

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### VULVITIS WITH MEMBRANE FORMATION IN CHILDREN.

THERE has recently been seen at the East London Hospital for Children, Shadwell, a condition of the vulva of which I can find no account in the standard textbooks on children's diseases. It has been noted during the last two years in three children between the ages of 2 and 5 years. In all the cases the parents showed considerable anxiety, and stated that for the last three to six months they had noticed "a skin" growing over the vulva.

The appearance on separating the labia is as follows: From the junction of the labia majora behind a membrane has grown forward along the muco-cutaneous margin as far as the urethra, around the meatus of which it appears to be attached. This membrane completely hides the vagina and labia minora. It is thin, whitish, semitransparent, and quite independent of the hymen. In the three cases I have seen there has been no discharge at the time, although a previous history of such was obtained in all. Under an anaesthetic the membrane is easily split, sometimes with slight haemorrhage, which suggests organization. As far as I know the condition does not tend to recur.

I have heard of three other cases from medical friends who were each much puzzled by the unusual appearance, but considered it a congenital deformity. Personally I feel positive that it is not. It is interesting, however, to consider whether this membrane ever completely organizes, and whether some cases of haematocolpos are not due to a persistence of the condition.

London, W.

J. SIDNEY PEARSON, M.D. Cantab.

#### STRANGULATION OF HERNIA BY A THICKENED SAC.

As this case is of interest in regard to the obstructive factor, I ask you to grant me a little space in the JOURNAL for its insertion.

On December 22nd, 1907, I was called to see Mr. M. The patient was a very emaciated man, aged 59, of 6 st. weight, and had recently recovered from influenza and its bronchial sequelae. He complained of paroxysmal abdominal pains, constipation of four days' duration, and incessant vomiting. Abdominal examination revealed a tender irreducible right scrotal hernia of the oblique type, with a constriction about 2 in. below the external abdominal ring. Below this swelling was another, the size of a small orange, which was translucent, and evidently a hydrocele of the tunica vaginalis. The hydrocele was of old standing, but the swelling above had appeared quite suddenly while he was at work, four days previously. The left testicle was normal. There was visible peristalsis of the small intestine. The vomiting was stercoraceous in character. The urine contained a trace of albumen.

The diagnosis of acute strangulation of the hernia was obvious, and he was removed at once to the Crewe Memorial Cottage Hospital, and within an hour from my visit to him I made an incision over the external ring, and owing to the extreme emaciation this first incision brought me at once to the sac. I found the sac to be tightly constricted in its middle with bowel above and below, and on opening it below the "annulus" found it to be over  $\frac{1}{2}$  in. in thickness. Its contents, which consisted of small intestine, were quite gangrenous, and on slitting up the constricting ring found healthy bowel above, and on following the bowel to the internal ring this aperture was quite wide and there was no obstructive element at this part. With Mr. Arbuthnot Lane's clamps occluding the gut, 12 in. of the gangrenous intestine were resected. I united the ends of the bowel by circular enterorrhaphy without mechanical aids, using silk No. 00. The sutured bowel was easily reduced, and a wide drainage tube inserted to the point of union and fixed with a suture to the skin at the external ring. The patient bore the operation fairly well, and with the aid of strychnine hypodermically, warm saline enemata, etc., he lived for four days, when he succumbed to toxæmia and exhaustion. His temperature was normal during that time, except on two occasions when it rose to 100°, namely, on the evening

of the second day and 100° on the morning he died. After the operation he retained all nourishment and passed flatus. At the autopsy, on opening the abdomen there was no peritonitis; there were a few adhesions round the sutured bowel, and the lumen of the intestine at the junction at the ends was quite clear. The peritoneum was indurated only at the hernial orifice. On the same side was a hydrocele of the tunica vaginalis.

Crewe.

W. MACALISTER BROWN.

#### DOUBLE PNEUMONIA COMPLICATING LARYNGEAL DIPHTHERIA AFTER TRACHEOTOMY: RECOVERY.

SOME authorities say that pneumonia is a common cause of death in laryngeal diphtheria; others say that it is rare, and that pneumonia is frequently absent *post mortem*, where signs pointing to its presence had existed. In such cases the bronchi are said to be filled with thick tenacious mucus in which diphtheria bacilli abound. If intubation be practised in such cases, repeated removals and reinsertions of the tube are inevitable, and there seems to be little doubt that a primary tracheotomy gives better results. The following case, which occurred recently in my practice, may be of interest, as illustrating the advantage of tracheotomy in such circumstances, and also on account of the extreme rarity of recovery from such a condition in so young a child.

S. B., aged 1 year and 9 months, suffered from faucial diphtheria extending to the larynx. Laryngeal stenosis, which had been present for twenty-four hours, was increasing; the lungs were resonant, but there were some rhonchi. My neighbour, Dr. J. Staveley Dick, saw the case at this stage along with me, and concurred in the opinion that tracheotomy offered the only chance of recovery; the operation was, therefore, performed as quickly as possible and dyspnoea was greatly relieved. On the next day the respiration was 28 and the temperature varied from normal to 100°. Experimental closure of tracheal opening produced immediate urgent signs of asphyxia. On the third day the temperature was 102.3°, and the respirations 50. Respirations were hurried and fever high for the next six days, with well-marked dullness over the right base; then respirations became 24 and the temperature subnormal. During the next nineteen days the general condition on the whole was fair except that (1) there was very troublesome expectoration of viscid mucus tinged with blood, which necessitated constant attention to the tube in order to maintain its patency; (2) the dullness persisted over the right base. As the child could lie only on the affected side there was a suspicion of pleural effusion, but this was negatived by the introduction of an aspirating needle. It is therefore highly probable that there was pulmonary consolidation.

At the end of this period of almost three weeks, during which the temperature had been almost normal, it suddenly went up again with hurried respiration; in a day or two there was obvious dullness over a portion of the other lung corresponding to the lower part of the upper lobe. The child's condition soon appeared quite desperate, subsidence of acute febrile symptoms being followed by profound collapse. There was also frequent occlusion of the tube by viscid mucus. Brandy *ad lib.* was given and appeared to do good. At the end of another week there were distinct signs of improvement, and the tube was finally dispensed with about seven weeks after the operation. Excepting the scar on the throat, there is now no sign reminiscent of the illness.

In this case repeated removals and reinsertions of an intubation tube would have been out of the question. The relative merits of intubation and tracheotomy are still *sub judice*, but it seems clear that the latter is the operation of choice under any circumstances in a case of this type; while, of course, in private practice it has the additional advantage that a properly instructed nurse can be of real assistance in post-operative emergencies, but not so after intubation.

It may be added that large and repeated doses of anti-toxin were given. With this specific available, it is a fair conclusion from this case that even threatened pulmonary complications in a very young child must not be regarded as justifying failure to operate in cases of the kind.

ALLAN WHITFIELD, M.R.C.S., L.R.C.P. (Lond.).

Manchester.

### THE TREATMENT OF HAEMOPHILIA AND ALLIED STATES.

DURING the last winter I had under my care at Nice a case of haemophilia, one of two brothers, both of whom suffered from a very severe congenital form of the disease. My patient was of the same age as the subject treated by Dr. Gubb.<sup>1</sup> He presented the same symptoms; indeed, he seems to have corresponded very closely in every respect with that case. Almost every therapeutic method had been applied in England with more or less invariable success. I suggested a semi-vegetarian diet, with at times some ovarian extract. The result was as striking as that obtained by Dr. Gubb with raw meat juice, and the improvement was maintained when the patient left at the end of April.

As haemophilia has generally recognized affinities with rheumatism, and rheumatism is benefited by climate and anti-arthritis diet, I attributed the favourable change in great measure to these factors. Are not the climate and the curative methods of Aix-les-Bains equally favourable to rheumatics?

Lausanne.

A. W. GILCHRIST, M.D.

## Reports

ON

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

#### DERBYSHIRE ROYAL INFIRMARY.

##### A CASE OF PNEUMOCOCCIC TOXAEMIA.

(Recorded by R. H. LUCE, F.R.C.S.Eng., Surgeon, and HUGH BARBER, M.D.Lond., Pathologist.)

W. R., male, aged 42 years, was admitted on June 10th, 1908.

#### History.

His occupation was that of a wagon builder. He had suffered from no illnesses previously, with the exception of an injury to the right knee-joint eighteen years ago, since which that joint had been rather weak.

The present illness began nine days before admission, somewhat suddenly, with pain in the chest, more especially on the right side, cough, and shortness of breath. At the onset there were one or two shivering attacks. From that time he was in bed till admitted on June 10th. He was under the care of Dr. Turpin, of Alvaston, who states that pneumonia developed first on the right side, and later on the left. The sputum was of a typical rusty character. The pyrexia continued from the day he first saw the patient until he was admitted. The patient made little complaint of his knee, but apparently it became swollen a day or two before admission.

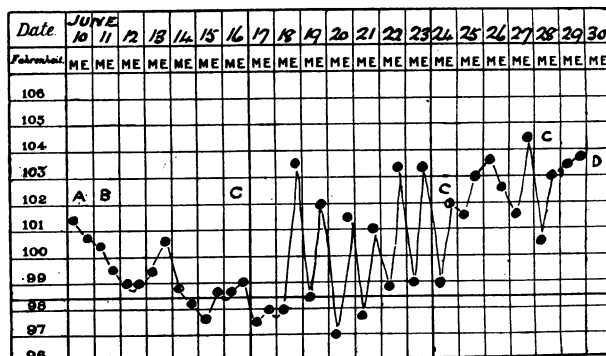
#### Condition on Admission.

The patient was rather thin; was suffering from a considerable degree of toxæmia, with anxious expression and dyspnoea. Temperature 101.6°, pulse 116, respirations 36. There were signs of consolidation at the base of both lungs. The heart sounds were faint, but no bruits were heard, nor any signs of abnormality noted. The abdomen was rather tender over the upper part. The right knee-joint was much swollen and very tender. The scar of the old injury could be seen just above the patella.

#### Course.

On June 11th the knee was incised, thick greenish pus was evacuated, and a drainage tube inserted. The pus contained large numbers of pneumococci. On June 14th the temperature was normal, the pulse and respirations slower. For four days the temperature remained normal, the pulse-rate varied from 100 to 76, and the respirations were about 28 to the minute. The patient, however, during this time was very weak, and did not appear to have recovered from the toxæmia; there was great pain

in the knee, and a large amount of discharge. On June 17th some pneumococcic vaccine (20,000,000) from a stock supply (not specially prepared from cultures of the pneumococci detected in the pus) was injected; next evening the temperature rose to 103°; from this date until his death on June 30th the fever continued, at first intermittent and later remittent, reaching to about 103° each evening; the pulse-rate and respirations were proportionally increased; the respirations, perhaps, increased rather more than proportionally. On June 24th a second injection of the vaccine was administered; twice the quantity of the previous dose was given. In the evening



A, On admission; B, operation; C, vaccine; D, death.

of the 24th the patient complained of pain in the right axilla, and the right radial pulse was obliterated. No bruits could be heard over the heart. A third injection was given on June 28th; the patient died on June 30th. During this last attack of fever no signs of abnormality were detected in the heart. The lungs, the consolidation of which had never completely resolved, showed signs of increasing consolidation. On one occasion a trace of albumen was found in the urine; on other occasions it was normal. No rigors occurred.

#### Necropsy.

The lungs showed grey hepatization of the right lower lobe; at the left base congestion and some smaller areas of consolidation. There was pleurisy on both sides. The heart was normal in size, recent pericarditis was present, but no fluid was formed. All the valves were normal with the exception of the aortic; upon the ventricular surface of the edge of these valves were two large vegetations, about  $\frac{1}{4}$  in. in diameter; there was no evidence of chronic disease of these valves, nor any atheroma of the aorta. In the axillary artery on the right side was an *ante-mortem* clot. The spleen was slightly enlarged and contained several recent infarcts, in the centre of some of which there was greenish pus. The kidneys and other organs were normal. A cultivation was taken from the blood in the left ventricle, but no organisms were grown from it. The vegetations from the aortic valves were fixed, hardened, and embedded in paraffin, from which sections were cut, which revealed large numbers of diplococci retaining Gram's stain.

#### REMARKS.

The disease appears to have begun as a case of lobar pneumonia in a man previously healthy, and the pneumococcal arthritis to have developed before the pyrexia of the pneumonia had subsided. It is not possible to say at what date the ulcerative endocarditis developed, as no bruits appeared; the first embolism recognized occurred six days before death. Originally lobar pneumonia complicated by arthritis, the case seems to have terminated in pneumococcic bacteraemia. That this final condition could only be treated by vaccine or serum would seem quite certain, but the vaccine used was not prepared from the pneumococci in question. Apart from this, however, the course of the case, subsequent to the injection of the vaccine, would suggest that it may have been administered during a negative phase, and that it is not a safe remedy unless used in accordance with the results of the estimation of the opsonic index.

<sup>1</sup> BRITISH MEDICAL JOURNAL, August 22nd.

## THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE Bradshaw Lecture will be given before the Royal College of Physicians of London by Dr. W. Pasteur on November 3rd, at 5 p.m., the subject being massive collapse of the lung. The Fitz-Patrick Lectures, which will deal this year with the history of neurology, will be given on November 5th and 10th, at the same hour, by Dr. Leonard Guthrie. The Horace Dobell Lecture by Leonard S. Dudgeon, F.R.C.P., will be given on November 12th, the subject being the latent persistence and the reactivation of pathogenic bacteria in the body. Dr. F. W. Pavy, F.R.S., will give a course of three lectures on the pathology and treatment of diabetes mellitus, viewed by the light of present-day knowledge, at the College on November 17th, 19th, and 24th, at 5 p.m. on each day.

## BRITISH MEDICAL BENEVOLENT FUND.

At the September meeting eighteen applications for help were received and grants amounting to £170 voted in relief. Two annuities, value £20 each, were filled by selected candidates. Appended is an abstract of the cases assisted.

1. Daughter, aged 38, of M.D., who is a pensioner of Epsom College. Applicant has hip-joint disease, but is obliged to nurse and attend to her aged parents, who are both bedridden. Relieved three times, £17. Voted £12.
2. M.R.C.S., aged 71. Has been disabled for several years. Only income a pension of £18 per annum. Voted £12.
3. Widow, aged 61, of M.R.C.S., L.S.A. Income of a few shillings a week. Eight children, but only one able to help, and others barely self-supporting. Voted £6.
4. Widow, aged 59, of M.B.Lond., M.R.C.S. Husband's means nearly exhausted by the long illness which preceded his death. Children only able to give very slight help. Voted £5.
5. Daughter, aged 57, of late M.R.C.S., L.S.A. Used to be a governess, but for some years past, owing to permanent and increasing deafness, has been obliged to support herself by needlework. Relieved seven times, £71. Voted £5.
6. Daughter, aged 62, of late M.D.Lond., M.R.C.P.Lond. Used to be fairly provided for, but is now penniless owing to family misfortunes. Relieved once, £10. Voted £12.
7. Widow, aged 47, of L.R.C.P.Edin. Quite unprovided for at husband's death a few years ago and dependent on small earnings from needlework and a little help from a brother-in-law. Two children, aged 17 and 13. Relieved three times, £30. Voted £10.
8. Daughter, aged 60, of late M.R.C.S., L.S.A. Has supported herself as a housekeeper for several years, but is now in ill health and practically penniless. Relieved twice, £28. Voted £12.
9. Widow, aged 53, of L.R.C.P.Edin. No income; health indifferent; slight help from children. Relieved once, £10. Voted £10.
10. Daughter, aged 62, of late M.R.C.S., L.S.A. Used to keep a school, but was forced to give up owing to competition, and now finds it impossible to obtain remunerative employment. No income, and health very delicate. Relieved twice, £10. Voted £10.
11. Widow, aged 64, of L.S.A. No income and dependent on a son earning a small salary as a clerk. Relieved seven times, £78. Voted £12.
12. Daughter, aged 57, of late L.F.P.S.Glasg. Maintained herself for many years as a governess, but was obliged to assist her mother, and has now exhausted her small savings. Relieved once, £5. Voted £5.
13. Daughter, aged 37, of late F.R.C.S.Eng. Suffers from tuberculous disease of a large joint, and consequently only able to undertake very light employment. No income. Relieved twice, £24. Voted £12.
14. Widow, aged 40, of M.B., R.U.I. Quite unprovided for at husband's death a few years ago, and is now training as a midwife in the hope of supporting herself and two children, aged 12 and 10. Relieved four times, £47. Voted £10.
15. Widow, aged 38, of M.B., C.M.Aber. No income; endeavours to support herself by taking boarders. Two children, aged 10 and 8. Relieved once, £5. Voted £5.
16. Daughter, aged 60, of late M.R.C.S., L.S.A. Has held several good situations as dispenser, but is now unable to get employment on account of age. Income £12 a year. Relieved twice, £20. Voted £12.
17. Daughter, aged 52, of late L.R.C.S., L.S.A. Has supported herself by nursing, etc., but is now practically incapacitated by ill health. Relieved six times, £57. Voted £10.
18. Daughters, aged 44 and 36, of late L.S.A. Are both unable to earn a living on account of physical infirmities and consequently are dependent on their mother, whose income is very small. Relieved four times, £48. Voted £12.

## Medical News.

THE annual dinner of the Royal Society of Medicine will, be held at the Hotel Cecil, London, on Friday, December 4th. The price of a ticket to Fellows and members of sections will be 7s. 6d., exclusive of wine.

THE first of the five lectures on experimental irregularities of the heart, to be given by Professor Cushny at University College, London, will be delivered on Friday, October 30th, at 5 p.m. Subsequent lectures will be given at the same hour on succeeding Fridays.

THE *Times* correspondent in Peking telegraphs that the consent of Japan having been received on September 29th, China has been able to inform the foreign Legations that all the Powers have given their assent to the prohibition of the importation of morphine except for medicinal purposes. The prohibition, to which England agreed in 1902 and America in 1903, will come into effect in January next. From a communication addressed to our contemporary by the editorial secretary of the China Inland Mission, it would appear that the edict prohibiting the growth of the poppy issued by the Chinese Government has produced a very considerable effect in many parts of the empire; in some districts in which it was formerly largely grown it has entirely disappeared. The commissioners and inland postal officers of the maritime customs have been instructed to collect facts as to the cultivation of the poppy and consumption of opium and morphine for the information of the international opium commission which is to meet at Shanghai in January.

DR. JAMES WILLIAM BARRACK, District Surgeon, Kuantan, Pahang, Federated Malay States, was murdered under very distressing circumstances on July 15th. On that day he started on official duty with Mr. MacLean, manager of a tin mine, who had with him 8,000 dols. to pay wages. Both were mounted on bicycles and were travelling in apparent safety, when they were thrown to the ground by coming in contact with a wire stretched across the road; a party of ten Chinamen who had been in concealment rushed out, their object being obviously plunder. They attacked Dr. Barrack and Mr. MacLean with knives, and Dr. Barrack was killed, while his companion escaped, with difficulty, badly wounded. Eight of the Chinamen concerned in the murder were arrested, and were last week convicted and sentenced to death. Dr. Barrack graduated M.B., Ch.B.Edin. in 1901, and was formerly House-Surgeon at the Seamen's Hospital, Albert Docks, and afterwards to the General Hospital, Singapore.

THE London School of Tropical Medicine inaugurated its winter work at a meeting at 20, Hanover Square, on October 14th, Lord Crewe presiding. The report of the Dean, read by Mr. Michelli, showed that altogether 849 students had passed through the school; and that the number of those who took out the full three months' course was increasing. About two-fifths of all the students had been either in the Colonial Service or had since joined it. Lord Crewe in his address said the Colonial Office recognized to the full the immense importance of a study of tropical medicine to the Empire and its commerce. During the past five years the East and West African Services alone had an average of thirty of their members studying at the school. He noticed that of late there had been an interchange of demonstrations between the Tropical School of Medicine and the Royal Veterinary College. This was, no doubt, very desirable, since the more doctors knew of animal pathology and veterinary surgeons of human pathology the better for both. The meeting was also addressed by Sir Clifford Allbutt and Sir Patrick Manson; the latter indicating a belief that the ordinary three months' course might have to be extended. A dinner followed in the evening at the Savoy Hotel, Commander George Hodgkinson, R.N., an old supporter of the school and an active member of its committee, presiding. The toast of the evening was appropriately proposed by Mr. Neville Chamberlain, who in the course of his speech gave a message from his father. He retained all his old interest in its prosperity, and had never wavered in his profound conviction of the value of the contribution which it was making towards the fulfilment of the imperial obligations of the nation. The striking feature of the evening, apart from its pleasant and social character, was the evidence of the popularity of the school afforded by the presence of so large a number of medical men from all parts of the world.

JOURNAL of October 10th. Esperanto has long passed the stage requiring apology or defence. It is now used extensively in almost every department of life in almost every part of the world. If any one, who knows two or three modern languages, or who knows only his own, will take the little trouble necessary to study Esperanto for a few months he will find himself in possession of a most admirable language already used for the spread not only of medical science but also for many other things. What shorthand is for writing, Esperanto is for languages. Every one who really knows it has nothing but profound respect for it.—I am, etc.

Glasgow, Oct. 12th.

C. FRED. POLLOCK, M.D.

#### REPORT OF THE ROYAL COMMISSION ON THE FEEBLE-MINDED.

SIR,—Dr. Erskine in his second letter repeats and enlarges the pretended criticisms made in his first. He denies the charge I made connecting him with the production and circulation of a scurrilous pamphlet. If he will agree to allow the matter to be inquired into by the Ethical Committee of the British Medical Association, I will submit to the committee the proof of his part in the action.—I am, etc.,

Glasgow, Oct. 10th.

J. CARSWELL.

## Medico-Ethical.

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

#### WHAT IS MEDICAL ADVERTISING?

HORRIFIED.—We would refer our correspondent to the answer given to "Ononol" (see BRITISH MEDICAL JOURNAL, October 3rd, 1908, p. 1049). Advertising for practice is what we all do when we put up a doorplate, but if we write books and advertise them or deliver courses of lectures and advertise them it is invidious to speak of this as advertising in a bad sense, although, as we have often pointed out, "first aid" and similar lectures may be advertised in such a way, either by the form of the advertisement or the undue repetition of it as to be objectionable. We do not think that any reasonable objection can be made to the form of advertisement which our correspondent sends.

## Universities and Colleges.

#### UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., PART I. (*Chemistry and Physics*).—P. H. Berry, King's; M. W. K. Bird, Emm.; L. G. Bradfield, Cai.; I. M. Brown, Down.; H. J. H. Cursetjee, Cai.; H. Dunkerley, Down.; H. H. M. Gould, Cla.; A. D. Haydon, Cai.; A. M. Humphry, Trin.; T. Owen, Jes.; H. S. Reed, B.A., Trin.; J. C. Russell, Cai.; J. E. Sharp, Cai.; T. W. Sheldon, Emm.; A. E. Staffurth, Sid. Suss.; J. M. Thorburn, Trin.; E. H. Thurston, Cai.; A. R. S. Warden, Cai.; F. A. Williamson, Queens'; H. G. Wiltshire, Emm.

FIRST M.B., PART II. (*Elementary Biology*).—G. L. Attwater, Pemb.; M. T. Clegg, Jes.; H. E. Creswell, Cai.; H. H. M. Gould, Cla.; G. C. King, Cai.; C. Lambrinudi, Christ's; J. A. Martin, Pemb.; J. B. Matthews, Cla.; W. New, Down.; C. F. Pedley, Jes.; F. S. L. Piggott, Emm.; H. S. Reed, B.A., Trin.; L. H. D. Thornton, Emm.

Diploma in Tropical Medicine.—L. Bostock, F. W. Clarke, G. Fowler, F. Harvey, F. I. M. Jupe, A. F. G. Kerr, C. A. L. Meyer, H. B. Owen (Cai.), W. T. Quaife, A. H. Skinner, G. O. Smith, G. D. Whyte.

Dr. Roderick of Emmanuel College has been reappointed Demonstrator of Surgery.

#### UNIVERSITY OF LONDON.

A MEETING of Convocation was called for Tuesday last, October 13th, at the University, South Kensington; but a quorum of fifty members not being present at 5.30 p.m., no regular meeting was held. The Chairman, Sir Edward Busk, having waited the statutory time for the completion of the quorum, addressed the members present informally on the business which should have come before the proposed meeting, namely, the reporting of the adoption by the Senate of a slight amendment of Statute IV of the University, and an amendment of University College Statute II, both previously approved by Convocation. He also mentioned that the wishes of Convocation in regard to Statute 125 had been carried out by the Senate with a slight further addition which would render possible an

interchange between the University of London and Continental universities under which a year of a student's course might be passed in a foreign university. These several matters met with the approval of the informal meeting. It was further suggested by Sir Albert Rolit that steps might be taken to lessen the number of the quorum required to form a meeting.

#### UNIVERSITY OF BIRMINGHAM.

##### Inauguration of the Winter Session.

THE Faculty of Medicine of the University of Birmingham held a *conversazione* on October 5th to inaugurate the Winter Session. About 250 guests were present, and were received by the Dean of the Faculty (Professor Gilbert Barling) in the Founders' Room of the University Club. There were many interesting exhibits in the various departments, and a successful concert was held in the Founders' Room.

#### UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.

*Education in South Wales and Monmouthshire.*—Dr. W. T. Edwards presided at a meeting of the College in Cardiff on October 8th, when it was announced that in order to give information to the American and Canadian teachers visiting this country a book would shortly be published containing notes on the present condition of education in South Wales and Monmouthshire.

*Appointment of Assistant Lecturer in Physiology.*—Dr. F. W. Lamb, Assistant Lecturer in Physiology, having been appointed Senior Demonstrator in Physiology at the Victoria University, Manchester, Mr. A. Wallis, of Cambridge University, was selected as his successor.

*Bequest.*—It was announced that Mrs. Henry Richard, widow of the late Mr. Henry Richard, M.P., had bequeathed £100 to the college.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—The following candidates, having passed the necessary examination, have been admitted Fellows of the College: Mr. K. K. Chatterji, L.M. and Calcutta University, and Mr. B. J. Newmarch, M.R.C.S.Eng. and L.R.C.P.Lond.

## Public Health

AND

## POOR-LAW MEDICAL SERVICES.

#### HEALTH OF WORCESTERSHIRE.

DR. FOSBROKE, the Medical Officer of Health for Worcestershire, states in his annual report for 1907 that the reports of the officers show that a good deal of attention is being given to the improvement of dairies and cowsheds; but in spite of this the milk trade, as a rule, is not being carried on as it ought to be. This is due partly to the apathy of some of the local authorities, and partly to the inadequate powers they possess for compelling negligent cowkeepers to keep their sheds clean and their cows healthy. In many districts improvements have been made, especially in the Oldbury and King's Norton districts. The Worcestershire Council already possess a complete bacteriological laboratory, so that adequate facilities exist for the proposed examination of samples of milk for tubercle bacilli. The medical inspection of schools has shown that a number of children are suffering from tuberculosis of the lungs in its early stages, to whom treatment in the open air would be of great benefit. At present the county council has made no provision for dealing with these children beyond in certain cases excluding them from school. The medical officer of health hopes that an arrangement may be made with the county council for such children to be received into the sanatorium.

## The Services.

#### INDIAN MEDICAL SERVICE.

##### RATES OF PENSION.

WITH reference to the Order dated October 24th, 1903, in which revised rates of pension were prescribed for officers of the Indian Medical Service, it is notified that the Secretary of State for India has sanctioned a rate of pension at £600 per annum for officers who have completed twenty-seven and a half years' service for pension. This new rate of pension will have effect from August 2nd, 1908.

THE office-bearers elected at the annual meeting of the Wigan Medical Society on October 8th were Dr. George Wolstenholme, President; Dr. E. H. Monks, Treasurer; and Dr. J. Blair, Honorary Secretary. A committee of six, including the ex-President, Dr. C. T. Street, was also appointed.

## Obituary.

WE regret to have to record the sudden death of Dr. A. C. FESTING SMITH of St. Budeaux, Devonport, which occurred on September 25th. Dr. Festing Smith was visiting a patient when he became suddenly faint, and died in the room within a few minutes. He was only 39 years of age, and seemed to be a strong and healthy man; it appears, however, that during the last few weeks he had suffered from attacks of faintness and pain in the region of the heart. He was the son of the late Commander Smith, R.N., and received his medical education at Queen's College, Cork, and took the Scottish triple qualification in 1891. After being Assistant House-Surgeon at the Royal Albert Hospital, Devonport, he started practice at St. Budeaux, and was appointed Medical Officer in charge of troops at Bull Point, Devonport. Dr. Festing Smith was very successful in practice, and his loss will be widely felt, especially among his colleagues in the medical profession, with whom he was most popular. He was of a generous disposition and noted for his hospitality, while in his professional work he showed untiring skill; indeed, the fact that, owing to pressure of work, he took no holiday this year, may, perhaps, partly account for his untimely death. He was fond of sport, rode well to hounds, was a good shot, and played a good game of tennis. He was a man of cheerful disposition, straightforward in all his dealings. He married the daughter of Lord Kingsdale, and much sympathy is felt with his widow and three children in their bereavement. His funeral took place at St. Budeaux on September 29th, hundreds of his friends and former patients being present.

SURGEON-MAJOR THOMAS HOLMESTED, late of the Indian Medical Service, died at Weston-super-Mare on September 20th. He entered the Bombay Medical Department as an Assistant Surgeon, March 31st, 1866, and became Surgeon-Major, March 31st, 1878. He retired from the service in 1883. He elected for civil employment, and was Civil Surgeon of Hyderabad, and for a few years at Ahmedabad. During the operations against the Bheels in 1868 he was in medical charge of the field force employed in Rewa Kanta.

LIEUTENANT HUBERT ASTLEY KNIGHT, M.B., Indian Medical Service, attached to the 27th Punjabis, died at Mooltan on September 4th, in the 29th year of his age. His commission was dated September 1st, 1906.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the profession in foreign countries who have recently died are: Dr. Julius Laudenbach, Professor of Pharmacology in the University of Kieff; Dr. Dubuisson, Medical Superintendent of the Saint Anne Lunatic Asylum, medical expert to the Seine Tribunal, and author of numerous contributions to medical literature on the responsibility of criminals, kleptomania, etc., aged 60; Dr. S. Neumann, who played a large part in the political and municipal life of Berlin in conjunction with Virchow, aged 89; Dr. Edouard Rondot, hospital Physician and *professeur agrégé* in the Bordeaux Faculty of Medicine, author of numerous writings on therapeutic subjects, in the 59th year of his age; Dr. Charles Garrington, Professor of Hygiene at Harvard University and President of the Massachusetts State Board of Health, aged 52; Dr. Josef Eichberg, Professor of Medicine in the Miama Medical College, Cincinnati; Dr. L. Kolehmann, founder of the *Zeitschrift für Schulgesundheitspflege*, aged 69; Professor J. Zumstein, Lecturer on Anatomy in the University of Marburg; Dr. A. Tauber, sometime Professor of Operative Surgery at Warsaw, and afterwards in the Medical Institute for Women at St. Petersburg, aged 61; and Professor Abraham Lissauer, of Berlin, distinguished as a hygienist and as an anthropologist, aged 76.

## Hospitals and Asylums.

### SUNDERLAND INFIRMARY.

#### *A Children's Annex.*

THE foundation stone of an important addition to the resources of Sunderland Infirmary was laid on October 6th. This infirmary is in the hands of an active committee, which during past years has constantly endeavoured to meet the growing needs of the town and the requirements of modern science. Among comparatively recent additions to the original buildings have been new wings, isolation blocks, and an out-patient department, which was enlarged only this year. It was not thought well to place any further buildings in the infirmary grounds, so the wards for the children, though to be regarded as an integral part of the infirmary, are to be erected on an entirely different site. The building in view will provide for 46 patients, but the administrative block will be of such size as to suffice for the accommodation of a staff capable of dealing with a considerably larger number, should it eventually be considered well to add one or two more pavilions. Practically all the money required to pay for the building is understood to be in hand, but the cost of furnishing still remains to be covered. It is estimated that the new children's department will be ready for occupation in little over twelve months' time, and that it will throw upon the resources of the infirmary an additional annual expenditure of £2,000. There appears, however, to be no doubt in the minds of the promoters that this increased expenditure will readily be met. The foundation stone was laid by Mrs. Pemberton, the wife of the donor of the site, and, speaking on her behalf at the end of the ceremony, and in allusion to the attractive character of the site, Mr. Pemberton said that the person who really deserved thanks for its choice was Dr. Morgan.

### KINGSEAT ASYLUM, ABERDEEN.

THE annual report of the Kingseat Asylum of the Aberdeen City District Lunacy Board contains the medical statistics for the year ending December 31st, 1907, and a summary of the financial accounts for the twelve months ending May 15th, 1905. From the latter we are glad to see that the cost of maintenance in this the first British village asylum has again undergone substantial reduction, the cost per head per year being £25 1s. 1½d., as compared with £25 6s. 5½d. for the previous year. From the report of Dr. H. de Maine Alexander, the Medical Superintendent, we see that on December 31st, 1906, there were 412 patients on the asylum register, and that on the last day of 1907 there were 416. There were 498 total cases under treatment during the year, and the average number daily resident was 412. During the year 86 cases were admitted, of whom 70 were first admissions. In 42 the attacks were first attacks within three, and in 14 more within twelve months of admission; in 24 not-first attacks within twelve months of admission; and in the 6 remaining the attacks were of more than twelve months' duration on admission. As Dr. Alexander points out, the duration of a patient's illness is difficult to ascertain, for the relatives almost invariably date the commencement of the disorder from the time when the individual began to show signs of loss of self-control; that is, they date the onset from the time of their recognition of the necessity for sequestration of the patient, which is a legal and not a medical conception. The admissions were classified, according to the forms of mental disorder, into: Mania of all kinds, 5; melancholia, acute and recurrent, 24; senile and secondary dementia, 5; stupor, 3; insanity associated with alcohol 12, with epilepsy 4, with hysteria or hypochondriasis 2, with general paralysis 14, and with other organic brain conditions 2; delusional insanity, 12; moral insanity, 2; and congenital defect, 1. As to the probable causes of the insanities in these cases, alcohol was assigned in 12, or just under 14 per cent., syphilis in 3, exhaustion in 29, puberty, adolescence, the climacteric, and senility in 29, epilepsy in 4, previous attacks in 16, emotional stress in 8, and in 19 more no cause could be assigned. A neurotic inheritance was ascertained in 43, or 50 per cent. During the year 34 were discharged as recovered, giving a recovery-rate on the admissions of 39.5 per cent., 12 as relieved, and 2 as not improved. During the year there were 34 deaths, giving a death-rate on the average numbers resident of 8.2 per cent. The deaths were due in 14 cases to cerebro-spinal diseases, including 10 deaths from general paralysis; in 14 to chest diseases, with 6 deaths from pulmonary tuberculosis; in 2 cases to abdominal diseases, and in 4 to senile decay. There were no deaths from accident, in fact no accident at all occurred during the year. Dr. Alexander says that the privilege of parole has been greatly extended, and that it has been frequently observed that a few patients who are irritable, discontented, and lazy when confined, become more contented and begin to work on their own initiation when allowed greater liberty.

### THE RETREAT, YORK.

WE are pleased to read in the annual report for 1907—the one hundred and eleventh annual report—of this historic institution that although it was impossible to say much as yet respecting the financial results of the year's work, there was reason to think that the income had been well maintained and a margin of profit expected.