

## EXHIBITION OF SPECIMENS AND MODELS.

1. Dr. CHARNOCK BRADLEY: A beautiful reconstruction model of a 6 mm. embryo of a flying squirrel, which illustrated several points of great interest from a developmental point of view.

2. Professor SYMINGTON: A number of skiagrams of developing teeth, including skiagrams of the teeth of fetuses and of children from birth to puberty.

3. Dr. H. M. JOHNSTON: Two casts of the bones of the feet illustrating the positions taken by the bones during inversion and eversion of the foot.

4. Professor PATTEN: (a) A specimen showing arrest of the development of the diaphragm in a human fetus; (b) a thyroid cartilage, showing unilateral absence of a superior cornu; (c) the hallux of a human fetus, showing an anthropoid feature.

5. Dr. GLADSTONE: Two specimens of diaphragmatic hernia. One of these occurred in an anencephalic fetus, and was a hernia of the upper part of a "solitary kidney" through a gap between the vertebral and costal attachments of the diaphragm on the left side; there was a distinct sac formed by the pleura and peritoneum, which separated the kidney from the lung and pericardium. The suprarenal bodies, as is usual in this type of monster, were absent. The other specimen was a fatty hernia, which occurred in a woman aged 96. The hernia had taken place beneath the external arcuate ligament of the diaphragm, on the right side, and projected upwards into the phrenico-costal sinus; it was separated from the lung by a sac formed of the diaphragmatic pleura, and it contained a fibro-fatty mass continuous with the areolar connective tissue surrounding the suprarenal vessels. In the same subject there was found a femoral and obturator hernia, which were both on the right side. The femoral hernia consisted of a small peritoneal sac surrounded by a mass of extraperitoneal fat. The obturator hernia consisted entirely of a mass of extraperitoneal fat. The exhibitor regarded the case as being an example of multiple herniae due to increased abdominal pressure—such as occurs in women during parturition and in chronic constipation—acting upon weak parts of the abdominal wall in subjects in whom there is, or has been, a considerable accumulation of extraperitoneal fat. The sac of the femoral hernia he believed to be formed secondarily to the fatty hernia.

Dr. Gladstone also showed a specimen of cervical ribs occurring in a woman aged 86, in whom there was also fusion of the atlas vertebra with the occipital bone, and a persistent "foramen of Huschke" in each tympanic plate.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## THE TREATMENT OF BUBONIC PLAGUE.

No doubt there are plenty of cases in which treatment has been successful, but one seldom sees reports of such cases. Perhaps it is because of a certain scepticism as to whether the "happy issue" was really *propter hoc*, or merely *post hoc*. Still it may be of service to report such successful cases and give shortly the line of treatment adopted. My plan has invariably been to give 1 grain of carbolic acid in pill or mixture every hour, and inject the bubo with a varying quantity of the same drug in proportion to its size; 2 to 15 minims is about the range I have used.

A man aged 48 was nursing his wife, who had bubonic plague, the bubo being *above* Poupart's ligament. He had a temperature of 102° F., but no other evidence of plague. It was the first day he had felt unwell. He was at once inoculated with Haffkine's serum. His wife died two days after. I then heard that he was under native treatment, had a bubo, was semiconscious, and not expected to live. We sent word that if he, or, rather, his friends, were willing we would take him into hospital. On admission the carbolic acid treatment was carried out, with stimulants to support his failing heart. He lay semi-conscious for days. His bowels could only be moved by enemata. He ultimately made a good recovery.

Similar treatment has been successful in other cases in which we had no Haffkine's serum to inject—notably in

two cases, one a young married woman aged 18; another a young man aged 20. Both were unconscious when first seen, which was the second day of illness. In the case of the latter, two of his associates had died of plague, and his temperature was 105° F. After one injection the friends sent to say he was all right. Not believing this possible, I declined to give medicine, and said I must see him again. I found him conscious, but still with high fever, and again injected carbolic acid. On the third day, finding the process still actively going on in the gland, I injected liquor ferri perchloridi fortis (B.P.), 5 minims. We then had a deluge of rain, the whole plain outside the city was flooded, and I heard no more for a few days, when they came to say he was having haemorrhage. I advised his coming into hospital, and then learnt that his room had been flooded, and he had to scramble up to a loft 10 ft. above the ground, and that the haemorrhage came on after that. On admission he had a large punched-out cavity over the femoral artery, the gland having evidently necrosed *en masse*. He made a complete recovery.

In the cases in which I have been successful the gland or glands affected have always been *below* Poupart. It is important to keep an eye on the urine when carbolic acid is prescribed in such large amounts, as it is quite possible that some cases have died of the treatment where this precaution has not been attended to. As long as there is a free flow of urine of normal colour the treatment is not doing any harm.

B. LEWIS PATON, B.A., M.D., D.P.H.

Chin-Chew, Amoy, China.

## LATE OPERATION.

THE two following cases are of interest on account of the date on which they came under treatment.

*Strangulated Inguinal Hernia: Operation on Eighth Day: Recovery.*—A native, aged 45, was admitted on the statement that he had vomited everything for two days, "bile included." After that he took practically nothing, and on the previous evening he passed a small motion. On admission the abdomen was greatly distended, and there were constant borborygmi and irregular peristalsis; a tense tumour occupied the right inguinal and scrotal region. The pain caused him to cry out all the time. The patient having sent to a famous idol to ask permission for the "cutting operation" which was advised, and receiving a favourable reply, the operation was performed without delay. The sac contained bright, yellow, clear fluid, and we found in it omentum covering and adherent to a knuckle of bowel. Separation was carefully effected, the oozing from the bowel wall was stopped by pressure, Gimbernat's ligament was nicked, the bowel, which seemed normal, except for a very small dark area, was reduced, and the omentum was ligatured and cut away. It immediately slipped out of sight. The sac was then drawn out of the scrotum, defined, ligatured, and removed. The evening of the operation the patient suddenly had a gush of fluid faeces per rectum, and his abdomen became soft and comfortable. The wound healed by first intention, and his recovery was uneventful.

*Appendicitis: Operation on Thirteenth Day: Recovery.*—A native, aged 51, presented a tumour midway between the anterior superior iliac spine and the umbilicus. The patient was an opium smoker. Vomiting had been acute all along. An incision was made over the tumour, and the muscles separated in line of this fibre, and a drainage tube put in. The pus had gangrenous material mixed with it. Three days after the patient passed dark thick motions like altered blood per rectum, similar material also coming by way of the wound for some days. Ultimately the motions became normal, and the greater part were passed per rectum; the abdominal wound was then stretched up, and he made a complete recovery. His opium was knocked off from the first, and he has not returned to the habit.

B. LEWIS PATON, B.A., M.D., D.P.H.

Chin-Chew, Amoy, China.

## A CASE OF HYPOTHYROIDISM.

PERHAPS I might have been justified in calling this a case of myxoedema, but prefer to err on the safe side.

I was first consulted by Miss J., aged 35, on April 15th, 1908. She lived in an inland town, and had come here

under medical advice, in the hope that the strong sea air of the west coast might accomplish that which medicine had failed to effect. She had been out of health several years, and for about two years had been unable to follow her occupation. She said she had suffered from "chronic anaemia," and had always been treated for that by the various medical men she had consulted, and certainly at a first glance her appearance did suggest that she was suffering from some one or other of the various anaemias. She was of a creamy pallor, and her face had a swollen look, at first glance, rather reminding of a renal case; the swelling was pretty general, but there was no pitting on pressure. She also complained of shortness of breath, occasional palpitation, pains in various parts, menorrhagia, and, above all, of an unconquerable languor which unfitted her for everything; it even affected her mode of speech, which was slow and hesitating. The skin was very dry, and of a papery feel, and on the outer side of the lower forearms there was a roughness almost suggesting a mild degree of ichthyosis. There was not a trace of moisture even in the axilla, and she said she never perspired in the least, and never had since she became ill at the age of 25. The heart and lung sounds were quite normal; there was a faint haemic murmur on the left side of the neck, but not on the right. None of the lymphatic glands was enlarged; the hepatic dullness was not increased, the splenic dullness was slightly increased, and the sense of resistance also, but the organ could not be felt. Microscopical examination of the blood disclosed none of the characteristic appearances seen in leucocythemia or pernicious anaemia. Although she assured me she had been constantly taking one or other preparation of iron for the last two years, without the slightest benefit, I prescribed an active form of the metal with calcium, to be continued for a fortnight. When I saw her again not the least improvement had taken place. I found that there was no sign of the presence of a thyroid gland. Where it should have been there was a hollow depression, and swallowing caused the movement of no body on the front of the neck. I prescribed 5-grain tabloids of the gland (Burroughs, Wellcome, and Co.), one thrice daily. The change wrought in her was very great. In a month her features had become sharp, her colour good, the skin soft, smooth, and moist, the ichthyoid change had gone, she perspired normally, and a menstrual period was passed over with a comfort and moderation unknown for years. The languor of speech and manner had almost gone and she was able to take walks, whilst previously to treatment she could only walk a very few yards at a time. The improvement continued uninterruptedly, and by June 2nd she was quite well and normal in both nervous system and body. So changed was her appearance that her brother, coming over to Blackpool to see her and meeting her accidentally, failed to recognize her, though he had seen her daily till she came to Blackpool. She left Blackpool practically quite well, but understanding that the maintenance of her health was absolutely conditional upon the regular taking of the thyroid tabloids.

These so-called sporadic cases of myxoedema must be rather rare, though I have of late years realized that the thyroid, in its hyper-manifestations or hypo-manifestations, is responsible for a good deal of vascular and other disturbance usually attributed to other causes.

Blackpool.

WM. HARDMAN, M.B. Edin.

#### FRACTURED FEMUR IN THE NEWLY-BORN.

I SHOULD like to submit a further form of treatment for fractured femur in the newly-born which I consider an improvement on that described by Dr. Parkinson in the BRITISH MEDICAL JOURNAL of August 15th, p. 408. It was tried on a case three months ago, at the suggestion of Dr. Corben of Caldicot.

The apparatus employed was the ordinary cradle used for a fractured leg in the adult. The infant's limb was attached by a piece of elastic to the pulley running inside the cradle, so that the buttocks just rested on the pillow on which the child lay. The cradle stood on a dressing-table, and was prevented from slipping off by ledges along the edges of the table.

For feeding the baby could be drawn along on the pillow to the end of the cradle without disturbing the

position of the limb, and the mother could comfortably lean over the baby to give it the breast.

The child was easily kept clean, and the position of the fragments was easily maintained, firm union being obtained in seventeen days, when the cradle was removed. This method was devised after gutta-percha splints failed to maintain correct alignment.

Magor, near Newport (Mon.).

JOHN S. CLARKE, M.B.

#### THE RECTAL INJECTION OF BROMIDES IN PUERPERAL ECLAMPSIA.

ON September 6th, 1906, I was sent for to a primipara, a particularly girlish-looking married woman, aged 21 years. She had been in labour ten hours and the presentation was breech. I was just getting the breech through, when she had a fit; I gave her chloroform at once, and hurried on with the delivery, which was soon accomplished, a female child being born alive; the placenta followed soon after. She was cleansed and put comfortable, and I was just leaving the room when another fit came on; immediately after it had passed I gave her a subcutaneous injection of morphine (gr.  $\frac{1}{4}$ ), and, after waiting awhile, went home, put up a bromide mixture, and also some nitro-glycerine drops to be given every four hours alternately. I was sent for at 2 a.m. on September 7th, as she had had another fit; the nurse said she could not get her to take the medicine; at this time she was in a stupor. I advised the nurse to wash out the lower bowel with soap and water. This was done; it acted at once; half an hour later I gave her two doses of the mixture as an injection into the rectum. The injection represented pot. bromide gr. xxx, tr. bell. m x. From that time she did not have another fit.

The next day she was in a dazed condition, but could with trouble take medicine by the mouth; the day following she was herself, and made a good recovery. The nurse catheterized her; the urine was found to be loaded with albumen.

I do not remember seeing the injection of bromides into the rectum recommended in a textbook or elsewhere. But if it be not a common proceeding, I should most strongly recommend the method of administration, especially when there is a difficulty of administering it by the mouth.

Dursley.

F. J. JOYNES, M.R.C.S., L.S.A.

#### BILHARZIOSIS OF THE GASTRIC MUCOUS MEMBRANE.

THE published reports on the anatomical distribution of bilharziosis in the intestinal tract, while describing the occurrence of this condition in the muscular wall of the stomach, seem to negative its occurrence in the mucous membrane of that organ. The following case presents an instance of the presence of a papillomatous growth in the gastric mucous membrane, which contained large numbers of more or less typical terminal-spiked bilharzia ova.

The specimen, which was from the stomach of a Chinese coolie who died under suspicious circumstances, was sent to Dr. McCrae, Government Analyst for the Transvaal, to be examined for the presence of a poison, and the excrescence, which had unfortunately been snipped off before I saw it, was kindly supplied to me by him. The naked-eye appearance presented by this specimen was that of a small pedunculated cystic growth about the size of a small bean; it was covered by the mucous membrane of the stomach. On section a distinct cystic condition and a small amount of a greenish-yellow fluid, with a distinct butyric odour, were seen. Microscopical examination of this fluid showed the presence of considerable numbers of terminal-spiked ova, typical in every respect, except that the spines had the appearance of being rather shorter than those found in other situations. Sections examined microscopically showed the tumour to consist of an outer covering of mucous membrane, with a distinct connective tissue capsule lining the cyst cavity. No ova were embedded in either of these structures.

The tendency for these ova to occur in groups, especially in the alimentary tract, is well known, but their occurrence as the contents of a cyst, and in the mucous membrane of the stomach, I do not think has been previously noted.

AYLMER W. MAY, M.D. Dub., D.P.H.,

Government Bacteriologist for the Transvaal.

## Medical News.

THE Hedjaz railway has been completed to Medina, and the first train arrived there on August 22nd.

THE German Emperor has presented 100,000 marks (£5,000) to the Robert Koch Memorial Fund.

A COURSE of biological chemistry has been established in the Faculty of Medicine of the University of Brussels.

THE forty-sixth London course of lectures and demonstrations for sanitary officers arranged by the Royal Sanitary Institute will commence on September 23rd, at 7 p.m. Full particulars can be obtained on application to the Secretary of the Institute, Parkes Museum, Margaret Street, London, W.

A PRESENTATION was made last week on behalf of the French Government to the nursing staff of the Naval Hospital at Gibraltar, which received the seamen injured in the explosion last February on the French cruiser *Jeanne d'Arc*. The presentation took the form of a gold medal to one of the sisters and of a silver medal to two others, while two sick-berth stewards received testimonials and gifts of money.

AN influential committee has been formed to present a national testimonial to Mr. Francis George Heath in recognition of his labours in arousing public interest in the preservation of open spaces, woods, and forests. It was largely due to Mr. Heath's personal efforts that the Victoria Park Crown Lands, Epping Forest, and Burnham Beeches have been preserved for London. The honorary secretary and treasurer is Mr. Eugene de Rutzen, 17, Lawford Road, N.W.

A SPECIAL course of six lectures on the medical inspection of school children has been established at the Post-graduate College, West London Hospital, Hammersmith. This course embraces points to be observed in the medical inspection of school children, and in the examination of their teeth, eyes, throat, nose and skin. The course will be completed in one week, and the fee is £1 ls. Particulars can be obtained on application to the Dean of the College at the West London Hospital.

AN appeal, signed by among others Earl Cawdor and Mr. Alfred Hoare (Treasurer), is made for a sum of £6,000, to enable the Committee of the Children's Sanatorium for the Treatment of Phthisis at Holt, Norfolk, to provide a building on the present site large enough to receive 30 or 40 cases. The existing sanatorium, which is in pine woods close to the sea, accommodates 15 consumptive children. Further particulars can be obtained from Mr. T. H. Wyatt, M.V.O., at the offices of the Home, 68, Denison House, Vauxhall Bridge Road, S.W.

PLAGUE in Formosa is invariably more prevalent in the first four months of the year, which are wet and cold, and our Consul's report for the Tamsui district records 1,195 cases, of which 1,090 proved fatal, in the earlier part of last year, while for the whole island there were 2,383 cases and 2,222 deaths. This year, up to March, it is stated that there have been only a few isolated cases in the middle and south of the island, and it is hoped that the island will soon be freed from this scourge.

DR. BERNARD DYER, county analyst Leicestershire, reports that during the last quarter thirty-four samples of medicine, made up from a variety of prescriptions such as would be written in ordinary medical practice involving the use of a number of drugs of a nature needing careful dispensing, were analysed; they were made up by an equal number of pharmaceutical chemists or chemists and druggists in various parts of the county. There was no case in which the prescription was dispensed otherwise than satisfactorily. Thirty-four samples of milk analysed were all found to be genuine and free from preservatives.

A CORONER's jury at Manchester, on August 20th, returned a verdict of death through acute alcoholic poisoning in the case of a child aged 5. The evidence showed that as the child was feeling sick, its mother bought sixpennyworth of whisky, and gave it two teaspoonfuls. She left the remainder on the mantlesheaf in the bedroom, and in the morning found that the whisky had gone and that the child was unconscious. The supposition was that the child, being in pain, got up and drank all the remaining whisky of its own accord. The child died some twenty-four hours later without recovering consciousness, in spite of receiving medical attention. The medical evidence was to the effect that death was due to acute alcoholic poisoning, and that sixpennyworth of whisky was sufficient to be fatal in a child of the age stated.

It appears, according to a telegram in a recent issue of the *Daily Mail*, that the experiment of the municipalization of the practice of medicine in Bellinzona has broken down. The municipality arranged with the fifty-five doctors of the town to give their services free to poor and rich alike, at salaries ranging from £120 to £200 a year. The town and its suburbs were divided into districts and the residents paid a small tax to the municipality for the medical assistance. Fifty-three out of the fifty-five doctors have, it is stated, now resolved not to continue the contract, the exactions of the public, day and night, being too unreasonable. They demand a fixed salary of £100 a year and a right to charge fees, varying from sixpence to five shillings, for patients in a position to pay, with extra charges for night visits. They offer, however, to attend the poor free.

WHEN it became known that Dr. Palgrave Simpson, who has practised in Weymouth for forty years, was about to leave, a committee was formed to present him with a suitable testimonial. The response was ready, and last week an address was presented to Dr. and Mrs. Palgrave Simpson expressing "appreciation of the untiring energy and ceaseless efforts you have always displayed in all matters connected with the welfare and good of the town, especially your useful work as a town councillor and magistrate, and also the good and charitable work with which Mrs. Simpson has identified herself for many years." The address was accompanied by a gift of plate to Dr. Simpson and of a silver teakettle to Mrs. Simpson.

THE Army and Navy Male Nurses' Co-operation commenced work in October last, and the first annual report presented to the general meeting on July 31st gave a satisfactory account of the progress of the scheme. At present it is not self-supporting, the deduction of 10 per cent. on the earnings of the thirty nurses as yet enrolled being insufficient to pay working expenses. It is hoped that when the number has been raised to 150 the percentage will meet all outgoings, and already applications from this number have been received. There is a strong committee, and Sir Frederick Treves, who has been its Chairman, has now become President of the Co-operation. The Honorary Secretary is Miss McCaul, and the address is 47B, Welbeck Street. A flat has been taken to lodge nurses next on the list, but it is hoped to enlist sufficient public support to establish a residential home.

THE Consular report for the district of Seville, which includes Cadiz within its limits, dilates on the ever-increasing stream of tourists who visit the South of Spain. The Cunard and White Star lines must now be added to the companies which bring visitors to Gibraltar, and numbers of these find their way to Algeciras, which is becoming of increasing importance as a health resort. Its climate is spoken of as better than that of Malaga; it is more accessible by sea both from Marseilles and London, it has several good hotels, and it is very convenient for British visitors as it is in close touch with the shops and society of Gibraltar by means of an excellent service of steamers. Cadiz, too, is gaining ground as a winter resort for invalids, and has much to recommend it. It has an excellent modern hotel, is extremely quiet, is almost completely surrounded by the sea, and has the not unimportant advantage of being one of the cleanest towns in Spain.

SCHMIDT has asserted that in habitual constipation the food is used up beyond the normal limits, so that the faecal material resulting becomes hard and too small in quantity to stimulate the intestine sufficiently to empty itself regularly. On this theory, the disturbance of digestion is the primary cause and the deficient intestinal motility a secondary condition. K. Blümel and H. Ulrici (*Deut. med. Woch.*, July 2nd, 1908) contend that want of bodily exercise, unsuitable diet, and habitual suppression of the normal action are the predisposing factors. Massage of the abdomen, glycerine injections, enemata, etc., frequently fail to restore the natural action, and they therefore fall in with Schmidt's view that if the quantity of the motion can be increased the best conditions for cure will be assured. A mixture of agar-agar and extract of cascara, called "regulin," serves this purpose well, but it is too dear. Bran, cork, sawdust, and sand have all been suggested. Blümel and Ulrici state that bread made with finely-divided beech sawdust answers well; they used 50 grams of the sawdust in 1½ lb. of dough. After baking, the bread contained 10 per cent. of raw fibre. They call this bread "cellulose" bread. It has been given with excellent results in about 80 cases in a sanatorium. The cost is small, the taste is pleasant, and the preparation easy. The sawdust must be cleaned and sieved before mixing it with the dough.

BRIGADE-SURGEON LINDSAY FREDERICK DICKSON, M.D., retired Indian Medical Service, died in British Columbia on April 25th last. He joined the Bengal Medical Department as Assistant Surgeon, August 4th, 1857; was made Brigade-Surgeon, November 27th, 1882; and retired from the service in the following year.

THE death is also announced of Brigade-Surgeon CHARLES HENRY BROWNE, retired Army Medical Department, at Hove, on July 2nd. He was appointed Assistant Surgeon, October 2nd, 1865; Surgeon, October 7th, 1871; Surgeon-Major, March 1st, 1873; and Honorary Brigade-Surgeon on retirement from the service, August 1st, 1882. He served in the Indian Mutiny campaign in 1857-9, and was present at the siege and capture of the forts of Awah and Kotah, receiving the medal with clasp.

## Public Health

AND

### POOR-LAW MEDICAL SERVICES.

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

**Warwickshire.**—The report for 1907 of the medical officer of health for the county of Warwick, Dr. A. Bostock Hill, has just been published. The population is estimated at 394,084. There were 9,847 births registered as compared with 9,998 in 1906. The birth-rate was 25.08 as compared with 25.7 and 25.58 in the two previous years. In the urban districts the birth-rate was only 24.4, but in the rural districts it was 26.0. Among the urban districts the highest birth-rate was found in Bulkington, with the very high rate of 37.2, the borough of Nuneaton came next with 30.1, while the lowest rate was found in Stratford-on-Avon, 17.5, Leamington 18.9, and Sutton Coldfield 19.7. In the rural districts Foleshill stood first with a birth-rate of 36.8, and the only other district exceeding a rate of 30.0 was Atherton with 30.67. The little district of Coventry, containing the smallest population of any in the county, had a rate of only 12.6, while Farnborough and Monks Kirby were the only two other districts with rates below 20.0. There were 4,921 deaths registered in the county during the year—2,910 in the urban districts and 2,011 in the rural districts—giving a total death-rate of 12.48, as compared with 13.5 and 12.87 in the two previous years. This is the lowest death-rate recorded since the establishment of the county council. The seven principal zymotic diseases caused 332 deaths, as compared with 581 and 345 in the two previous years. This gives a zymotic death-rate of 0.84, the lowest ever recorded in the county. There was a remarkable reduction in the mortality from epidemic diarrhoea. There was no mortality from small-pox, but measles has been the one zymotic disease which has shown a considerable increase. The number of deaths registered as due to phthisis was 312, and the mortality from this disease was relatively greater in the urban than the rural districts, the number of deaths being nearly double in the former. Nothing further has been done in the question of the notification of phthisis, and the medical officer of health says that he feels sure that voluntary notification is absolutely useless, and a waste of time, energy, and money. There were 988 deaths in children under 1 year of age, and of these 619 occurred in the urban and 369 in the rural districts. This is a rate of infant mortality of 99 per 1,000 births, and is considerably lower than that recorded in any previous year. At the end of his report Dr. Bostock Hill points out that the money expended of late years has been productive of good throughout the county generally. In nearly every district life is becoming lengthened, serious preventable diseases becoming less, and the comfort and material well-being of the masses increased. These improvements are becoming accomplished, slowly but surely, and to a large extent by the pressure of public opinion.

## Universities and Colleges.

#### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

**SURGERY.**—\*†R. B. Dawson, \*†G. F. C. Harvey, \*†J. J. S. Rowe, \*H. B. Waller.  
**MEDICINE.**—\*†R. B. Dawson, \*G. F. C. Harvey.  
**FORENSIC MEDICINE.**—H. J. Clutterbuck, H. R. Coombes, G. F. C. Harvey, G. W. Hassall, S. H. Watton.  
**MIDWIFERY.**—G. K. Aubrey, H. R. Coombes, A. H. C. Dawes, R. B. Dawson, A. C. Dickson, H. A. Hancock, J. K. A. Helm, M. S. Jevons.

\* Section I. † Section II.

The Diploma of the Society has been granted to Mr. J. K. A. Helm.

## Hospitals and Asylums.

#### SURREY COUNTY ASYLUM, BROOKWOOD.

In this asylum on January 1st, 1907, there were 1,328 patients in residence, and on the last day of the year 1,382. The average number daily resident was 1,344, as compared with 1,376 for the previous year. There was also a satisfactory diminution in the number of admissions, being 387 as compared with 393 for 1906. As a result of the fall in admissions there was, Dr. J. E. Barton, the medical superintendent, says, a considerable number of vacant beds in the asylum, permitting of the retransfer of 34 patients from Oxford Asylum.

Of the total 387 admissions, 319 were first admissions, 34 not-first admissions, and 34 of the retransfers mentioned above. In 155 the attacks were first attacks within three and in 51 more within twelve months of admission; in 58 not-first attacks within twelve months of admission, and in the remainder the attacks were either of more than twelve months' duration (56), of congenital origin (14), or of unknown duration on admission. The admissions were classified as to the forms of mental disorder into: Mania of all kinds 133, melancholia of all kinds 77, secondary and senile dementia 40, delusional insanity 27, general paralysis 26, primary dementia 25, confusional insanity 4, acquired epilepsy 16, congenital or infantile defect 31, and not insane 3. As to the probable etiological factors in these cases, alcohol was assigned in 46, or just under 12 per cent., syphilis in 21, critical periods in 44, previous attacks in 91, epilepsy in 20, "moral" causes in 74, and in 41 no cause could be assigned. Hereditary influences were ascertained in 85, or 21.9 per cent., and congenital defect existed in 41.

During the year 121 persons were discharged as recovered, giving a recovery-rate on the admissions of 36.84 per cent.; 30 as relieved, and 37 as not improved. During the year there were also 145 deaths, giving a death-rate on the average numbers resident of 10.78 per cent. The deaths were due in 67 cases to cerebro-spinal diseases, including 21 deaths from general paralysis and 24 from exhaustion from mania and melancholia; 42 to chest diseases, including 12 deaths from pulmonary tuberculosis; 15 to abdominal diseases with 1 death from tuberculous peritonitis, and the remaining 20 to general diseases, including 12 from senile decay and 1 from general tuberculosis. The asylum, therefore, showed a fairly low death-rate from tuberculous disease.

#### MONMOUTHSHIRE ASYLUM, ABERGAVENNY.

FROM the annual report of Dr. J. Glendinning, the medical superintendent of this asylum, for the year 1907 we see that on January 1st, 1907, there were 963 patients in residence, and that there remained in the asylum on the last day of the year 929, being, with the exception of the year 1900, the smallest number at the end of any year since 1892. The total cases under care during the year numbered 1,166, and the average number daily resident 945.58. During the year 203 were admitted, being less by 73 than the admissions of the previous year. As to duration of disorder on admission, in 103 the attacks were first attacks within three and in 20 more within twelve months of admission; in 37 not-first attacks within twelve months of admission; and in the remainder, whether first attacks or not, were either of more than twelve months' duration (18), of congenital origin (12), or of unknown duration (13) on admission. They were classified as to the forms of mental disorder into: Mania of all kinds, 85; melancholia of all kinds, 34; dementia of all kinds, 32; delusional insanity, 11; confusional insanity, 2; stupor and alternating insanity, 1 each; general paralysis of the insane, 7; epileptic insanity, 19; and congenital or infantile defect, 12. From the table of probable etiological factors we see that alcoholic intemperance was assigned in 31, or 15.2 per cent.; venereal disease in only 1, old age in 19, the menopause in 2, previous attacks in 37, epilepsy in 22, various bodily diseases or disorders in 13, and various forms of mental and emotional stress in 11. Congenital defect was assigned in 11, and hereditary influences were ascertained in 37, or 18.2 per cent. During the year 73 were discharged as recovered, giving a recovery-rate on the admissions of 38.8 per cent.; 26 as relieved, and 56 as not improved. Also during the year 82 died, giving a death-rate on the average numbers daily resident of 8.7 per cent. These deaths, with the exception of one patient who died from perforation of the bowel by a stick swallowed by the patient, were all due to natural causes; in 30 to cerebro-spinal diseases, including 11 deaths from general paralysis; in 41 to chest diseases, including 6 deaths from pulmonary tuberculosis and 11 deaths from acute pneumonia; in 7 to abdominal diseases, including 1 death from tuberculous peritonitis and the remainder to general diseases. It will be noted that tuberculous disease only accounted for 8.5 per cent. of the total deaths, a satisfactorily low proportion. With the exception of a few cases of erysipelas, no zymotic disease occurred during the year.

UNDER the will of the late Mrs. Maria Morgan, of Hove, which has now been proved, the Brighton and Sussex County Hospital receives a sum of £1,000; Brighton Dispensary, £300; and the Lying-in Hospital and the Children's Hospital, both in Brighton, each £200. A similar sum is left to the General Hospital at Merthyr Tydfil, at which place the deceased resided during the lifetime of her husband.