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The Heredity of Insanity (A. K. Urquhart) four diagrams, ...	1572, 1573, 1574, 1575
Modern Fashions in Surgery (J. Lynn Thomas) (Four Figures) ...	1629, 1630
Wandering Spleen (Charles P. Childe) (Three Figures) ...	1632, 1633
Surface Tension of Urine in Health and Disease (W. D. Donnan and F. G. Donnan) (Four Figures) ...	1637, 1638
Blood film Spreader ...	1650
Inquiry into the Toxicity of the Muscle Fibres of the Heart (James Mackenzie) (Four Figures) ...	1690
Peculiar Form of Acromegaly (Capt J. C. Prittie Perry) (Three Figures) ...	1693
Combined Forceps and Wound Retractor ...	1700

# British Medical Association.

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ing the hill to school. He had had no cough previous to the onset of pain, but since there has been a slight, dry cough.

According to his own statement, he never expectorated blood, but his mother said she had on several occasions observed a "bloody spit" in the chamber-pot in the mornings. (This, of course, may simply have been from the gums.) There was no family history of chest complaint beyond that of a brother who was at one time subject to bronchitis, but had lately kept well. On auscultation I heard amphoric breathing, and asked him to go home and get to bed. I then examined him thoroughly.

*State on Examination.*—The patient is tall, with pale or slightly-sallow complexion, black hair, and dark hazel-brown eyes.

His tongue was clean, pulse over 80, but he was somewhat agitated. Temperature normal. Breathing quiet.

The left front of chest looked slightly full, and expansion on inspiration was very much diminished.

Cardiac impulse: This was clearly visible and strongly felt in the right intercostal space, slightly internal to the nipple.

Vocal fremitus was almost completely absent on the left side.

Percussion elicited tympanitic note all over the left lung and extending distinctly beyond the sternum.

Cardiac sounds were completely absent from precordial region.

Vesicular murmur was also absent, being replaced by a loud and distinct amphoric sound; and each inspiratory sound was accompanied by one or two beautiful metallic tinklings.

Vocal resonance existed all over, and especially in the lower part of the chest possessed well-marked amphoric quality, both with spoken and whispered voice.

*Tintement métallique* was also easily elicited. I failed to elicit the cracked-pot sound.

*Diagnosis*—I made a diagnosis of pneumothorax, and prescribed tincture morphine and rest in bed.

*Progress and Result.*—Next day succussion sounds were easily elicited. Progress towards recovery at once began, and was steady. After a period of five weeks the heart had returned to its normal position, and vesicular murmur was normal all over the lungs.

*Examination.*—Two years later, in September, I again examined this patient's chest, and was unable to detect any trace whatever of disease.

#### REMARKS.

I have stated the results of my original examination of this patient's chest at length in order that it may be clear that the pneumothorax was complete. The apparently sudden onset without previous manifestation of disease or ill-health (of course, I am presuming that the pneumothorax began with the onset of pain) is notable. Leaving out of account cases due to accident, fractured ribs, or puncture of chest wall, the majority of cases of pneumothorax occur as a consequence of some diseased condition of the lung or pleura, which has in most cases previously manifested itself. Moreover, in many of these cases the pneumothorax is limited in extent by pleural adhesions. In this case, however, as has been said, the pneumothorax was complete, while the patient professed to have enjoyed the best of health, not even admitting an occasional cough.

It must be rare to have a case of extensive pneumothorax such as this with symptoms so much in abeyance. The only symptom here was pain, and even that not sufficiently severe to prevent the patient performing his usual duties for two days before seeking medical aid.

As an explanation of these two points, I would venture to suggest—perhaps rightly or perhaps wrongly—that the onset of the condition was due to small tuberculous nodules in a latent state (and consequently not giving rise to symptoms) lying under the pleura; ultimately (probably due to some sudden expiratory effort) the pleura was ruptured. The perforation was very small and consequently the access of air to the pleural cavity took place slowly; otherwise acute signs, such as severe pain, dyspnoea, syncope, etc., must have resulted.

A further noteworthy point is the benign course of the disease, and the restoration to, and continuation of, good health.

This is the most interesting, and I believe a very exceptional, feature of such cases.

As it happened, shortly before this case came under my observation I had been reading Gairdner's *Clinical Medicine* which describes a series of cases of pneumothorax. Such a bad impression had this book left that I must confess I gave a prognosis which time, I am happy to say, has proved to have been far too gloomy.

In the course of a hospital career one sees many cases of pneumothorax, but has little opportunity of following to a finish any but those which prove fatal.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

#### HYPERPYREXIA FOLLOWING TRAUMATISM.

K. T., Punjabi fireman, while discharging his duties at sea east of Ceylon, was struck when in a stooping posture on the nape of his neck, occiput, and upper part of the shoulders by a sackful of ashes weighing 72 lb., which fell from a height of 22 ft. He was a big, burly man, aged 32, of excellent physique and muscular development, and of previous good health.

When seen, fifteen minutes after the accident, he was lying on his back, with all his limbs rather flaccid, the pupils equal and slightly contracted, axes of eyes looking directly forward, and the conjunctival and light reflexes present. The pulse was full, strong, regular in force and rhythm, well sustained, and of normal frequency. The respiration was normal in every way. Patellar tendon, supinator, and triceps reflexes were all present, and perhaps very slightly accentuated. The patient seemed to be in a semiconscious condition; and an occasional reply could be elicited with a little trouble. No skin lesion was present, and nothing abnormal could be felt on palpation, tenderness on pressure, and pain on moving the head being alone in evidence. His condition eight hours later had scarcely altered, pulse and respirations being a little quicker, and slight rise of temperature being discernible. But four hours later (twelve hours after the accident), his breathing was laboured and stertorous. Respirations 38 per minute, with tendency to Cheyne-Stokes rhythm. Costal and diaphragmatic movements both impaired. Pulse 150, regular in force and rhythm, but weaker, smaller, and ill sustained, with probably a slight dicrotic wave. His temperature when taken in axilla and between thighs registered 109.1° F. No twitching of facial muscles was observed. The heart sounds were good, but numerous adventitious sounds could be heard in both lungs, and slight dullness existed posteriorly. The pupils remained equal, a little contracted, and directed straight forward. The conjunctival reflexes were still present. The abdomen was rather distended and tympanitic, the bladder empty. Stimulants and ice-sponging resulted in a slight rally, but death ensued one hour and a half later, the lungs appearing to give out before the heart. Unfortunately, a *post-mortem* examination could not be made and the exact lesion ascertained. There seemed no reason to believe that the cervical spine was fractured, and one can only surmise that the thermogenic, vagus, and phrenic nerve centres in the medulla were functionally disturbed, or otherwise influenced as a result of the concussion.

R. E. HUMPHRY, M.R.C.S. Eng., L.R.C.P. Lond.,  
Surgeon, P. and O. ss. Nubia.

#### INTESTINAL SAND.

X., a woman, aged 62, consulted me in regard to acute intermittent pains in the stomach, and difficulty in keeping the bowels active without constant recourse to purgatives. There was no difficulty in swallowing, nor was the pain increased after ingestion of food. Very little vomiting. The history of pain in the stomach dated to two years previously.

On examination, a well-defined tumour could be felt near the pyloric end of the stomach, the size of a Tangerine orange. Per rectum nothing was to be felt, nor growths in any other part of the body were discovered. A diagnosis of cancer of the pylorus was made. Under drugs the condition improved. Three months later I again saw her; she had become much emaciated, she vomited blood and food frequently, and pain was constant. Diarrhoea had set in some few days previously; the motions were scanty and frequent, and consisted of faecal matter, mucus, blood, and undigested particles of food. Per rectum a well-defined hardness, almost completely surrounding the gut, could be felt, some 4½ in. from the anal orifice. Two days later, on examining the evacuations, I perceived a few round bodies about ½ in. in diameter. Each motion passed after this contained more and more of these bodies, until one could count as many as a hundred in an evacuation. They were smooth, round, of a dark brown colour, and extremely hard. Unfortunately, the specimens were lost, so that their composition could not be determined, but I regarded them as intestinal sand.

The case came to a quick termination after the appearance

of the secondary growth, the patient sinking under repeated attacks of haemorrhage and diarrhoea. Operative interference had been refused, and so too was a *post mortem* examination.

What I have described as sand was not present in the evacuations until after the onset of diarrhoea, nor until the appearance of the secondary growth in the rectum, and when the sand appeared, the pain, which had been extreme, became very much less. What connexion is there between these facts? I can find no suggestions on the subject in works of reference, nor have I seen intestinal sand produced in any affection of the intestinal tract except carcinoma. Possibly the sand is formed because the larger intestine was in these cases to take on abnormal functions such as that of the elimination of phosphates.

Leicester.

PERCY W. G. SHELLEY.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### SHROPSHIRE AND MID-WALES BRANCH.

*Shrewsbury, Tuesday, October 31st, 1905.*

CHARLES GWYNN, M.D., President, in the Chair.

*President's Address.*—After some introductory remarks, the PRESIDENT proceeded: It is customary for our President to give an address on some learned subject of special interest to the profession, but as the country general practitioner has not wide enough scope to select sufficient cases bearing upon our subject, I intend, with your permission, abandoning the old lines and speaking shortly on a subject which has for several years past been one of great interest to me, and one in which I have had no little experience. I refer to ambulance work. It is a subject which brings the medical practitioner into very close relation with the general public, and there are duties of the profession to the laity and vice versa which cannot well be overlooked, and which find their climax in this work. First, then, to whom ought ambulance to be taught? To everyone—men, women, and children. Men in every class of life; in fact, one's education should not be considered complete unless the knowledge of giving first aid had been thoroughly acquired. We have seen the great importance of having our police and railway officials thoroughly trained in this work, and another class of the community ought to be relied upon in cases of emergency. I allude to the clergy. Often they are called on in our remote districts, and by being able to efficiently give timely help they would not only be lessening human suffering, and working hand in hand with our profession, but would at the same time strengthen their own position by gaining the confidence and love of their needy parishioners. My own experience of the clergy on this matter is very favourable. I have always found them most anxious to do all in their power, not only to aid in cases of sudden illness or accident, but have been foremost in arranging classes for the instruction of their parishioners. Well do I remember the valued services of a country vicar in the case of the Welshampton railway disaster; not only did he give first aid as far as laid in his power, but contributed most substantially and practically to the immediate wants of the sufferers. His example stimulated others, and by his good common sense, plus sufficient knowledge of the subject of first aid, was a most valuable assistant to those medical practitioners who happened to be there. Another important class, namely, the police, cannot well be passed by in silence. They are most important, as being our protectors, and not persecutors, or prosecutors. The point on which I always lay great stress in either instructing or examining them is the subject of insensibility, and it has often surprised me to find how many men who are otherwise bright and intelligent have the greatest difficulty in grasping this subject. Often have I had in the same class men who have been instructed by the same teacher, and yet have answered questions in a way which proved that they thoroughly understood what they were talking about, whilst others were in an abject state of confusion. The vast importance of this to the public cannot be too greatly appreciated. For a man suffering from apoplexy to be treated as an ordinary "drunk" could only end in disaster to the patient and disgrace to the constable. Women ought certainly to be instructed in ambulance work, not only in first aid, but in home nursing, management of

children, and hygiene. I have been often taunted with the remark, "What is the use of teaching women first aid?" They would faint at the sight of blood, or lose their heads over a fracture. These are not the rule, but the exception. The very fact of knowing what to do gives confidence in emergency, and I have frequently had most valuable help from ladies who have undergone a course of training in first aid. Whatever flimsy objections may be raised against teaching women first aid, all will be agreed that the other three divisions are essential in the sick room. Woman decidedly holds her own as a nurse, and some instruction in her duties will make a great help to though not a perfect substitute for her fully-trained sister, the professional nurse. How many cases have we medical practitioners lost through ignorance of the first principles of nursing? Lives have been sacrificed who really ought not to have died had they been properly cared for between the doctor's visits. Some years ago I was attending a farmer for pneumonia: I ordered some beef-tea to be made, and asked the patient's daughter how she was going to make it. She was highly indignant at being asked such a question, and I took my rebuke and departure. On making my visit early next morning I found my patient moribund, and the beef-tea represented by a jug of tepid water with three slices of cold boiled beef floating about in it. Her knowledge of the other details of sick nursing were on a par with her skill in making beef-tea, and no wonder that my patient died. The management of children and hygiene are two very important subjects for women to learn; indeed, they may be said to be of national importance. Ignorance in either is fraught with disaster. How many young women of all classes of society leave school who are crassly ignorant of the treatment and care of their younger sisters and brothers, and when the time comes for them to be mothers themselves their ignorance is simply pitiable. Can we wonder at the deterioration of our race, if such is the case, when this state of things exists? Children born healthy and made puny by ignorance and unhealthy surroundings, ill-chosen and badly-prepared food, all pave the way for the favourable growth of that scourge of our race, the bacillus of tubercule. Give our infants a chance to fight the battle of life from the cradle by feeding and clothing them well and placing them in favourable surroundings, and then there will be less demand in later years for sanatoriums, and there will no longer be the taunt that our race is deteriorating. Though not strictly an ambulance subject, there is one thing closely allied to nursing and hygiene—cooking. Surely this might be taught in our schools instead of music or some of the other unnecessary accomplishments which are paid for out of the ratepayers' pockets. Some time ago I mentioned this to the mother of a large family, and her reply was: "It would look a great deal better if they gave us the meat, and we would soon find a way of cooking it." Whereat I mildly suggested that probably, instead of cooking it, she would speedily spoil it by her crass and stupid ignorance. The discussion ended abruptly. (a) Should children be taught ambulance work? Certainly. For the last three years I have held a class for boys at the Whitchurch Free Grammar School, and the enthusiasm with which they have taken up the work has been most gratifying and encouraging to me and highly creditable to them. When their examiner was asked to select the best candidate for a prize the competition was so keen that it was with the greatest difficulty that the prize was awarded; and, from a practical point of view, on more than one occasion members of my boys' class have rendered very efficient first aid in cases of accident, one instance being a fractured arm, which took place on their own football ground. (b) To what extent should ambulance work be taught? Only to the extent of rendering first aid as laid down in the handbooks of the St. John Ambulance Association. Frequently have I been asked by my pupils, "Are you not giving an advanced course of instruction?" My reply has invariably been, "Certainly not." The instruction given is complete as far as it goes, and was never intended to do more than tide over an emergency till the arrival of skilled help. Some of my pupils who were most desirous of advanced instruction were dispensing chemists and their assistants, who no doubt thought that such knowledge would help them to still further compete with the general practitioner than they do already, this competition being a very serious matter to some of our brethren in general practice. (c) By whom should the instruction be given? By fully-qualified medical practitioners; only in some cases county councils have had classes instructed by nurses. This plan, I believe, has not been altogether successful. It cer-

School closure to be effective in the case of measles must be carried out soon after the first case has occurred among the scholars. Owing to the marked infectivity of measles before the eruption occurs and the disease can be diagnosed, the child about to be attacked and attending school would probably infect a varying number of children in the school with whom he had been in contact. If the school is closed for a fortnight within a week from the first case or group of cases occurring, all the children infected by the initial cases will contract the disease while the school is closed, as the incubation period of measles is only about fourteen days. The school can be reopened at the end of the fortnight with the certainty that all children infected from the first cases would be excluded from school, and many outbreaks may in this way be very much limited or entirely stamped out, especially if care be taken by the attendance officers and teachers that no children from infected houses attend the school.

School closure carried out in such a manner is, from a public-health standpoint, the only satisfactory method. In crowded town districts it may not always be effectual, owing to the opportunities the children have of mixing together outside the school; but in rural areas, or in districts where the children attend school from several villages, this method of school closure will have good results, and moreover it may often happen that only a particular class of the school need be closed.

If, however, the closing of a school on account of measles is delayed until the average attendance is materially diminished, the disease will probably by that time have infected all the susceptible children, and school closure will, from the point of view of preventing the spread of infection, be useless.

In the following table the deaths and death-rate from measles for the last five years are given:

	Administrative County.				
	1900.	1901.	1902.	1903.	1904.
Deaths from measles ... ..	167	409	319	254	447
Death-rate from measles per 1,000 population ... ..	0.20	0.48	0.37	0.32	0.55

#### *Scarlet Fever.*

Dr. Andrew Smith, Medical Officer of Health for Whickham, recommends the periodical examination of school children by a competent medical practitioner for the purpose of detecting unrecognized cases of scarlet fever.

#### *Diarrhoea.*

And, further on, with regard to diarrhoea:

"I have on many occasions dealt at length with the cause of the epidemic prevalence of diarrhoea during the summer months, and it may be summed up in one word, filth—filth in the house, the food, and the soil. Until we abolish the midden-privy system, insist on the paving with impervious materials of house yards and the soil in proximity to dwelling-houses, and educate our industrial population as to the necessity of domestic cleanliness in the house and with respect to infant's clothing and food, we shall continue to have our infant population decimated by epidemics of preventable diarrhoeal diseases.

"All medical officers of health recognize that the cleanliness of the dwelling is intimately connected with the housing problem. Many houses in this county are so defective and insanitary that they cannot be kept clean and healthy, however willing and painstaking the occupier may be; but it is also unfortunately a fact that a large proportion of our population, however healthy the home structurally, lack the necessary knowledge or willingness to keep it healthy and clean, and this fact must be recognized by all those working to lessen the deplorable mortality of our infant population."

#### *Phthisis and Tuberculosis.*

The deaths from phthisis were 361, and the death-rate from phthisis for 1904 was 1.07 per 1,000 population.

From tuberculous diseases other than phthisis there were 746 deaths, and the total death-rate from tuberculosis, therefore, was 2.00 per 1,000 population.

"The system of voluntary notification of phthisis which is in operation in Jarrow and Hebburn has not altogether been a success, for in the former town there were 34 deaths and

only 16 notifications, while in Hebburn there were 29 deaths and only 24 notifications. In these districts and in several others in the county the disinfection of dwellings on the death or removal of a consumptive patient is effected wherever possible. The acting medical officer of health of Stockton and the medical officer of health of the Auckland rural district recommend the notification of phthisis, while the medical officer of health of Stanhope states that almost every case in his district can be traced to a previous case.

"In the report for the borough of Hartlepool the connexion between ill-ventilated and overcrowded dwellings and phthisis is pointed out.

"The importance of providing healthy and well-ventilated dwellings for the working classes; of educating the people as to the value of fresh air and sunlight; of the appointment of lady health visitors to practically instruct the people in their homes and in the elementary schools in matters of domestic hygiene; and of sanatorium treatment of patients in the early stages of the disease is referred to in several of the district annual reports, and it is generally recognized that while the mortality from tuberculous diseases in this county has very satisfactorily diminished during the last ten or fifteen years, their prevalence and mortality may be much further reduced."

#### *Elementary Schools.*

The medical officer for the county states that "In several of the annual reports reference is made to the value or otherwise of school closure, and as to the importance of co-operation between the education authority and the district sanitary authorities in the prevention of the spread of epidemic disease.

"Now that the administration of the elementary schools is vested in the county council, there should be much less difficulty in securing the co-operation which is so essential between the education authority and the district sanitary authorities, and as a matter of fact during the year the county Education Committee gave their sanction to a proposal that the school attendance officers should be empowered to report all cases of non-notifiable infectious disease among scholars to the medical officer of health of the district in which they occurred.

"The work which has been thrown on the county education authority by the Education Act is enormous, and some time must necessarily elapse before all the required work with respect to the sanitation of school buildings and to school hygiene can be successfully undertaken. Already, however, some good work has been done, and a large number of the elementary schools have been inspected by architects appointed for the purpose, while such questions as the teaching of hygiene and the attendance of children at school under 5 years of age are receiving the careful attention of the Education Committee. Other important questions, such as the medical inspection of scholars, especially those mentally and physically defective, and the disinfection of schools, will also require to be dealt with in the future.

"The training of school teachers in hygiene, and the making of arrangements for the training annually of a certain number of midwives whose services would be subsequently available in the county, also deserve the attention of the Education Committee."

## CONTRACT MEDICAL PRACTICE.

### NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

*A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 75*

## LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

upon which medicine is based, in addition to a general education befitting men who were to be members of a learned profession; (2) well-equipped laboratories had to be organized, in which the sciences of anatomy, physiology, pathology, pharmacology, and physiological chemistry would be taught by men who were investigators as well as teachers; and (3), lastly, a hospital to be to the senior students what the laboratories of anatomy, physiology, etc., were to the juniors—a place in which the phenomena of disease, with all their human interests, should be studied under skilled supervision. These splendid volumes, says Professor Osler, are a striking testimony to the success of an undertaking which has already passed the experimental stage.

The *Philippine Journal of Science* will be published monthly from January 1906, under the auspices of the Bureau of Government Laboratories, Manila. While the new journal will take all science for its province, medicine will occupy a far larger space than any other single subject; and as the Philippines offer an especially rich field for medical research, the hope appears to be justified that this portion of the journal will be of great interest and value.

The *Gazette Medicale du Centre* has made an interesting discovery, to wit, that the method of inoculation was known before Pasteur was heard of. Shocking though this discovery must have been to a patriotic Frenchman, his love of truth, reinforced perhaps by his hatred of the Pasteur Institute, has compelled him to publish Lady Montagne's (*sic*) letter in which she describes inoculation of small-pox as practised in Turkey when she was there in the early part of the eighteenth century. It would be interesting to know how many times Lady Mary Wortley Montagu's famous letter has been published since it was written in 1713; and it would be still more interesting to "feel the bumps" of a person who, in this year of grace, appears to regard that letter as a startling novelty. Still more curious would it be to inquire into the state of mind of a writer in the *New Orleans Medical and Surgical Journal* for December, who has thought it worth while to re-echo his French *confrère's* wonderful discovery on the other side of the Atlantic. Our American friends are fond of saying that we have no humour; perhaps there may be some touch of humour in what looks like disgraceful ignorance too subtle for our obtuse perception.

## MEDICAL NEWS.

A COMMITTEE has been formed under the patronage of Prince Bernhard of Saxe-Meiningen for the erection of a memorial of the late Professor von Mikulicz at Breslau.

UNDER the will of the late Dr. A. F. Elliott of California, the University of California will receive £40,000 for the erection of a public hospital.

THE annual dinner of the British Gynaecological Society has been fixed for Wednesday, January 17th, at the Café Monico. The Honorary Secretaries are Dr. S. Jervois Aarons of 14, Stratford Place, W., and Dr. Smallwood Savage.

THE OUT-PATIENT QUESTION IN BERLIN.—The medical practitioners of Berlin have formed an association for the prevention of the abuse of "Polikliniken" by patients in a position to pay for medical advice.

BALNEOLOGICAL CONGRESS.—A combined meeting of the German and Austrian Balneological Societies will be held at Dresden in March, 1906, under the joint presidency of Professor Oscar Liebreich and Dr. Winternitz. The meeting will open on March 2nd. Communications relative to the Congress should be addressed to the General Secretary, Geheimrat Dr. Brock, 24, Tomasiustrasse, Berlin, N. W.

DENTAL SURGEONS FOR THE UNITED STATES NAVY.—A Bill has been introduced in Congress providing for the establishment of a corps of dental surgeons attached to the Bureau of Medicine and Surgery of the Navy. The Bill divides the dental corps into three grades—"assistant dental surgeon," "passed assistant dental surgeon," and "dental surgeon," who shall have the same rank, pay, and allowance as officers in corresponding grades of the medical corps.

INTERNATIONAL MEDICAL INSURANCE CONGRESS.—The fourth International Medical Insurance Congress will be held at Berlin from September 11th to 15th, 1906. The programme comprises two sets of questions: (a) life insurance, (b) accident insurance. Among the questions to be discussed under the former of these heads are: The early recognition of a tendency to tuberculosis, especially pulmonary consumption; obesity in relation to insurance; the influence of syphilis on the duration of life; the vaccination clause in insurance forms. Under the head of Accident Insurance the following questions will be discussed: acute aggravation of mental diseases resulting from accidents; the influence of traumatism on latent and pronounced organic disease of the spinal cord and brain; criteria of the aggravation of functional neuroses by accidents. Communications relative to the Congress should be addressed to Dr. Manes, 22, Spichernstrasse, Berlin, W.

SMALL-POX ON THE WITWATERSRAND.—The Medical Officer of Health for Johannesburg, Dr. Charles Porter, has forwarded a copy of his Analysis of the Small-pox Occurrences on the Witwatersrand from May 14th, 1905, to September 9th, 1905. There were 192 cases, 136 white and 56 coloured. Of the white cases, 100 had been vaccinated in infancy, and of these 7 showed one mark; 20, two marks; and 68, three marks; 5 showed four marks. This bears out what has long been contended by many writers, that the number of marks is of little importance as compared with the time since the last vaccination. "In two cases only was it alleged that successful revaccination had taken place, but neither patient bore any visible sign of the operation." No vaccinated coloured person died from small-pox. The total case-mortality or fatality was 16 per cent.—of the vaccinated 6 per cent., of the unvaccinated 44 per cent.

BRITISH GUIANA.—The report on the Blue Book for British Guiana has just been issued by the Colonial Office, and it is worthy of remark that there is in it no foreshadowing of the serious riots that have recently brought the Colony into such unpleasant notoriety. The vital statistics show a population of 301,923 and the males exceed the females in the proportion of 158,933 to 142,990. The birth-rate is steadily decreasing, and from 36.7 in 1900 has sunk to 30.3, while the death-rate is on the increase, and was 28.8 per mille last year. This is for the whole Colony; the death-rate for Georgetown, the capital, reaching the high figure of 44.7. The high rate of infant mortality still continues, and a Commission has been appointed to inquire into the matter. For children under 1 year the mortality per mille was, for the East Indians, 168; for the natives, 230; and for the city of Georgetown, 332. Although there were no epidemics during the year, malarial fever was as usual prevalent throughout the Colony, and caused 17 per cent. of the deaths. Ankylostomiasis was especially common on the sugar estates, but increased measures have been taken to combat it. Both lunatics and lepers are numerous. The average number of patients in the lunatic asylum was 761, and the cost of the upkeep of the institution, exclusive of the salaries of the medical officers, was £9,605. The leper asylum at the end of March of the present year contained 414 inmates, of whom 310 were males and 104 females. Fifty died during the year. The cost of keeping up the asylum was £4,387, not including the medical officer's salary.

REQUESTS TO MEDICAL CHARITIES.—The late Miss Matilda Mercer, of West Mall, Clifton, whose will has now been proved, left £1,000 each to the Bristol Royal Infirmary and the Bristol General Hospital; £500 to the Bristol Royal Hospital for Sick Children and Women, and £200 each to the Bristol Blind Asylum and the Clifton Dispensary. Subject to the life interest of a sister, she bequeathed, in addition, £4,000 to the Bristol Royal Infirmary, to be applied for the endowment of two beds, one on the surgical side, to be named the "John Mercer" bed, and the other on the medical side, to be called the "Matilda Mercer" bed. A similar award is made in the case of the Bristol General Hospital; while £3,000 is to go to the Queen Victoria Jubilee Convalescent Home, Durdham Down, for the endowment of two beds, to be known as the "Mercer beds." To the Bristol Royal Hospital for Sick Children and Women £1,500 is allotted for the endowment of two beds, to be named the "John Mercer" and "Matilda Mercer" beds, and £1,000 each to the West of England Sanatorium at Weston-super-Mare, the Bristol Eye Hospital, the Orthopaedic Hospital, and the Home for Crippled Children, Bristol. To the Bristol Blind Asylum and to the Clifton Dispensary £500 each is bequeathed subject to the life interest mentioned.

alter and eradicate its ravages and depredations? He said: "A man who swallowed poison should not complain that the poison, or Nature's treatment (*sic*), makes him sick if it saves his life." In a pseudo-historic case the suicide should have repented who went well prepared to the edge of the cliff, provided with poison, a hangman's rope, and a pistol, so as to make no bungling over his job; but the evil chance alone would have to be left out to account for any good to him. Luckily, in this pseudo-historic case the suicide arranged to take the poison, fall over the cliff, hang by his neck, and at the last critical moment shoot himself; concurrently the bullet severed the rope, and the sea beneath him, having duly broken his fall, had the natural effect to make him vomit, and, to his unpremeditated surprise, cast him ashore high and safe, probably more advantageously displeased than pleased. Whatever Nature vouchsafed, the benefit would be rather accidental than the rule. Cancer was not proved non-malignant nor non-vulnerable, only that the supposed benefit of the thymus was suppressed in old age, and it could therefore, although a cause of anything but an advantageous arrangement, be soon put to a convincing test for the cure of the malady.

About twelve years ago, with the purpose of advancing the services of pathology, I took the same, but open, view of the real benefit to the body of this disease process in infection. It was hardly possible to ignore, at that time, the beneficial aspect of disease, considering that the battalions or destroying ranks of phagocytes had been conjured up by Metchnikoff. The honour still belongs to Metchnikoff. Added to this came soon the idea of reaction in pathology and in seral pathology, but objections crept up to both in different ways, and the changes had to be adjusted, till a process has been elaborated which fits many sides, and which I hope to make the subject of a paper. To keep in with the old beneficial effect of disease felt like getting hold of the wrong end of the stick with no manner of righting it. In one sense, A. Russell Wallace may be regarded as lending an authority to this view, but chiefly in its natural effect. Sir Frederick Treves has thought disease must not be taken "as calamitous, profitless, distressful." To Wallace, however, disease presented the necessity of the view that it was most disadvantageous, deadly, destructive, and not saving. He declared that it actually determined his belief in the life-words of "the survival of the fittest" in the descent of man. He perceived a convincing argument in that survivors alone were those not attacked by disease, and only when there was no disease did the survival of the fittest lead to a harder resistant race. Immunity corroborates that. And I hope to further support it, although on a new basis, and on one to show an antecedent benefit only, and not the gross benefit of damage and disease. Sir Frederick Treves dealt almost exclusively with a single branch of pathology—namely, infection. He thought inflammation, peritonitis being instanced, cured, whereas it too often exhausts and kills. The common cold, also quoted, cannot be "of use" if it leads to bronchitis, or continues into other diseased processes. No attempt was made to develop immunity beyond what we already know. Nothing was told to support the conception that the "much-dreaded membrane of diphtheria is the outcome, not of a vicious and purposeless action, but a process which has for its sole intent the arrest of the destroying host." Protective serums protect in diphtheria as in other diseases, but this "membrane" does not protect to any commensurate extent. It simply stays outside the body, useless, to be cut off like débris. There the real, deleterious poisons are manufactured. And in the best anti-toxic treatment the supposed beneficial inert fibrin does not become more active and beneficial but less active, and actually dries up as soon as possible, to be at once discharged.

In other directions this beneficial view of disease does not follow the conditions of pathology, but it would be impossible to follow the many discrepancies. Yet where are the benefits of headaches, vestiges, dermoids, intoxications, new growths, the dyscrasias, etc.? But just as I believe Darwin's early conceptions of the mocking of the cryptogamic plants (*Marchantia*) and the edible fungi (*Cytaria*) brought home the conviction of a natural law to his mind, so I think, this law of mimicry, as well as a wider view of Dr. Welch's adaptation, extends to pathology, and ought to be accounted for in a conception of pathology equally with any idea of benefit in diseased states. The pearl oyster adapts its protective covering over inequalities not with extraneous sand but with a mimicry of tissue, yet it interferes with more than it benefits the oyster. Decalcified bone, as grafts, will be superseded,

not by extraneous bone, but by a mimicry of fibrous tissue, being a convenience but not necessarily a benefit. A broad view of an accidental fracture in disease may also be almost viewed as another law of disease, with the necessary inclusion of it in a conception of pathology or disease. Thus amongst many accidents in disease, organisms and diseases very frequently assume a close relationship with the reacting bone marrow. Again, the accidental recurring relationships of the reactions of infectious inceptions all require to be placed in a conception of pathology, yet their benefit in disease must be antecedent and not after its declaration. My own view of disease will range itself in the latter direction, not as a benefit, but as an expression of the features of pathology, in the light of an end-product and failure; whilst the system as applied to the pre-existing conditions of disease will indicate a definite mode of reaction, recuperation, and success, perhaps lacking the richness, the resources, and flow of language, but it may help to piece together and not destroy the magnificent pathology which the thinkers more than the copyists and scholars of primordial ways were good enough, in past times, to leave for us.—I am, etc.,

Bognor, Dec. 26th.

H. ELLIOT-BEAKE.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

The following candidates were approved at the examinations indicated:

#### FIRST M.B.

*Organic Chemistry*—H. C. Bazett, J. L. Birley, P. N. Cave, B.A., A. R. Chavasse, N. G. Chavasse, A. W. Donaldson, G. E. Downs, H. E. Gibson, B.A., W. D. Kennedy, B.A., H. G. Morris, W. J. Oliver, C. J. Taylor, G. E. Thornton, B.A., W. E. Waller, R. G. Wingfield.  
*Materia Medica and Pharmacy*—R. F. B. Bowes, B.A., H. M. Mörschell, A. E. Taylor.  
*Human Anatomy and Human Physiology*—H. G. Butterfield, E. A. Ramsden, P. T. Spencer-Phillips, B. A. W. Stone, B.A.

#### SECOND M.B.

*Pathology*—H. D. Davis, B.A., R. Evans, M.A., R. C. Jewezbury, B.A., A. S. MacNalty, B.A., W. D. Sturrock, B.A.  
*Forensic Medicine and Public Health*—G. H. H. Almond, B.A., H. B. Billups, M.A., D. Davidson, B.A., H. D. Davis, B.A., T. Harris, B.A., H. A. Philpot, B.A., H. K. Kamsbotham, B.A., J. E. Rutherford, B.A., W. D. Sturrock, B.A., A. G. J. Thompson, B.A., H. L. Tidy, B.A.  
*Medicine, Surgery, Midwifery*—H. H. Baker, B.A., L. T. Burra, B.A., H. D. Davis, B.A., J. S. C. Douglas, B.A., C. J. Pinching, B.A., H. C. G. Semon, B.A., H. C. Squires, B.A., W. D. Sturrock, B.A., H. L. Tidy, B.A.

### UNIVERSITY OF CAMBRIDGE.

The following candidates have been approved at the examinations indicated:

#### FIRST M.B.

*Chemistry and Physics*—C. K. Bancroft, H. G. Baynes, F. S. Bedale, C. H. B. Booth, A. W. Bourne, H. H. Brown, E. G. S. Cane, R. G. Cantl, B.A., F. G. Chandler, K. J. A. Davis, B.A., H. T. Deprez, C. Ede, W. G. Emmett, A. G. Evans, A. E. Evans, G. W. B. Garrett, E. M. Grace, L. S. M. Hablen, B. C. Haller, F.A., J. B. Hance, J. R. Heath, A. E. Herman, L. C. D. Irvine, G. James, A. C. Johnson, G. G. Johnstone, T. H. Just, H. D. Lauder, G. H. S. Letchworth, W. N. Macleod, J. R. Marrack, W. G. Marsden, G. W. Morrice, R. S. Morshead, G. A. Morton, B. A. Playne, H. B. Pope, E. Rayner, E. C. Rayner, A. H. Richardson, W. D. Ross, S. H. Rouquette, A. C. Roxburgh, W. A. Russell, H. B. G. Russell, H. W. Scott, G. B. Sutton, R. H. Vicary, G. T. O. Wait, J. B. A. Wigmore, C. R. Wright.  
*Elementary Biology*—P. Ballard, C. K. Bancroft, F. S. Bedale, A. W. Bourne, E. G. S. Cane, R. G. Cantl, B.A., F. G. Chandler, K. J. A. Davis, B.A., H. T. Deprez, W. G. Emmett, A. G. Evans, G. W. B. Garrett, A. Griffith-Williams, B. C. Haller, F.A., T. L. Hardy, J. Harrison, B.A., L. C. D. Irvine, A. C. Johnson, G. G. Johnstone, W. H. Jones, R.A., T. H. Just, C. C. Kerby, M. MacLaren, W. G. Marsden, O. de S. Marsh, G. A. Morton, F. A. Powell, E. Rayner, E. C. Rayner, W. J. Richardson, F. W. Rogers, W. D. Ross, S. H. Rouquette, A. C. Roxburgh, W. A. Russell, C. M. Ryley, L. W. K. Scargill, M.A., H. C. S. Starkey, J. L. M. Symms, H. A. Williams.

#### SECOND M.B.

*Human Anatomy and Physiology*—J. W. Adams, G. E. Alderson, D. Allan, B.A., F. R. Armitage, B.A., C. C. H. Binns, H. Bowring, B.A., W. Hoys-Stones, B.A., R. D. D. Brownson, B.A., H. T. H. Butt, B.A., F. G. Caley, B.A., W. N. Child, B.A., A. J. Clark, C. N. Coad, B.A., M. Donaldson, B.A., H. B. Elton, B.A., R. Fisher, H. G. Freeman, B.A., H. D. Gillies, B.A., A. H. Habgood, B.A., W. Harmens, B. A. E. H. V. Hoage, B.A., W. C. Hodges, B.A., A. N. Hodges, C. A. Holman, B. Hughes, B.A., H. E. Humphrys, B.A., E. M. Lauderdale, B.A., R. J. B. Leney, C. K. McKerrow, B.A., R. H. Mawood, R.A., R. M. Moore, B.A., H. M. D. Nicoll, A. E. Rayner, B.A., H. G. Rice, F. A. Roper, B.A., E. N. Russell, F. S. Scales, B.A., A. L. H. Smith, H. C. Snell, B.A., H. E. S. Stiven, B.A., L. B. C. Trotter, B.A., R. M. Vick, R.A., C. St. A. Vivian, R.A., J. Walker, B.A., W. E. Wallis, B.A., H. B. Wilson, R.A., P. F. Wilson, B.A., W. B. Wood, B.A., S. Wood, B.A., C. S. E. Wright, B.A.

#### THIRD M.B.

*Pharmacology and General Pathology*—A. Abrahams, R. R. Armstrong, H. T. Ashby, B.A., A. S. B. Bankart, B.A., B. P. Campbell, B.A., J. R. C. Canney, B.A., W. J. Carr, B.A., A. E. A. Carver, B.A., S. P. Chan, B. Churchill, B.A., F. Clayton, B.A., R. Cox, B.A., A. H. Crook, B.A., R. Davies Colley, B.A., H. E. T. Dawes, B.A.,



B. Day, B.A., A. T. Densham, B.A., H. Dimock, B.A., G. H. Dunn, B.A., H. B. Ellison, B.A., D. Embleton, B.A., M. F. Emrys-Jones, B.A., N. M. Fergusson, B.A., G. W. Goodhart, B.A., W. E. Grandage, B.A., F. W. W. Griffin, B.A., R. E. V. Hale, B.A., A. Hamilton, B.A., O. Heath, B.A., G. Hoffmann, B.A., W. M. Jeffreys, B.A., N. W. Jenkin, B.A., W. S. Leicester, B.A., J. T. Macnab, B.A., J. Mellanby, M.A., W. H. Orton, B.A., H. B. Owen, B.A., E. E. Paget-Tomlinson, B.A., W. G. Parkinson, B.A., H. Parsons, B.A., R. C. Priest, B.A., R. F. Priestley, H. C. E. Redman, B.A., L. W. Sharp, B.A., O. R. Smale, B.A., E. R. Stone, B.A., A. C. Sturdy, R. Svensson, P. A. H. H. Taylor, B.A., F. B. Treves, B.A., R. W. S. Walker, C. E. Whitehead, B.A.

*Surgery, Midwifery, and Medicine.*—C. Akerman, B.A., E. D. Anderson, B.A., A. D. Brunwin, M.A., M. A. Cassidy, B.A., G. H. U. Corbett, B.A., G. L. Cox, B.A., F. D. Crew, B.A., L. G. Davie, B.A., A. H. Falkner, B.A., J. F. Fergusson, B.A., S. Gooding, M.A., H. T. Gray, B.A., S. L. Harke, B.A., W. H. Hastings, B.A., S. A. Henry, B.A., F. S. Hewett, B.A., R. F. V. Hodge, B.A., A. B. Howitt, B.A., C. L. Isaac, B.A., P. A. G. Jeans, M.A., W. D. Keyworth, B.A., J. C. Lawton-Roberts, B.A., C. N. Le Brocq, B.A., W. E. Lee, B.A., F. F. Leighton, B.A., C. Lillingston, B.A., G. H. K. Macalister, B.A., A. H. Miller, B.A., W. P. Morgan, M.A., T. M. Neatby, M.A., W. H. Newton, B.A., G. W. de P. Nicholson, M.A., W. H. Orton, B.A., H. B. Owen, B.A., C. H. W. Page, M.A., C. T. Scott, M.A., F. Shingleton-Smith, B.A., G. C. E. Simpson, B.A., J. M. Smith, B.A., R. S. Taylor, B.A., W. P. Williams, B.A.

The following degrees were conferred on December 13th:  
M.B.: A. W. Wakefield, Trin.; S. Barradell-Smith, Joh.; W. R. Higgins, Gonv. and Cai.; C. F. Hardie, Queens.  
B.C.: A. W. Wakefield, Trin.; S. Barradell-Smith, Joh.

#### UNIVERSITY OF LONDON.

##### M.S. Examination.

The following candidates have been approved at the above examination:  
Janet Mary Campbell,\* M.D., London (R.F.H.) School of Medicine for Women; R. V. Dolbey, London Hospital; E. W. H. Groves, M.D., B.Sc. (University medal), St. Bartholomew's Hospital; A. M. Webber, Guy's Hospital.

\* Obtained the number of marks qualifying for the University Medal.  
The following candidates have been approved for the degree of M.B. in the various branches indicated:

*Branch I (Medicine).*—J. A. Butler, B.S., Guy's Hospital; \*H. B. Day, B.S., King's College; A. H. Gerrard (University Medal), University College and Guy's Hospital; G. Hall, University College; G. J. Langley, B.S., St. Thomas's Hospital; E. L. Martin, B.S., St. Bartholomew's Hospital; \*E. G. Pringle, St. Bartholomew's Hospital; G. E. O. Williams, B.S., University College.

\* Obtained the number of marks qualifying for the University Medal.  
*Branch II (Pathology).*—C. E. Ham, London Hospital.

*Branch III (Mental Diseases and Psychology).*—Margaret Bernard Dobson, London (R.F.H.) School of Medicine for Women; C. A. Mercier (University Medal), London Hospital.

*Branch IV (Midwifery and Diseases of Women)*—Olive Claydon, B.S., London (R.F.H.) School of Medicine for Women; Mary Gertrude Edie, B.S., London (R.F.H.) School of Medicine for Women; D. Ellis, B.S., London Hospital; A. M. H. Gray, B.S. (University Medal), University College; A. R. Neligan, St. Bartholomew's Hospital; N. I. Spriggs, Guy's Hospital.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary comitia was held at the College on Thursday, December 21st, the PRESIDENT (Sir E. Douglas Powell, Bart.) in the chair.

##### Announcement.

The PRESIDENT announced that Dr. Sharkey had been appointed Bradshaw Lecturer for the year 1906.

##### Licence.

The Licence of the College was granted to Owen Alfred Berkeley-Hill, and the issuing on November 8th of a Licence to Ismay Donald Stubbs, whose name was accidentally omitted from the list of those qualified for Licences at the comitia on October 26th last was confirmed.

##### Communications.

The following communications were received:  
1. From the Vicar of Hempstead, Essex, the burial-place of William Harvey, asking the President to assist him in an appeal to the profession for £1,500 to rebuild the church tower. It was resolved that the College contribute 20 guineas towards the object of the appeal.  
2. From the Secretary of the Royal College of Surgeons reporting proceedings of the Council of that College on November 9th and December 14th last.  
3. From Mr. Charles Aitken, Director of the Whitechapel Art Gallery, asking the loan, for exhibition of the portrait of Dr. William Hunter by Zoffany in possession of the College. This was acceded to.

##### The Harveian Festival.

On the motion of the TREASURER (Sir Dyce Duckworth) it was resolved: That the date of the Harveian Oration be altered from June 21st to St. Luke's Day (October 18th), and that the Harveian Dinner be held on the evening of that day.

##### University of Liverpool.

Sir Dyce Duckworth, who retired by rotation, was re-elected a representative of the College on the Court of Governors of the University of Liverpool.

##### Recognition of Schools.

Reports, dated October 23rd and November 26th, were received from the Committee of Management, recommending that St. Edmund School, Canterbury, and Westminster School be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics.

##### Date of Examination for Membership.

On the motion of the REGISTRAR, it was resolved that on the occasion of the examination for the membership in April, 1906, the regulation appended to By-law 115 be suspended. This regulation requires that the examination should commence on Tuesday, April 17th, in 1906; but as this would be Easter Tuesday, it is proposed that it should begin a week earlier, namely on April 10th.

#### TRINITY COLLEGE, DUBLIN.

The following is a list of the present staff at the School of Physic:

*Clinical Medicine.*—A. R. Parsons, M.D.  
*Practice of Medicine.*—Wallace Beatty, M.D.  
*Clinical Surgery.*—Sir A. Chance, F.R.C.S.I.  
*Ophthalmology.*—Louis Werner, M.B.  
*Midwifery and Gynaecology.*—R. D. Purefoy, M.D.  
*Mental Diseases.*—H. K. Abbott, M.D.  
*Pathology.*—Professor J. Lorrain Smith, M.D.  
*Institutes of Medicine.*—Professor C. S. Sherrington, M.D.  
*Anatomy.*—Professor J. Symington, M.D.  
*Dental Surgery and Mechanics.*—A. W. W. Baker, M.D.; G. W. Yeates, M.B.  
*Dental Anatomy.*—W. G. T. Story, M.B.  
*Vital Statistics and Public Health Acts.*—The Registrar-General for Ireland.  
*Sanitary Engineering.*—W. Kaye Parry, M.A.

The following candidates have been approved at the examinations indicated:

*Final in Medicine.*—G. E. Nesbitt, H. English, J. W. Burns, R. B. Jackson, J. M. Harold, C. H. M'Comas, H. R. R. Fowler, T. L. de Courcy, A. C. Elliott, C. Kelly, E. D. Atwell, B. Johnson, W. C. MacFetridge, W. I. Thompson, D. M. Corbett, J. B. B. Whelan, E. C. Phelan, H. D. Drennan, T. T. H. Robinson.  
D.P.H.—A. M. MacLaughlin, L. F. Smith.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:  
*Surgery.*—J. A. Kilpatrick (Section I), King's College Hospital; E. Lowry (Sections I and II), Royal Free Hospital; T. R. Roberts (Section I), London Hospital; S. Zweiback (Section I), Koenigsberg.

*Medicine.*—L. C. W. Brigstocke (Section I), Oxford and St. Thomas's Hospital; E. M. Magill (Sections I and II), Royal Free Hospital; S. A. Mahmood, Middlesex Hospital; F. C. H. Powell (Sections I and II), King's College Hospital.

*Forensic Medicine.*—E. Lowry, Royal Free Hospital; O. P. N. Pearn, Westminster Hospital; F. C. H. Powell, King's College Hospital; A. F. Wright, Glasgow and Liverpool.

*Midwifery.*—F. H. W. Brewer, St. Bartholomew's Hospital; E. Lowry, Royal Free Hospital.

The diploma of the Society has been granted to Mr. F. C. H. Powell.

## OBITUARY.

### THOMAS ALBERT CARTER, M.D., F.R.C.P., J.P.

An old-standing member of the British Medical Association disappears in the person of Dr. Carter, who died on December 14th at Shottery Hall after an illness lasting less than twenty-four hours. An attack of renal colic, complicated by heart failure, was the cause of death.

The deceased, who was born at Henley-on-Thames in 1834, made his first acquaintance with medicine as an apprentice to Mr. Coles, of Woodstock, whence he proceeded to Edinburgh University, whose medical school was then adorned by the reputation of Christison, Syme, Simpson, and Hughes Bennett. To the last of these, in the capacity of Professor of the Institutes of Medicine, he acted as assistant, and on graduation in 1856 his thesis for the degree of M.D. was awarded a gold medal. Dr. Carter's aptitude and taste for research led him to work in the chemical laboratory of Wurtz in Paris and to Berlin. On returning to Edinburgh to take up the post of Resident Physician in the clinical wards of the Royal Infirmary he was elected Senior President of the Royal Medical Society.

As the result of his work in the wards he published a paper on Indican in the Blood and Urine in the *Edinburgh Medical Journal*, 1859. Several other papers embodying original research were read and published about this time; but his chief work was the result of the discovery of the carmine gelatine injection which bears his name, and which by its penetrating nature and freedom from staining the tissues combined all the advantages of a solid opaque and a clear fluid injection. It revealed a direct and hitherto undemonstrated if not unsuspected communication between the capillaries and the lymphatic radicles. It is sometimes forgotten that by this method it is possible to show coming off from the capillaries channels too fine to admit a red blood corpuscle, and which were named for an obvious reason "diaplasmatic" by their discoverer, and by these minute passages Carter was able to inject the lymphatic system of the frog's liver, both from the venous and arterial side, while they could also be demonstrated existing in the cornea and the buccal mucosa beyond the basement membrane.

By a successful injection of the human liver he was enabled to throw a new light on the mechanics of the lymph circulation, and those interested in a wellnigh forgotten chapter in histology may consult the *Proceedings of the Royal Society* for 1864 and the *Journal of Anatomy and Physiology*, 1869. A manual dexterity beyond the ordinary was essential in producing the beautiful sections he so often demonstrated at a time when the easy perfection of the microtome was yet of the future.

After becoming a Member of the Royal College of Physicians in 1859, Dr. Carter settled in Leamington, where he was appointed in quick succession to the staffs of the Warwick Dispensary and the Warneford Hospital.

A steadily increasing practice with much consulting work put, of necessity, an end to original research. He was admitted to the Fellowship of his College in 1874.

Never very robust in health, he determined to retire in 1884, and the last seventeen years of his life were spent at Shotton, near Stratford-on-Avon, surrounded by his garden and the various works of art he delighted to collect. A born connoisseur in all matters of taste and a lover of the beautiful, he would have been as much at home as director of an art museum as in the laboratory or at the bedside. His judgments in all matters, professional or otherwise, were original and unconventional, being founded on an extraordinary power of observation as much as in a true and keen artistic sensibility. Few could have had a better right to be described in the words of the Roman poet—

Nullius addictus jurare in verba magistri.

As a man of wide culture and a genial host he will be missed by many friends.

He is survived by a widow, two daughters, and four sons; of the latter two are members of the Bar, one is settled in practice at Cheltenham, while a fourth has found distinction in the profession of arms.

**DEATHS IN THE PROFESSION ABROAD**—Among the members of the medical profession in foreign countries who have recently died are Professor Hans Schmaus, Pathologist to the City Hospital, Munich, aged 42; Dr. J. Setchenoff, sometime Professor of Anatomy in the Medical Faculty of the University of Moscow, aged 76; Dr. Gotthold Scholz, a well-known Gynaecologist at Gorlitz, aged 86; Dr. Barabon, Professor of Pathological Anatomy in the Medical Faculty of Nancy; Professor J. A. de Sousa Refoios, of the Medico-Chirurgical School of Lisbon, aged 55; Dr. José Mascaro y Capella, President of the Medical Association of Barcelona; Dr. André Thouvenet, formerly Professor of Physiology in the Medical School of Limoges; Dr. Hermann Rabl-Ruckhard, Lecturer on Anatomy in the University of Berlin, aged 67; Dr. Ambrose Loomis Ranney, a well-known neurologist of New York, aged 57; Dr. F. Hoesch, Extraordinary Professor of Ophthalmology in the University of Basel; and Professor Carlo Rosanelli, Lecturer on Pathology in the University of Padua.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### SMALL-POX AND VACCINATION IN TOGO.

DR. KULZ (*Archiv für Schiff's und Trop. Hyg.*, June, 1905) has carried out under Government orders a campaign against small-pox in the districts of Atakpame and Sokoda in Togo. He travelled through these districts during a period of about four months, and vaccinated more than 31,800 of the natives. He took with him on his journey a few young native men and instructed them in the art of vaccination, in the after-treatment of those vaccinated, and in the preparation of lymph. Some of the lymph which he himself used he obtained from the coast, but for the most part he prepared the lymph in Togo. Vaccination was successful in from 94 to 100 per cent. of those vaccinated for the first time who had not previously suffered from small-pox. Kulz used the opportunity of his journey to ascertain the death-rate from small-pox in Togo, and the length of the immunity from small-pox given by vaccination. He found out in how many of sixty villages there had been cases of small-pox during the preceding two years, and the number of deaths during that time; the limit of two years was fixed in order that the figures obtained might be more trustworthy. Forty-two out of the sixty villages had been visited by small-pox, and 186 people out of a total population of about 10,000 had died—that is, about 1 per cent. of the population had died yearly from small-pox. In Sokoda Kulz revaccinated 227 natives who had been successfully vaccinated by Schilling sixteen months before, and in 84 out of the 227 cases positive results were obtained, although the pustules which formed were ill-developed. He also revaccinated 62 people who had had an attack of small-pox years before, and who had been successfully vaccinated by Schilling, and in 8 cases vaccination was again successful. Thus, in 37 per cent. of

the vaccinated and in 13 per cent. of those protected by a previous attack of small-pox and a previous vaccination the second vaccination took effect. Kulz also vaccinated 4 patients on whom two previous vaccinations, performed two and four years respectively, before the third operation had been successful, and in none of the four cases did he obtain positive results. It would appear from these figures that the duration of the immunity from small-pox given by vaccination is shorter for the negro than the European, but Kulz is inclined to ascribe the short period of immunity to the fact that the negro seldom allows the development of the pustule to run its normal course—the wounds often become infected through dirt, the vesicles are scratched, or native remedies are applied to the arm. The statistics of successful revaccination obtained show the advisability of a general revaccination after two years, while the question of how often vaccination shall be subsequently performed remains still in doubt. As to the manner of vaccination, Kulz used calf lymph in every case himself; but he is of opinion that arm-to-arm vaccination among the natives offers great advantages. In arm-to-arm vaccination the material used is fresh and is cleaner than calf lymph; the results are more certain and uniform and the wounds tend to run a milder course than when calf lymph is employed. For practical purposes syphilis and leprosy are the only diseases which are liable to be spread through vaccination, and if the vaccinators be instructed never to vaccinate a negro who is suffering from illness, and to obtain the material for vaccination only from children of about ten years of age, the danger of a spread of infection can be avoided. Kulz summarizes his results as follows: (1) Small-pox is the disease in Togo most fatal to human life; (2) it can be exterminated without very great cost through a general vaccination; (3) as far as possible, native help should be used in carrying out vaccination; (4) the necessary lymph can be obtained in Togo itself; (5) a general revaccination must be undertaken a few years after the first; (6) in the interval all newborn children must be vaccinated.

### INSANITARY PROPERTY.

M.O.H.—In condemning insanitary property under Section xxxii of the Housing of the Working Classes Act, 1890, notice had to be served on the owner requiring abatement of the nuisance, which involved more or less statement as to what it was necessary to do. Now, under Section viii of the 1903 Act this notice is dispensed with, and a house may be simply condemned as not reasonably capable of being made fit for human habitation, or in such a state that its occupation should be immediately discontinued.

### FEES FOR OPERATIONS ON THE THROAT IN POOR-LAW PRACTICE.

X. Y. Z. asks what fees are usually allowed for operations on the tonsils and for removal of adenoids from the pharynx, as 1 guinea only has been sanctioned by his Board of Guardians for this double operation.

\*.\* For the operations performed by our correspondent the guardians are not compelled to pay any fee but if they decide to do so they can then fix the amount subject to the approval of the Local Government Board.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### TRANSPORT MEDALS, SOUTH AFRICAN WAR, 1899-1902, AND

### CHINA WAR, 1900, UNISSUED.

The *London Gazette* of December 22nd contains a list of officers to whom Transport Medals remain unissued. Among them are the following Surgeons arranged alphabetically: J. D. BEAVIS, *Cheshire*; F. H. BRENNAN, *Havardan Castle*; J. CORGIN, *Mombassa*; J. H. FINNIE, *Canada*; G. G. HAY, *Jelunga*; C. S. HEAP, *Montfort*; W. A. ILLINGWORTH, *Mantla*; A. W. A. IERIE, *Cheshire*; T. A. KENNEDY, *Aurania*; C. M'DONNELL, *Winfredan*; A. D. MACPHERSON, *Orolava*; W. MCSHERRY, *Rewa*; C. A. MOLONY, *Syria*; W. H. PIGEON, *City of Vienna*; J. PRENTICE, *Montfort*; J. E. PRIOR, *Austral*; J. A. PYBUS; W. T. ST. STEPHENS, *Aurania*; M. G. STERLING, *Assaye*; P. E. E. TRIBE, *Britannic*.

### SURGERY IN THE ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL, R.A.M.C., writes: Surely "Scalpel" is under some misapprehension. I could name half-a-dozen officers (R.A.M.C.) with whom I am personally acquainted who as surgeons, operative and otherwise, are quite in the first flight, and I do not doubt that there are many more who are unknown to me. The nature of their work is such that they do not come prominently before the public, and therefore an erroneous idea prevails—one amongst many, be it remarked—that the corps does not possess any really good surgeons. I apprehend that "Scalpel" would change his opinion somewhat if I could show him the amount of surgical work done and the results obtained in several hospitals I wot of. Nevertheless, I agree with him that an amalgamation within certain defined limits of R.A.M.C. and I.M.S. is a thing to be hoped for, partly for the reason he advances, but more for other reasons. But when he advises the would-be surgeon under present conditions to select the I.M.S. I say emphatically, No! There are disadvantages that far outweigh the advantages, and as yet there is no evidence of that "revival" which is so apparent in the R.A.M.C., and which bids fair to make it one of the finest medical services in the world, if it has not already done so.

# British Medical Journal in 1906.

WITH the first number of the new year important improvements will be made in the type and get-up of the BRITISH MEDICAL JOURNAL. The type will be larger and better spaced, the page will be longer, and the columns somewhat narrower. These changes will increase the ease with which the JOURNAL may be read, and will thereby contribute to the comort of readers.

It was announced last week that arrangements had been made to publish during 1906 a large number of Clinical Lectures and Addresses, and a list of some of these was published. Amongst numerous others which there was not then space to mention were the following:

**On Acute Bone-disease in Children.** By EDMUND OWEN, F.R.C.S., Consulting Surgeon to St. Mary's Hospital and to the Hospital for Sick Children, Great Ormond Street.

**On the Association of Tuberculous Adenitis with Primary Tuberculosis of the Tonsil.** By HAROLD J. STILES, M.B., C.M., F.R.C.S. Edin., Surgeon, and E. W. SCOTT CARMICHAEL, M.B., C.M., F.R.C.S. Edin., Assistant Surgeon to the Edinburgh Royal Hospital for Sick Children.

**On Pancreatic Necrosis, with a Report of Two Cases.** By GILBERT BARLING, M.B., F.R.C.S., Professor of Surgery, University of Birmingham.

**On Enucleation of the Prostate for Haemorrhage.** By Sir WILLIAM THOMSON, C.B., Surgeon, Richmond Hospital, Dublin, Honorary Surgeon to His Majesty the King.

**On the Immediate and Remote Results of the High Operation for Varicocele.** By EDRED M. CORNER, M.B., B.C. Cantab., F.R.C.S., Surgeon in charge of Out-patients, St. Thomas's Hospital, and Assistant Surgeon, Hospital for Sick Children, Great Ormond Street, and CYRIL A. R. NITCH, M.S. Lond., F.R.C.S., Resident Assistant Surgeon, St. Thomas's Hospital.

**On a Case of Intrahepatic Calculi.** By HERBERT R. VACHELL, M.D., Physician, Cardiff Infirmary, and W. MITCHELL STEVENS, M.D., M.R.C.P., Assistant Physician and Pathologist, Cardiff Infirmary.

**On the Diagnostic Value of X Rays.** By J. MACKENZIE DAVIDSON, M.B., C.M. Aberd., Medical Officer in charge, Roentgen Ray Department, Royal London Ophthalmic Hospital and Charing Cross Hospital.

**On the Arsenical Treatment of Pernicious Anaemia.** By BYROM BRAMWELL, M.D., F.R.C.S., F.R.S.E., Physician, Edinburgh Royal Infirmary.

**On the Relation of Angina Pectoris and Allied Conditions to the Arterio-Cardiac Reflex having its Origin in the Abdomen.** By WILLIAM RUSSELL, M.D., F.R.C.P. Ed., Assistant Physician to the Royal Infirmary, and Lecturer on Pathology, Medical College for Women, Edinburgh.

**On the Behaviour in the Body of Certain Organic and Inorganic Phosphorus Compounds.** By F. W. TUNNICLIFFE, M.D. Lond., Professor of Materia Medica and Pharmacology in King's College, London; and Assistant Physician to King's College, Hospital.

**On Chemiotaxis.** By J. O. WAKELIN BARRATT, M.D., B.S. Lond., Research Scholar of the British Medical Association.

**At what Age should a Cleft of the Palate be Closed?** By R. W. MURRAY, F.R.C.S., Surgeon, David Lewis Northern Hospital, Liverpool.

**On Aural Cases in General Practice.** By STEPHEN PAGET, F.R.C.S., Surgeon, West London Hospital; and Surgeon to the Throat and Ear Department, Middlesex Hospital.

**On the Indications for Operation in Chronic Suppurative Disease of the Middle Ear.** By W. S. SYME, M.D., Assistant Surgeon, Hospital for Diseases of the Ear, Nose, and Throat, Glasgow.

**On the Treatment of Diphtheria.** By T. BASIL RHODES, M.B., B.S. Durh., Medical Superintendent, Baguley Sanatorium for Infectious Diseases.

## ADDRESSES AT THE ANNUAL MEETING.

THE addresses to be delivered at the Annual Meeting will be published in the BRITISH MEDICAL JOURNAL.

### THE PRESIDENTIAL ADDRESS.

By R. A. REEVE, M.D.,  
Dean of the Medical Faculty, University of Toronto.

### THE ADDRESS IN MEDICINE.

By Sir JAMES BARR, M.D.,  
Physician to the Royal Infirmary, Liverpool.

### THE ADDRESS IN SURGERY.

By Sir VICTOR HORSLEY, M.B., F.R.C.S., F.R.S.,  
Surgeon to University College Hospital; and the National Hospital for the Paralysed and Epileptic, London.

### THE ADDRESS IN OBSTETRICS.

By W. S. A. GRIFFITH, M.D., F.R.C.P.,  
Assistant Physician Accoucheur,  
St. Bartholomew's Hospital, London.

These lectures and addresses and other original articles will be fully illustrated by reproductions of photographs, drawings, and microscopical preparations as occasion may require.

## AN EPITOME

of current medical literature, mainly devoted to the analysis of foreign publications, is published weekly.

THE FOURTH ANNUAL REPRESENTATIVE MEETING will be held in London on July 24th and following days.

## A SUPPLEMENT

is issued weekly containing reports of the proceedings of the Representative Meetings, of the meetings of the Council and Central Committees of the Association, of its Branches and Divisions, and information as to political matters affecting the honour and interests of the profession.

## MEMBERSHIP OF THE BRITISH MEDICAL ASSOCIATION.

THE British Medical Association exists for the promotion of medical and the allied sciences, and the maintenance of the honour and the interests of the medical profession.

The Annual Subscription to the British Medical Association is £1 5s. 0d., and the BRITISH MEDICAL JOURNAL is supplied weekly, post free, to every member of the British Medical Association wherever he may reside.

The principal rules governing the election of a medical practitioner to be a member of the British Medical Association are as follow:

**Article III.**—Any Medical Practitioner registered in the United Kingdom under the Medical Acts and any Medical Practitioner residing within the area of any Branch of the Association situate in any part of the British Empire other than the United Kingdom, who is so registered or possesses such medical qualifications as shall, subject to the Regulations, be prescribed by the Rules of the said Branch, shall be eligible as a Member of the Association. The mode and conditions of election to Membership shall from time to time be determined by or in accordance with the By-laws. Every Member, whether one of the existing Members or a subsequently-elected Member, shall remain a Member until he ceases to be a Member in accordance with the provisions hereof.

**By-law 1.**—Every Candidate for Membership of the Association shall apply for election in writing, addressed to the Association, and stating his agreement, if elected, to abide by the Regulations and By-laws of the Association, and the Rules of such Division and Branch to which he may at any time belong; and to pay his subscription for the current year.

**By-law 2.**—Every candidate who resides within the area of a Branch shall forward his application to the Secretary of such Branch. Notice of the proposed election shall be sent by the Branch Secretary to the

General Secretary of the Association, and to every Member of the Branch Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a member of the Association by the Branch Council at any meeting thereof held not less than seven days (or such longer period as the Branch may by its Rules prescribe) after the date of the said Notice. A Branch may by special Resolution require that each candidate for election to the Association shall furnish a certificate from two Members of the Association to whom he is personally known. Officers of the Navy, Army and Indian Medical Services on the Active List are eligible for election through the Council or a Branch without approving signatures as laid down in By-law 3.

**By-law 3.**—Every candidate whose place of residence is not included in the area of any Branch shall forward his Application to the General Secretary of the Association, together with a statement signed by three members of the Association, that from personal knowledge they consider him a suitable person for election. Notice of the proposed election shall be sent by the General Secretary to every Member of the Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a Member of the Association by the Council at any meeting thereof held not less than one month after the date of the said notice.

The annual subscription to the BRITISH MEDICAL JOURNAL for non-members is £1 8s. 0d. for the United Kingdom and £1 12s. 6d. for abroad.

THE  
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MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

Etc.

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