

CASE OF FATAL TRICHOCEPHALIASIS IN A CHILD.

BY

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THE case now to be recorded was that of a girl aged 5. There was nothing of interest in the family history, and the child's previous history was free from illnesses of any importance. The patient's home and surroundings were in every way conducive to good health.

The mother stated that a year before the onset of her illness the girl was noticed on several occasions to eat earth from the roadside, but for several months at least before her illness began she was not observed to do so. In August, 1908, her mother noticed that she was not looking well; she vomited sometimes after breakfast, she was easily tired, felt sleepy, and was developing a rash on her legs, and looked bloodless.

When the child was brought to us on August 31st, 1908, she was a well-developed girl, with pale skin and mucous membranes, the face being almost lemon-tinted, and the sclerotics pearly. Many spots of purpura were found on the legs, body, and neck, and one or two in the mouth. There were several patches of greenish discoloration indicative of old ecchymoses. A soft systolic murmur was heard all over the cardiac area; the spleen, liver, and lymphic glands were not enlarged. There was no history of bleeding from mucous membranes, or haematuria, but there was a small quantity of albumen in the urine. There was no diarrhoea during the illness, or during the previous year; there was no history of the passage of worms, and the only symptoms pointing to intestinal irritation were occasional grinding of the teeth and complaints of abdominal discomfort. These symptoms were not urgent, and were recalled by the parents only after the illness. There were no fits.

On the chance that intestinal parasites might be the causal agent of what was obviously a grave anaemia, calomel and thymol were given, and the faeces were carefully examined. No worms were found, but multitudes of the characteristic eggs of *Trichocephalus dispar* were present. No blood was present. Three days after the first visit the blood count was: Reds 1,160,000, whites 30,000, haemoglobin 20 per cent.; colour index below 1. The film showed poikilocytosis, microcytes, megalocytes, normoblasts, megaloblasts, and polychromatic staining. The leucocytosis consisted in an increase of the lymphocytes, and, to a lesser extent, of the large mononuclear leucocytes. Myelocytes were present, including some "intermediate" myelocytes.

The child was obviously becoming weaker, and no extreme measures could be taken with a view to expulsion of the parasites, but another dose of thymol was given and the stools carefully examined. The result was, as before, no worms found, but many eggs of *Trichocephalus dispar*. A second blood count, three days after the first, showed reds 990,000, whites 19,000, and haemoglobin 15 per cent. Her weakness gradually increased; the temperature, which had been rising to 100°, now began to reach 102.5°; she complained of pains in her legs, and suffered from occasional rigors. On the day before death, the liver, formerly of normal size, was found to be enlarged, extending 2½ in. below the costal margin. The spleen was not enlarged. On the day of her death she vomited a mass of coagulated blood; she died in a comatose condition. No necropsy was permitted.

Trichocephalus dispar is usually described as a parasite "without medical interest" and innocuous, but cases similar to the above have been recorded in which it has been associated at least with severe anaemia. These cases stand in the same category as certain "pernicious anaemias" due to the presence of *Bothriocephalus latus*, which are in reality not primary but secondary anaemias. *T. dispar*, if present in large numbers, may be a most destructive agent, causing profound, and even fatal, anaemia. Unfortunately, in this case we were not permitted to examine the bowel *post mortem*, but the ova of the parasite were found in the faeces in very large numbers indeed, so that we are justified in concluding that this child's condition was due to the parasite.

The blood had the characters of a secondary rather than a primary anaemia, as witness the colour index and the decided leucocytosis. The presence of megaloblasts does not go against this statement, as these cells are found in severe secondary anaemias, especially in those resulting from intestinal parasites (Askanazy).

A case similar to the above was reported in the BRITISH MEDICAL JOURNAL, 1907, vol. ii, EPITOME. In contradistinction to that case, our patient had a history of previous good health with no diarrhoea, nor was there any diarrhoea during her illness. The rapidity of the illness

now recorded is noteworthy; the child was, apparently in good health in July, and died in September after two months' illness.

A case of this kind points to the necessity for examination of the stools in children suffering from anaemia of unknown cause.

Memoranda :

MEDICAL. SURGICAL. OBSTETRICAL.

ULCERATIVE ENDOCARDITIS IN A BABY WITH PYAEMIC ABSCESSSES: CURED BY DRAINAGE AND VACCINES.

THE patient, aged 4 months, was admitted with a fluctuating swelling over the inner aspect of the upper third of the left tibia and a temperature of 103.6°. This was said to have been caused by a blow from a cricket ball.

The swelling was explored, and proved to be a subcutaneous suppurating haematoma. The underlying periosteum was examined, and found healthy, so the wound was partly closed and a drainage tube inserted. A week later the baby was observed to be rather blue, and breathing rapidly. On examining the heart the left ventricle showed signs of dilatation, and on auscultation a murmur was heard over the mitral area. This had a distinctly musical character, and was conducted outwards.

A tentative diagnosis of ulcerative endocarditis was made. Three days later a puffy swelling appeared over the right sacro-iliac joint. This was explored, and pus was found in the joint, which was accordingly drained. The next day the right knee exhibited signs of distension. This was opened and drained; it contained a slightly turbid fluid. Some of this, and also a specimen of pus from the suppurating sacro-iliac joint, was removed for examination.

The *Staphylococcus pyogenes albus* was found in each of the preparations, and a vaccine was prepared from them. An initial dose of 2½ million was injected into the subcutaneous tissue of the abdomen. This was repeated once a week. On the day after the first injection albumen was found in the urine. A fortnight after the vaccine treatment was started the knee-joint had ceased to discharge, and the sacro-iliac joint was still discharging slightly. Three months after admission the baby was able to return home. The abscesses in the knee-joint had completely healed, the movement in the affected knee-joint was excellent, the heart appeared to be normal, and the albumen had for some time disappeared from the urine. During the last month the dose of vaccine was gradually decreased from 2½ million to ½ million.

This case is of considerable interest—partly from the extreme rarity of ulcerative endocarditis in an infant (hardly any other such cases having been reported), and also on account of the vaccine treatment curing a case in which the prognosis looked extremely bad.

I am much indebted to the staff of the Royal Surrey County Hospital, Guildford, for giving me a free hand in treatment of this case, and also for granting me leave to publish it.

ECHLIN S. MOLYNEUX, M.R.C.S., L.R.C.P.

Leamington.

SCARLATINA MALIGNA.

DR. ARNOLD GREGORY'S paper in the JOURNAL of July 23rd, giving an account of some cases of scarlatina maligna, recalls to my mind a very similar case which occurred in my practice many years ago, in which treatment by cold affusion saved the patient from imminent death. A young girl, after eating her dinner, was suddenly seized with sickness of stomach, green vomiting, and green stools. Headache and delirium rapidly followed, and she was going about the house "as if she was mad." Simultaneously with the sickness the nurse who was attending her brother during an attack of enteric fever stated that a

red rash "like measles" came out all over the body of the patient, and remained out for some hours.

On the following morning, when I first saw her, her temperature was 105.6°, pulse 160, respirations 60. She was passing a thin dirty fluid from the bowels, with greenish shreds floating in it. Restorative remedies were employed with little or no effect. At 6 p.m. the temperature was 105°, the pulse could not be felt, except as a mere flicker; the first sound of the heart was inaudible, the only thing heard being a series of clicks in rapid succession, which I took to be the second sound. She was unconscious, but on speaking very loudly to her she opened her eyes, but could not be got to put out her tongue or speak. Since the morning visit the nurse stated that she had got "quite black" (cyanosis); that her pulse went, and that she only kept her alive by sprinkling her with cold water, and by applying mustard and turpentine to different parts of the body. As a rapidly fatal issue seemed the only thing to be expected—the girl, in fact, was moribund—it was decided to give her the chance of a cold affusion. Her hair was quickly removed, her head and shoulders brought well clear of the bed, and two or three jugfuls of cold water were thrown over her. This was followed by an immediately favourable result. She became conscious, answered when she was spoken to, put out her tongue readily, then seemed inclined to fall off into a somnolent state.

At 11 p.m. she had somewhat improved. The pulse could be counted, 160, but was only the merest thread. The temperature was 105.8°, respirations 36. As she seemed inclined to relapse into a state of lethargy, I repeated the cold affusion on her head, which this time she violently resisted.

On the following morning her temperature had fallen to 101.2°, the pulse to 136, and on the next day, the third of her illness, the temperature was 100.8°, the throat was sore, and a bright scarlet rash was over her limbs. From this on she made an uninterrupted recovery, and within five days from the onset of the attack was practically convalescent.

I mention this case because I believe that in similar cases cold affusion is the treatment *par excellence*, and where other remedies are inapplicable is likely to prove efficacious. The great nerve centres are overpowered by a morbid poison, and in cases such as this, where these centres are rather surprised than (necessarily) completely overwhelmed, and when they have been, up to the onset of the attack, in a condition of unimpaired integrity, it is just under such circumstances that a powerful stimulant is imperative if the patient is to be roused from a torpor which may have rapidly fatal effects.

Ennisconthry.

THOS. DRAPES, M.B.

MENINGOCELE OF SKULL CAUSING DIFFICULTY IN DELIVERY.

MRS. N., a multipara, suffered for the last few weeks before delivery from marked oedema of legs and pain in the back greater than during previous confinements.

I was called to her on the night of September 18th, and found her in the second stage of labour, the membranes having ruptured a short time before my arrival. The amount of amniotic fluid seemed to be in excess. The pains were not severe, and were described as nearly continuous.

On examination per vaginam a fluctuating swelling was found about the size of a large orange occupying the vagina. Above this the head of the child could just be felt. An abnormality clearly being present, a loriciform was administered and the hand cautiously passed into the vagina alongside the presenting tumour.

The condition was then clear. The fluctuating swelling could be felt to arise from the occipital portion of the child's skull and to have its pedicle surrounded by the cervix—the tumour being entirely in the vagina and the skull within the uterus. The tumour was felt to be covered by skin. Gentle traction was made on the pedicle and tumour in the hope of delivering first the tumour and then the head. The head was small and the cervix easily dilatable. Unfortunately, though little force was used,

the tumour burst, and delivery of the head was completed manually in a few minutes. The third stage of labour was normal. The child, which was a male, and otherwise healthy, only lived about two hours. On examining the lax tumour it was found to have been a meningocele, brain substance only being detected in the gap between the bones.

REMARKS.—The books on midwifery to which I have access do not describe a meningocele at any length; indeed, one says it is "of no obstetric importance." I would like to know whether it would have been possible to have delivered the tumour intact or whether it should have been tapped *in situ*.

H. J. ROBINSON, M.B., B.C. Cantab.
M.R.C.S., L.R.C.P.

Kirkoswald R.S.O., Cumberland.

INTUBATION OF THE APPARENTLY STILLBORN.

POSSIBLY this method is well known, but as I have not seen it in any textbook, and have never met a practitioner who was acquainted with it, you may think it of sufficient interest to justify publication.

When the usual methods of inducing respiration fail, I insert a gum-elastic catheter, from which the blunt end, including the eyelet, has been cut off (a No. 8 is a convenient size), by the mouth, and using the forefinger of the other hand as a guide, pass it through the glottis into the larynx, and blow through it gently, but with sufficient force to fully inflate the lungs. Usually the respiratory muscles immediately respond and expel the air, and breathing commences. Occasionally several inflations are necessary before respiration is fully established. In one case, where not the slightest indication of heart action could be detected, it was necessary to compress the chest walls in order to expel the air, and the inflation and forcible expulsion had to be kept up for quite two minutes, but in the end the child breathed without help and lived. I have used this method for the last thirty-five years and never known it fail. As an example of the value of subordinating one's surroundings to one's need, I may say that the first time it occurred to me to try this (in or about 1875) the only thing in the house of the nature of a tube was a "churchwarden" clay pipe. Using about half of its stem, I was able, by exercising great care, to get the thin mouth-piece end through the glottis without injury to the soft parts, and got a perfectly satisfactory result. Since that I have always carried the catheter tube in my bag.

Bishop Auckland.

MARK WARDLE.

Reports

ON

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

MONSALL FEVER HOSPITAL, MANCHESTER.

SEVERE CASE OF SCARLET FEVER, FOLLOWED BY MULTIPLE ABSCESSSES.

(By RAYMOND J. CHAPMAN, M.B., Ch.B. Edin., D.P.H. Vict., Assistant Medical Officer.)

THE following case seems worthy of record:

The patient, a boy aged 3 years, who prior to this illness, with the exception of a few slight attacks of nasal catarrh, had been perfectly healthy, was admitted to the Monsall Fever Hospital on February 17th, 1910. On admission the child was well nourished. The trunk and limbs were covered with a typical scarlatinal rash. The mucous membrane of the throat was very swollen and intensely inflamed.

The tonsils were enlarged and almost covered with a thick white, glairy secretion.

The tongue was furred and the papillae enlarged. The deep cervical glands were enlarged and tender on both sides.

The heart sounds were regular and rapid, and there were no audible bruits. The breathing was rapid, vesicular in type, and there were no abnormal physical signs. The urine was acid and contained no blood, albumen, or sugar.

The pulse-rate was 140 and the temperature 101.2° F. In

The Eye and Ear Clinique.—Some three or four years ago an institution, called at various times the National Eye Hospital, the National Eye, Ear, Nose, and Throat Hospital, and more recently the Eye and Ear Clinique, was established at 123, Oxford Street, and at the May meeting of the Council Mr. James Forrest, M.B., B.S. Edin., was charged with having associated himself, as a member of its committee and also as one of its surgeons, with this institution, which advertised by pamphlets and in the public press for paying patients. The complainants were the British Medical Association, and the fact that patients applying to the Clinique were charged half a guinea for the first attendance and five shillings for each successive attendance, and that the institution had been advertised by means of pamphlets and advertisements in the Sunday papers did not appear to have been denied. The Medical Secretary of the British Medical Association, Mr. Smith Whitaker, submitted that the question the Council had to consider was whether medical practitioners should be allowed, by surrounding themselves with the apparatus of a committee and of a hospital, to advertise indirectly in a way in which they would not be permitted to advertise directly in their personal capacity. Mr. Forrest stated that the institution was established to meet what was considered a public need, that is to say, for people who could not afford to pay high consulting fees. He and others interested in the institution were influenced to advertise by the fact that certain other hospitals advertised in all the Sunday papers. He also stated that Mr. Yates, described as a consulting engineer and founder of the Clinique, had guaranteed £5,000, and that nearly £2,000 had already been expended. He himself, he said, was working without remuneration. The hearing of the case on May 26th was adjourned to the following day to enable the respondent to produce further evidence, and his legal representative informed the Council that he proposed to produce the books and accounts of the Clinique, and also, if possible, to call members of the committee. When the case was called on May 27th the solicitor of the Council read a letter from the respondent stating that he did not propose to produce further evidence, and asking that his name should be removed from the *Medical Register*. The Council adjourned the case from the May session until the November session in order to give the respondent more time to produce further evidence in answer to the charge. When the case came on again on November 24th Mr. Forrest did not appear and was unrepresented, but the solicitor of the Council read a letter from him dated November 15th, transmitting a statutory declaration made by Mr. Yates stating that he had provided funds for the foundation of the institute, and had guaranteed it against loss for a period of five years; that the administration of the Clinique and the management of the finances were under the control of an honorary committee, of which Mr. James Forrest was the only medical member; that any excess of income over expenditure should be devoted in the first place to the provision of an in-patient department, and afterwards to the repayment of the donor; and that no salary should be given to the surgeons until the donor was reimbursed, and that such salary should not exceed £100 per annum, as it was intended that this honorarium should be given with the view of excluding purely honorary services, and not as adequate remuneration. The Council, without desiring to hear further evidence, resolved to direct that Mr. James Forrest's name should be removed from the *Medical Register*. Mr. Forrest's contention that the advertisements of the Eye and Ear Clinique should be condoned because several hospitals advertised in the Sunday papers was, of course, no answer to the charge made against him, and Mr. Smith Whitaker, in opening the case, pointed out that though other institutions advertised they treated persons who were believed to be fitting recipients of charity, there was at least some degree of inquiry to ascertain whether applicants ought to be treated at reduced fees, so that such institutions

were not carried on solely for paying patients, as was the case with the Eye and Ear Clinique. But the point having been raised, it would seem that the Association may find it desirable to investigate the nature of the advertisements issued by various special hospitals, and would, we have no doubt, not hesitate to call the attention of the medical staff of such institutions to anything that may be deemed objectionable in the manner or form of such advertisements.

Certificates in Lunacy Cases.—A medical man had given certificates stating that he had seen two lunatics on a particular day, whereas, in fact, he had not seen them. The circumstances were inquired into before a judge of assize and, as a result, the respondent was bound over to come up for judgement when called upon. This may be taken to indicate that the judge did not regard the offence as a very serious one in the eyes of the law. The circumstances were somewhat peculiar: The patients were in the house of a layman and it was the duty of the medical man to see them every six weeks, and report upon their condition in their medical journals. This he did on one or two occasions without having seen them, and the offence, which was fully admitted, had not as a matter of fact led to any bad result. It is obvious, however, that any laxity in the making of such returns might deprive the lunatics of the protection to which they are entitled, and the Council marked its sense of the importance of strict observance of accuracy in giving medical certificates by suspending its judgement till the next session.

Dental Disciplinary Cases.—Two dental cases were heard, in each of which it was decided to erase the name from the *Dentists Register*. The first was a case adjourned from the last session in order to enable the practitioner to produce evidence of his complete severance from an advertising practice conducted by an unqualified man. None was offered beyond his own statements, which appear to have been regarded as inadequate. In the other case, that of one Alexander Peel Patterson, four unqualified persons were employed to go round and extract teeth at patients' houses, the patients apparently being procured by canvassers. Though the operators had received no training, they were in the habit of administering injections of eucaïne; they were ignorant of the doses, but the two syringefuls, which were not to be exceeded, apparently contained 1 grain. Death ensued in one case shortly afterwards, though the *post-mortem* examination indicating that it was due to haemorrhage in the cerebral ventricles and not directly to the eucaïne or the operation.

GENERAL ELECTION.

LIST OF MEDICAL CANDIDATES.

THE following are among the list of candidates possessing medical qualifications at the forthcoming General Election whose names have been announced up to the time of going to press:

England.

- *Dr. Christopher Addison (L.), Hoxton.
- *Sir William J. Collins (L.), St. Pancras West.
- Dr. J. Court (U.), North-East Derbyshire.
- *Mr. C. H. Dixon (U.), Boston.
- *Dr. Alfred Hillier (U.), Hertfordshire North or Hitchin.
- Sir Victor Horsley (L.), University of London.
- Dr. J. E. Molson (U.), Bethnal Green North-East.
- Dr. R. O. Moon (L.), Marylebone East.
- Dr. W. Permewan (L.), Walton District, Liverpool.
- *Sir G. H. Pollard (L.), Eccles.
- *Sir R. J. Price (L.), East Norfolk.
- *Sir G. Scott Robertson, K.C.S.I. (L.), Central Bradford.

Scotland.

- *Dr. W. A. Chapple (L.), Stirlingshire.
- *Sir Robert Finlay, K.C. (U.), Edinburgh and St. Andrews.
- *Dr. A. R. Rainy (L.), Kilmarnock.

Ireland.

- *Mr. J. Dillon (N.), Mayo East.
- *Mr. A. Lynch (N.), West Clare.
- *Dr. C. O'Neill (N.), S. Armagh.

* Sitting member.

Universities and Colleges.

GRANTS TO UNIVERSITY COLLEGES.

IN pursuance of a suggestion made by a deputation from the English universities and colleges which participate in the annual university and colleges grant last March, a committee consisting of the Right Hon. A. H. D. Acland, Sir Alfred Hopkinson, Sir Oliver Lodge, Sir Isambard Owen, and the Rev. A. C. Headlam, D.D., was appointed, and had a conference with the Chancellor and the President of the Board of Education on November 16th. The committee recommend that the Treasury Committee, on the advice of which the grants should be distributed, should take into consideration the following three points:

1. *Output*.—Extent and character of the work being done, including number of students, nature of instruction given, research and other work undertaken.

2. *Needs*.—Needs in order to carry on the work efficiently:

- (a) Staff, and the remuneration of its members.
- (b) Accommodation and equipment.

3. *Development*.—Development of work which the several universities and colleges desire, and would be in a position to undertake effectively with further financial assistance, and having regard to provision already made from private benefactions, or other local support, or which may be obtained for such objects.

The committee added that while welcoming the fullest expert inspection, the universities and colleges felt that they must have complete freedom as to the mode of expenditure of grants to secure the greatest returns from them and to meet the constantly varying conditions. The committee also attached importance to the grants being made certain, and not liable to diminution so long as the extent and character of the work was maintained. If these two conditions of freedom and certainty were fulfilled, the universities and colleges would be able to work to the full extent of their capacities and use the means at their disposal with the best effect.

The Chancellor of the Exchequer expressed himself willing to grant an additional sum to the colleges to be allocated on these lines, but subject to the condition that sufficient additional local support should be forthcoming in each case, not only to maintain the existing activities of the college in conjunction with its existing Treasury grant and to place it on a secure footing in regard to its capital, liabilities, and requirements, but to meet a suitable proportion of the cost of maintenance of the new developments adopted. He was prepared to increase the total grant by £50,000, and promised (subject, of course, to compliance with the minimum conditions as to character, efficiency, etc., which any college is already required to fulfil in order to participate in the grant at all) not to reduce the existing grants to the several colleges.

UNIVERSITY OF LONDON.

Result of Examinations.

THE following candidates have been approved at the examinations indicated:

THIRD M.B., B.S.—A. R. S. Alexander, E. W. Archer, B.Sc., J. A. Atkinson, K. J. Aveling, W. A. Berry, S. G. Billington, F. L. Brewer, A. Burrows, A. N. Cox, R. G. Crabb, *W. A. Daley, B.Sc., F. A. Dick, G. Dunderdale, G. F. E. Dyke, B. F. Eminson, T. C. C. Evans, W. C. Fowler, T. W. George, A. H. Gool, A. A. R. Green, H. A. Grierson, H. P. Hacker, B.Sc., J. S. Hopwood, A. R. Jones, W. S. Kidd, A. E. Lees, Blanche P. Lindup, D. Loughlin, K. D. Marriner, *B. C. Maybury, B. Montgomery, G. T. Mullally, E. M. Parsons-Smith, *Cicely M. Peake, J. V. Rees, A. Renshaw, H. F. Renton, D. G. Rice-Oxley, A. L. Robinson, *†C. E. Shattock (University Medal), H. G. Smith, R. Stout, L. S. B. Tasker, L. H. Taylor, G. O. Teichmann, G. Y. Thomson, A. B. G. Underwood, A. D. Vazquez, M. D. T. Vlasto, Lillian E. Watney, E. White.

Honours. † Distinguished in Medicine. ‡ Distinguished in Surgery.

THIRD M.B., B.S. (Group I only)—N. Booth, A. C. S. Courts, Hazel H. Cuthbert, W. E. Fox, J. T. McDougall, Emily C. Macirone, R. N. O. Moyman, Mabel Muncey, T. A. F. Tyrrell. (Group II).—T. Beaton, C. A. Birts, A. E. D. Clark, M. M. Cowasjee, J. A. Edmond, Florence M. Edmonds, Ethel R. Griffiths, E. C. Lindsay, J. B. McVail, R. K. Mallam, A. A. E. Newth, E. A. Penny, A. A. W. Petrie, D. Scurllock, J. C. Woods.

UNIVERSITY COLLEGE.

New Chemical Laboratories.

AN appeal for £70,000 to provide new chemical laboratories for University College of London was made last spring, but, owing to the death of the late King, a meeting at the Mansion House which had been arranged was postponed. Sir Henry Roscoe, the chairman of the new chemical laboratories fund, now makes a fresh appeal, stating that the first object is to raise £25,000 for the purchase of the proposed site adjoining the college, and the second to raise £45,000 to erect the laboratories. The sum required for the site must be obtained before Christmas if the Senate of the University is to be in a position to exercise the option to purchase the site. Towards the sum required £9,000 has been collected, leaving a balance of £16,000 to be raised forthwith. An appeal is made to those Londoners who desire to see university teaching in London developed in accordance with the needs of the nation. Donations may be sent to Sir Henry Roscoe at the University College.

UNIVERSITY OF WALES.

MEDICAL DEGREES.

IN its report to the Court of the Welsh University, which met at Aberystwyth on Friday, November 25th, the Medical Board stated it had reason to believe that the Privy Council would favourably regard such extensions of the powers of the university as to allow the degrees of M.B. and B.Ch. to be registrable qualifications under the Medical Acts, and recommended the Court to take steps to promote a bill empowering the university to hold qualifying examinations in medicine, surgery, and midwifery for the purpose of granting diplomas.

The board also recommended that the laboratory of the Queen's University, Belfast, be recognized as a place of study for the Diploma in Public Health.

The recommendations were adopted, and the following were appointed to examine for the Diploma in Public Health in 1911:—Part I: Professor Sheridan Delépine, M.B., C.M., M.Sc. Manchester, and Colonel J. Lane Nottet, M.A., M.D., D.P.H. Part II: Dr. John Tatham, M.A., M.D., F.R.C.P., and Dr. Wm. Williams, M.A., M.D., D.P.H., Medical Officer for the County of Glamorganshire.

UNIVERSITY OF GLASGOW.

GRADUATION CEREMONY.

THE winter graduation ceremony took place on November 17th, in the Bute Hall of University, Principal Sir Donald Macalister presiding. The medical graduates were 18 in number, those being presented by Professor Stockman and receiving the degree of M.D., one with honours, two with high commendation, and five with commendation. Two graduates received the degree of B.Sc. in Public Health, being presented by Professor Gregory. No honorary degrees were conferred at the ceremony.

The following were among the degrees conferred:

M.D.—*W. B. M. Martin, †T. Adam, M.A., †M. R. Taylor, †J. M. Anderson, †W. H. Manson, M.A., †W. S. Moore, †J. S. Nicolson, †C. J. Ross, B.A., Martha M. Buchan (Mrs. Wilson), H. H. Christie, J. F. Macdonald, C. Marshall, J. H. Martin, J. Masterton, H. Matthews, M. M. Rodger, A. Stevenson, T. Strain.

* Honours for thesis. † High commendation for thesis.
‡ Commendation for thesis.

JOINT CONFERENCE COMMITTEE ADDRESSES.

A series of addresses on practical questions has been arranged under the auspices of the Joint Conference Committee to take place at Glasgow University, and these will include some lectures on medical and social work. The first address was given by Dr. A. K. Chalmers, Medical Officer of Health for Glasgow, on November 25th, on The Public Health Authority and its Work. On December 2nd, Dr. R. D. Clarkson, Edinburgh, dealt with the Present Treatment of the Feeble-Minded. Other addresses on medical, social, and civic topics have been arranged for.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following candidates have been approved at the examination indicated:

FIRST FELLOWSHIP.—C. G. Aickin, F. G. Bell, E. C. Bowden, G. W. Carte, A. Chance, J. H. Connolly, C. H. Crawshaw, M. J. Cronin, F. E. Daunt, H. W. Davies, R. D. Davy, G. R. Dobrashian, V. W. Draper, J. Everidge, P. Ferguson, W. B. Foley, P. J. Franklin, H. G. Frean, B. C. Harkness, C. C. Holman, R. L. Horton, C. M. Jones, C. M. Kennedy, F. McG. Loughnane, R. J. McConnell, K. Mackenzie, H. P. Malcolm, H. H. Mathias, J. N. Mehta, A. C. Palmer, M. J. Petty, E. Rayner, J. M. Redding, P. Roux, J. Thompson, J. R. Waddy, G. B. Warburton, D. Waterston, S. B. White.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—C. F. Coyne, F. Freeman, C. E. H. Gater, F. G. Kelly, D. F. Lucey, F. M. Taylor.

SECOND COLLEGE.—E. Connell, W. Dowse, J. McDonagh, L. L. McKeever, B. J. Mullin, C. L. Sproule, S. T. Sullivan, P. F. Ward.

THIRD COLLEGE.—A. J. Best, F. Cassidy, E. P. Dewar, R. F. J. Griffith, J. Kelly, B. Kelly, A. P. Kennedy, J. S. Lewis, M. Meehan, F. P. McDermott, D. Murphy, A. J. Neilan, H. E. O'Brien, P. J. O'Connell, J. C. O'Farrell, G. Wilson.

FINAL.—G. F. Allison, A. E. Bedell, O. G. Connell, N. M. Herbert, P. McCartan, L. A. Moran, W. H. Murray, H. R. Tighe.

D.P.H..—*M. Carthew, J. P. Cassidy, V. G. Gokhale, A. J. Hamilton, J. L. Pinto, J. R. Prytherch, R. W. Rees, S. Rozdon.

* Honours.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*H. E. Battle, *†C. B. Davies, †E. B. Keen, *†J. M. Moll, *†W. H. Parkinson, *†C. J. Thompson.

MEDICINE.—*E. G. Brisco-Owen, †A. Cordon, *†C. B. Davies.

FORENSIC MEDICINE.—C. B. Davies, C. W. Jenner, J. M. Moll, A. J. V. Mathews.

MIDWIFERY.—C. B. Davies, W. H. Parkinson.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. H. E. Battle, A.; Cordon, C. B. Davies, J. M. Moll, and C. J. Thompson.

BRANCH SURGERIES.

A. W. H. asks whether there is any objection to a country practitioner having "a lock-up dispensary" in a town three miles distant, where he attends several hours daily.

* By a "lock-up dispensary" we presume is meant a place at which no one is in attendance in the absence of the practitioner, so that patients seen by him there who might become worse, and require his presence, would have to send three miles. This might be an objection to the arrangement, and some means of communication—as by telephone—would appear to be desirable.

Public Health

AND

POOR LAW MEDICAL SERVICES.

PUBLIC VACCINATION IN BERMONDSEY.

ACCORDING to a report in the *Morning Leader* of November 18th, at a meeting of the board of guardians, an attack was made on the system of public vaccination in Bermondsey by the rector of that parish, the Rev. Herbert Williams. The public vaccinator was specially criticized for the method employed of obtaining a sufficient number of cases for the purpose of instructing students in the principles and practice of vaccination. It would appear that he is authorized to attract women to bring their babies to his station by the payment of 1s., and is allowed by the Local Government Board to charge the local authority for all such vaccinations at the same rate as if he vaccinated them at their own homes.

It was contended that the pecuniary reward induced mothers to bring their children from other parishes, so that an improper burden was thrown on the Bermondsey rates; it was also alleged that among the very poor the money payment tempted them to throw away the vaccination shields immediately after the operation, so as to be able to bring them a second time for vaccination, and thus to obtain another 1s.; that the cost of instructing students in vaccination ought to be borne by the State, or by the hospital authorities. The report states that Dr. Davies, a member of the borough council, in commenting on this state of affairs, accused the public vaccinator of "going into his neighbourhood, and cadging his patients by giving them 1s., and making a clear 4s." "How does he know," he said, "that people vaccinated at his place do not come two, or three, times?"

Mr. Eeroyd said the rector's allegations were "infamous," and suggested that Dr. Davies was animated by professional jealousy. It was finally agreed unanimously to refer the report back to a committee of the whole board.

It will, perhaps, be better to defer any criticism till after the proposed investigation has been made. In the meanwhile, we must express our incredulity as to the likelihood, or even the possibility, of necessitous mothers taking their infants to the station a second time in order to gain the 1s.

SUSPECTED BOVINE TUBERCULOSIS.

AN appeal of considerable importance in the administration of public health laws in regard to the sale of milk from cows affected by tuberculosis was heard at Sunderland on November 26th by Mr. T. R. Colquhoun Dill, barrister, of London, appointed by the Board of Agriculture and Fisheries to conduct the proceedings. The appeal—the first of its kind in the country—was lodged by Mr. George Greenshields, dairy farmer, Over-the-Hill Farm, near Houghton-le-Spring, Durham, against an order of the Sunderland Corporation, under the Corporation Act of 1907, restraining him from selling milk from certain cows in the borough. The ground of the appeal was that the conditions precedent to the order required by the statute had not been complied with. It was contended on behalf of the appellant that the corporation were seeking, without having first established a *prima facie* case of tuberculosis, to put upon the farmer the burden of proving that his cow was free from that disease. Four cows were involved in the order and on the farmer subjecting one against which some suspicion was raised to the tuberculin test and obtaining a certificate that the cow showed no symptoms of tuberculosis, the corporation withdrew the order in respect of that particular cow, but maintained it in regard to the remaining three cows, which had not been submitted to the tuberculin test. Counsel on behalf of the appellant urged that it was incumbent on the authority to establish a *prima facie* case of tuberculosis before they could make a prohibitory order, and he submitted that in this case the corporation had not fulfilled the necessary precedent condition.

The Town Clerk, in reply, said the whole matter rested upon the opinion of the medical officer. If the medical officer on inspection thought there was reasonable ground for suspecting tuberculosis, it was competent for him to call upon the farmer to show cause why the prohibitory order should not be made against him. This had been done in this case, and the farmer having ignored the medical officer's notice, the authority had no other resort than to make the order.

After hearing evidence on both sides, the presiding Barrister intimated that he would report to the Board of Agriculture and Fisheries, who would communicate their decision to the parties in due course.

Medical News.

THE discussion on dilatation of the heart and heart strain, opened at the Medical Society of London by Dr. Goodhart, will be resumed on Monday at 8.30 p.m., Dr. William Collier of Oxford being the first speaker.

THE Bradshaw Lecture before the Royal College of Surgeons of England will be delivered in the theatre of the College on Wednesday next, at 5 p.m., by Sir Alfred Pearce Gould, K.C.V.O., the subject selected being Cancer.

AT a meeting of the Illuminating Engineering Society, to be held at the house of the Royal Society of Arts, John Street, W.C., on Friday, December 9th, at 8 p.m., a paper on Recent Progress in Electric Lighting will be read by Professor E. W. Marchant, D.Sc.

THE conference on matters relating to hospital enterprise, organized by the Medical Charities Committee of the Metropolitan Counties Branch, held a further meeting, under the chairmanship of Dr. Lauriston Shaw, on November 29th. It was attended by fifty delegates representative of the staffs of a large number of the metropolitan hospitals, of the Central Hospitals Committee of the British Medical Association, and of its Metropolitan Counties Branch.

THE council of the Irish Medical Schools' and Graduates Association has addressed a letter to the members of the Board of the West Ham and East London Hospital protesting against the rule requiring that physicians about to be appointed must be Fellows or Members of the Royal College of Physicians, and the surgeons Fellows of the Royal College of Surgeons of England. A similar letter has been addressed to the board of the West London Hospital, where the rule requires the physicians to be Fellows of the English college, while the surgical posts are open to diplomates of other colleges.

THE past and present students of the Royal Dental Hospital of London held their annual dinner last Saturday. They met under the chairmanship of Mr. H. Lloyd Williams, who in the course of the evening announced that the King and Queen had graciously consented to become Patron and Patroness of the institution. He also paid just testimony to the appropriateness of the school building to its special purpose, and said that, though the school had no motto, it lived and worked in the spirit of Wordsworth's rule: "Be in mind to follow with no timid step when knowledge leads." Speaking on behalf of the dental department of Guy's Hospital, Mr. W. Maggs said there was no feeling of jealousy between the dental schools; they all had the same aims in view. He hoped that the day was not far distant when dental research and dental teaching would be endowed: teachers should be considered as well as students. Mr. L. A. Bidwell, who responded to the toast of "The Visitors," said that it appeared to him that the dental profession lacked sufficient members to fulfil all the needs of the public, and there was a need for more institutions for the dental treatment of the poor. Of late years dentistry as a science had made such rapid progress that he had no doubt that the institution of post-graduate courses would be welcomed by many practitioners.

AT a meeting of the Council of the Association for Promoting the Training and Supply of Midwives, on November 24th, Mrs. Wallace Bruce, chairman of the Executive Committee, said that the committee considered that Clause 12 (1) (b) of the Midwives (No. 2) Bill, which would permit a midwife qualified under regulations of the Local Government Board for Ireland to be certified under the principal Act and to practise in England and Wales, should be omitted. In the first place, it did not deal with the regulations of midwives practising in Ireland, for which a separate bill would be necessary; and in the second it would allow a second standard of qualification for midwives practising in England—a suggestion deprecated by the association on a former occasion, and by a large majority of those who gave evidence on the point before the Departmental Committee in 1909. With regard to Clause 17, relating to the payment of fees to medical men called in at the request of midwives, the committee, while accepting the clause as a temporary measure, expressed no opinion as to the authority ultimately to be responsible for the payment. Further, it reported that the bill should authorize town councils to make use of Section 133 of the Public Health Act, 1875, as already done in certain towns. The recommendations of the Executive Committee were confirmed by the meeting *nemine contradicente*.