

form without, sinusitis. In this latter there is a subgroup, not often met with, in which the atrophy seems primary, with special weakness of tissue rapidly succumbing to microbic invasion. The ultimate results in all may be similar histologically but clinically and for treatment the conditions are different. In most cases atrophic rhinitis is the end stage of a chronic hyperplastic purulent rhinitis, involving first the membrane, then in more than half the cases the sinuses. This sinusitis, by a vicious circle, reacts on the membrane and perpetuates the inflammatory process there, but is not the *fons et origo mali*, as Grünwald would have it.

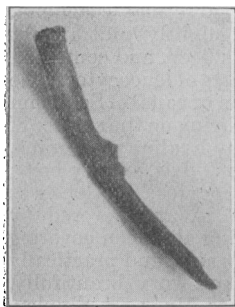
Treatment.—The author insists on the importance of treating purulent rhinitis in children, especially when following eruptive fevers. Treatment of sinusitis often results in cure of discharge and fetor. Once sinusitis is eliminated, injection of paraffin, solid by preference, often practically cures; it should be preceded by massage. But solid paraffin is often not retained; liquid paraffin is apt to cause thrombosis. Ionization, with solutions of argyrol or of zinc sulphaniolate soaked on gauze packed into the nasal cavities, procured improvement in two cases.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

RABBIT'S RIB IN AN ISCHIO-RECTAL ABSCESS.

THE following case is of interest as showing how a very large foreign body may exist in the ischio-rectal fossa without causing very extreme inconvenience.



J. G., aged 40, was admitted to the infirmary with a history of pain on defaecation. A fluctuating swelling was found to the right of the anus, and ischio-rectal abscess was diagnosed. With the patient under chloroform, I did the usual operation. On cutting in my scalpel grated on a hard substance, which was found to be a rabbit's rib. This was removed and the cavity granulated up in a very short time. The man informed me that the swelling had been there for four months, and that he had

not dined on rabbit for at least that length of time. The photograph shown is actual size.

J. WALLACE MILNE, M.B., C.M.Aberd.,

M.R.C.S.Eng., L.R.C.P.Lond.,

Assistant Surgeon, Aberdeen Royal Infirmary.

RETENTION OF PLACENTA DUE TO HOUR-GLASS CONTRACTION.

ON June 28th, 1906, I was called to attend Mrs. P. in her first confinement. I found the os fully dilated, presentation being L.O.A. As there was no progress after three hours, notwithstanding strong pains, I applied forceps. On delivery of the head, I found that the delay was due to shortness of the cord, which was in three turns round the neck, and was tightly stretched. I had to tie and cut it before delivery. The child—a male—was not breathing, and the heart was beating very faintly, but it recovered after artificial respiration; it weighed 10½ lb.

After delivery the fundus uteri could be felt contracted over the placenta, and though I waited 1½ hours the placenta was not expelled. On vaginal examination I found that the cord passed through a firm ring of contraction. The contraction did not pass off under deep chloroform anaesthesia, and I had great difficulty in removing the placenta, which, however, was not adherent. The patient made an uninterrupted recovery.

On September 9th of this year I attended Mrs. P. in her second confinement. The presentation was occipito-posterior, and delivery was effected with forceps. The

child, a boy, weighed 11 lb. After delivery I again found that there was hour-glass contraction of the uterus causing retention of the placenta. Under chloroform anaesthesia I with some difficulty removed the placenta. The patient again made an uninterrupted recovery.

Shetland.

R. F. RUSSELL, M.B., Ch.B.

RUPTURE OF HYDATID CYST INTO INTESTINE : RECOVERY.

ON February 1st I was called to see a maiden lady, aged about 70, suffering from acute pain in the left iliac region. About six years previously her medical attendant had informed her that she had multiple fibroids, otherwise her health had been very good; but all her life she had suffered from constipation, and had frequently to use enemata. This trouble had recently increased, and when I saw her she was in great pain in the left lower region of the abdomen.

The abdomen was greatly distended, very tense and tender, particularly on the left, where there was some extra prominence. The percussion note was tympanitic except over the prominence mentioned, where the note was slightly dull. Beyond a general enlargement of the abdomen, particularly in the lower part, it was impossible, owing to the tenseness and tenderness, to make out any definite tumour, and the patient would not allow any examination under an anaesthetic. The liver was apparently normal in size. On the anterior aspect the rectum was partially obstructed by a soft tumour which bulged into it, but examination was difficult. Constipation was great, and the patient had a good deal of flatulence and eructation. The heart and lungs were normal, and there was no albumen in the urine. There was some leucorrhoea. There was no fever throughout.

During February and March the patient gradually got weaker and took to her bed. She lost weight rapidly, became very emaciated, and had the appearance of suffering from malignant disease. The bowels were opened, only with difficulty, by enemata and with great pain, but the pain in the left iliac region diminished. The abdomen became markedly larger, the note remaining tympanitic. At the beginning of April the weakness had increased and the pulse was very poor. The rectum was so blocked that it was only with difficulty that the enema nozzle could be inserted.

On April 20th the nurse stated that she noticed small white "skins" in the motion, and on examination these proved to be hydatid cysts, ranging in size from a Tangerine orange downwards. During the next week the patient passed thousands of these per rectum, the bowels being opened precipitately several times a day. The rectum became less obstructed and the girth of the abdomen less. The cysts were passed for about three weeks, and the patient's condition appeared to be critical on account of her extreme weakness. The heart sounds were weak, the pulse feeble, and the legs oedematous. However, she took nourishment well and the girth of the abdomen was much less, not only because of the rupture of the cyst, but because the bowels began to be more easily moved, and the flatulence ceased, the percussion note being no longer tympanitic.

Towards the end of May improvement began, and the patient gained strength and put on flesh. The abdomen was now smaller than in February, though still slightly prominent, doubtless owing to the fibroid. The oedema of the legs had also subsided. She made an uninterrupted recovery and by the middle of July was in excellent health; enemata were no longer necessary for the first time since childhood. The abdomen was still somewhat prominent, and the fibroid could be easily felt.

It is impossible to say definitely what was the seat of the hydatid cyst, but I think it was probably in Douglas's pouch pressing on the anterior wall of the rectum. The extra prominence on the left was probably the fibroid, which caused the acute pain. The rupture probably occurred into the rectum. There is no doubt as to how she contracted the disease, for five years previously she had to have her pet dog destroyed. It was very unhealthy and had an offensive discharge from the bowel.

Hastings.

ARTHUR W. BRODRIBB,
M.B.Oxon., M.R.C.S., L.R.C.P.

PAINLESS LABOUR IN A PRIMIPARA.

The following case is of considerable medico-legal interest, for, if the patient's statement be true—and investigation shows no reason to doubt it—labour took place during sleep:

E. W., aged 20, came to the hospital on September 10th for a maternity letter entitling her to receive attention by the Extern Midwifery Department at the birth of her first child.

Examination showed that the pelvic measurements were:

Dis. sp., 10½ in.
Dis. crist., 10½ in.
Ext. conjugate, 7½ in.

There were no signs of a previous labour.

She stated that she returned home and retired to bed at 10.30 p.m. feeling quite well. She slept badly until 3 a.m., when she arose and passed a small quantity of urine. She returned to bed, and, although she felt a slight pain in the left thigh, soon fell asleep. She awoke at 7.30 a.m., and found the child born as far as the navel. Being alone in the room (her husband was on night duty), she called to a neighbour living below. When the neighbour arrived the child was born. The child was alive, and apparently full term—a well-developed male, weighing 8½ lb.

The head showed marked moulding characteristic of an occipito-anterior position, and there was also a large caput succedaneum.

My thanks are due to Dr. Herbert Williamson for permission to publish the notes of this case.

H. JOSEPH CATES, M.B.,
Extern Midwifery Assistant, St. Bartholomew's
Hospital, E.C.

Reports

ON

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

LEICESTER INFIRMARY.

A SECOND ATTACK OF EMPYEMA ON THE SAME SIDE.

(Under the care of REGINALD PRATT, M.D., M.R.C.P.)

The following case is very interesting in connexion with the discussion upon the prevention of adhesions of the pleura after inflammation, and especially with reference to the remarks of Dr. G. Newton Pitt, reported on pages 1074 and 1075 of the BRITISH MEDICAL JOURNAL of October 10th, 1908.

W. C., a boy, aged 14, was admitted on September 1st, 1908, suffering from difficult breathing and pain in the right side of the chest on deep inspiration, of one month's duration.

Previous History.—He had measles in childhood and an attack of empyema on the right side when 1 year and 10 months old. It followed an attack of scarlet fever, which was accompanied by swelling of the eyelids and difficulty in micturition. He was operated upon in a Manchester hospital for an empyema, and remained an in-patient for seven weeks; the wound healed in nine weeks from the time of the operation.

Condition on Admission.—All the signs of fluid at the right base, as high as the third intercostal space in front, were found. The scar of the previous operation was visible in the sixth intercostal space. An exploration was made with an aspirator needle, and pus discovered. A pint of pus was evacuated, under chloroform, and a portion of the rib was removed, the incision being within half an inch of the old scar. Calmette's test gave a slight reaction in twelve hours.

The occurrence of a second empyema on the same side of the body and in the same position as the earlier is very uncommon; in over twenty years' hospital experience I have not seen a case before; the remarks of Dr. Pitt at the discussion previously referred to show that, at any rate occasionally, complete recovery of the pleura from an attack of empyema takes place, no adhesions being left permanently; in such a case one can understand the possibility of a further attack of empyema on the same side and in the same part of the lung as before, as occurred in this case.

Reports of Societies.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

MARCUS GUNN, F.R.C.S., President, in the Chair.

Thursday, October 15th, 1908.

DIPTEROUS LARVAE IN THE ANTERIOR CHAMBER.

MESSRS. FRANK G. THOMAS AND J. HERBERT PARSONS read a paper on a case of dipterous larva in the anterior chamber. The patient, a male child aged 2½ years, a native of Pembrokeshire, was seen on March 18th, three and a half weeks after the left eye had first been noticed to be red and photophobic; the child had seemed occasionally to be in pain, but there was no history of injury or illness, nor any symptoms suggestive of intestinal "worms." On examination under an anaesthetic the eye showed slight ciliary injection, cornea clear, anterior chamber deepened, and the aqueous faintly turbid. The iris was discoloured and pattern fogged. The pupil was irregular, and filled with pigmented lymph. Lying on the iris was a long cylindrical body resembling a small worm, its head in the lower and outer quadrant, and tail in the angle of the anterior chamber at the upper and inner quadrant. The body consisted of eight segments, and measured 12 mm. or 13 mm., was of greyish-yellow colour, and showed no movements. With a binocular lens a fine covering of grey material could be made out enveloping it and reflected on to the iris. The tension was -1 and the eye blind. Enucleation was performed the same day. The eye was hardened in formol, and sections were made at right angles to the foreign body. The anterior chamber contained exudate in front of the iris, tying down the cylindrical mass to it; the lens was somewhat shrunken; the vitreous was shrunken and contained a coagulum. Retina detached, with subretinal coagulum. Microscopically the cornea was found slightly infiltrated at the periphery. Anterior chamber was deep, and contained a homogeneous coagulum, with multitudes of leucocytes. The angles were widely open, and the region of canal of Schlemm was densely packed with leucocytes. Lying on the surface of the iris was a circular body bounded by hyaline membrane, which was clearly an animal parasite. Iris, ciliary body, and retina densely infiltrated with leucocytes. The lens was distorted, showing cataractous changes, and covered by a fibrinous coagulum, the latter being also seen covering the ciliary body. The choroid was *in situ*, and practically normal. One section showed the head very beautifully, and this, with others, was submitted to Mr. A. E. Shipley, F.R.S., who thought the parasite was the larva of either the blow-fly, or of *Sarcophaga carnaria* or *S. magnifica*. The ova of the blow-fly or the larvae of *Sarcophagidae* were sometimes deposited in the nasal passages and other channels leading outwards in man, and also on the conjunctiva in purulent cases. It was suggested the larva might work its way from the conjunctival sac directly through the thin sclerotic of a child into the anterior part of the eye, or, if deposited in the nostril, might find its way by the nasal duct to the lacrymal artery, and thence into the eye by way of the central retinal artery, or of one of the ciliary arteries. The possibility of this larva being that of *Hypoderma boris*, of which there were two recorded cases in man, and one in the horse, should not be overlooked, since the larva of this fly was of necessity parasitic in mammalia.

PIEBALDS.

Mr. N. BISHOP HARMAN read a paper entitled, Six Generations of Piebalds. He showed a chart of the pedigree of a family in which there was a striking and continuous inheritance of certain skin and hair markings. Some of the members of the family were shown at the meeting. The features were: a white forelock, a white patch of skin spreading from beneath this lock of white hair down the centre of the forehead, and in some cases patches of white skin about the trunk or legs. The white tissues were appreciably more delicate than the normal skin and hair. The colour of the ordinary hair ranged from a light brown to a deep brown, almost black. There were no other abnormalities. The connexions of this family had been ascertained for six generations; of

ST. JOHN AMBULANCE ASSOCIATION.

The following memorandum has been received from the Chief Secretary of the St. John Ambulance Association with a request for publication :

**THE GRAND PRIORY OF THE ORDER OF THE
HOSPITAL OF ST. JOHN OF JERUSALEM
IN ENGLAND.**

Memorandum.

It has been brought to the notice of the Executive that many members of the Medical Profession, especially in the Provinces, are under the impression that no acknowledgement, beyond an occasional resolution of thanks expressed in general terms, is made by His Royal Highness the Prince of Wales and the Chapter-General of the Order of the Hospital of St. John of Jerusalem in England of the invaluable services gratuitously rendered by Medical men since the institution of the St. John Ambulance Association. These services have earned for the Association its reputation, and have enabled it to carry on its work for the benefit of suffering humanity. It has therefore been thought desirable to publish this memorandum for general information and circulation.

1. Members of the Medical Profession, male or female, whose names are on the Register published under the direction of the General Council of Medical Education and Registration of the United Kingdom are elected "Honorary Life Members" of the St. John Ambulance Association by the Central Executive Committee at Head-quarters, for acting as Honorary Lecturers for not less than four courses of instruction in First Aid to the Injured, Home Nursing, Home Hygiene or Sanitation. This distinction is generally published after their names in their biographical notices in the Medical Directories and similar works.

2. "HONORARY LIFE MEMBERS" who have continued to instruct gratuitously for several years, that is for not less than five or six, have their names submitted through the proper channel for the award of the "VELLUM VOTE OF THANKS" bestowed by His Royal Highness the Prince of Wales, Grand Prior of the Order, and the Chapter-General, this document bearing the signature of His Royal Highness.

3. Those who continue to work as Honorary Lecturers and by assisting in administration and organization at Centres and Branches for a further number of years are recommended by Committees of their Centre or Branch for selection as HONORARY SERVING BROTHERS or for enrolment as HONORARY ASSOCIATES of the Order. This recommendation is submitted to the Chapter-General of the Order through the official channel as pointed out in the regulations, and if approved and sanctioned by His Majesty the King, the Sovereign Head and Patron of the Order, carries with it the award of a decoration which has to be worn at Court, in uniform, and on the various occasions, official and otherwise, when it is customary in Great Britain to wear recognized decorations.

4. Further voluntary service to the Order of St. John or its departments is recognized by promotion in the Order to the grade of ESQUIRE or of KNIGHT OF GRACE, or even to that of KNIGHT OF JUSTICE, subject to the other qualifications ordained by Statute.

5. The names of recipients of honours mentioned in paragraphs 3 and 4 are published on the ROLL of the Order, which includes almost the whole of the Members of the Royal Family in England and nearly a thousand Members and Honorary Associates, a large proportion of the Members and Associates being members of the Medical Profession.

HERBERT C. PERROTT,

Secretary of the Order of the Hospital of St. John of Jerusalem in England and Chief Secretary of its Ambulance Department.
Chancery of the Order, St. John's Gate, Clerkenwell,
London, E.C., October 12th, 1908.

Medical News.

THE nominations for the Lord Rectorship of the University of Edinburgh were made on Tuesday at a mass meeting of students held within the university. Mr. Churchill, M.P., was nominated on behalf of the Liberals, and Mr. George Wyndham, M.P., on behalf of the Conservatives, while Professor Osler of Oxford was nominated as an independent candidate. The nomination of Miss Christabel Pankhurst was duly seconded but does not appear to have been taken seriously. The election will be held on Saturday, October 24th.

At a special meeting of the Board of Governors of the Norfolk and Norwich Hospital held under the chairmanship of the Lord Lieutenant of Norfolk on October 17th, the report of the Board of Management recommending certain additions and alterations was adopted on the motion of Mr. Eustace Gurney, seconded by Sir Peter Eade. A further scheme for the amalgamation of the Norfolk and Norwich Eye Infirmary was approved. A public meeting is shortly to be convened at which an appeal will be made for the sum of £45,000 to cover the cost of the new works and to provide an endowment.

THE British Institute of Social Service exists to collect, register, and disseminate information relating to all forms of social service, and at its office at 11, Southampton Row, London, W.C., already possesses a great deal of information as to what other countries are doing in the direction of social amelioration. On Monday last the honorary treasurer, Mr. W. Hazell, entertained a number of press representatives at the Holborn Restaurant, to hear an address by Mr. Sidney Webb on the objects of the institute. Mr. Webb said that among the subjects dealt with were infant mortality, child life, education, labour conditions, unemployment, industrial betterment, social centres, temperance co-operation, municipal enterprise, public health, land housing, garden cities, poor relief, and criminology. New developments in municipal government in the large provincial towns were too often overlooked in London. The office at 11, Southampton Row, was as fully equipped as possible with the means of supplying to newspaper representatives and others information on the subjects mentioned. The institute had inaugurated a register of voluntary workers in order to give those desiring it an opportunity of entering upon suitable kinds of social service.

THE COST OF MEDICAL INSPECTION.—The London County Council, at its meeting this week, decided to invite representatives of local education authorities in England and Wales to attend a conference with the view to making representations to the Government as to the need for granting from the Exchequer further financial aid in respect of the administration of national education, including medical education of children. The Council has already on several occasions made recommendations to the Treasury to the effect that some relief should be given to the ratepayer, and in other parts of the country also the demand has arisen that the cost of education should be borne in greater part by the national funds. The President of the Board of Education promised a deputation from the Council last June that he would bring the demand to the notice of the Chancellor of the Exchequer. Representations made by individual authorities are apt to be put off by general statements, but the London County Council hopes that if a national conference formulates strong and urgent representations to the Government to afford relief by an increased grant from the Exchequer more effect will be produced on the Treasury.

GUILD OF ST. LUKE.—The medical service at St. Paul's Cathedral, organized by the Guild, took place on the evening of October 20th. The Masters and Wardens of several of the City Companies were present, and there was a large attendance of officers of the Guild and of medical men, many in academical costume, who walked in procession up the nave to seats under the dome. The service, fully choral (Stainer in A), was intoned by Minor Canon Besley. The first lesson (Eccles. xxxviii to ver. 15) was read by Dr. Bezly Thorne; the second (St. Luke xiii to ver. 18), by Dr. C. St. Aubyn-Farrer. The anthem ("All men, all things," Mendelssohn) was finely rendered by a special choir, under the direction of Mr. Alfred Redhead, Organist of St. Augustine's, Kilburn, who also played the organ. Canon Duckworth, Sub-Dean of Westminster Abbey, preached, taking for his text Colossians iv, 14: "Luke, the beloved physician." He dwelt upon the callings of physician and evangelist. With regard to the former, there was a widespread impression that medical studies and practices were fraught with spiritual danger, that the vocation led to a blank materialism and trenchant rationalism which explained away the whole phenomena of religious experience. As a matter of fact, however, medical students were to-day working under conditions that took into account moral and psychical agencies for healing previously little understood. Finally, he pleaded for support for the College of St. Luke, founded within the last six years as a residential college for students preparing at various London hospitals for work as fully qualified medical missionaries. The cause of medical missionary work had been materially assisted for several years by the Guild of St. Luke. But much difficulty had been experienced in foreign mission work in finding suitable men willing to undertake it. It had, therefore, been decided that the only way to supply the great and growing need for medical missionaries was to take a house, fit it as a residential college and thereby enable young men to qualify medically, with the object of going out to the mission field. Thirty years ago the Church Missionary Society had only three medical missions; now it had forty-seven, with seventy-nine fully-qualified doctors, and fifty-three fully-trained nurses. But to help it in this great and good work, the college had to appeal urgently for support. A collection followed the sermon.

found to answer the purpose for which it was intended, and to be well worth the serious consideration asked for it.—I am, etc.

Eastbourne, Oct. 14th.

G. S. ROBINSON.

SIR,—Whilst not desiring in any way even to suggest the learning of Esperanto by medical students, who have far more to do than is desirable, may I ask you to allow me to contradict the statements of Mr. W. J. Shee in your JOURNAL of October 10th, p. 1137, namely, that "Esperanto must appear to be nothing more or less than a barbarous 'hotch-potch.'" Esperanto is not "barbarous" nor is it "hotch-potch." I may state that after some years of laborious study I have acquired "a smattering of classics," and also of some of the "modern languages," but in less than three months I was able to read scientific and other articles written in Esperanto by French, German, Russian, Chinese, and Japanese writers. Esperanto is a language now spoken by thousands of Esperantists, many of whom are highly cultured and scientific medical and other men throughout the civilized world. Esperanto is a language which was carefully thought over for a very many years by a distinguished member of our own profession before he even ventured to give the great benefit of his magnificent conception to the entire world; it is now accepted as one of the subjects for the Oxford Local Senior Examinations, by the London Chamber of Commerce, and many other learned bodies in Europe and the Far East.—I am, etc.,

A. S. MORTON, M.D.,

London, S.W., Oct. 14th.

Member of the British Esperanto Society.

SIR,—Will you permit me to inform your Esperantist readers that during the late Congress in Dresden an International Society of Medical Esperantists was formed, under the presidency of the venerable Professor Dor of Lyons, having for its object the facilitation of scientific, medical, social, and other relations between medical men of different countries.

I appeal to those members of the profession who are Esperantists, or who are interested in the idea of an international language, to join this society, which has a career of importance and usefulness before it if adequately supported in the beginning. The subscription is 4s. annually, and may be paid through me.

Esperanto has been a spoken language for twenty years. I have myself used it for correspondence or conversation with hundreds of foreigners of more than a score of nationalities. The time has gone by for inquiring whether it is capable of performing all the ordinary functions of a language; no one who really knows it can doubt this.—I am, etc.,

RICHARD LEGGE, M.D.

County Asylum, Mickleover, Derby, Oct. 20th.

THE RECENT POLL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

SIR,—I also, like Mr. S. C. Lawrence, received two polling cards, and have heard of others who have received the same number. The entire affair has been a complete farce and a wicked waste of the funds of the College.—I am, etc.,

London, S.W., Oct. 20th.

A. S. MORTON, M.D.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Natural Science Scholarships.

SCHOLARSHIPS in Natural Science are announced for competition as under:

December 1st.—Balliol College, Christ Church, and Trinity College.

December 8th.—University, Lincoln, and Magdalen Colleges.

December 15th.—Jesus College.

March 9th, 1909.—Keble College.

March 16th, 1909.—Merton, Exeter, and New Colleges.

Entrance Scholarships at the Hospitals.

In the recent competition for University Entrance Scholarships, that at the London Hospital was awarded to H. Scott Wilson, Queen's College; that at St. George's Hospital to G. H. Varley, St. John's College; and that at St. Thomas's Hospital to H. C. Bozett, Wadham College.

Examination in Preventive Medicine (D.P.H.).

The examination will commence on Tuesday, November 17th, at 10 a.m. Names must be sent in not later than 10.30 a.m. on Tuesday, October 27th. Forms of entry and all particulars may be obtained from the Assistant Registrar, Old Clarendon Building.

UNIVERSITY OF CAMBRIDGE.

The R. C. Brown Scholarship in Special Pathology.

THE COMMITTEE for the Study of Special Diseases is about to elect a qualified medical lady to the above scholarship. The annual value of the scholarship is £150, in addition to laboratory expenses. The holder of the scholarship will be required to undertake clinical research in connexion with the bacteriology of certain chronic infections associated with rheumatoid arthritis. Applications, giving an account of previous medical and laboratory experience, together with three references to former teachers, should be sent in not later than October 28th. Candidates are requested not to send testimonials. For further particulars apply to T. S. P. Strangeways, Department of Medicine, Cambridge University.

Gifts.

Handsome gifts of apparatus have been made to the University Chemical Laboratory by Dr. Liveing, and by the Master and Fellows of Caius College and of Sidney Sussex College.

Prize.

The Gedge Prize has been awarded to E. Mellanby, B.A. Emmanuel College, for his essay on Creatin and Creatinin.

Degrees.

The following degrees were conferred on October 15th:
M.D.—H. F. Horne, King's; H. J. Fardon, Christ's.

Sanitary Science Examination.

The following have passed the Sanitary Science examinations:

J. H. H. Baillie, Victoria E. M. Bennett, Catherine L. Boyd, Dora E. L. Bunting, J. S. Clark, J. C. Dunn, J. Glaister, C. A. Gourlay, A. H. Griffith, S. A. Henry (Trin.), T. S. Higgins, W. C. Hossack, Elizabeth McVail, E. P. Mihelt, C. B. Moss-Blundell, K. K. Mukhopadhyay, A. Richmond, D. Stewart, J. L. Stewart, R. S. Turton, Lilian E. Wilson.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

DR. STCLAIR THOMSON has been appointed Professor of Laryngology in King's College Hospital Medical School.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.

Cardiff and the University College.—A deputation, headed by Principal Griffiths of the University College of South Wales and Monmouthshire, waited upon the Cardiff City Council on October 12th with reference to the relationship that exists between the City and the College. The Principal showed how the city had benefited financially through having the college in its midst. The termination of the agreement between the corporation and the college regarding the conduct of the technical schools, while it would mean the advancement of technical education under a more unified system, raised financial difficulties. There would probably be a loss of income to the college of some £800, though it was possible that by certain savings this might be reduced to about £500. This loss came at an unfortunate time for the college. There was the loss of £350 per annum, the sum hitherto contributed by the Worshipful the Drapers' Company towards the salary of the professor of engineering, and there would be the heavy annual expenditure involved by occupation of the new buildings. The question of rates was a serious one for the college. This, then, was a fitting time to show how the community had gained by having the college in its midst. Regarded from a purely business point of view, the college had been a cause of great financial profit to the city. In his financial statement Principal Griffiths was able to show the amount of money from other sources than Cardiff itself, which would have been expended, say in Swansea, had that town been selected for the site. The income derived from sources outside Cardiff in the period 1884 to 1903 were as follows: (1) From public funds: (a) the Treasury, £119,000; (b) Board of Education, £71,156; (2) from other sources, £112,822. The total income derived directly from bodies and persons outside Cardiff, but expended within the city, was thus £302,938. To this had to be added the total expenditure on Aberdare Hall for the last seventeen years, £42,111; the amount spent by students residing in lodgings, estimated at £346,250; and to this had to be added the amount included in the grant from the Board of Education, £45,953, and the amount to be regarded as included in the expenditure for expenses of residence in Aberdare Hall for outside students, £27,880, which together made £73,833, giving a net sum of £617,466 as the income from sources outside Cardiff. As against this the city had expended the following sums: Donation at college foundation and interest paid on the same, £11,624; value of site in Cathays Park, say, £20,000; total outlay by the city, £31,624. The balance was, therefore, £585,842. The corporation had, it was true, paid £600 per annum to the college since 1892, but for this had received certain privileges worth about £300 a year; so that the college may be said to have received from the corporation, in addition to the sums mentioned, £4,800. Thus, at the most, in return for a total outlay of £33,400, the city had received not far short of £600,000—a return of nearly £2,000 per cent. The Lord Mayor promised that the matter would receive the best consideration of the corporation.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONIAL.

A SPECIAL graduation ceremonial was held on October 17th in the new Examination Room, when the following degrees were conferred by the Vice-Chancellor (Principal Sir William Turner, K.C.B.):

The Degree of Doctor of Medicine.

1. James Crawford Kennedy, Captain, R.A.M.C., M.B., Ch.B. Edin., 1900, who was awarded a gold medal for his thesis on Malta Fever.

2. Francis Esmond Larkins, M.B., Ch.B. Edin., 1904, who was highly commended for his thesis on Cerebro-spinal Fever.

In presenting a Medical Faculty Gold Medal to Captain James Crawford Kennedy for his thesis the Vice-Chancellor referred to the work he had done, and for the excellence of which he was about to receive this medal. This work, he said, was of the highest importance to the welfare of the British navy and army. It consisted of an inquiry, as a member of the Commission of which one of the university's most distinguished graduates in medicine, Colonel Sir David Bruce, was chairman, into the whole question of Mediterranean fever, commonly called Malta fever, and the mode of preventing this fever. It was a source of great gratification to the members of the university that the chairman of this Commission and Dr. Kennedy were trained in the medical school of the University of Edinburgh and were graduates of the university. The inquiry which these gentlemen had carried out with so much success had practically added the services of a whole regiment to the strength of the British army in the garrison station of Malta, so that in this respect Dr. Kennedy and those associated with him had discharged a most important public service. It was with great pleasure that the Faculty of Medicine had decided to award this medal in recognition of the distinguished merit exhibited in the thesis submitted for the degree of Doctor of Medicine.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (B., Botany; Z., Zoology; P., Physics; C., Chemistry).—J. Angus (C.), C. Averill (C.), H. S. Banks (B., P.), J. G. Becker (B., P.), S. H. Bloom (B.), S. Blumenfeld (B., P.), J. S. K. Boyd (B., P.), A. Brown (B., P.), W. Brown (B., P.), J. L. Brownlie (B., P.), A. G. Buchanan (B., P.), J. S. Buchanan (B., P.), N. Cameron (Z., P.), J. A. Chrystie (B.), G. Cockrane, M.A. (P.), J. Connell (B., P.), R. Craig (C.), W. Cullen (Z.), D. A. Cuth (P.), C. G. Dalziel (Z., C.), A. H. Davidson (B.), W. C. Davidson (B., Z., P., C.), J. H. Dible (B., P.), J. Dickie (B., Z., P., C.), W. Donald (C.), W. B. Drummond (B., P.), J. Findlay (C.), W. C. Fleischmann (B., P.), J. M. Forsyth (B., Z., P.), W. Forsyth (B., P.), W. Fotheringham (B., Z., C.), W. Fraser (C.), J. E. Fyfe (B., P.), A. M. Gibson (B., P.), A. Glen (B., P.), C. W. F. Greenhill (B., Z.), J. Hamilton (B., P., C.), J. A. Harper, M.A. (Z.), P. Henderson (C.), J. G. Hendry (C.), P. Henretty (Z.), J. W. W. Hewitt (B., P.), T. C. Houston (B., P.), W. M. Howells (B., P.), D. M. Hunter (B., P.), A. J. Joubert (B., P.), J. A. Kruger (B., Z., P.), F. Lawrie (C.), R. A. Lennie (B., Z.), N. V. Lothian (B., P.), P. A. McCallum (B., P.), J. A. McConochie (B., P.), J. McGhie (B., P.), C. A. McGuire (B., P.), G. D. McLean (B., P., C.), E. S. Macphie (B., P.), J. M. Macpherson (B., P.), J. H. Magoveny (Z., P.), W. E. Maitland (B., P.), T. Martin (B., P.), T. S. Meighan (Z., C.), W. Montgomery (P., C.), N. Morison (C.), A. S. Neilson (C.), J. B. Orr, M.A. (B.), R. Parker (Z., C.), A. Peden (Z., C.), J. L. R. Philip (B., P.), J. F. Quigley, Lambhill (B., P.), A. M. Ramsay (B., P.), R. Ray (P.), D. W. Reid (Z., P.), J. R. R. Ritchie (Z., C.), F. M. Robertson (B., P.), J. I. Robertson (P., C.), S. Rutherford (P.), F. Shearer (B., C.), J. Sillars (B., P.), N. I. Sinclair (Z., P.), J. F. M. Sloan (P.), H. C. van der W. Smit (B., P.), D. Smith (P.), J. K. Smith (Z., C.), A. R. B. Soga (B., P.), G. Stephenson (B., Z., P., C.), R. Stewart (B., P.), I. D. Suttie (B., P.), E. G. Y. Thom, M.A. (B.), A. M. Walker (C.), J. C. Watt (B., P.), G. M. Whish (B., P.), W. H. N. White (P., C.), F. J. Whitelaw (B., P.), N. Y. Wilson (B., P.), W. F. Wood (B., Z., P.), A. M. Young (B., P.).

Women.—E. Crawford (B., P.), J. M. Davidson (B., P.), M. O. Gallagher (Z.), L. B. Hardie (Z.), J. F. Henderson (B.), M. P. Hislop (B., P.), J. K. M. Hunter (B., P.), M. A. Kirk (B., Z.), J. M. McKechnie (B.), S. Naismith (B., P.), S. A. J. Rankine (B., P.), C. H. Shearer (P.), P. Stewart (C.), J. M. Walker (B., Z.).

SECOND M.B., CH.B. (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics).—R. R. Archibald, M.A. (A., P., M.); C. Auld (M.), R. B. Austin (A.), C. S. Black (A.), J. E. Black (P., M.), J. Bower (P., M.), C. Brash (A.), A. H. Brown (P.), J. A. S. Burges (A.), J. Cameron (M.), G. W. Clark (P.), R. H. Deans (M.), J. T. Dick (M.), J. N. Dobbie (M.), D. Downie (A.), A. M. Dunlop (P.), J. Dunlop, M.A. (M.), W. D. Dunlop (M.), P. Fisdor (M.), A. Fraser (P., M.), T. L. Fraser (A., P., M.), P. Giuliani (A., P., M.), J. R. Haldane (A., P., M.), A. B. Hamilton (A., M.), W. Hamilton (M.), J. Hendry, M.A. (P.), W. H. Howat (P., M.), C. J. H. Kirk (M.), I. Macdonald (M.), W. Macewen (M.), J. G. Macenzie (A.), T. J. Mackie (M.), M. Maclean (A.), A. B. Maclean (M.), A. T. McWhirter (M.), F. W. Martin (P.), J. P. Mathie (P.), R. S. Miller (A.), M. J. Murray (A.), A. Naismith (A.), J. Paterson (A.), T. Paterson (A., M.), R. R. K. Paton (A.), A. Poole (A., M.), A. S. Richmond (A., M.), J. I. Russell (M.), J. H. N. F. Say (M.), J. D. S. Sinclair (P., M.), G. R. Spence (A.), E. N. Steven (P.), J. T. W. Stewart (A.), A. E. Sutherland (A.), C. L. Sutherland (A., P., M.), J. N. Sutherland (P., M.), E. N. Thomson (P., M.), J. L. Urquhart (M.), E. C. White (M.), J. Williamson (Holytown) (A., P.), G. J. Wilson (P.), H. G. Wilson (A.), H. Yellowlees (A.).

Women.—M. Alexander, M.A. (A., P.), M. A. Beard (P.), L. E. Dodge (A.), B. Sutherland, M.A. (A.), J. Wallace (M.), M. A. Wylie, M.A. (M.).

THIRD M.B., CH.B. (P., Pathology; M., Medical Jurisprudence and Public Health).—D. R. Adams (P., M.), A. Aitchison (P.), A. C. Anderson (P.), W. Anderson (M.), J. Atkinson (M.), J. C. Auchincloss (P., M.), D. Barbour (M.), E. Barnes, M.A. (P.), A. M. Bayne (M.), Emile A. C. Beard (P., M.), D. M. Borland (M.), J. A. M. Cameron (P., M.), R. D. Cramb (P., M.), D. Fisher (M.), T. L. Fleming (M.), G. Fletcher, M.A. (P., M.), E. G. Glover

(P., M.), J. Gray (M.), J. Harper, M.A. (P., M.), W. Howat, M.A. (P., M.), W. Howie (M.), J. W. Jones (M.), A. Leishman (P., M.), M. Adam (M.), B.Sc. (M.), J. Macallan (P.), W. C. Macartney, (P.), D. Macdonald (P., M.), T. Mackinnon (P., M.), D. Mackinnon (P.), W. A. Maclellan (M.), J. W. M'Nee (M.), D. Meek (P.), A. Millar (M.), R. W. Mitchell (M.), H. B. W. Morgan (M.), J. M. I. Morgan (P., M.), J. Mowat (M.), F. L. Napier (M.), R. C. Robertson (P., M.), W. W. Rorke (P., M.), W. W. Scott (P.), J. J. Sinclair (P., M.), R. Steel (P., M.), E. E. Stewart (P., M.), R. W. Sutherland (P., M.), D. M. Taylor (M.), C. H. Wagner (M.), W. R. Wiseman, M.A. (B.Sc. (P., M.), D. Yellowlees (M.).

Women: C. Barrowman (P.), F. A. Gallagher (P., M.), H. S. Keir (P.), J. D. McWhirter, M.A. (P., M.), M. Muir (M.), J. D. Rankin (M.).

The following candidates passed with distinction in one or more subjects:

FIRST M.B.—G. Stevenson, D. Smith, N. V. Lothian, T. Martin, J. B. Orr, M.A., W. C. Davidson, J. R. Ritchie, H. S. Banks, S. Blumenfeld, W. M. Howells, C. A. McGuire, G. D. McLean, R. Stewart, G. M. Whish, N. Y. Wilson, A. S. Neilson, A. M. Walker. SECOND M.B.—R. R. Archibald, M.A., J. D. S. Sinclair, T. J. Mackie, J. L. Ure. THIRD M.B.—R. W. Sutherland, W. M'Adam, M.A., B.Sc., J. W. M'Nee, H. B. W. Morgan.

ROYAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—*T. M. Adamson, R. M. Beath, B.A., W. S. Boyd, D. J. Cannon, E. H. Fennessy, A. H. Flannery, E. Heffernan, T. F. Higgins, *J. T. Kelly, *C. J. McAuley (Sch.), W. C. McKee, S. W. Matthews, W. M. Morris, *W. W. Myddleton, D. K. Patterson, J. H. Pollock, P. Purcell, M. Sweeney, *P. J. Walsh, J. Warwick.

* Qualified to sit for honours in one or more subjects.

SECOND M.B., CH.B.—Wm. W. Allison, Sarah E. Calwell, P. J. Corcoran, J. Crowley, B. Cuppage, J. C. Denvir, T. F. S. Fulton, *G. FitzGerald, *M. J. Gallagher, C. J. Halpin, J. Hill, *J. O. Hodnett, F. J. Keane, J. Lafferty, A. L. McCreery, L. J. J. McGrath, *M. McGuire, *T. J. R. McGuire, A. D. MacMahon, C. Martin, D. V. Morris, *H. J. V. Mullane, J. P. O'Brien, W. M. O'Farrell, J. A. O'Flynn, *O. J. O'Hanlon, Eileen M. O'Keefe, *H. O'Neill, J. C. Osburne, Annie M. Y. Picken, J. Prendiville, J. M. Rishworth, M. J. Roche, F. J. D. Twigg.

* Upper pass and qualified to sit for honours.

FINAL M.B., B.Ch., B.A.O. (Upper Pass).—*Caroline J. Crawford, *C. Dickson, E. Dowling, *P. Fitzgerald, M. J. Mulligan, J. J. O'Neill, *J. A. Sinton. (Pass): J. D. G. Burke, J. P. Cahir, A. J. W. Compton, B.A., J. D. Cummins, L. J. Curtin, G. Deery, J. S. Doyle, J. E. English, J. Ferguson, B.A., P. Ferris, *T. P. Flynn, T. Ford, P. J. Keogh, W. P. MacArthur, J. J. McGrath, M. J. McGrath, R. A. McLaverty, P. J. O'Brien, B.A., M. O'Connell, *A. P. O'Connor, B.A., W. L. O'Reilly, D. O'Sullivan, H. J. O'Sullivan, J. J. Sheil, J. K. Thompson, G. J. W. Tierney, B.A., P. Walsh, B.A.

* Qualified to sit for honours in one or more subjects of the examination.

M.D.—R. G. Clements, D. Forde, A. G. Heron, B.A., J. Huston, J. A. Lowry, W. Porter, F. C. Smyth, J. Warnock, M.A.

ROYAL COLLEGE OF SURGEONS.

A QUARTERLY council was held on October 15th, Mr. Henry Morris, President, in the chair.

Annual Report of the Council.

The draft annual report was submitted to the Council by Mr. Edward Owen on behalf of the Committee on the Annual Report of the Council, and was adopted. The financial portion of the report shows a balance of income over expenditure of £3,793. This result has been brought about partly by reduction in expenditure, and partly by increase in the examination fees.

Election of Examiners.

Mr. P. Sidney Spokes was re-elected a member of the Board of Examiners in Dental Surgery. Dr. Benjamin Moore, Professor of Biochemistry, University of Liverpool, was elected Examiner in Physiology for the Second Examination of the Conjoint Examining Board, for the rest of the Collegiate year, in the vacancy occasioned by the death of Dr. Bertram Abrahams.

Representatives of the College on the Senate of the University of London.

The resignation of Mr. Henry T. Butlin as one of the College Representatives was accepted with regret. The Council passed a vote of thanks to Mr. Butlin for his services. Mr. H. H. Clutton was elected representative in Mr. Butlin's place.

Jenks Scholar.

Mr. Ernest Haines Walker, till lately a student at Epsom College, and now at St. Thomas's Hospital, was appointed Jenks scholar.

The Admission of Women to the Conjoint Examination.

The following resolutions were carried:

That steps be forthwith taken to admit women to the Examinations of the Conjoint Examining Board in England and to the Examination for the Diploma in Public Health.

That women be admitted to the Examinations for the Fellowship of the Royal College of Surgeons, and to the Examinations for the Licence in Dental Surgery.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

Election of Officers.—At the stated annual meeting of the Royal College of Physicians of Ireland held on the morrow of St. Luke's Day, the 19th inst., the following officers were elected for the coming year: *President*, Dr. Andrew J. Horne; *Vice-President*, Dr. E. MacDowel Cosgrave; *Censors*, Dr. E. Macdowel Cosgrave, Dr. E. H. Tweedy, Dr. Coleman, C.M.G., and Sir W. J. Thompson; *Representative on the General Medical Council*, Sir John Moore; *Representatives on the Committee of Management*, Dr. Walter G. Smith, Sir John Moore, and Dr. James Craig; *Treasurer*, Dr. H. T. Bewley; *Registrar*, Dr. J. Craig; *Librarian*, Mr. R. G. J. Phelps.

Election of Fellows.—Dr. William Boxwell, Dr. Michael Cagney (Cork), Dr. W. J. Dargan, and Dr. W. G. Harvey were elected Fellows of the College.

Medico-Legal.

WORKMEN'S COMPENSATION.

A MEDICAL ASSESSOR.

IN the case of *Thompson v. Goold*, heard at Carlisle recently, his Honour Judge Stevenson had the assistance of Dr. Maclaren as his assessor. The case was an application for an arbitration between William Thompson, chemical works labourer, Blaydon, the applicant, and Messrs. R. W. Goold and Co., artificial manure manufacturers and tar distillers, Hop Exchange, Southwark, London, and Whitehall Chambers, Carlisle, the respondents. The matter had been remitted to this court from Wigton. The applicant's case was that on March 22nd, 1907, while mixing chemicals at the respondents' works at Drum-burgh, he was struck in the left eye by a splash from a mixture of carbolic and sulphuric acid, so that he lost the sight of the eye.

The medical point at issue was whether the inflammatory affection of the left eye from which the applicant had suffered was due to the accident or not. Dr. George Mackay, under whose care the applicant had been in the Edinburgh Royal Infirmary, stated that he was admitted suffering from acute inflammation and septic ulcer of the left eye; he had evidently had something of the same sort at some time in the other eye, and in both cases the ulceration had been so severe that the cornea had been perforated. The condition of the left eye was consistent with a splash from some acrid material such as the applicant had described; and, though disease might produce the condition of opacity which existed, Dr. Mackay was of opinion that in this case it was due to injury. Dr. Hill, Ophthalmic Surgeon at the Cumberland Infirmary, deposed that when he examined the applicant recently the left cornea had become opaque; such an accident as had been described would leave the appearance the eye now presented. Dr. Messenger, of Kirkbride, stated that the applicant had consulted him for his eyes for some time; continuous inflammation from year to year had destroyed the eye. Dr. Fogg, of Newcastle, said that in his opinion the condition was due to circumstances of a cumulative character rather than to a sudden injury. In cross-examination he stated that the condition of the eye was consistent with the applicant's version of the accident. His Honour, having consulted in private with Dr. Maclaren, said that, with the assistance of Dr. Maclaren, who had given him the greatest possible help, he had come to the conclusion that the applicant had suffered an accident, and that that accident was the cause of the condition from which he was now suffering. Having reviewed the circumstances under which the applicant applied for compensation, the judge found for the applicant, and, as there was no question of amount, awarded compensation of 15s. a week, the difference between his present and past wages.

AN UNQUALIFIED DENTIST.

THE case of *Brown v. Barnes*, which was heard last week by the Lord Chief Justice, Mr. Justice Bigham, and Mr. Justice Walton, raised an important question in relation to the right of an unqualified person to practise as a dentist. It appeared that Henry John Barnes had been summoned before Mr. Plowden on an information that, not being registered under the Dentists Act, 1878, and not being a legally qualified medical practitioner, he had unlawfully taken and used a description implying that he was specially qualified to practise dentistry. It appeared that the defendant occupied rooms over a dairy at 38, High Street, Marylebone. The following inscription was on the inner door and windows: "H. J. Barnes, finest artificial teeth at moderate prices, extractions, advice free, hours 10-7, English and American teeth, advice free, painless extractions." The defendant did not, in fact, take or use the name or title "Dentist," either alone or otherwise, nor that of "Dental Practitioner." No question arose as to his actual skill, and no evidence was given in regard thereto either one way or the other, but a clerk in the employ of the informant's solicitors was able to prove that he had been treated as a patient. By Section 3 of the Dentists Act, 1878, from and after August 1st, 1879, "a person shall not be entitled to take or use the name or title of 'dentist' (either alone or in combination with any other word or words) or of 'dental practitioner,' or any name, title, addition, or description implying that he is registered under this Act or that he is a person specially qualified to practise dentistry, unless he is registered under this Act." And any person not registered under that Act taking or using any such

name, title, addition, or description is to be liable, on summary conviction, to a fine not exceeding £20, "provided that nothing in this section shall apply to legally qualified medical practitioners." By Section 26 of the Medical Act, 1886:—"It is hereby declared that the words 'title, addition, or description,' where used in the Dentists Act, 1878, include any title, addition to a name, designation, or description, whether expressed in words or by letters, or partly in one way and partly in the other."

Mr. Plowden convicted the defendant of an offence under these two sections. On appeal it was argued that the words "specially qualified to practise dentistry" refer to the qualifications mentioned in the various sections of the Dentists Act, for example, those entitling a person to practise dentistry or dental surgery abroad. It was also contended that assuming the Act prevented persons holding themselves out as qualified in the popular sense, the words "painless extractions" had no bearing on that point.

In giving judgement, dismissing the appeal, the Lord Chief Justice pointed out that the words of Section 3 were "specially qualified," not "to be registered," but "to practise dentistry." It was also noticeable that a description implying qualification was prohibited. Having regard to the language of the Dentists Act, 1878, they thought that they ought to read these words, "specially qualified," in Section 3, as referring to special personal qualifications to practise dentistry, and not to the special qualifications or professional hall-marks mentioned in the other sections of the Act. It could not be said that this was a business of merely selling teeth—incorrectly described—as the respondent had been operated upon and work had been done, as in the case of *Panhaus v. Brown*, 1904, 68, J.P., 435. The learned magistrate had thought that the words on the appellant's windows and doors meant that he had such a skilful qualification and that it enabled him to extract teeth with little or no pain—that he had a special qualification in extracting teeth and in fitting in other teeth. They thought there was evidence to support the magistrate—evidence of an offence within the terms of the section.

DRUNKENNESS IN AN ASSISTANT.

A CORRESPONDENT writes that he has an assistant who on more than one occasion has been the worse for drink. He has warned him several times without effect, and he wishes to know whether he can dismiss him without notice.

* * A principal may lawfully dismiss without notice an assistant on account of drunkenness.

MEDICAL WITNESSES' FEES.

D. G. writes: I was requested by the police to make an examination of supposed seminal stains, and found spermatozoa under the microscope. The County Council has no scale of fees for police work, and will not pay any fee unless pressed. (1) What is the usual fee for each examination? (2) What is the fee payable for attendance to give evidence at the police court four miles distant.

* * One guinea for microscopical examination, and one guinea for attending to give evidence.

LIABILITY FOR ATTENDANCE.

JUSTICE writes: In reply to "Lex" (October 10th, p. 1137), I may state that I have lately obtained judgement with full costs in the county court against a patient who disputed not only as to the amount of fee agreed upon with his wife for her confinement, but for an extra fee charged for the assistance of my partner during nearly all one night administering anaesthetic and repeating the same on the arrival of a consultant. It was also sought to evade other fees charged for visits paid beyond the usual fourteen days on the contention that, arising out of the confinement, they should have been included in the original contract. The judge characterized the fees as "absolutely reasonable."

The Services.

FROM MEDICAL TO COMBATANT.

DR. WHEELTON HIND, late Surgeon-Captain in the 1st Shropshire and Staffordshire Royal Garrison Artillery, is an example of the transfer of an officer from the medical to the combatant side. At the end of last May, Major Hind was asked by the officer commanding the 2nd Middlesex Brigade Royal Field Artillery to undertake to raise the heavy battery required for the Division. As no medical units of the Territorial Army were to be raised in North Staffordshire, Major Hind undertook the task, and was fortunate enough to enlist the full complement of 208 men for a battery and ammunition column within about a month; by that date also all the officers had been appointed. Four 4.7 guns and necessary wagons were handed over at the end of July, and the remaining staff of two instructors and an adjutant were soon afterwards appointed, so that in five weeks the battery and ammunition column were complete as to personnel and guns. The battery went into camp at Whittington Heath on August 3rd with guns, wagons, and twelve horses, each man having three sets of uniforms. While in camp the unit had the honour of being inspected by Major-General Sir John French.

were as strong as those of the rich, a man who set his personal ease after the needs of a suffering claimant for his services. He was an entirely honest, conscientious, and honourable man." The funeral, which took place at the parish church on October 15th, was attended by a large number of mourners.

We have to record with regret the death on October 9th of Dr. GEORGE OKELL of Winsford, Cheshire. Dr. Okell, who had attained the age of 72, had suffered from diabetes for many years, and retired from practice about four years ago. He experienced an attack of diabetic coma about two years ago, but recovered; his health, however, had failed recently, and his final illness, during which he was attended by his son and Dr. Reynolds of Manchester, was not of long duration. He was the son of Mr. Ralph Kirkham Okell of Weaverham, and received his education at King's College, London, matriculating at the University of London in 1858; he took the diploma of M.R.C.S. in 1861, and that of L.S.A. in the following year. He had practised all his life in Winsford and the district, and had been Medical Officer of one of the districts of the Northwich Union since 1863. In this capacity he took much interest in the system of boarding out of persons of infirm mind, and for forty-six years never missed on one single occasion paying the prescribed quarterly visit. He was also a Certifying Surgeon under the Factory Acts, and was Medical Officer to the Cheshire Lines Railway. He was an honorary life member of the St. John Ambulance Association, in the work of which he took much interest. As a medical practitioner Dr. Okell was much trusted and respected. He was a member of the British Medical Association, Justice of the Peace for the County of Chester, and has been several times Mayor. In the early days of the volunteer movement he was instrumental in forming a corps in the town, and attained the rank of Surgeon-Lieutenant-Colonel of the 3rd V.B. Cheshire Regiment. He leaves a widow, four sons, and three daughters. Two of his sons are members of the medical profession. The funeral, which took place on October 12th, was attended by representatives of the local bench of magistrates, of the urban council, of the Northwich Board of Guardians, and of the volunteer force.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. A. A. Ostroumoff of Moscow, one of the foremost physicians and biologists of Russia, aged 65; Professor Friedrich Bezold of Munich, the distinguished otologist, aged 66; Dr. N. Gundobin, Professor of Children's Diseases in the Army Medical Academy of St. Petersburg, aged 48; Professor Michelangelo Luzzatto, Lecturer on Medical Pathology in the University of Rome; and Dr. J. Schreiber of Aussee in Styria, where he founded a *Kurort*, formerly Lecturer on Climatology in the University of Vienna.

Hospitals and Asylums.

WEST SUSSEX ASYLUM.

THE annual report for 1907 of West Sussex County Asylum, Chichester, shows that on January 1st of that year there were 768 patients in the asylum and 779 on the last day of the year. The total number of cases under care during the year numbered 921, and the average number daily resident 770. During the year 153 were admitted, of whom 131 were first and 22 not-first admissions. In 37 the attacks were first attacks within three months, and in 17 more within twelve months of admission; in 28 not-first attacks within twelve months of admission, and the remainder were either of more than twelve months' duration, 62, congenital cases 7, or not insane 2. The exceedingly small numbers, given above, of early cases argues unfavourably for their future course, and the medical superintendent, Dr. H. A. Kidd, says that only 32, or about 20 per cent., presented more or less hopeful prospects of recovery. The admissions were classified according to the forms of mental disorder into: Mania of all kinds, 64; melancholia of all kinds, 53; senile, secondary and organic dementia, 15; general paralysis, 5; acquired epilepsy, 8; congenital or infantile defect, 6; and not insane, 2. The principal etiological factors assigned in these cases were: Alcohol in 25, or 16.3 per cent.; venereal disease in 9, critical periods in 38, various bodily diseases and disorders in 22, epilepsy in 6, and mental stress in 10.

Hereditary influences were ascertained in 64, or 41.8 per cent., and congenital defect existed in 23. During the year 39 were discharged as recovered, giving a recovery-rate on the direct admissions of 28.67 per cent.; 14 as relieved, and 5 as not improved. There were 84 deaths during the year, giving a death-rate on the average numbers resident of 10.90 per cent. The deaths were due in 28 cases to cerebro-spinal diseases, including 10 deaths from general paralysis; in 37 to chest diseases, including 9 deaths from pulmonary tuberculosis, and the remaining 19 to abdominal and general diseases, including 3 deaths from senile decay, and 1 death from cut-throat (self-inflicted prior to admission). The general health was good throughout the year, though a severe outbreak of dysentery occurred on the male side, affecting 12 patients and causing 2 deaths. The asylum has hitherto been remarkably free from this disorder, and Dr. Kidd states that it appears to have been introduced by a patient who had for many years been subject to a chronic dysentery acquired in India.

Public Health

AND

POOR-LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Newport (Mon.).—Dr. Howard Jones, D.Sc., in his annual report for 1907, states that the birth-rate for the year was 31.9 per 1,000, or 0.8 per cent. below the average for the past ten years. The death-rate was 15.5 per 1,000, compared with 16.9, the average for the previous ten years. The Central Ward had the highest death-rate, 24.8; and the Caerau Ward the lowest, 9.2. The infantile death-rate was 123.7 per 1,000 registered births, as compared with 168.0 in the previous year. The death-rate amongst infants in the Central Ward was nearly three times as great as that in the Caerau Ward; 107 infants died before they were a month old, whilst 58 died within a week of birth. If this appalling death-rate continued during subsequent weeks, all the infants born in Newport during the year would have died within forty-two weeks of their birth. Fifty-six per cent. of these deaths were due to prematurity at birth. The work of educating midwives to observe the prescribed rules still involved a large amount of work. Of the 2,417 births, 1,615, or 66 per cent., were attended by midwives alone. Presumably, medical practitioners were in attendance in the great majority of the others. Dealing with the question of water supply, the medical officer states that mechanical filters have been fixed in the course of the mains from each of the reservoirs, and the improvement in the microscopic appearance of the water has already been very great. All the supplies are flood-water schemes, and each is liable to contamination from dwellings, etc. Sources of probable pollution on the gathering areas have been reported to the Waterworks Committee from time to time; many of these have been removed, but some still exist. Since the water in the Pantyreos and Ynysfryo reservoirs has been subjected to the copper sulphate treatment there has been no recrudescence of the fishy smell, formerly so much complained of. As to housing, during the past few years a large number of leases, particularly at Pillgwenly, have expired and owing to the landlords objecting to repair the houses these rapidly deteriorated and became very insanitary during the last stages of their existence. Much difficulty was experienced with regard to properties before they were rebuilt; 118 houses were dealt with by the Dilapidated Houses Committee during the year; 16 were demolished; 10 were closed; and the remaining 92 were put in a habitable condition. There was no scarcity in the number of dwellings in the borough, but there was still an undoubted need for cheap cottages for the labouring classes in receipt of small wages. The number of inhabitants per house averaged 5.67. Where leases were renewed, automatic cisterns were fitted to waterclosets. Unfortunately, there was a water charge on all such cisterns, whereas no charge was made for hand-flushing waterclosets, although more water was frequently necessary in the latter case. This amounted to a tax on cleanliness, and considerably interfered with the adoption of automatic cisterns throughout the town. There were 13,225 lb. of meat, fish, etc., condemned and destroyed during the year. At present it was impossible to exercise proper supervision over the food sold. A register was kept of all vendors residing in the borough, but those butchers and poultry dealers who came into the town from the country and sold in the streets were neither hawkers nor pedlars, and did not take out a licence. They should certainly be required to obtain permission of the local authorities to sell perishable articles of food about the town, even if they were exempted from paying either rates or taxes. All meat brought into the town for sale from the country should be taken to a central place for inspection. There was, states the medical officer, an average of 3.71 per cent. of fat in the genuine samples of milk taken during the year. If vendors could not supply milk containing more than 3 per cent. of fat they were certainly not fit and proper persons to sell milk to the community. Seven samples of milk were returned as "adulterated." Five persons were fined and two cautioned.

DR. J. M. MASON, Chief Health Officer for New Zealand, has been appointed Chief Sanitary Officer of the New Zealand Medical Corps with the rank of Lieutenant-Colonel.