

THE SUCCOUR OF THE INDIVIDUAL AND THE SERVICE OF THE CAUSE.

Medicine in its quest of knowledge may rightly levy a tribute from every other science with which it comes into contact. Its doctrines and its practice are tested, may receive support, or be refuted, by work accomplished in other fields. Surgery in recent years has proved a powerful helpmeet not only in the elucidation of those problems of internal medicine to which I have briefly referred, but also by reason of the light it has brought to bear upon the functions of many of the organs in the body. The experimental method, as a mode of inquiry, is not excelled in value by any other, and no experiments, I hold, can claim an equal rank with those which are a part of almost all surgical procedures. The chief glory of the surgeon comes from the dedication of his powers to the service of an individual; but there is a cause also to be served. In every operation something may be learnt, not only of those disorders which call urgently for relief, but of other associated, or it may be separate, conditions which chance at the same moment to be present. The researches so carried out upon a human patient are performed with a sterner sense of responsibility and with a graver ritual, and are impressed by more relevant influences than attach to any other form of inquiry. Their results are accordingly of far higher value. Clinical research, when sedulously conducted and illumined by the disclosures made upon the operation table, afford the most accurate of all methods of investigation into the diseases by which man is attacked. The succour of an individual should mean also the taking of a step forward in the solution, or the better understanding, of the manifold and perplexing problems of disease.

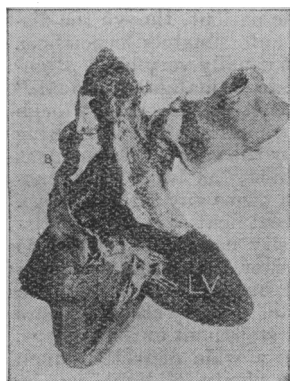
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

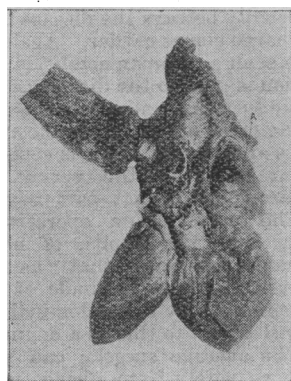
INTRAPERICARDIAL RUPTURE OF AN ANEURYSM.

On April 28th last there was brought to the Royal Infirmary the body of a woman, aged 40, who had died in two minutes while buying bread half an hour previously. On examination the body manifested enlarged dullness over the precordium, and on opening the thorax the pericardium bulged forwards and was very tense. It contained 14½ oz. of blood clot. The ascending aorta was dilated, and its walls attenuated so as to form a fusiform aneurysm containing 4½ oz. of non-laminated recent blood clot.

At the thinnest portion, posteriorly, above the right auricle and just inside the attachment of the pericardium, was a triradiate rupture admitting the middle finger. The inner coat of the aorta was atheromatous throughout,



Front. n. Clot in cavity of aneurysm.



Back. A. Back of first part of aorta, showing rupture.

and one of the pearly white scars so characteristic of syphilis was found just proximal to the origin of the innominate artery.

Professor Glynn examined the kidneys, and his report

goes to prove that the cause of the aneurysm was syphilis, though alcoholic excesses cannot be entirely excluded.

The kidneys are very unusually scarred and irregular. Sections through the scars show most remarkable obliterative endarteritis, some of the smaller vessels being almost completely occluded. The glomeruli have become fibroid. The adjacent portion of the kidney is normal. The condition is almost certainly syphilitic. The scars, therefore, are due not to infarctions, but to either old gummata or localized syphilitic endarteritis. There were no infarcts in the spleen.

I am indebted to Mr. Fred Halliday, the museum assistant, for the photographs.

It is from Dr. T. R. Bradshaw, the senior physician of the Royal Infirmary, that the suggestion came that I should publish the case as one of extreme rarity.

E. G. FISHER,

Senior Resident Medical Officer,
Royal Infirmary, Liverpool.

Liverpool.

Reviews.

THE SUPRARENAL GLANDS AND CHROMAFFIN ORGANS.

DURING the last five-and-twenty years physiologists have given a great deal of attention to the functions of the ductless glands, and in the last ten or a dozen years clinicians and pathologists have vied with each other in the attempt to identify definite diseases (or, as they often prefer to call them, syndromes) with definite lesions of one or other of these glands. Disease of the suprarenal glands, connected in 1849 with a definite clinical picture by Addison, and the relation between their function and structure, have received the greatest amount of attention, and the whole subject is very skilfully set out at full length in a book published recently by Professor LUCIEN and Dr. PARISOT.¹ The chromaffin organs are so called because they exhibit a tendency to be stained a characteristic yellowish-brown colour by salts of the metal chromium. Henle in 1865 noted that the medullary cells of the suprarenals possessed this peculiarity, Stilling in 1890 described these cells as chromophil, Kohn in 1898 applied the word "chromaffin" to them. At the present time it seems that any chromaffin tissue is to be known as an accessory suprarenal gland; such tissue is met with in the rare true accessory suprarenals containing both cortical and medullary tissue occasionally found in the solar plexus, and also in the so-called paraganglionic bodies or parasympathetic bodies. These include the intercarotid body, the aortic paraganglion described by Zuckerkandl in the human fetus, and known as the organ of Zuckerkandl, the cardiac paraganglion found by Wiesel and Wiesner in the fatty tissue round the left coronary artery among the branches of the cardiac plexus that supply the left auricle, and possibly, too, Luschka's coccygeal gland. It must also be mentioned that accessory suprarenal glands containing only cortical suprarenal tissue, and known as interrenal bodies (the *Beizwischenkieme* of Poll), have been found in the neighbourhood of the kidneys, in the retroperitoneal space, and in the genital tract; those that occur beneath the renal capsule and bedded in the kidney itself have long been connected with the complex renal tumours known as hypernephromas. The authors have brought together a great deal of information about the suprarenal glands in their volume, which is divided into four sections. The first of these deals with the anatomy and comparative morphology of the glands, the second with their physiology; it may be noted that adrenalin may be recognized in a dilution of one in a hundred million by a physiological test. The third section deals with the general pathological anatomy of the glands, and the fourth with the various suprarenal syndromes met with pathologically. The book is well written and illustrated, though not, perhaps, with the precision and elaborate documentation one would find had its authors been Germans. It may be warmly recommended to all physiologists and pathologists, and should be consulted by any medical man who has to deal with a case in which the suprarenal glands are involved.

¹ *Glandes surrénales et organes chromaffines.* By M. Lucien and J. Parisot. Paris: F. Gittler. 1913. (Demy 8vo, pp. 458; 100 figures.)

THE ST. JOHN AMBULANCE ASSOCIATION AND AGRICULTURAL SOCIETIES.

SIR,—Two days ago I received a circular from the local secretary of the above association informing me that an ambulance station was being provided at the Royal Lancashire Agricultural Show to be held at Burnley at the end of this month, and it was proposed to arrange for the attendance on each day of one of the four divisional surgeons in Burnley, and the deputy commissioner instructed him to offer an honorarium of 10s. 6d. per diem. The deputy commissioner, I may say, is a doctor, Dr. Trimble, of Bamber Bridge, near Preston.

I wrote back in reply that I had no intention of giving my services; that if the Agricultural Society wanted a doctor to attend at their show they should employ a doctor of their own, and pay him what doctors have to pay for a locum—namely, a guinea a day for anything less than a week and railway fare; and that it was no part of the duty of the St. John Ambulance Association to provide cheap medical attendance at agricultural societies shows.

I should like to know if this is a new departure on the part of the ambulance association or if it has been going on for some years back in Lancashire and other parts of the country; will some of the readers of the BRITISH MEDICAL JOURNAL be kind enough to inform me?—I am, etc.,

Burnley, July 7th.

JAMES GARDNER.

INTERNATIONAL CONGRESS OF MEDICINE.

SUBSECTION OF ANAESTHESIA.

SIR,—In spite of the fact that the profession as a whole has been circularized, and that all persons known to be anaesthetists have received various circulars anent the work proposed to be done in this subsection, I find that anaesthetists even in London are unaware that any subsection on anaesthetics is in being. During the past week I have been repeatedly asked if it is proposed to consider any subjects germane to anaesthesia! May I therefore ask you to publish the statement that an extremely interesting programme has been arranged for discussions and papers dealing with general anaesthesia, local analgesia, and spinal anaesthesia. This will comprise such recent work as intratracheal and intravenous and colonic etherization, anoci-association, hedonal anaesthesia, post-anaesthetic toxæmias, and many other subjects which are at present prominently before anaesthetists. Many most distinguished *rapportheurs* have promised to open the discussions, and the executive of the subsection are most anxious that British and Irish anaesthetists shall add their quota to the subsection's work. Patriotism, as well as a desire to keep abreast of the science and art which they study and practise, will no doubt prove incentives to all anaesthetists to join the Congress and help those who have been at great pains to make the subsection a success.

A special museum for apparatus for producing anaesthesia is arranged, and it is hoped that all those who have apparatus whose merit or novelty is likely to prove interesting, will send it for exhibition.

The honorary secretaries in London (Dr. Scharlieb, 49, Wimpole Street, W.) and Scotland (Dr. J. W. Struthers, 2, Chester Street, Edinburgh) will gladly supply programmes and further information. I shall be only too glad to assist in like manner.—I am, etc.,

DUDLEY BUXTON, M.D.,

President of Subsection of Anaesthesia.

53, New Cavendish Street, London, W., July 23rd.

DISCUSSION ON THERMAL TREATMENT.

SIR,—The above discussion will take place on Tuesday morning, August 12th (and not on Thursday, 14th, as announced in the JOURNAL of July 19th).

May I take this opportunity of pointing out that, so far as I know, the uses, limitations and risks of thermal treatment have never hitherto been adequately set forth, and that, as they go to the root both of hydrotherapy and "spa treatment," their discussion by such authorities as Professors Landouzy, Vinai, and Laqueur cannot fail to be of much interest?—I am, etc.,

R. FORTESCUE FOX,

Joint Honorary Secretary, Section of Therapeutics.

London, W., July 21st.

Universities and Colleges.

UNIVERSITY OF ST. ANDREWS.

HONORARY DEGREE.

The honorary degree of LL.D. was on July 10th conferred upon Lieutenant-Colonel Sir Charles Bedford, D.Sc., M.D. Edin., I.M.S. (ret.), in recognition of his researches and administrative work in India, especially with reference to Excise and Customs problems.

UNIVERSITY COURT.

At a meeting of the Court of St. Andrews University on July 13th, Dr. R. P. Mathers, Dundee, was appointed Lecturer on Diseases of the Throat, Nose, and Ear, and Miss Elizabeth Gilchrist, B.Sc., Assistant in Materia Medica. Principal Sir James Donaldson presided. The thanks of the Court were given to Professor Keibel, of the University of Freiburg, for the valuable series of models of different stages in embryology which he had kindly presented to the anatomical museum.

UNIVERSITY OF BRISTOL.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—P. E. Christofferson.

M.D.—R. S. S. Statham.

D.P.H. (Both Parts).—T. S. Bradburn, C. C. C. Court, P. Moxey.

(Part I only).—W. R. Cooper, J. R. Kay-Mouat.

* Honours.

UNIVERSITY OF MANCHESTER.

The following candidates have obtained the Diploma in Public Health:

P. Donald, M.B., Ch.B., Annie C. Greenep, M.B., Ch.B., A. W. Laing, M.B., Ch.B., A. R. M. McIlraith, L.R.C.P., L.R.C.S., Marion Stocks, M.B., B.S., H. G. Trayer, M.B., A. G. Wilkinson, M.B., Ch.B., G. G. Wray, M.B., Ch.D.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following candidates have been admitted to the Fellowship:

A. I. Brown, W. B. Brownlie, C. Corben, R. Crothers, R. K. Dadachanji, J. K. M. Dickie, M. R. Drennan, E. C. East, M. Greenberg, P. J. Henry, F. N. H. Maidment, R. Massie, A. S. Roe, R. Stout, A. G. Talbot, J. Watson.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—A. Briscoe, M. Briscoe, M. J. Broderick, J. J. Crowe, F. Daly, W. Evans, J. Holland, A. Hurst, T. P. MacDonnell, G. F. Maher, D. B. McEniry, H. L. Mooney, B. J. Mulligan, M. J. O'Connor, M. M. Price, G. C. E. Roe, J. F. Seale, J. G. Thornton, D. E. Young.

SECOND COLLEGE.—W. G. Thompson, Elizabeth Budd, J. Coffey, B. J. Daunt, M. Dockrell, J. A. Fretton, J. J. Hayes, B. Hinson, J. McGuire, J. A. McKinnon, Marjorie McMullen, T. Moore, T. F. Moran, J. F. O'Mahony, J. P. Pegum, P. K. I. Ryan.

* Honours.

THE third International Congress of Occupational Diseases will take place at Vienna on September 14th, 1914. Those who intend to present communications are asked to send them typewritten. They should reach the general secretary in February, 1914, at latest. The following is the programme of discussions: (1) Fatigue—physiology and pathology, especially in relation to professional work; action of such work on the nervous system; nightwork. (2) Work in hot and moist air. (3) Workmen's anthrax. (4) Pneumoconioses. (5) Hurtful effects of electricity in industrial labour. (6) Professional intoxications, especially aniline, mercury, and lead. (7) Hurtful effects of occupational work on the hearing. (8) Reports. A large number of communications on these subjects has already been promised. For further particulars application should be made to the General Secretary, Docent Dr. Ludwig Teleky, Vienna IX, Turkenstrasse 23. The Presidents are Dr. Francis de Haberler, chief of the sanitary administration of Austria, and Dr. A. Schatzenfroh, Professor of Hygiene and Director of the Institute of Hygiene in the University of Vienna. In connexion with the congress there will be an exposition, in which will be represented as fully as possible everything relating to the origin, preventive measures, and clinical symptoms of occupational diseases, as also the whole influence of professional work on the organism in general, except the danger of accidents and the means of preventing them.

unfailing tact, good temper, and keen practical intelligence, united to his great experience of West Africa, rendered him exceptionally well fitted" for the important post mentioned by Sir F. Lugard.

Dr. Langley, who usually enjoyed good health during his tours of service, was subjected to severe mental and physical strain in the early spring of this year, and fell ill about the middle of April, his death from fever and cardiac failure occurring at Ibaden on June 11th. His remains were interred the following day in the presence of a large gathering of officials, the ceremony being of a military character and ending with the sounding of "The Last Post."

Whenever their occurrence coincided with his periods of home leave, Dr. Langley was a regular attendant at the London dinners of the West African Medical Staff, and reference to the great loss which the service has experienced through his death was made by Dr. Prout when presiding at the summer dinner on June 16th.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Ivan Martin Aguilar, professor of gynaecology at Granada, aged 49; Dr. Domenico Lo Bello, lecturer on anatomy and a leading surgeon in Naples; Dr. Paul Coyne, for thirty-three years professor of morbid anatomy in the medical faculty of Bordeaux, and author of important writings on the structure of the mucous membrane of the larynx, the histology and development of the soft parts of the internal ear, a treatise on morbid anatomy, and another written in collaboration with his teacher, Leon Labbe, on benign tumours of the breast, in his 71st year; Dr. Rudolf Dick, a well-known gynaecologist of Bern, aged 61; Dr. Francesco Egidi, lecturer on laryngology in Rome; Dr. P. Gérente, formerly representative of Algiers in the French Senate; Dr. Frank Hartley, sometime professor of clinical surgery in the New York College of Physicians (Columbia University), aged 57; Dr. Manuel Pineiro y Hervá, professor of medical pathology and clinical medicine in the Medical Faculty of Santiago, Spain; Dr. Severin Lachapelle, professor of paediatrics in Laval University, Montreal; Dr. Stanislaw Parenski, professor of internal medicine in the University of Cracow; and Dr. Franz Samuely, extraordinary professor of medicine at Freiburg i. Baden, aged 33.

Public Health

AND

POOR LAW MEDICAL SERVICES.

ILFORD URBAN DISTRICT COUNCIL AND ITS MEDICAL OFFICER OF HEALTH.

As a result of some misunderstanding between the Ilford (Essex) Urban District Council and its medical officer of health, Dr. C. F. Stovin, the council passed a resolution asking the Local Government Board to assent to his dismissal. Upon the request of a number of ratepayers the Board agreed to hold a public inquiry into the causes of the friction, and this was opened on July 9th by Mr. F. O. Stanford, A.M.Inst.C.E., and Dr. E. Petronell Manby at the Ilford Town Hall. Dr. Stovin had the support of the whole of the medical profession, who signed a petition to the Local Government Board appealing for an inquiry. The circumstances which led to the inquiry may be summarized as follows:

Dr. Stovin was appointed medical officer of health by the council in 1902, and he continued as part-time officer until 1908, when, in consequence of the medical inspection of school children being added to the obligations of the council, they appointed him a whole-time officer at £600 a year. Shortly after Dr. Stovin began to inspect the school children he found that the work would take up too much of his time, and under the terms of the agreement he maintained that he was only called upon to superintend the work. The council at first hesitated, but eventually decided to appoint another medical man to undertake the work at £250 a year. But it was evident that some of the councillors thought Dr. Stovin ought to have included it among his duties. The next point of disagreement was over the conversion of some private houses belonging to Dr. Stovin in Cranbrook Road, one of the principal residential thoroughfares, into shops. The council thrice refused the plans because they did not conform to the by-laws as to building line. Dr. Stovin, however, proceeded with the work, and the council compromised matters by agreeing to accept some of the forecourt for road-widening purposes. Upon this land stood a tree, which Dr. Stovin regarded as an obstruction, and as it would

have been dangerous, according to his statement, to have cut it down when the shops were finished he had it removed, much to the annoyance of the council, which threatened prosecution and other things. Some trouble next arose between the medical officer and the council over redrainage work in the town, which eventually culminated in one of the assistant inspectors in the Public Health Department being suspended. The climax of the friction was reached when Dr. Stovin published his annual report. The council alleged that the medical officer withheld certain pages in which he dealt with his treatment by the council until the report was bound up, and they took such great exception to the statements contained therein that they straightway passed a resolution asking the Local Government Board to dismiss Dr. Stovin.

When the inquiry was opened, Mr. Mackenzie, who appeared on behalf of the District Council, criticized what he called the high-handed attitude of Dr. Stovin, who, he said, by his defiance of the council, had created an impossible situation.

Evidence in support of the council's case was given at great length by the Chairman of the Council, Mr. W. J. T. Cullis, and Councillor B. Bailey, Chairman of the Public Health Committee, who moved the dismissal of the medical officer.

Mr. Kelsey, who appeared for Dr. Stovin, suggested to Councillor Bailey that it was rather a cruel procedure to ask for the medical officer's resignation just because he had been unwise. To this the councillor replied that Dr. Stovin had defied them all along the line, and they could stand it no longer.

The inquiry dragged on day after day until July 14th, when a conference took place between the inspectors and counsel for Dr. Stovin and the council. It was then adjourned until July 16th, when it was announced that the medical officer would withdraw all the charges he had made against the council and the staff. The council thereupon decided to rescind the resolution calling upon him to resign, and it was announced that the suspended assistant inspector would be reinstated. With the whole of the personal element removed, the inquiry proceeded simply upon the question of certain redrainage in the town.

The Services.

INDIAN MEDICAL SERVICE.

SURGEON WILLIAM SCOT.

In the article entitled "One Hundred Years Ago" in the BRITISH MEDICAL JOURNAL of July 5th, a description was given of the pioneer work done in the introduction of vaccination in the East by Surgeon William Scot, of the Honourable East India Company's service. Dr. Scot was a man of some mark in India in his day, and some further particulars of his career may be of interest.

Six officers of the name of William Scott served in the Indian Medical Service in the first half of the nineteenth century, two in Bengal, three in Madras, and one in Bombay. The name of one of these officers is always spelt Scot (with one "t"), and the dates and facts of his service show that this Scot was the officer in question.

The India Office records do not mention the date of his birth or his qualification. He was appointed an Assistant Surgeon at Madras from January 1st, 1802, on the nomination of Mr. Thelusson, a director of the Company, and landed there on September 1st, 1802. In 1805 he was serving with the artillery of the Nizam's Subsidiary Force, and later in the year with the 7th Native Cavalry; while in 1806 he was posted as Surgeon to the district of Nellore, about sixty miles north of Madras. There he remained some four years, till he accompanied the expedition to reduce the islands of Mauritius and Bourbon, towards the end of 1810, and there he did the pioneer work on vaccination described in the JOURNAL.

In 1812 he went home on sick leave. He was promoted to Surgeon on March 30th, 1814, and returned to India that year, landing on December 31st. In accordance with the rules then in force he had to revert to military duty on promotion, and was posted to the 1st Battalion of Artillery. The records show him serving with that corps up to 1820, except for a short period in 1816-17, when he was with the 21st Native Infantry and 2nd Native Cavalry. On February 17th, 1820, he was appointed Secretary to the Medical Board and Superintendent of Vaccination, and held that post for over seven years. As Secretary he compiled "A Report on the Epidemic Cholera, as it appeared in the Territories subject to the Presidencies of Fort St. George (Madras); Drawn up by order of Government under the superintendence of the Medical Board; 4to, Madras, 1824." It was in 1817 that the historic epidemic of cholera, which first attracted special attention to the disease, occurred in Bengal, ravaging the Madras Presidency in the following years. A second edition of this work was published by Blackwood of Edinburgh and Murray of London in 1849.

On October 5th, 1827, he was promoted to Superintending Surgeon, and served in that rank for five years, returning to England again on sick leave in 1832. On leaving India the thanks of the Madras Government for his good services were issued in a special General Order; he had already received the thanks of Government eight years before for his report on cholera. He retired on May 30th, 1834, and drew his pension for nearly thirty years, dying on October 21st, 1863. The expedition to the islands in 1810-11 seems to have been his only war service.

Medico-Legal.

CHARGE AGAINST A MEDICAL PRACTITIONER.

At the petty sessions at Littledean, on July 18th, José Manuel de Freitas, late medical officer to the Cinderford and District Friendly Medical Aid Association, was (according to a report which appears in the *Dean Forest Mercury* of July 18th) charged by Thomas Wm. Wright, the secretary, for that he, "on or about the 5th June, 1913, then being solely entrusted with the sum of £4 10s. in money belonging to the Cinderford and District Friendly Medical Aid Association, that he might apply the same in the purchase of certain surgical instruments, did fraudulently convert the said money to his own use or benefit." Evidence was given by Mr. Wright, Mr. Samuel J. T. Rowlinson (Vice-President of the Cinderford Medical Aid Association), Mr. Enos Taylor, Detective-sergeant William Hayman, and Inspector Parker, and the prisoner was committed for trial at the assizes in October next. The magistrate consented to accept bail, prisoner in his own recognizances of £100, and two sureties of £200 each. The prisoner was removed in custody.

Medical News.

THE name of Mr. Albert Lindow, M.R.C.S., Wynyard House, Gallosson Road, Plumstead, S.E., has been added to the Commission of the Peace for the County of London.

DR. HENRY BUCHANAN MURRAY, of Belfast, was admitted by the Right Hon. the Lord Mayor of Dublin a freeman of that city at a court held in the Dublin City Hall on July 8th.

A SERIES of demonstrations in clinical medicine will be given at the London Hospital Medical College, throughout August and September, beginning on Monday, August 18th, at 2.15 p.m., in the clinical theatre of the hospital. On Mondays Dr. Cecil Wall will deal with pulmonary tuberculosis; on Tuesdays diseases of the blood will be demonstrated by Dr. Grünbaum; on Wednesdays there will be diagnosis of abdominal diseases by Dr. Hutchison, and diseases of the ductless glands by Dr. Thompson. Dr. Head will deal with mental symptoms occurring in the practice of general medicine on Thursdays, and on Fridays Dr. Lewis Smith with common cardiac conditions. Members of the medical profession will be admitted on presentation of their private cards.

FOUNDER'S Day at the Yarrow Convalescent Home, Broadstairs, was celebrated on July 19th. After luncheon Sir Guilford Molesworth, on behalf of the assembly, congratulated Mr. Yarrow on the good work the home was doing. Mr. Yarrow, in response, after referring to the high state of efficiency in the home, which was, he said, due to the excellent staff, proceeded to state that in August last about forty children were simultaneously attacked with severe vomiting and diarrhoea, and it occurred especially among those children who had been ordered an extra quantity of milk. Suspicions having fallen on the milk, samples were dispatched to the Clinical Research Association, who reported that bacteriological examination had revealed the presence in the milk of the bacillus which gives rise to diarrhoea. Since this had not been the first or second outbreak, it had been decided to keep their own cows, in order that the children should have the purest possible milk. He considered the supply of pure milk of so great importance that he hoped the modern installation they had laid down would serve as a guide to improvement in the present most unsatisfactory milk supply throughout the country. The cows had undergone the tuberculin test with negative results, and would be periodically tested. The company then inspected the cow-barn and dairy where the animals were milked and the milk cooled under the most favourable hygienic conditions. It is proposed to keep the animals out of doors the whole of the year; in the winter they will be protected from the bad weather in an open brick barn without doors.

THE annual meeting of the Society for the State Registration of Trained Nurses was held at the Medical Society's Rooms, 11, Chandos Street, on Friday, July 18th. Mrs. Bedford Fenwick in the chair. The annual report having been adopted, Sir Victor Horsley said that both the medical and the nursing professions were united in the demand for registration, and their hopes were concentrated on Mr. Munro-Ferguson's bill. It was curious that a proposal of so much public benefit was opposed. No doubt the Government had its hands full, and was not inclined to take up a question supposed to interest only

a small section of the community. The matter, however, was really of importance to the whole nation. Referring to the deputation on the subject to the Prime Minister, he said that Mr. Asquith had produced an old list of medical men opposed to registration, but this did not represent the opinions of the medical profession at the present day. The official attitude showed insufficient information. He suggested that a deputation should go to Mr. John Burns to call his attention to the shortage of Poor Law nurses, and that another should go to Mr. McKenna, who saw difficulties in the way of registration, and remove them. He further suggested that all practising nurses should give their names as supporters of Mr. Munro-Ferguson's bill. The Chairman said that the women in the hospitals were in sympathy with the society, but some courage was needed for them to come forward and so offend their employers. She thought it probable, however, that the nurses would put their names on paper in support of the society's objects. After some remarks by Dr. Chapple, M.P., a resolution was passed, *nemine contradicente*, protesting against the sending out of nurses by the London Hospital to private cases for gain at the end of two years' training. In another resolution which was carried unanimously the meeting called the attention of King Edward's Hospital Fund to the provision in the constitution of the Central Hospital Council that "the constituent hospitals shall be invited to contribute equally to the annual expenses," and asked for action with a view to the prevention of charitably subscribed funds being used in support of opposition to the registration of nurses.

MITZMAIN, who has investigated the part played by *Stomoxys calcitrans* in the transmission of *Trypanosoma evansi*, states (*Philippine Journal of Science*, vol. vii, Sec. B, No. 6) that only negative results were obtained in the attempts at direct mechanical transmission of surra with flies induced to bite healthy animals at intervals ranging from five minutes to three days after being permitted to complete feeding upon infected animals. Thousands of these insects were employed in 29 experiments involving the use of 3 horses, 6 monkeys, and 22 guinea-pigs; 27 experiments were performed in attempts to transmit surra by the interrupted method of feeding. All attempts proved negative where a single application of a varying number of flies was used, as many as 38 on a horse, and a maximum of 40 on a small guinea-pig. The intervals between feeding on infected and healthy animals averaged twenty-five to forty seconds in the two instances cited. In three trials interrupted feeding was employed in successive daily applications. An attempt was made to determine the minimum number of bites necessary to infect an animal, but even 40 bites were followed by negative results. The only positive result obtained was produced from a succession of 206 interrupted bites in which the flies were transferred immediately from the infected to the clean animal. The flies were applied for thirty-two hours altogether during a period of six days. These experiments indicate that *Trypanosoma evansi* does not develop in the body of *Stomoxys calcitrans*. Ninety-four days was the longest period in which laboratory-bred flies were tested for a cyclical development, and sixty-seven days was the maximum for wild flies. Organisms of surra were not found in *Stomoxys calcitrans* beyond eighteen hours after feeding on an infected animal, and the limit for infection by inoculation was ascertained in these experiments to be six hours. Pathogenic trypanosomes were found in the proboscis of the fly thirty seconds after feeding on infected blood. Within one minute and thirty seconds the organisms were not present in the mouth parts in a form capable of infecting guinea-pigs by inoculation. The wounds made by the labium of *Stomoxys* were not found to be a suitable channel for infection. Consequently it is not likely that surra in domestic animals is produced through this avenue by external contamination—namely, faeces, mouth parts, and pulvilli of infected flies. The intimate relation in the feeding habits of *Stomoxys* and of house-flies has been pointed out. *Stomoxys* has been demonstrated to provide through its bites means for infection by *Musca domestica* and other dung flies. These flies have been demonstrated to act as carriers, harbouring the surra organisms for several hours. No evidence was obtained to indicate that *T. evansi* is hereditarily transmitted to the offspring of *S. calcitrans*. The larva of this fly fed on surra blood does not continue to harbour the trypanosome, and the fly is "clean" upon reaching maturity. It is demonstrated that the individual glass-tube method is the most suitable for applying flies in feeding on experimental animals, and for keeping flies for long periods under laboratory conditions.