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READERS in search of a particular subject will find it useful to bear in mind that the references are in general cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under the various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Act, Workmen's Compensation," "Correspondence," "Leading Articles," "Literary Notes," etc.; while under "Original Articles," will be found a list of those who have contributed papers on scientific and clinical subjects, with the titles of their contributions.

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the ribs on the right side were easily seen, but the spinal vertebrae were indistinct. The placenta, somewhat bi-convex, and with the centre more friable than the outer surface, measured $9\frac{1}{2}$ in. in circumference, and was $\frac{1}{2}$ in. thick in the centre.

At the time of the operation the patient was 67 years of age, and although the operation was unusually severe she made a splendid recovery, and inside three months was doing her own housework.

The case presented three interesting points: (1) The marked reduction in size and weight that took place during calcification. (2) The length of time it was carried by the mother, namely, forty-two years—possibly the world's record. (3) The comparatively slight disturbance it caused for almost forty years, and then only indirectly, as the costiveness was caused by the fibromyoma narrowing the lumen of the intestine to one-third of an inch.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF CHRONIC ULCERS OF THE LEG.

THE idea from which the treatment of chronic ulcer of the leg which I am about to describe was elaborated from an article which appeared many years ago in the *Midland Medical Miscellany*. It presents the following advantages: (1) The dressing is easily applied; (2) it is economical; (3) it can remain undisturbed (after the first two or three dressings) for a week, or even ten days; (4) the patient is not laid up, but can get about his ordinary avocations. The success of the plan is due entirely to its being founded on antiseptic principles, and, unlike the oxygen-immersion system demonstrated by Dr. Stoker at the annual meeting of the Association in 1895, it does not necessitate rest in bed.

When a patient comes for treatment I first of all see that the leg on which the ulcer or ulcers are situated is thoroughly well washed in warm water to which some carbolic acid has been added, using at the same time carbolic or other germicide soap; then, without drying the limb or handling the cutaneous surface in any way, the patient is told to place his heel on a low stool, and with an ordinary spray apparatus I thoroughly and effectually spray the whole surface, ulcers included, with pure sulphurous acid. Personally I have never varied the treatment in this respect, but I see no reason why solutions of carbolic acid or hydrarg. perchlor., or hydrogen peroxide, or picric acid, recommended in the *JOURNAL* (September, 1896) for burns and scalds, should not be used instead. I have not tried any of these alternatives, as the sulphurous acid has always succeeded so admirably. In this connexion it may be noted that Dr. Stoker, in a paper published in the *JOURNAL* for March 19th, 1898, stated that a healing condition in wounds did not set in so long as their reaction was highly alkaline. When the spraying is finished I usually fill up the ulcers, if they are deep, with boracic acid powder. The last stage of the dressing is now reached, and consists in applying strips of adhesive plaster from $1\frac{1}{2}$ in. to 2 in. broad and sufficiently long to equal a circumference and a half of the limb to which they are to be applied. This strapping begins from 2 to 3 in. below the lower border of the lowest ulcer, and is continued for the same distance above the upper border or edge of the highest ulcer if there be more than one. In order to make the strips adhere, and also to make them aseptic, they are, just before being applied, run through some hot water in a saucer to which carbolic acid, 1 in 20, has been added. A bandage is now applied from the toes to the knee, and the limb rested for a little time till the plaster dries.

The whole process does not occupy more than fifteen minutes, and the dressing need not be renewed for a week. Perhaps after the first and second dressings, and especially in the case of foul ulcers, it is well to ask the patient to return in a couple of days, when, if the dressing has become soaked with discharge or if the ulcer is painful, it would be well to remove the dressing and repeat the process as indicated. The removal of the

plaster is easily accomplished by seizing the lower border with a pair of dressing forceps and cutting it open with blunt-pointed scissors. When completely divided it readily peels off in one piece. I have generally found that the first dressing gives great and immediate relief in the case of those irritable ulcers where the pain is out of all proportion to its apparent cause, and where the patient may not have had a good night's rest for months. In most cases five or six dressings, extending over a period of one month, have usually been sufficient for the complete cure of a bad leg that has been a source of torment to its owner for years. I must admit failure in one case of a circular ulcer extending completely round the limb, and where, of course, there was loss of continuity of the skin.

Southport.

WM. ROBERT SPEIRS, M.B., C.M.Glasg.

ADDISON'S DISEASE TREATED WITH FRIEDMANN'S TUBERCULIN.

A TALL, spare woman, a shopkeeper, aged 59, of good family history, began to feel very languid and easily tired on exertion about two years before she came under my care. She got weaker and weaker, also lost flesh, and had a feeling of oppression in the chest and palpitation on the least exertion.

I was called to see her in the beginning of May, 1913. Her weight was then 9 st. 11 lb. She was very emaciated and anaemic, and complained of great weakness. There was a diffuse darkening of the skin, especially on the exposed parts, and around the nipples. The mucous membrane of the mouth was not pigmented. The heart's action was feeble, irregular, and quickened; there was no albumin or sugar in the urine; and the chest sounds were normal.

I ordered her complete rest, easily digested diet, and gave her injections of sodium cacodylate, but she steadily became weaker and the skin more pigmented—a diffuse darkening with dark patches throughout. Later, these dark patches became more marked on the extensor aspects of the legs. Iron tonics, cod-liver oil, and other measures were tried with no effect. For the heart I gave her Hoffman's digalen, as I believe it to have no haemolytic effect on the blood, and therefore considered it to be safer in the circumstances than digitalis. Her heart improved somewhat; as she showed a positive reaction with von Pirquet's test, I used Koch's T.O. and later T.E. in increasing doses, but with little or no benefit. Towards the end of May she had several attacks of diarrhoea, which left her still more prostrate.

As Koch's tuberculin had apparently failed, I gave my patient somewhat large doses of Friedmann's turtle tuberculin. This caused distinct focal and general reaction, and was followed by marked improvement in the general health. She began to put on flesh rapidly; the pigmentation quickly cleared up; the heart became stronger, and the temperature fell to normal within a short time. Her weight at the end of June increased to 9 st. 11 lb. The patient has continued to improve ever since, and, apart from slight cardiac weakness, she is in better health than she had been for years.

The case is interesting on account of the effect produced by Friedmann's tuberculin, after other forms of tuberculin had failed, and because for a considerable time the case looked quite hopeless.

Edinburgh.

A. COWAN GUTHRIE, M.B.

RAPID DELIVERY IN ECLAMPSIA.

I SHOULD like to draw attention to the advantages attending the use of dilators, such as Bozzi's or Mensinga's, for rapid delivery in eclampsia. I have treated several of these cases during upwards of twenty years' general practice, and have now discarded such temporizing measures as chloral and bromide, venesection, and transfusion, etc. (except as adjuncts), as I have had such good results from prompt emptying of the uterus.

If more than one fit occur, I prefer to give a full dose of morphine, and proceed to dilate under chloroform. Mensinga's instrument is equally good as the much more cumbersome and expensive one of Bozzi, and, though not provided with removable shoes, or shouldered ends, does not tend to slip out if properly introduced well within the internal os. If the external os will admit the tip of the finger, the instrument is introduced, and cautiously

expanded by very gradual movement until the os is dilated to, say, 3½ in. A half-turn of the screw every two or three minutes is sufficient to do this safely, success depending on care and patience, and absence of hurry. When dilatation has proceeded thus far, the membranes are ruptured, and the child delivered either by turning or forceps. The operation takes from half an hour to an hour and a half, according to the degree of rigidity of the cervix, and it is better to err on the side of delay in the process. The experienced accoucheur who carries one of these dilators will always feel that he possesses a ready means of helping his patient in one of the gravest complications of pregnancy and labour.

Coventry.

R. CARMICHAEL WORSLEY.

SUPPURATIVE PAROTITIS AFTER MALARIA.

As I have failed to find any mention in standard works of suppurative parotitis as a complication of malaria, the following case seems worth placing on record for the information of practitioners newly arriving in tropical countries:

On September 11th I was called in to a case of malaria in a woman. It was of mixed quotidian and tertian infection, and ran a fairly high temperature (up to 105°). On September 17th the spleen was felt for the first time, and on the same day the courses came on, but lasted only one day. On September 20th the right parotid became suddenly inflamed, and remained so, sometimes worse, sometimes better, until October 2nd, when the pain, in spite of poultices and other anodyne treatment, became markedly more acute. There was no fluctuation as usual, and the swelling was definitely confined to the gland. On the same day, under cocaine (and strychnine) anaesthesia, I cut down on to the gland capsule, and opened the abscess with sinus forceps, evacuating about ½ oz. of "laudable" pus, and inserted a drainage tube 1½ in. long. The cavity drained well, and was practically healed by October 10th. Meanwhile, under treatment with quinine and arsenic, the fever ran its usual course.

It should be mentioned that the patient had a decayed upper bicuspid tooth on the right side, which may have acted as an exciting cause. The left parotid showed a very slight inclination to be troublesome, but this soon subsided.

A. A. MYERS, M.R.C.S., L.R.C.P.

Dominica, West Indies.

Reports of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

At a meeting on November 28th, Mr. L. G. GUNN in the chair, Mr. PEARSON, in a paper on the *Operation for carcinoma of the breast*, after describing the general principles of radical mammary operations and the light thrown on matters by the investigations of Handley, emphasized the following points in technique: (1) Extensive removal of the facial tissues with their contained lymphatics is the most important safeguard against recurrence. (2) The operation, even in the making of the cutaneous incisions, should be regarded as a two-stage procedure—an axillary portion which should be first carried out; and, secondly, an abdomino-thoracic portion. (3) The deep fascia over the clavicular fibres of the pectoralis major (which fibres may safely be retained in favourable cases) should be used as a guide to the separation of the clavicular from the sternal divisions of the muscle. (4) Clamps on the pectoral muscles should be used before division, both to act as retractors and to prevent possible dissemination. (5) The blood vessels should be systematically exposed and secured in such a way that the operation is practically a bloodless one. (6) Additional drainage, besides the ordinary drain in the axilla, is necessary in certain cases. (7) Reconstitution of the axillary vault is the greatest safeguard against subsequent loss of function. (8) Early movements of the arm are important. The CHAIRMAN considered that success in curing cancer of the breast depended more on early diagnosis than on the technique of the operation, and that if the disease had extended at all far the chances of

success were not good. He did not agree that the early diagnosis was difficult. Mr. PRINGLE considered no operation radical when one jumped about from one part to the other. What impressed him with regard to this operation was the importance of keeping the upper ends of the incision well out of the axilla on account of the difficulty of properly sterilizing the axillary fossa. Mr. KEEGAN having described a case in which a skin recurrence necessitated removal of the affected area, said it was preferable to have a recurrence in the skin than to risk the infection of the mediastinal glands, and advocated the removal of the clavicular portion of the pectoralis major. Mr. STOKES joined issue as to the removal of the pectoralis muscle. He said that in his experience there was no use in doing these enormous operations when the case did not come for operation early. He had only one patient alive four years after operation, and this he considered a case of mistaken diagnosis. He inquired how a large supply of saline solution such as that suggested by Mr. Pearson could be kept sterile. Mr. MACNELL said that his experience was that a large number of cases of cancer of the breast lived long lives after operation, irrespective of whether they had glands in the axilla or not. He had one patient alive eight years after operation. He considered the breast a favourable situation, provided the operation was done thoroughly. He suggested that Mr. Pearson was not radical enough, and that in every case the pectoral muscles should be removed entirely. He would also be in favour of removing more skin than was suggested in the paper. His method was to carry up the skin incision like a V the whole way in order to get away more skin up towards the deltoid region. He looked on the method spoken of as the ordinary one, and was not aware that there were any surgeons who took off the breast backwards. He admitted that the haemorrhage in these operations was very slight. It was always his practice to encourage the patient to move the arm from the first. Mr. C. A. BALL said that a point which he considered of importance had been drawn attention to in the paper, and that was the necessity for putting in more than one drainage tube. He had been in the habit of draining the axilla and also putting a tube in the lower end of the wound. He drew attention to the involvement, in a large portion of these cases, of the supraclavicular glands, and would like to know if it was recommended that such should be removed. He recalled a case of his in which a patient of advanced years had a large mass in the breast, which was removed four years ago, and she had since shown no evidence of cancer. He therefore recommended the local operation in some cases where an extensive one might, perhaps, lead to bad results. Mr. PEARSON, in reply, said he did not mean that the diagnosis of carcinoma of the breast was easy, but that carcinoma of the breast offered more facility for diagnosis in a curable stage than carcinoma in any other region. The ordinary case should be one which was favourable to removal, and should not have involvement of the axillary glands when it came to the surgeon. He would regard glands in the axilla as unfavourable, and in such cases would recommend the removal of these glands. If there were any involvement of the supraclavicular glands, radical operation was contraindicated. In the favourable cases the clavicular portion of the pectoralis muscle might be left. The public should be better educated on this subject with a view to bringing about the earlier treatment of carcinoma of the breast. With regard to keeping large quantities of saline solution in a sterile state, if it was kept in covered vessels he thought it remained sterile. He did not agree with the method of carrying the skin in a V up the axilla in early cases. The old method of working upward towards the axilla was, of course, largely given up, and he was not surprised to know that the method referred to in his paper was that adopted by Mr. Maunsell and Mr. Pringle.

ROYAL SOCIETY OF MEDICINE.

SUBSECTION OF ORTHOPAEDICS.

At a meeting on December 11th, Mr. MUIRHEAD LITTLE, President, in the chair, the following were among the exhibits:—Mr. C. MAX PAGE: *An apparatus for the reduction of some deformities of the joints*. He used the apparatus to overcome the flexion, external rotation and backward displacement of the knee following tuberculosis,

Mr. Hughes: That is the motion, or resolution, intended to be put.

Mr. Justice Joyce: That is at a meeting of their members?

Mr. Tomlin: A meeting of the Marylebone Division, not the members of the Association.

Mr. Hughes: The Marylebone Division of the Metropolitan Counties Branch of the British Medical Association. That is quite accurate. The resolution is Exhibit "G. J. 3."

Mr. Justice Joyce: These are motions of which notice has been given?

Mr. Tomlin: Yes, for last Friday.

Mr. Justice Joyce: Who by?

Mr. Tomlin: By the Secretary of the Division.

Mr. Hughes: By the Honorary Secretary of the Marylebone Division of the Metropolitan Counties Branch.

Mr. Justice Joyce: It may be so. It does not say so. This is simply a notice from the Secretary to say that these are to be considered. It does not follow from that in the least who has given notice of them.

Mr. Hughes: The notice is given by this gentleman, Dr. Goodbody.

Mr. Justice Joyce: It does not say who is to move it.

Mr. Hughes: I cannot tell your lordship that; it does not.

Mr. Tomlin: I understand that is the agenda notice calling the meeting.

Mr. Hughes: My lord truly says it does not say who is going to propose the motion.

Mr. Justice Joyce: This is only sent out by this gentleman as Secretary.

Mr. Tomlin: It is only a resolution; it may never be moved.

Mr. Justice Joyce: Somebody or other has given notice.

Mr. Tomlin: There is no dispute about it. The meeting was called to consider that particular motion.

Mr. Hughes: Quite right. It is, "That this Division approved the recent resignations of the majority of the medical staff of the Mount Vernon Hospital, and considers that no medical practitioners should accept or continue to hold any appointment in connexion with the hospital or its branches pending a satisfactory explanation and settlement of the dispute. That, pending a satisfactory explanation and settlement of the dispute, any practitioner accepting or continuing to hold such appointments will be deemed to have acted in a manner detrimental to the honour and interests of the profession." Now, my lord, that of course is very serious, because, as your lordship will readily understand, and as is proved in evidence, it would not only lead to the present members of the staff resigning, but it would deter others from taking up the position, and it would be very serious for the hospital, where there are over 200 in-patients.

Mr. Tomlin: Before my friend deals further with that, perhaps I might indicate to your lordship quite shortly what my position is, because it will probably relieve the position—

Mr. Justice Joyce: Who are you acting for?

Mr. Tomlin: For all the defendants.

Who are the others?

Mr. Hughes: May I tell your lordship who they are? The British Medical Association first, then Dr. Goodbody, the Honorary Secretary of the Marylebone Division, Dr. Price, Dr. Whiting, and Dr. Tunnicliffe, who are three of the members of the staff of the hospital who did not agree with the Managing Committee, and who—if I may put it in that way without offence—discontinued. They are those who did not agree with the Management Committee.

Mr. Justice Joyce: I do not understand that.

Mr. Tomlin: I am not going to bother about that.

Mr. Justice Joyce: It occurs to me as curious.

Mr. Tomlin: I think probably, if I may say so without disrespect to my friend, that there are many criticisms which may be made on the writ, and the form of action, and the subject matter of the action, but that I am not concerned with for the moment. What I am concerned with really is the position of the British Medical Association in a matter of this kind. The British Medical Association is a public body whose functions are to protect to the best of their ability the profession and the public in its relations with the profession. That being so the British Medical Association take the view that a matter of this sort is not a matter upon which they ought by any action of theirs, or the action of any Division or Branch of their Association, to do anything that prejudices the dispute, if there is any bona fide dispute. I do not accept my friend's account of what the origin of this dispute is. It is something rather different, in my view, something rather more grave from the point of view of the medical profession, something which justified, in our view, the British Medical Association taking proper steps to protect the profession and the public. But that is not the point now. The point is this: The British Medical Association want to act in the most liberal spirit in regard to the matter, and what they are prepared to do is to say—I am not giving any undertaking, but I am sure my friend will be content with this—that pending the determination of any such dispute as there may be in this action—

Mr. Justice Joyce: What is the dispute in the action?

Mr. Tomlin: I do not know; I am not sure.

Mr. Justice Joyce: I do not know what that means.

Mr. Tomlin: The real fact of the matter is that I am really in the dark with regard to the matter myself. All I know is that there is a notice of motion for the moment to stop certain motions, and certain meetings. There may be something to be tried in the action. I do not know, but I assume there is. Till the action is tried I am prepared to give my friend an assurance that we will not renew the Warning Notice in the

BRITISH MEDICAL JOURNAL, and that we will not proceed—when I say "we" will not, I mean the Division will not proceed—with the consideration of the particular resolution; but in saying that I want it to be clearly understood that I am not accepting my friend's view of the matter at all, or recognizing any virtue in him whatever.

Mr. Justice Joyce: Or any legal right?

Mr. Tomlin: Or any legal right. I am only doing it because the British Medical Association desires to act in a public matter of this kind in what I may call an honourable and proper public spirit.

Mr. Hughes: I am very much obliged to my learned friend for dealing with the matter in this way. I am quite sure the British Medical Association desire to do everything that is right. The controversy is a very unfortunate one, and it may be necessary to go on with it further. I hope it will not, but at all events for the purpose of the motion I do not think I can properly ask for more than that. I have no doubt from such a body as the British Medical Association an assurance is as good as an undertaking. I should certainly for the purposes of the motion accept that. I do not think I could go further. I think that really disposes of all that I asked your lordship to do on the motion. Therefore, on those terms this motion will simply stand until the trial.

Mr. Tomlin: Yes, stand over until the trial.

Mr. Justice Joyce: Surely it will never come to trial, because it will be dismissed with costs unless you get directions within a few days.

Mr. Hughes: I am told there is a summons for directions returnable to-morrow. I should think it had better stand over.

Mr. Tomlin: I would rather your lordship let matters take their natural course. It would be in the best interests of all parties, I am sure.

Mr. Justice Joyce: You mean they will have some difficulty in supporting their statement of claim.

Mr. Hughes: May I say this? Of course it is very undesirable that we should at the present stage, at all events, go into any legal questions about it.

Mr. Justice Joyce: I think you may infer what I think.

Mr. Hughes: We need not, if I may say so with respect, go into that at all. If I may be allowed to express a hope—

Mr. Justice Joyce: I only hope on the first day of next sittings you will say there is an end of it.

Mr. Hughes: We must all hope so in the interests of the patients and of the hospital.

Mr. Justice Joyce: I cannot help thinking that if the matter is carefully considered, deliberately, this action will not go on.

Mr. Hughes: That depends upon the course taken by both sides.

Mr. Justice Joyce: Of course, if you insist, the summons for directions must go on.

Mr. Tomlin: I ask your lordship not to make any direction, but leave matters to take their course. The British Medical Association have simply done their duty.

Mr. Hughes: I am only anxious to express a hope that in the interests of the hospital something may be done.

Mr. Justice Joyce: You have no instructions to consent.

Mr. Tomlin: I have no instructions to consent to anything outside the ordinary course.

Mr. Justice Joyce: Then this motion stands to the trial.

Mr. Hughes: Yes. I only say that I trust some arrangement can be come to before the trial to prevent the necessity for what must necessarily be a bad thing for the hospital, and the medical profession, and the public.

Mr. Tomlin: My friend will know that that has always been the view of the British Medical Association, and they have expressed that view.

Mr. Hughes: Yes. We will not go further at present. The less said the better.

Mr. Tomlin: I agree.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

FIRST M.B. (Part I. Chemistry).—W. L. Berry, H. R. Bickerton, P. F. Bishop, O. L. Browne, P. A. Buxton, S. P. Castell, A. J. Copeland, I. T. Davies, H. Franklyn, M. H. Graham, F. Gray, C. Griffith-Jones, C. H. Gunasekara, A. H. Hamilton, M. L. Hatch, A. R. Hebblethwaite, R. B. P. Lansdown, P. Lazarus-Barlow, P. T. Liang, N. J. Macdonald, L. B. Maxwell, M. E. J. Moore, H. Morrison, R. A. Olphert, F. P. N. Parsons, R. H. Reece, S. Riddiough, W. D. Semple, A. H. J. Smart, A. N. Solly, F. V. Squires, F. J. Tromp, D. L. Tucker, R. W. Twining, A. T. Westlake, G. Wigglesworth, C. J. Wood, F. A. Yeomans, M. L. Young. (Part II. Physics).—R. W. Brailsford, O. L. Browne, P. A. Buxton, J. D. Carnegie, S. P. Castell, J. S. D'A. Connolly, A. J. Copeland, I. T. Davies, R. K. Dobb, M. H. Graham, F. Gray, C. Griffith-Jones, A. H. Hamilton, A. R. Hebblethwaite, W. E. Hunter, J. P. W. Jamie, N. J. Macdonald, M. E. J. Moore, R. A. Olphert, S. Riddiough, W. D. Semple, A. H. J. Smart, F. J. Tromp, D. L. Tucker, R. W. Twining, D. Wallace, E. R. Weaver-Adams, J. P. Wells, J. Whittingdale, G. Wigglesworth. (Part III. Elementary Biology).—F. H. V. Bevan, P. A. Buxton, C. M. Childs, A. J. Copeland, H. Corsi, K. Dykes, C. H. Gunasekara, A. H. Hamilton, P. Lazarus-Barlow, P. T. Liang, H. Morrison, W. D. Semple, F. J. Tromp, H. L. Willey, A. S. Wilson.

British Medical Association.

EXTRAORDINARY GENERAL MEETING.

ON December 5th an Extraordinary General Meeting of the British Medical Association was held, when a unanimous vote was passed authorizing certain alterations in the Memorandum of Association. Under the Companies Act a confirmatory meeting was necessary, and this was summoned for 2 o'clock on December 23rd, at 429, Strand, when the President, Dr. W. AINSLIE HOLLIS, took the chair. After waiting one hour, the necessary quorum of 100 not having assembled, the President thanked those members who had attended for their presence, and announced that the meeting would stand adjourned until 2 o'clock on Tuesday, December 30th, at the same place.

At the meeting to be held on December 30th, under the Regulations those present automatically form a quorum, and are thus competent to pass the necessary confirmation of the unanimous decision passed on December 5th.

Obituary.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Herard, formerly president of the Paris Academy of Medicine, physician to the Hôtel-Dieu, and author, in collaboration with Cornil, of a treatise on pulmonary phthisis which marks an epoch in French science, and of writings on the influence of pneumothorax in the treatment of tuberculosis, aged 94; Dr. Georg Juffinger, Professor of Otology and Laryngology in the University of Innsbruck, aged 60; Dr. Zambaco Pacha, of Constantinople, well known for his works on leprosy; Dr. Stapfer, of Paris, founder of movement therapy in France; and Dr. G. S. Empis, formerly President of the Académie de Médecine, aged 89.

Medical News.

AT the recent elections thirty members of the medical profession gained seats in the Italian Chamber of Deputies.

THE Frankfort Medical Association has appointed a Committee for the investigation of infantile paralysis.

THE thirty-fifth annual meeting of the German Balneological Congress will be held at Hamburg in March next (11th to 16th). The General Secretary is Geheimrat Dr. Brock, Thomasiusstrasse 24, Berlin.

THE British Association will hold its meeting in August, 1914, in Australia, under the presidency of Professor W. Bateson, F.R.S. At the last meeting of the Council Professor C. J. Martin, Director of the Lister Institute, was appointed President of the Section of Physiology.

As the result of the performance given by the Strolling Players' Club at the Court Theatre on November 19th in aid of the Royal Dental Hospital of London, Leicester Square, W.C., the charity has benefited to the amount of £117.

It is proposed that a complimentary dinner shall be given to Dr. C. Addison, M.P., under the presidency of the Chancellor of the Exchequer, on February 3rd, 1914. Applications for tickets should be made to Sir John Collie, 25, Porchester Terrace, W., or Dr. H. Mills, 21, St. Mary Abbots Terrace, Kensington, W.

THE will of the late Mr. Arnold Friedlander, who died in November, directed his executors to apply £5,000 of his estate in any fashion they thought most likely to increase knowledge as to the cause, characteristics, and effects of cancer and allied diseases, and as to the best means of preventing, alleviating, and curing such diseases.

SECOND M.B. (*Part I, Anatomy and Physiology*).—S. H. Barnett, C. V. Braimbridge, I. R. Brogden, E. D. Broster, F. T. Burkitt, G. E. Burton, B. W. Clarke, A. W. R. Don, E. A. Gibb, C. C. Goodhall, E. A. G. Hale, J. O. N. Harris, E. H. V. Hensley, A. D. Y. Herries, J. E. Jerwood, S. H. M. Johns, C. McC. Jones, G. M. Kendall, E. A. Leak, J. D. Legge-Currie, F. S. Maclean, K. Masson, G. L. Maule, F. Moor, E. S. Orme, P. E. D. Pank, F. A. Philipps, P. R. O'R. Phillips, J. Rickman, R. O. Sternberg, J. G. T. Thomas, N. S. Tirard, R. R. Traill, C. H. Vernon, F. H. Vey, R. C. P. Whitcombe, H. A. Whyte, Venables, G. C. Williams, H. G. E. Williams, R. A. Woodhouse, R. S. Woods.

THIRD M.B. (*Part I, Pharmacology and General Pathology, Old Regulations*).—R. E. Barnsley, S. M. Hattersley, R. W. Ironside, T. A. Jones, G. W. Mitchell, R. Sherman, H. A. Smith, R. Staasfeld, G. N. Stathers, J. W. Stretton, C. R. Taylor.

THIRD M.B. (*Part II, Surgery, Midwifery, and Medicine, Old Regulations*).—W. Boys-Stones, H. H. Brown, D. S. Bryan-Brown, R. G. Canti, N. Garrard, W. B. Gourlay, S. M. Hattersley, T. A. Jones, G. A. Lilly, E. J. Nang'e, M. J. Petty, J. M. Poslethwaite, H. G. S. Shields, G. Sparrow, J. W. Stretton, A. L. Sutcliffe, F. W. Watkyn-Thomas.

THIRD M.B. (*Part I, Surgery and Midwifery, New Regulations*).—D. C. G. Ballingall, P. H. Berry, W. G. Bigger, A. E. Brown, I. M. Brown, E. H. P. Brunton, J. Deighton, G. D. East, A. T. Edwards, B. C. Ewens, W. B. Gordon, N. Gray, J. D. Jones, H. H. Mathias, C. J. Scholtz, L. E. S. Sharp, L. R. Shore, A. C. S. Smith, A. W. Uloth. (*Part II, Medicine, Pathology, and Pharmacology*).—E. J. Bradley, J. Brewer, E. H. P. Brunton, E. N. Butler, J. Deighton, G. D. East, B. C. Ewens, A. R. Jennings, H. H. Mathias, P. W. Ransom, A. V. Stocks, A. G. G. Thompson, R. L. M. Wallis.

M.C.—K. J. A. Davis, S. H. Rouquette, R. M. Vick.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated:

M.D., BRANCH I (*Medicine*).—*T. Beaton, W. E. Burrows, Hazel H. Cuthbert, R. R. Elworthy, W. C. Fowler, I. G. Hadfield, R. H. H. Jolly, Cicely M. Peake, E. E. A. Riggs, H. D. Rollinson, A. R. Spencer, G. E. S. Ward, G. R. Ward.

BRANCH III (*Mental Diseases and Psychology*).—R. Brown, A. A. W. Petrie.

BRANCH IV (*Midwifery and Diseases of Women*).—D. J. Harries, R. Larkin, I. A. Stratton.

BRANCH VI (*Tropical Medicine*).—†R. Kelsall.

M.S., BRANCH I (*Surgery*).—H. C. R. Darling, E. F. Finch.

* Obtained the number of marks qualifying for a university medal.

† Awarded a university medal.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—*Part A*: N. J. Allan, M. Azer, R. Coope, A. J. B. Griffin, Amy Hodgson, Mary E. Illingworth, S. Pool, A. McK. Reid, E. S. Stubbs. *Part B*: *H. Garas, A. G. McColl, L. Oldershaw, H. C. Roberts, J. Rumjahn.

FINAL.—*Part I*: R. J. Minnitt, J. J. K. Pentony, R. H. G. Weston, *Part II*: H. G. Bywater, F. C. Wilkinson.

DIP. TROP. MED.—C. M. Austin, S. S. Banker, M. Carrasco, J. M. Clark, E. C. Hepper, I. O. K. Khaw, J. C. Noronha, E. O'Connor, A. B. Pestonji, E. A. Smith, S. D. Stewart, E. E. Wilbe, H. F. Wilson.

* Passed with distinction in Materia Medica and Pharmacy.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—*J. H. Albinson, J. D. Byrd, H. Chadwick, W. P. Christopher, R. Colley, E. W. Fish, Eva L. Glasier, Alice M. A. Holt, J. L. Leigh, B. L. Lloyd, R. L. Newell, F. C. Ormerod, J. A. Panton, Nesta H. Perry, Dorothy Potts, W. Stansfield, B. Walley, G. B. Wild.

THIRD M.B., CH.B. (*General Pathology and Morbid Anatomy*).—J. C. Bramwell, J. S. Chorlton, S. G. J. Dowling, I. A. T. Gibb, J. D. Kenyon, J. G. McKinley, H. M. von Mengershausen, H. H. Stones, C. G. Todd, †F. Vause, L. Walton, R. Willan. (*Pharmacology, Therapeutics, and in Hygiene*).—W. Halliwell, J. F. C. O'Meara, M. C. Paterson, C. G. Todd.

FINAL (*All Subjects*).—O. R. Allison, A. Barrett, Ada L. Bentz, W. R. Blore, F. S. Charnock, C. H. Crawshaw, H. N. Crossley, H. S. Gerrard, C. Thompson, F. K. Tomlinson, C. H. Whittall, H. W. F. Williams, G. W. Wood, W. H. Wood. (*Medicine and Obstetrics only*).—H. C. Duffy. (*Forensic Medicine and Toxicology only*).—J. E. Brooks, †E. A. Linell, W. A. Rogerson, J. R. Slack, †H. Wilson, W. H. Wood.

* Passed with distinction in Anatomy.

† Passed with distinction in Pathology.

‡ Passed with distinction in Forensic Medicine and Toxicology.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*S. de Moor, *†J. de Silva, †R. B. F. Frazer, *†J. A. Prendegast, *D. Schonken.

MEDICINE (*Both Sections*).—E. M. D. N. Baker, A. C. O. Brown, H. V. Capon, J. de Silva, J. E. Taylor.

FORENSIC MEDICINE.—J. de Silva, G. L. Lawlor.

MIDWIFERY.—S. de Moor, J. de Silva.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. A. C. O. Brown, H. V. Capon, R. B. Frazer, J. de Silva, and J. E. Taylor.

THE French Government has conferred the honour of the Grade and Diploma of Officier de l'Instruction Publique in the Academy of France upon Sir Thomas Oliver, M.D., Sir Ronald Ross, F.R.S., Professor E. W. Hope, M.D., and Professor Georges Dreyer, M.D., as presidents of the Sections at the Congress of the Royal Institute of Public Health held in Paris in May last.

At a meeting of the Northern Association of Medical Women, held at Liverpool on December 5th, Dr. Catherine Chisholm of Manchester being in the chair, and twenty-one representatives of northern towns present, Dr. Sophia M. V. Witts of Sheffield was elected President for the ensuing two years. At the same meeting a committee was appointed to consider what steps the association should take, if any, in regard to furthering the campaign against venereal disease.

THE Harveian Society of London will hold its annual general meeting and election of officers on Thursday, January 8th, at the Stafford Rooms, Titchbourne Street, Edgware Road, W. On the same occasion the outgoing president, Dr. Leonard Guthrie, will deliver an address dealing with the early transactions of the Harveian Society, the proceedings terminating in a smoking concert.

A CONSIDERABLE number of Glasgow institutions benefit under the will of the late Mr. William Weir, of Kildonan, chief partner in the firm of Baird and Company, ironmasters. The Royal Infirmary and the Western Infirmary each receive £10,000, Glasgow Victoria Infirmary £5,000, and the Glasgow Eye Infirmary and the Glasgow Ophthalmic Institution £500 each. The University itself is left a sum of £5,000, to be devoted to the provision of additional assistance to the Professor of Materia Medica, and Kilmarnock Infirmary and Ayr Infirmary each receive £2,000.

A LEAGUE for the protection of childhood has been formed in the Belgian Congo. It is intended to arrange courses of practical puericulture for nuns, missionaries, wives of functionaries, merchants, and employees who have to live in the colony. Clinics for nurslings will be established; five are already being organized at Boma, Matadi, Kisiant, Luebo, and Leopoldville. A part of the work of the league is the preparation of a practical manual of hygiene and treatment, having in view the special needs of the black child. The headquarters of the league are at Brussels. The president is Madame Leon Vandenberghe; the secretary, Mademoiselle E. Patris.

HEARSEY, in his *Sleeping Sickness Diary*, Part XXI, states that during May, June, July, and August of this year 25 additional cases of human trypanosomiasis have been notified in Nyasaland—namely, 6 in May, 3 each in June and July, and 13 in August. Of this number, 7 have been discovered in the Marimba district, 16 in the Dowa district, and 2 in the South Nyasa district. These 25 cases, added to those previously reported, make a total of 153. Preventive measures, consisting of clearing bush, removing villages, and burning grass, are all in operation, and it is to be hoped that these will result in a cessation of the malady. Nothing is said in the report as to the driving back and destruction of game.

ON November 18th, as the result of a test case before it, the Supreme Court of New Jersey decided that the Act of the State Legislature of 1911, providing for the sterilization of epileptics, feeble-minded, criminals, and other defectives, is unconstitutional. The court held that this new law "was based upon a classification that bears no reasonable relation to the object of the police regulation, and that it denied to the individuals of the class so selected the equal protection of the laws." The Act was judged to be contrary to the Constitution of the United States guaranteeing equal protection of the laws to all, and to exceed the police powers of the State. The court went on to point out the danger of allowing legislatures to prescribe those upon whom the operation should be performed, since if sanctioned the penalty might be extended to include those regarded as undesirable by a majority of a legislature in power. Eight states of the American Union now have laws providing for the sterilization of imbeciles and certain criminals. In Washington the law has been adjudged constitutional. In Indiana, according to the *Boston Medical and Surgical Journal* of November 27th, about 1,000 persons have already been sterilized under the operation of the law. The United States Constitution expressly forbids "cruel and unusual punishments," and some lawyers maintain that this applies to sterilization.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

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.

MEDICAL PRACTICE IN THE FALKLAND ISLANDS.

WE have lately received several complaints as to the conditions of medical practice in the Falkland Islands, and we have now had submitted to us a copy of the agreement to be signed by a doctor accepting appointment with the West Falkland Farmers' Association. The following are the terms of agreement, which we think sufficiently indicate the conditions of service. The document calls for no further comment.

1. That the doctor should be medically examined and passed as physically fit for service on the West Falkland Islands, and if selected for the appointment would be provided with a free passage and up to three of a family to the Colony on signing the agreement. Should the doctor appointed leave before the term of three years, he would be required to refund the said passage money, unless leaving for any other reason than mental or physical infirmity.

2. The West Falkland Farmers' Medical Association agree to give a salary of £600 per annum, to be paid half yearly if required, and an unfurnished house situated at Fox Bay, the Mail Port.

3. That the doctor should agree to visit medically without extra charge the members of the Association and their families, or in their absence from the Island, their representatives and their families.

4. Should any dispute, medical or otherwise, arise between the doctor and any member of the association, the doctor agrees to place the matter before a committee of three members to be appointed by the secretary, who shall have power to deal with the same.

5. That the doctor agrees to find, at his own expense, the means of transport within a reasonable time for paying all medical visits, and to leave home at the earliest possible moment after receiving a call from a subscriber soliciting his services, and to return as soon as the necessities of the case permit. In the case of an urgent call, which would mean his instant departure, perhaps at night, a horse would be provided by the subscriber sending for him.

6. That he should be allowed eight horses, one to be kept at Shag Cove, one at Goring House, one at Double Creek, one at Teal River, and four at Fox Bay.

7. That he should be allowed to cut as much peat for firing as required.

8. That he will not be allowed to accept any outside appointment unless agreed upon by the association.

9. That all non-subscribers shall pay according to a scale of fee to be adjusted by the association.

10. That this agreement shall hold good for not more than five years from the date of his arrival on the West Falklands, but that the period may be extended for a further term of years by mutual agreement between himself and the association, that six months' notice on either side be sufficient, but he will be requested not to leave before his successor arrives.

11. In the event of his serving to the satisfaction of the association for the term of five years, his passage and up to three of a family will be paid home.

12. That he should bring out all drugs and instruments, as none are supplied; also riding outfit, but not saddle or bridle, as the ones obtained locally are better and cheaper.

13. That all damages to the house should be repaired by the tenant.

ERRATUM.

IN the article on the Insurance Struggle in Germany, in the JOURNAL of December 20th, p. 1594, col. 2, line 5 from foot of page, for "of" read "or."

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CONTAINING

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REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Eye, Ophthalmia, and Vision, etc.

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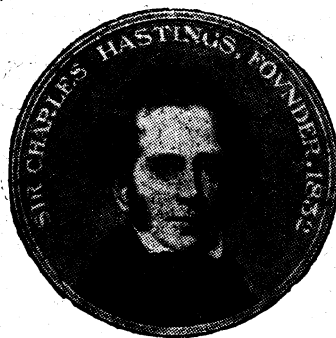
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