, K. K. Drury.

INTERMEDIATE (*Part I*).—*H. L. W. Woodroffe, A. A. Louw, J. M. Elliott, R. W. Murphy, A. F. B. Shaw, F. C. Crosslé, W. L. English, T. L. B. Bookey, A. E. Malone, T. G. Harpur, T. W. E. Henry, E. N. Bateman, R. T. Vaughan, H. M'C. Fleming, W. O. Halpin, B. G. Quinlan, M. Moore, H. P. Harpur, R. E. Lee.

INTERMEDIATE (*Part II*).—A. A. Louw, C. W. M'Kenny, C. Pentland, F. J. A. Keane, W. O. Halpin, E. W. G. Young, J. Gardiner, H. R. M. Ferguson, E. P. Allman-Smith, G. Scroope, R. P. Pollard, R. E. Lee.

FINAL (*Part I*).—*T. A. Hughes, *A. J. Stals, *D. Duff, *D. M. Moffatt, *R. E. T. Tatlow, V. B. Kyle, E. J. Powell, C. P. Smyly, R. T. St. J. Brooks, J. D. Kernan, B. A. Molyneux, G. E. Craig, A. A. M'Connell, C. G. S. Baronsfeather, J. E. N. Ryan, H. R. Kenny, C. B. Jones.

FINAL (*Part II, Surgery*).—*D. P. Clement, *A. V. J. Richardson, *D. G. Madill, *J. C. Pretorius, E. C. Lambkin, S. F. A. Charles, C. W. Laird, J. A. W. Panton, W. E. Hopkins, R. de C. Wheeler, J. A. L. Hahn, D. F. Hunter, R. P. Hadden, J. E. M'Cauley, E. J. H. Garstin, W. Knapp, W. H. Sutcliffe.

*Passed on High Marks.

†Purser Medal.

UNIVERSITY OF EDINBURGH.

A CORRECTION.

IN the BRITISH MEDICAL JOURNAL of July 4th, p. 57, among the candidates approved at the M.B., C.M. (Old Regulations) examination, the name and rank of G. Bidie, Major, I.M.S., were, we regret, inadvertently printed as "G. Bidie, Captain, I.M.S."

Public Health

AND

POOR-LAW MEDICAL SERVICES.

YELLOW FEVER IN CUBA.

THE elaborate and carefully compiled publication known as the *Informe Mensual*, or Sanitary Report of the Island of Cuba, in the two last monthly issues, of February and March, now to hand, gives the latest information as to the prevalence of yellow fever in the island. During February only two cases of the disease occurred among the civilian population, but a small epidemic broke out at Santa Clara among the United States troops quartered in that city. The strenuous measures taken, however, resulted in success, and no further cases developed during March. It is now the boast of the Sanitary Department that not even a mild attack can occur without its being recognized by the medical officers. The mosquito brigades are organized to the highest degree of efficiency, and whenever and wherever mosquito larvae are met with in any house in the city of Havana the owner is formally notified, the house is kept under observation, and if the larvae are again found, the owner is immediately fined—a proceeding which seems to have had a remarkable effect in getting rid of all species of these insects.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Metropolitan Borough of Chelsea.—The estimated population of Chelsea was 74,857. The birth-rate was 19.2 per 1,000, the death-rate 15 per 1,000 and the infantile mortality-rate 124 per 1,000 births. As in former reports, Dr. Louis Parkes gives vital statistics relating to special classes of the population which are of very great interest. In the industrial dwellings, which have a population of 3,150 persons, the birth-rate was 31 per 1,000, the death-rate 12.4 per 1,000, and the infantile mortality-rate equal to 71 per 1,000 births. In 11 poor-class streets and courts with an aggregate population of 4,130 persons, the rates were 41.4, 26.6, and 204 respectively. During 1907 there were demolished or vacated for demolition in the borough of Chelsea 99 houses, displacing a population of nearly 600 persons. Earl Cadogan, K.G., has offered the borough council the freehold of a plot of land nearly half an acre in extent for the purpose of erecting upon it houses for the working classes. The land is offered free of cost and upon certain conditions as to the setting back of the building line, and that the dwellings to be erected shall be used by the