

drew attention to the manner in which certain boards of guardians were now treating their public vaccinators. In places like Castleford and Driffield the post appeared to be regarded as a kind of subsidy towards the remuneration of underpaid Poor-law medical officers. Dr. Drury suggested that strong representation should be made to the Local Government Board, and, if necessary, to Parliament, calling attention to the facts, and urged that it was a grave scandal that the infliction of such hardships as the dismissal of public vaccinators in these districts should be allowed. A resolution to that effect was carried unanimously.

Dr. A. E. Cope (London) contributed an excellent address, in which he outlined the history and epidemiology of small-pox, and showed the part played by vaccination in curbing the ravages of that disease. He exhibited a series of diagrams which aroused much interest, presenting in an impressive manner the statistics on the subject. Dr. Cope undertook to prepare diagrams on similar lines and continue his valuable address at the annual meeting of the Association to be held in London at the end of October. Dr. Andrews (Sheffield), Dr. Williams (Manchester), Dr. Bond (Brighouse), Dr. Draper (Huddersfield), Dr. Johnson (Bolton), and Dr. Jackson (Plymouth) took part in the discussion.

REPORT OF MEDICAL OFFICER OF HEALTH.

The Maldens and Coombe Urban District.—The population was 18,268. The birth-rate was 21.7 per 1,000, the death-rate 8 per 1,000, and the infantile mortality-rate equal to 108 per 1,000 births. In calculating the death-rate no account appears to have been taken of the deaths of residents in public institutions, such as a lunatic asylum, situated outside the district. The records of the results obtained in connexion with the examination of the milk supplied to the town are of importance. Of the sixty samples of railway borne milk examined, in eight instances tubercle bacilli were found, and in eleven cases the milk was dirty. Among the forty-three samples of milk from cows in the district, none were found to be either dirty or tuberculous. Dr. Rashell Davison urges that power should be given to every sanitary authority to prohibit the sale of milk within its district until a certificate had been received from a responsible official in the district of origin, stating clearly that the cows were free from disease, and that the farm was in good sanitary condition. He considers that the railway companies should be responsible for contamination in transit.

PUBLIC VACCINATOR AND GUARDIANS.

MR. R. HOLTBY, M.B., B.S., M.R.C.S., L.R.C.P. (District Medical Officer and Public Vaccinator to the Billericay Union) writes: In the last few weeks we have seen the controversy raised, on the one side only, of the position of public vaccinator and guardians. Being in the rather curious case of being related to both sides of the question, I think it might be of interest to the profession to see it in the light of the guardians as well as of the public vaccinator. To show lack of prejudice on either side, I may state my father was guardian for thirty-five years, part as chairman, and my brother, taking his place, is now one of the guardians for Driffield, now so condemned by Dr. Brand. I myself am district medical officer and public vaccinator of another county.

Surely the public vaccinator was originally called into being to vaccinate the children of the poor class who were not able to pay the doctor a fee to do what was then compulsory. Who, then, could be more properly asked to fulfil those duties than the district medical officer, who already had the care of the same poor when sick? If, now, the public vaccinator expects to make additional income out of vaccinating children of parents who can well afford to pay their own medical attendant—I am not writing on the argument of that course—surely that is not to be put at the door of the guardians.

Again, surely it is the guardians' interest to have as few officers as necessary, and therefore why appoint two officers, one as public vaccinator and another as district medical officer, when one officer in a small district as this one can fully do the duty of both, and, as I have shown above, more satisfactorily to the poor, which is the official object of the guardians.

It is stated that this double duty is added as an inducement to acceptance of a low salary as district medical officer. It is not part of my letter to condemn the lowness of salaries, though I may think the more, but surely that score should be put rather on ourselves for taking up a duty which often, as in this case, does not pay us, but is too often to be used only as a door to push our noses into another man's practice. I must think, therefore, that the fault lies rather with us than the Driffield Guardians, who appear to be acting according to their own duties, at the same time not without condemnation of the lowness of the salary, the cause of which was the resignation of Dr. Brand, which does not appear so much to disturb him as taking away also an office which surely appears to belong also to the district medical officer health, an office he had voluntarily resigned.

. The argument in our correspondent's letter is not easy to follow. His line of defence of the Driffield Guardians appears, however, to be based on certain erroneous and irrelevant views as to the intention of the Vaccination Acts and the inadmissible assumption that the post of public vaccinator "surely appears to belong to" the district medical

officer. But, assuming that the latter view could be admitted we cannot see how a medical man or any one else could justify the action of guardians who dismissed a public vaccinator solely because he declined to continue to give State medical aid at a remuneration which worked out at six farthings a case. The question of the dismissal of the public vaccinator cannot be regarded as the primary grievance in this case. Indeed, it would not have arisen if the matter of the remuneration of the district medical officer had received reasonable consideration at the hands of the guardians. It must be obvious to our correspondent that the present action of the guardians does not remove the grievance which, on his own admission, exists in the Driffield Union.

Obituary.

HAROLD LESLIE BARNARD, M.S.LOND., F.R.C.S.ENG.

SURGEON TO OUT-PATIENTS, LONDON HOSPITAL.

THE news of the death of Mr. Harold Leslie Barnard will be heard with the deepest regret by a very wide circle. He had not been well for some little time, but was only really ill for a comparatively brief period, and his death, which is understood to have been due to rapidly developing aortic incompetence, was hardly expected. Throughout the whole of his brief but distinguished career Mr. Barnard was closely connected with the London Hospital and its Medical College. As a student of the latter he became M.R.C.S., L.R.C.P. in 1892, and three years later was admitted to the Fellowship of the Royal College of Surgeons. In the same year he passed the examination for the M.B., B.S. degree of the University of London with first-class honours, and proceeded to the Mastership in Surgery of the same university in 1896. Meantime he had filled a large number of junior posts, being in turn Senior Dresser to Out-patients, Receiving Room Officer, House-Physician and House-Surgeon. He also served as Surgical Registrar and as Assistant Demonstrator of Anatomy, as Demonstrator of Physiology, and as Surgical Tutor, and at the time of his death was Demonstrator of Surgical Pathology and Surgeon in charge of Out-patients. He also held surgical office at the Metropolitan Hospital.

His untimely death at the early age of 41 is a loss to British surgery. His mind was eminently scientific, and his professional work was carried out on clear and logical lines. This scientific bent was clearly shown by his collaboration with Dr. L. Hill in the construction of a clinical sphygmomanometer, the value of which, though slow in gaining general recognition, is now fully established. Short as his career has unfortunately proved, he had already accomplished no small amount of valuable work, both as a surgeon whose operative skill was of the highest kind, and as an original investigator and writer. He was never of very robust physique, and his untiring zeal no doubt largely contributed to bringing about his death. His most valuable contribution to literature dealt with abdominal section and especially intestinal obstruction, appendicitis, subphrenic abscess, and gall stones. Coming from the same hospital as Sir F. Treves he worked on the same lines as his distinguished senior and added considerably to our knowledge. His faculty for accurate thought and arrangement was clearly shown in his writings. It came out well in the address on the surgical aspects of subphrenic abscess published in this JOURNAL last February, and was also evident in the article on intestinal obstruction in Allbutt and Rolleston's *System of Medicine*, where he appropriately figured as the successor of Sir F. Treves and as a recognized authority on the subject. He was a born investigator and never spared trouble in looking out his cases, as was shown by the careful and minute analysis made by him of fatal cases exhibiting features of special interest. The pains which he took over his work gave him a knowledge of abdominal conditions which may be fairly described as unrivalled in a man of his age. It enabled him to handle the difficult subjects of peritonitis, subphrenic abscess, and intestinal obstruction in really masterly manner. He had, we believe, been for some time engaged in writing a book on intestinal obstruction, and it is to be hoped that it is in a sufficiently advanced state to be given to the world as a memorial of his life and labour.

Dr. LEONARD HILL writes: Mr. Harold Barnard was associated with me as Demonstrator of Physiology at the "London," and carried out researches with me on the influence of gravity on the circulation, on methods of recording the volume of the heart, and the effect of anaesthetics and drugs upon the systole and diastole, and on methods of measuring blood pressure in man. He had the highest scientific ability, and might have developed into a great scientific worker had opportunity offered itself. If he had been able to follow that line of life he would have rendered signal service to the advance of pathology. Mr. Barnard was a man of enormous mental energy, which continually carried him beyond his bodily strength. His enthusiasm for his profession, his untiring zeal, have, I fear, led to the great loss we have sustained by his early death. He was a man possessed with the simple faith of living a life devoted to his work and the search after truth, and his great spirit has overdriven a body too frail for the tasks he set it. As a friend and as a teacher there is no man we could so little afford to lose at the "London" as Harold Barnard, and we must lament his untimely death coming at the moment when all his years of work were just coming to their full fruition and being crowned with due reward.

Dr. SAMUEL BIGGAR GIFFEN M'KINNEY, of Nunhead, whose death on July 31st has already been briefly announced, was educated at Queen's College, Belfast, where he graduated B.A. in 1870; he was senior scholar in chemistry in 1871 and 1872, and took the diploma of L.R.C.P. and S.Edin. in 1876. In 1882 he took the degree of M.A. in the Royal University of Ireland. Dr. J. H. Heaney sends us the following tribute to his memory: "His tastes were always literary, and he left his practice to build itself whilst writing *The Abolition of Suffering*, *The Science and Art of Religion*, and other works indicative of deep thought on the greater problems of life. His mind was of the type attributed by Conan Doyle to Dr. Stark Munro, but more orthodox. He looked upon his books as merely imperfect expressions of imperfect ideas, which he himself could not substantiate even to himself. Of late years his practice became lucrative, yet he still found time to compile such trifles as *The Poetry of Love*. His pure and noble character was better than all this. His hands were always outstretched to those in trouble; his advice always backed by practical sympathy. I and others associated with him at times were often plainly ungrateful, but it was only the thoughtlessness of foolish youth; we never ceased to regard him with esteem and affection. When a good action seemed thrown away he never wished it undone. Dr. M'Kinney stood high in his beautiful humanity."

THE death occurred on August 13th of Sir CHARLES GAGE BROWN, for many years medical adviser to the Colonial Office. He was born in Dorsetshire in 1826, his father being Commander Charles Brown, R.N. He received his general and professional education at King's College, of which he was an associate, and obtained his first medical qualification, the M.R.C.S.Eng., in 1847. Some four years later he received the M.D. degree of the University of St. Andrews, and subsequently became in turn Member and Fellow of the Royal College of Physicians of Edinburgh, and LL.D. *Honoris Causa* of St. Andrews. For a great many years he practised in Sloane Street, and continued to reside there after his retirement. From 1874 until 1897 he held the office of medical adviser to the Colonial Office and the Crown Agents for the Colonies, and in this way exercised an influence on the medical affairs of the Crown Colonies. In 1897 he gave place to Sir Patrick Manson, and was then created K.C.M.G. in acknowledgement of his services. He was also for some years President of the St. Andrews Association. Sir Charles Gage Brown at the time of his death had just passed his 82nd birthday.

WE regret to have to announce the death of Dr. ALEX. MACDONALD, which occurred at Edinburgh on August 14th, after an illness of some weeks' duration. Born forty-eight years ago in Glen Urquhart, Inverness-shire, that lovely glen which has produced so many eminent men in all ranks

and professions, Dr. Macdonald proceeded to the University of Edinburgh, where he graduated M.B. and C.M. in 1838. For a short time he was in practice in the north of England, but returned to Edinburgh about seventeen years ago and built up an extensive practice in the Merchiston District. He was ophthalmic surgeon to the New Town Dispensary, and was the author of a small handbook entitled *Eye Affections more Commonly Met with in Private Practice*. Though busily engaged in private practice, Dr. Macdonald devoted much time to Volunteer work. When the Bearer Company of the Lothians Volunteer Infantry Brigade was formed, Dr. Macdonald, then one of the surgeons of the Queen's Rifle Volunteer Brigade, was appointed commanding officer, a position which he held until the Volunteers were merged in the Territorial Force. He was then given the command of the 3rd Lowland Field Ambulance, with the rank of lieutenant-colonel, but his illness prevented him taking an active part in the work of the new force. Dr. Macdonald also took a keen interest in ambulance work, and was one of the examiners of the St. Andrews Ambulance Association. The funeral took place on Monday, August 17th, in North Merchiston Cemetery with military honours. There was a large turn-out of members of the Royal Army Medical Corps and the Queen's Edinburgh Rifle Brigade. The coffin, covered by the Union Jack, was borne on a gun carriage. The band of the Queen's Brigade was present.

Hospitals and Asylums.

GOVAN DISTRICT ASYLUM, HAWKHEAD, PAISLEY. THE annual report of Dr. W. R. Watson, the Medical Superintendent of this asylum, for the year ending May 14th, 1907, shows that there were 515 patients on the register on May 15th, 1906, and 553 on May 14th, 1907, giving an increase of 12 less than that of the preceding twelve months. During the year 237 were admitted, of whom 200 were first admissions. In the admissions in 165 the attacks were first attacks within three and in 7 more within twelve months of admission; in 50 not-first attacks within twelve months of admission, and the remainder were either of more than twelve months' duration (10), of congenital origin (3), or of unknown duration (2). Of the total 237 no less than 110 were in weak condition on admission. The admissions were classified according to the forms of mental disorder into: Mania 80, melancholia 52, dementia 54, delusional insanity 11, alcoholic insanity 6, lactational insanity 1, general paralysis 18, acquired epilepsy 12, and congenital or infantile defect 3. In keeping with Dr. Watson's formerly expressed conviction of the scanty value of the customary tables of causation of insanity, he has in this annual report substituted for the usual Table X a tabulated statement covering nine pages of his report showing for each of the admissions admitted suffering from a first attack, the dates of admission and discharge, the result (whether died or recovered), the form of mental disorder and the associated conditions, existent or pre-existent. From this statement it appears that in 87 males suffering from first attacks excessive drinking pre-existed in 27, or over 31 per cent.; syphilis in 6, and some marked form of physical ill-health in 34, or over 38 per cent. In the 56 female subjects of first attacks, excessive drinking pre-existed in 9, or 16 per cent.; syphilis (congenital) in 1, and various bodily disorders or lowered bodily health existed in 40, or over 70 per cent. Taking male and female admissions together, of the subjects of first attacks excessive drinking was a pre-existent associated condition in over 25 per cent. During the year 70 were discharged as recovered, giving a recovery-rate on the admissions of 29.5 per cent. as compared with the average for this institution of 39.9 per cent. There were also 28 discharged as relieved and 35 as not improved. During the year also there were 66 deaths, giving a death-rate on the average numbers resident of 12.4 per cent. The deaths were due in 36 cases to cerebro-spinal diseases, including 16 deaths from general paralysis; in 24 to chest diseases, including 11 deaths from pulmonary tuberculosis; in 1 to tuberculous enteritis, and in 5 to general diseases, including 1 death from accidental choking, and 1 to haemorrhage from self-inflicted injuries. The tuberculous death-rate was thus over 18 per cent. of the total deaths.

NATIONAL CHILDREN'S HOSPITAL, DUBLIN. THE annual meeting of the friends of the National Children's Hospital, Dublin, was held on May 27th, under the presidency of Sir Charles Cameron, C.B. The report showed that 236 intern and 3,826 extern patients were treated during the year. Votes of thanks were passed to the supporters, the Corporation of Dublin, the Ladies' Committee and the officials, the speakers being Mr. Neland, Colonel L'Estrange, Dr. F. T. P. Newell, Mr. Hunt, Colonel Johnston, and Dr. Kelly. Sir Lambert Ormsby expressed the pleasure he felt on the publication of the new rules by the Local Government Board providing for the supply of clean and pure milk, because in this way a check would be put on the enormous infant mortality in Dublin.