

It was further found that this plumbo-solvency depended on the absence of salts in solution, on the softness of the water in fact, and was independent of the presence of acids, either organic or inorganic. The solvent power of the water being unsatisfied, it was immediately exerted on the lead.

It was further found that this plumbo-solvent action could be obliterated by the addition of 3.7 parts of calcium carbonate per 100,000, or 5.3 parts of sodium carbonate per 100,000, but whereas the whitening treatment was only efficient during a period of twenty-four hours' exposure, the results of the sodium treatment were unaffected by ninety-six hours' exposure. The sodium treatment was more expensive, but since, in addition to its greater efficacy, there was an absence of risk of the deposition of an insoluble salt in the pipes, I advised my committee to adopt this method. A very simple and inexpensive plant has now been working for considerably more than a year with completely satisfactory results as regards the prevention of lead contamination.

But the practical point to which I wish to call attention is the enormous excess of lead which I found in samples taken from the hot-water taps of private houses.

In thirty observations of water taken from houses in all parts of the borough, there was invariably lead in the sample taken from the hot tap, even when the cold water showed none or only a trace. In several cases the hot water contained over two grains of lead to the gallon.

A similar state of affairs has since been observed at Ashton-under-Lyne. In his annual report for 1910, the medical officer, Dr. Talent, remarks:

During the year samples of drinking water were tested for lead. Twenty-five from cold-water taps, six from hot-water taps. Of those taken from the cold-water taps, three showed slight acidity, but no lead was present in any. Of the six taken from the hot-water supply, three showed a marked quantity of lead. It is evident that anyone drinking water from the hot water tap in such cases as the three in question, would run a decided risk of lead poisoning. The matter was freely discussed in the local press, and an advertisement pointing out the danger, was inserted in the same.

This discrepancy in the amount of lead contained in the hot and cold water supplies was altogether too great in the case of Leigh water to be accounted for by any possible increase of the solvent power of the water due to its temperature, and it was also out of proportion to the extra length of piping through which the hot water passes. It was clear, therefore, that the hot water was somewhere exposed to lead in a way in which the cold water was not. After a little inquiry I learnt that this contact takes place in the so-called copper cylinder; the great majority of such cylinders are heavily weighted with lead, and are, in fact, known to the trade as "loaded" cylinders.

In a genuine cylinder the top and bottom are attached to the body of the cylinder by a hammered joint, which is merely "sweated" with solder. In a loaded cylinder there are thick, wide rings of lead all round the inside of these joints and round the insertion of the unions. How profitable the arrangement must be will be understood from the following particulars of a cylinder which I had opened and examined.

This cylinder was 36 in. in length by 16 in. in diameter, and was made of 19 Birmingham wire gauge copper. This copper would weigh 33 lb., and allowing 3 lb. for unions and 2 lb. for solder, the total weight should have been 38 lb. Its actual weight when fixed was 57 lb., so that the purchaser had paid for no less than 19 lb. of lead at the price of copper!

But even this commercial dishonesty is unimportant in comparison to the danger to the public health. This cylinder was purchased in 1895, and was removed in 1909. When removed it weighed only 54 lb.—that is, in fourteen years 3 lb. of lead had been dissolved out of it and gone into the water, since an examination of its contents proved that practically the whole of the loss was lead. In this case rings of lead more than an inch thick were found around all the joints, and these were much corroded. The lead in the upper part of the cylinder had evidently been in a viscous condition as the result of the heat. The bottom of the cylinder contained a large amount of rusty debris which was analysed by Dr. Heap of the Manchester Public Health Laboratory. The analysis showed that 31.31 per cent. of this debris was lead. It is proved, therefore, that from this particular cylinder some 3 oz. of lead

were passing into the water every year, the resulting solution being obviously a deadly poison.

Of course every one will agree that water from the hot tap ought not to be consumed, but the fact remains that the practice is very common. It saves time and trouble to fill the tea kettle or the saucepan with water already hot and then "bring it to the boil," and even those who know better than to do so themselves may be exposed to danger through the carelessness or ignorance of servants.

Unfortunately such a cylinder as the one I have been describing is not exceptional—it is the rule. It is quite easy to recognize one of these "loaded" cylinders without going to the trouble and expense of opening it. The existence of improper quantities of lead is at once revealed by percussion. In a properly constructed cylinder the note is practically clear right up to the joint, whereas in a "loaded" one there is an area of complete dullness extending for about two inches on each side of it.

This is a condition of affairs, in my mind, very disgraceful to the industries concerned, and while it is undoubtedly the duty of all sanitary authorities to prevent, as far as possible, the existence of plumbo-solvency in their public water supplies, and to warn the public against the possible danger of consuming water drawn from the hot-water tap, it is none the less the duty of sanitarians to call public attention to this dangerous and cynical dishonesty of certain makers and vendors of copper circulating cylinders.

Dr. JOHN BROWN (M.O.H., Bacup) said that there was a real danger from the use of water from hot-water taps. Dr. Wynne had done a public service in directing the attention of the medical profession to the danger, and especially to the fact of the use of lead in the "copper" cistern which was sold as copper. No doubt that accounted for the large amount of lead, namely, 2 grains per gallon, found in some samples. Usually there was a long length of lead pipe to the hot-water tap. This year he had examined water from these taps in forty-two houses, including clubs and cottages, and found no lead from cold-water taps, but forty of the hot-water taps showed the presence of lead. As both taps were often of the same pattern, as a precaution he suggested hot-water taps should be of a different pattern.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CHLOROFORM DURING SLEEP.

I NOTICE a memorandum in the JOURNAL of June 24th, p. 1464, by Dr. Ian Jefferiss, which suggests that the administration of chloroform to children during sleep is unusual. I have done this regularly for twenty-five years in all cases where children require an anaesthetic for small operations, setting fractures, etc., and, if the children are under about 14 years of age, have never found any difficulty. One has to begin *very* gradually, but with a little patience success is almost certain, and much mental distress avoided.

Nuneaton.

E. N. NASON.

#### GASTRO-INTESTINAL HAEMORRHAGE IN A NEWBORN CHILD.

INSTANCES of this evidently somewhat rare condition were reported in the JOURNAL on April 29th and July 8th, 1911. Dr. Mills records the first, a fatal one, but he was unable to obtain a *post-mortem* examination; the second, Dr. Semple's, recovered.

Some years ago I saw an apparently healthy, full-time male child, who had been seized about sixteen hours after birth with violent and repeated attacks of haematemesis, bright red in colour. This was accompanied later by the passage of dark red blood by the bowel. The shock was too great, and the child died about six hours after. At the *post-mortem* examination I found an ulcer, the size of a sixpence, in the pylorus. I remember at the time preparing full notes of the case, with the intention of reading it at a meeting of the local Branch. For some reason or other I was prevented, and it has not yet been reported. As I was in this instance able to verify the source of the bleeding, possibly even now it is not without interest.

Harrogate.

M. B. RAY, M.D. Edin.

## NUTMEG POISONING.

THE following case resembles that reported in the BRITISH MEDICAL JOURNAL of April 29th.

About 9.30 p.m. on April 20th I was asked by a man to see his wife who was dying; his own medical man was out. I found the patient in a very restless excited condition, gripping her throat and the right side of her face with her hands. She declared she was dying, that she had great difficulty in breathing, that her throat was closing up and her whole body was stiffening, that there was a "drawing over" of the right side of her face, and that she had headache, giddiness, and pain in the stomach. I found no paralysis of the muscles of the face and although she was breathing rapidly there was no perceptible obstruction in the throat. The pulse was 130 and the face flushed, but the temperature was only 98. The chest revealed nothing abnormal, and in the abdomen there was no tenderness or rigidity. The pupils were somewhat dilated, but acted normally to light and accommodation. The knee-jerks were exaggerated. She had had three children, all healthy, and no miscarriages. She confessed that since December she had had reason to believe that she was pregnant, but that as she would rather kill herself than have another child she had wished to produce an abortion. With that object she had taken a whole nutmeg in a glass of hot beer about 5 p.m.

I treated her symptoms and then left. Her own medical man visited her next morning and found her drowsy and rather giddy, but otherwise well. She had slept deeply. It turned out that he had himself seen her a few hours previous to my visit. She had said nothing to him about the nutmeg, but was very excited, so he gave her a sedative. Whether it was to this or the poisoning that the deep sleep was due cannot, of course, be determined.

It may be added that in this case, as in the one to which I have alluded, the nutmeg has not effected the object for which it was taken.

BERTRAM F. BARTLETT, M.R.C.S., L.R.C.P.

South Kensington.

## Reports

ON

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

#### KASHMIR MISSION HOSPITAL.

##### EXTRAUTERINE PREGNANCY.

(Under the care of Mr. ERNEST F. NEVE, F.R.C.S.)

THE following case is one of extrauterine pregnancy in an unusual position; it produced acute intestinal obstruction, the cause of which was not revealed until it was shown by the operation.

S., aged 28, was admitted March 28th, 1911, complaining of great abdominal pain of five days' duration. The abdomen was distended with gas. No flatus had been passed for many hours. Between the umbilicus and pubis there was an irregular tumour, partly fluctuating and partly solid, but masked by the intestinal distension. As large enemata gave no relief and intestinal obstruction was complete, an operation was at once performed. The tumour was found to be the sac of an extrauterine pregnancy with a fetus of about 4 months. Both this and the placenta were decomposed but not putrid, and there was a large collection of pus between the outer sac and the membranes. This pus was found to be sterile. The intestines were adherent all round and it was the tying down of the ileum by adhesions which had caused the obstruction. The sac was central and attached to the fundus of the uterus. The adhesions were separated and the whole sac removed with the exception of a portion attached to the uterus, which was clipped down and folded in with a line of catgut suture. A gauze drain was inserted and a drainage tube for the pelvis.

The drain was removed next day and the drainage tube on April 4th. The wound was healed on April 14th and the patient went home on April 16th, having made an uninterrupted recovery.

## Reviews.

### THE SACCULAR THEORY OF HERNIA.

THE question of the origin of hernia has until within the past few years been one mainly of academic interest, but the Workmen's Compensation Acts have brought the subject well within the range of practical affairs. It is chiefly on this ground that we welcome heartily the appearance of a second edition of Mr. R. W. MURRAY's essay, *Hernia: Its Cause and Treatment*.<sup>1</sup> It is not claimed for the book that it is an exhaustive study of the subject, as, indeed, it is incomplete in some respects. The historical sketch, illustrated by reproductions of some ancient drawings, is interesting, but might have been made more so had the varieties in the treatment of hernia in the early Listerian period of surgery been more fully dealt with. The chapter on the geographical distribution of hernia is useful, though rather scrappy.

The saccular theory of hernia was first enunciated by Mr. Hamilton Russell, of Melbourne, and Mr. Murray acknowledges that the views held by him are those of Mr. Russell. Briefly put, the theory is that all herniae are protrusions of bowel into *preformed* sacs or diverticula of peritoneum—that, in other words, all herniae are congenital, that the "acquired" hernia is a fiction, excepting, of course, the post-operative ventral variety. The argument may be best grasped from a consideration of the commonest variety of hernia—the oblique inguinal. We have, Mr. Murray says, always hitherto been taught that

there are two distinct types of oblique inguinal hernia: hernia occurring during infancy and childhood in which the sac is of congenital origin and the hernia of adult life in which the sac is said to be generally acquired. From clinical experience we know that during infancy and childhood two distinct varieties of the same type of congenital hernia sac are seen: the complete sac which involves the tunica vaginalis, and the incomplete sac which is entirely separate from the tunica vaginalis, the latter being the more common of the two. In the adult also two distinct varieties of the same type are seen: the complete sac which involves the tunica vaginalis and the incomplete, the latter being much the more common of the two. The general relationship of the sac, whether complete or incomplete to its coverings, is remarkably constant and similar both during infancy and adult life.

Therefore there seems no good reason to suppose that the difference between the so-called congenital hernia and the so-called acquired hernia is other than one of degree—that is to say, in relation to the time of its appearance and to its extent. The author goes on to point out how frequently operations are performed on herniae appearing suddenly for the first time and becoming strangulated, though nothing is found to suggest that the sac was suddenly acquired, and he concludes that in these cases the bowel had descended into a peritoneal diverticulum which had existed since birth. If this is so in herniae forming suddenly, we cannot decline to accept the suggestion that the essential factor in the production of a hernia is the presence of a preformed sac.

At Mr. Murray's suggestion Dr. Nathan Raw made a special investigation in 200 consecutive non-selected *post-mortem* examinations upon persons in whom there was no history or evidence of hernia, and found that in 47 bodies potential hernial sacs were present; in some instances more than one sac was found, as there were in all 68 diverticula. In most of the cases the unobliterated portion of the processus vaginalis was about 1 in. in length, and the opening at the internal ring so small as barely to admit a probe, though in others the little finger could be passed into it. If we grant the existence of a patent funicular process, the occurrence or not of a hernia largely depends upon two factors—the size of the opening at the internal abdominal ring and the strength of the muscles guarding it. The appearance of hernia at puberty is to be accounted for by the sudden overtaxing of the muscles incidental to this age owing to increased muscular exercise and their yielding to the persistent effort of the intestine to escape. The same

<sup>1</sup> *Hernia: Its Cause and Treatment*. Second edition. By R. W. Murray, F.R.C.S., Surgeon, David Lewis Northern Hospital, Liverpool. London: J. and A. Churchill. 1910. (Med. 8vo, pp. 182; with 62 illustrations. 6s.)

determination to let no symptom escape notice. He realized very fully the claims of the poor on his talents, and gave unstintingly of his best to their services. He was much beloved in the neighbourhood and is deeply mourned. He held many appointments in Ballinasloe. He was Visiting Physician to the District Asylum, Surgeon to the Royal Irish Constabulary and the Post Office, Lord Chancellor's Visitor in Lunacy, examiner of recruits for the War Office, and was Medical Referee to several insurance companies.

He leaves a widow to mourn his loss, six sons, two of whom are Fellows of the Royal College of Surgeons in Ireland, and two are medical students; and a widowed daughter. His death leaves a great blank in the affections of all who knew him. J. M.

Dr. JOSEPH O'CARROLL (Dublin) writes: I should like to say a few words of appreciation of my dear friend Rutherford. During a friendship of many years my respect for him grew steadily. One saw the splendid head and stout heart fighting the battle of life, not as a combatant but as an apostolate. He gave of his best to rich and poor alike, to medical colleagues as to the public; not as a self-conscious benefactor, but as a father and friend. My introduction to him was due to his bringing me to Ballinasloe to see a medical man whose subsequent death afflicted him as that of a brother. What a store of skill and sympathy he had to give! A practitioner of the older training, but by no means of the old school as the phrase is commonly used. He kept himself abreast of every essential movement in medical science, so that his practice took in and absorbed every important advance of later years. I have yet to meet a mind more quick, receptive, and logical, or a disposition more straight, sympathetic, and truly human. His home brightened by a loving wife and devoted children, and maintained by his own brave work, was the ideal of what a happy home should be. *In perpetuum frater ave atque vale.*

We regret to announce that, after a painful illness of some months' duration, Dr. DAVID MURRAY, of Hawick, died there, in his 40th year, on July 20th. A native of Hawick, where his father was head master of Trinity School, Dr. Murray became a graduate of Edinburgh University. For some time he was in practice in Dumbartonshire and the neighbourhood of Edinburgh, but about ten years ago he returned to Hawick and entered into partnership with his father-in-law, the late Dr. Brydon. A man of strenuous activity and of great integrity and directness of character, Dr. Murray brought to the work of his profession a well-equipped mind, skilful hands, and a singularly kind and sympathetic nature. By his numerous patients in town and country he was absolutely trusted, and by the whole community he was held in the highest esteem. During his term of service as Medical Officer for the combination poor-house his unfailing devotion to his duties and his kindly concern for all that could minister to the well-being of those under his care met with warm approval, and by the burgh police, whose Surgeon he was, he was greatly respected. For some years Dr. Davidson had been associated with him as partner. Dr. Murray leaves a widow and two children, and for them and his widowed mother there is deep and widespread sympathy.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

- M.B.—F. C. Davies, E. St. G. Goodwin, F. H. Robinson, A. Sandison, F. D. Sauer, R. J. Vernon, C. E. Whitehead, C. S. E. Wright.  
B.C.—R. L. Barker, A. W. Bourne, F. C. Davies, G. H. Dunn, C. Ede, E. St. G. Goodwin, G. Hoffman, A. C. Johnson, O. de B. Marsh, A. H. Moore, P. A. Opie, J. B. Pulling, F. H. Robinson, A. Sandison, F. D. Sauer, C. Strickland, F. H. Watson, C. E. Whitehead, C. S. E. Wright.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

At a meeting of the Senate on July 12th the following teachers were recognized as teachers of the university in the subjects and at the institutions indicated:

London School of Medicine for Women.—Dr. F. S. Langmead (Pathology).  
St. Mary's Hospital Medical School.—Mr. J. E. S. Frazer (Anatomy).  
Lister Institute of Preventive Medicine.—Dr. Hugh McLean (Physiological Chemistry).  
Hospital for Consumption.—Mr. A. J. Jex-Blake (Clinical Medicine).

#### First Examination for Medical Degrees for Internal Students.

It was resolved that the regulations for internal students in medicine be amended by the addition of the following under the heading of "Exemptions":

Students who have presented themselves for an internal intermediate examination in science or agriculture in the following four subjects taken at the same time, namely: Chemistry, physics, botany, and zoology, and have been referred in one subject, will be exempted at the first examination for medical degrees from examination in the subjects in which they have passed, provided that a student referred in botany or zoology shall not be exempted in biology.

#### Lecturers in Physiology.

It was resolved that the following be added to the panel of lecturers in physiology in the University of London: Professor J. J. R. Macleod, Dr. C. M. Hinds Howell, Dr. Henry Head, F.R.S., and Dr. F. F. Blackman, F.R.S.

#### University College Committee.

Sir William Collins, M.D., M.S., was appointed a member of University College Committee in the place of Mr. H. J. Clarke, deceased, for the unexpired portion of the period for which the latter was appointed—that is, February 29th, 1912.

#### M.D. Degree in State Medicine.

It was resolved that the following be added to the regulations for internal and external candidates for the M.D. degree in State Medicine.

No candidate shall be allowed to pass the M.D. examination in State Medicine who does not satisfy the examiners both in the papers and in the practical portion of the examination.

#### University College Chemical Laboratories.

The Senate adopted a resolution placing on record the great gratification with which it had learnt of Mr. R. C. Forster's further munificent donation of £30,000 to University College towards the funds for the erection of new chemical laboratories.

#### Galton Chair of Eugenics.

Professor Karl Pearson, F.R.S., has been appointed to be the first occupant of the Chair of Eugenics established in connexion with the legacy bequeathed for that purpose by the late Sir Francis Galton.

#### Appointment of Representative.

Dr. StClair Thomson has been appointed the representative of the university at the Third International Laryngo-Rhinological Congress to be held in Berlin in August and September.

#### Graham Scholarship in Pathology.

The Senate of the university proposed at their meeting on October 18th, 1911, to make the first election to the Graham scholarship in pathology, value £200 per annum for two years, founded under the will of the late Dr. Charles Graham to enable a "young man to continue his pathological researches and at the same time to secure his services to the School of Advanced Medical Studies connected with University College Hospital as a teacher under the professor of pathology." Applications must be sent to the Principal, University of London, South Kensington, S.W., not later than September 1st, 1911.

#### Examinations.

The following candidates have been approved at the examinations indicated:

- SECOND M.B. (Part II).—E. S. Abraham, W. D. Arthur, J. E. Ashby, L. B. Baird, Irene Bastow, R. M. Beath, F. P. Bennett, †G. A. Bird, Alice D. Brooks, F. C. S. Broome, Marion M. B. Burt, W. Burt, N. St. J. G. D. Buxton, A. S. Cohen, F. H. L. Cunningham, J. H. Dancy, J. de Silva, \*A. R. C. Doorly, P. O. Ellison, G. A. Gassmann, H. L. H. Greer, C. R. Harrison, \*H. J. Hoyte, \*A. L. Jones, E. P. Langley, A. S. Liebson, O. C. Link, G. T. Loughborough, N. P. L. Lumb, R. G. Lyster, A. G. Matland-Jones, R. Mallet, \*J. E. Pearce, C. E. Petley, R. E. Roberts, W. E. R. Saunders, R. H. Simpson, H. Smith, †F. G. A. Smyth, H. J. D. Smythe, †W. E. Tanner, C. H. Thomas, Naomi Tribe, J. S. Wallace, \*J. G. Wardrop, T. B. Welch, Eva M. White, H. P. Whitworth, W. B. Wilson, A. G. Winter, H. G. Winter, W. P. Wippell, M. S. Woolf, \*†J. M. Wyatt.

\* Distinguished in Anatomy. † Distinguished in Physiology.

‡ Distinguished in Pharmacology.

- M.D., BRANCH I (Medicine).—P. C. Bharucha, J. W. Bride, M. D. Dorabji Gilder, A. E. Gow, F. W. Higgs, E. W. Jones, D. Judah, C. Lovell, G. Viner, A. L. Yates.  
M.D., BRANCH IV (Midwifery and Diseases of Women).—Elsie M. Chubb, J. B. Dawson, W. P. H. Munden, J. H. Nixon, A. H. Parkinson, R. E. Thomas.  
M.D., BRANCH V (State Medicine).—A. Ball, W. Corfield, Matilda Hunt, J. J. Paterson, A. C. F. Turner, T. W. Wade, C. F. Walker.  
M.D., BRANCH VI (Tropical Medicine).—D. E. Anderson, F. V. O. Beit, F. Gröne, J. H. Murray, C. C. C. Shaw.

## VICTORIA UNIVERSITY, MANCHESTER.

At a degree ceremony in connexion with the Manchester University, held last week, Sir Alfred Hopkinson, the Vice-Chancellor, presided, and thirty-three men and women were admitted to various degrees in medicine and surgery.

The Vice-Chancellor said it had always been the policy of the university that during the first of the five years' course for degrees in medicine there should be a course of training in general science within the university itself, or in some institution of similar character. It had recently been arranged that the study of anatomy might begin in the latter part of the first year. This had become necessary in order that the time devoted to practical subjects in the latter part of the students' career might be lengthened. They had also attempted to make the scientific course more directly suited to medical students. Thus the course in chemistry had been modified so as to bear more directly on future medical studies, and a course of biochemistry had been established, while arrangements had been made for work in organic chemistry in the first two terms. The matter might be summed up in the words that the subjects of the first professional examination should be taught to medical students in such manner that they would form a real introduction to the subjects of the curriculum in anatomy, physiology, and pathology. The Vice-Chancellor strongly deprecated any lessening of the amount of general education previous to the medical student commencing his five years of medical study. With regard to clinical study, he held that Manchester was in no way behind London in the opportunities it afforded. The new St. Mary's Hospital had now been opened, and the city possessed a group of hospitals giving almost unlimited opportunities for study in the subjects of medicine and surgery, and in special subjects. At the same time, they had the advantage of the special laboratories which were being carried on under the directorship of Professor Delépine for the study of matters relating to public health, and it was gratifying to find that in this year there were thirty-five qualified men preparing for the post-graduate diplomas in public health and veterinary State medicine. Endowments for research purposes were especially needed, and he made an appeal for a sum of £20,000 for this purpose, which would enable a good start to be made.

*Examinations.*

The following candidates have been approved at the examination indicated:

FIRST M.B. (Part III, Organic Chemistry and Bio-Chemistry).—H. W. Bennett, C. P. Brentnall, J. D. Byrd, H. Chadwick, R. Chevassut, J. S. Chorlton, E. Granger, J. B. Leigh, H. M. von Mengershausen, J. F. C. O'Meara, J. Rigby, H. H. Stones, C. G. Todd, F. Vause, B. Walley, R. Willan.

*Appointment.*

Mr. Judson Sykes Bury, M.D.Lond., B.Sc.Manch. and Lond., F.R.C.P.Lond., has been appointed to the Chair of Clinical Medicine. He is one of the physicians on the staff of the Royal Infirmary, and was formerly Bradshaw Lecturer to the Royal College of Physicians.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly comitia was held at the College on Thursday, July 27th, the President, Sir T. Barlow, in the chair.

*Membership.*

The following gentlemen were admitted Members of the College:

Hildred Bertram Carlyll, M.D.Camb., L.R.C.P., Ivor Jones Davies, M.B.Lond., Filippo Melandri, M.D.Bologna, John Parkinson, M.D.Lond., L.R.C.P., Edward Palmer Poulton, M.B.Oxf., Fredk. George Thomson, M.D.Lond., L.R.C.P., Arthur Gurney Yates, M.D.Edin.

*Licences.*

The Licence of the College was granted to ninety-seven gentlemen.

*Diplomas in Public Health.*

It was also reported that, in conjunction with the Royal College of Surgeons, Diplomas in Public Health had been granted to twenty-two candidates.

*College Officers.*

The officers for the ensuing year were elected. The Censors chosen were: Dr. J. Mitchell Bruce, Dr. D. B. Lees, Dr. Samuel H. West, and Dr. Percy Kidd.

*Communications.*

The following communications were received:

1. From the Clerk of the Privy Council, enclosing copies of the programme for the Third International Congress for the Study and Prevention of Infantile Mortality, to be held at Berlin, September 11th to 15th next.
2. From the same, regarding the International Laryngo-Rhinological Congress to be held at Berlin, August 30th to September 2nd next. Dr. StClair Thomson was appointed a Delegate to represent the College.
3. From the Brighton and Sussex Medico-Chirurgical Society, concerning the extent of practice by unqualified persons, and the dangers arising therefrom.
4. From the Imperial Merchant Service Guild, concerning tests for colour vision.
5. From the Registrar of the General Medical Council, enclosing a report from the Public Health Committee of the Council, concerning changes in the regulation for the diplomas in public health. The matter was referred to the Committee of Management for consideration and report.

6. From the same, asking that a report on all cases where candidates for examination have shown evident deficiency in general education should be furnished, and enclosing a report from the Admiralty on this subject.

7. From the Secretary of the Royal College of Surgeons, reporting proceedings of the Council of that College upon June 8th and July 13th last.

*Senate of the University of London.*

Sir William Allchin having resigned, Dr. Sharkey was, on the nomination of the Council, elected a representative of the College on the Senate of the University of London.

*Imperial Cancer Research Fund.*

On the nomination of the Executive Committee of the Imperial Cancer Research Fund, Sir William Church was re-elected a member of that committee. Dr. Arthur Newsholme, who retired by rotation, was re-elected a member of the same committee.

*Baly Medal.*

On the recommendation of the Council, the Baly Medal for distinction in the science of physiology was awarded to William Dobinson Halliburton, M.D., F.R.C.P., F.R.S.

*Bisset Hawkins Memorial Medal.*

On the nomination of the President, the Bisset Hawkins Memorial Medal was awarded to Dr. Clement Dukes for his work on the *Hygiene of Public Schools*.

*Reports.*

The following reports were received:

1. From the committee appointed to consider a paper, entitled, "Suggestions to Medical Practitioners respecting 'Certificates of Causes of Death,'" submitted by the Registrar-General. After the rectification of an omission, on the motion of Dr. Seaton, the report was adopted.
2. From the committee, consisting of Sir William Church, Bart., M.D., Dr. Norman Moore, Sir William Allchin, M.D., Dr. Frederick Taylor, Dr. Coupland, Dr. Percy Smith, Dr. F. J. Smith, and Dr. Mercier, appointed to consider a letter from the Medico-Psychological Association of Great Britain and Ireland, in which was suggested the institution of a diploma in psychological medicine. The report was adopted as follows:

*REPORT.*

That whilst it is inexpedient to establish a special diploma in one branch of medicine, it is desirable that medical practitioners practising in insanity should be encouraged to obtain a high standard of knowledge and efficiency in their profession.

The committee therefore recommends that Members of the College who desire to do so should be permitted to present themselves for a further examination in psychological medicine, and, if they satisfy the examiners, have their success recorded on the letters testimonial of their Membership.

To this end the committee recommends the enactment of the following regulations:

*Proposed Regulations.*

1. Any Member of the College may ask permission to present himself for further examination in psychological medicine.
2. The further examination in psychological medicine shall be held on such dates as the Censors' Board may from time to time determine.
3. Candidates shall be examined in:
  - (1) Psychology, and the study of conduct in relation to mental disorder.
  - (2) Psychological medicine and the jurisprudence of insanity.
4. Candidates shall be examined by written questions on each of the subjects mentioned above; the practical knowledge of the candidates shall be tested in an institution for the insane, and the candidates shall be examined viva voce in all the subjects of the examination.
5. On the letters testimonial of every member who satisfies the examiners in psychological medicine a statement to that effect shall be engrossed, and signed by the examiners, accompanied by a certificate by the Registrar.

*Form to be Engrossed on the Letters Testimonial.*

A.B. die mensis A.D.  
in Medicinâ Psychologicâ: examinatus satisfecit nobis Examinatoribus.  
Ita testamur { A.B. } Examinatores.  
                  { C.D. }

6. Every Member who satisfies the Examiner will be permitted to add to any mention or description of his Membership words purporting that he obtained distinction in psychological medicine.

3. From the Censors' Board, on the question of printing and circulating the minutes of College meetings instead of reading them. The report recommending this course was adopted.

4. From the Committee of Management, dated June 27th, recommending:

That the Darlington Technical College be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics.

That the Portsmouth Fever Hospital, Milton, be added to the list of fever hospitals recognized by the board for instruction in infectious diseases.

That Washington University, Washington, U.S.A., be placed on the list of universities whose graduates in medicine are admissible to the final examination of the board under the conditions of paragraph 4, Section III of the Regulations.

That until further notice an additional examination in Part I for the diploma in public health be held in the month of April in each year.

5. From the same, dated July 11th, recommending:

That Newnham College be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry, biology, and physiology.

That Dr. Norman Moore be appointed the Visitor to the examinations of the Egyptian Medical School for the examinations to be held in December next.

All these recommendations were adopted.

6. From the representative of the College on the General Medical Council on the proceedings of the Council during the recent session.

#### Reports.

The annual report of the Imperial Cancer Research Fund, the quarterly report of the College Finance Committee, the annual report of the Library Committee, the annual report of the Curators of the Museum, and the quarterly report of the Examiners for the Licence on the results of the examinations in April last were received.

#### Library.

Books and other publications presented to the library during the past quarter were received, and thanks returned to the donors.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary meeting of Council was held on July 27th, Sir Henry T. Butlin, Bart., President, in the chair.

#### Issue of Diplomas.

Diplomas of membership were issued to 97 candidates found qualified at the recent examinations.

Diplomas in Public Health were issued to 20 candidates found qualified.

#### Institution Recognized.

Newnham College was added to the list of institutions recognized by the Examining Board in England for instruction in chemistry, biology, and physiology.

Dr. Norman Moore was appointed Visitor to the Examinations of the Egyptian Medical School for the examinations to be held in December next.

#### Sussex County Hospital.

The thanks of the Council were given to the medical and surgical staff of the Sussex County Hospital, Brighton, for having placed the whole of their museum at the disposal of the College. From the collection a considerable number of valuable specimens have been selected for the College Museum, the specimens including a remarkably perfect skeleton from a case of advanced mollities ossium.

### CONJOINT BOARD IN ENGLAND.

At a meeting of the Comitia of the Royal College of Physicians of London and of the Council of the Royal College of Surgeons of England, on July 27th, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred upon the following ninety-seven candidates (including two ladies—Miss Collie and Miss Ricketts) who have passed the Final Examination in Medicine, Surgery, and Midwifery:

M. Affé, E. W. Atkinson, J. H. Baldwin, W. R. Barlow, F. Basford, M. B. Bayly, E. Billing, H. G. B. Blackman, H. S. Blackmore, L. F. Brandenbourg, T. C. Brentnall, E. F. W. Buckell, M. A. C. Buckell, J. H. Campain, R. G. Canti, F. G. Chandler, A. R. Chavasse, G. C. Chubb, Maysie A. M. Collie, \*J. G. Crawford, J. H. Cumming, H. H. Davis, J. C. De, A. A. Dear, G. Dorner, W. H. Dupré, G. G. El-dabá, D. C. Evans, R. N. Farrer, A. G. T. Fisher, G. T. Foster-Smith, P. L. Gibson, V. Glendinning, H. K. Griffith, H. L. S. Griffiths, J. Griffiths, H. J. Hacker, E. C. Hardwicke, A. R. Hargreaves, L. A. Harwood, J. R. Hayman, J. E. Hepper, H. H. Hiley, S. F. Huth, C. E. S. Jackson, T. K. Jayaramulu, J. C. Jefferson, S. G. Johnson, R. L. Jones, H. P. Joseph, A. Kennedy, A. B. Kramer, E. C. Linton, F. G. Lloyd, R. H. McGillycuddy, R. K. MacGregor, Q. Madge, G. Marshall, V. C. Martyn, M. Mayers, J. Menzies, C. T. Neve, J. H. Owens, C. D. Pande, C. J. H. Pearson, G. R. Peterson, V. St. L. Pinnock, A. T. Pitts, J. Potter, \*W. W. Pratt, C. W. Preston-Hillary, R. A. Ramsay, Rachel Ricketts, C. H. L. Rixon, H. M. Robertson, F. G. Rose, S. H. Roquette, L. W. K. Scargill, E. G. Schlesinger, E. P. Scott, A. A. Smalley, R. G. Sparkes, J. R. C. Stephens, W. Steuart, A. M. Stuart, C. H. Symons, F. J. Thorne, J. St. A. Titmas, F. R. Todd, J. R. A. D. Todhunter, B. T. Verver, M. C. Wall, R. Ward, J. R. D. Webb, A. White, O. E. Williams, M. M. Woods.

\* M.R.C.S. diploma granted on July 13th.

The following candidates have received the Diploma in Public Health:

David Main Baillie, M.B., Ch.B. Aberd., Samuel Lindsay Brohier, L.R.C.P., M.R.C.S.; John Phillip Henry Davies, B.C. Cantab., L.R.C.P., M.R.C.S.; Reginald Inglis Douglas, M.B., B.S. Durh., L.R.C.P., M.R.C.S.; Lieutenant-Colonel William Henry William Elliot, I.M.S., D.S.O., M.B. Lond., M.R.C.S., L.S.A., William Charles Dillon Hills, L.R.C.P., M.R.C.S., James Bonnell Howell, L.R.C.P., M.R.C.S.; John Johnstone Jervis, M.B., Ch.B. Edin., Robert Henry Hatten Jolly, M.B., B.S. Lond., L.R.C.P., M.R.C.S.; Thomas McCrick, M.B., Ch.B. Glasg., Captain John McKenzie, R.A.M.C., M.B., B.Ch. Aberd., Bernard Moiser, M.B. Lond., L.R.C.P., M.R.C.S.; Henry Pratt Newsholme, M.B., B.Ch. Oxon., M.R.C.P. Lond., Jitendra Nath Rai, L.R.C.P. and S. Edin., L.F.P. and S. Glasg., Bikrama Jit Sahni, L.R.C.P. and S. Edin., L.F.P. and S. Glasg., Percy Herbert Stirk, L.R.C.P., M.R.C.S.; William Reginald Margetts Turtle, M.B., B.S. Lond., L.R.C.P., M.R.C.S.; Ernest Alfred Freear Wilkes, L.R.C.P., M.R.C.S.; Frederic Charles Wood, L.M.S.S.A., William Allan Young, M.B., Ch.B. Edin.

### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—W. C. Todd, G. L. Stanley, G. B. Charnock, W. J. F. Craig, A. Evans, A. G. Cowper, N. Grant, J. Bannermann, H. O. Martin, and A. Craig.

SECOND COLLEGE.—N. R. Whitaker (with distinction), W. C. Fraser, R. B. Lilly, T. B. Truter, G. B. Hanna, A. Sinha, Florence W. Heyworth, L. O. Weinman, J. M. Milne, J. K. Venables, B. S. Thakar, J. M. McLachlan, K. Fraser, W. M. Sebata, C. A. Slaughter, J. M. Beyers, H. D. Atherstone, F. L. Kennefick, C. M. Bradley, and J. K. Garner.

THIRD COLLEGE.—Lilian S. Wilkes, S. Wright, G. W. Fleming, O. R. Jones, W. W. K. Duncan, S. E. Jones, A. B. Arora, J. W. Craig, E. I. Parry, N. N. Chatterjee, W. Martin, F. G. Gibbs, J. Adami, C. C. Forsyth, F. D. Johnson, and J. B. Donaldson.

FINAL EXAMINATION.—Ida M. Bernard, L. C. E. Beroard, J. A. Hutchinson, H. B. Henriquez, V. M. Patel, H. McIntyre, C. B. Robinson, E. J. Fisher, E. C. A. Smith, A. S. Mackenzie, G. Phillips, S. D. Ratnagar, N. Sydney-Williams, M. R. Kochhar, J. H. Appoo, A. Young, R. M. Wilson, V. G. L. van Someren, S. Jesudason, M. C. Anderson, T. J. Enright, C. E. H. Smith, D. J. Hickey, P. A. Dastoor, C. J. Evans.

### CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—A. P. Adams, S. Barron, J. J. Bourke, C. H. Brennan, M. Burke, J. Coman, E. T. Chanler, J. J. Delany, W. E. R. Dimond, J. C. Fergusson, J. W. E. Graham, E. N. H. Gray, P. J. Greene, J. J. Hayes, F. R. H. Mollan, M. Moran, M. F. Murphy, J. O'Keefe, F. J. Power, V. A. Power, L. M. Rowlette, T. J. Ryan, M. A. Sullivan, T. C. Studley, J. A. Watson.

SECOND COLLEGE.—\*W. H. W. C. Carden, \*T. L. Enright, \*A. Merrin, \*G. M. C. Powell; R. J. Brookes, W. P. Cooney, G. S. Douglas, W. A. N. Fox, J. J. Keyms, J. Lanigan, A. McCawley, C. J. O'Carroll, L. S. O'Grady, E. B. Palmer, A. J. Rhatigan, N. A. K. Sparrow.

THIRD COLLEGE.—C. M. Campbell, T. F. Collins, P. D. Daly, Miss S. F. Dickson, W. St. L. Dowse, J. Elliott, R. Henry, V. J. Lawless, R. J. May, J. T. McDonnell, T. Mulcahy, B. J. Mullin, G. E. Pepper, J. C. Ryan, G. H. Sheehan, R. Slaney, G. N. Smyth, P. F. Ward.

FINAL.—\*J. T. Duncan, J. Alston, W. R. C. Beeston, C. J. Bourke, A. H. Croly, E. P. Dewar, R. M. Erskine, H. C. Gilmore, M. Golding, J. Healy, N. T. Kelly, H. R. L'Estrange, W. G. McGuire, J. M. K. O'Byrne, M. A. O'Callaghan, T. F. O'Donnell, T. P. O'Reilly, K. L. O'Sullivan, L. W. Roberts, A. A. Russo, H. C. Smyth, W. A. Swan, V. Wallace, F. Webster.

D.P.H.—M. R. Dalal, \*Captain J. M. Holmes, I.M.S., C. E. Humphreys, A. H. Lowe, \*Miss E. M. Magill, E. H. M. Milligan.

\* With Honours.

## Public Health.

### REPORTS OF MEDICAL OFFICERS OF HEALTH.

*City of London.*—Based on a population of 17,132, the birth-rate was at the rate of 15.8 per 1,000 persons and the death-rate from all causes 12.1 per 1,000. Dr. Collingridge refers as in former reports to the unsatisfactory nature of the milk supply. During 1910 samples to the number of 42—taken from milk churns at railway stations—were submitted to Dr. Klein for bacteriological examination. In 25 per cent. of the samples dirt was found in an appreciable quantity, and three samples were found to be tuberculous. The presence of dirt, in Dr. Collingridge's opinion, is largely due to the type of churn which is used and to the fact that the churns are not cleansed before being returned to the farmer. He considers that a large proportion of milk goes into consumption in London that is capable of producing disease in the consumer—in some cases even tuberculosis—and that a still larger quantity is polluted with dirt; further, that in spite of perpetual activity on the part of sanitarians, the sanitary conditions at the seat of production leaves much to be desired. The chemical examination of samples of milk taken in transit indicates that in the standard of milk there is a serious falling off, such decline in quality being due to sophistication at the farm. The water supply of the city is mainly drawn from the rivers Thames and Lee, and the efficiency of the methods of filtration employed is such as to render the supply above suspicion. There are, however, within the city boundaries 36 wells in use, of which number 22 were sunk during the years 1908-1909. This activity in well-sinking was due to the heavy increase in the charges made by the Metropolitan Water Board for the water service. For large blocks of offices it was found more economical to sink a well than to continue to obtain water from the mains of the Board.

### ISOLATION OF INFECTIOUS CASES.

ALTRINCHAM.—If a person suffering from a dangerous infectious disorder is without proper lodging or accommodation, is in a room occupied by more than one family, is on a ship or vessel, or is an occupant of a common lodging house, a Justice may make an Order for the removal of the infected person to an isolation hospital. The Order is addressed to an officer of the local sanitary authority, and any person wilfully obstructing the officer in carrying out the Order may be fined £10. The sick person cannot be forcibly removed to an isolation hospital.

SIR FREDERIC EVE and Dr. Galloway have become members of the Medical Board of the Royal Sea Bathing Hospital, Margate.