

It may be found possible to mitigate in various ways the expense contemplated in these proceedings; for example, it might be possible to make provision in open sheds for the housing of reacting animals not severely affected, at a distance from the homestead.

The proposals put forward may now be summarized:

1. The country to lend money at a low rate of interest to landowners, on sufficient security, to enable them to carry out necessary works of construction or reconstruction.

2. The country as a whole to provide the veterinary staff required and the tuberculin, as well as to make good losses involved in the first instance in eliminating tuberculosis from herds.

3. The maintenance of non-tuberculous herds to be compulsory, and the cost of any renewal of stock to fall on the farmer.

4. In return for their contribution to the agricultural interest, consuming communities should have rights of control over the production of milk which they consume.

5. Milk dealers in entering into contracts should be obliged to satisfy themselves that their milk is produced under reasonably healthy conditions.

There is no power stronger than education. Urban communities should be educated to demand non-tuberculous milk by the diffusion of pamphlets and by lectures. Farmers should be educated by frequent discussions, lectures, and pamphlets.

The objects to be attained are of the first order, namely, to prevent infection, to extend the consumption of milk, and to render the stock-raising and dairy industries more prosperous. We have considered the difficulties. But are they less under any other plan?

In my opinion no proposal which has not for its declared aim the extirpation of bovine tuberculosis contains that element of ultimate profit which justifies large present sacrifices. It may be that other ways of reaching this goal will be opened out. It may also be that the Order recently issued tends towards this end. But a clear declaration of purpose is eminently to be desired.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF VIPER BITE.

APROPOS of the accident under the above heading to Dr. Peck, perhaps an account of a similar case which occurred in the New Forest during the recent Territorial training may be of interest. Whilst out on duty on August 5th with the 7th Battalion Royal Warwickshire Regiment—on a route march, through a very rough piece of country—an officer hurried up to me saying that he had been bitten by a grass snake, on the hands; knowing the same to be harmless I did not apply any local treatment, but, as he was rather exhausted through running under a hot sun, I directed him to lie down in the shade. After a short time, he said he felt much better, and I proceeded on to the head of the column. About ten minutes afterwards word was passed along for me that Lieut. X., who had been bitten, was very ill, and I found this was so. He was apparently suffering from severe collapse, cyanosed lips, blanched face, pulse hardly to be felt at the wrist. I gave him repeated doses of aromatic spirits of ammonia ʒj to Oj of water, which caused vomiting, and $\frac{1}{16}$ grain strychnine hypodermically; his condition, however, showed little sign of improvement, and seemed very alarming. He complained of extreme cold, although the day was exceedingly hot and sultry; the left hand and forearm being now noticed to be swelling rather rapidly, the parts looking very congested. He was carried to the roadside, about 200 yards, and the owner of a passing motor-car conveyed him to the camp, five miles away; at this time, about one hour after the bite, the patient was rather better, although the arm was still continuing to swell. On arrival in camp his left hand, forearm and arm, were found to be affected with a rapidly increasing brawny induration, which, by the next day, had extended to the side of the thorax. By the end of the second day the limb at the middle of the humerus, was, roughly speaking, of the size of a man's thigh, severe burning pain was complained of on the least

movement, and great tenderness on being touched. On the third day the condition was a little better, and from this gradually improved, so that he was able to leave his bed at the end of the week. As the induration and oedema subsided there was an unusual discoloration of a bluey-red colour all over the arm.

The bite, of course, was inflicted by the adder or viper (*Pelias berus*) which is very common in the New Forest, and several were killed by men of our battalion. I heard, locally, that an adder bite would kill a dog, and frequently did so; the hot weather doubtless increased the severity of the action of the poison as would appear to be generally the case with adder bites. The second bite on the officer's right hand, though apparently just as deep as the one on the left, occasioned very little trouble, and there was only swelling in the neighbourhood of the bite, and none on the forearm, the poison being all expended in the first wound.

The bite of the adder is inflicted by two hollow teeth in the upper jaw—that is, a single long curved fang on each side of the maxillary bone, which is so attached to the bone next behind it by muscles that it can be rotated backwards when the reptile does not require its poison fangs, and the fang itself be concealed in the gum with its point turned in the direction of the throat. The poison fang is formed on the same principle as other teeth, with this exception, that along its outer or convex edge it is provided with a groove, extending from the base towards the apex, and open at both ends; this groove provides a secure channel for the duct which conveys the poison from the gland which secretes it. This gland is situated on each side of the head, and consists of a number of elongated narrow lobes, whose secretion flows into a common duct, which conveys it to the base of the poison fang. This description is based upon that of Professor Owen, and it is easy to understand from the situation and action of the fangs that a snake seems to “hang on,” as the officer whose case is quoted above declared that the one did that inflicted his wound.

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Coventry.

A CASE OF CHRONIC COPPER POISONING.

As cases of copper poisoning are rare, even among workers in the metal or its salts, and the number of operatives engaged in the working of copper is only about 8,000 in the British Isles, I think the following case worth recording:

A. B., aged 20 years, has been engaged for two and a half years in the brush grinding department of a crucible works, in which department a great deal of dust is produced by the grinding of the brass. The patient states that at different times all the workers have suffered from the same symptoms in varying degrees.

With the exception of becoming somewhat thinner, he remained well until about three months before he came under my care, when loss of appetite and power, slight jaundice, and progressive emaciation set in. Tremor on the least excitement had been present for two months.

When seen he was flabby and emaciated, the conjunctiva and skin were slightly jaundiced, and a green line on the gums was present. He complained of vague abdominal pains, colicky in character, of dryness of the mouth and throat, and pain in the epigastrium after food. There was obstinate constipation, considerable straining at stool, frequent attacks of faintness, and marked shortness of breath on the least exertion. There was no tendency to wrist drop, nor was profuse perspiration present.

As the result of abstinence from work, general care, etc., his general condition has improved, and during the ensuing seven weeks there has been slight increase in weight, the jaundice subsiding, tremor disappearing, the abdominal pains being less frequent and less severe, he sleeps better, and his appetite is slowly returning. He is now going for a change to the country.

The case is evidently one of copper poisoning by the inhalation of brass dust.

The patient states that respirators, although provided, are not worn by the operatives, but otherwise he has taken precautions as regards washing before meals, etc.

Battersea, S.W. E. HUGH ROBERTS M.R.C.S., D.P.H.

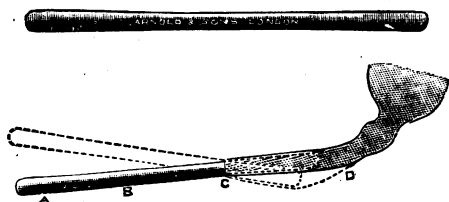
UNIVERSITY OF SHEFFIELD.—The winter's work in the Medical Faculty will commence on Wednesday, October 6th, without formal ceremony.

NORTH-EAST LONDON POST-GRADUATE COLLEGE.—The winter session will commence on Thursday, October 7th, being inaugurated by an address delivered by Mr. J. Bland-Sutton to the members of the College and North-East London Clinical Society conjointly.

MEDICAL AND SURGICAL APPLIANCES.

A Urethral Dilator.

MR. JAMES MACMUNN writes: Infiltrations of the anterior urethra have only recently been recognized as salient causes of gleet, although this takes us back to the dictum of Otis and its partial truth, that "gleet means stricture." Kollmann's dilators, if scientifically used and adapted, are a distinct advance, but this is the exception. They fail to dilate just where this is required, at the end of the urethral bulb D. They dilate too extensive an area at one time, and they dilate too uniformly a passage which is not uniform in size at different sites. It is essential also to stretch the urethra longitudinally as well as transversely. I have used the instrument figured (made for me by Messrs. Arnold and Sons) for some years. It is cheap, simple, and effective. I possess six sizes; each instrument includes two. I pass the largest I can down to the end of the bulb, stretching the penis over it. The urethra will extend fully $1\frac{1}{2}$ in. beyond its resting length. I run my fingers along the outside to use massage and empty follicles; this is important. Then, making the thumb the power, and fingers the fulcrum, at A and B the sound is made a sliding lever to distend the canal on withdrawal. The roof is stretched by reversed power. The mode is effectual and allows of some play for intelligence. The penis is extended all the time. Every urethra possesses its individuality.



Medical News.

THE third International Congress of School Hygiene, to be held in Paris, has been postponed until the first week of next August (1910).

THE estate of the late Dr. Andrew James Duncan, Consulting Physician to the Dundee Royal Infirmary, who died on July 7th, has been sworn at the value of £23,612.

THE new ward wing and the nurses' home of the Glasgow Cancer Hospital, Hill Street, Garnethill, have been completed. It is hoped that the whole building will be finished next spring.

THE results of the census of religious bodies taken in the United States in 1906 have recently been published, and it appears that 72½ per cent. of the Christian Scientists are of the female sex.

THE Governor of the German territory of Kiantschau in China has issued an order rendering illegal the possession or importation, without special licence, of morphine, or morphine syringes or needles. Licences will be granted only to doctors, apothecaries, and hospitals.

THE War Office announces that existing vacancies for staff nurses in Queen Alexandra's Imperial Military Nursing Service will be filled at once. Full particulars as to the conditions of service and forms of application for admission can be obtained by applying to the Secretary, War Office, Whitehall, S.W.

THE annual meeting of the Caledonian Medical Society will be held in the Town Hall, Lancaster, on Friday, September 17th, at 3 p.m., under the Presidency of Dr. David Blair, of Lancaster. In addition to the presidential address, an interesting communication on the '15 and the '45 in Lancaster has been promised by Dr. H. MacCalman, and the municipal Charters and Insignia of Lancaster will be exhibited and described by the Town Clerk, Mr. T. Cann Hughes, M.A., F.S.A. The annual dinner of the society will be held the same evening at the County Hotel, Lancaster.

TUBERCULOSIS exhibitions such as the one now in progress at the White City, and as that which proved so successful in Ireland, seem popular in the United States. Last year the New York State Charities Aid Association did a considerable amount of work in this direction; and this year, according to the *New York Medical Journal*, six separate exhibitions have been planned, and are to be sent to forty-two fairs in New York State. They will be accompanied by graduates of Columbia University who have been prepared for their management and demonstration by a special course of lectures.

THE Metropolitan Asylums Board has made arrangements for two separate courses of lectures and demonstrations in hospital administration for the benefit of candidates for the Diploma in Public Health. They will begin respectively on the first Monday and the first Wednesday in October, and, except that they will take place at different institutions, will cover the same ground. The courses will last three months and the lecturers are Dr. McCombie of the North-Western Hospital and Dr. F. M. Turner of the South-Eastern Hospital. The fee is £3 3s.

THE centenary of the birth of Oliver Wendell Holmes is to be celebrated by the Medical Society of the county of New York next month. The precise date of his birth was August 29th, 1809, the year in which Darwin likewise first saw the light. The position which Holmes occupied during his lifetime was of quite an exceptional character, for while his books were, and indeed still are, popular among all cultivated classes, he remained in the active service of medicine for long over thirty years as Professor of Anatomy at Harvard, and exercised a distinct influence on medical thought by his early advocacy of the view that puerperal fever was an infectious malady.

AT the Congress of the French Association for the Advancement of Science at Lille, at the beginning of August, the views as to the value of radiography in the diagnosis of fracture, which M. Lucas-Championnière had previously expressed in his address at Cardiff, met with general support. MM. Mouchet and Lamy thought the method a valuable means of controlling other clinical observations, but that the information it gave was only a part of that by which the surgeon should be guided in making a diagnosis; M. Joubert pointed out that a radiogram might fail to show certain fractures, and might not reveal the existence of callus, even in some cases where it had already become firm.

THE second International Food Congress will be held in Paris from October 17th to 24th, under the patronage of the Ministers of Agriculture, Commerce, and of the Interior, and under the presidency of Dr. Bordas, Director of the Laboratories of the Ministry of Finance. The first congress was held in Geneva in 1908, it was promoted by the Society of the White Cross of Geneva, founded in that year, with the object of bringing into co-operation national organizations for the amelioration of social conditions in various countries. The congress in Paris will comprise three sections: The first on alimentary technology, the second on hygiene, and the third on crude drugs, essential oils and crude aromatic substances, chemical products and mineral waters. Among the subjects to be discussed will be sausage making, refining of lard, the preparation of food fats, the curing of meats, and the production of syrups and biscuits. The Honorary Secretary for Great Britain is Mr. Loudon M. Douglas, 3, Lauder Road, Edinburgh, from whom further particulars can be obtained.

THE Natural History Department of the British Museum has received a cast of the fossil human lower jaw found recently some 70 ft. below the surface in a sand deposit at Mauer, near Heidelberg. It was found along with fossil remains of a rhinoceros and elephant, similar to those met with in the Cromer forest beds, and Dr. Shoetensack, who has published a description of the jaw, considers that it may be referred to the later pleistocene epoch. The discovery of this "Heidelberg man," therefore, takes the antiquity of the human race back to an age earlier than the famous Spy and Neanderthal skulls. The jaw is massive, and has no chin, in which respects it presents ape-like characters, but the teeth are distinctly human; the molars have five cusps, the canines are not specially prominent, and the dimensions of the teeth generally are within the limits of variation at the present day. The skull is exhibited in a case which contains also casts of *Pithecanthropus erectus* from Java, the Neanderthal skull, the Gibraltar skull of the same type, the Spy skull and limb bones, the Cannstadt skull, and the Tilbury skull described by Owen.

capacity of medical officer. He was a keen volunteer of some years' standing, commencing this career in the Dunedin High School Cadets; he transferred from these to the "Kilties"—the Royal Scottish (9th Battalion, H Company) at Edinburgh. At the formation of the Territorial Force he transferred to the 2nd South Midland Mounted Field Ambulance, Birmingham, in which he held a commission as second lieutenant at the time of his death. He was looking forward to a visit to his parents very soon, having only last month been appointed surgeon to the Tyser liner *Mimiro*, which sailed for New Zealand on September 4th.

A memorial service was held at the Infirmary Chapel, Birmingham, synchronously with his burial at Edinburgh, on Monday, August 30th, and the chaplain paid an eloquent tribute to his character and attainments. He was a man of most excellent moral character, had a quiet, earnest presence, and his thoroughness and gentleness endeared him alike to his patients and colleagues.

DR. ELIAS HAFFTER, who for some twenty years from 1887 was Editor of the *Correspondenz-Blatt für Schweizer Aerzte*, the chief medical journal of German-speaking Switzerland, died on August 4th, after a long illness originating in a septic infection contracted while operating several years previous on a case of uterine cancer. Haffter was a high-minded man, who earned the esteem and respect of the profession in his native country. He gave a great deal of time to his duties as editor, and during his term of office its circulation both at home and abroad was largely increased.

Medico-Legal.

VACCINATION AND THE REGISTER.

F.G.P. writes: An illegitimate child has its birth registered in the father's name, Smith. It is afterwards christened in a Catholic church in the mother's name, Jones. The child is brought for vaccination, the form bearing the name Smith. The doctor is told the circumstances. Which name should be employed in filling up the form? These names are fictitious.

. The entry in the register is incorrect, and the parent making it is liable to a penalty, if detected, but the doctor who vaccinates it is bound to follow the register. He has no responsibility for errors in the entry on the register and has nothing to do with the baptismal register.

MEDICAL REGISTRATION AND LUNACY FEES.

A. M. writes: I registered in January, 1909, at Edinburgh, and have in my possession my certificate of registration. In August last I signed a lunacy certificate; the parish council have since informed me that I shall receive no fee for this, as my certificate was not accepted by the sheriff clerk, who stated that I was "not registered." The parish council obtained another medical man's certificate. This seems very unjust, and I shall be glad to hear whether I am not entitled to recover the amount of my fee from the sheriff clerk.

. The sheriff clerk undoubtedly made a mistake in rejecting the certificate without taking the necessary steps to ascertain whether the signatory was registered. We presume that he was guided by the copy of the *Medical Register* for 1909, which could not contain the name of our correspondent, but whether it would be possible to recover the fee is very doubtful.

REGISTERED MEDICAL PRACTITIONERS AND PHARMACY.

R. W.—The Fellows, Members and Licentiates of the Royal College of Physicians of London, and the Fellows of the Royal Colleges of Physicians and Surgeons of Edinburgh and of Ireland, and of the Faculty of Physicians and Surgeons of Glasgow are prohibited from keeping open shops for the sale of drugs, and it is to be desired that every member of the medical profession should act in accordance with this rule, for to engage in the trade of pharmacy is inconsistent for the members of a liberal profession. But the Act to amend the Pharmacy Act, 1868 (32-33 Vict., cap. 117), expressly exempts legally qualified medical practitioners from any legal restrictions, Section I reading: "Nothing contained in the first fifteen sections of the recited Act shall affect any person who has been registered as a legally qualified medical practitioner before the passing of this Act; and the said clauses shall not apply to any person who may hereafter be registered as a legally qualified practitioner, and who, in order to obtain his diploma for such registration, shall have passed an examination in pharmacy."

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.

ATTENDANCE ON THE FAMILIES OF MEDICAL MEN.

DR. PHILIP G. BORROWMAN (Troon, N.B.) writes: I cannot think that the advice given to "B." under the above heading in the *JOURNAL* of August 28th, p. 578, is in the best interest of the profession. It is, of course, true, as you say, that "there is no obligation to attend the families of medical practitioners without payment," but it is customary among better-class men to do so; and surely no member of our profession who is not a sordid money-grabber would hesitate to give his services gratuitously to the family of a professional brother whom blindness prevents from practising, even though his wife may have enough to live on. "B." says he is a young practitioner. If he will take the advice of an older man, and "do as he would be done by," his life will not be less happy.

M.D. writes: In dealing with well-to-do relatives of medical men I find it best to appeal to the *amour propre*. I send an ordinary account, but write at the top, "payment optional." A cheque usually follows by return of post.

SUPERSESSON.

P. L. B. writes: B., the usual attendant, was sent for to a case of miscarriage, but was not at home, and a neighbouring doctor, L., was called in and still keeps on with the case. L. has never let B. know in any way about it, or offered to resign the case. Should L. not have done so? There is no resident doctor where the case occurred; B. lives three miles away and L. seven miles.

. Upon the facts as stated if L. knew that B. was the usual medical attendant on the family he should have regarded his attendance as merely due to an emergency and have communicated with B. so that he might take charge of the case.

Universities and Colleges.

UNIVERSITY OF LONDON.

APPOINTMENTS BOARD.

THE Principal of the University of London gives notice that an Appointments Board has been constituted "to assist graduates and students of the university in obtaining appointments, and to co-ordinate and supplement the work done by the schools and institutions of the university with this object." The aim of the Board is to encourage the selection of university men for all posts in the work of which the possession of a university training on scientific methods is an advantage. The Principal asks those who may know of any vacant appointments suitable for university men to communicate with the Secretary of the Board at the University, South Kensington, S.W., so that he may put forward selected candidates.

UNIVERSITY OF BIRMINGHAM.

Honorary Degrees.

THE council has decided, on the recommendation of the Senate, to confer for the first time a certain number of honorary degrees on distinguished persons in connexion with the recent Royal visit. Since it was not practicable to hold the ceremony on the actual occasion of that visit, it has been decided to hold it in the hall which the King opened, on Wednesday, October 20th. The following is a list in alphabetical order of those who have accepted the offered degree of Doctor of Laws: William Nicholas Atkinson, the Right Hon. A. J. Balfour, F.R.S., the Bishop of Birmingham, Bernard Bosanquet, Henry T. Butlin, P.R.C.S., Andrew Carnegie, Sir William Crookes, F.R.S., Maurice Fitzmaurice, C.M.G., Sir Archibald Geikie, P.R.S., the Right Hon. R. B. Haldane, F.R.S., John Scott Haldane, F.R.S., J. Rendel Harris, Sir Charles Holcroft, Bart., G. J. Johnson, Sir Alexander B. W. Kennedy, F.R.S., Sir Joseph Larmor, F.R.S., the Right Hon. Walter Long, Gilbert Murray, Sir Richard Douglas Powell, P.R.C.P., Sir William Ramsay, F.R.S., Lord Rayleigh, F.R.S., Ernest Rutherford, F.R.S., Arthur Shadwell, Mrs. Henry Sidgwick, Lord Strathcona and Mount Royal, Professor Silvanus P. Thompson, F.R.S., William Augustus Tilden, F.R.S., Sir J. J. Thompson, F.R.S., Charles S. Tomes, F.R.S., T. Herbert Warren, Dr. Windle, F.R.S., Viscount Wolverhampton. In addition to these names, the Chancellor, the Right Hon. Joseph Chamberlain, has been invited to associate himself as a graduate with his co-workers, and to receive the honorary degree of this university, and he has consented to receive it *in absentia*.