numerous, and can be readily demonstrated. This rapid local increase of bacilli after inoculation, and the obvious accompanying, inflammatory exudate into the tissues, are extremely useful in demonstrating the presence of bacilli, when they exist in very small numbers in any infective material.

The onset of serious illness is, of course, later with a subcutaneous than with an intraperitoneal infection, but in all cases serious and fatal illness has occurred, and, as a rule, has developed within seven days of infection.

Feeding experiments with contaminated food and drink have been carried out, and, so far as infection of the animals is concerned, have always given positive results. For purposes of clinical diagnosis, such experiments are too protracted to be serviceable, yet they have proved of great value as a convincing proof that the bacillus isolated from the lung and other organs of man is the cause of the illness; for by food infection we have succeeded in setting up in guinea-pigs a fatal septicaemic disease characterized by lesions of the lungs exactly similar to the human lung lesions. We have carried out four such experiments, and in all four cases have caused fatal illnesses; and have been able to demonstrate after death extensive lung consolidations due to this bacillary infection. These experiments will be referred to again when considering the method of infection in man.

In the first cases of the disease observed by us the lesions of the lungs were so obvious and striking that we were not unnaturally impelled to the view that we had to deal with a "lung disease," and that it was in the lungs alone that gross evidence of infection was to be expected. It is true that in the second case the recovery of bacilli from the spleen proved that, at any rate bacteriologically, the disease was more widespread; but at that time we failed to appreciate the importance of this observation. However, the isolation of bacilli from the heart's blood in Case III afforded further proof of the general nature of the infection, and in subsequent cases we found that the presence of bacilli could be generally demonstrated in the spleen as easily as in the macroscopic lesions of the lungs. We therefore adopted the view that the disease was essentially a "lung disease"; just as in typhoid fever though the most obvious lesions are confined to the intestine, the infection is general, so also in this disease, with its gross and obvious lesions restricted to the lungs, the local nature of the lesions gave no clue to the possible extent of the infection throughout the body.

These are the characteristics of the bacillus, as determined by us in Rangoon, and they have been found constant in all strains of the bacillus; but I would remind members of the Section that in Rangoon we have been working, not in a well-equipped laboratory with laboratory servants well trained to accurate methods, but that we have had to endeavour to do our best under somewhat adverse circumstances, and therefore while I have no doubts whatsoever as to the accuracy of our own results, there are, I think, many points in our bacteriological description which require more accurate investigation than we have been able to afford. Recently, by the kindness of Dr. Eyre, I have been permitted to repeat these cultural tests of ours in his laboratory. Upon the accurately standardized media used there, I have found that the growth upon glycerine agar, containing the high percentage of glycerine described by us, is very feeble, and does not accord with our description. From the few experiments I made there it appeared to be likely that growths similar to those obtained by us in Rangoon would be obtained on glycerine agar containing about 8 per cent. of glycerine. Personally I do not doubt that it is only a matter of short experiment to determine the exact percentage of glycerine necessary, but it is certainly important to note that up to the present I have failed to demonstrate in London the characteristics of growth upon glycerine agar which we have described from Rangoon. Upon gelatine also, as prepared in Dr. Eyre's laboratory, I have found growth exceedingly slow, so much so that although on using a very thick inoculation upon a gelatine slope I obtained liquefaction of the gelatine, yet the ordinary inoculation of a few bacilli failed to give liquefaction with the very slow growth which occurred, and the characteristic gelatine growths obtained by us were not obtained in England. However, here again I do not doubt the essential accuracy of our Rangoon observations, but we have been working with gelatine nothing like as firmly solid as Dr. Eyre's media, and also I do not suppose that our temperature observations should be regarded as accurate, for we have had to depend upon an ice chest as our cool incubator.

In other respects, the behaviour of the bacillus in Dr. Eyre's laboratory was, I think, similar to that in Rangoon. Dr. Eyre, moreover, was kind enough to confirm our observations as to the lesions caused by the inoculation of a small dose of the bacillus intraperitoneally into a male guinea-pig.

I had hoped to have had a series of tubes of dead cultures on view in the museum showing all the cultural characteristics described, but unfortunately the parcel seems to have miscarried in the post, and has not yet come to hand.

Such is the bacteriological description of this Rangoon disease. I am very well aware that the description leaves very much to be desired, addressed as it is to a company of expert bacteriologists; but I hope that it has not been uninteresting, in one respect at least, as an example of the great and growing difference between our present-day methods of working and acquiring medical knowledge and those not long ago in vogue.

DISCUSSION.

Dr. EYRE (London) confirmed the views expressed by Captain Whitmore in regard to the bacillus and the lesions caused by it. He was inclined to the opinion that the differences in cultural behaviour in the Rangoon experiments and those conducted in his laboratory were chiefly due to differences in the culture media. The lesions produced by the bacillus were so like those produced by glanders that in showing the characteristics of Strauss's reaction in the guinea-pig, for teaching purposes, he found that it was immaterial whether he selected the guinea-pig infected with true glanders or one which had been inoculated with the Rangoon bacillus.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

OPERATION FOR EARLY MAMMARY SCIRRHUS.

THE following case of mammary scirrhus must, I venture to think, be the earliest on which an operation has ever been carried out.

The patient is a lady aged 46 years. Seventeen years ago she had a small tumour removed from the left breast, which proved on examination to be a small cystic adenoma. This I know to be correct, as she had kept the tumour in spirit, and I have had the opportunity of verifying the statement.

In May, 1911, she consulted me about a small lump in the skin, situated above the superior internal quadrant of the right breast, about 2 in. below the right clavicle, and 2 in. external to the border of the sternum. This I removed under local anaesthesia, and was satisfied that it was a simple sebaceous cyst of the skin; the wound was sutured with a single horsehair stitch, which was removed after eight days.

In August of the present year she again consulted me, when three minute tumours were palpable in the situation, but not in the substance, of the scar of the operation last referred to. These I also removed under local anaesthesia.

The tissue excised was examined by Mr. S. G. Shattock, who reported that the chief nodule was no larger than a pea (7 mm. in diameter), and that on section it exhibited to the naked eye the macroscopic characters of a mammary scirrhus, which was confirmed on microscopic examination, the histological structure being perfectly typical of that disease.

Without delay I thereupon removed the whole breast, together with the pectoral muscles, and cleared out the axilla.

Mr. Shattock reported that there was no carcinomatous disease in any part of the breast, or in the structures removed, and made the following comments:

He had never heard of a primary mammary scirrhus of so small a size having been detected and removed; one reason for its early detection was doubtless the fact that it arose in the very periphery and thinnest part of the breast, and that the presence and particular situation of the previous scar must have directed the frequent attention of the patient to the spot itself. Its origin beneath the scar was not a coincidence; nor was it a reason either for supposing that the lesion previously removed was other than a sebaceous cyst. The sequence was best interpreted as indicating that the breast was in a particularly vulnerable condition—one, that is, in which a cancerous growth might have been incited by a very small degree of injury, the immediate cause of the growth being some trivial damage sustained by the outlying piece of mammary tissue at the antecedent operation.

Under these circumstances the subsequent removal of the whole breast, as a prophylactic measure, was quite justifiable, although the rest of the gland contained no carcinomatous focus.

Wimbledon. J. Edwin Bates, M.B., B.C.Cantab.

DELAYED CHLOROFORM POISONING ASSOCIATED WITH SEPSIS.

A girl aged 12 years, active, wiry, and with a good constitution, suffered from pain in the abdomen and vomiting, and had a temperature of 101° F. Symptoms being regarded as due to eating some strawberries, a dose of castor oil was given. Next morning the bowels acted, and the temperature was normal; however, some pain was still present in the lower part of the abdomen, but she was able to get up and lie about on a couch. The same evening, as the pain returned and she was sick again, I was sent for. The abdomen was flat, held rather stiff, but no more rigid over one part than another; there was no local tenderness, but pressure in the right hypochondrium caused pain referred to the right iliac fossa. The pulse was 108 and the temperature 99.6°. Next morning the temperature was 102.4° F. and the pulse 130; she had had one or two attacks of pain in the night.

Operation was advised and performed within forty-eight hours of the first symptom and within twenty-four hours of my first seeing her. The appendix was found to be perforated and gangrenous as to its last inch and a half; it was hanging free over the pelvic brim with half a pint or more of clear non-odorous fluid in the peritoneal cavity; the appendix itself had practically no mesentery, and had to be shelled out of its peritoneal coat; the peritoneum covering the caecum and adjoining part of the ileum was very much inflamed. The operation took fifty minutes, and a large drainage tube was passed down to the pelvic floor with a gauze wick inside it. The patient was put into a sitting position, and salines given per rectum, half a pint every two hours, and well retained; the anaesthetic used was chloroform, and she was some time coming round from it, but she did not require much, and the last ten minutes of the operation she had none; the exact amount used was unfortunately not known, but she was anaesthetized by my partner, who has a large experience in anaesthetics.

After the operation her pulse was 100, a fall of 20 as compared with before the operation. She passed a good night with several hours' sleep, no pain or vomiting. The wound was dressed, and considerable serous discharge found on the dressings. Thirty-six hours after the operation she was first noticed to be jaundiced: she was given castor oil by the mouth, which acted in three hours—a clay-coloured motion floating in thin dark fluid, containing some altered blood. Only a little serous discharge was found on the dressings. She was given some glucose by mouth, but vomited it, and it was then given by the rectum. The urine was high coloured, and contained a good deal of albumen, but there was no smell of acetone; the abdomen was soft all over, and was not tender; both temperature and pulse were about 100.

Sixty hours after the operation she became delirious and noisy, and eventually maniacal; there was very great thirst, and large quantities of water and glucose were administered by the mouth at this stage. The temperature was 91 and the pulse 104°. A fleeting erythematous rash was noticed on the flanks, the spleen was enlarged and the bowels opened several times with calomel. The urine passed was in good quantity and high coloured. Stupor, coma, and convulsions supervened, and death occurred eighty hours after operation, with temperature 109.4° F. The cerebro-spinal fluid was clear and not under pressure. Several injections of antistreptococcic serum were given, and also a stock vaccine.

No *post-mortem* examination was made, but the case seems clearly to be a combination of chloroform poisoning and sepsis. She could probably have survived either separately, but it is the combination that is fatal in these cases. The case should be compared with the one reported on p. 794 of the British Medical Journal for September 28th, 1912, and emphasizes the fact that ether, and not chloroform, should be used as the anaesthetic in these cases.

W. A. Rees.

A METHOD OF GIVING NITROUS OXIDE WITH THE ADDITION OF ETHER IN MINOR SURGERY.

Having witnessed the very painful recovery after nitrous oxide administered for the opening up of a whitlow, and having once had a somewhat similar experience myself, it occurred to me that the following method of giving nitrous oxide and ether has not received the attention it deserves.

The mention of ether is sufficient to call up a vision of violent emesis; administered, however, as an addition to nitrous oxide in the following manner, it will be found to be the exception for the patient to be sick, and not the rule.

The nitrous oxide anaesthesia is conducted in the usual way (an ordinary Clover bag being attached to the gas apparatus), but after the inhalation of the first bag of gas, which is, of course, refilled, the ether is turned on fairly quickly until the indicator stands at full ether. On the commencement of stertor the anaesthetic is withheld. This will give an anaesthesia about twice the length of N_2O alone. If a longer anaesthesia than this is required air is given from time to time. No to-and-fro breathing takes place at any time during the administration.

The difference to the feelings of the patient on recovery from a short though painful operation after this anaesthesia and N_2O alone has to be experienced to be fully appreciated.

J. K. Pedley,
Tunbridge Wells. Dental Surgeon.

COMPLETE INVERSION OF THE UTERUS.

On July 29th last I attended Mrs. P. in her second labour. She is about 25 years of age, of slight build and nervous temperament. Chloroform was given towards the end of the first stage, and on account of some delay in the second the forceps were applied and delivery effected quite easily. There being delay in the expulsion of the placenta ergot was given and steady pressure made over the uterus for about a quarter of an hour, but no traction made on the cord. At this stage the patient suddenly complained of sharp pain in the abdomen and the placenta was expelled from the vagina with a firm mass of tissue adhering to it which on examination was found to be a completely inverted uterus with the placenta still attached. This was peeled off and the uterus replaced into the vagina and steady pressure with the hand made for about ten minutes, by which time the uterus was restored to its normal position. More ergot was then given and firm pressure applied to the uterus through the abdominal wall for about half an hour. The organ was then felt well contracted in its normal situation. There was only moderate haemorrhage and very little shock. For a few days there was a slight rise of temperature, but the patient made an excellent recovery, and a vaginal examination a month after showed everything quite normal. In an extensive midwifery practice of over thirty years I have never before met with a case of inversion, and as it is stated in books to be very rare, once in about 180,000 cases, I am giving a brief history of the case thinking it may be of some interest to my fellow general practitioners.

Wealdstone, Middlesex. George H. Butler.

negligence against Dr. Tonge, of Seaton. It was now alleged that Dr. Pullin stated that the brain at the *post-mortem* examination was not examined. Dr. Pullin was also alleged to have said that he was never asked whether Dr. Tonge was right in his diagnosis. It was complainant's case that both these statements were false. Among the witnesses examined were the shorthand writers present at the county court action. At the close of the complainant's case it was submitted that there was no evidence to go to a jury, and the magistrates, without hearing witnesses for the defence, dismissed the case. Mr. Schultess Young (for complainant) said he would apply to be bound over under the Vexatious Offenders Act to prefer a bill of indictment against Dr. Pullin at the assizes. Mr. J. A. Hawke (for defendant): By all means, let him. I don't know that you can prevent him.

CLAIM FOR NEGLIGENCE AGAINST A DENTIST.

On October 17th the Sheriff-Substitute for Glasgow gave judgement in an action for damages brought against a dentist. The allegation was that while extracting some of the plaintiff's teeth under gas the defendant had exhibited negligence and want of skill, which had resulted in a tooth or part of a tooth falling into the plaintiff's larynx and thence into her lung, subsequently setting up a grave and prolonged illness, accompanied by blood spitting. The operation was performed on November 25th, 1911, and the plaintiff fell ill immediately afterwards; the doctor who attended her had difficulty in diagnosing the symptoms, which, he stated, had not suggested to him the idea of a foreign body having found its way into the lung. On January 3rd, 1912—that is, thirty-eight days after the operation—the plaintiff, according to her statement, coughed up with some blood a piece of tooth, which she threw away, after showing it to a friend. A month later she coughed up more blood, and had done so at intervals ever since up to the time of the action. Her sputum contained no tubercle bacilli.

The Court held that there was no proof that the plaintiff's illness was due to the presence of a foreign body, such as a tooth, in her lung, or that any tooth or piece of tooth had ever fallen into her larynx. The fact that such accident had occurred was merely a supposition, while there was no proof whatever of any negligence or want of skill on the part of the defendant. On the contrary, what evidence there was as to the precise facts of the operation supported the belief that all usual and necessary precautions had been taken during the operation, and that no tooth nor part of a tooth had been allowed to fall into the plaintiff's throat, and judgement for the defendant, with costs, was returned.

The defendant was represented by Messrs. Turnbull and Findlay, acting on the instruction of the Medical and Dental Defence Union of Scotland.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Degrees.

The following degrees have been conferred:

D.M.—A. R. Wilson.
B.M., B.Ch.—J. L. Birley.

Medical Fellowship.

Mr. H. C. Bagett, B.M., B.Ch., has been elected to a medical fellowship at Magdalen College.

UNIVERSITY OF LONDON.

Faculty of Medicine.

A meeting of the Faculty was held at the University on Friday, November 1st. The Dean (Dr. Sidney H. C. Martin) was in the chair.

Dr. Reginald Cecil Wall, M.A., M.D., F.R.C.P., was elected Secretary to the Faculty.

The constitution for 1913 of the Boards of Studies with which the Faculty is concerned was decided; as was also the constitution of the Board of the Faculty for the remainder of 1912.

A report of the Board of Studies in Hygiene and Public Health for the provision in London for the post-graduate teaching of these subjects was presented, and, after some discussion, referred to the Board of the Faculty for report.

Sir Alfred Pearce Gould, K.C.V.O., M.S., was unanimously elected Dean of the Faculty for the period 1912–14.

NATIONAL UNIVERSITY OF IRELAND.

At a meeting of the Senate on Wednesday, October 30th, Sir Christopher Nixon was reappointed Vice-Chancellor of the University, and representative of the University on the General Medical Council.

A Travelling Studentship of £200 a year, tenable for two years, in Medicine (Anatomy), was awarded to Henry L. Barneville, B.A., M.B., B.Ch., B.A.O., University College, Dublin.

UNIVERSITY COLLEGE, CORK.

President's Report.

The report of the President of University College, Cork, for 1911–12 states that the number of students during this session was 430, as against 415 during the session 1910–11. Of the 430 students, 358 were matriculated, 48 were non-matriculated, and 23 were post-graduate. The number of new students was 130. The work done during the session was of a satisfactory character.

The college had sustained a grave loss in the death of Professor George Laurence, the first occupant of the Chair of Law of Real Property. Though retired from the active duties of the Chair of Physiology and Anatomy, the news of Professor Charles's death had been received in University College with sorrow, his connexion with the college dating back to 1875. During a period of thirty-two years Professor Charles filled his professorship with great distinction, and on his retirement founded an annual gold medal in the college, to which his name is attached.

The President, in referring to the different faculties, draws attention in particular to that of the engineering school, the new laboratories of which are now almost complete, and contains an installation of apparatus which is unrivalled in the country, particularly in the testing machines of various kinds. A very large amount of public work was carried on in the engineering laboratory with the aid of this equipment.

Perhaps one of the most notable advances made by the college in the past year was the taking over of the old Cork football grounds, now known as the University Athletic Grounds. The President referred to two very necessary requirements if the college is to go on to further developments. The first, which he declares is essential, is to obtain separate university powers for Cork. He hopes "the governing body will not be wearied by my perpetual insistence on this matter, but it is the most urgent question in connexion with the college, and the moment that a favourable opportunity arises no time should be lost in making a determined effort to secure the boon which we have every right to demand." The second necessity was to raise by subscription from the citizens of Cork a fund sufficient to purchase the freehold of the various portions of land on which rent has at present to be paid.

The report closes with a reference to the harmonious relationships which have existed between the academic and non-academic members of the first governing body and the president himself. "We have had a very arduous task laid upon us; it was one which necessarily gave rise to many differences of opinion, but none of them have in the least strained the feelings of friendship which have existed from the beginning between the members of the governing body, the Academic Council, and myself."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A comitia was held on Thursday, October 31st, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

Admission of Members.

The following gentlemen, having passed the required examination, were admitted Members of the College: John Davis Barris, M.B.Camb., L.R.C.P., and Ardeshir Koyaji Contractor, M.D.Lond., L.R.C.P.

Licences.

Licences to practise physic were granted to ninety-five gentlemen who had passed the necessary examinations.

Diploma in Tropical Medicine.

In conjunction with the Royal College of Surgeons of England, the diploma in Tropical Medicine was granted to Dr. E. S. Marshall.

Announcements.

The President announced that the Weber-Parkes Prize for 1912 had been awarded to Mr. John Alexander Douglas Radcliffe, M.B., Pathologist to the King Edward VII Sanatorium, Midhurst. He also announced that the adjudicators for the next essay in 1915 were: Sir J. Kingston Fowler, K.C.V.O., Dr. F. J. Wethered, and Mr. L. S. Dudgeon, F.R.C.P. The subject chosen was: An original research on the treatment of pulmonary tuberculosis with substances which are especially antagonistic to the specific organism and its products. This work must have been chiefly carried out since the year 1911.

Communications.

The following communications were received: (1) From the Secretary of the Royal College of Surgeons of England, dated July 25th and October 22nd, reporting proceedings of the council of that college at meetings held on July 25th and October 11th. (2) From the University of Dublin dated August, 1912, thanking the college for sending delegates to the bicentenary celebration and for presenting an address on that occasion. (3) From the Curator of the City and County Museum, Lincoln, thanking the College for presenting to the Museum the collection of antiquities made by the late Dr. O'Neill.

Discussion on Sanatorium Benefit.

Dr. W. J. Tyson, speaking with reference to sanatorium benefit under the Insurance Act, called attention to the great importance of associating the treatment of tuberculosis in all its phases with the existing hospitals; in order that medical students may have every access to the study of the disease and

its treatment. He referred to the letter written by Sir William Osler to the *Times*, and to a leading article which had appeared in the BRITISH MEDICAL JOURNAL. He said that schemes for working the benefit were been propounded in numerous districts, but the subject of the special education of medical practitioners and students in regard to tuberculosis had not been fully discussed. Pulmonary tuberculosis was likely to be dissociated from general hospitals and medical schools. The study of the disease ought to be linked up with the schools, and the general hospitals should have beds for patients suffering from tuberculosis. He thought the college should take the lead in drawing attention to the danger of students passing through the schools without opportunities of studying the disease. An appeal ought to be made to the Government to see that this great question is put on a proper basis. Dr. Tyson explained the scheme for the County of Kent.

Dr. H. P. Hawkins stated that the authorities of St. Thomas's Hospital had decided to form a central institution for tuberculosis, in order that students might study the cases. A dispensary separate from the hospital had been started with a whole-time officer. It was practically a new institution for the treatment of tuberculosis in the Borough of Lambeth.

Dr. H. W. G. Mackenzie said that if tuberculous patients were withdrawn from the general hospitals students would have to go to the special hospitals if some other arrangements were not made. Tuberculosis had to be studied in connexion with other morbid conditions of the body. As subscriptions to the chest hospitals were falling off, they seemed likely to perish from inanition. These hospitals had rendered great services to the public, and if they were closed a great means of combating the disease would be lost. He explained the measures which were to be adopted at the Brompton Hospital both in regard to the treatment of patients in association with the surrounding boroughs and with regard to a teaching scheme whereby practitioners and students could obtain tuition for from three to six months.

Sir Richard Douglas Powell pointed out that as at present arranged the treatment of tuberculous patients was to be carried out by "specialists" in various districts, and patients were to be drafted into sanatoriums. He would greatly regret if the patients were taken out of the hands of general practitioners. He laid stress on the necessity of studying pulmonary tuberculosis in connexion with general diseases, but up to the present no proper provision had been made for tuberculous patients at general hospitals. He would like to see general practitioners told off to attend patients in small sanatoriums. In large cities resident medical officers would be necessary, but a visiting staff should also be attached. In the first instance, however, practitioners must be properly educated with regard to tuberculous disease. A central bureau should be established for the scientific study of tuberculosis and for periodically distributing the knowledge acquired.

Dr. C. Theodore Williams drew attention to the unsatisfactory arrangements made in connexion with some of the dispensaries which had been scattered through the country. He strongly advocated keeping the dispensaries in connexion with existing large hospitals.

Dr. W. C. Wilkinson drew attention to the financial problem of the tuberculosis question, and said that the funds proposed could only under the present scheme supply treatment to a limited number of patients. He thought that dispensaries should be mainly for treatment and not for prophylactic purposes.

Dr. Norman Moore also urged that the profession was now concerned with a movement which might greatly affect the teaching at large hospitals, and expressed the hope that the College would appoint a committee to consider the matter.

Dr. F. E. Fremantle referred to the appointment of medical officers of health as tuberculosis officers, who were asked to advise as to the steps which should be taken in their districts. Those officers were isolated from the profession in that they had to give advice to lay bodies. The College could carry great weight with county councils. He also referred to the endowment for research contained in the Act.

The President urged that the Government and the public should be enlightened on the subject. If a committee were appointed he thought that the whole subject of the sanatorium benefit should be considered.

Dr. David Finlay proposed that the whole subject should be referred to the committee which had been previously appointed in the College to deal with the Insurance Act, with the addition of Dr. Tyson. This was seconded by Dr. Tirard and carried.

Reports.

In accordance with reports dated October 8th received from the Committee of Management, the Leamington Spa Municipal Technical School and the King William School, Castletown, Isle of Man, were added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics, and the West Bromwich Municipal Secondary School and King Edward's School, Birmingham, for instruction in biology. The Naval Medical College at Greenwich was added to the list of laboratories recognized for the course of instruction for the D.P.H., and the East Ham Borough Isolation Hospital to the list of recognized fever hospitals; the course of instruction in lunacy by Dr. E. D. Macnamara at Peckham House was recognized as fulfilling the conditions of the regulations of the Examining Board in England.

Committee of Management.

Dr. Norman Moore was re-elected a member of the Committee of Management.

Library.

Books and other publications presented to the library during the past quarter were received, and the thanks of the College ordered to be returned to the donors. The Harveian Librarian (Dr. Norman Moore) announced that the President had presented some letters of Harvey. A most hearty vote of thanks was accorded to the President for this splendid and uncommon gift, and, as a special mark of the appreciation of the Fellows, the thanks were given under the College seal.

After some further formal business, the President dissolved the comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE ANNUAL REPORT.

THE annual report of the Council for the year 1912, which will be presented to the meeting of the Fellows and Members at the Royal College of Surgeons, Lincoln's Inn Fields, on Thursday, November 21st, at 3 p.m., has been issued. The agenda of the meeting will be issued on November 18th, and copies may be obtained by Fellows or Members on application to the Secretary.

RECORD OF THE YEAR'S WORK.

At the annual meeting last year four resolutions were passed. The first referred to the resignation of the late Sir Henry Butlin; the second to the attitude assumed by the Council of the College toward the Chancellor of the Exchequer in regard to the National Insurance Bill; the third dealt with the admission of Members to the Council; and the fourth required a balance sheet of assets and liabilities to be included in the next annual report of the Council. The Council decided not to take any action in reference to the third resolution, and did not pass any motion by means of which the proposal embodied in the fourth resolution would be carried into effect.

National Insurance Act.

The action of the Council in refusing to send representatives to the meeting which the Insurance Commissioners proposed to hold with representatives of the medical profession on February 2nd, 1912, is recorded. An account is given of the steps taken by the Council, together with the representatives of the Royal College of Physicians, the Medical Faculties of Universities and the Society of Apothecaries, to consider what attitude the medical profession should adopt toward the working of the Act. The action of the Council in relation to the pledge drawn up by the British Medical Association is recorded, and it is recalled that a meeting was held with the staffs of the London hospitals, and that this meeting decided by an overwhelming majority to support this pledge.

The Licence in Dental Surgery.

The consideration of the Board of Examiners in Dental Surgery of the report of the Inspector of the General Medical Council on the final examinations for the Licence in Dental Surgery has led to the issue of a revised synopsis of surgery and surgical pathology, which will come into force on May 1st, 1913.[1] Very little is added to the scope of the examinations, but a more systematic arrangement is adopted.

Dental Education.

A statement was presented by the Council to the Royal Commission on University Education in London, relative to dental education. The opinion was expressed that dentistry was not a subject of such breadth of scope as to justify the award of a university degree. The ordinary dental curriculum should, therefore, not lead to a university degree, and the diploma of the Royal College of Surgeons was satisfactory and sufficient. It was further set out that the abolition of private apprenticeship would be premature at present, but that encouragement should be given to students to take instruction in dental mechanics in the dental laboratory of the hospital they attended.

The Central Midwives Board.

Mr. C. H. Golding-Bird, a member of the Central Midwives Board, had pointed out in his report on the proceedings of the board the difficulties arising from the continued employment of unqualified women under the plea that they are not acting "habitually and for gain." In some instances these women had an arrangement with a doctor who did not attend the case unless specially called, though a retaining fee of 2s. 6d. was paid. Strong action had been suggested for dealing with these cases. It has been decided that the time has arrived when midwives should be required to record the pulse and temperature of the patient systematically. The position of the medical man called in on emergency by a midwife under the National Insurance Act was also referred to.

Prizes.

The Jacksonian Prize for 1911 was not awarded. The John Tomes Prize for the period 1909–1911 was awarded to Mr. Arthur Hopewell-Smith, and the Begley Studentship was given to Mr. Alan Cecil Perry.

Gift.

A marble floor in the entrance hall, museum hall, and corridor has been presented to the College by the widow of a member of the College.

[1] BRITISH MEDICAL JOURNAL, June 22nd, 1912, pp. 1437, 1438.

Finance.

The gross income of the College amounted to £25,840, an increase of £137 over the preceding year. The increase was derived partly from fees for the Licence in Dental Surgery, partly from fees for the diploma in Tropical Medicine, and partly from emoluments for the hiring of rooms at the Examination Hall. On the other side of the balance sheet an increase of £287 was recorded. The total expenditure for the year amounts to £23,769, leaving a balance of income over expenditure of £2,071, as compared with £3,221 for the previous year. The museum claimed an amount of £4,157, which was £242 more than last year and £1,200 more than the average for the ten years ending 1907-8. The chief items are—salaries £2,697, furniture and fittings £519, specimens, glass, etc., £326. The expenses of the library were £94 less than in the previous year. On the other hand, the extraordinary expenditure amounted to £1,661, including £980 for the reconstruction of Rooms VII and VIII.

The sum of £10,125 had been paid on account of the new Examination Hall in Queen Square. The assessment of the new Examination Hall was considerably lower than that of the old building.

Diplomas.

During the year 376 new Members and sixty new Fellows were admitted. In addition, thirty-nine diplomas in public health, nine in tropical medicine, and 100 licences in dental surgery had been granted.

Museum.

Important alterations have been carried out in the museum. The invertebrate specimens have been transferred to a new room (VIII), built where the librarian's house used to stand at the east end of the museum, and the surgical instruments have been placed in a second new room (VII) in the same section. This cleared the space of Room III for specimens illustrating the general principles of pathology. A new department is being arranged dealing with the medico-legal specimens. A large number of important additions to the existing series have been made, and some of the older specimens replaced. The specimens illustrating the growth of bone in the Hunter collection having lost their original colour, Hunter's experiments have been repeated, and new preparations have been set up. A new catalogue of the Gynaecological Section of the Pathological Collection has been completed and the series newly arranged and labelled. Some important material has been added to the Anthropological Series, including crania and skeletons of native Australians, some rare specimens illustrative of the osteology and diseases of the ancient Egyptians, material from Buenos Aires, the New Hebrides, Borneo, etc., and some very valuable skulls and skeletons of the ancient inhabitants of Britain.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—J. Pearson, W. J. Sweeney, A. M. Morris, Elfrida H. B. Coghill, H. C. A. Haynes.

SECOND COLLEGE.—G. B. Charnock, T. W. Drummond, J. S. A. Rogers, J. J. de Waal, M. Seeraj, G. L. Stanley, J. F. Sweeney, A. C. Taylor, N. A. Martin, W. H. O'Grady, B. C. Haller, W. H. Wray.

THIRD COLLEGE.—S. Swaminathan, N. R. Whitaker, V. H. Wardle, R. M. Paterson, Amabile Caruana, J. E. Kitchen, W. T. M. Sebeta, A. M. Burge, D. S. Graham, J. K. Venables, A. I. Clarke.

FINAL.—A. G. Cowper, J. McFarlane, D. S. Puttanna, N. R. R. Ubhaya, W. Martin, E. M. Marcar, W. Watson, A. F. D'Sousa, C. J. L. Patch, H. Mathewson, W. Lessey, H. S. Dastur, V. C. H. Dearden, J. I. Arnold.

Obituary.

DEPUTY SURGEON-GENERAL JOSEPH CHRISTIAN CORBYN, who died at Cheltenham on October 24th, entered the Bengal Medical Service as Assistant Surgeon on November 24th, 1851, became Surgeon on April 8th, 1864, and Surgeon-Major on November 24th, 1871, retiring, with a step of honorary rank, on January 1st, 1879. He saw much active service in the Indian Mutiny. First he served with the Amritsar column, then accompanied the Kashmir Force under Sir Richard Laurence to Delhi, and took part in the siege and capture of that city. He next served at Jhajjar and Rohtak, and had medical charge of the 3rd Sikh Cavalry at Lucknow, and was present at the final capture of the place. With the same regiment he served in the force under Sir Edward Lugard in the North-West Provinces and Bihar, and shared in the relief of Azamgarh; and later, under Brigadier Douglas, in the pursuit of Koer Sinh, and was present in every action fought by that force. With the same troops he served in the final expulsion of the rebels from the Jagdespur jungles, and the quelling of the disturbances in the Shahabad and Gaya districts. He held the Mutiny medal, with clasps for Delhi and Lucknow.

Medical News.

DR. E. L. MCSHEEHY, a retired surgeon-major of the Army Medical Staff, and the present mayor of Wimbledon, has received and accepted an invitation of the town council to continue in office for a further year.

THE chairman of King Edward VII Hospital at Windsor has received from Prince Christian a cheque for £1,557 odd, the balance of the Windsor Memorial Fund to His late Majesty. The amount is to be retained as an endowment fund.

THE special course of lectures and demonstrations announced to be given at the National Hospital for the Paralysed and Epileptic, Queen Square, by Dr. Kinnier Wilson, Dr. James Collier, and Dr. Hinds Howell, will not be held.

LADY LOWTHER is holding a St. John Ambulance Association class at the British Embassy, Constantinople, the lecturer being Mr. S. Osborn, F.R.C.S., of the St. John's Gate Medical Staff, and the examiner, Dr. Clemow, Physician to the Embassy.

THE annual dinner of the Harveian Society of London will be held at the Hotel Great Central, Marylebone Road, on Thursday, November 14th, at 7 for 7.30 p.m. The chair will be taken by the president, Dr. H. J. Macevoy. The charge for tickets is 8s. 6d., exclusive of wine.

THE Glasgow University Club, London, will dine at the Trocadero Restaurant, Piccadilly Circus, on Friday, November 29th, when Professor Dudley J. Medley, M.A., will take the chair. Members desiring to be present are requested to give notice to the honorary secretaries, 30, Seymour Street, W., as early as possible.

AMONG the papers to be read at the meeting of the Royal Society on Thursday next will be one by Mr. J. W. Cropper, M.B., on the development of a parasite of earthworms; another by Mr. James Thompson on the chemical action of *Bacillus cloacae* (Jordan) on citric and malic acids in the presence and absence of oxygen; and a third by Mr. G. W. Ellis and Mr. J. A. Gardner on the excretion of cholesterol by man when fed on various diets.

THE eighty-seventh Christmas course of juvenile lectures, founded at the Royal Institution in 1826 by Michael Faraday, will be delivered this year by Professor Sir James Dewar, LL.D., D.Sc., Ph.D., F.R.S., Fullerian Professor of Chemistry. The lectures will be experimentally illustrated, and the subjects are as follows: Alchemy, Saturday, December 28th, 1912; Atoms, December 31st; Light, January 2nd, 1913; Clouds, January 4th; Meteorites, January 7th; Frozen Worlds, January 9th. The lecture hour is 3 o'clock.

THERE appear to be some thirteen or fourteen candidates for the appointment of medical officer of health for the City of London, shortly to be vacated by Dr. William Collingridge. They are all of them more or less well-known medical officers of health, six being at work in London, five in charge of large provincial cities, and two in charge of counties. The appointment is primarily in the hands of the Sanitary Committee of the Corporation, which will deal with the applications on November 26th. The candidate finally selected will be expected to take up duty on March 20th, 1913.

THE idea of the memorial to Shakespeare, unveiled in Southwark Cathedral by Sir Sidney Lee on November 4th, originated with a member of the medical profession. Sir Sidney Lee, in the course of his address, remarked that the monument he had just unveiled was the fruit of the energy of Dr. R. W. Leftwich, who combined with his beneficent practice of the healing art a rare love of Shakespeare and of the place in which the company had gathered to do him honour. It had been Dr. Leftwich's wish to erect in Shakespeare's memory a Gothic cenotaph resembling and forming a pendant to the neighbouring tomb of the poet Gower, and, thanks to the generous response made to his appeal by English and Americans alike, this wish had been realized. The memorial, which is the work of Mr. Henry McCarthy, a well-known ecclesiastical sculptor, consists of a semi-recumbent figure of the poet in alabaster enclosed in a Gothic shrine, in front of which are shields bearing the arms of Shakespeare, Bishop Talbot, Canon Thompson (the late rector), and Dr. Leftwich. The short dedicatory service which accompanied the unveiling was preceded by an organ recital, by Mr. Edgar T. Cook, of extracts from the works of Shakespeare's contemporaries, Orlando Gibbons and Byrd, and the prayers were read by the Bishop of Southwark. Amongst those present at the ceremony were the American Ambassador, Sir Thomas

Barlow, Sir Bryan Donkin, Sir Frederick Bridge, Professor Gollancz, Dr. Leftwich, Mr. Edmund Gosse, Sir George and Lady Alexander, Mr. and Mrs. Kendal, and Mr. H. B. Irving.

Public Health
AND
POOR LAW MEDICAL SERVICES.

REPORTS TO THE LOCAL GOVERNMENT BOARD.

Mallwyd Urban District.—It appears from the report (new series, No. 68) to the Local Government Board of Dr. Morgan J. Rees that the Mallwyd urban district, in the County of Merioneth, though technically urban, is rural in character, for the population of some 750 persons is scattered over an area of about 14,000 acres. It is stated the housing conditions are very unsatisfactory, and that no steps have been taken to put in force the housing regulations of the Housing, Town Planning, etc., Act, 1909. A lack of decent unoccupied houses results in the occupation of dwellings quite unfit to be inhabited. There are no building by-laws, and no supervision is exercised over new houses, with the result that in quite recent years two houses were built back to earth. The water supply is, for the most part from dip-wells, open to contamination in many ways, and even a small supply belonging to the district council is liable to be polluted at the source. Slaughter-houses and dairies and cowsheds are subject to little or no supervision; as a consequence they are kept in a very unsatisfactory condition. The cowsheds especially are dirty and ill kept, and appeared as though they were never cleaned out. Dr. Rees asserts that the district abounds in conditions inimical to the health of the inhabitants, and that little has hitherto been done by the district council to secure removal or amelioration of those conditions. In such a small district, however, the resources are not very great. A penny rate produces less than £9, and the salaries of the medical officer of health (Dr. D. W. Morris) and the inspector of nuisances, even excluding the contribution from the Exchequer grants, absorb an amount nearly equal to a twopenny rate.

Barnstaple Borough.—Dr. S. W. Wheaton's report (new series, No. 69) has special reference to the incidence of typhoid fever in the borough of Barnstaple. Since compulsory notification came into force in the borough in 1896 there has been no single year in which cases of the disease were not notified, the smallest number being 3 in 1896 and 1898, and the largest, 49, in 1911. In only four years were no deaths recorded. During the sixteen years 1896-1911 there were altogether 213 cases and 28 deaths. The population of the borough at the last census was 14,488. Dr. Wheaton states that there are many circumstances in Barnstaple which would favour the spread of typhoid fever when introduced. Some of these are especially related to the polluted condition of the River Taw, at the estuary of which shellfish, principally cockles and mussels, are gathered, and in which bathing opposite the principal sewage outfall is greatly indulged in during the summer months. The possibility of water supplies, milk, or ice-cream being causative factors of the outbreak in 1911 was considered by Dr. Wheaton, who was of opinion that they could all be excluded. In the Derby area, where the disease was most prevalent, the housing conditions are described as very unsatisfactory, the dwellings being old, dilapidated, and damp, with many unpaved or badly paved backyards. Water-closets are universally used in the town, but the pans in many instances were found in a filthy condition and the structure of the closet buildings dilapidated. No doubt was entertained that insanitary conditions generally, including defective drains, were responsible for the spread of the disease, and personal contact was a factor. The isolation hospital accommodation in the borough is very meagre, and consists of the upper portion of the old county gaol, the ground floor of which is used as a storehouse for property belonging to the town council and for housing a steam disinfector. The building projects into the cattle market and has no curtilage. The nurses' rooms and the kitchen all communicate directly with the wards, which themselves are intercommunicating.

PAYMENT OF VACCINATION AND NOTIFICATION FEES.

H.S.—Under the contract which every public vaccinator has with the guardians, he is required to make out an account at the end of every quarter of the sums payable to him. If, however, the public vaccinator fails to send in such account at the right time, and six months elapses before he does carry out this duty, the claim for these fees is statute-barred under the Public Authorities Protection Act. With respect to fees under the Notification Act, no such barring occurs, as each certificate is in itself a claim and an account for the fee due, and no further statement is necessary. The local authority has no power to compel medical practitioners to send in an additional account; still less, failing such account being sent in within six months, can they claim that the account is statute-barred. Our correspondent may be referred also to the letter from Dr. Bateman published elsewhere in this issue.

Letters, Notes, and Answers.

☞ *Queries, answers, and communications relating to subjects to which special departments of the* British Medical Journal *are devoted will be found under their respective headings.*

QUERIES.

E. D. S. desires to hear of any charitable institution which would take in two boys, aged 10 and 13, suffering from Friedreich's ataxy. Their father earns 12s. weekly; he has seven young children.

B. desires to hear of an institution for a lad aged 11 suffering from phthisis and a complaint of the spine; the boy is able to walk about a little. The father is a farm labourer, and unable to contribute towards his maintenance.

*** The case appears to be one which should be dealt with by the county council under the tuberculosis scheme; application might be made to the clerk of the county council.

Income Tax.

A. W. is now an outdoor assistant at a salary of £200 a year. Prior to April last he was an indoor assistant at salaries of £132 for one year and £118 for earlier years. The surveyor of taxes wishes to assess him at £200.

*** So long as our correspondent remains an assistant he is entitled to have his income-tax liabilities based on his average earnings for the three years preceding the year of assessment. No tax should therefore be payable for the current year and none for next year, the average income being below £160.

ANSWERS.

Senex.—Hypodermic tablets are prepared with various bases according to the nature of the active ingredient. As a general rule saccharum lactis is employed; in other cases it may be sodium chloride or sodium sulphate. A minute proportion of antiseptic is sometimes added, but this is hardly necessary. This information is amplified to some extent on page 759 of the *Extra Pharmacopoeia*, fifteenth edition, 1912.

Venetian Fever.

Dr. P. de Blasio (ss. *Cretic*) writes, with reference to the inquiry by "M.," published on July 6th, that, from his knowledge and from inquiries recently made, he is able to state that there is no special fever peculiar to Venice.

LETTERS, NOTES, ETC.

Rheumatism and Phthisis.

Agaricus quotes in support of the statement that consumption does not affect the rheumatic the following extract from a paper on the morbid diathesis, by Sir Dyce Duckworth, published in the *Practitioner* for January last: "One of the most remarkable features of the arthritic diathesis is its resistance to the inroads of tuberculosis. . . . The bacilli of tubercle will not flourish in a rheumatic soil."

Infrequent Action of the Bowels.

M. C. W. writes: Dr. Parkinson's letter on constipation (November 2nd, p. 1260) recalls to my mind my great-aunt's "rule of health." My father, also a medical man, often discussed the matter with her. She declared she "never had taken, and never would take, an aperient." She was a spinster in good circumstances, led an active life, and lived very sparingly. She would often go as long as *six weeks* without an evacuation, and *if* at the end of that time she felt uncomfortable, she would put on a leech over the liver, and this always relieved her. Of course all this *ought* to have killed her, but inasmuch as she was 98 when she died, I do not think it did.

A Correction.

In the Journal of September 28th, p. 794, the letters D.S.O. were printed after the signature of Major F. J. W. Porter, R.A.M.C. It is, of course, unnecessary to say that this was in no way due to Major Porter.