

it. With regard to the more strictly bacteriological part of Dr. Houston's paper, he thought that bacteriologists were by no means clear as to the characters to be looked on as those of typical *B. coli*. This was especially the case when the development of indol was made a type character. In many waters organisms were found, of undoubted excremental origin, which failed to give a positive indol test. One of Dr. Houston's curves showed that over a long period in London waters the number of simple lactose fermenters varied directly with the number of bacteria which, besides fermenting lactose, produced indol. This bore out the view that atypical forms of *B. coli* in water did really come from excremental sources. Much investigation was still necessary regarding the effect of growth in artificial media on the permanence of fermentative reactions. Recent work on streptococci along parallel lines accentuated the necessity for adopting an attitude of caution before assuming that all the apparently different varieties of the organism based on the fermentative reactions were in reality different. In certain waters too little attention had been paid to the serious pollution effected by gulls which had shortly before been feeding on street refuse.

Dr. A. K. CHALMERS (M.O.H., Glasgow) said that, great as had been the reduction in the death-rate from enteric fever during the past generation, there were many apparent anomalies which required explanation. He had little belief in an irreducible minimum with regard to infection or disease. The minimum to be aimed at was its absolute prevention. Notwithstanding the reduction in the death-rate, the contrast between many places equally well administered required to be explained. For example, the death-rate in Scotland in 1900-2 was slightly below that of England (142 per million against 152), but the proportion of Scotland's population at ages between 25 and 35, when enteric fever was most fatal, was lower than in England. Or, again, it might be said that the West of Scotland suffered more heavily from enteric fever than the East. The country districts in Scotland, on an average, had a slightly greater incidence of the disease than the principal towns, whilst it was heaviest in the smaller burghs. Then, again, in what might be called the agricultural counties, the death-rate in landward districts was on the average below that of the burghs in these counties; whereas in the industrial counties, the coal and iron centres, the rate in the landward districts was higher than the average for the burghs. This was probably relative to the condition of the numerous groups of population scattered throughout these districts engaged in mining and other industries. In any case, the differences in the incidence which these several areas presented were of themselves sufficient to demand inquiry and the endeavour—which the discussion would, he felt sure, make clearer—to inquire whether these differences might be associated with differing degrees of bacterial content of water, was a new departure and one likely to yield help in the future researches on the disease.

Dr. HOUSTON, in his reply, corroborated what Dr. Oliver had said in regard to insuction of liquids into an iron main. He instanced the finding of insects in the water supply in Edinburgh a few years ago. Dr. Williamson had been able to prove that they had been drawn into the mains. Replying to Dr. Willoughby, he stated that the absence of *B. coli* in 100 c.cm. of water might be accepted as evidence of the absence of pathogenic microbes, since the decadence in these was at least as great as that of *B. coli*. Typhoid bacilli disappeared in something like nine days from water as a rule. His experiments seemed to show that the death of *B. typhosus* could be concluded from the ascertained death of *B. coli*. Having expressed himself with caution in regard to the classification of the colon bacillus, according to the fermentation tests, he agreed with Dr. Penfold that further investigation of such microbes which changed their behaviour to lactose would be advantageous in each case, and explained the routine which he adopted at the Metropolitan Water Board. Dr. Richard Jones's case obviously could only be satisfactorily dealt with after local inspection had been carried out. He entered briefly into a discussion of the pollution of water by means of gulls after feeding on garbage, as compared with feeding on fish. In dealing with the question of the

high incidence of pollution of London waters in winter time, and the remarks made by Dr. Chalmers relative to the Scottish conditions, he questioned whether a fully satisfactory explanation could be obtained on the basis of occupation and the like, and was inclined to think that the influx of storm water from over-filled burns played some part in raising the pollution.

Dr. WRIGHT also replied to a few points.

It was then moved by Dr. OLIVER, seconded by Professor RITCHIE, and carried unanimously:

That this Conjoint Meeting of the Sections of State Medicine and Bacteriology unanimously desires strongly to urge that no opinion as to the quality of a water for dietetic purposes should be arrived at on bacteriological evidence without a local and topographical inspection of the sources of the supply made by a competent observer.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE USE OF URANIUM AS A RADIO-ACTIVE THERAPEUTIC AGENT.

THE results obtained by Czerny and Caan from the use of mesothorium in the treatment of skin diseases are of great interest, and my experiences during the last two years with the use of uranium in the same class of diseases may be of some interest in corroborating their claim on behalf of the former substance.

I have used a yellow oxide of uranium, prepared for me by Mr. J. C. Sharland, and the nitrate in solution.

After test treatment of several cases with varying strengths and different methods, I treated one of recurrent carcinoma of the breast, which was deemed inoperable. There was a tumour as large as the fist in the scar, with a sinus extending into the chest and extensive ulceration, also two separate nodules at the site of a stitch wound. There was frequent and profuse hæmoptysis, and the patient was very exhausted.

I advised as a forlorn hope fortnightly injections of 15 grains of the oxide of uranium suspended in sterile oil into the substance of the growth. In a few months the tumour had practically disappeared, the hæmoptysis had ceased, the nodules had gone, and the patient's general condition so improved that she was able to do her own housework. To accelerate the superficial healing I covered the ulcerated patches with silver foil, and gave weekly x-ray exposures of 2 H. with good results.

Of three similar cases, I obtained good results in two and no benefit in the third.

In a case of recurrent carcinoma of the parotid gland, I removed the growth as well as I could by the knife, and powdered the wound with the oxide of uranium. There has been no return up to now—a period of five months.

In two cases of rodent ulcer which were not affected by x rays I used ionization with 2 per cent. solution of the nitrate, with the result that healing commenced immediately.

In the treatment of lupus erythema I have obtained good results by the intramuscular injection of soamin (gr. v to viii) on alternate days, and the bi-weekly use of x rays from a tube having a penetration of 5 W. in doses of about 2 H. As an ointment in the same cases I am in the habit of using the following: R. Uranii oxidi ʒij, lanolinum ad ʒj. This sometimes causes quite a lively exacerbation of the erythema, but used about once in ten days is very useful. In psoriasis and senile atrophy of the skin I have found the ointment useful, and also a lotion of the nitrate containing 20 grains to the ounce of water.

ALFRED CLARK, F.R.C.S. Edin.,
Honorary Radiologist, Auckland Hospital, N.Z.

CASES OF EXOPHTHALMIC GOÏTRE MAINLY ASSOCIATED WITH THE PUERPERIUM.

THERE is reason to think that exophthalmic goitre is common in Leeds; I have met with very many cases. Several of these have recovered independently of treatment—in fact, long after treatment had been given up. There were also, as will readily be believed, a large number whose condition suggested hyperthyroidism, and in whom such symptoms as increased pulse-rate have been aggravated when thyroid extract has been given. This

positive reaction to the thyroid extract test appears to be of some importance. In two instances the exophthalmic symptoms drifted into mild myxoedema; mental instability was present in two more. Two other patients gave a history of fright, which apparently precipitated the attack.

The following cases are particularly interesting:

1. Mrs. A., aged 45; menstruation irregular; patient irritable; mildly excitable; tachycardia; slight tremors. She had lost a son with tragic suddenness from diphtheria. The exophthalmos became much worse soon after her daughter was attacked by pulmonary tuberculosis. The mother took this illness of her daughter greatly to heart; subsequently, indeed, she abruptly dismissed the medical man who had found tubercle bacilli in the daughter's sputum.

2. Mrs. B. showed the classical signs of exophthalmic goitre when she was in bed slowly recovering from childbirth. The confinement had been very tedious and difficult. She had been both exhausted and, as she said, terrified. Instruments had been used, without chloroform; the child had died, and the mother had been very ill. There had been no sign of Graves's disease before the confinement. She lived for several years. Attacks of diarrhoea were common, and she was subject to frequent febrile conditions. She ultimately died of pulmonary tuberculosis, aggravated by mitral insufficiency. This case was also seen by Dr. Barrs of Leeds.

3. Miss C. gave birth to an illegitimate child. During her convalescence it was noticed that her eyes were protuberant and the thyroid enlarged. There was some tremor, but not much. Five years afterwards the signs and symptoms had mostly disappeared.

4 and 5. About the same time I saw two other cases of exophthalmic goitre following close upon the puerperal state. In one of these cases the mother was unmarried.

6. Mrs. D. Sir Berkeley (then Mr.) Moynihan, who saw the case with me, found her suffering from a severe internal haemorrhage, due to tubal rupture. The case was proved by the pathologist to be one of tubal gestation. The patient had no signs of exophthalmos before the operation, as was shown by a photograph taken shortly before. The exophthalmic appearance and symptoms came on during the time the patient was in bed; they were very marked one month after operation. Five years after the appearance the patient was found to have glycosuria and polyuria. She has recently died from diabetic coma.

H. DE CARLE WOODCOCK, M.D.,
M.R.C.P., D.P.H. Edin.

Leeds.

Reports

ON

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

COSHAM HOSPITAL, BRISTOL.

RENAL CALCULI (OXALATE) WITH SEVERE HAEMORRHAGE
AFTER NEPHROLITHOTOMY.

(Under the care of Dr. HEY GROVES.)

[Reported by W. A. REYNOLDS, M.B., Ch.B. Bristol,
M.R.C.S., L.R.C.P., House-Surgeon.]

THE patient in the following case, a man aged 23, was admitted on December 27th, 1911. He stated that he had suffered for two years from continuous discomfort in the left side. There had also been occasional sharp pains in the side lasting about a minute, together with intermittent haematuria. There had been no increase in the frequency of micturition nor passing of gravel, so far as the patient was aware.

State on Admission.

His urine was straw-coloured and acid, the specific gravity 1025. There was a slight trace of albumen but no blood, no sugar. The total quantity passed in twenty-four hours was 28 oz. The lower pole of the left kidney was palpable, but not tender. A skiagram showed several renal calculi, one being the shape of a horse-shoe.

Operation.

On January 13th, 1912, the left kidney was exposed and delivered through the usual lumbar route. On palpating the organ several soft areas containing hard lumps could be felt. An incision was made into the largest of these, and the large horse shoe-shaped stone shown in the skiagram was removed, one limb of the "horse-shoe" being fixed in the orifice of the ureter. Clear fluid and blood, but no pus, flowed out of the wound. The incision into the kidney was elongated so as to open it up from its convex border. About a hundred stones were now removed with a scoop.

A good deal of blood was lost while they were being got out. A catheter was passed down the ureter and withdrawn, and

then water at 110° F. was poured into the opened-up kidney, and the two halves were sewn together with deep catgut sutures, except that a rubber drainage-tube of medium size was left in, so as to drain from the interior of the pelvis of the kidney out to the surface of the body. The kidney was then replaced in the abdomen, and the incision closed except for the drainage tube, the muscles being sewn with catgut and the skin with silkworm gut.

Progress.

After the operation the patient was rather collapsed at first, pulse 126, respirations 42. He was given a saline infusion per rectum, 1 pint every three hours.

Next day he was better, pulse 112, respirations 30, and temperature 100.2° F. The dressing soaked through several times, chiefly with urine. The tube was removed on the 15th, and a gauze drain inserted. He was much better on the 16th, pulse being 86. He seemed to be going on well, and was talking to the men in the ward, saying how "fit" he felt in the early morning of the 17th.

Occurrence of Haemorrhage.

About 9 a.m. that day he complained of sudden pain in the left side, with pallor and pulse-rate of 132. On examining the wound a steady stream of blood was seen to be flowing out; the two stitches nearest the drain were removed, and the wound opened up, and the sinus down into the kidney was syringed with hydrogen peroxide, and then gauze soaked in adrenalin 1 in 1,000 was inserted. This treatment stopped the haemorrhage.

About an hour and a half later a rubber tube was passed down into the kidney, and 10 oz. of an adrenalin solution (adrenalin chloride 1 in 1,000, 5j, to water 3j) was poured down the tube to thoroughly irrigate the wound. Cold fluids only were given.

After this there was no further haemorrhage from the wound, but blood clot accumulated in the bladder, causing retention of urine, with the occasional involuntary passage of blood and clots by the urethra. This caused severe pain, and on January 20th an attempt to clear the bladder through a Bigelow's evacuator was made.

This having failed, nitrous oxide was administered, and a suprapubic opening was made into the bladder and the clots turned out. A tube was left in, and a Hamilton-Irving apparatus fitted over the wound. The patient on the termination of the proceedings was extremely pale and collapsed, pulse-rate being 140. He was put on calcium lactate, grains xv four-hourly, with plenty of hot fluids, and brandy ʒss three times a day.

Result.

He slowly improved without further haemorrhage from the wound, though blood was passed in the urine. Clots were washed out of the bladder through the suprapubic wound twice daily for several days. By the 25th no more clots were found in the bladder. During this time much urine but hardly any blood passed out through the lumbar incision, and 41 to 60 oz. were passed daily through the suprapubic wound, large quantities of fluid being taken by mouth. On January 28th the tube in the bladder was removed, together with the Hamilton-Irving apparatus, and the wound was packed with moss. He was given iron, and from this time made an uninterrupted recovery, urine passing through the urethra after two soft rubber catheters had been tied in for twenty-four hours each, at the end of a week from when the tube was left out; and he was discharged with both wounds practically healed on March 2nd, 1912.

The calculi were found to consist almost entirely of calcium oxalate, associated with a very small amount of amorphous organic matter. Uric acid was not detected. As already stated, they numbered about 100; the majority were of the size and shape of large shot, but several were shaped like Indian clubs, and one resembled the knob of a traditional giant's bludgeon.

Note by Dr. Hey Groves.

There are several points of interest in the above case. The number of the stones was very unusual; probably the large stone in the pelvis was the primary calculus which caused obstruction to the outflow of urine, and the consequent stagnation brought about the deposition of the numerous small stones. The bizarre shape of the medium-sized stones was very unusual.

From a practical point of view the question of chief interest is, At what point is a kidney to be regarded as so disorganized as to require removal? In a young patient with plenty of healthy kidney substance, nephrectomy is not justifiable, but nevertheless it would, of course, be a much easier operation than removal of the stones. The occurrence of such a severe haemorrhage from the kidney, with subsequent filling of the bladder with clot, is fortunately a very rare sequel to nephrolithotomy.

loved being at camp, and at Lanark in July of this year little did we dream that it would be his last camp. There he was full of life and energy, and apparently in the best of health. No one was more active than he was, no one was cheerier. His high spirits and vivacity were infectious, and he was the very life of the officers' mess. By his cheerful, smiling countenance and his inexhaustible store of anecdotes he kept us all entertained and amused. There were no dull moments when Davidson was around. He was beloved by officers and men alike, and little wonder! A more kind, obliging, considerate, generous, and unselfish man never breathed. His large heart and lovable personality endeared him to us all.

We deeply mourn his loss and feel that a bright light has passed from our midst. Long will his memory be kept green in the 3rd Lowland Field Ambulance.

**CHARLES EDWARD COVEY, M.R.C.S., L.S.A.,
ALRESFORD.**

CHARLES EDWARD COVEY, who died at Alresford on August 31st, at the age of 71, came of a family which has for many years been well represented in the medical profession. His father, Edward Covey, had an extensive practice in Basingstoke, and was a large landowner in the neighbourhood and a J.P. for Hants.

C. E. Covey was educated in Winchester and at St. Bartholomew's Hospital, where he took the M.R.C.S. and L.S.A., and was house-surgeon to the late Sir James Paget.

After practising for a short time, first at Basingstoke and then at Walton, in Suffolk, he removed to Alresford, taking over the practice of his uncle. There for some twenty-five years, until his retirement in 1904, he carried on a large practice. When he retired he built himself a house in the neighbourhood, in which he lived until his death.

He was a sound and careful surgeon, and a man of most untiring industry. His distinguishing characteristics were an unusually benevolent and sympathetic nature, which caused him to be universally beloved, especially by his poorer patients, and a straightforward honesty which earned the respect and confidence of every one who had to do with him.

His leisure moments—few enough in the strenuous years of his middle life—were devoted to sport, for which he had a passion which survived undimmed until the day of his death. There is scarcely any branch of outdoor sport in which he had not taken part, but it is as a cricketer and a shot that he will be best remembered.

His cricketing days were over before he met the present writer, but the latter can speak from experience of his capabilities as a shooting man. Defective sight prevented his being a very brilliant shot, but in his knowledge of the habits of the game he hunted and of the best way to bring them to bag he was quite unsurpassed.

He belonged to a vanishing type of sportsmen who owed the size of their bags to their knowledge of the art of venery rather than to their power of drawing cheques; and the familiar figure of the old doctor trudging home with his gun on his shoulder and his dog at his heel will long be remembered by his neighbours with affectionate regret.

We regret to have to record the death on August 16th of Dr. WILLIAM FLOOD, of York. An Irishman by birth, he was born in 1860, and received his medical education at the Ledwich School, Dublin, and at Queen's College, Galway, obtaining in 1882 the Licence in Medicine, Surgery, and Midwifery of the Royal Colleges of Edinburgh. He had been for some twenty years resident in York, where he had a large practice, especially among its poorer inhabitants, and was well known for his kindness towards them. Early in the present year laryngeal trouble arose subsequent to a severe cold, and though he went away for change of air on several occasions he never entirely recovered, and for some time previous to his death had ceased to carry on his practice personally. Dr. Flood was married and is survived by his wife and three daughters.

FLEET SURGEON ALFRED H. LISSANT COX, R.N. (retired), died on August 28th. He studied at King's College, and took the diplomas of L.S.A. in 1885 and M.R.C.S. Eng. and

L.R.C.P. Lond. in 1887. He joined the service as Surgeon in August, 1889, and became Staff Surgeon in August, 1897, serving in that rank in the cruiser *Fox* during the trouble at Bebrin and Hodeida in 1905; he was promoted to the rank of Fleet Surgeon in August, 1905. From October, 1909, to October, 1911, he served in the *Achilles* and then joined the *Blake*. He retired in February, 1912.

DEPUTY INSPECTOR-GENERAL GEORGE KELL, R.N. (ret.), who died at Southsea on September 9th, took the diplomas of L.R.C.P. and L.R.C.S. Irel. in 1863. He entered the service in March, 1867, being appointed Staff Surgeon in September, 1877, and Fleet Surgeon in June, 1886. He retired in November, 1895, with the honorary rank of Deputy Inspector-General.

SURGEON-MAJOR BERNARD KENDALL, Bengal Medical Service (retired), died suddenly at Upper Norwood on September 3rd. He was born on June 21st, 1831, took the M.R.C.S. in 1853, and entered the Indian Medical Service as Assistant Surgeon on August 4th, 1855. He became Surgeon on August 4th, 1867, Surgeon-Major on July 1st, 1873, and retired on February 22nd, 1879. He served in the Indian Mutiny in 1857-8. The Indian Army List shows no fewer than fifty-two officers of the Indian Medical Service as still surviving, on the retired list, who were in India in or before January, 1858, and so were in the country at the time of the Mutiny. Only twenty-five of them, however, appear to hold the Mutiny medal for actual war service in the campaign. Two of them—W. H. Harris and B. Williamson—also served in the Crimea. Only one—W. F. Mactier—served in the Sikh war of 1845 and the Punjab campaign of 1848-9, as well as in the Mutiny. The senior officer shown as still alive on the retired list—Surgeon-Major Henry Benjamin Hinton—entered the service on January 14th, 1839, so was actually in India at the time of the first Afghan war, though he did not himself take part in that campaign. He served in the Gwalior war of 1843-4; in the Sikh war of 1845-6, being present at Badiwal, Aliwal, and Sohraon; in the Punjab campaign of 1848-9; and in the China war of 1858-60; but does not appear to hold the Mutiny medal. He was born on March 7th, 1813, so, if he is still alive, must be within six months of the century. Curiously, another retired Bengal medical officer of the same name—Thomas Lambert Hinton—completed his century a few years ago; he was born on May 1st, 1808, and died at St. Leonards on June 14th, 1908.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Ludwig Back, the well-known ophthalmologist of Marburg, aged 46; Dr. Josef Disse, Professor of Anatomy in the University of Marburg, and formerly Professor in the Imperial University of Tokyo, aged 59; Dr. Maurice Howe Richardson, Professor of Surgery in the Harvard Medical School, and Surgeon-in-Chief to the Massachusetts General Hospital, and author of many contributions to surgical literature, in his 61st year; Professor Oskar Eversbusch, Director of the Clinic for Diseases of the Eye in the University of Munich, aged 59; Dr. W. Bender, of Camburg, a well-known German bacteriologist, aged 85; Dr. J. E. Newcomb, Professor of Laryngology at the Cornell University, consulting laryngologist to the Roosevelt Hospital and author of various contributions to the literature of his speciality, aged 55; Professor Aurel von Török, of Budapest, the distinguished anthropologist, in his 70th year; Professor Cramer, Director of the Psychiatric Clinic of the University of Göttingen, aged 52; and Dr. C. E. F. Monoyer, Professor of Medical Physics in the Medical Faculty of Lyons, aged 76.

An association of mental nurses working under the title of the New Mental Nurses' Co-operation has recently established itself at 85, Edgware Road, not far from the Marble Arch. All the members have been carefully chosen with a view to their suitability for work as private nurses, all have had prolonged experience in asylums, and all possess certificates testifying to their ability in their particular branch of nursing work. The superintendent is Miss M. E. Cook, who will doubtless be ready to afford any information desired by inquirers.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee, except when so stated.

CHANGE OF ADDRESS.

G. B. M.—We should advise our correspondent to send a circular headed "Change of Address," which may be printed on a postcard, to all bona fide patients of his practice and to all medical friends whom he wishes to notify.

PATIENTS AND PRACTITIONERS.

NESCUS.—(1) It would have been better if B. had said nothing to X. as to A.'s conversation with him, as X. not unnaturally resented being made to feel that he had somehow parted with his inherent right to consult any medical men he chose, and that he was regarded as having become the property of A. (2) After what had passed B. was inconsistent in attending the third case, but the right of X. to consult him should not be disputed, as the public will never submit to the proposition that having once called in a certain practitioner to attend one member of a family they are for ever precluded from seeking the advice of any other member of the local medical profession.

FEES TO MEMBERS OF THE MEDICAL PROFESSION.

D. P. M.—We have always found medical men of all ranks willing to give their time and services gratis to brother practitioners if asked to do so, but we think any arrangement for reduced fees should be made before and not after these have been incurred, especially when, as in this case, the patient is in relatively good circumstances and is not dependent on practice. The only unsettled question seems to be the pathologist's fee for making the vaccine; we do not think three guineas excessive considering the trouble of getting a satisfactory result.

The Services.

ROYAL NAVY MEDICAL CORPS.

DEPUTY INSPECTOR-GENERAL S. SWEETNAM has been awarded the Greenwich Hospital pension of £50 a year, rendered vacant by the death of Deputy Inspector-General J. S. Dobbyn.

INDIAN MEDICAL SERVICE.

SUB-ASSISTANT SURGEONS.

WITH effect from May 13th, 1912, the Government of India have sanctioned the following enhanced rates of pay for military sub-assistant surgeons:

<i>Senior Sub-Assistant Surgeons.</i>	
First class, ranking as Subadar ...	Rs.110
Second class, ranking as Jemadar ...	90
<i>Indian Warrant Officers.</i>	
Sub-Assistant Surgeons, first class ...	Rs.70
Sub-Assistant Surgeons, second class ...	50
Sub-Assistant Surgeons, third class ...	35

The above rates are inclusive of the extra pay for an English qualification.

Public Health

PAIL CLOSETS AND TYPHOID FEVER IN NOTTINGHAM.

THE direct connexion between pail closets and the incidence of typhoid fever has been demonstrated by many observers. In successive annual reports Dr. P. Boobyer, the medical officer of health of the city of Nottingham, has shown that both this disease and diarrhoea occur far more frequently in houses and districts where such closets are in use than in those furnished with waterclosets. In a special report recently issued he points out that the liability of pail closets to foster and disseminate infection is explained by the fact that the specific virus of typhoid fever, epidemic diarrhoea, and other diseases, is capable of surviving for considerable periods in faecal matter and in soil, and that these closets, even with the most careful management, necessarily entail the storage of faecal matter in the immediate vicinity of dwellings and the pollution of the latter and their surroundings by such matter, to a very large extent in many cases and to some extent in all. While admitting that there are innumerable other agencies by which typhoid fever is fostered and propagated in large centres of population, and notably by means of human carrier cases, he maintains that the pail closet is a powerful factor in this maintenance and propagation, and as such should be eliminated as speedily as possible. Incidentally he points out that a continuance of this conservancy system might involve a sanitary authority in heavy financial responsibility under certain provisions of the

National Insurance Act. It appears that there are in Nottingham over 36,000 pail closets, and the cost to the authority of scavenging them amounts to about £24,000 per annum. Quite apart, therefore, from the sanitary improvement which would be effected by their abolition it would seem that in a very few years there would be a substantial financial saving. The Nottingham Corporation will be well advised to give speedy effect to the advice of their medical officer of health.

Medical News.

ON the occasion of the opening of the winter session at St. Mary's Hospital Medical School by the Lord Mayor of London, his lordship will visit the hospital to inspect the casualty department, where structural improvements have just been completed, and will declare the department open.

THE medical men who have attended the demonstrations at the Kennington Road Tuberculin Dispensary are invited to take part in offering a complimentary dinner to Dr. Camac Wilkinson on October 7th. Further information can be obtained from Dr. A. White Robertson, 26, Harley Street, W., who asks that notifications to attend may be received by September 30th.

BY way of commemorating the opening of its new buildings, the Royal Insurance Company has published a pamphlet containing an account of the history of Lombard Street, in which it established itself in the first half of last century. Lombard Street appears to have been recognized as a centre of financial operations even earlier than the thirteenth century, and has retained its repute to the present date despite all structural and other changes in the city. The pamphlet is illustrated by reproductions of maps, prints, and engravings preserved in the Guildhall and elsewhere.

As has already been announced in the JOURNAL, the first International Congress of Comparative Pathology will be held at Paris in October (17th-23rd), under the presidency of Dr. Roger, professor of experimental and comparative pathology in the Paris Faculty of Medicine. This congress will deal with the whole series of diseases common to mankind and animals, with the relations existing between the diseases of the different species, with vegetable pathology and the possible relations of certain diseases of plants and those of animals. In addition to reports on the pathogeny of tuberculosis to be submitted by MM. Calmette, Chaussée, Vallée, and Lignièrès, other communications on the same subject will be presented by Professor Paul Courmont of Lyons (comparison of agglutination of Koch's bacillus in man and animals); A. De Jong, professor of medicine in the University of Leyden; Dr. Moore, director of the Veterinary College, New York (elimination of tubercle bacilli by infected animals); Professor Bruschetti of Genoa (vaccination against bovine tuberculosis, studied on laboratory animals—rabbit, guinea-pig, etc.); Dr. André Jousset (tuberculosis in the guinea-pig), and others.

THE issue of the *Gesundheitslehrer* for August contains the following story: A lady who had journeyed from her home in Switzerland to Riga had the misfortune to fall ill there of an affection which was diagnosed as chicken-pox. For this she was kept in a hospital in Riga. She went on to Frankfurt, where two persons who had previously been vaccinated fell ill with modified small-pox; a child of one of them had recently been vaccinated and escaped infection. The doctor who attended these two persons, a Dr. Spohr, was a well-known antivaccinator. He had never been vaccinated, and suffered a very severe attack of variola, for which he was nursed by his wife at home. Mrs. Spohr, however, had been vaccinated, as had the Spohr children. According to one account, the vaccination of the children had been carried out by their father, and in one case the success was doubtful. Be this as it may, the only other member of the Spohr family infected was the child whose vaccination was described as doubtful. In the meantime, Dr. Spohr considered it advisable for his health to convalesce in Switzerland. The child's attack was mild. Three further cases occurred in the neighbourhood, but by this time the authorities got wind of the state of affairs and promptly stepped in. The patients were removed to the isolation hospital, and as many persons as were suspected of having been in contact with the infected were forthwith vaccinated. But it was too late to prevent some further spread, and, in all, 15 cases have been traced; of these, one proved fatal, while another was reported to be dangerously ill. It will be interesting to learn whether Dr. Spohr returns to Frankfurt after his completed recovery, and, if he does, what the authorities will have to say to him.