

## Memoranda :

## MEDICAL. SURGICAL. OBSTETRICAL.

A CASE OF HENOC'S PURPURA, OR PURPURA  
ABDOMINALIS.

My reason for reporting this case is that so very few cases are reported, and that one does not find many references to it in textbooks. As far as I can gather, about 60 cases have been reported since Henoch first described the disease in 1874, and of these about 18 patients died. Osler says that he has reported 18 cases, and that the prognosis is, as a rule, good. Henoch's purpura is considered by some to be a variety of erythema exudativum multiforme; others place it among the angioneurotic oedemas; while, on the other hand, on account of the oedematous swelling which is usually present, it is suggested that there is a combination of purpura and angioneurotic oedema, as in the cases reported by Bowen in the *Journal of Cutaneous Diseases*, 1892, page 434, "The Association of Purpura and Acute Circumscribed Oedema."

Stelwagon, in his book on *Diseases of the Skin*, says of this disease:

Apparently the dermatologist rarely gets sight of these peculiar cases, which, according to this writer, are more common than generally thought.

In May, 1909, I was urgently summoned to a girl aged 16, who had "violent cramp in her bowels and was vomiting." The story was that the girl was a domestic servant in another part of the county, and had caught a chill. She ached all over, and her knees and ankle-joints were swollen and tender. A doctor was called in, and he said she had rheumatism, and was to rest in bed for a few days. She improved slightly, and was sent to her own home in my district. I did not see her until the third day after her return home, when I was summoned on account of the abdominal paroxysms and vomiting. When I arrived the girl was rolling about in bed and screaming aloud. The spasm soon passed off, and she settled down quietly. She said that these spasms had been coming on gradually for the last two days, and in the girl's own words, "Each one is worse than the last." Also, she mentioned that spots were coming out on her legs.

On examination the abdomen was very tender, and the pain was referred to the umbilical region. I could not detect any swelling in the abdomen, nor was there any enlargement of the liver or spleen. Her legs were greatly swollen, but there was not as much "pitting" on pressure, as one would have expected. Her legs were covered with purpuric spots, which were more located on the shins, inner sides of the thighs, and on the buttocks. There were a few isolated spots on the back, particularly in the scapular regions, but none on the abdomen.

The knee and ankle joints were very tender, but there were no external signs of inflammation. The vomited matter was very green, but no blood was noted in it on this first examination. Tongue very furred, breath offensive, constipation for three or four days, temperature 100° F., pulse 80. I ordered her to be kept in bed, barley water by mouth, have hot bran bags applied over abdomen, and gave her an effervescent bismuth mixture, with liq. morph., 5 m doses. Two days later her paroxysms had not abated, diarrhoea had set in, and she had frequent attacks of copious epistaxis. Menstruation, which had been absent for about six months, had started again. At the end of a week her condition had not altered, and I, being suspicious of some acute abdominal mischief going on, suggested calling in a consulting surgeon. Her people could not afford this. Almost immediately after this suggestion the paroxysms abated, the vomiting stopped, but the diarrhoea and menstruation still continued. The abdomen was now easy to palpate, but nothing abnormal could be detected. She went on very satisfactorily until the end of the third week, when her symptoms all returned again, the paroxysms being so acute that the girl used to knock her head against the wall and throw herself about the bed. Fresh spots came out, keeping to the same areas as the former ones, which were

now fading away, giving the skin a dirty yellowish, mottled appearance.

There was blood in the vomit, and the faeces were dark in colour. On account of the severity of the paroxysms I kept her under the influence of morphine (giving hypodermic injection of tab. morph. gr.  $\frac{1}{2}$  once and sometimes twice daily) for four days. These symptoms again passed off gradually, and at the end of the seventh week she was sitting up in bed. I had been giving her liq. ferri perchlor. 3ss, liq. strych. mv., aq.  $\text{CHCl}_3$ , ad 3ss. T.D.S. Also cod-liver oil and malt and plenty of nutritious food. A month after her last relapse I allowed her to walk into the garden—a matter of a few yards. About a fortnight thereafter (that is, two and a half months from my first seeing her) I was sent for again, and found that she had a recurrence of the attack—paroxysms, vomiting, purpura, etc. During this attack I gave her 10 m of oil of turpentine four-hourly for the first two days, but as it seemed to increase the vomiting I desisted, and put her on to tabloid *calci lactatis* gr. v, two thrice daily. She gradually improved, and by the end of a week her symptoms had disappeared, excepting the purpuric eruption, which was fading.

I kept her in bed for a month, giving her the calcium lactate for three or four days alternately with the iron and strychnine mixture. Thereafter her improvement continued, and she has never had any return of symptoms.

The points of interest in this case are that at the onset there should be such definite symptoms of a rheumatic attack, or rather one should say, of an arthritic purpura.

Secondly, the severity of abdominal symptoms which almost brought the patient to the operating table for laparotomy.

Thirdly, the rapid recurrences of attacks.

Fourthly, one must add the fact that there were no recurrences after the administration of calcium lactate. In this respect it is interesting to note that Dr. Robert Hutchison, in his book on *Lectures on Diseases of Children*, says:

Salts of calcium I have found no benefit from, although perhaps you ought always to try the lactate.

It was this "although perhaps you ought" that induced me to try it.

Coventry.

A. STEWART MACMILLAN, M.B., Ch.B.

## British Medical Association.

## CLINICAL AND SCIENTIFIC PROCEEDINGS.

## BIRMINGHAM BRANCH.

## PATHOLOGICAL AND CLINICAL SECTION.

Friday, October 28th.

Dr. MELSON, President, in the Chair.

## Cretinism.

Dr. W. A. POTTS showed a cretin, male, aged 21 years, height 3 ft. 3 in., the youngest of a family of twelve, ten of whom were alive and normal, while one died of convulsions in infancy. Mother alive; father, who suffered from phthisis, died, at 48 years, of apoplexy. The family life and circumstances were not altered before the birth of the child; the boy was an imbecile, not entirely devoid of intelligence; could not talk, but made sounds which his mother understood; could go out by himself. Shown as an almost typical cretin, except that the tongue was not large and protuberant. Had a large, flat-topped skull, with coarse, scanty hair, ashy complexion, wrinkled forehead, flattened bridge of nose, everted thick lower lip, small fat pads above the clavicles, protuberant abdomen; broad, thick, stumpy hands with wrinkled skin; fingers square at tips; feet not so characteristic as the hands; no pubic hair, external genitals normal and in proportion to his size; no thyroid to be felt; extreme scoliosis. Just above and internal to the left scapula there was a large firm tumour, apparently due to displaced and hypertrophied muscular tissue overlaying a deformity of the ribs, secondary to the scoliosis. The case was discussed by Mr. GAMGEE, Mr. FRANK BARNES, and Dr. PARSONS, and Dr. POTTS, in reply, said the

Crippen came to this country, and practised illegally. He was allowed to freely advertise all sorts of quack nostrums, to associate his name with some commercial ventures of questionable character, though they had a medical aspect. He was both before the murder and also during his trial freely spoken of in the lay press as "Doctor" Crippen, and by many ignorant people he was probably regarded as a duly registered practitioner whom it was quite safe to consult. There are scores of such interlopers in this country. The daily papers reap a rich harvest from the vulgar advertisements of these parasites. Their illustrations often depict a man in professional attire, drawing attention by studied attitudes, or by theatrical pose of hand or finger to the terrifying effects of every malady, and to the boons which sufferers from every ailment may obtain by purchasing rubbish, although bearing a totally inadequate Government stamp. It is doubtful if these men would be allowed to carry on this nefarious trade in their own countries. But in Britain freedom is permitted to degenerate into disgraceful licence, and the medical profession is being lowered in the estimation of the public.

But this is not the most serious aspect of this terrible murder case. Crippen was undoubtedly enabled to obtain a large quantity of deadly poison owing to the fact that he styled himself, and was known to druggists, as "Dr." Crippen. It was stated in evidence that he was not always required to sign the "poison book" when purchasing, thus showing how he was looked upon as being a duly registered practitioner. I very much doubt if druggists would extend the same want of precaution to me.

Here, then, is a chief danger to the public. Crippens and Neill Creams may flood our metropolis; they may successfully compete with our duly qualified members of an overworked and underpaid profession; they may, without question or suspicion, obtain large amounts of poisons; they may commit murders, and their detection may be entirely due to some accidental circumstance.

It is now time that the British Medical Association, or the Medical Council, or both, should urge and compel the Legislature to take such steps as shall at once protect the public and also the profession from the shameful and shameless harpies who prey on the credulity of suffering humanity—I am, etc.,

London, W., Nov. 23rd.

SEYMOUR TAYLOR.

#### THE CONTROL OF MEASLES INFECTION.

SIR,—Taking into consideration the high death-rate among children due to complications occurring during measles, and the serious nature of many of the sequelae, is it not imperative that some steps should be taken without delay to endeavour as far as possible to reduce the spread of infection, in at all events one direction? I refer especially to the County Council day schools.

The present rule, which is apparently carried out relentlessly, is, that where one child or more in a family is suffering from measles, all the brothers and sisters (when there are any) are compelled to attend school, although in many instances the entire family live in one room; there being, as far as I can ascertain, no distinction made or allowed on account of restricted domicile.

I know of at least one school where the instructions to the parents of patients are that all the children in the family who had previously suffered from measles must attend school, but not those who had not suffered from the complaint. This is of course absurd, as it is well known that one attack of measles does not confer immunity from further attacks. The chances are very much in favour of the children from infected families, especially in congested areas, where there are no possibilities of isolation, having contracted the disease, which of course lies latent for a certain period—generally accepted as about fourteen days, although on this point authorities appear to be still divided.

The infectiveness of measles is known to be more highly virulent before the disease becomes apparent than after definite symptoms appear, at which period the children are either detained at home or sent home from school by the responsible teacher. By this time the number of victims has been enormously increased by the infected children mixing daily with their healthy school companions. Not only is this a serious matter for the children in many instances, but a great hardship is imposed on the

parents, and, in the case of paupers, the rates are very materially added to. The fallacy that measles is a harmless disease, and that all children must necessarily suffer from the complaint at some time of their life, dies hard with the laity.

I maintain that in order to reduce epidemics of measles' children from an infected family should be compelled to remain away from school until declared free from infection by their usual medical attendant or the district medical officer of health.

Another way of checking the complaint is by adding measles to the schedule of notifiable diseases, which surely might be done, if only for a probationary period.—I am, etc.,

HUBERT C. PHILLIPS, M.R.C.S.Eng., L.S.A.Lond.

London, W., Nov. 4th.

## Medico-Legal.

### NOTIFICATION OF STILLBIRTHS.

J. L. L. writes, with reference to an answer published under this heading in the JOURNAL of November 12th, p. 1566, to point out that there are special forms of certificate for the use of registered medical practitioners only, which must be filled in and delivered to the superintendent of the cemetery or other official when a stillborn child is taken there for burial. This is correct; but the said certificate is really no more than what is usually given by the practitioner on an ordinary piece of notepaper, which is quite as valid at law as the official form. Many practitioners are unaware of the existence of this special certificate form for stillbirths, and some have had special books printed for their own use. One registrar in a busy metropolitan district stated that he had never had this certificate book in his possession, as it had never been applied for by any practitioner. There is no objection to making use of this official certificate form, and it may be well to draw attention to the fact that such may be procured from any registrar free of charge by any registered practitioner.

## Medical News.

THE Lord Mayor of London will open a Conference of Health-promoting Institutions, to be held at the Guildhall on December 8th and 9th, which is being organized by the National League for Physical Education and Improvement. The subjects and speakers at the three sessions are as follows: (1) How to work a "School for Mothers" (Lady Meyer, Vice-President of the St. Pancras "School"); (2) infant welfare schemes abroad (Miss H. M. Blagg); (3) day nurseries (Muriel Viscountess Helmsley, Chairman of the National Association of Day Nurseries); (4) what may be accomplished by Children's Care Committees (Miss M. Frere, member of the Education Committee of the London County Council); (5) health societies: their aims and opportunities (Mr. Douglas Eyre); (6) the co-ordination of health-promoting agencies (Mr. F. E. Fremantle, County Medical Officer of Health for Herts). The chair will be taken at the various sessions by Alderman Broadbent of Huddersfield, the Duchess of Marlborough, Mr. Whitaker Thompson (Chairman of the London County Council), and Sir Shirley Murphy (Medical Officer of Health to the London County Council). Tickets of admission may be obtained gratis on application to the Secretary of the League at 4, Tavistock Square, W.C.

THE replies received by the Christian Union to a circular addressed to all the Protestant mission stations in China asking whether the cultivation of opium in various districts of China had been increased or diminished appears to show that there has been in many parts of China a very considerable diminution, and this appears to be generally confirmed by recent consular reports. This has been attended by an increase in the price of imported opium and a small increase in the actual number of chests of Indian opium entered in 1909 as compared with 1908. The policy adopted with the sanction of Lord Morley was gradually to reduce the total export of chests of opium from India by one-tenth each year. In this way the total export was reduced from 61,900 chests in 1908 to 51,700 in 1910. There appears, however, to have been a decrease in other directions greater than the decrease in trade with China. During 1909 the number of chests imported from India had fallen from 47,040 to 41,805 in 1908, but rose to 42,183 in 1909. It would appear, therefore, that the assumption upon which the India Office has acted, that the restriction of the aggregate export of opium from India would in itself bring about the restriction of the import into China, has not been realized.

attainments for purposes of self-advertisement and aggrandisement his learning alone would certainly not have produced this effect upon his fellows.

It was the natural modesty of true greatness which prevented any glitter or parade of his learning. There is an illustrative story told of him many years ago, that one wet Sunday, in Switzerland, a young lady came into the salon of the hotel, and found a semicircle round Payne, who was distributing his golden store of information to any who cared to listen. Her comment at the close was: "To think that I sat next to him at *table d'hôte* for three nights, and all he said was 'Please pass the salt!'" The story is probably true; at any rate it demonstrates what has been already said—namely, that there was an entire absence of any attempt to shine in conversation, or of self-assertion. Yet you had only to ask and it was given to you; you had, as it were, simply to scratch the soil, and the treasure was apparent. If you want to Payne for information on any subject, whether it might be pathology, Chinese ware (not music), furniture, binding, medical and other history (ancient or modern), to mention only a few matters on which he was an authority, you would be rewarded abundantly with full measure, running over. If you were in his library, he would get down from his shelves the book from which his knowledge had been acquired, not for the purpose of refreshing his memory—which was extensive and peculiar—but to confirm what he had already told you. Whilst you sat in an old Chippendale armchair he would discourse at large on any matter of interest, interspersing his remarks with an occasional "What?" after the royal manner attributed to George III. He seemed to be of Dr. Johnson's opinion, "All knowledge is of itself of some value. There is nothing so inconsiderable, that I would not rather know, than not." Yet Payne was no mere bookworm, no dry-as-dust, no dictatorial pedant, nor was the so-called "Oxford manner" at any time in evidence. As to his "bedside manner," it is possible that it was not impressive, but if so, the reason, partly at any rate, was because he knew so much that his knowledge included that of his own ignorance and mental limitations; partly also, no doubt, because his bodily presence was not imposing; there was, in fact, nothing at all "imposing" about him—his learning, indeed, was colossal, though his physical structure was not. This, however, did not preclude his being what the ladies call "a dear," for he was both a lovable and a clubable man. He had, moreover, the saving grace of humour which seldom accompanies profound learning. He enjoyed a joke or a good story as much as any one; in other words, he was not in any way dehumanized by mental excess.

Some years ago Payne expressed his pleasure with a present he had received from a friend—namely, a copy of *The Gold-headed Cane*, a little book published in 1834, written by Dr. MacMichael, containing the history of the celebrated physicians who had owned the cane which is now in the library of the Royal College of Physicians; this copy was "Grangerised," or extra-illustrated, with a number of portraits and views of persons and places mentioned in the text. He was still further pleased, in his capacity as Harveian Librarian, when a similar copy of the same book was presented to the library of the College. These gifts probably engendered in him the desire which he subsequently developed to illustrate in the same way his life of Thomas Sydenham, which he had written and which had been published by Fisher Unwin in 1900 as one of the series of Masters of Medicine. To this end he had this crown octavo work enlarged by "inlaying" to large quarto size and then divided into two volumes, with specially printed titles. In these volumes were inserted and subsequently bound up 120 fine portraits and views. About Whitsuntide of this year he wrote to the man who had so successfully inoculated him with the virus of his hobby. "I am making an index to the additional plates of the Sydenham. . . . The total number is nearly or quite equal to the number of leaves in the book," and shortly before he took to his bed in his final illness he had the satisfaction of being able to show to his friend, Professor Osler of Oxford, the completed work handsomely bound in morocco. This pursuit had doubtless been a source of much pleasure to him since his impaired health necessitated retirement from active work. Yet he still continued

until within a few weeks from the end of his labours to take an active interest in all matters that related to science, medicine, and literature. Although he attained the three score and ten years of the Psalmist he never appeared to be an old man; many younger gray-haired men looked his seniors, but his strength was abated, and, realizing that his life's work was finished, he faced the common fate with courage and philosophy: he became a good patient as he had been a good doctor; happy in his domestic relationships, he left a widow, son, and daughters to mourn his loss; his friends and the whole profession are the poorer for his death. Our friendship dates back close upon forty years, but it was not till his retirement to "the northern heights" that he constituted my P.S.A. society, where I "sometimes counsel took and sometimes tea," and thus became more intimate with him. Medicine has ever been recognized as a learned profession, and Payne was emphatically a learned physician; there are doubtless others of whom we are proud, but the type which he so well represented in these days of depreciation of classical training, is unfortunately getting rapidly "small by degrees and (?) beautifully less." Nevertheless, there be some still amongst us who do not recognize the new style as necessarily an improvement upon the old, who do not always and altogether believe in the adage, "Uno avulso non deficit alter." The race may replace him, but those who loved him cannot.

In a letter to Dr. Sharkey which has kindly been placed at our disposal, Dr. Payne's son, Mr. BURNELL PAYNE writes:

As to father's domestic and holiday life, you probably know enough of his character to guess what they were like in some respects. He was all his life a great reader, not only in the subjects with which he was immediately concerned, but in general literature, of which he had not only great knowledge but the artistic appreciation. He had also very strongly the antiquarian's interest in books—in rare editions, printing, bindings, etc.—and was a great devourer of booksellers' catalogue, being always on the look-out for rare medical works. In his younger days he collected china, and he had a great appreciation of all forms of art. He did not go in for games or any kind of sport, but he loved the country and the sea, and for a holiday liked to go away to some quiet country place where he could rest and enjoy Nature. In his younger days he walked a good deal, and from his boyhood he had a great love of natural history; he was always collecting flowers or fossils when in the country. He had enjoyed his garden very much in the last few years, and took a great interest in it.

I hope I have said enough to give you some idea of his domestic life. He had, as you probably know, a wide circle of friends and liked few things better than talking. I should say that with congenial people he was a decidedly sociable man. With us he was always tolerant, genial, and humorous, and so self-effacing and modest that I feel now that when he was alive I never appreciated him enough.

## Universities and Colleges.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### ANNUAL MEETING OF FELLOWS AND MEMBERS.

ABOUT sixty Fellows and Members attended the annual meeting of the Royal College of Surgeons of England, which took place on November 17th. The President, Mr. Henry T. Butlin, was in the chair.

The President made a commentary upon the annual report of the council, an abstract of which was published in the JOURNAL of November 12th, p. 1568, dealing especially with the paragraphs relating to the amendment of the Midwives Act, the regulations with regard to the administration of anaesthetics, and the acquirement of the Odontological Collection of the Royal Society of Medicine. The college had now, he said, the finest odontological museum in the world. It was true that it was upon loan, but if the Royal Society of Medicine desired at any time to regain its possession they would have to reimburse the college for the sum spent upon installing it. The contingency was, he thought, unlikely to arise.

A number of questions were put by Members, chiefly relating to the procedure adopted in removing names from

the college roll, four such having been expunged during the year covered by the report. One or two of the questioners desired to know if it followed in natural sequence that when a name was removed from the *Medical Register* it was erased from their own list? Did the college hold an independent investigation? The President replied that when an accused person held the college diploma his case was most carefully considered. It happened sometimes—although, naturally, such instances were rare—that the College Council did not agree with the finding of the General Medical Council. On the other hand, they had on occasion availed themselves of the information contained in the shorthand notes of the General Medical Council's inquiry. Personally, he felt it a tremendous responsibility to deprive a man of his diploma, and he assured the questioners that the utmost care and patience were exercised in the matter.

Mr. Joseph Smith, J.P., then moved :

That this twenty-sixth annual meeting of Fellows and Members again affirms the desirability of admitting Members to direct representation on the Council, which (as now constituted) does not represent the whole Corporation; and that it does so in order that the constitution of the Council of the Royal College of Surgeons of England shall be in keeping with modern ideas of true representation.

He said that, although the petition of the members for representation on the Council had been presented year after year, it had been met persistently by a refusal unsupported by argument. To him it was astonishing that the councillors, "many of whom he knew to be right-minded men," should become so demoralized by their office as to maintain the present anomaly. He appealed to the President to allow his term of service to be marked by the bestowal of this tardy justice.

Dr. S. C. Lawrence, in seconding the resolution, concluded with the Council upon the poor results that had followed from opening to women the examination for diplomas. He had previously elicited that there was but one woman Member of the College at the present moment. He also pointed out that the proportion of Members to Fellows, which was fifteen to one in 1888, was about eleven to one in August, 1910. The Council were apparently working towards a millennium in which their constituents would be simply the Fellows and one Member, and that a lady. He criticized certain expenditure—the donation of 100 guineas to a neighbouring church, an item of £240 for a dinner to celebrate the jubilee of Licence in Dental Surgery—and said that the Council which thus spent the money of the body corporate, while denying to the members a voice in the management, "ought to be covered with shame as with a garment, and one hobbleskirt amongst them was totally inadequate." He read a letter, which he said was typical of others received by the Society of Members of the College, of which he was honorary secretary, in which a practitioner wrote that it had become his custom to describe himself as "an 'L.R.C.P.,' leaving out the 'M.R.C.S.' whenever possible."

Mr. F. W. Collingwood said that the constitution of the college was mediaeval, and the attitude of its Council contrary to all principles of equity and good sense. He prophesied for the college the speedy fate of those institutions which failed to assimilate themselves to a new environment.

Dr. W. G. Dickinson caused some amusement by quoting a few sentences from Mr. Butlin's presidential address before the British Medical Association describing the struggle to secure the direct representation of the profession on the General Medical Council: "I would have it (the story of that struggle) printed in large type and set up in every building which is devoted to the service of the Association, that all men may find in it an object-lesson of what can be done by patience and perseverance, by determination and tenacity of purpose." Would Mr. Butlin, he asked, have the story of the reform party of the college engraved on the walls of their own institution?

Sir Victor Horsley asked whether it were not possible, even at that late hour, to give the Members some idea as to the report of the committee which had inquired into the subject? Members were entitled to know the grounds of their exclusion.

The President said that the whole of the report on the subject of council representation was embodied in the report of the Council for 1907.

Sir Victor Horsley said that he was referring to the present report, Section ii, in which it was stated that a special committee advised the Council on the subject in March of the present year.

The President replied that the report of this committee consisted only of the statement made in Section ii of the Council's report. ("Oh!")

Sir Henry Morris said that he would explain. A lengthy statement, embodying a variety of reasons and objections, was published in the report of a few years ago. When the matter arose at the last annual meeting and was referred to a committee, that committee took the whole of the former report into consideration, and inquired as to any new facts or arguments which might justify modification or reversal of the previous decision. They came to the conclusion that nothing fresh had been brought forward, and therefore their report was a reaffirmation of the antecedent finding.

Mr. Collingwood: Will the President tell us whether any voting was taken in the secret conclave upon this subject?

The President (smiling): I think I remember some voting.

A Member said that he would give notice of motion that a deputation be formed to wait upon the Council.

Mr. Smith's resolution, on being put to the meeting, was carried *nemine contradicente*, and the proceedings concluded with a vote of thanks to the President, the sponsors of which were the proposer and seconder of the hostile motion.

## Public Health

AND

### POOR LAW MEDICAL SERVICES.

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

*Shropshire*.—Based upon an estimated population of 243,238, the birth-rate in the administrative county of Shropshire in 1909 was 23.8 per 1,000, the corrected death-rate 13.4 per 1,000, and the infantile mortality-rate 91 per 1,000 births. The reports from the rural districts show that old, dilapidated, and very small houses are common, but that their closure is impracticable, owing to the absence of better accommodation; and similar conditions are to be found in many of the urban districts. Dr. Wheatley points out that where housing accommodation is unsatisfactory, and private enterprise is not sufficient to provide an adequate supply of new houses, the sanitary authority should either itself build dwellings under the provisions of Part III of the Housing of the Working Classes Act, 1890, or the existing houses should be maintained in the highest possible state of efficiency. He urges that this can only be done by a frequent and thorough house-to-house inspection, followed up by action wherever necessary. He further very properly points out that the enormous importance of this inspection as a conservative agency has not been sufficiently realized. An instruction has been issued by the County Education Committee that children who have suffered from diphtheria must not be allowed to return to school until their throats have been declared free from diphtheria bacilli. Two further precautions, in Dr. Wheatley's opinion, should be adopted as soon as the machinery at the disposal of the sanitary authorities or the education authority is adequate for carrying them out. These are that all persons living in a house in which there is diphtheria should have their throats swabbed before the house is disinfected, and children from an infected house should not be admitted to school until certified that they are free from diphtheria; and that during the prevalence of diphtheria in a school all sore throats should be notified to the medical officer of health of the district, and the affected children should not be readmitted until he is satisfied, by bacteriological examination or otherwise, that they may do so with safety.

#### POWERS OF GUARDIANS WHEN APPOINTING MEDICAL OFFICERS.

BUCKRA asks several questions in reference to the powers of guardians when appointing workhouse and district medical officers, and to these questions our collective answer is as follows:

\* \* We know of no regulation which limits the choice of guardians on appointing a workhouse medical officer to candidates residing in the same district as that in which the workhouse is situated. Guardians are not compelled to appoint as district medical officer a resident in the district, but in the event of a vacancy any or all such candidates would be regarded as having a prior claim to that of non-residents. The medical district and not the parish is the area to be considered for all such appointments. All Poor Law medical appointments are subject to the confirmation of the Local Government Board.

PRINCE ALEXANDER OF TECK presided at the Court of Directors of the Royal Sea-Bathing Hospital on November 21st, when the committee reported that the new ward and day rooms were completed, and that there were now a few vacancies for the male patients, but there were 20 female applicants on the waiting list.