

administration. The initial dose is found to be 0.001 c.cm., but in acute cases, if this dose produces a general reaction, the dose should be reduced to 0.0001 c.cm., and rapidly increased. The dose is increased every other day by 0.001 c.cm. until 0.01 c.cm. is reached, when the increase may be more rapid. The maximum dose is 1.0 c.cm., and to reach this about three months is the usual time required. For children the initial dose is 0.0001 c.cm. This should be gradually increased by 0.0001 c.cm. every other day until tolerance is established, when the increase may be more rapid.

Improvement is usually manifested in about a week after the commencement of the administration, and is evidenced by a feeling of improvement expressed by the patient; at first there is a slight increase in the cough and expectoration, followed by a diminution, and soon there is a cessation of night sweats.

During the treatment of the 100 cases only one patient had haemoptysis, and that only of a slight nature. It would seem, therefore, that proteose-free tuberculin does not increase the tendency to that condition.

Of the 50 cases who had a complete course of proteose-free tuberculin, 45 were suffering from pulmonary tuberculosis, 2 from early lupus, 1 from early spinal caries, 1 from tuberculous glands of the neck, and 1 from tuberculous disease of the hip-joint.

Of the 45 cases of phthisis, 17 were in the early stage, with the disease confined to one apex; 12 were in the second stage, with the disease in both apices or in parts of two lobes; 16 were in the third stage, with cavity formation, or having some tuberculous complication, such as phthisis laryngei.

Some of these cases were treated in hospital, some in a sanatorium, and some by the ambulant method. All derived benefit from the treatment, especially the early cases of phthisis and the surgical cases.

The time which has elapsed since the cessation of the treatment is not long enough to decide whether the benefit is permanent or not, but the rapidity with which the physical signs cleared up in many of the cases, and the general improvement which was seen to follow the administration of proteose-free tuberculin, justify the continuance of the treatment on similar lines.

I am indebted to Dr. Margaret Sharp, of Bradford, for the notes of several of the cases.

IT is estimated that there are 100,000 blind persons in the United States. The knowledge of this fact led some time ago to the appointment of a commission by the Medical Society of the State of Pennsylvania, and on the initiative of that commission the Pennsylvania Society for the Conservation of Vision has recently been formed. It includes laymen as well as doctors. An active campaign has been begun against ophthalmia neonatorum, avoidable eye injuries in trades, trachoma, wrong lighting of buildings, and the like causes.

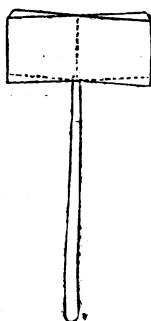
THE week of celebrations organized by the *Evening News* to commemorate the publication of its 10,000th number was opened on Monday, November 17th, when an interesting series of medical and scientific films was exhibited to an audience of over seven hundred doctors and nurses at the West-End Cinema, Coventry Street. The programme included films showing the movements of protoplasm, the germination of pollen grains, the process of obtaining the intestinal juices and the digestion of albuminoids, the blood circulation in the lung of a frog, trypanosomes of sleeping sickness in the blood of a rat, and numerous other items of scientific and biological interest. A demonstration of the progress of radio-cinematography was also given; and Mr. George Cunningham, the organizer of the Cambridge Dental Institute for Children, presented an interesting series of photographs illustrating the formation, growth, and decay of the teeth, and the prophylactic work carried on at the Dental Institute under the direction of Mr. W. H. Jones, the borough dentist of Cambridge. Sir James Crichton-Browne, who presided, called special attention to this section of the programme, and declared that it was high time that the nation was awakened to the ravages of dental decay and the need of taking measures to arrest it. The existing state of affairs was not inevitable, and he was not one of those who believed that dental decay was an essential feature of modern civilization, or that the superman of the future would have a swollen head and toothless gums.

## Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

### NYSTAGMUS.

As reported in the JOURNAL of November 1st, p. 1152, Mr. Harrison Butler stated at the Brighton meeting that miners' nystagmus was not of the same type as ordinary or non-miners' nystagmus; that the movements in miners' nystagmus were often those of divergence of both eyes together, convergence of both eyes together, or one eye rose while the other fell, and that this was not the case in non-miners' nystagmus; in other words, the movements in miners' nystagmus are non-concomitant, and in non-miners' nystagmus concomitant.

This observation, if confirmed, becomes important from a medico-legal point of view; and, further, if miners' and ordinary nystagmus are distinct entities, then a difference in etiology may be expected. In order to investigate this point I have had put together two 12-degree square prisms, edge to edge—that is, bases out—held together by a band of white metal with a handle fixed to it. The observer looks at the patient's eyes from a distance of about 18 in., and then interposes the prisms at about 8 in. from the patient, and by moving them nearer or further from the patient the eyes are seen to approximate and separate, and a distance can be selected at which the cornea are seen edge to edge, when the movements of the eyeballs can be studied. It is necessary to hold the prisms vertically, or one eye will be seen at a different level from the other. It is also convenient to place on the patient's face a trial frame with a *plus* 20 D sphere over each eye to obtain magnification.



During the last three months I have seen 13 cases of nystagmus, and of these 2 were miners. In both these miners the movements were concomitant. One of the miners presented vertical movements; the eyes rose and fell together. Two of the patients were infants, and restless; but all the others, with one exception, presented concomitant movements. The exception was a girl aged 11 years, and here the movements were non-concomitant—that is, the eyes converged together and diverged together.

These observations are not in harmony with Mr. Butler's statement.

J. A. WILSON, M.D.,  
Assistant Surgeon, Ophthalmic Institution  
(Royal Infirmary), Glasgow.

### STRUMA AN IMPORTANT FACTOR IN EYE DISEASE.

I WAS much interested in Dr. Harrison Butler's paper on this subject in the JOURNAL of October 18th, and in the main ophthalmic surgeons will agree with his opinions. I wish, however, to draw attention to one or two important points, not sufficiently emphasized, under the heading of phlyctenular ophthalmia.

This disease in children plays havoc with the eyesight, chiefly because of the recurrent attacks, and only by attacking the cause can the recurrences be prevented. Dr. Butler is inclined to attribute the trouble to an infected milk supply, but he cannot account for the etiology in 30 per cent. of cases. Careful examination will, I am sure, convince him that in 100 per cent. of cases adenoids, almost always in a very unhealthy condition, are present.

We know that tubercle bacilli have been, and can be, demonstrated in the adenoid tissue; but to this is usually added a septic infection. Whether the "attenuated tuberculosis" toxin is produced in the adenoid tissue or in another tuberculous focus arising from infected milk is a debatable point, but I am quite certain that complete removal of the former focus allows the child to resist the latter successfully, at any rate until puberty.

I consider that all children suffering from phlyctenulosis are strumous, and consequently agree with Professor

Straub in his contention that in 100 per cent. of these cases there is a tuberculous etiology.

During the past twelve years I have carefully examined the post-nasal space of cases of phlyctenulosis, and have always found infected adenoids present.

The treatment of all these cases, no matter how intense the local eye symptoms may be, is prompt removal of the adenoids, and, if necessary, the tonsils also. The result is magical; and, more important still, the tendency to recurrence disappears. In one or two cases only did recurrence take place, and the attack was mild and caused no defective vision.

We consequently have at hand a means of reducing the terrible ravages of this disease to a minimum. I discussed this subject at further length in your issue of May 28th, 1910.

The same remarks apply to photophobia in children without corneal lesion, which, though distressing, is not a serious trouble; the conjunctival condition is secondary to the chronic rhinitis (as in the eczema of the upper lip), which in turn is caused by infected adenoids. These cases get well and do not recur once the post-nasal space has been thoroughly treated.

London, W.

A. S. COBBLEDICK.

#### IPECACUANHA SINE EMETINA.

BECAUSE emetine cures cases of amoebic dysentery, there is a tendency among enthusiasts to belittle the use of ipecacuanha without emetine in cases of chronic affection of the bowels. It would be a great pity if this tendency were not at once checked, because many sufferers from chronic colitis are cured—and quickly cured—by the use of ipecacuanha deprived of emetine.

I heard of two cases of chronic colitis that had been rapidly cured in this way and I interviewed one of the cases. As a result of the interview, I gave it in a case, diagnosed as chronic dysentery of two years' duration which had failed to be cured by the usual drugs. I gave subcutaneous injections of emetine for six days without result. Two days after taking ipecacuanha without emetine the patient was cured. There is only one scientific explanation of the action of ipecacuanha—namely, that it contains emetine which kills amoebae and other substances which kill other organisms.

Trinidad.

HENRY ALSTON.

**TREATMENT OF CHRONIC ULCERS OF THE LEG.**  
I AGREE with Dr. Williams (October 18th, p. 1013) that the treatment of ulceration of the leg is difficult, but not unsatisfactory. My experience is that there is not a more grateful class of patients than those who are relieved of this chronic disability.

Recognizing that the multiplicity of local treatments recommended in these cases is a sign of weakness, I have for several years investigated the cause and adapted my treatment to the underlying condition as far as possible. The results have been satisfactory and rapid.

The chief of these causal conditions are: (1) Syphilis, acquired and congenital. I do not, however, place the percentage so high as 90. (2) Rheumatic poison. These cases, I am inclined to think, are fairly common. A large number of this class shows induration of a fibrositic nature before ulceration sets in. (3) Tuberculous diathesis. (4) Alteration in the blood condition due to kidney, pancreatic, or hepatic impairment, toxæmia of constipation, pregnancy, etc. (5) Mixed infection of any of the above.

An ulceration in a healthy subject will heal under ordinary surgical technique. In treating the cause the object is to bring all cases under this heading as far as possible.

The special local treatments I prefer are: (1) Skin grafting by means of small Thiersch grafts. By this means ulcerations can be made to heal under one dressing in a week. (2) To remove indurations I consider dry hot-air baths and ionization by far the most satisfactory. To remove induration when present I look upon as a necessary step to get a permanent result. To prevent relapse after-treatment must be attended to.

My results in several hundred cases are that I have, as a rule, obtained healing in from one to five weeks.

Burnley.

S. T. BEGGS, M.D., B.Ch.

#### SPASTIC MONOPLEGIA FOLLOWING HERPES ZOSTER.

F. E., a woman aged 40, was sent to Buxton for the relief of neuralgic pains following an attack of herpes two years earlier. A few small scars were observed in the area said to have been affected, which extended from about the fifth and sixth dorsal spines round the left side of the body, beneath the breast, towards the sternum. The attack seems to have presented nothing out of the common beyond a protracted period of scabbing. The neuralgic pains began about twelve months afterwards, and lately she noticed her left side from the painful region down was getting weak, and that her left foot had a tendency to drag.

The signs of spastic paralysis of the left leg were evident; knee-jerk was accentuated; Babinski's sign, ankle clonus, increased superficial reflexes, and characteristic gait were present. There was no sensory disturbance beyond a certain amount of "pins and needles"; there was no wasting of muscles, and the electrical reactions were normal. The patient's general health was good, and had been so for the past two years.

This case is interesting from the fact that paralysis followed the herpes. It is questionable whether it is the outcome of the herpes (its distribution suggests it) or whether the paralysis is distinct.

Buxton.

J. C. DENVER, M.B., B.Ch.

## British Medical Association.

#### CLINICAL AND SCIENTIFIC PROCEEDINGS.

##### GLoucestershire Branch.

A GENERAL meeting of the Gloucestershire Branch was held at the General Hospital, Cheltenham, on Thursday, October 16th. Dr. R. MACARTNEY was in the chair, and thirty-four members were present.

Dr. PRUEN read a paper on A New Disease, which was followed by a paper on the same subject by Dr. KIRKLAND. Both papers dealt with the outbreak of septic throats which occurred in Cheltenham in the spring. The infecting organism was in most cases a streptococcus. The cervical glands were usually much enlarged. A feature of the disease was the large number of cases which suffered afterwards from endocarditis. Dr. PRUEN ascertained from correspondence with medical friends that the disease was widespread over England. Dr. KIRKLAND read abstracts to show that a similar malady had occurred in Chicago and Baltimore, and was traced to the milk supply. No definite evidence was forthcoming that the epidemic under discussion was due to the milk supply. The paper was illustrated by numerous well-executed diagrams. The following members took part in the discussion: Drs. FORTESCUE BRICKDALE, COLLINS, FORSTER, PIKE, FINLAY, BERESFORD-JONES, MEYRICK JONES, POWELL, AFFLECK, LONGRIDGE. Drs. PRUEN and KIRKLAND replied.

##### SOUTH MIDLAND BRANCH.

THE autumnal meeting of the Branch was held on October 30th, at Northampton General Hospital, under the presidency of Dr. CONNING HARTLEY, Bedford. There were twenty-one members present.

*Cases and Specimens.*—Dr. MILLIGAN (Northampton) read notes of a peculiar abdominal case in a boy aged 16. The symptoms and signs were those of *Pelvic tumour*, with attacks of severe pain. At the operation the growth was found to be retroperitoneal and cystic in nature. After enucleation, it proved to be a kidney with congenital hydronephrosis. Dr. Milligan also showed a specimen of fibroid tumour of uterus, weighing 12 lb., in which hysterectomy had been performed. Mr. PERCIVAL showed a specimen of hypernephroma. There had been severe attacks of pain and haematuria, and the radiograph showed a large kidney shadow.

*High Blood Pressure.*—Dr. ARMSTRONG, of Buxton, then addressed the meeting on high blood pressure and its treatment. After showing the various methods of estimating blood pressure, he said the causes of increased pressure were: (1) General autointoxication, (2) absorption of putrefactive materials from intestines.

were devoted to the preparation of bacterial products for the treatment of tuberculosis, of which "tuberculocidin" and "antiphthisin" may be mentioned.

SURGEON-MAJOR RUSTOMJEE BYRAMJEE, Bombay Medical Service, retired, died at Ravenscourt Park, West London, on November 3rd. He was born on October 24th, 1833, took the diplomas of M.R.C.S. and L.S.A., and the degree of M.D. at St. Andrews in 1856, and entered the I.M.S. as assistant surgeon on January 29th, 1857. He became surgeon on January 29th, 1869, and surgeon-major on July 1st, 1873, and retired soon after he had earned the first pension (October, 1875). He served in Arabia in 1858, at the capture of the fort of Sheikh Othman, near Aden. Dr. Byramjee was the second Indian to gain a commission in the Indian Medical Service, and the first posted to Bombay. Under the East India Company's rule, only three Indians were admitted to the service. The first was S. C. G. Chuckerbutty, who passed first at the earliest competitive examination held, in January 1855. The third was R. C. Chandra, who entered on January 27th, 1858. Both Chuckerbutty and Chandra were posted to Bengal, where both in succession held the posts of professor of *materia medica* in the Calcutta Medical College and second physician to the College Hospital. Chuckerbutty died in 1874, Chandra in 1895, so Byramjee had long survived his contemporaries.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

#### THE DEPARTMENTAL COMMITTEE.

THE President of the Board of Education, on November 12th, addressed to the Vice-Chancellor of the University of London a letter defining the position of the Government in regard to the proposed reconstitution of the university.

He states that the Government has decided that the scheme of the report of the Royal Commission on University Education in London is calculated to produce a University of London worthy of the name. The Departmental Committee recently appointed will not go over the ground again; its business will be to discover how far the numerous bodies and persons concerned are prepared to co-operate on the basis of the principles underlying the scheme which Mr. Pease then proceeds to classify under the following heads:

(1) That the government of the university, and particularly its financial administration, shall be entrusted to a small Senate predominantly lay in its composition and not representative of special interests; and

(2) That on the other hand the control of the teaching and the examinations of students in colleges of the university shall be in the hands of the teachers.

(3) That the educational and financial control of the constituent colleges shall be vested in the university; and

(4) That as much of the university work as possible, together with the university administration, should be concentrated in a central university quarter. (The question of the particular site to be selected is one on which the Departmental Committee will be able to advise the Government after they have considered the various alternatives that have been proposed.)

(5) The scheme of reconstruction should provide effectively for continuance of access to university examinations by external students—that is, by those who are not attached to any college or school of the university.

After enumerating these principles he goes on to say that it has never been proposed that the Imperial College of Science and Technology should be moved from its present site, though it is an essential part of the scheme that it should become a constituent college of the new university under the educational and financial control of the Senate. The word "incorporation" sometimes used as a convenient term to describe the position of a constituent college does not imply any such vesting of its property in the university as would preclude the ear-marking of capital or income by donors and benefactors for particular institutions or specific purposes, and this applies to past no less than to future gifts.

The Government intends, when the necessary negotiations have been concluded, to introduce legislation to give effect to these principles, and Mr. Pease hopes that sufficient agreement may be attained to secure the acceptance of the bill in Parliament as a non-contentious measure. Further, the Government will be prepared in the event of such legislation to make substantial new contributions to

the university, and is confident that the establishment of a university worthy of the capital of the empire will be regarded by the citizens, livery corporations, and corporate bodies of London, equally with the Government, as an object deserving their interest and support. The hope is expressed that in the circumstances those who are interested in the work of reconstruction will not hesitate to make some mutual surrender of views and opinions, since existing differences perhaps owe their origin in a large measure to the uncertainty which has so long prevailed even as to the main lines of reconstruction.

### UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

*M.D.*—H. L. Duke, P. K. Gilroy.

*M.B., B.C.*—H. C. Attwood, H. J. Couchman.

*B.C.*—F. G. Rose.

### NATIONAL UNIVERSITY OF IRELAND.

#### *Diploma in Ophthalmology.*

At the meeting of convocation of the National University of Ireland, held in Dublin last week, a motion was proposed by Dr. Edward Magennis requesting the Senate to create a special degree or diploma in ophthalmology. He referred to the fact that the University of Oxford had recently created a diploma in ophthalmology. On a division the resolution was carried by 25 votes to 7.

#### *School Medical Inspectors.*

Dr. Magennis also proposed a motion requesting the Senate to institute lectures, to be delivered to qualified medical practitioners, in order to train them to become medical inspectors of schools, and to create a special degree, diploma, or certificate, to be conferred on those who pass a special examination. He pointed out the necessity for medical inspection of school children to remedy and prevent deafness and defective vision, and to detect at an early stage infectious and contagious diseases. Dr. McWalter seconded the resolution, which was passed.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on November 13th, when Mr. G. H. Makins, Vice-President, was in the chair.

#### *The late Dr. J. Lucas-Championnière.*

The Secretary reported the death, on October 22nd, of Dr. J. Lucas-Championnière, an Honorary Fellow of the College, and stated that the President had written to his widow to express the sympathy and condolence of the Council.

#### *Grant of Diplomas.*

Diplomas of membership were granted to 102 candidates found qualified at the recent examinations.

#### *The Bradshaw Lecture.*

The Bradshaw Lecture will be delivered by Mr. G. H. Makins on Friday, December 5th, at 5 p.m., on the subject of "Gunshot Wounds."

#### *Vacancy on the Court of Examiners.*

The Senior Vice-President reported that Mr. W. G. Spencer's term of office on the Court of Examiners would expire on December 10th, and that the vacancy would be filled up at the ordinary Council on December 11th. Mr. Spencer is eligible for re-election.

#### *Primary Fellowship Examination.*

At the Primary Fellowship Examination for the Fellowship of the Royal College of Surgeons of England in Anatomy and Physiology, held on November 5th, 6th, 11th, 12th, 13th, and 14th, for which 129 candidates presented themselves; of these 44 were approved and 85 (or 66 per cent.) were rejected, and the following candidates were approved, namely:

R. G. Bannermann, S. G. Billington, T. J. Cobbe, H. E. C. Collins, R. M. de Mowbray, I. F. Dia, E. H. Eastwood, G. W. Marshall Findlay, A. G. T. Fisher, J. A. C. Forsyth, H. H. M. Gould, H. E. Griffiths, R. M. Handfield-Jones, W. L. Holyoak, H. T. Hunter, L. G. Jacob, M. K. Joshi, T. Julian, O. R. M. Kelly, R. Kenyon, W. A. Lincoln, E. A. Lindsay, D. Longhlin, P. G. McEvoy, A. D. Marston, J. C. Metcalfe, E. T. C. Milligan, H. W. L. Molesworth, G. T. Mullally, E. F. Murray, G. E. Neligan, J. M. O'Donovan, R. F. O'Sullivan, J. H. Pendered, G. Perkins, J. H. Rawlinson, W. H. C. Romanis, A. Shafeek, J. C. Storey, A. Sunderland, D. G. C. Tasker, R. A. R. Wallace, J. R. M. Whigman, M. H. Whiting.

### CONJOINT BOARD IN ENGLAND.

At a meeting of the Royal College of Physicians on October 30th, and of the Royal College of Surgeons on November 13th, diplomas of L.R.C.P. and M.R.C.S. were conferred on the following candidates:

C. S. Archer, W. S. Armitage, C. S. Atkin, F. G. Bell, F. V. Bevan Brown, W. G. Bigger, G. A. Bird, J. Bostock, G. J. Bowen, H. J. Bower, E. J. Bradley, E. H. P. Brunton, N. St. J. G. D. Buxton, J. Byrne, E. W. Carrington, F. S. Charnock, F. B. Cheney, F. Cook, G. M. Coope, E. Coplans, C. H. Crawshaw, W. L. G. Davies, H. V. Deakin, H. S. de Boer, H. R. Dive, A. R. C. Doorly, E. J. Eacrett, A. T. Edwards, H. el Arculli,

A. S. Balakar, A. R. Esler, W. S. Evans, J. M. Evans, E. J. L. Faylor, M. Fidellies, A. C. Hancock, R. J. Harley-Mason, P. T. Hill, T. A. Hindmarsh, E. W. N. Hobhouse, A. N. Hooper, O. R. Hornod, H. F. Hutchinson, T. H. James, G. B. Jameson, L. E. Johnson, R. B. Johnson, C. Kingston, J. L. J. Knight, N. C. Lake, J. L. Lauder, J. J. D. Lewis, C. C. Ling, W. H. Lister, G. T. Loughborough, O. G. Maginness, D. McLean, G. N. Martin, E. E. Mather, H. Mather, J. Millard, G. H. McMichael-Kirwan, J. N. Monte, W. Morris, J. T. Morrison, Margaret C. Murphy, M. B. O'Sullivan, H. B. Owens, H. W. Parrott, W. P. Penhale, V. C. Pernell, J. A. Perera, A. S. Pient, J. Proscopitis, E. Rayner, S. J. S. Reid, F. E. Ritson, C. S. L. Roberts, W. E. R. Saunders, A. F. Schokman, F. E. S. Sharp, G. D. Sherwood, J. V. Shriggokar, A. C. S. Smith, A. J. E. Smith, H. J. D. Staythe, A. K. Soutar, T. S. Stefford, W. A. Stewart, J. W. Stretton, W. N. T. Styles, W. E. Tanner, J. W. Thomas, J. A. Tsof-A-Sue, F. C. Turnbull, C. B. Vakil, W. H. von Wyss, J. G. Waricrop, C. W. Wheeler-Bennett, C. E. Williams, H. A. Williams, F. E. S. Willis, C. W. Wilson, H. G. Wiltshire, H. G. Winter.

M.R.C.S. diploma granted October 9th, 1913.

Under the Medical Act, 1876.

## Public Health

### SCHOOL MEDICAL SERVICE GROUP OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

THE first meeting of the School Medical Service Group of the Society of Medical Officers of Health was held at the society's offices on November 7th, under the chairmanship of Dr. Alfred Greenwood.

Dr. Robert Hughes (Stoke-on-Trent) was elected Chairman; Dr. Armly Ashkenny, Honorary Secretary; and Dr. C. W. Hutt, Honorary Treasurer. The Committee of the Group consists of the above three *ex officio* members, together with one member from each of the ten branches of the Society of Medical Officers of Health.

It was decided that all medical officers engaged in the school medical service be invited to join the group, and that the assistants in the service should have special consideration, for, as pointed out by Dr. Bostock Hill, the School Medical Officer and Medical Officer of Health for Warwickshire, the primary object of the group is to remedy the admitted discontent existing among them, rather than among the senior or administrative medical officers, who already have their own groups.

Subjects urgently pressing for remedies were fully discussed. The present low salaries of assistants were condemned as very inadequate considering the long, expensive, and arduous professional training, often lasting for ten years, and the responsible, onerous, and the rapidly increasing duties to be performed. The Board of Education has admitted the gross inadequacy of salaries of medical officers in its circular letter to local authorities dated August 18th. Even with the promise of increased grants by the Board for medical inspection, local education authorities are not likely to increase the salaries of the medical staff to any considerable extent, as desired by the Board, unless all assistant medical officers combine in one body and unitedly claim juster treatment from local authorities.

Among other subjects discussed were the status and grading of assistants, the necessity of extending the duties to include general public health work, and the encouragement of discussions on subjects of educational and social interest.

It was decided that the next meeting of the group be held on Saturday, December 6th, at 2.0 p.m., at 1, Upper Montague Street, Russell Square, London, W.C.

As no recent complete list of assistants in the School Medical Service exists, assistants are requested to send their name and address, and anything that may be of interest to the service, to Dr. Armly Ashkenny, Honorary Secretary, Medical Department, Education Office, Council House, Birmingham.

### DEATH CERTIFICATION.

F. H. G. writes: How far is a registrar of births and deaths justified in refusing to accept a death certificate signed by a registered practitioner? May I be allowed to give a brief summary of a case? My partner was called out to see a child in convulsions. After a few hours the child died. Since the primary cause of the convulsions could not be determined, it was certified that the child died of "convulsions, cause unknown." This certificate the registrar declined to accept, and the matter was reported by him to the coroner. It was represented to the mother of the child that all this annoyance might have been spared to her had her medical man given a proper certificate. In other words, in the registrar's opinion the certificate was wrong and valueless, because the medical man stated in it the cause of death "to the best of his knowledge and belief." I should like to know if the registrar has any authority in treating the certificate in the way he did, for, apart from the annoyance caused to the relatives of the deceased person, such a procedure on the part of the official is

apt to put the medical attendant in an awkward, and, at times, in a not very enviable position.

The certificate given by our correspondent's partner was the proper one for him to give in the circumstances. It stated the cause of death so far as the cause was known to the practitioner, and very properly indicated the limit of his knowledge. If the registrar is correctly reported to have used any expression to the effect that the certificate was not proper, he exceeded his duty. On the other hand, the regulations of the Registrar-General did not authorize him to regard it as a full and sufficient statement of the primary cause of death, because "convulsions" is not a disease, but a symptom or condition common to many different diseases and injuries. The certificate on the face of it stated that the cause of the convulsions in this case was "unknown." We think, therefore, that the registrar was justified in regarding the primary cause of death as unknown, in which case he was bound to refer the certificate to the coroner. He is expressly ordered by the Registrar-General to do so. This in itself implies no slight on the medical attendant, nor does it imply that the certificate is "wrong." It merely implies that the information given by the certificate is not sufficient to entitle the registrar to deal with the matter, and to issue an order for burial without the permission of the coroner. This our correspondent will no doubt agree with us in regarding as a very valuable check upon the registrar's exercise of a very responsible function.

**RESIGNATION OF POOR-LAW APPOINTMENT.**  
SIMPLEX.—A month's notice is necessary before resigning a Poor-Law appointment, and it may be given at any time. It is, however, better, where possible, to give the notice so that its expiration coincides with the date when a monthly, or quarterly, payment of salary is due.

## Medical News.

THE KING, on the recommendation of the Home Secretary, has appointed Mr. W. H. Dickinson, M.P., and Mrs. Pinson to be Commissioners (unpaid) under the Mental Deficiency Act, 1913.

THE number of students entering the medical school at Cambridge this year is 116; in 1911 the number was 114, and in 1912 it was 110.

THE annual dinner of the Royal Free Hospital and School of Medicine for Women will be held at the Trocadero, Piccadilly Circus, on Wednesday, December 10th. Dr. J. Walter Carr will take the chair at 7.15 p.m.

DR. J. SHIRLEY STEELE PERKINS has been elected Sheriff of Exeter, a post held by his grandfather, Dr. Samuel Steele Perkins, in 1858, and by his father, Dr. Alfred Steele Perkins, in 1880.

THE Guy Medal in silver of the Royal Statistical Society has been presented to Dr. Reginald Dudfield, M.O.H. Paddington, in recognition of his essay on stillbirths in relation to infantile mortality and the special work done by him in the interests of the society.

AT a meeting of medical men resident in Cambridge and Huntingdonshire, held on November 18th under the presidency of Sir T. Clifford Allbutt, a resolution was carried expressing their concern at the possibility of no public inquiry being held into the riots which followed the death of Dr. Dimock of Wisbech, Cambridgeshire.

AT the meeting of the Medico-Legal Society, at the house of the Medical Society of London, Chandos Street, W., on Tuesday next, at 8.30 p.m., Dr. Robert Jones will read a paper on the urgent necessity for the treatment of early or threatening insanity, and the need for immediate legislation.

AT the next meeting of the Hunterian Society, to be held on Wednesday next, November 26th, at 9 p.m., in the Library of St. Bartholomew's Hospital, there will be a discussion on migraine. It will be opened by Dr. Andrew Currie and continued by Mr. Sydney Stephenson, Dr. Frederick Taylor, Mr. Charles Wray, and Mr. Arthur Evershed.

WE learn from the treasurer of Epsom College that out of eleven boys who entered for the first examination for medical degrees at the University of London in July last, ten passed in all subjects. The eleventh boy failed in chemistry only. One of the boys gained distinction for chemistry and physics, and another won an open scholarship of £75 at St. Mary's Hospital. Open scholarships, both in arts and science, have been gained this autumn at St. Bartholomew's Hospital by former pupils of Epsom College.

Two instances of Caesarean section performed by the patient on herself without fatal results have recently been published. In one recorded by Guggenberg, a woman in labour had a fit and thought that she was bound to die. She had heard about Caesarean section and desired to save her child. She managed to hit off the uterine cavity, but found some difficulty in extracting the fetus by one foot. The head was easily delivered. She divided the cord, although the child was dead, and extracted the placenta. A few hours later surgical assistance was sought, and after the reduction of prolapsed intestine the uterine and parietal wounds were sutured. Within six weeks the patient, a woman, aged 37, was at work again. The other case was reported recently by Patek (*Zentralbl. f. Gynäk.*, July 26th, page 1105) to the Medical Society of Vienna. A country girl, aged 19, became pregnant, and one day when she believed that term had arrived, though no pains had been felt, she sat down with a big bucket of water in front of her, and cut clean into her uterus through the parietes, using her father's razor. She fainted at the escape of blood, and according to her statement did not observe how the child was delivered. The child, which had breathed, was afterwards found with the placenta in the bucket, in which it had clearly been drowned. The patient was unconscious when admitted into a hospital in Vienna. The incision, over 6 in. long, had been made in the middle line, and intestine protruded freely. Pick, the operator, found bloody serum in the peritoneum, and this induced him to explore the viscera. He was not aware that at the time that there had been pregnancy. He discovered a puerperal uterus, well-contracted and nearly empty; he sewed up the wound in it, after clearing out a few fragments of placenta and membrane. There was no reaction to speak of, save a rise of temperature associated with suppuration in the parietal wound. The patient married after convalescence and became pregnant once more. Patek administered ergot and pituitary extract, and a live male child was delivered without instrumental aid. There was an incisional hernia, but after careful bandaging during the puerperium it diminished, and the patient was soon able to return to her household duties.

IN presenting to the Municipal Council a report by Dr. Pratt Johnson, Acting Assistant M.O.H. for Johannesburg, on the circumstances of milk production in and around Johannesburg, the M.O.H. (Dr. Porter) states that the situation and condition of many of the existing cow-sheds, and, in many instances, the personnel of the licensees, have combined to create a state of affairs in regard to the milk supply which is the reverse of satisfactory. The average daily milk supply of Johannesburg is estimated at 8,200 gallons; of this, 19 per cent. is sent by rail and 7.5 per cent. by road; the remainder is produced within the municipal area. A large number of the dairies are situated in congested residential districts. The result of Dr. Johnson's inspection of dairies is by no means satisfactory. Of 270 cowsheds licensed only 2 are classed as "very good," 16 are "good," 166 as "fair," while 67 are "bad," and 19 are "very bad." It is noted that a material proportion of the milk production of Johannesburg is in the hands of low-class Eastern Europeans, who have absolutely no idea of the meaning of the word "cleanliness"—as applied to milk production. Some 4,000 cows are stalled within the municipality; of these, 2,000 are in congested districts. Dr. Johnson remarks that if the cattle were entirely stall-fed, any nuisance occasioned would be confined to the actual dairy premises, but in practically all cases the cattle are driven twice daily from the cowsheds, through the streets of the town, to grazing grounds, and the streets and footpaths are fouled. Some pertinent remarks are made by Dr. Johnson in his report with reference to the structure of cowsheds, manure disposal, water supply, and the cleanliness of utensils and milk bottles. The habits, clothing, and health of the "milk boy" or "dairy maid" are, it is said, not always satisfactory. As the result of Dr. Johnson's report it is recommended that the already existing by-laws relating to dairies and milkshops be revised and extended. They should provide for licensing and regulating purveyors of milk, dairies, milk shops, and every cowshed in which one or more milch cows are kept. It should prescribe the conditions under which milk may be stored, sold, or used within the municipality, and should prohibit the sale of tuberculous milk, and provide for veterinary inspection of milch cows. Finally it is advised that a thorough inspection of dairies and milk should be instituted and dairy inspectors appointed for this purpose.

## Letters, Notes, and Answers.

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**Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.**

### LETTERS, NOTES, ETC.

#### A WARNING.

MESSRS. J. AND A. CHURCHILL request us to state that a warrant has been issued for the arrest of a man who professes to be travelling in books for that firm. Messrs. Churchill add that he uses the name of Williams and also of Longford, but has never been employed by them.

#### REX V. HAMILTON.

DR. W. H. GIMBLETT (86, Sutherland Avenue, Maida Vale, W.)<sup>1</sup>, whose appeal giving the names of the committee formed to raise a fund to reimburse Dr. Hamilton was published on October 25th, p. 1118, acknowledges the following subscription, in addition to the sum of £61 1s. 6d. already acknowledged: Dr. J. Thoresby Jones (London), 10s. 6d.

#### SCRAPIE.

DR. J. DUNBAR-BRUNTON (Heliopolis, Egypt) writes: I have read with interest your description in the JOURNAL of November 1st of the symptoms of the sheep disease, "scrapie." It seems to be that by examination of the blood or spinal fluid the causation of the disease might be found to be due to trypanosomiasis. The fact that it is suspected of being produced by coitus indicates a strong resemblance to the disease known as *mal de caderas*, which affects horses, and is due to trypanosomes.

#### EMETINE.

DR. WILLIAM HARDMAN (Blackpool), struck by the anomaly of applying the term "emetine" to the principal alkaloid in ipecacuanha, though it does not produce vomiting, suggests that it should be changed; he proposes the term "ipecine" as a substitute.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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