

of about six double movements to the minute it follows that the patient unfolds the abnormal curves some four hundred times each day. Deep breathing exercise to be carried out at each session, also upon waking and retiring.

2. All attention *not* to be given to the abnormal region. General exercises *not* to be taken, but the daily walks and attendances at meals to be used as drills in training the patient to a sense of upright carriage.

3. Writing and reading at a desk, piano and violin playing, and all occupations involving strain and encouraging faulty attitudes, to be forbidden.

4. The spine must be relieved of weight as much as possible. Therefore bed must play an important part in the patient's life; ten to twelve hours are not too much. Any "brain fog" is to be avoided, but easy studies can be carried out in a good resting position.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SPONTANEOUS EXPULSION OF FIBROID POLYPUS DURING LABOUR.

TEN days ago, in response to an urgent call for help from a local midwife, I attended a woman in her eighth confinement—her first abnormal one. She had been ten hours in labour. The midwife said she could not make out the presentation—"the child seemed strangely locked." On proceeding to examine, and just as I approached the patient, a large fibroid polypus was forcibly expelled through the vulva and precipitated over the edge of the bed on to the floor. Pyriform in shape, it measured $5\frac{1}{2}$ by 4 by $2\frac{1}{2}$ in. It bore no pedicle, but a breach in the capsule $\frac{3}{4}$ in. in diameter showed where a narrow one had had attachment. There was practically no haemorrhage either before or after the discharge of the tumour. On examination the os uteri was found fully dilated, and the fetal head bearing on the perineum. Delivery was completed naturally within a few minutes. The umbilical cord encircled the neck twice. The child was stillborn. The mother said she had felt no movement for a week; otherwise, she declared, she knew of nothing unusual either before or during her pregnancy. She has made a good recovery.

As I have not seen nor heard of a similar case during thirty years' practice, I think it worth recording.

Abertillery, Mon.

C. GORDON BENNETT, M.D.

OSCILLATION OF THE VEINS AT THE ROOT OF THE NECK AS A SIGN OF AURICULAR FIBRILLATION.

THE splendid work of Mackenzie and others on auricular fibrillation has excited the interest of the profession to the highest degree, and its presence in certain cardiac affections must be eagerly sought for by all. In an article in the *BRITISH MEDICAL JOURNAL* Dr. Mackenzie gives as signs of its presence the disappearance of the presystolic murmur (in cases of mitral stenosis) and the records of the polysphygmograph and electrocardiograph. It appears to me that in some cases its presence may be actually seen by a study of the pulsation of the veins of the root of the neck. The following case illustrates this point:

Mrs. E., aged 70, subject of mitral regurgitation of long standing. Both ventricles dilated; the apex beat $1\frac{1}{2}$ in. outside nipple line, and area of cardiac dullness extending 2 in. to the right of the left border of the sternum. The patient has shown moderate cyanosis for some years, but has been able for the most part to live a quiet life in comparative ease. Lately she has had short attacks of palpitations with alarming cyanosis, dyspnoea, and distress. When these attacks pass off she is able to lie in bed in comfort. The ventricular systole (and radial pulse which is of good volume) is, except during one of these attacks, regular and about 80 to the minute. On watching the root of the neck the veins are seen in rapid, uncountable, irregular oscillation, in striking contrast to the regular ventricular beat of 80. Venesection to the amount of 8 oz. relieved the patient considerably, and she has since (a fortnight ago) suffered no more from the attacks of palpitation and cyanosis, and the area of cardiac dullness has to some extent decreased; it has, however, had little or no effect on the oscillation in the veins of the neck.

It is certain that this oscillation is not due to the impulse caused by the backward wave of blood driven directly

* This paper was illustrated by many more pictures than it has been possible to reproduce.

through a largely incompetent right auriculo-ventricular orifice into the great systemic veins, because then the oscillation would be at the same rate as the ventricular systole. The movement in the veins, can in my opinion be only explained by transmission of the rapid irregular oscillations caused by fibrillation of the right auricle.

Lewes.

JOHN R. STEINHAUSER, M.D. Lond.

A CASE OF ACUTE FORMALIN POISONING.

THE interesting account of a case of acute formalin poisoning reported in the *JOURNAL* for August 17th by Dr. Watt leads me to put on record the following brief account of a somewhat similar case that came under my notice some years ago.

A strongly built man, aged 30, was admitted to hospital suffering from acute perforative appendicitis. An operation was performed immediately and a gangrenous appendix was found along with diffuse suppurative peritonitis. Improvement after the operation was rapid, and in a week the temperature had almost reached normal, though there was a profuse local discharge of pus. When in this condition one evening the nurse in charge, after placing a thermometer under the patient's arm, left the ward for a few minutes, and on her return found the patient unconscious. Another patient in the ward then informed her that the moment she had left the ward the patient in question had got up, and had walked a few yards to a neighbouring press from which he had taken a bottle and drunk the contents. The empty bottle was found in the patient's bed, and proved to be one known to have contained about 3 oz. of 4 per cent. formaldehyde. I was telephoned for immediately, and on arrival about five minutes later found the patient quite unconscious; his face was strongly flushed, the breathing stertorous, and the pulse 96 to the minute, but steady and rather full. There was no discoloration of the lips or mouth, but there was a strong odour of formalin from the breath. The pupils were dilated, the conjunctival reflex present, and the conjunctivae deeply injected. The skin over the chest and abdomen was pale and moist. I immediately passed a stomach tube and washed out the stomach with strong saline solution and later with liquor ammonii acetatis. The first washings smelt most strongly of formalin, in fact overpoweringly so, and contained much altered blood. I continued the washing until no smell of formalin could be detected from the water as it siphoned back from the stomach. Before this stage was reached, however, the patient recovered consciousness; in fact, he began to revive as soon as the first large quantity of formalin had been evacuated, and was able very soon to explain in a dazed manner that he had been trying to get a drink of whisky. He slept well that night and next day seemed almost completely recovered, except for some slight pain in the throat. No abdominal pain whatsoever was complained of, and in a few days he was anxious to get food, though difficulty in swallowing, owing to the soreness of the throat, was complained of. The first motions after the incident were tarry and contained a little mucus, but later, though fluid, were free of blood.

The subsequent history was unfortunate; burrowing abscesses formed in the neighbourhood of the appendix wound, general septicaemia ensued, and death took place five weeks after admission.

At the *post-mortem* examination patches of fat necrosis were found in the abdomen; the interior of the oesophagus and stomach was extremely corroded, the most marked corrosion being found close to the pylorus. No signs of irritation were found in the duodenum or elsewhere in the alimentary canal. Apart from the changes commonly found in the organs in fatal cases of septicaemia, nothing else abnormal was detected.

The points that impressed me most in the case were: (1) The rapidity of the onset of unconsciousness, probably not more than three minutes elapsing from the time the formalin was taken until complete unconsciousness was present; (2) the rapid recovery of consciousness as soon as the formalin was removed from the stomach; (3) the complete absence of abdominal pain during the subsequent course of the case in spite of the extreme corrosion of the gastric mucosa; (4) the absence of all signs of inflammatory reaction in the stomach, the appearance of which resembled that seen in cases of acute fatal carbolic acid poisoning.

Dublin.

T. GILLMAN MOORHEAD, M.D., F.R.C.P.I.

say it will then be found that the difference in the majority of cases does not exist.

I feel sure that many men who, like myself, hold the M.R.C.S.Eng., L.R.C.P.Lond., are more proud of it than if they held the M.B. degree of one of the smaller universities.—I am, etc.,

October 27th.

HOUSE-PHYSICIAN, M.R.C.S., L.R.C.P.

ANTIVIVISECTION IN GLASGOW.

SIR,—Under the above heading you draw attention in a leading article to an address I recently delivered at St. Andrew's Hall, Glasgow, and make special reference to a quotation I gave from Sir Frederick Treves, which was published in your JOURNAL on November 5th, 1898. You remind your readers of the fact that Sir Frederick Treves has protested against the use made of his utterance, and you accuse me of either disingenuousness or of failure to make proper inquiry into the facts.

I plead guilty to neither charge. I have quoted Sir Frederick Treves fairly and squarely, and I repudiate his subsequent assertion that improper use has been made of his statement. I am unaware that he has shown in any single instance where I or any of my antivivisectionist friends have been guilty of the charge he makes against us. Allow me to quote what he said and what I repeated in Glasgow:

Many years ago I carried out on the Continent sundry operations upon intestines of dogs, but such are the differences between the human and the canine bowel, that when I came to operate on man I found I was much hampered by my new experience, that I had everything to unlearn, and that my experiments had done little but unfit me to deal with the human intestine.

You refer to his protest in the *Times* of April, 1902. Well, here is what he said on that occasion:

My solitary utterance on the subject of vivisection is contained in an address delivered at Birmingham in October, 1898. Speaking of suturing of intestine, I said that I had found that operations upon the intestines of dogs were useless as a means of fitting the surgeon for operations on the human bowel.

Pray, where have I misrepresented him? The remainder of your criticism embraces a fair report of what took place at my meeting in Glasgow, and calls for no further comment from me.—I am, etc.,

WALTER R. HADWEN, M.D., J.P.,

President, British Union for the Abolition of Vivisection. Gloucester, Nov. 18th.

*** Dr. Hadwen uses a passage isolated from its context to convey an implication which Sir Frederick Treves has more than once strongly repudiated. If this is not misrepresentation, we are at a loss for an appropriate term. Perhaps it may be found in what Tennyson's parson said:

That a lie which is all a lie may be met and fought with outright,
But a lie which is part a truth is a harder matter to fight.

ANAESTHETICS IN EXPERIMENTS ON ANIMALS.

SIR,—Dr. Pembrey has written to you to say that the Royal Commission are wrong in conveying the impression that he regarded the frequent use of anaesthetics as unnecessary in experiments on animals.

Dr. Pembrey must have forgotten what he said in his evidence. Here are some of his statements:

I admit I have done painful experiments, and I am not ashamed of admitting it. They are absolutely necessary.—Q. 14,084.

Again:

Q. 14,090. . . . I think we ought to be given a licence to cover all experiments. I think that the Act is entirely antagonistic to the advancement of physiology. If we were given a licence for all experiments there would be no more cruelty. There would be a great saving of time and no limitation of work, and there would actually be in the long run a saving of life.

Q. 14,091. What do you mean by a licence for all experiments?—I mean without any conditions.

Q. 14,092. With or without anaesthetics?—Yes, without any limitation at all, and without certificates.

Q. 14,093. That is to say, you are to put yourselves in the condition in this country which, I understand, physiologists are in in some parts of Germany, where there is no limit?—I think there should be no limit; that is to say, that a recognized physiologist should be given a licence to cover all experiments.

Dr. Pembrey is, of course, entitled to hold and express these views, but he is not entitled, when he discovers that they are unpopular, to say that he is misrepresented by those who condemn them.—I am, etc.,

London, S.W., Nov. 18th.

STEPHEN COLERIDGE.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on November 14th, Sir Rickman J. Godlee, Bart., President, in the chair.

Issue of Diplomas.

Diplomas of membership were granted to eighty-nine candidates found qualified at the recent examinations.

Diplomas of the Licence in Dental Surgery were granted to five candidates found qualified.

National Health Insurance.

At the council meeting held on October 10th, a letter was read from the National Health Insurance Commissioners (England) stating that the question whether resident medical officers and other qualified resident officials at a hospital are employed by the hospital authorities under a contract of service has been submitted to them for a formal decision under Section 66 of the Act, and that a hearing of persons interested in the application will take place on Tuesday, October 22nd, at 2.30 p.m., at the Civil Service Commission, Burlington Gardens, and asking, if any representatives of the Royal College of Surgeons of England propose to attend the hearing, to be furnished with not less than three days' notice of the intention of such representatives to be present, statements in writing being admissible up to the day preceding that fixed for the hearing.

The following answer was returned to the above by the President, who was authorized by the Council to undertake this after the conference to be held at the Royal College of Physicians on November 15th:

"The Council of the Royal College of Surgeons has not had the matter referred to in your letter of the 3rd inst. under formal consideration, and do not propose to avail themselves of the opportunity afforded them of sending representatives to give evidence before your committee.

"In acknowledging your letter I may, however, point out:

"(a) That resident medical officers in hospitals naturally fall into two classes: First, those who receive small salaries or merely board and lodging, not because their services are not worth more, but because they discharge their duties for small payment in consideration of the advantage they gain from the instruction they receive in doing so; and, secondly, those who hold more or less permanent appointments and whose salaries exceed the income tax limit. Neither of these classes, therefore, appear to be employed persons under the meaning of the Act.

"(b) That, in the case of sickness, it is the invariable custom for such officers to be offered treatment in the hospital to which they are attached, an offer which is, in most cases, taken advantage of. It does not appear to be equitable to exact payment from both parties for that which is voluntarily given by one and for which the other has to pay nothing.

"(c) It is practically certain that none of those who receive low salaries, and could, therefore, conceivably be held to be insurable under the Act, would continue such insurance after the completion of their short term of office. The result of including them would therefore be that the hospitals would have to pay a perpetual tax in proportion to the number of these officers, who in their turn would have to pay for a few months for what under no circumstances could benefit them.

"It must not be forgotten that resident medical officers are most unlikely to join approved societies, and at the best, therefore, would only be deposit contributors."

Bradshaw Lecture.

The Bradshaw Lecture will be delivered by Mr. C. Mansell Moullin on Thursday, December 5th, at 5 p.m., the subject being "The Biology of Tumours."

The Schiff Home of Recovery.

Mr. G. H. Makins was nominated as a member of the Committee of Management of the Schiff Home of Recovery.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE Carmichael Prize for the best essay on the state of the medical profession in Great Britain and Ireland has been awarded by the Council to Mr. Nelson Hardy, F.R.C.S.Edin.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

D.P.H. (BOTH PARTS).—D. Adams, J. M. Bennett, *L. Bousfield, Captain, R.A.M.C., J. Burke, W. H. Date, M. Golding, Alice W. Maclean, A. E. S. Martin, A. S. Millar, W. M. Morison, and R. M. Wishart.

* With honours.

CONJOINT BOARD IN ENGLAND.

At a meeting of the Comitia of the Royal College of Physicians on October 31st and of the Council of the Royal College of Surgeons on November 14th, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred upon the following candidates:

A. Ashmore, F. Bach, *N. K. Bal, H. R. Bastard, G. E. Beaumont, P. L. T. Bennett, G. G. Bourdillon, R. St. L. Brockman, R. G. Brown, E. N. Butler, L. T. Challenor, P. C. Cole, L. G. Crossmann, K. F. R. Davison, A. E. L. Devonald, G. R. Dobrashian, S. Doraisamy, F. N. Doubleday, F. P. Duncan, W. J. I. Dwyer, T. L. Ellis, M. S. Esler, B. C. Ewens, E. G. Fisher, W. B. Foley, W. K. Fry, V. Gabriel, G. E. Genge-Andrews, D. M. Gibson, T. E. A. M. J. Goldie, R. S. Graham, J. Green, M. J. Haffey, D. B. I. Hallett, W. J. Hart, H. Harvey, H. J. B. Heelas, C. Helm, H. J. Hoby, R. L. Horton, D. E. J. S. Hughes, A. Jackson, E. B. Jardine, D. D. B. Jay, H. W. Jones, R. A. Jones, S. Keith, C. Kennedy, W. J. T. Kimber, G. A. M. Leopold, T. P. Lewis, J. B. Lowe, W. C. D. Maile, *C. C. Marshall, L. A. Martin, G. O. Maw, *J. N. Mehta, N. M. Mehta, R. H. Miller, G. W. Mitchell, S. G. Papadopoulos, S. G. Platts, E. G. Reeve, W. R. Reynell, J. F. G. Richards, I. Ridge-Jones, G. H. Roberts, W. Robinson, H. C. Rook, G. A. Russell, C. M. Ryley, *J. G. Saner, R. Saravannamuttu, F. R. Scott, A. S. Seabrooke, H. N. Sealy, W. J. D. Smyth, L. B. Stringer, A. L. Sutcliffe, W. F. Thompson, H. E. Thorn, *W. C. Toll, D. B. Trunman, C. R. B. von Braun, J. R. Waddy, G. A. Walker, H. Walker, *J. F. Ward, M. H. Watney, W. G. Watson, W. L. Webb, H. N. Webber, *G. J. Whetham, A. Wilson, E. Wordley, A. M. Zamora.

* M.R.C.S. diploma already conferred.

† L.R.C.P. diploma not yet granted.

The Services.

It has been decided by the Government of India that officers in the bacteriological department are eligible for promotion to the administrative grade, and that on appointment to the department they are on probation for eight months.

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.

C. B. K.—Our correspondent's request that he should be afforded every reasonable opportunity of getting to know all the patients in the practice in which he is a partner is only reasonable, but he does not say that there was any stipulation to this effect in the partnership agreement. It is conceivable that there might be differences of opinion as to what should be considered "reasonable opportunity"; for example, when A. goes away for his holiday B. ought certainly to be allowed to act as his locumtenent, and on all occasions when A. is unable to attend his patients B. should act for him. If A. allows these opportunities, on what other occasions does B. claim to be permitted to see A.'s patients?

Obituary.

DAVID MENZIES, M.D., F.R.C.S.E.,

EDINBURGH.

EDINBURGH has lost a striking and delightful personality by the death of Dr. David Menzies. He had been suffering for nearly a year from cardiac disease, aggravated, if not brought on, by excessive devotion to his work; though he entirely appreciated its serious nature, the end came rather unexpectedly on November 8th. An Edinburgh man by birth, Dr. Menzies received his professional education at the medical school of the university, and became M.B., C.M. in 1876 and F.R.C.S. Edin. some three years later. After the death of his father he succeeded to a large practice, which eventually he greatly increased. Giving up his entire time and attention to the work of his profession, he built up an enormous practice, which up till the very last he kept together by constant, untiring labour. He had an exceptionally large amount of obstetric work, and in this department he was specially expert. Few men enjoyed to a greater extent than did Dr. Menzies the affectionate regard of his patients, and by his urbanity, courtesy, and kindly disposition he made himself a universal favourite in the profession. It is impossible to conceive that Dr. Menzies had an enemy either among the public or in the profession. Notwithstanding the exacting duties of a large and widely scattered practice which absorbed his time, he made opportunity for frequently attending the meetings of the various societies in Edinburgh. His strenuous life per-

mitted but few holidays, but nobody enjoyed a fishing holiday more than did David Menzies, and whether at work or play he was a genial companion.

In private life he was a man of singular charm and modesty, and adorned his profession by his upright personal character. His life was guided by the highest standards, and he has gone from us wearing the white flower of a blameless life.

THE LATE DR. ARTHUR H. BENSON.

DR. JOHN B. STORY (Dublin) writes: The obituary notice of my late friend and colleague, Dr. Arthur H. Benson, in the JOURNAL of November 16th, p. 1424, requires amendment in the following particulars: The first hospital appointment obtained by Dr. Benson was on the staff of St. Mark's Ophthalmic Hospital in 1880, after his return from study on the Continent. The Royal Victoria Eye and Ear Hospital was formed in 1904 by an amalgamation of St. Mark's Ophthalmic Hospital and the National Eye and Ear Infirmary. The Throat and Ear Hospital had no part or lot in this amalgamation. Dr. Benson and the other members of the staff of the two hospitals became surgeons to the Royal Victoria Eye and Ear Hospital on the amalgamation. He was an original member of the Ophthalmological Society of the United Kingdom.

A VERY senior representative of the medical profession in Bath passed away in October, in the person of Dr. ALBERT COPPINGER, who, though he had retired from practice some six or seven years ago, still had many warm friends among his colleagues, and consequently will be much missed. Dr. Coppinger, a son of a captain in the Royal Navy, belonged to the Irish branch of a very old Suffolk family, and received his medical education partly in Dublin, partly in Paris, partly in Edinburgh, becoming a Licentiate of the Royal Colleges of the latter city in 1865. On leaving Edinburgh he spent some time in travelling. His experiences at this time included charge of an emigrant ship, on which occurred a severe outbreak of cholera, and he grappled with the situation so successfully as to win official recognition of the courage and ability displayed by him. Later on he became resident medical officer of the Royal Mineral Water Hospital at Bath, and after some ten years in that office commenced private practice, and carried it on until the date of his retirement. He was an early member of the British Medical Association, and maintained his interest in its proceedings both on its scientific and medico-political sides to the end of his life, despite the fact that during the last three months he was a constant sufferer. As a practitioner Dr. Coppinger was especially successful in dealing with children, while the esteem he enjoyed in professional and general circles was partly due to his possession of a highly cultured intellect, partly to his ready sympathy with his fellows both in their joys and in their sorrows. Besides being an admirable French scholar, he had considerable knowledge of art and natural history, especially in relation to the habits and breeds of various birds. He also had a good knowledge of the work of engravers, and had got together an excellent collection of engravings and of books. Dr. Coppinger, who was a member of the Roman Catholic Church, is survived by his wife, a daughter of the late Mr. Thomas Pavitt, of Flint House, Leatherhead. On her decease Dr. Coppinger's estate is to be divided between six charities, one of which is the British Medical Benevolent Fund.

WE regret to have to announce the death of Dr. GEORGE TAYLOR GUILD, of Dundee, on November 15th. He was the son of the late Mr. Guild, a well-known landed proprietor in Fife. He was born in 1868, and was educated at the University of Edinburgh, where he graduated M.B., C.M. in 1891. Early in his medical student days he decided to specialise in ear, throat, and nose diseases, and, besides devoting himself particularly to these branches of medical science at Edinburgh, he more fully equipped himself by further studies in Vienna and London. Some fifteen years ago he began his professional career in Dundee, and his ability was quickly recognized, not only in the city but in the surrounding counties. He was surgeon in the ear, throat, and nose department of the Dundee Royal Infirmary, and was lecturer in the

University of St. Andrews. For a number of years he was connected with the volunteer movement as an officer in the Artillery; he was fond of country life, an excellent shot, and a sound golfer. Dr. Guild is survived by a widow and two children.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Oskar von Diruf, who attended Prince Bismarck as physician on the frequent occasions the great statesman took the "kur" at Kissingen, aged 88; Professor Hans Strehl, lecturer on surgery in the University of Königsberg, aged 40; Professor Löbker, for the last twelve years President of the German Medical Association, formerly lecturer on surgery in the University of Griefswald, and well known as a sanitarian, aged 58; Dr. E. Tavel, extraordinary professor of surgery in the University of Bern, aged 55; Dr. Oswald Kolts, emeritus professor of internal medicine in the University of Strassburg, aged 68; Dr. L. E. Golubinin, extraordinary professor of internal medicine in the University of Moscow; Dr. E. Heuss, lecturer on dermatology at Zürich; Dr. U. A. Demiskij, of Astrachan, who worked as bacteriologist in the Steppe region and accidentally infected himself with plague, aged 48; Dr. Paul Segond, professor of clinical surgery in the Paris Medical Faculty, and senior surgeon to the Salpêtrière, aged 62; Dr. Henri Dor, of Lyons, formerly professor of ophthalmology in the University of Berne; and Dr. G. M. Tuttle, of New York, formerly professor of gynaecology at Columbia University, and one of the collaborators in the *American Textbook of Gynaecology*, aged 56.

Public Health

AND

POOR LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Southport County Borough.—The medical officer of health (Dr. J. J. Weaver) estimates the population of Southport at the middle of 1911 at 51,740. The net birth-rate for the year was 15.6 per 1,000 of the population, the death-rate 13.6 per 1,000, and the infant mortality-rate equal to 113 per 1,000 births. For some years the birth-rate of Southport has been low when given as a proportion of the total population, but it would be interesting to know whether it is really lower than the rest of England and Wales if stated as a proportion of the number of women at child-bearing ages. Dr. Weaver states that Southport is the first town in the United Kingdom to obtain a by-law against spitting on public footpaths; it has been in force in the borough since August, 1911. At one time serious complaints were made by residents and visitors alike of the offensive smells coming from sewer manholes in some of the principal streets. Eventually it was decided to close up all these openings and to instal Webb's sewer ventilating lamps. For the past seven or eight years they appear to have acted well, and few if any complaints are now made. Coincidentally with the erection of the lamps there has been a marked decrease in the number of cases of typhoid fever in the town. During the ten years ending 1903 the average yearly number of cases notified was 36, and the deaths averaged 10. In the past eight years the notifications have averaged 7, and the deaths 1, per annum. The housing of the working classes is a serious problem in Southport, due in large measure to the high ground rents which are charged. On houses let at a rental of £22 per annum a ground rent of £3 per annum is charged. Many workpeople earning from 18s. to 24s. a week have to pay weekly rentals of 6s. to 9s. The whole question, Dr. Weaver asserts, is a serious one, and should engage the attention of the local authority, for, if nothing is done, not only will the working classes suffer and their position probably become worse, but the sanitary condition of the whole town, upon which its reputation depends, will be jeopardised. The Corporation will be well advised to give effect to the advice of its medical officer of health.

DR. GEORGE WHITESIDE ROBERTSON, of Edinburgh, has been awarded the medal of the Order of St. John of Jerusalem in England, in recognition of the conspicuous heroism and self-sacrifice he displayed after a railway accident in South Africa last year. The train in which he was a passenger ran over a steep embankment in the middle of the night at a spot many miles from assistance. Dr. Robertson, who sustained serious injuries, including four broken ribs, had himself carried round among the passengers, and rendered valuable service by directing the treatment of the most seriously injured until he collapsed through pain and exhaustion.

Medical News.

THE Duke of Northumberland has been elected Chancellor of the University of Durham in succession to Dean Kitchen.

THE 115th annual meeting of the Army and Navy Medical Nurses' Co-operation will be held at St. James's Theatre, St. James's, S.W., on December 10th. H.R.H. Princess Christian will take the chair at 3 p.m.

THE annual dinner of the Royal Free Hospital and School of Medicine for Women will be held at the Trocadero Restaurant, Piccadilly, on December 11th, when Mr. Stanley Boyd will take the chair.

THE students' annual dinner of the National Dental Hospital will be held at the Trocadero Restaurant, Piccadilly Circus, on November 29th, when Sir John Rose Bradford, K.C.M.G., will take the chair.

THE meeting of the Hunterian Society at the London Institute, Finsbury Circus, at 9 p.m., next Wednesday, is to take the form of a lantern demonstration of diseases of the eye by Dr. W. M. Ettles. All members of the medical profession are invited to attend.

AT the meeting of the Sociological Society to be held in the rooms of the Royal Asiatic Society, 22, Albemarle Street, W., on November 26th, Miss B. L. Hutchings will read a paper on fatigue and efficiency. The Hon. Sir William Mather will take the chair at 5.15 p.m.

A BILL is shortly to be introduced into the Reichstag to provide against the baneful effects of faulty infants' feeding-bottles. The bill contains paragraphs according to which bottles with tubes either of rubber or glass may not be manufactured, or sold, or offered for sale, or imported, or exported. The penalty for infringement of the law are either imprisonment or a fine not exceeding £15 and the confiscation of the articles condemned.

THE annual dinner of the Harveian Society of London was held at the Hotel Great Central on Thursday, November 14th, the President, Dr. H. Macevoy, in the chair. After the usual loyal toasts the President proposed the health of the Harveian Society, and Mr. D'Arcy Power proposed "The Kindred Societies," which was responded to by Mr. A. H. Tubby, President of the Hunterian Society. The toast of "The President" was proposed by Dr. Willcox, and Dr. Macevoy, in his reply, said he wished to acknowledge the assistance he had received from the secretaries, Dr. Carmalt Jones and Dr. Turtle, and proposed their healths.

THE National Association for the Prevention of Infant Mortality and for the Welfare of Infancy was formed in July, 1912, by the federation of the National Conference on Infantile Mortality, of the Department of the National League for Physical Education and Improvement, the Association of Infant Consultations and Schools for Mothers, and the Women's National Health Association of Ireland. The association has now arranged a post-graduate course on the feeding and care of infants with special reference to milk. The course will be given partly at the Marylebone General Dispensary, partly at the Lister Institute, and partly at Guy's Hospital. Among the lecturers are, at the dispensary, Drs. Still, Eric Pritchard, and Professor Kenwood; at the Lister Institute, Professor Harden and Dr. J. Arkwright; and at Guy's Hospital, Dr. H. Cameron. The fee for the course, which will be held from January 6th to 16th, 1913, is one guinea. Further particulars can be obtained from Dr. Janet E. Lane-Clayton, 18, Craven Terrace, Lancaster Gate, W.

AT the first formal meeting of the obstetrical society for the Midlands, which was brought into existence at Birmingham towards the end of last winter, it was resolved to substitute "Midland Obstetrical and Gynaecological Society" for the much longer title originally proposed. It was also arranged that the subscription should be 5s. annually, and that the dates of meetings should be the first Tuesday in the months of October, December, January, March, and April, the towns at which they should be held for the current session being Birmingham, Bristol, Cardiff, and Leicester. Subsequently the first president of the society, Professor Edward Malins, delivered an inaugural address dealing with the progress of obstetrics and gynaecology during the past twenty-five years. In its course he advocated the establishment of homes under direct or indirect public control solely for maternity purposes, and so arranged as to be suitable for the use on graduated payments of women belonging to all classes. The honorary secretary of the society is Dr. Beckwith Whitehouse, 52, Newhall Street, Birmingham.