

What real knowledge, however, have we, apart from experimental results, entitling us to come to any definite opinion as to what primordial living things should or should not be like? We know, indeed, that primordial crystals may be either simple or of very complex forms. Rather let us be content carefully to question Nature by way of experiment, and learn from her to think less of the other objection to bacteria and torulae being accepted as veritable products of spontaneous generation—that is, simply on the ground that they are well-known forms, instead of being something new and strange.

This latter one-sided objection, strongly raised by Huxley in 1870 in an address "On the Relations of Penicillium, Torulae and Bacterium,"<sup>3</sup> would necessarily disappear with the proof of "spontaneous generation," because then it would at last be realized that what took place in the experimental vessels must be *much more freely occurring in the world outside*, and that the bacteria, torulae, and moulds whose appearance is so ubiquitous must be constantly *originating* as well as multiplying all around us. We should, moreover, no longer have to postulate the existence everywhere in the atmosphere of inconceivably numerous and varied germs, always ready suitably to tenant every new possibility in the way of site, however unusual it may be.\* To meet such requirements the atmosphere ought to present itself as infinitely more crowded with germs of the most varied kinds than it has ever been found to be by the many persons who have most carefully examined it from this point of view.

## REFERENCES.

<sup>1</sup> Phil. Trans., 1861, p. 183. <sup>2</sup> The Nature and Origin of Living Matter, p. 145. <sup>3</sup> Quart. Journ. of Microscop. Science, 1870, p. 355.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SCARLATINAL MEASLES.

A good many cases have come under my notice during the last few years, when epidemics of scarlatina and measles have occurred at the same time, which could be described as above. The symptoms at the commencement depend on which fever has the start; in some of the cases the rash on the first day of my visit resembled scarlatina, but on the second measles. The rash when fully developed has the appearance of both combined, yet from its mottled condition one is inclined to diagnose measles. I find, however, that these cases always develop severe throat trouble, peeling, and very often Bright's disease.

About a fortnight ago I saw a case of undoubted scarlatina, and a week after the rash had disappeared well marked measles started, which proves that the two diseases can be in the system at the same time. I think this is very important, as in these cases the measles rash is often very much more pronounced than the scarlatinal rash, and the after-treatment (especially with regard to isolation and exposure to the weather) is very different.

West Hartlepool. G. F. E. MORGAN, L.R.C.P., M.R.C.S.

#### NECROSIS OF THE JAW FOLLOWING MEASLES.

In the Epitome of Current Medical Literature (August 24th) Bindi refers to the rarity of necrosis of the jaw following measles. I have not here any access to works of exhaustive reference, so that I can say nothing as to the rarity of the occurrence, but if it is so rare I should like to add to the records a case which occurred in the Refugee Camp, Vredefort Road, Orange Free State, of which I was Principal Medical Officer during the war.

The patient was an infant aged 11 months, which had been attacked with measles eight days previous to admission to hospital. It was getting on, with no lung complications when the camp sister sent it in, fearing that it was developing cancrum oris, of which there had been a few cases. The left cheek was red, shiny, swollen and hard,

but this condition was not confined to the soft parts of the cheek; the swelling was fixed to the maxilla, and evidently there was periostitis extending from the canine socket to between the positions of the first and second molars. An incision was made through the mucous membrane down to the bone, giving exit to a considerable quantity of thin sanious pus. Four days later the mucous membrane was found to be stripped from the alveolar margin to the extent already indicated, and the bare bone protruded. A few days later the bone seemed to be protruding more through the membrane, and was found to be quite loose and easily removed without an anaesthetic. The sequestrum was of exactly the same extent as described by Bindi, but extended a little further up into the body of the maxilla.

Bethulie, O.F.S.

JOHN A. GRAHAM, M.B.

#### EPIDEMIC JAUNDICE.

HAVING had a good many cases of jaundice in my district during the last few months I have read with interest the notes that have lately appeared in the JOURNAL on the subject. The following four cases in a farmhouse are, I think, worthy of record. The eldest daughter had what appeared to be an ordinary attack of catarrhal jaundice towards the end of August. The attack ran the usual course, and she recovered in about a fortnight. Three weeks from the commencement of the eldest daughter's attack the next daughter (aged 24), a son (aged 20), and the youngest daughter (aged 9), were taken ill all about the same time and practically with the same symptoms—severe pains in the legs, headache, vomiting, epigastric tenderness, great prostration with a temperature of 104°. These symptoms were followed by jaundice, clay-coloured evacuations, and bile-stained urine. No enlargement of liver or spleen, as in the cases narrated by Dr. Lyons, could be discovered. The temperature became normal in about five days, and the jaundice gradually disappeared. Nausea and a great distaste for food continued for some days. In a fortnight all three patients were convalescent. Now comes the interesting part of these four cases. They had all been drinking water from a well, the sole water supply of the farm. This well is situated in the garden, and is 36 ft. away from the parish churchyard. A bacteriological examination of this water showed: *Bacillus coli*, over 1,000 per litre; streptococci, over 10,000. The bacteriologist pronounced the water "contaminated and unfit for drinking purposes." Father, mother, and two other children escaped unharmed.

Milverton, Somerset.

CHARLES RANDOLPH.

#### A MODIFICATION OF THE BURRI METHOD OF DEMONSTRATING THE SPIROCHAETA PALLIDA.

A DISADVANTAGE of the Chinese ink method of demonstrating the *Spirochaeta pallida* is that unless the ink is prepared by centrifugalizing it, or, as Captain Frost, R.A.M.C., recommends, by the addition of tincture of iodine, the background is too coarsely granular to make the detection of *Spirochaeta pallida* easy.

I have found that a much more homogeneous field is obtained with less trouble by substituting for Chinese ink a suspension of collargol, made by adding one part of the powder to nineteen parts of distilled water, according to the makers' directions. The powder is put into a black bottle (or an ordinary stoppered bottle wrapped round with carbon paper) and the water poured on it. After standing for a few minutes the bottle is thoroughly shaken, allowed to stand a few more minutes, and again shaken.

The suspension, which keeps good for months, is used for the demonstration of *Spirochaeta pallida* precisely as if it were Chinese ink; a drop of the suspected secretion and a drop of the collargol are mixed together at one end of a microscope slide, and, with the end of another slide, a thin film is spread just as in making a blood film. The specimen is examined as soon as it is dry with the aid of an oil immersion lens. The spirochaetes appear as delicate spirals on a reddish-brown field which is almost perfectly homogeneous.

L. W. HARRISON, M.B., Major, R.A.M.C.,  
Pathologist, Military Hospital, Rochester Row.

\* See Fée, as cited by Hector Grasset (loc. cit., p. 37), and a much longer list given by Pouchet (*Hétérogénie*, 1859, pp. 336-339) of rare moulds found (but with constancy) only in rare and exceptional situations.

<sup>1</sup> Chemische Fabrik von Heyden.

who had a laboratory, is about as amusing and as true as if he had stated that every man who had a laboratory produced a new drug.

I myself am responsible for the introduction of two new drugs, namely, calcium iodide and calcium permanganate, which appear to-day on every drug list issued, and are extensively used, although I have no laboratory and am but a general practitioner.—I am, etc.,

Swansea, Nov. 12th.

G. ARBOUR STEPHENS.

## Universities and Colleges.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### ANNUAL MEETING OF FELLOWS AND MEMBERS.

SIR RICKMAN J. GODLEE presided at the annual meeting of Fellows and Members on Thursday, November 21st, at 3 p.m.

#### *President's Address.*

In presenting the Annual Report of the Council (see BRITISH MEDICAL JOURNAL, November 9th, 1912, pp. 1346-7), he referred to the loss which the College had sustained by the death of its Vice-President, Mr. Clinton T. Dent, and stated that the vacancy thus caused had been filled by the election of Mr. Edmund Owen to be a Vice-President. In reference to and continuation of the paragraph dealing with the National Insurance Act, he referred to four resolutions passed by the Joint Committee of Colleges and Universities in England (see BRITISH MEDICAL JOURNAL SUPPLEMENT, November 16th, 1912, p. 551). It was felt that it would be inadvisable at the present juncture to take any further action in regard to the attitude of the members of the staffs of hospitals towards the working of the Act.

After dealing with a few points contained in the report, he gave some details in regard to the financial aspect of the removal from the old examination hall to the new hall in Queen Square. The College of Surgeons had received as its share of the proceeds of the sale of the old hall the sum of £24,500. The freehold site of the new hall cost the College £11,600, and its share of the cost of building was £11,700. A sum of £700 still to be paid for equipment brought the total to £24,000. The amount remaining from the purchase money and a little more would be required for incidental expenses. On the other hand, they now possessed a freehold examination hall, as against one with a ground rent of £2,200 per annum, and the assessment of the new premises was only £1,800, as against £6,000 on the Embankment. A considerable economy in rates and taxes was thus effected.

#### *Questions.*

Mr. Sidney C. Lawrence asked a number of questions, to which the President replied.

#### *National Insurance Act.*

Mr. H. Nelson Hardy moved the following resolution:

That this meeting of Fellows and Members approves and endorses the action of the Council taken during the past year in reference to the National Insurance Act, and agreeing with the Council's statement in its letter to the Insurance Commissioners dated February 1st that the administration of medical benefits cannot be carried out under the Act, as it at present stands, with due regard to the interests of the public and the welfare of the medical profession, trusts that in the coming year nothing will deter the Council from discharging its duty to its Fellows and Members as firmly and as faithfully as it has done in the year that is past.

The action of the Council in refusing to attend the conference suggested by the Chancellor of the Exchequer was, he said, very greatly to the advantage of the Fellows and Members, and was the most important action in their interests which had been taken in the forty-five years during which he had been attached to the College. The Council had been publicly scolded by Mr. Lloyd George; its members were told that they were unfit for their positions, and that the lowest strike committee in the land would not have acted as badly as they had done. The Council's deliberate opinion that the medical benefit could not be administered under the Act as it stood with advantage to the public and to the profession, and that no satisfactory arrangement could be arrived at without an amending Act, had been ignored. The British Medical Association had made a fine attempt to come to terms with Mr. Lloyd George, but after a long and painful struggle had given it up in despair. Another effort had, it was true, been made recently, but an over-

whelming majority of the members had refused to take service under the Act and Regulations, on the ground that they were unworkable and derogatory to the profession. Mr. Lloyd George's last speech had shown how little importance could be attached to the varying moods of such a versatile Minister of the Crown. After dealing with various details, Mr. Hardy turned to the action of the conference with the hospital staffs, and asked for information as to the number of members who had signed the British Medical Association pledge. In conclusion, he stated that a direct resolution asking for an amending Act would carry great weight in the House of Commons.

Mr. E. B. Turner seconded the resolution. He agreed with all that Mr. Nelson Hardy had said, save that the British Medical Association had thrown the matter up in despair. After briefly referring to the deliberations of the Representative Meeting, he remarked that the action of the Council of the College in regard to this matter had assisted the profession in their fight. It had produced a great effect on the profession and on the public. The Association had felt grave anxiety in regard to the attitude which the consultants might take up, and here again the action of the College had been of great value, more especially in reference to the out-patients' departments of hospitals. He was delighted to feel that there was no material difference of opinion in the profession, and that the two great portions would fight together against a common foe. He urged that the money question had weighed least of all with the members of the Representative Body.

Sir Victor Horsley dealt with the question of remuneration under the Act, and pointed out that this was a very important matter, for if the Members placed themselves on a low level, the public would value them at the price they put on their services. He considered that the British Medical Association alone had fought this fight, and therefore honour should be given where honour was due.

Mr. Day having pointed out that the Act was a tentative one, on a three years' trial,

Dr. W. G. Dickinson moved as an amendment the deletion of all the words after "Insurance Act," and the addition of the words "as far as it goes." Mr. Lawrence seconded.

Mr. George Jones did not think that it would be advisable for the meeting to commit itself more than was necessary. He did not believe that Mr. Lloyd George had intended to interfere with the medical profession, and if he had interfered it was unintentionally. He compared the effect with that of the Education Act of 1870, and prophesied that in the course of the next forty years the profession would find out that the Act had improved its position. The amendment, on being put, was carried by 20 to 13, and was confirmed as a substantive motion.

#### *Direct Representation.*

Sir Victor Horsley moved the following resolution:

That this twenty-eighth annual meeting of Fellows and Members again affirms the desirability of admitting Members to direct representation on the Council which, as now constituted, only represents those Members who also hold the Fellowship; and that it does so in order that the constitution of the Council of the Royal College of Surgeons of England shall be in keeping with modern ideas of true representation.

In moving his resolution, he said that the question of the fitness or unfitness of the Members of this College to govern their own affairs had been raised year by year, but the Council had always ignored the demands made for a true explanation of their conduct. The Members were qualified, both by knowledge and financially, to vote in the governing and management of the College. The Council had always held that the Members were unfit either to vote at the elections of members of the Council or to sit on the Council itself. Why did the Council consider the Members unfit? The members of the Council, he was sorry to say, had always treated the annual meeting with scant courtesy. No member of the Council had deigned to reply to their demands since 1910. The speaker then referred to the incident of 1907 and to the utterly futile report of that year. He sketched the history of this struggle, and said that the action of the Council in this matter was very reprehensible. After mentioning the terms of the reply given by Sir Henry Morris (whom he hoped to have seen at the meeting) in 1910, and which failed entirely to explain the situation, he referred to the memorial which the Society of Members had sent to the Prime Minister, and which was recorded in the report of 1907. He was trying to gather information as to what was passing in the minds of the members of Council. The methods adopted

would not serve to advance the interests of the College, but would undermine their position. The Council had sent a reply to the Privy Council on this subject of the questions raised in the memorial, and had further sent a deputation to prejudice the position in the minds of the Privy Council. Why could the members of the Council not state openly what reason existed for the refusal to admit the Members of the College into the Council? They had been told that if one or two representatives of the Members were admitted, they would probably ask for more seats. It was a monstrous thing to say, as had been said, that direct representation of the profession had proved a failure in the General Medical Council, and that this formed a reason why the College should not adopt it. It was further urged that the frequent discussion of socio-political subjects would alienate the present class of member of the Council were Members of the College admitted, and that within a short time these gentlemen would decline to sit in Council at all. (Laughter and "hear, hear" from the body of the room.) The Council had failed to give one valid or proper reason why it assumed this attitude. He claimed it as a right that a reply should now be given as to the real reason of this. The College was neither one thing nor another. It was neither the mediaeval guild which it was in 1435, nor was it a modern type of surgical institute. In the mediaeval guild every member of the craft had a word to say in the management of affairs. He proceeded to give what he described as a not literal summary of the regulations of the Guild, and concluded by a challenge to the Council to advance the best reason they could summon for considering the Members of the College unfit to participate in the management of their College.

Dr. Josiah Oldfield, in seconding the motion, said he had a high opinion and great respect for the professional capabilities of the members of Council, and for their knowledge of surgery, but it was one thing to be a good surgeon and another to be a good legislator. It was not necessary that the distinguished surgeon should possess that degree of common sense which was required in the management of affairs. The impregnable position in which the Council enveloped themselves was a subversion of ordinary government, and unjust. He supposed that the Members would be given the same answers that they had received year by year. He asked the President what he imagined would happen if Mr. Lloyd George could assume the same impregnable position as they had assumed. If he, like the Council, were protected by an unassailable fortress, instead of having to face the public to secure his seat in Parliament, where would the profession be in their fight for fair treatment? He maintained that a fight against the Council of the College was iniquitous. The Members contributed over £10,000 to the funds of the College, while the Fellows only brought in some £3,000. What was the ground for disenfranchisement?

Sir Alfred Pearce Gould took up Sir Victor Horsley's challenge, and denied that the Council considered the Members unfit to sit with them. The reason why they did not agree to admit Members into the Council was because the Council of the College was not a legislative body. The matters with which it had more especially to concern itself were the care of the most valuable museum of its kind in the world, the care of a library which deserved the high reputation it held, and the inspection and conduct of what he maintained were the most important and the finest examinations in surgery. He did not think that the Council would be better qualified to deal with these matters if Members were elected on it. The next reason was that an election in which all the Members of the College, who were scattered all over the world, took part, would be very costly, difficult, and, he thought, impracticable. In matters affecting the profession, the Members had the British Medical Association, which had proved itself to be admirably fitted to safeguard the interests of members of the profession.

Mr. Fitzgerald remarked that while Sir Alfred Pearce Gould had disclaimed the suggestion that the Members were unfit for representation on the Council, he had proceeded to give reasons why they could not be considered fit to look after the Hunterian Museum and the library.

Mr. J. Smith agreed with Sir Victor Horsley; and Dr. Dennis Vinrace maintained that, in spite of Sir Alfred Pearce Gould's contention, the Council were legislators. Mr. Roche also spoke.

Sir Victor Horsley, in reply, said that he was disappointed with the result of the discussion. On the point of constitution there had been a marked failure. Only one speech had been given by members of the Council, and while he had a high regard for Sir Alfred Pearce

Gould, who was a teacher of his, he maintained that his points had not been met. They had been told that the Members could not help in the work of the College. That was not the case. They still did not know why the Council considered the Members unfit to sit on the Council. The arguments advanced were no answer to the question, and were quite unworthy of a deliberative and scientific body. He had expected a reply from the President, but it was now too late, since he had been called upon to reply. The President had failed in his duty, and had not given the Members what in courtesy and justice they should have received. He would not have an opportunity of remedying this omission until next year.

The motion was then put and carried.

#### *National Insurance Act.*

At this point the Members began to leave the theatre, and Dr. W. G. Dickinson moved the following:

That this meeting regrets that the Council has not called a special general meeting of Fellows and Members to consider the National Insurance Act.

Mr. Sidney C. Lawrence seconded, and the President attempted to put the motion. A few Members voted for it, no one voted against, and the President declared the motion carried.

#### *Vote of Thanks.*

A vote of thanks to the President was moved by a Member, and was acknowledged by the President.

#### VOTES FOR MEMBERS.

Dr. Josiah Oldfield writes with reference to the remarks of Sir Alfred Pearce Gould:

As seconder of the resolution asking for "votes for Members" and "seats upon the Council," I venture to point out that Sir Alfred Pearce Gould's arguments are never likely to satisfy that intelligent body of Members who consider that—since there are over 17,000 Members, who contribute over £10,000 a year to the College, while there are only some 1,500 Fellows who contribute under £3,500 a year—the sole government and administration and voting powers should not remain in the exclusive possession of the Fellows, but that Members also should have a voice in the spending of the money which they so largely contribute.

In short reply to Sir Alfred Pearce Gould I would maintain that surely a selected M.R.C.S. would be as capable of an opinion upon the Hunterian Museum as any F.R.C.S.! The Fellows had also seized the exclusive powers before the Hunterian Museum existed.

As to the library, it seems monstrous to suggest that because a man is not an F.R.C.S. he cannot help to administer a medical library.

As to examinations, since the majority of candidates are for M.R.C.S. examination it is surely a strong argument that men holding the M.R.C.S. diploma should be represented upon the body which settles the examination as to the number of members; one would have thought that Sir Alfred Pearce Gould would have been proud of them instead of bewailing them. It seems to me a most inconsequent argument, since it runs—You Members are so many and we Fellows are so few, therefore you shall have no voice and we will have all the voice.

The reply to the argument that holders of the M.R.C.S. diploma are scattered all over the world is that holders of the F.R.C.S. diploma are equally widely scattered. The final argument of cost is surely an unworthy one to throw at those who provide the largest of the funds of the College. And really the cost is comparatively trivial. My own society took the opinion of every M.R.C.S. throughout the world on the question of women's admission to the examinations of the College!

I venture to hope, therefore, that every M.R.C.S. will now join "the Society of Members of the Royal College of Surgeons of England" and stand shoulder to shoulder in the demand for an alteration of the Charter of the College if the Council persists in refusing any voice to the 17,000 Members of it.

Dr. W. G. Dickinson (Portishead) also writes:

I was very glad to hear Sir Alfred Pearce Gould's reply to Sir Victor Horsley on the question as to why Members of this College are not represented on the Council.

Sir Alfred Pearce Gould is such an eminently fair and reasonable controversialist that it is a pleasure to listen to him, and we may be certain that he said everything that can be said from the point of view of the Council on this matter.

I should like to be allowed to reply that the Council is already elected in the same way as most other bodies of a similar nature, but by a very limited electorate—namely, some 1,500 Fellows—and that the proposal is only to extend the franchise to the larger number of Members. It is also proposed that the Members should only have a restricted representation on the Council, say some half-dozen seats, and that the remaining twenty-four should be elected as at present by the Fellows. Sir Alfred Pearce Gould cannot reasonably maintain that the discharge of the present limited functions of the Council would be in any way interfered with by the presence of Members, who are just as much interested in the welfare of the College as the Fellows.

We know, however, from other sources, such as the reply of the Council to the Privy Council, when this question was raised some years ago, that the College Council fears that the Members will introduce discussions on matters of socio-political interest which will disturb the lethargic calm in which that body is at present enwrapped. As to this, I will only say that nothing of the kind is to be expected. We do, however, claim that the College has another function which it persistently keeps in the background—namely, to look after the interests of its Fellows and Members. It does not even pretend to do this, and the presence of Members on the Council might induce an awakening to its duties in this respect. It had an opportunity of doing this in connexion with the Insurance Act, but instead, it only (in conjunction with other bodies) called a meeting of the staffs of London hospitals.

The statement that it is impossible to poll 17,000 Members can only be characterized as preposterous. It has been done already several times by the Society of Members, and would be quite easy for the College with its much larger resources.

In conclusion, I would only assert that the addition of a few Members would be a source of strength instead of weakness to the Council, and would put an end to an irritating domestic controversy which has existed at the College for over a quarter of a century.

#### FELLOWSHIP.

The following candidates have been approved at the examinations indicated:

FIRST FELLOWSHIP.—F. J. Anderson, A. R. Bearn, B. Biggar, M. W. K. Bird, E. C. Bradford, J. C. Brash, S. E. V. Brown, G. C. Chubb, P. S. Foster, V. Gabriel, J. B. Haycraft, S. H. Hodges, R. T. Jones, S. W. M. Jones, R. A. Kerr, A. A. Lees, A. S. Liebson, G. C. Linder, M. W. B. Oliver, A. C. Perry, D. D. Pinnock, E. D. Pullon, J. B. Stanley, J. O. Thomas, J. W. Tonks, D. Watson.

#### UNIVERSITY OF OXFORD.

The following have been appointed as examiners for medical degrees: *Organic Chemistry*, Dr. F. D. Chattaway; *Pharmacology*, Dr. W. E. Dixon; *Human Anatomy*, Professor Arthur Thomson; *Human Physiology*, Dr. W. Ramsden; *Pathology*, Dr. H. M. Turnbull; *Forensic Medicine, Hygiene, and Public Health*, Dr. F. J. Smith; *Medicine*, Dr. Theodore D. Acland; *Surgery*, Mr. George Heaton; *Obstetrics*, Dr. H. Russell Andrews.

#### UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.C.—A. H. Crook.  
M.B.—A. H. Crook, B. A. Ployne, J. Winterbotham.  
B.C.—B. A. Playne, J. Winterbotham.

#### UNIVERSITY OF LONDON.

The following candidates have been approved at the examinations indicated:

THIRD M.B. (All Subjects).—\*C. M. Jones (a), Westminster Hospital; \*C. J. Marshall (a, b, c), University Medal, Charing Cross Hospital; \*J. Taylor (a), University College Hospital; C. Aldis, W. M. Ash, C. A. Birt, Florence H. Bousfield, R. Brewitt-Taylor, B. W. Brown, B. I. Cohen, T. P. Cole, Gertrude Dearnley, L. A. Dingley, H. T. Evans, W. B. Foley, J. M. Foord, G. B. Genge-Andrews, W. S. George, A. J. Gibson, C. Gibson, C. D. Grange, F. W. Hamilton, A. W. Hansell, A. W. Havard, B. C. Howell, A. H. Hudson, G. W. B. James, Mary S. Jevons, M. M. Khan, J. S. H. Lewis, R. H. Liscombe, Dorothy C. Logan, Emily C. Macirone, P. M. Monaghan, J. F. O'Connell, H. W. Parrott, P. T. Patel, Sara L. Penny, F. H. Rees, J. F. G. Richards, W. G. Rogers, E. G. Saunders, W. F. V. Simpson, H. K. V. Soltan, J. L. Stewart, J. Tattersall, F. R. Todd, E. A. Wilson.

Group I.—G. F. Bradley, J. M. Curé, A. L. Fitzmaurice, F. R. Fletcher, W. M. Glenister, J. M. Joly, T. P. Kilner, G. S. Miller, H. M. Rashbrook, W. Robinson, Margaret E. E. Smith, Mary A. van Ingen.

Group II.—J. Appleyard, E. Bach, A. C. L. Bilderbeck, A. B. Cardew, F. W. T. Clemens, M. J. Cronin, G. R. Dobrashian, A. R. Elliott, D. M. Gibson, R. L. Horton, F. H. Kelly, J. D. Lyle, G. R. Lynch, C. L. Pattison, W. B. Sanders, A. R. Sharrod, A. W. Venables, E. W. Wade, N. T. Whitehead, A. Wilson.

B.S.—F. C. McCombie.

\* Awarded Honours.

(a) Distinguished in Medicine.

(b) Distinguished in Pathology.

(c) Distinguished in Forensic Medicine.

#### UNIVERSITY OF EDINBURGH.

##### Scholarships.

THE following awards for the session 1912-13 have been announced: The *Crichton Research Scholarship* in Physiology, Mr. J. A. Campbell; the corresponding scholarships in Pathology, Messrs. N. H. Bolton and D. M. Lyon; the *Sibbald Scholarship* and *Grierson Bursary* in first professional subjects, Messrs. J. Milne and J. Bennett; the *Grierson Scholarship* in Pathology, Mr. A. H. D. Smith; the *Grierson Bursary* in Materia Medica, Mr. T. Pullar; the *Crichton and Thomson Bursaries* in preliminary examination subjects, Messrs. G. W. Dunlop, L. Mackinnin, and J. Thompson; the *Neil Arnot Prize* in Natural Philosophy, Mr. J. Brown.

#### APOTHECARIES' HALL OF IRELAND.

The following candidates have completed the examinations indicated:

INTERMEDIATE.—F. Duckworth, J. B. Barry, M. B. Kennedy.  
FINAL.—S. Ram Rao, A. S. Dillon.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—\*T. J. Gibson, \*J. W. Harrison, \*G. R. Lynch.  
MEDICINE.—\*H. E. B. Finkelson, \*T. J. Gibson, W. C. Himely,  
\*W. S. Hyde, \*E. M. Morris.  
FORENSIC MEDICINE.—M. P. Dos Santos, A. M. L. Greaves, T. H. W. Idris, E. M. Morris.  
MIDWIFERY.—G. R. Lynch, E. M. Morris, S. Zarchi.  
\*Section I. †Section II.

The diploma of the Society has been granted to Messrs. T. J. Gibson and W. C. Himely.

## Medico-Legal.

#### O'SULLIVAN v. BRITISH MEDICAL ASSOCIATION.

THIS case was heard by the Lord Chief Justice and a special jury on November 22nd. A claim was made by Dr. Patrick Joseph O'Sullivan to recover damages from the British Medical Association for a libel said to have been contained in the *BRITISH MEDICAL JOURNAL* of October 7th, 1911. The defence justified the statements made so far as they consisted of allegations of fact. It was also alleged that the remainder of the article was fair comment upon matters of public interest.

The plaintiff appeared in person. Mr. A. Neilson (instructed by Messrs. Hempsen) represented the Association.

The plaintiff, in opening his case, read the statement of claim to the jury. He said that at the date of the publication of the article of which he complained he was practising at 69, Queen's Road, Dalston, and was a candidate for the post of medical officer to the Shoreditch Guardians, and for the post of medical superintendent of the Homerton Infirmary, Hackney.

The Lord Chief Justice: What do you say is libellous, Mr. O'Sullivan?—I say the whole article is libellous, but I object particularly to the last part. Continuing, the plaintiff said that in September, 1911, he heard of this vacancy at Shoreditch. When he first applied for the post there was a disagreement between the guardians, and he was not appointed.

The plaintiff then entered the witness-box and said that he was M.D., Q.U.I. (1875). He had been assistant to a Dr. Ambrose at Dalston from May, 1911. His first application for the post of medical officer to the Shoreditch Guardians was rejected on September 27th. The article complained of then appeared. He complained of the expression: "Every man for himself and Dr. O'Sullivan for us all." There was profanity in it, and it was calculated to bring him into contempt. The part he most objected to was the passage which conveyed that he was a disgrace to his native land and to those with whom he had been associated in the army and at sea. The congratulation was something he also objected to.

In cross-examination, witness said that this was an appointment for the third division of Shoreditch. There had been a vacancy since before December, 1910. He had not heard that the payment was regarded as low. He did not then know that the defendant Association had made representations on the subject to the Local Government Board. He knew that there was a dispute before he applied for the vacancy, but he did not know that the guardians had received a letter from the Local Government Board.

Mr. Neilson: Did you know at that time that there had been a dispute between the profession and the guardians?—I knew there was a dispute, but did not know the details.

Continuing, witness said the guardians offered £110. He did not know that no doctor could be found to accept the post at £115. It was true that the guardians then raised the salary to £150. He did not know when he applied that the profession thought £150 too low. It was true that two out of three candidates withdrew their application on representations made by the medical profession. Dr. Ambrose knew about the dispute. He (witness) was not elected at that meeting, but he was elected for a year on October 25th. There were no other candidates, and he had been re-elected this year.

Dr. Alban Dixon, on being called as a witness, objected to give evidence on the ground that he had not been paid.

The Lord Chief Justice: You have come here, so I am afraid I can do nothing.

In the course of his evidence he said that prior to the appointment of the plaintiff he had been doing temporary duty. He sent a list of the cases he had been dealing with to the clerk to the guardians when he gave up work. He denied that he was bound to give details of the cases to the plaintiff as a matter of professional etiquette.

The Lord Chief Justice: This does not appear to help the plaintiff's case.

Continuing, witness said he saw the article a month after it appeared.

In cross-examination, he said he was going to apply for the post, but was warned by the Association. He was paid at the rate of £600 a year for his temporary work.

Dr. Henry Edward Garrett, a medical officer to the Shoreditch Guardians, said he saw the article at the time it appeared. He had not the honour of the plaintiff's acquaintance. He had never been introduced to him. The first time he spoke to him was on the night before last.

The Plaintiff: I am most anxious to make the acquaintance of the medical officers. They avoid me!

In cross-examination, witness said the dispute between

DEPUTY SURGEON - GENERAL ALEXANDER MORRISON DALLAS, Bengal Medical Service (retired), died at Ealing on November 9th. He was born on July 5th, 1830, educated at Guy's Hospital, took the M.R.C.S. in 1855, and entered the Indian Medical Service as assistant surgeon on February 20th, 1856; becoming surgeon on February 20th, 1866; surgeon-major July 1st, 1873; brigade surgeon on December 1st, 1882; and reached the administrative grade as deputy surgeon-general on September 9th, 1884. Owing to ill health he was unable to put in the full term of five years in that rank, and retired on April 2nd, 1889. He was decorated with the C.I.E. on May 29th, 1886. He was serving in India at the time of the Mutiny but the Army List credits him with no war service. Most of his career was spent in civil employment in the Punjab. He entered the Gaol Department in that province in 1859, became Inspector-General of Gaols in 1863, and held that post for over twenty years, until promoted to administrative rank, when he became Surgeon-General of the Punjab. In the following year, 1885, the local rank and title of surgeon general was withdrawn from the deputy surgeon-generals at the head of the provincial civil medical administrations, and that of Inspector-General of Civil Hospitals substituted.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

### ESTIMATES OF POPULATION.

DR. J. LLEWELYN PRICHARD (Medical Officer of Health, Aberdare) writes: In the SUPPLEMENT of the JOURNAL of November 9th the estimated population of Aberdare is given as 51,819. Taking the 1911 census population as 50,844 and 1901 as 43,365, I should very much like to know how you arrive at this result.

\*\* The estimated population of Aberdare in the middle of 1912 (51,819) is that estimated and published by the Registrar-General. The method of estimating post-censal populations is explained in the Registrar-General's last annual report, and the "factors" used for different towns for 1911, 1912, and 1913 are quoted. Thus, for Aberdare the inter-censal increase (7,465) is multiplied by the factor .13242743 and the product is added to the 1911 census population.

$$50,830 + (7,465 \times .13242746) = 51,819.$$

## Medical News.

AN International Congress of Marine Hygiene will be held at Genoa in 1914.

DR. EDMOND RYAN, of Crumlin, Mon., has been appointed to the Commission of the Peace for the county of Monmouth.

DR. FRANCIS J. H. COUTTS (Kingston Hill), Dr. Thomas F. Pearce (Calcutta), Dr. Hugh Stott (Lewes), and Sir John Tweedy (London), have been elected Fellows of the Royal Sanitary Institute.

EARL FORTESCUE (Lord Lieutenant of the county of Devonshire) has consented to accept the office of President of the twenty-eighth congress of the Royal Sanitary Institute, to be held at Exeter from July 7th to 12th, 1913.

UNDER the will of the late Miss Elizabeth Stringer of St. Leonard's, Liverpool Royal Infirmary receives a bequest of £2,000; and the Convalescent Home for Women and Children, New Brighton, and the Hastings and St. Leonard's Hospital, £1,000 each.

SIR J. COCKBURN, M.D., K.C.M.G., Dr. R. J. Maitland Coffin, Major R.A.M.C. (T.F.), one of the honorary medical officers, and Dr. R. W. Henderson, a member of the Testing Subcommittee, have been elected members of the new council of the British Fire Prevention Committee.

FOR the consideration of the general meeting shortly to be held in Glasgow the directors of the Scottish Burial Reform and Cremation Society have issued their annual report. It shows that the prejudice against cremation is steadily, if slowly, being overcome. During the year ending September 30th, 1912, forty-four cremations were carried out in Scotland, compared with thirty five in the previous year, making a total since the opening of the crematorium in Glasgow of 402. It may be mentioned

that a special crypt for the reception of urns has just been erected in St. Columba's, the leading Presbyterian church in London.

At the meeting of the Royal Society on December 5th, Dr. J. S. Haldane and his colleagues Dr. C. G. Douglas, Mr. Henderson, and Mr. Schneider will report the results of their physiological observations made on Pike's Peak, Colorado, with special reference to adaptation to low barometric pressures. A series of papers by various workers on processes operative in solutions, all communicated by Dr. H. E. Armstrong, will also be read.

A SELECT Committee of the House of Commons was appointed on November 27th to inquire into the circumstances which had led to the large and increasing number of fatal accidents in the metropolis due to motor omnibuses and other forms of power-driven vehicles, and to make recommendations as to the measures to be taken to secure greater safety in the streets. The Committee consists of Mr. A. Baker, Mr. Shirley Benn, Mr. Boyle, Mr. Stephen Collins, Mr. Goldsmith, Mr. W. Guinness, Mr. Harris, Mr. Kellaway, the Earl of Kerry, Mr. Morison, Mr. Munro, Mr. Nolan, Mr. W. Thorne, Lord A. Thynne, and Sir G. Toulmin.

BUTTERWORTH'S, a firm of publishers familiar to many generations of lawyers, is now turning some of its energies into medical directions. It has for some years had branches in India and Australia, and these are now to deal with medical books upon an extensive scale. The first catalogue issued by them contains the titles of many hundred modern works both by foreign and British authors, which will be promptly obtainable from the Calcutta and Sydney branches at the same prices as in this country. All medical men resident in these countries will, at their desire, be furnished at regular intervals with the names of books added to the list.

THE monthly bulletin for October of the Office Internationale d'Hygiène Publique contains a summary of deaths from certain diseases and groups of diseases in France, Germany, England and Wales, Belgium, Holland, Spain, and Italy for the four years 1906 to 1909. It has been prepared from official sources by M. Paul Roux, of the public health department of the Ministry of the Interior in France, and may prove useful to medical officers of health. It is illustrated by a chart in which the mortality from the various diseases and groups is compared in a manner very striking to the eye. England and Wales share with Belgium, Italy, and Spain an exceptionally high mortality from measles, and with Germany and Italy from pneumonia.

THE coroner, in summing up at the inquest with regard to the fire at Messrs. Barker's premises, Kensington, said that it would be interesting to know how many other buildings in London were in the same condition as the jury had been told Messrs. Barker's premises were, how the many negotiations were going on, and how many buildings were waiting before the necessary alterations were made. Mr. Edwin O. Sachs, chairman of the executive of the British Fire Prevention Committee, replies to these questions by the statement that there are upwards of 50,000 buildings in the metropolis to which the London Building Amendment Act, 1905, has not yet been applied; only 2,330 buildings had been scheduled for action down to June last, and only 1,203 had been considered by the Building Act Committee of the London County Council; of these 1,203, only 527 had at that date been satisfactorily equipped by the provision of suitable means of escape.

THE usual monthly meeting of the executive committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on November 15th, Dr. F. J. Allan in the chair. The claim account presented showed a margin in favour of the society as against the amount expected. The number of motor accidents showed a steady increase, and some had been serious, involving long periods of incapacity. No extra premium is charged to members using motor cars or motor cycles. The new proposals received were about up to the average, but the number of members desiring to insure for higher amounts had increased, and indicates that those who have had experience of the benefits derived from being insured in the society wished to be covered for the highest amount available under the rules. Under one of the present bonus schemes, should death take place before 65 the representatives of the deceased member would be entitled to an amount which increases automatically with the length of membership and the sum insured. Prospectuses and all further information can be obtained from Mr. Bertram Sutton, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.