

### BRITISH MEDICAL ASSOCIATION. SUBSCRIPTIONS FOR 1900.

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## British Medical Journal.

SATURDAY, MAY 12TH, 1900.

### THE PREVENTION OF PLAGUE.

THE recently-issued supplement containing the report of the Medical Officer to the Local Government Board for 1898-99 brings back to our memories the very great loss which the country has sustained by the death, at a comparatively early age, of Sir Richard Thorne. The introduction to the report is signed by Sir Richard, and it is sad to note that in his remarks he observes that, owing to the ratification of the Venice Convention not having been completed by some of the Powers, he will defer until a future occasion any reference to the Sanitary Conference of Venice, at which he had the honour to act as one of the delegates for Great Britain, and to serve as Her Majesty's Plenipotentiary to sign the resulting Convention on behalf of this country. The good work he did at that Conference will unhappily not be told by Sir Richard, but we hope it will not be forgotten and will be fully recorded in his honour.

The report itself shows unmistakably the high sense of responsibility which the central sanitary authority in England entertains with regard to its duties in connection with the safeguarding of this country from plague. Some 68 pages of the report, in addition to a special chapter in the introductory portion, are devoted to the subject. The system which is adopted in our port sanitary districts as regards vessels that are deemed to be either "suspected" or "infected" in relation to plague briefly consists in the medical examination of all persons on board; the removal to hospital of any person either suffering from plague or suspected to be so suffering; the disinfection of articles believed to have had opportunity of becoming infected, and of those portions of the vessel occupied by the sick; the registering on board of the names and addresses of all the remaining persons, including the crew, such persons being then free to leave the ship and to go to the addresses given; and lastly the transmission to the local sanitary authorities of the names and places of residence of persons leaving the vessel for their respective districts with a view to such persons being kept under supervision by the medical officer of health during the ten days which have been determined on as representing, so far as administrative purposes are concerned, the period of incubation of plague.

The report contains an account by Dr. Bulstrode of the circumstances connected with the occurrence of plague on board of two ships, the *Caledonia* and *Golconda*, during their

voyage from India to England. In the case of the *Caledonia*, which started from Bombay, it appears that a day prior to sailing the crew were examined on shore by the Bombay Port Health Officer, and a *pani walla*, or greaser, with a high temperature, and in a debilitated condition, was rejected. Nevertheless, on the examination of the passengers and crew on board ship the next day the *pani walla* was found among them, showing, as Dr. Bulstrode remarks, that there must have been some oversight, neglect, or actual disobedience of orders on the matter, otherwise the examination on shore was useless. On his second examination the *pani walla* was removed under custody to one of the Bombay Hospitals. The bedding and clothing of the native crew were disinfected in the Equifex disinfector on board, and the ship was allowed to start on its voyage. On November 24th, that is, five days after leaving Bombay, a coal trimmer was found to be suffering from a painful and tender swelling in the right axilla, attributed to a slight abrasion produced by shaving the part. He was not isolated, but on November 27th on nearing Suez the ship surgeon called in consultation a medical man on board who possessed experience in plague. The latter suspected plague, but was unable to give a definite opinion. On arrival at Suez the Egyptian authorities who had been previously apprised of the fact that the *pani walla* taken from the ship on its departure from Bombay was in hospital with symptoms of plague ordered the ship to Moses Wells, and there the coal trimmer and two firemen who had been in contact with him were landed, and also a Lascar who, on examination of the crew, was found to be suffering from an enlarged gland in the right axilla. The quarters and effects of the native crew were disinfected, and the *Caledonia* was then allowed to pass through the Suez Canal in quarantine. No further case occurred, and on arrival at Plymouth the ship was treated as "suspected," being allowed to proceed to London after the passengers and crew had been inspected and the names and addresses of the passengers taken. The interest of the *Golconda* case, like those of the *Caledonia*, is in the mildness of the disease. The *Golconda* left Calcutta on November 19th and arrived at Plymouth on December 24th, having on board a case of *pestis ambulans*, which seems to have escaped attention until a day after the ship left Marseilles. The history of the case, as elicited by Dr. Bulstrode's investigation, is that the patient came on board at Calcutta, and that shortly after leaving Colombo, and seven days out from Calcutta, he suffered from febrile symptoms and from tenderness of the inguinal glands in both groins. This condition continued, and the glands commenced to swell until Suez was reached, when the febrile condition abated. The patient did not regard himself as ill enough to consult the ship's surgeon, and it was only a day after leaving Marseilles and on the twenty-third day of the illness that the glands became so painful as to induce him to seek the advice of the ship's surgeon, who at once diagnosed the case as one of *pestis ambulans*, and promptly dealt with it as such. On arrival at Plymouth the buboes exhibited a tendency to suppurate, and he was isolated in the quarantine hospital. The ship was treated as "infected."

Next, there is an excellent report compiled by Dr. Low

on the Diffusion of Bubonic Plague. Dr. Low resumes the story of the progress of plague which broke off with Mr. Netten Radcliffe's last contribution in 1879. He supplies as far as he is able the links necessary to a consecutive history of the disease in different parts of the world between 1879 and 1894, and then traces the prevalence and diffusion of the disease since its recrudescence in that year. The summary is valuable, and brings into prominence the obscurity and difficulty which attach to some forms of plague, more especially the ambulatory and the pneumonic. In this connection Sir Richard Thorne draws attention to the striking story recorded by Dr. Low of the state of uncertainty which existed when fatal plague occurred in Vienna, as to the clinical and bacteriological interpretation to be assigned to the indications then being witnessed by experts who had made a special study of the disease in India, and he also advises that those having administrative responsibility for the prevention of plague, in case of doubt, should act rather on the basis that the disease in question is plague until the contrary can with confidence be asserted. Dr. Low, in the course of his history of plague, refers in some places to dead rats at the commencement of the disease. This part of the subject might, if possible, be dealt with more fully, for we cannot have too much information on this aspect of the question. In this sense the essay on plague in the lower animals, the first part of which we publish in our present issue, is an excellent contribution to the subject. Dr. Clemow brings under review in a systematic manner, the evidence which has been gathered from modern research in favour of certain animals suffering from plague. He treats his subject from the two aspects of natural and artificial infection, discussing the positive and negative evidence in each, and comes to this conclusion—that though other animals may under certain circumstances contract plague, monkeys, rats, mice, bandicoots, squirrels, and marmots are the most susceptible to the disease under natural conditions, and that the evidence as it at present stands is that rats and mice are the most important agents among the lower animals in the spread of the disease, while the marmot in Transbaikalia and in Mongolia spread a disease closely allied to plague if not plague itself.

#### PROFESSIONAL SECRECY.

FOUR years ago the attention of the profession and the public was a good deal directed to the question of how far a medical man can be justified in divulging matters which have come to his knowledge in the course of his professional attendance on a patient by a well-known case in which one question at issue was how far such a communication could be considered as privileged. The unwritten but honourably binding rule of the medical profession was then stated by Sir John Williams and Sir W. Broadbent to be "that professional confidence should be considered inviolate" as a general rule, and that there were only three recognised exceptions—namely, "(1) when] required to give evidence in a court of justice, (2) when the information was wanted in order to prevent the commission of a crime or to convict the party guilty of it, and (3), when the medical man considered it necessary to disclose what he knew in order to protect the honour of his

wife and family." The judge, Mr. Justice Hawkins, whose experience in criminal trials was unrivalled, did not altogether accept this list of exceptions as accurate; and pointed out in his summing-up that it rests with the presiding judge at every trial to say whether or not a witness ought to be compelled to give evidence of facts which had come to his knowledge under the seal of professional confidence, and that there certainly might be cases in which he himself would decline to commit for contempt a medical man who refused to give evidence of facts which had been so disclosed. Each case must be governed by its particular circumstances.

It is well to remember that the validity of the first two exceptions deposed to in that case, namely, where called on to give evidence in court, and where the information is required for the purpose of preventing or punishing crime, was not really in question then, and rests on much older and higher authority.

The recent action of Dr. Hunter at Nottingham, in declining to give evidence as to the symptoms of a person whom he had attended in his professional capacity, has again directed attention to them, and to the anomalous state of the law regarding confidential communications to professional advisers. Where a barrister or solicitor is professionally employed by a client—except it be for the purpose of planning or committing a crime—all communications which pass between them in the course and for the purpose of that employment are privileged, and may not be divulged even in a court of law. This rule is old and well established. It has grown up, as Lord Chancellor Brougham pointed out in the case of *Greenough v. Gaskell*, decided in the House of Lords in the year 1833, "not on account of any particular importance which the law attributes to the business of legal professors, or any particular disposition to afford them protection . . . but out of regard for the interests of justice which cannot be upholden, and to the administration of justice which cannot go on, without the aid of men skilled in jurisprudence." The principle of this rule, protecting confidential communications to a legal adviser from being made public, might well be thought to guard the privacy of equally confidential statements made to other professional advisers; but the courts have always refused to consider them as privileged, though many judges, including Lord Brougham in the case already cited, have regretted that the privilege was not extended at least to the case of medical advisers. This rule, as recognised by the courts, was laid down clearly and decisively in the year 1881 by Sir George Jessel when presiding in the Court of Appeal. In the case of *Wheeler v. Le Marchant* he said "the principle protecting confidential communications is of a very limited character. It does not protect all confidential communications which a man must necessarily make in order to obtain advice, even when needed for the protection of his life, or of his honour, or of his fortune. There are many communications which, though absolutely necessary because without them the ordinary business of life cannot be carried on, still are not privileged. The communications made to a medical man whose advice is sought by a patient with respect to the probable origin of the disease as to which he is consulted, and which must necessarily be made in order to enable the medical man to advise or to prescribe for

the patient, are not protected. Communications made to a priest in the confessional on matters perhaps considered by the penitent to be more important even than his life or his fortune are not protected. Communications made to a friend with respect to matters of the most delicate nature, on which advice is sought with respect to a man's honour or reputation, are not protected. Therefore it must not be supposed that there is any principle which says that every confidential communication which it is necessary to make in order to carry on the ordinary business of life is protected. The protection is of a very limited character, and in this country is restricted to the obtaining the assistance of lawyers as regards the conduct of litigation or the rights to property. It has never gone beyond the obtaining of legal advice and assistance."

It is thus clear that the courts of this country will not necessarily support the refusal of a medical practitioner to disclose what has come to his knowledge as to the condition of his patient in his professional capacity, though they would forbid a solicitor to make such a disclosure as to the affairs of his client.

The distinction appears illogical. If public policy requires secrecy in one case, it ought to require it in the other, or else full disclosure should always be required. But the course of decisions has lasted so long, and been on the whole so consistent, that it seems hopeless now to expect any change. In each case which comes into court the presiding judge must decide whether the secret is to be disclosed or not; and, in order to decide this, he at any rate must be informed with more or less particularity as to what the secret is. One judge may be inclined to maintain the privilege, where another would think all facts should be disclosed. That different men should view facts differently seems inevitable. It therefore seems to be impossible to lay down any general rule which can be observed in all cases. A practitioner when summoned as a witness can protect himself by declining to disclose communications which he considers confidential till directed to do so by the court. Further than this he cannot safely go.

Dr. Hunter based his refusal to give evidence before the magistrates at Nottingham on several grounds, but mainly on the ground of the oath he had taken as a graduate of Glasgow University "to keep silence as to anything he might see or hear whilst visiting the sick which it would be improper to disclose." The magistrates were asked to punish him for contempt of court in refusing to give evidence, under a section of the Summary Jurisdiction Act which empowers justices to order a witness to be imprisoned who refuses, *without a just and reasonable excuse*, to give evidence. They held that the excuse offered by Dr. Hunter was just, and consequently refused to make the order of committal. In this particular instance, therefore, the seal of professional confidences remains unbroken. But nothing has been decided—nor could it be by an inferior Court—to weaken the authority of earlier cases. Secrets known to a medical man are liable to be disclosed in a court of justice when the presiding judge thinks that they ought to be given in evidence. The tendency of modern practice seems, however, to be in favour of maintaining confidence as far as possible.

## THE TENURE OF PUBLIC HEALTH APPOINTMENTS.

THE Medical Officers of Health and Sanitary Inspectors Bill of the British Medical Association is now before the House of Commons. It was introduced by Dr. Farquharson, Chairman of the Parliamentary Bills Committee, and is down for second reading on May 16th. It is backed by Sir Walter Foster, formerly Parliamentary Secretary of the Local Government Board, Sir Francis Powell, Mr. Warner, and Sir George Pilkington. Should it receive the earnest support of the individual members of the medical profession, exerted through their representatives in Parliament, it will not improbably become law.

It provides that no medical officer of health or sanitary inspector appointed by any local authority before or after the commencement of the Act shall be dismissed from office without the consent of the Local Government Board, until after attaining the age of 65 years, when he may be required to retire by the local authority. It also provides for a superannuation allowance to these officers after they have attained the age of 60 years, or are required by the local authority to retire after attaining the age of 65 years, or have become incapacitated for performing the duties of their respective offices with efficiency by reason of permanent infirmity of mind or body. This allowance, after ten years' service, is to be equal to ten-sixtieths of their average salary during the previous five years, an additional one-sixtieth being added for each year of service up to forty years, when the maximum allowance of forty-sixtieths is to be paid. The allowance is to be made out of a central fund held by the Bank of England, and administered by the Local Government Board. The central fund is to be provided by deductions by the local authorities, and paid into the fund by them, from the salaries of their officers. The deductions are to be—under five years' service, 2 per cent. of each year's salary; between five and fifteen years' service, 2½ per cent.; and after more than fifteen years' service, 3 per cent. of the salary for each year.

The salaries paid to medical officers of health and sanitary inspectors do not as a rule permit them to make provision for old age or permanent disability; and it would seem to be right that they should be enabled by legal enactment to make provision for themselves in the manner prescribed by the Bill.

At the present time local authorities may, with the consent of the Local Government Board, appoint their sanitary officers permanently; but with few exceptions they are appointed for definite periods. Most of the medical officers of health are appointed for one year, but several are appointed for two, three, or five years. If at the end of the term the local authority declare that appointment vacant, the medical officer of health has no redress. Able officers who had been reappointed again and again, and who had every reason to consider their positions assured, have been suddenly dropped after fifteen or more years of service for no apparent reason; while others who had distinguished themselves by the exceptional benefits their work had conferred upon the community have found their appointments advertised at a lower salary because they had not rendered themselves agreeable to members of their authority who

did not wish insanitary property reported, or because they had become obnoxious to a clique by the conscientious performance of their duties.

These duties are prescribed by law and by the orders of the Local Government Board, which have the force of law. The medical officer of health is required to write an annual report upon the health of his district, in which he is directed to report upon the conditions affecting health in his district, and upon the measures for improving those conditions, and to consider these subjects with reference to the past and future, as well as to the particular year. He has no choice but to obey, and he has to accept the consequences of his obedience, which may be, and often are, in a backward district in which the people especially need the protection which the sanitary law provides, threats of dismissal. The medical officer of health is also ordered to direct the inspectors in their work, and the inspectors, who are usually appointed for one year, are ordered—subject to the superior authority of the sanitary authority—to look to the medical officer of health for directions in their work. Under present conditions, and the change in the *personnel* of local authorities, the due performance of these directions is too often interfered with, and the inspectors, who should be the eyes and hands of the medical officer of health, are encouraged to ignore him. They are consulted about matters which are strictly within his province, and they may give opinions which they are incompetent to give, and if these opinions are acted upon—as they may be, and are—the interests of the public health may be jeopardised. If they do not respond to members of their authority in the manner intended they may find themselves without situations at the end of the year.

Recognising the disabilities to which members of the medical profession who are doing a great public work which is conferring incalculable benefits upon the community are subjected, the British Medical Association is endeavouring to remove the hindrances which exist to the efficient performance of that work in the interests of the people at large, and to redress the injustice which harasses a section of their profession which is engaged in the public service. To this end it is striving to obtain security of tenure of office for medical officers of health by assent of the Legislature to the provisions of the Bill it has prepared; and it looks to the whole profession for assistance in its efforts. It accepted the suggestions of the Council of the Incorporated Society of Medical Officers of Health to include sanitary inspectors in the benefits proposed to be conferred by its Bill—a suggestion which does it honour, as it fully appreciates the necessity of that loyal assistance in the important work in which the medical officer of health is engaged which the law intends, and which the paramount interests of the public health demand.

MR. TREVES AND THE WOUNDED AT THE FRONT. The address on the Wounded in the Present War, delivered by Mr. Treves before a crowded audience at the meeting of the Royal Medical and Chirurgical Society this week, apart from the extreme general interest of his remarks, which were characteristically clear and incisive, and apart even from their importance as bearing on the problems of military

surgery, had in it much of immediate practical interest to the empire. He maintained that as a lethal weapon and as a means of putting the enemy *hors de combat* the Lee-Netford is superior to the Mauser rifle. A pleasant feature in his address was the impartial way in which he “exploded” some of the adverse theories that have been popularly adopted in regard to the military methods of the Boers. For example, he asserted that the so-called “explosive” bullets—meaning thereby expansile bullets—were not used by the enemy during the Natal campaign until within thirteen days of the relief of Ladysmith. But particularly in regard to the so-called “poisoned” bullets was his personal evidence effective. Certain Mauser bullets, which he showed, had a brilliant grass-green coating, and this had been ascribed to the poisonous basic acetate of copper, or verdigris. This material had been analysed at his request, and proved to be a harmless oxide of nickel, derived from the thimble of the bullet by the paraffin with which it had been anointed to keep the rifle from fouling. Although the mechanical effects of the explosion of lyddite are not, he states, anything like so tragic as had been supposed, yet the fumes are distinctly overpowering; he told of an officer with his men stationed fifty yards away from an exploding lyddite shell who were obliged to put their faces close to the ground in order to be able to breathe. Some facts in his address might well, we think, receive, without loss of time, practical application in South Africa. It seems, as the Director-General of the Army Medical Department later in the evening stated, that Mr. Treves’s informal strictures in regard to the plague of sight-seeing women has already developed an efficient antidote in that the Royal Engineers have surrounded hospitals containing typhoid cases with an unclimbable wire fence. But it would be the means of an infinite relief of suffering if our ambulance carts—excellent as carts but torturing as ambulances—could be adapted to the exigencies of the country on the type of those of our foes. The reference he made to the pain inflicted on our wounded in the process of filling up the hospital train from the level of the line—removing them first from the army stretchers into carriage stretchers and then into the train—might possibly bear fruit in leading to the adoption of inclined planes which could be made to stretch direct from the ground to the bunks in the train. Another most important practical observation was that long transport—say of two days by rail on the way to the base hospital—meant in many cases, for example, gunshot wounds of the thigh, septicity and death; while a four or five days’ rest in a field hospital placed comparatively near the fighting line meant a patient out of danger. The Director-General wisely pointed out that the experience of such field hospitals near the main column depended on whether or not we were getting the better of an engagement; but the wounded are respected by all combatants pretending to be civilised. Whether it be the case or not that gunshot wounds of the abdomen immediately stop peristalsis, it is, we believe, the rule to administer morphine hypodermically as soon as possible after the injury and before the wounded man is removed. Mr. Treves’s address is not the least of the services he has rendered to the country; it is the personal first-hand evidence of an observer trained in scientific methods of observation and narration, and deals with many points which must engage public attention in the future.

#### THE HOUSE-WARMING OF THE UNIVERSITY OF LONDON.

CONVOCAION of the University of London met for the first time in the new home of the University at South Kensington on May 8th. This was the first official act of the University, and with a little thought and heartiness might

have been invested with some dignity. But it was not. The graduates, and any casual stranger who chose to waste his time, were herded by a flustered "bulldog" down a long corridor into a shabby, low, ill-lighted room, with some cheap decoration of snake-like pattern on the walls, a music gallery at one end and a low dais at the other. Rows of cane-bottomed chairs filled up the intervening space, which was traversed by a fierce draught from the door, which shut with a loud slam as any late member entered. Even if the Chairman had not sufficient interest in his duties to have made adequate arrangements for the comfort of Convocation, he might at least have been punctual, but he began the business a quarter of an hour late. It will be said in extenuation that this was the first meeting, and that the time for making arrangements was short. But the first meeting of a parish council in a country village would have been better arranged. The proceedings under these depressing conditions were of the most dreary description. The Chairman suggested that a resolution should be adopted congratulating the Prince of Wales on his escape from assassination, and the suggestion was applauded by Convocation; but no resolution had been prepared, and leave had to be given to Mr. Busk to draft one for himself. Then he and Professor Silvanus Thompson explained at quite inordinate length why the latter could not be nominated to the Senate—an honour which Professor Thompson has well earned—because three names must be sent to the Crown, and nobody had taken the trouble to have two other persons nominated. Then ensued a long, dull, useless discussion which might have been checked by the Chairman at once, on a standing order which was indeed very carelessly drawn, but was eventually passed with certain verbal amendments. In this way about an hour had been wasted, and it had been discovered that the room, in addition to its other disadvantages, was one in which it was very difficult to hear. Members had already begun to go away, although a considerable number stayed on to hear from Mr. Bassett Hopkins that a syndicate had a contract for the supply of provisions in the buildings of any quality and at any price, and to be told by Sir Albert Rollit that the University was thus a "tied house." Matters were improved on the following day, when the new graduates were formally presented for their degrees. It is true that the ceremony took place in a large wooden shed, but it was an ornamental shed with large windows letting in floods of light, and a company which both by reason of their eminence and their many coloured gowns might fairly be called brilliant had assembled in it. The Prince of Wales once more showed his insight into the real importance of things by being present, refulgent in the new gold-embroidered Chancellor's gown of the University of Wales, to welcome the University to its new home, and to present the scholarships and prizes. Victoria University also sent its Chancellor, Earl Spencer, to grace the occasion, and among others present were Lord Lister and the Vice-Chancellor (Sir Henry Roscoe). For the rest the ceremony was much the same as in former years. The new graduates were presented to the Chancellor (Lord Kimberley). The male winners of scholarships and prizes were clapped as usual, and the lady graduates were, as is also usual, received with plaudits rather less discriminating. The Chancellor, as is usual, made a speech. He pointed out how, in spite of all drawbacks and much cold water, the University had grown steadily; recalled that it had been the first to open its degrees to women; dwelt upon the imperial aspects of its work, which were to be continued under the new constitution, and expressed the confident hope that in its new work as a University for London it would be equally successful. Lord Kimberley conveyed verbally to the Prince of Wales the congratulations of Convocation on his escape from assassination, and the Prince in reply expressed his own thanks and those of the Princess. In very cordial terms he added his hope that the Uni-

versity would find its new home conducive to increased prosperity. Then the Member for the University delivered (or may we say intoned?), a most admirable brief allocution on the duties of students and the functions of a university. Sir Michael Foster told how the successful student must look upon his degree not as an end in itself, but as the guinea stamp on the true gold of learning, how the one great function of a university was to foster and disseminate learning, and how finally it was the duty of the country and of individual citizens to find the material necessities, without which university work must be crippled. This was the end—and a very happy and well-omened end—of an interesting ceremony, which somewhat removed the casual gloom of the day before.

#### THE ROYAL ACADEMY EXHIBITION.

GENERAL art criticism of a comprehensive and sweeping nature hardly comes within our journalistic limits, but without stepping very far from beyond our proper sphere, we may cordially congratulate the Academy on the undoubted success of their annual show. For once there is a practical agreement between experts and the man in the street, that Burlington House is well worth a visit, and that the 2,057 products of British brushes and chisels have attained a standard of excellence which make this a remarkable if not a record year. Some of the older men who seemed disposed to rest with middle-aged complacency on the easy couch of past laurels have sprung once more to their feet and asserted their position in the foremost rank, and their junior competitors are pressing on briskly from behind. Old Sidney Cooper will not yield an inch of the vantage ground which he has gained during his 97 years of active and successful life, and the vigour and firmness of his work lead us to hope that we may yet have the pleasure of congratulating the Royal Academy on including a centenarian among the number of its elect. Most especially do we draw the attention of our readers to No. 632, where with undimmed eye and steady hand the veteran has reproduced in most suggestive fashion the sort of snowy blizzard so familiar to students of our variable climate. But in addition to the raising of the average of artistic merit which we so gratefully recognise, certain great works stand out conspicuously, and would be themselves sufficient to maintain our national credit. Sargent's smaller portrait of Lord Russell seems to us to be the most complete and satisfying impression we can imagine of the complex and subtly intellectual expression, or rather blend of expressions, which distinguishes the fine face of the Lord Chief Justice; and his group of three ladies—so happily rechristened by the Prince of Wales as the "Three Graces"—has fairly taken the town by storm. May we venture with bated breath to whisper a mild protest against the claw fingers of Miss Tennant's right hand, and their spasmodic contraction, almost suggesting the necessity for surgical interference, as well as the unnecessarily scraggy development of the arms of the figures generally, suggestive of skin and bone and nothing more? But these are merely spots on the sun, and the picture, from its *chic* and "go" and intense vitality and brilliant rendering of texture, is as astonishing a *tour de force* as this generation has produced. Hardly second in technical skill and superior in national interest is Orchardson's "Royal Family," whilst Dicksee's "Two Crowns" and Dance's "Landscape," and, above all, Brock's noble recumbent statue of Leighton, with the peace and repose of death so majestically portrayed, are epoch-making creations which mark the end of this century as a new starting-point in the history of art. Diligent inspection of the catalogue and search along the walls have discovered little of special interest from our purely medical standpoint. Subject pictures seem to be going out of fashion, and such as there are seem to run mainly on mythological lines, recalling

long-lost and sometimes bitter memories of Lemprière. We only refer to Richmond's "Orpheus returning from the Shades," a place of convivial resort well known to our forefathers, and, indeed, we are almost justified in suspecting that something stronger than grief and poetic fervour has aided in producing the extravagant display of morbid excitement which Shelley has described. It is clearly dangerous to allow such people to be about, and matter-of-fact folk might suggest that in the interest of the poor young man himself an urgency order should be at once obtained and reasonable restraint enforced before he does harm to himself or others. The only absolutely medical picture hung this year is Small's "Good Samaritan," (No. 614). Here we have a country doctor caught during his rounds and brought in to visit a child in a typical gipsy encampment. His well-appointed gig waits by the road side, and the contrast is forcibly given between his trim frock coat and tall hat and the rough garb of the parents, who anxiously wait for the verdict. What that may be it is hard to say. The child is flushed but not unconscious, and the binaural stethoscope placed towards the top of the sternum indicates heart disease rather than tuberculous mischief, enteric, or eruptive disease. Then we have No. 540, "The Crisis," by Miss Mabel Young, where a mother is bending over a sick child whose case baffles our diagnostic powers, whilst another female figure, presumably an angel—not, we hope, of death, but rather one bringing healing on her rather vague and shadowy wings—stands by in earnest contemplation. "Time the Physician" gives rather a matter-of-fact rendering of a poetic idea, depicting as it does an old man with a long beard applying a surgical bandage rather skilfully to the head of a patient victim. No. 1043, "The Death of Ladas the Greek Runner," is evidently caused by heart disease; and in the "Return of Godiva" Mr. Watts gives a hitherto unrecorded result of that memorable ride, for the fair equestrienne has been assisted from her horse in a physical condition which would undoubtedly make her chances of recovery in the highest degree improbable. There are also some good portraits of medical and scientific men. Noel Flower has rather over-accentuated the superficial sternness of Major Lamorock Flower's expression (No. 98), and Dr. Saundby (No. 131) sits firmly and squarely in his seat, robed in red gown, with an ample instand ready to his hand, and a meditative look suggestive of some knotty point before a committee. Sir John Evans beams pleasantly upon us, and Dr. Rayner has found a sympathetic exponent of his pleasant, thoughtful face in the talented son of his old friend, Dr. Hack Take, whom we cordially congratulate on his perhaps somewhat tardy admission to the Associate ranks. Professor McHardy seems to have got fatter since we saw him last, but his bust (No. 1,907) gives a careful though not flattered version of a face which combines shrewdness and geniality with a usefully aggressive touch of firmness to be used when needed. Huxley's statue is a truly noble rendering of the strong and thoughtful features of that splendid scientific worker and manly and lofty nature, which finds a place near his great master Darwin in the Natural History Museum. Mr. Brock has been entirely successful in his bust of Mr. Pickering Pick, as, indeed, we might have expected from the hands of the sculptor who has made modern English art his debtor by his splendid rendering of the recumbent form of the late lamented President; and with this we conclude our art notes. The principal toast at the Greenwich dinner of the Reform Club is next year's exhibition. But sufficient for the day is the pleasure, as the evil, thereof; and we have keenly enjoyed this year's stroll through Burlington House, and only hope that the first year of the new century will be as fertile in art progress and art strength.

#### THE ROYAL SOCIETY CONVERSAZIONE.

THE first *conversazione* of the Royal Society was held on May 9th, and was as usual very largely attended. The guests were received by the President, Lord Lister, and the rooms were filled with a number of exhibits, very few of which, however, had any bearing on medicine or even on biology. The most interesting of the specimens having a relation to these subjects was a section, contributed by Dr. Manson, showing that *filaria nocturna*, like the malaria parasite, leaves its mosquito host by way of the proboscis. The fact of this discovery and its great significance were mentioned in the BRITISH MEDICAL JOURNAL last week, page 1110. Dr. Garson showed a number of anthropometric instruments for the use of travellers desirous of making observations on native races, and also the instruments and apparatus used in England for making metric observations for the identification of criminals. Mr. J. Wimshurst showed an influence machine, constructed with twelve plates of vulcanite. The size of the plates, and therefore the bulk of the apparatus, had been greatly reduced, and the inventor believes that this pattern is suitable in size, durability, and efficiency for either screen or skiagraphic work in the hospital, or on the battlefield. Dr. T. E. Thorpe exhibited a collection of leadless glazed ware made by various potters, showing what can be done in this direction. During the evening Sir Andrew Noble exhibited some experiments on modern explosives, Dr. Arthur W. Rowe gave a demonstration on the Photomicrography of Chalk Fossils by reflected light, and Mr. F. Enock exhibited in the lantern several series of photographs of living insects; one of the most interesting of the series followed the metamorphosis of one individual nymph of *Eschna cyanea*, from the moment of quitting the water to that of the perfect imago. The photographs were not only beautiful in themselves, but afforded an extraordinary example of patience and perseverance in overcoming difficulties.

#### THE CHAIR OF MEDICINE IN THE UNIVERSITY OF EDINBURGH.

THE Curators of Patronage met on May 4th, and appointed Dr. John Wyllie to the Chair of Practice of Physic in the University of Edinburgh, rendered vacant by the death of Sir Thomas Grainger Stewart. The new professor is 56 years of age, and has been a member of the medical profession for thirty-five years. On taking his M.D. with honours in 1865, he was awarded a gold medal for his thesis on the physiology of the larynx. He was House-Surgeon in the Royal Infirmary under Professor Spence, House-Physician in the same institution under Dr. Rutherford Haldane, Senior President of the Royal Medical Society, studied in Paris under Trousseau and others, and was for two years House-Physician to the Birmingham General Hospital. He became a Fellow of the Royal College of Physicians of Edinburgh in 1870, and forthwith began to lecture on pathology in the Extra-Academical School. From 1875 to 1877 he was Pathologist to the Royal Infirmary; from 1872 to 1878 he was one of the Physicians to the New Town Dispensary; from 1876 to 1882 he was an Assistant Physician to the Royal Infirmary in charge of fever wards; in 1878 he became a Lecturer on the Practice of Physic in the Extra-Academical School; from 1882 to 1897 he was one of the ordinary Physicians to the Royal Infirmary, during which time he taught clinical medicine to large numbers of students. In connection with his work as an extra-academical lecturer in medicine he gave special supplementary summer courses on medical ophthalmology, laryngology, and medical electricity. In October, 1896, he became Consulting Physician to the City Hospital for Infectious Diseases, part of his duty being to give instruction in fevers. In the winter session of 1898-99 he was asked by the University and by the managers of the Royal Infirmary to teach

clinical medicine during the absence of Professor T. R. Fraser in India in connection with the Plague Commission, and he had charge of Professor Fraser's wards. In the winter session of 1899-1900, during Sir Thomas Grainger Stewart's illness, he acted as interim Professor of Medicine in the University, when he had a class of 343 students. In April, 1897, the University of Edinburgh conferred on him the honorary degree of LL.D., largely in appreciation of his book on *The Disorders of Speech*, published in 1894. He has been for a number of years exclusively a consulting physician in Edinburgh. Dr. Wyllie sent in no testimonials in support of his application, relying solely on the record of his thirty-five years' work and appointments.

#### THE PARLIAMENTARY REPRESENTATION OF THE UNIVERSITIES OF EDINBURGH AND ST. ANDREWS.

ON Thursday, May 3rd, Sir John Batty Tuke, Vice-President of the Royal College of Physicians of Edinburgh, was returned unopposed as the Parliamentary representative of the Universities of Edinburgh and St. Andrews, in place of the late Sir William Priestley. The election took place in the Senate Hall, the Vice-Chancellor presiding in his capacity of Returning Officer. There was a small gathering of electors. At the beginning of the proceedings Sir William Muir paid a graceful tribute to the late representative, and acknowledged his eminent services. Professor Annandale then nominated Sir John Batty Tuke, and referred to his position in the medical profession, to which profession the majority of the constituency belonged. He thought that a medical man of public experience would be most useful in the Commons House, and Sir John Batty Tuke was not only a highly accomplished member of the medical profession, but a man of wide business capacity, as had been seen in many ways, but notably in his position as Chairman of the Education Committee of the General Medical Council. Professor Scott Lang, St. Andrews University, seconded, and the Returning Officer, there being no other nominations, declared, amid applause, that Sir John Batty Tuke had been duly elected. Sir John returned thanks. He claimed a perfectly free hand in all matters connected with medical, public health, or educational affairs, as the one condition on which he had consented to stand. Had he been a member of the House of Commons when the last Vaccination Bill was passed he could not have voted for it, inasmuch as he was convinced that it was inimical to the common good. He believed that politics would come to be less and less taken into consideration in relation to educational, university, and medical affairs. It was the duty of every individual member of the universities, and particularly of their Parliamentary representative, to enhance in every way they could the well-being of those ancient seats of learning. He thanked the electors for the honour they had done him, and he hoped they would never find their confidence misplaced. The Vice-Chancellor (Sir William Muir) congratulated Sir John on his election, thanked him for his encouraging words, and expressed the certain hope that he would discharge the duties of his high office to the credit and for the benefit of both Universities.

#### END OF THE STOCKPORT AMBULANCE DISPUTE.

THE differences between the Stockport and District Medical Society and Mr. A. E. Ferns, the late Honorary Secretary of the Stockport Centre, have now been arranged. It will be remembered that the arbitrators in their recent award<sup>1</sup> blamed Mr. Ferns for having entirely lost sight of certain definite duties in his official position as secretary, and expressed the opinion that he had discharged the

duties of secretary, and afterwards treasurer, in a somewhat arbitrary manner, and that in his dealings with various medical men in the town in connection with his secretaryship, he comported himself in a manner which cannot be said to have been courteous or conciliatory. Finally, they recommended that if Mr. Ferns were unable or unwilling so to act as, in the opinion of the Committee, to make satisfactory relations with the medical men possible, a new secretary be appointed. Mr. Ferns subsequently addressed to the Chairman of the Local Centre a letter in which he stated that as he (Mr. Ferns) knew, it was the wish of the President (Earl Egerton) that he should continue to be connected with the Centre, and, "acting in what he conceived to be the spirit of the award, he was prepared, in any part he might take in ambulance matters in the future, to work amicably with all concerned in promoting the best interests of the Order, etc." This letter was considered at a recent meeting of the Stockport and District Medical Society, and in a spirit of conciliation to which the representations of Mr. Ferns's friends had contributed, it was resolved that, provided Mr. Ferns inserted the words "the members of the medical profession in Stockport and," before the words "all concerned," the Medical Society would not oppose his re-election. Mr. Ferns inserted these words, and at a subsequent meeting of the Stockport Centre Mr. Arthur Briggs was elected Secretary and Mr. Ferns was appointed Chairman, a position in which unfortunate asperities of manner are less likely to occasion personal conflict with ambulance workers.

#### ST. MARY'S HOSPITAL.

FOR some years the idea that St. Mary's Hospital Medical College should possess a sports ground such as has been secured already by many medical colleges in London has been in a state of solution in the collective mind of students and staff. The recent success of St. Mary's in the Inter-Hospital Cup-ties of the cricket and Rugby teams has brought about precipitation. The collection of the precipitate and its conversion into current coin, or its equivalent, was commenced on Tuesday, when Mr. George Field presided with his customary geniality and tact over a dinner at the Trocadero Restaurant, arranged by the amalgamated clubs. The company at the dinner was large and included many old students, the proceedings were enthusiastic, and the speeches were of a character suitable to the occasion. Mr. Field and Mr. Edmund Owen told again the successes of St. Mary's in the cricket field when the school was a little younger than it is, and chaffed each other to the infinite satisfaction of all present. Mr. Wilson, Mr. Sharples, and Mr. Gonin, who spoke for the students' clubs, while discreetly silent as to the actual state of the negotiations, expressed the confident anticipation that with the co-operation of the staff, which was promised by Mr. Field and Mr. Owen, the desired field for a sports ground would very shortly be secured. The speakers who returned thanks for the services took occasion to commend the medical services to their hearers. Thus Mr. N. C. Ridley said that in the Royal Navy Medical Service the surgeon found himself admitted without question to the brotherhood of officers in the ship in which he served, and whose risks and labours he shared. Surgeon-Captain O'Connor said that the Militia Medical Staff had readily responded to the call made upon it by the war, that the vacancies in the ranks of the six county companies had quickly been filled up, and that it was expected that three more county companies would shortly be formed. Surgeon-Captain Callender said that the Volunteer Medical Staff Corps was well represented at the seat of war, and that Surgeon-Captain Sleman in a letter from South Africa had informed him that the men of the corps were in great request, and that nearly all had been appointed non-commissioned officers in various hospitals.

<sup>1</sup> BRITISH MEDICAL JOURNAL, January 27th, p. 209.

## A STRANGE TALE OF PLAGUE BACILLI.

It may be remembered that some time ago the strange adventures of Dr. Leonard Haydon and the plague bacilli which he took with him to Victoria were related in the BRITISH MEDICAL JOURNAL. He had been sent out from England by the British Government to India as a plague officer, and when there made cultures of the bacilli. With a number of tubes containing these cultures in his possession he arrived at Melbourne. The Board of Health advised the Government that experiments with the bacilli would be a danger to the Colony, and, though Dr. Haydon pleaded that he intended to use them only for the manufacture of protective serum, he was summoned to surrender them. The authorities were at first somewhat puzzled how to act, no provision having been made by the Legislature to meet such a case. But having resolved that, law or no law, the bacilli should be destroyed, they soon found a way. Gelatine is subject to a duty of threepence in the pound in Victoria, and as the preparations were on gelatine, they were confiscated, on the ground that the duty had not been paid. They were then destroyed. By this dainty device of the legal mind the situation was saved, and the Colony was delivered from a deadly invasion. But alas! the Board of Health has since, it is said, had reason to repent its hasty and ill-considered action. With plague at their doors, serum was urgently needed for inoculation, and there was none to be had. Melbourne had to cable to Europe for supplies. May we therefore suggest that the Victorian Government should apologise to Dr. Haydon, and pay him the £300 which he claimed as compensation for the destruction of his property?

## HOW TO FREE A TOWN FROM MOSQUITOS.

At a meeting of the Società Medico-Fisica Universitaria of Sassari, on March 23rd, Dr. C. Fermi gave an account of certain experiments made in Sassari, in conjunction with Dr. Lumbau and Dr. Cossu-Rocca, with the object of freeing the town from mosquitos. He was able to discover all their breeding places in different parts of the city, in drains, cisters, puddles, etc. The method adopted was the destruction of the larvæ by means of petroleum placed in the breeding grounds twice a month. The mosquitos were destroyed in shops by means of chlorine, and in houses by means of other culicicides, such as a mixture of pyrethrum, chrysanthemum flowers, valerian, and calamus aromaticus, or the "zanzoline" of Celli and Casagrandi. The results obtained were so satisfactory that Dr. Fermi concludes from them that it is always possible to free a town from mosquitos unless the conditions are exceptionally unfavourable—as if it be situated in the midst of a swamp. He estimates the expense of freeing a town of 50,000 inhabitants at 1,000 to 1,500 lire (£40 to £60) a year. This includes the wages of the staff required to carry out the measures prescribed. The expense is small in comparison with that of other methods, such as smoke cones, which only some 10 per cent. of the people can be got to use.

## THE STUDY OF TROPICAL DISEASES.

THE Craggs Research Scholarship of £300 a year has been awarded to Dr. G. L. Low, M.A., M.B., C.M., a distinguished student of the London School of Tropical Medicine. Mr. Craggs, whose name the Scholarship now bears, is a member of the firm of Craggs, Turketine, and Co., of Coleman Street, E.C. He is well known to all interested in questions relating to hospitals as one of the Honorary Secretaries of the Prince of Wales's Hospital Fund. Dr. Low will, in the first instance, as stated elsewhere, go to the Roman Campagna, where he is to take part in an experiment on the prevention of malaria. Later, he will proceed to the West Indies.

## LIVERPOOL POST-GRADUATE COURSES.

ARRANGEMENTS have been made at the Liverpool University College for conducting post-graduate courses in practical bacteriology and morbid histology. They will be held in the Thompson-Yates Laboratories, and will be conducted by Drs. Abram, Grünbaum, and Warrington. A considerable number of medical men have already put down their names for the courses.

We are asked to state that the laboratory meeting of the Pathological Society, to be held at King's College on Tuesday, May 15th, commences at 8 P.M., not at 8.30.

THE Town Council of Dorchester has resolved to offer the freedom of the borough to Mr. Treves, who was born in the town and received his early education there.

SIR THOMAS SMITH who retires from the Council of the Royal College of Surgeons of England does not intend to seek re-election. Mr. J. Bland-Sutton intends to offer himself as a candidate at the next election in July.

At the meeting of the Paris Académie de Médecine on May 1st Professors Behring (of Marburg), Golgi (of Pavia), Tilanus (of Amsterdam), and Pawloff (of St. Petersburg), were elected Foreign Associates.

THE discussion on the Wounded in the Present War, at the Royal Medical and Chirurgical Society, will be resumed at the next meeting by Mr. Clinton Dent, who was the correspondent of the BRITISH MEDICAL JOURNAL. Sir William Mac Cormac will also speak.

THE Croonian lectures before the Royal College of Physicians of London will be delivered on Tuesdays and Thursdays, June 19th, 21st, 26th, and 28th, at 5 P.M. by Dr. F. W. Mott, F.R.S., Pathologist to the London County Asylums, who has taken for his subject The Degeneration of the Neuron.

THE Executive Committee in Paris of the International Medical Congress reports that an arrangement has been concluded with the Commissary-General by which members of the Thirteenth International Congress of Medicine to be held at Paris from August 2nd to 9th, will be admitted free to the exhibition. A special ticket entitling members to this privilege will be issued at the offices of the Congress on and after July 31st.

MR. JONATHAN HUTCHINSON, as Emeritus Professor of Clinical Surgery in the London Hospital Medical College, will give the first of a course of lectures in the Clinical Theatre of the hospital on Wednesday next, May 16th, at 4 P.M. The subject will be the Story of Robben Island. Subsequent lectures will be given on May 23rd, 30th, and June 6th.

THE Council of the Royal Society, at its meeting on May 10th, recommended the following fifteen gentlemen for election as Fellows: C. J. Burch, M.A., T. W. Edgeworth David, B.A., J. B. Farmer, M.A., Leonard Hill, M.B., J. Horne, F.G.S., J. J. Lister, M.A., J. G. MacGregor, D.Sc., P. Manson, C.M.G., M.D., T. Muir, LL.D., A. A. Rambaut, M.A., W. J. Sell, M.A., W. Baldwin Spencer, B.A., J. Walker, D.Sc., P. Watts, and C. T. R. Wilson, M.A.

RUSSIAN DOCTORS FOR ABYSSINIA.—The Emperor Menelik is said to be establishing a number of medical schools in Abyssinia, and has requested that twelve Russian doctors and some Sisters of Charity may go out to teach his people.