

The result of these tests was that the blood serum did not agglutinate either *B. coli communis* or *B. enteritidis* (Gaertner), but it markedly did so Microbe S. (1), this latter showing definite and distinct clumping within fifteen to twenty minutes; blood serum 1 in 60 and 1 in 100 agglutinated it completely within twenty minutes.

2. The second important point is this: A small guinea-pig was injected subcutaneously with about  $\frac{1}{4}$  c.cm. of a forty-eight hours old broth culture of Microbe S. (1); next day it was quiet, showed a big swelling about the seat of inoculation, and did not take its food; the animal was found dead in about forty hours since injection.

On *post-mortem* examination it showed haemorrhagic oedema about the seat of inoculation—stomach, duodenum, and first part of jejunum pale and distended and filled with grumous fluid. This fluid on standing deposited flakes and turbid fluid; the flakes were composed entirely of detached masses of epithelium, so that we had here a condition like that found in cholera Asiatica.

From the blood of the heart and from the turbid fluid of the duodenum the microbe injected was isolated in great numbers. A blood culture was tested with blood of convalescent of July 31st, and showed distinct agglutination within thirty minutes in the same dilutions as above.

I received also on July 31st one agar culture of Liverpool virus.\* This was used for studying and comparing it with the other microbes isolated from the stools and for agglutination test. As will be seen from the table, there is a distinct similarity in cultural respects between Microbe S. (1) and the Liverpool microbe. A difference between the two microbes—namely, S. (1) and Liverpool virus—appears in respect of agglutination, since the former agglutinated in a marked manner with convalescent's blood, whereas the latter showed under the same conditions a feeble reaction only. As a further important point it ought to be stated that the microbe, isolated in great numbers from the blood of the above injected guinea-pig, proved in cultural respects, as also in respect of agglutination, the same as the Microbe S. (1).

Subcutaneous injection of  $\frac{1}{4}$  c.cm. of broth culture (twenty-four hours old) of the Liverpool virus into a large guinea-pig caused extensive gelatinous necrotic swelling in groin, abdomen, and chest, the animal after forty hours being quiet, off feed, and very ill. Exactly the same result was obtained in a companion large guinea-pig injected with  $\frac{1}{4}$  c.cm. of broth culture of microbe S. (1).

E. KLEIN.

August 20th, 1908.

September 11th, 1908.

Since I sent in my report on the S. microbe and the Liverpool virus microbe I have made several series of comparative experiments which, I think, prove conclusively the identity of the two microbes.

The experiments are the following:

1. Both microbes injected subcutaneously separately into guinea-pigs cause the same kind of haemorrhagic oedema extending over large area.
2. Mice fed with either microbe (broth culture on bread) become ill and die in five to seven days, with the same *post-mortem* appearances.
3. Rabbits injected subcutaneously with either microbe developed extensive tumour; the animals are quiet and off food for several days, but are quite lively, and feed again by the end of the week.
4. Blood serum of a rabbit recovered, no matter whether S. microbe or Liverpool microbe has been used for injection, clumps in a marked manner a broth culture of twenty-four hours' incubation of both microbes almost instantly indiscriminately, that is to say, S. culture is clumped equally well by blood serum of S. rabbit or Liverpool rabbit, Liverpool microbe is clumped equally well by blood serum of Liverpool rabbit or S. rabbit.

E. KLEIN.

\* The culture tube was sealed with paraffin, and, according to direction, was not to be used "later than August 17th, 1903."

## A SPECIFIC SKIN ERUPTION IN PNEUMONIA.

By FRANK M. POPE, M.D., F.R.C.P.,

PHYSICIAN TO THE LEICESTER INFIRMARY.

WHETHER owing to improved diagnostic methods or because the pneumococcus is really changing its habits, we have become accustomed to thinking of it as an organism by no means confined to the pneumonic lung, but as able to grow well in joints, in the pericardial, pleural, and peritoneal cavities, in the meninges of the brain and spinal cord, and freely in the blood, producing a disease indistinguishable often from other forms of pyaemia. I do not remember hearing of its growth in the skin producing there a definite eruption, and therefore think the following case worthy of record:

H. S., a pale man aged 20, was admitted to the Leicester Infirmary on October 22nd. He had pneumonia and pleurisy of the base of the right lung. Temperature was about 104°. He had much delirium. Three days later he was worse. His heart was dilated, and a crop of papules was observed on the upper part of the back. They were of a deep rose colour, circular and about 3 to 4 mm. in diameter, darker than the average typhoid spot, and disappeared completely on pressure.

On October 28th the first spots were fading and a second crop identical with the first had appeared. The man was now very ill and had extensive consolidation of the base of the left lung.

On October 31st the spots were observed to be pustular. A smear of the pus was stained, and the only organisms to be seen were pneumococci.

A small abscess behind the right ear was opened on November 3rd. A culture was made from the pus; the growth consisted of pneumococci and staphylococci. A film taken directly from a pustule on the same day showed also pneumococci and staphylococci.

I can make but few remarks on the phenomenon. The eruption seems to resemble that of small-pox to some extent, as it was first papular and then pustular; a vesicular stage was not observed. Infection with staphylococci followed, as often in variola. The abscess appeared too late to be in causal connexion with the eruption. The patient made a slow but good recovery.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### PELVIC PATHOLOGY AND SEA-SICKNESS.

UNDER the influence of circumstances, certain pathological states are apt to be overlooked by medical men at sea when treating cases of sea-sickness.

It by no means follows that any case of vomiting occurring on the high seas is necessarily due to the fact that the sufferer happens to be on board ship. Especially is this so in the case of women subjects of a pelvic disorder to which they do not attach importance in connexion with their present ailment, and are naturally diffident about discussing it when being treated by the ship's surgeon for such a slight and common complaint as sea-sickness. The latter also, unless on his guard, is not likely to suspect extraneous causes and be content to run through the whole gamut of drugs and remedies in vain attempts to afford relief.

The following case is a typical example of this, and shows how a practitioner may be led astray, not so much by not looking as by not seeing:

Mrs. P., travelling to New Zealand, suffered continuously from sea-sickness, and none of the remedial measures usually employed seemed to have any effect. She had been rejecting everything taken into the stomach for over ten days—the weather during this time being sufficiently rough to account for it; there were other but milder cases on board—and the organ appeared to be in a state of acute irritation. There were no symptoms or signs pointing to a pathological condition, and beyond a "soreness," which could easily be attributed to constant vomiting, she complained of nothing. Nutrient enemata were resorted to in the hope of alleviating also the great thirst which existed, but even they set up a sort of reflex return.

On the twelfth day, while making her drink some thin water gruel so as to have something in her stomach to be "sick" with, I saw her actually vomit for the first time, and was immediately struck by its character—typically cerebral. Being quite certain that no cerebral mischief existed, she was asked, and consented, to have the pelvis examined bimanually, when the following conditions were found: Extreme congestion of parts, a badly torn cervix, an ovarian cyst, about the size of a hen's egg, on the left side, and finally a retroverted uterus.

On closer inquiry the usual facts were elicited. Daily treatment, consisting of mild, warm douches and the insertion of glycerine "tampons" brought about a marked improved condition. In a week solids were kept down with only occasional attacks of vomiting, pelvic pain was relieved, and the patient got steadily better, though the weather continued moderately rough.

It might be added that she was always subject to "train sickness," a peculiarity which adds considerably to the miseries of a sea voyage.

This case has been reported at length because it seems to accentuate a fact rather apt to be missed by the practitioner at sea, particularly during the first few days of a voyage, when he is called upon to treat little else but *mal de mer*, and is content to accept such diagnosis as correct.

G. VAVASOUR ELDER,  
R.M.S. *Ionic*.

**A NEW METHOD OF ADMINISTERING NITROUS OXIDE FOR PROLONGING ANAESTHESIA IN DENTAL OPERATIONS.**

THE more one gives nitrous oxide by the nasal method for prolonging anaesthesia, the more one is struck by the inability to control the proportion of gas and air inspired by the patient. One observes that the length of anaesthesia is to a certain extent a matter of luck, depending mainly upon certain anatomical variations of the fauces. To overcome this difficulty we have had an instrument made by the Dental Manufacturing Company consisting of an aural spoon and expiratory valve, which is placed in the fauces, shutting off the mouth from the pharynx.

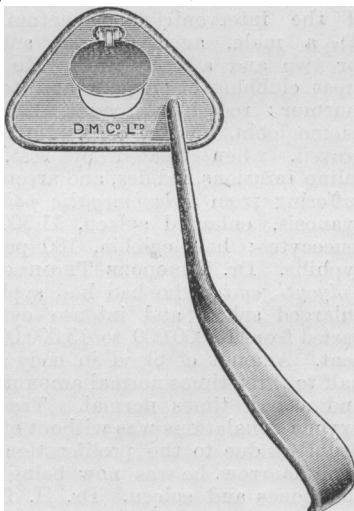
*Method of Use.*—The patient is placed deeply under the influence of nitrous oxide either with the face or nose piece, the nasal administration is proceeded with, and the instrument passed along the dorsum of the tongue until the edges are in contact above with the soft palate, at the sides with the anterior pillars of the fauces, and below with the base of the tongue. The patient now has free expiration through the valve, but on inspiration the valve closes, and pure nitrous oxide is taken by the nose, air only being given when necessary. This is easily done with a recent pattern of nose-piece in which the air inlet is situated on the nose-piece and regulated with the finger.

We find this instrument particularly useful with healthy adult men. In some cases it is difficult by the ordinary nasal administration to prolong anaesthesia at all; occasionally, on the other hand, the anaesthesia is only prolonged at the expense of deep cyanosis.

*The advantages are:* (1) It prevents the swallowing of any foreign body, and by no possibility can a tooth enter the larynx. (2) It enables one to control the proportion of nitrous oxide and air inspired by the patient. (3) It obviates the necessity of forcing gas under pressure through the nose and pharynx. The rush of gas during expiration is useless for obtaining anaesthesia, wasteful, harmful by obstructing free expiration, thus causing cyanosis. (4) It allows the dentist with safety to place the patient's head in the most convenient position for the extraction of teeth.

F. TREWBY, M.R.C.S.,  
Assistant Anaesthetist to St. Bartholomew's Hospital and House Anaesthetist to the Royal Dental Hospital.

A. DINNIS, M.R.C.S., L.R.C.P., L.D.S.,  
House-Surgeon to the Royal Dental Hospital.



**Reports**

ON

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

NORTHERN INFIRMARY, INVERNESS.

RUPTURE OF THE LIVER: RECOVERY.

(Under the care of Dr. FORSYTH, Surgeon.)

[Reported by T. E. ROBERTS, M.B., Ch.B., House-Surgeon.]

On June 29th a schoolgirl, aged 8 years, was sent into hospital from the country.

*History.*

Three weeks previously, while playing with some children, she was knocked down by a horse, which struck her on the back. She fell on her face, and was then trodden on by the horse. She was conveyed home, and a medical man called in. No bones were broken, and but for severe pain in the right side, she did not seem to be seriously injured. Shock was not present to any great extent. The history for the next two weeks was very indefinite, as the patient was a pauper child in an outlying district. A fortnight after the accident a swelling was noticed for the first time in the right hypochondrium and epigastrium; it was accompanied by pain and tenderness over that area. The condition becoming steadily more marked, the patient was sent into hospital. There was no history of vomiting or jaundice.

*Condition on Admission.*

The patient was a delicate looking child. The abdomen was distended and rigid, moving very slightly on respiration. On palpation a tense fluctuating swelling from the right costal margin to the right iliac fossa, crossing the middle line an inch below the umbilicus and reaching to the left hypochondrium, was felt. On percussion a dull note was elicited corresponding to the distribution of the swelling. This dullness was continuous with the liver dullness. It was not affected by the act of respiration. The upper border of the liver extended to the level of the third rib. The spleen was normal in size and position. The apex beat of the heart was displaced  $\frac{3}{4}$  in. outside the left mammary line.

*Blood Examination.*

Haemoglobin	...	...	78 per cent.
Leucocytes	...	...	8,000.
Erythrocytes	...	...	4,700,000.

*Differential Count.*

Polymorphs	...	...	78 per cent.
Mononuclears	...	...	5 "
Lymphocytes	...	...	15 "
Eosinophiles	...	...	2 "

*Urine.*

Acid, sp. gr. 1018; straw-coloured. No abnormal constituents. Deposit of mucus.

*Treatment.*

From the history of the injury, the position of the swelling, and its relation to the liver, plus the site of the pain, rupture of the right lobe of the liver was diagnosed. On consideration of the lengthy period which had elapsed between the probable time of rupture and admission to hospital, Dr. Asher Forsyth decided to try the effect of aspiration, and on June 30th 42 oz. of bile-stained blood serum were drawn off. The condition, however, recurred, and on July 4th laparotomy was performed. On opening the peritoneal cavity a gush of similar fluid occurred, several pints escaping. A rupture of the edge of the liver near to, and to the right of, the gall bladder was discovered. As the edges were in good apposition no suturing was necessary; a drainage tube was introduced, and the patient returned to bed.

*Result.*

Fluid drained away for several days, but gradually diminished in quantity.

The patient made an uninterrupted recovery, and was discharged on August 10th, the abdomen then being quite tympanitic, lower border of liver at costal margin, and the apex beat of the heart in its normal position.

For his kindness in granting me permission to publish the records of this case I wish to express my indebtedness to Dr. Asher Forsyth.

unmercifully out of school hours, usually for three or four hours before school time in the morning and during the dinner hour from 12 to 2, so that they are too exhausted to work during school hours and are stamped as lazy and idle and punished accordingly. These boys never get prizes and their school life must be miserable, for they can never do much good at their lessons or be liked by their teachers. The question of sleep is also most serious, for it is only too true that a large number of the children are kept up until long after a child's natural bedtime. They are not necessarily obliged to work like the class just mentioned, but they must stay up until the parents choose to go to bed, and it is often midnight before they close their eyes. They have to be at school next morning at 9, so it is not surprising that they also should be classified as lazy and idle, for they are too sleepy to concentrate their minds on lessons.

These are a few of the difficulties with which teachers have to contend, and they point to the fact that the sympathies of the parents should be enlisted by every possible means. They should be asked to come and see their children at work. It is reasonable to conclude that being parents of children of school age they have not forgotten their school days, and as old pupils of the elementary schools they would be able to follow their children's education intelligently, and even make useful practical suggestions from their own experience. They should be asked to assist at the prize distributions, and their better feelings appealed to by teachers, inspectors, and managers. These rough-and-ready people have a tender spot in their hearts, and it is certain that many of them would give their co-operation to the teachers if appealed to in the right way. In most of the schools the prizes are given with closed doors, but where, here and there, parents are invited, and where the prize-giving is made an event of importance the effect is excellent. A large number of the parents require civilizing and here the health visitor would come in. But it must be the thoroughly trained and properly paid lady health visitor who will do her work regularly, systematically, and tactfully. She will work for the improvement of the house and family. For the children actually attending school the school-nurses are available, and it must be made clear to them that an important part of their duties lies in seeing their instructions carried out, and that for this they must follow up the cases into the homes. Appeals should be made to the sanitary inspectors, and when the duties of the attendance officers have been revised so as to give them time to do practical instead of routine work, to them also.

The managers should be alert, for they are the link between teachers, children, parents, and the school authorities, and may do much to improve the dwellings by appeals to the medical officer of health. Finally—and this is a most important point—the magistrates should realize that the paltry fines and nominal punishments they now inflict are utterly futile. It is like passing over an offence committed by children. They lose trust and become sly, deceitful, and daring, because they know that they will get off lightly if punished at all. These people are like big children. They know well when they deserve to be punished and they would respect the law more were it more evenly dispensed. A week's imprisonment would not be too hard a punishment for a father or mother who deliberately and under false pretences keeps a child from school to work in the home, stating that it is too ill to attend. By so doing they check the child's education, strain its bodily health, and ruin its sense of honour by making it an accomplice in trickery. If teachers, school-managers, school-nurses, health visitors, attendance officers, sanitary officers, medical officers of health, the Local Government Board, and the magistrates, all loyally did their work in an intelligent manner, there is no doubt that the home conditions of the children would soon be very different and that the parent would become the child's best friend instead of, as is too often the case now, its worst enemy.

THE Dr. Ashby Memorial Fund now amounts to a little over £700. It is hoped that the amount subscribed may eventually reach £2,500. Subscriptions may be sent to the Honorary Secretary, Mr. J. Howson Ray, 11, St. John Street, Manchester.

## Medical News.

SIR A. CONAN DOYLE will preside at the eighteenth annual smoking concert arranged by the students of the Middlesex Hospital, at the Queen's Hall, on Tuesday, November 24th. The proceeds are given to the Middlesex Hospital cancer wards. Many of the leading artistes of the theatrical and music hall stages will appear. Tickets may be obtained from honorary secretaries at the hospital, or at the Queen's Hall.

THE annual dinner of the Royal Free Hospital and School of Medicine for Women will be held at the Hotel Cecil, on Wednesday, December 9th, at 6.45 for 7.15 p.m. Miss Aldrich Blake, M.D., M.S., will take the chair. There will be music and conversation after dinner. Applications for dinner tickets should be sent to the Honorary Secretaries, Mrs. Florence E. Willey and Mr. Geo. P. Mudge, not later than Saturday, November 28th.

THE first annual meeting of the Irish Association of Registered Medical Women was held on October 29th at 67, Merrion Square, Dublin. Dr. Katherine Maguire, the President, occupied the chair, and made some opening remarks. A vote of sympathy with the family of the late Dr. Emily Eberle was passed, and the constitution of the Association was formed. The Honorary Secretary is Dr. E. A. Baker, 18, Upper Merrion Street, Dublin.

THE series of six demonstrations on bacteriology as applied to diagnosis and treatment given on Fridays in the laboratory of the pathological institute in the Sussex County Hospital, Brighton, which commenced on Friday, November 6th, are being well attended. The next demonstration takes place on November 27th, when the subject to be dealt with will be the microscopy and bacteriology of the blood, urine, faeces, and sputum. The fifth demonstration takes place on December 4th, when the subject dealt with will be the examination of pus, exudates, etc., and outlines of immunity. The last demonstration, to be given on December 11th, will deal with the serum reaction; the treatment of disease by anti-serums, vaccines, and the ingestion of micro-organisms; and the estimation of the opsonic index.

WE have received from Dr. Edward Gray a letter informing us that a company is now being formed for the purpose of establishing floating salubria, the word "sanatorium" being thought to be too suggestive of consumption. Cases of mental weakness, melancholia, tuberculosis in any shape or form, or any other infectious or contagious disease will not be taken on board. It is intended to build in the first instance a vessel of 5,000 tons, provided with modern comforts, and supplied with all requisites found in the best-equipped sanatoriums on shore. Means will be taken to protect the patients from the smoke, smell, and heat of the engines. The vessel will cruise the Adriatic Sea, which, with the Gulf of Venice, offers in Dr. Gray's opinion the best cruising ground in Europe for invalids and convalescents. It is easily navigable by steamers, is usually calm, the mean temperature of the air is 50° F. in winter and 70° F. in summer, and there is bright sunshine nearly all the year round. It is intended that the vessel shall have a medical superintendent, medical officers, and a staff of experienced male and female nurses and attendants.

DURING the summer a deputation—formed by the Honorary Secretary, Dr. Arthur Haydon—from the Brussels Medical Graduates' Association had an interview with Professor Rommelaere, the Rector of the University of Brussels. We are informed that on the representation of the Brussels Medical Graduates' Association the following concessions were promised to candidates for the M.D. degree: (1) That it should be sufficient for English candidates to produce their certificates of registration instead of their diplomas on presenting themselves for examination at Brussels. (2) That the attention of the administrative council of the university should be drawn to the insufficiency of certain Indian and American qualifications which do not entitle their holders to the full privilege of practice in their own country. (3) That the examination for the M.D. degree should in future take place in March, this month being more convenient for English candidates than February. This will serve to show the kind of work which the association is doing for the benefit of a considerable section of the profession in this country. We understand that it has a membership of 800 in different parts of the world.

finally successful endeavour to suppress the nuisances arising from one of the popular occupations of its inhabitants, namely, pig keeping, Dr. Dudfield had more than one exciting experience.

The commencement of the reawakening and transformation of the parish coincided almost exactly with the rebuilding of St. Mary Abbots, and with that work from its inception until its completion Dr. Dudfield was closely associated. It was there that the funeral service was held, the interment taking place in Brompton Cemetery. Dr. Dudfield married in 1859, and leaves behind him a family of six sons and daughters.

We have to record with regret the death of Mr. THOMAS DRAKE, at one time a well-known practitioner in Stratford and West Ham. He was born at Kingsclere in 1835, and had a distinguished career at St. Thomas's Hospital, gaining in his first year the Treasurer's prize, in his second the President's prize and a certificate of honour, in his third the College prize, the Cheselden medal, and the Treasurer's gold medal. He obtained the diplomas of M.R.C.S.Eng. and L.S.A. in 1860; in the following year he joined Dr. William Elliot in practice at Stratford, and was for eighteen years medical officer of health for West Ham, then undergoing the changes which have transformed it from a small country town into a large borough coterminous with London. In 1866 he married a daughter of Dr. Elliot. Mr. Drake had for many years a very extensive practice, which he for some time conducted in partnership with his brother. In 1888 he retired and went to live in Winchester, where he was better able to indulge the taste for field sports, which had always been his chief recreation. His first wife died in 1871; he married again in 1884, but was again left a widower in 1905.

## The Services.

### THE ST. ANDREW'S AMBULANCE ASSOCIATION.

A CIRCULAR memorandum has been issued from the War Office, dated October 29th, stating that the Army Council has had under consideration the possibility of adopting a system whereby the Medical Service of the Territorial Force and the St. Andrew's Ambulance Association shall be brought into relation with one another, so that, while each organization maintains its own individuality, mutual aid and support can be rendered by one to the other. The Council has been made aware of the fact that a large number of persons are annually trained by the organizations under the control of the St. Andrew's Ambulance Association, and that while many of these pass into the St. Andrew's Ambulance Corps, others, after their period of instruction is completed, sever their connexion with the organization, although they may come up for annual re-examination.

On the other hand, soldiers of the Medical Service of the Territorial Force, on completion of their period of enlistment, will not, so far as can be foreseen under existing conditions, be afforded opportunities of passing into any of the organizations of the St. Andrew's Ambulance Association, in which the conditions of service and liabilities are less stringent than in the Territorial Force, and in which they can continue to place at the disposal of the country the special training and knowledge acquired in the Military Service.

These considerations have induced the Army Council to confer with the St. Andrew's Ambulance Association.

As a result of these deliberations the following proposals are now made:—

1. The local executive of the St. Andrew's Association centres and branches who maintain registers of certificated pupils, will be requested to encourage qualified persons who cannot join the St. Andrew's Ambulance Corps to join the medical units of the Territorial Force.

2. On the other hand, the soldiers of the Territorial Force, on completion of their term of enlistment in the medical corps, will be encouraged to join the St. Andrew's Ambulance Corps.

3. The authorities of the St. Andrew's Ambulance Association will instruct the local executive to reply favourably, so far as they can, to communications they may receive from the local Officers Commanding, Royal Army Medical Corps units of the Territorial Force, for the purpose of working out these details which local circumstances may render necessary.

The Army Council hopes that the efforts thus made to provide for mutual co-operation between local officials of the two organizations will receive support, and the Officers Commanding medical units will be encouraged to furnish to the local executive of the St. Andrew's Ambulance Association the names of non-commissioned officers and men terminating their engagements in the Territorial Force.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

AN appointment of a University Lecturer in Zoology, at a stipend of £50 a year, will shortly be made. Application should be lodged with the Vice-Chancellor before December 2nd.

The following degrees were conferred on November 12th:

M.D.—F. D. Nicholson, King's.

M.B., B.C.—R. L. Gamlin, Caius; C. H. T. Hott, Caius.

### UNIVERSITY OF WALES.

#### Conferment of Degrees.

NOVEMBER 13TH was a day that will long be remembered at Bangor, as on that date the Right Hon. D. Lloyd George, M.P., Chancellor of the Exchequer, was made the recipient of a double honour, the degree of LL.D. of the University of Wales being conferred upon him, whilst he was later entertained at a banquet. The Chancellor of the Exchequer, with his wife and several members of Parliament, travelled to Bangor in almost regal state, the London and North-Western Railway Company providing a special dining saloon and drawing-room car very elaborately furnished.

The degree of D.Sc. was conferred upon Principal E. H. Griffiths, F.R.S., and Mr. Lloyd Williams, lecturer on botany at Bangor College. Then came the event of the day—the "capping" of Mr. Lloyd George. The oration, which was in Welsh, was delivered by Professor John Morris Jones, who then introduced the new Doctor of Laws, whose appearance was the signal for further tributes of public enthusiasm. The rest of the ceremony was formal. Finally, after the Welsh and English National Anthems had been sung, the crowd wended its way out to the street, where further ovations awaited Dr. Lloyd George. Four hundred university students in cap and gown, and including the new graduates, marched as a guard of honour before him, to his host's house, over a mile away, the horses being unharnessed and the carriage drawn by the students. At the banquet in the evening the first toast was "His Majesty the King, Protector of the University." Lord Kenyon, President of Bangor College, who occupied the chair, later gave "The health of Mr. Lloyd George," and announced that Sir Herbert Roberts, M.P., had offered to give £1,000 to the building fund of the North Wales University College. Mr. Lloyd George, who rose at a late hour to reply, spoke of the wonderful advances due to Welsh educational efforts within recent years. Referring to the question of financial assistance for the colleges, he said that it would be premature to state what assistance would be given; but he was firmly convinced that it was his duty, not as a Welshman, but as Chancellor of the Exchequer, on reviewing the whole of the circumstances and conditions, not merely of Wales, but of Ireland, and the demands of English and Scottish education, to make a very substantial contribution towards the funds of the Welsh University. One of the first things that ought to be done with any grant from the Treasury was to increase the salaries of the people who had devoted themselves to establishing, developing, and making effective the higher education of Wales. The services of the very best men could not be retained at the very inadequate remuneration which they received at the present time. They were a small nation, and they could not increase the size of Wales, but they could raise its standard, and if they did that, what they lacked in area they would make up in achievement.

#### Meeting of University Court.

Sir Isambard Owen, Senior Deputy Chancellor, presided at the annual collegiate meeting of the Welsh University Court; he was supported by Principal Roberts, the Vice-Chancellor, and there was a large attendance. Mr. D. T. Owen, formerly of Abergele County School, now a student of Bangor University College, was awarded the Roberts Welsh Reading Prize. Sir James Hills-Johnes, G.C.B., V.C., was unanimously re-elected Treasurer. Mr. J. Austin Jenkins, B.A., Cardiff, was appointed member of the Governing Body of the Welsh National Library, in place of Mr. Ballinger, resigned. A division occurred on the appointment of one member of the Medical Board, Dr. Emrys Jones, Manchester, proposing Mr. Lynn Thomas, C.E., and Sir T. Marchant Williams proposing Dr. Morris, Tylorstown. The latter on a ballot was elected. Mr. J. Lloyd Jones, specializing in research work in Celtic philology, was awarded a fellowship for one year. The fellowship held by Miss Mary Williams was extended for another year. The Court having considered the work of Miss Hermia Rees, of Aberystwith, which was pronounced to be exceptionally good, recommended that a Gilchrist Scholarship be asked for for her. A long discussion arose on the report of the Medical Board respecting the regulations for the new degrees in medicine and surgery. These regulations require a degree in science or arts, and a six years' course of study—three in a Welsh university college, and three in some approved school of medicine. For the diploma in Public Health candidates must have matriculated in the Welsh University, be registered in the British Medical Registry, and have studied for not less than six months in the Public Health Laboratory of Cardiff, or some other approved laboratory, and acquired a practical knowledge of the duties of public health administration under the medical officers of health of a county.

## UNIVERSITY OF MANCHESTER.

At a meeting of the court of the Manchester University last week, Vice-Chancellor Hopkinson referred to the loss the University had sustained by the death of Sir James T. Hibbert and Mr. R. D. Darbishire, and a resolution of sympathy with the relatives was passed.

*Recognition of Institution.*

The courses of physics, mathematics, and chemistry at the Harris Institute of Preston were recognized as satisfying the attendance for the Intermediate B.Sc. and the Intermediate B.Sc. technical courses.

*Annual Report of Council.*

Sir Frank Forbes Adams presented the annual of the Council. He referred to the need for more space for the museum, and expressed the hope that it would soon be possible to provide accommodation for the new Chair of Botany which was to be established. The need was becoming more and more urgent in view of the great importance of that chair in connexion with the research work it undertook in the diseases of plants and their prevention and cure. Referring to the roll of students, he said there had been an increase from 1,408 to 1,452, and he called special attention to the fact that for the session up to October 30th, 1,320 students had entered, against 1,219 the previous year; of that increase of over 100, one-third was in the medical faculty. He thought that showed that the immense facilities shortly to be placed at the disposal of the medical faculty were already being recognized.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on November 12th, Mr. Henry Morris, President, in the chair.

*Issue of Diplomas.*

Diplomas of membership were issued to ninety-one candidates found qualified for the Diploma of Member.

*Court of Examiners.*

A vacancy on the Court of Examiners occasioned by the resignation of Mr. G. H. Makins will be filled up at the next ordinary meeting of the Council on December 10th.

*University of Sheffield.*

Mr. Mayo Robson has been appointed the representative of the college on the Court of Governors of the University of Sheffield.

*The Bradshaw Lecture*

Sir W. Watson Cheyne, Bart., C.B., is to deliver the Bradshaw Lecture on Friday, December 4th, at 5 o'clock p.m., and will deal with the treatment of wounds.

## CONJOINT BOARD IN ENGLAND.

AT recent meetings of the Comitia of the Royal College of Physicians and of the Council of the Royal College of Surgeons of England diplomas of L.R.C.P. and M.R.C.S. were respectively conferred by both Colleges on the following gentlemen, who have passed the Final Examination in medicine, surgery, and midwifery of the Conjoint Examining Board—namely:

J. W. Adams, F. R. L. Atkins, M. W. Baker, M. E. Ball, H. L. Barker, E. U. Bartholomew, C. B. Baxter, A. C. B. Biggs, C. N. Binney, C. H. B. Bradley, L. E. T. Burrell, J. J. Cameron, A. L. Candicor, A. E. A. Carver, B. A. Cheadle, B. I. Cohen, J. H. Crofton, A. H. Crook, C. R. Cumming, R. J. Cyriax, H. C. R. Darling, E. E. Davies, F. C. Davies, M. E. Dobson, H. R. Edwards, F. H. Fuller, B. Gerzabek, E. de M. Gideon, V. B. Gokhale, G. C. Gray, H. N. Graves, J. W. Grice, A. H. Habgood, R. H. Hadfield, R. L. Haines, P. T. Harper, S. R. Harrison, R. A. Hobbs, E. C. Holton, A. E. Ironside, M. L. C. Irvine, H. G. Janion, W. B. Johnson, D. E. Jones, T. B. Jones, L. R. King, C. O. Lillie, E. A. Lindsay, C. E. W. McDonald, E. L. W. Mandel, G. H. Mead, F. V. Milburn, G. H. C. Mold, R. M. Moore, B. A. Morrell, M. K. Nelson, F. R. Parakh, H. Parsons, H. E. Perkins, W. G. Pinching, A. H. Platt, P. S. Price, C. E. Redman, D. Reynolds, L. L. C. Reynolds, R. P. M. Roberts, F. H. Robinson, A. M. Ralls, K. Rupp, E. N. Russell, A. H. V. St. John, A. B. Scott, R. Shacksnovis, E. R. Sircom, E. P. Stibbe, S. S. Strahan, G. S. Strahy, E. L. Taylor, W. Taylor, H. S. Thomas, V. Townrow, B. W. E. Trevor-Roper, R. M. Vick, P. S. Vickerman, J. Walker, H. E. M. Wall, G. H. H. Waylen, A. L. Weakley, W. Weir, A. C. Wilson, E. W. Witney, C. A. Wood, W. B. Wood, A. E. M. Woolf.

**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.*

## PROFESSIONAL SECRECY.

COTTAGE HOSPITAL writes: It has been the custom at our local cottage hospital for one of the medical officers of the hospital to attend the monthly committee meetings and read over to the lay committee the names of patients treated during the month, along with the diagnosis of their complaints. All the patients pay according to their means. There is also a private ward in the hospital, for which the charge is £3 3s. weekly. The medical staff feel that it is not right for them to read to the lay committee the diagnosis of their own or their brother practitioners' patients, particularly the private

patients, and have expressed that opinion to the lay committee. I shall be glad of your opinion on this matter.

\*\* By the heading we have indicated that we assume the scruple felt by the staff is due to the fear of violating the rules of professional secrecy which they think may be involved, but it is surely the custom in all hospitals to keep registers of all patients, with the diagnosis of their diseases, and these are inspected by the committee of management. Therefore we cannot see that any new departure has been made in principle by a member of the medical staff reading the list for the information of the committee. We suppose the reason for this practice is that certain diseases are not admissible to the hospital by the rules, and the committee desires to be sure that these rules are kept. If this supposition is correct, it is clear that, so long as these rules exist, the nature of the illness for which the patient is admitted must be disclosed, and there are obvious advantages in the presence of one of the medical staff when the list is under discussion, as he would be in a position to give any explanations that may be required.

## A DISCLAIMER.

MR. ROBERT W. DOYNE (London and Oxford) writes: I beg you will allow me the use of your columns to disown any knowledge of the conspicuous advertisement of my name on the pamphlet issued by Messrs. Davidson and Co. about the platyscopic spectacle, or responsibility for the contents of the pamphlet. I designed this spectacle some years ago, and have found it an inestimable boon to certain patients who had not been able to read, and who never expected to do so again. But too much should not be claimed for it; it is impossible to use it in binocular vision, and it should never be ordered for those who can read in any other way, or it will fall into deserved disrepute. I notice that an important detail has been omitted in the description, namely, an adjustable T-piece in front of the lens, which serves the double purpose of keeping the print at the focal distance and indicating the line that is being read.

**Medico-Legal.**

## WORKMEN'S COMPENSATION CASES.

*Notes should be kept by the Doctor.*

MEDICAL men are frequently employed as witnesses in cases where workmen are making claims against their employers under the Compensation Act.

According to a report which appeared in the *Western Mail* for November 9th, His Honour Judge Bryn Roberts, sitting recently at Pontypridd, made a pronouncement affecting the evidence of medical men in the compensation cases brought before him. He emphasized the necessity on the part of colliery doctors to make entries in books kept for the purpose, giving detailed information regarding the cases treated by them, so that these books might be brought into court when required. He quite agreed that where the doctor had to deal with about 3,000 men it would be quite impracticable to make a note of such cases as toothache or colds treated, but where there were accidents with consequent legal proceedings which would be likely to follow, it was of the utmost importance that medical men should make notes of them at the time, and he in future would have to attach much less weight to the evidence given by colliery doctors in compensation cases unless notes of the cases were taken at the time and the books produced in court, as these would be very much more likely to be accurate than any subsequent impressions left on the mind of the medical gentleman as to the actual extent of the injuries sustained.

*Male Nurses and the Workmen's Compensation Act, 1906.*

THE Manager-Director of the Male Nurses' (Temperance) Co-operation, Limited (London, Manchester, and Edinburgh), writes: As a good deal of uncertainty exists among patients and their friends as to their liability when employing male nurses, it may interest your readers to know that all nurses sent out by our institution are insured against any accidents (from whatever cause arising) which may occur to them in the course of their employment. Patients and their friends are therefore free of any liability whatever from any claims which may arise.

## CANCELLING ENGAGEMENT OF MIDWIFE.

H. E. L. writes that a patient engaged a midwife to attend her in her confinement on a certain date, but when away from home she was unfortunately prematurely confined. He wishes to know whether the midwife is legally or in equity entitled to any part or the whole of the fee, (1) assuming that she fills up the engagement, (2) when she fails to do so.

\*\* In every contract, where one of the parties is a defaulter, the other can sue him for damages, and the usual measure of same is what the latter lost through the non-performance of the contract. In (1), as the engagement was filled up, no damages could be claimed; but in (2) an action might lie, although it is doubtful whether the midwife would recover her fee, or any portion of it.