

EPIDEMIC PNEUMONIC FEVER.

PANDEMICS AND EPIDEMICS.

THAT pneumonia, or pneumonic fever, as we have called it above in accordance with its true pathology, may occur in epidemics, or even in pandemics, is well known to epidemiologists. In Hirsch's classical work many examples of such pandemics are given. Thus in the United States epidemic outbreaks of pneumonia in the early part of the present century were followed by "a pandemic of pneumonia, which extended during the period from 1812 to 1825 over a great part of the continent of North America, from Canada to the Gulf of Mexico, although, as in France the century before, its epidemic character did not come out except in winter and spring for all the years that it lasted." In England epidemics on a comparatively small scale have been described at Middlesbrough and Scotter (Lincolnshire). Our national records seem to show that other parts of this country must have suffered to a very exceptional extent from pneumonia in certain years. Thus in 1887 the death-rate from this cause in England and Wales was 1,113, whereas in 1881 it was only 910 per million persons. It increased to 1,472 in 1891, but the disturbing influence of influenza may be read into the latter experience.

EPIDEMIC PNEUMONIA IN MIDDLESBROUGH.

The above facts give a special interest to the second epidemic of pneumonia from which Middlesbrough has been suffering during the last year. Its first epidemic occurred in 1888, embracing about 1,000 cases, of which 369 were fatal. This epidemic was described by the late Dr. Ballard, who claimed for the Middlesbrough disease a place among acute specific fevers as pneumonic fever. The facts of the present epidemic are well summarised by Dr. C. V. Dingle, the Medical Officer of Health of Middlesbrough, in his annual report. He shows how the death-rate from pneumonia has increased from 1.5 in 1881 to 4.2 per 1,000 in 1899. In Dr. Barr's lecture in another column (p. 1398) will be found statistics which show what an enormous excess of pneumonia there has been in Middlesbrough. Nor can this excess be more than partially explained by statistical transference from bronchitis to pneumonia. The death-rate per 1,000 living from these two diseases together has increased from 3.4 in 1888 to 5.6 in 1899. The recent epidemic has not been so severe as that in 1888, the death-rate per 1,000 living having been 4.3 as compared with 5.3 in 1888.

In January, 1899, the medical practitioners of Middlesbrough were asked voluntarily to notify for a period of six months cases of pneumonia occurring in their practice. Of 100 cases thus notified 36 died, and on this basis it is calculated that during the whole year 1,126 cases of pneumonia occurred in 1899. The 100 notified cases occurred in 93 houses. Three houses had 3 cases in each in quick succession, and two houses had two cases in each. Of the 93 houses, 78 were in good and 15 in bad sanitary condition. The largest number of cases occurred in the month of May, and this was an exceptionally wet month. The epidemic does not, however, appear to have had any marked relation to meteorological conditions. Nor can the dust from the Basic Slag Works have had, as was urged by some, much to do with the excess of pneumonia, as comparatively few of the victims were employed at these works, and this cause is in operation every year, while the epidemic prevalence of pneumonia fever is intermittent.

EVIDENCE OF INFECTION.

Dr. Dingle is of opinion, and is confirmed in this opinion by many practitioners in Middlesbrough, that a great many of the cases of pneumonia met with were highly infectious. More than a quarter of the 100 cases notified had been in close contact with a recent case or lived in houses in which there had been cases previously. A list of instances is given in which preceding attacks had occurred in the same house some months or one or two years previously, appearing to indicate that, as in diphtheria, the infection may remain dormant for considerable intervals, becoming active again under favourable conditions.

AUXILIARY FACTORS.

The nature of these auxiliary factors is still almost unknown. The privy middens in the town probably favour the multiplication of the pathogenic microbe of pneumonia. but other

towns with similar abominations enjoy a comparative freedom from this disease.

No facts seem to have been forthcoming during the present epidemic in Middlesbrough in confirmation of Dr. Ballard's conclusion that food can become contaminated with the material of the disease and communicate the disease to those partaking of it.

NEED FOR FURTHER INVESTIGATION.

Bacteriological evidence is somewhat deficient. This is very unfortunate. In the epidemic of 1888 Dr. Klein found bacilli in the morbid products from patients, which had differential characters of their own, having no relation to the microbes ordinarily associated with pneumonia. Can this observation be confirmed in the present epidemic? We hope it is not too late to ensure a scientific investigation of this question and of the entire epidemic in exact detail. The data contained in Dr. Dingle's report form an admirable starting point for such an investigation. In the meantime there can be no difference of opinion that notification of all cases of pneumonia occurring in Middlesbrough is desirable, first, in order that the disease may be scientifically investigated in all its aspects; and secondly, in order that a certain measure of isolation may be carried out, and that sick rooms and their contents may be efficiently disinfected.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association at 429, Strand (corner of Agar Street), London, on Wednesday, the 11th day of July next, at 2 o'clock in the afternoon.

June, 1900.

FRANCIS FOWKE, *General Secretary.*

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1900.

MEETINGS of the Council will be held on July 11th and October 10th, 1900. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting—namely, June 21st and September 27th, 1900.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No members can be elected by a Branch Council unless their names have been inserted in the circular summoning the meeting at which they seek election.

ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

FRANCIS FOWKE, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH.—The annual general meeting of this Branch will be held at the Hotel Cecil on Tuesday, June 19th, at 6 P.M., when the report of the retiring Council and of the Treasurer will be received, and an address delivered by the incoming President, Mr. George Eastes. At 7 P.M. the members will dine together, the President being in the chair.—H. BETHAM ROBINSON, M.S., 1, Upper Wimpole Street, GEORGE ROWELL, 6, Cavendish Place (*pro tem.*), Honorary Secretaries.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.—The annual meeting will be held at the Medical Institute, Edmund Street, Birmingham, on Thursday, June 21st, at 4 P.M. An address will be given by Dr. Milner Moore, President-elect. The annual dinner will take place at the Grand Hotel, Colmore Row, at 6.30 P.M.—WILLIAM F. HASLAM, Edgbaston, and J. T. J. MORRISON, Birmingham, Honorary Secretaries.

STIRLING, KINROSS, AND CLACKMANNAN BRANCH.—The annual meeting of this Branch will be held in the Royal Hotel, Stirling, on Tuesday, June 19th, at 3 P.M. Dr. Mackintosh will deliver his presidential address, and the annual business of the Branch will be transacted, including the appointment of office-bearers for the following year. Members who desire to exhibit cases or specimens will kindly intimate their intention to Dr. MOORHOUSE, 1, Glebe Avenue, Stirling, Honorary Secretary.

¹ Hirsch, *New Syd. Soc. Transl.*, vol. 111, p. 125, et seq.

PERTSHIRE BRANCH.—The summer meeting of this Branch will be held at Trinity College, Glensalmond, by kind invitation of Dr. Simpson, on Saturday, June 9th, at 1 P.M. Business: Read minutes; election of member (Dr. Porter, Comrie); appointment of representative member; arrangements for special anniversary meeting, the Perthshire Medical Association having been founded in 1879; report of Committee re registration of deaths; any other competent business. To permit of arrangements being made, it is necessary that the Secretary should be at once informed by members of their intention to attend this meeting, which is conditional upon an attendance of ten members. A conveyance will be ordered to start from Messrs. Marshalls' George Street Office at 11.45 A.M.—A. M. URQUHART, Murray's Asylum, Perth, Honorary Secretary.

BORDER COUNTIES BRANCH.—The annual meeting of this Branch will be held in the County Hotel, Carlisle, on Friday, June 29th, at 4.15 P.M. Members intending to read papers and gentlemen desirous of joining the Branch are requested to communicate as soon as possible with the Honorary Secretary, W. F. FARQUHARSON, M.D., Garlands, Carlisle.

LANCASHIRE AND CHESHIRE BRANCH.—The annual meeting of this Branch will be held in Preston on Wednesday, June 27th, at 2 P.M. Members who wish to read communications, show patients, or propose new members are requested to write at once.—T. ARTHUR HELME, M.D., 3, St. Peter's Square, Manchester, Honorary Secretary.

MIDLAND BRANCH.—The annual meeting of this Branch, owing to the indisposition of the President-elect, is postponed to Thursday, June 28th, when it will take place at the General Hospital, Nottingham, at 2.15 P.M. Agenda: Minutes. Report of Branch Council. Election of representatives of Branch on General Council. Election of representatives of Branch on Parliamentary Bills Committee. Election of Branch Council and officers. Election of President-elect for 1900-1901. President's address. The following cases will be shown and papers read:—Mr. C. J. Bond: Two Cases of Spina Bifida, treated by Excision. Dr. G. Lorimer: Some Observations on Gonorrhoeal Rheumatism. Dr. E. Mansel Sympson: A Case of Recto-vesical Fistula in a boy 5 years old, with Colotomy Operation. Dr. Pope and Dr. Astley Clarke: Cases of Acromegaly and Cretinism occurring respectively in Father and Daughter, with remarks on the possible Connection of the Two Diseases. Dr. H. Handford: Three Cases of Cerebro-spinal Meningitis. Dr. W. B. Ransom: Notes on, and Specimens of, a Case of Syringomyelia. Dr. H. Michie: Intestinal Resection for Cancer. Members are requested to bring cases and specimens for exhibition. Luncheon will be provided by the President-elect at the Albert Hotel, Derby Road, at 12.45 P.M. The annual dinner will take place at the same hotel at 6 P.M.; price 7s. 6d., exclusive of wine.—FRANK M. POPE, 4, Prebend Street, Leicester, Honorary Secretary and Treasurer.

SOUTH MIDLAND BRANCH.—The forty-fifth annual meeting of this Branch will be held at Wolverton on Thursday, June 14th, at 1 P.M., under the presidency of Dr. Symington. Gentlemen wishing to bring forward cases or papers are requested to communicate with the Honorary Secretary without delay. The following papers have been promised:—Mr. Percival: A few Cases of Abdominal Operations. Mr. Nash: A Case of Pancreatic Cyst in a Child, treated by drainage. Specimens: (1) A multilocular cyst of paradidymis and loose body from tunica vaginalis; (2) fragments of renal growth passed in the urine. Mr. Hailey: The Provision of Isolation Hospitals for Rural Districts. The following gentlemen will be proposed as new members of the Branch: C. H. Miles (Stantonbury), E. Sexton (Bedford), Chas. H. Perram (Bedford), E. P. Norman (Yardley Hastings), Arthur D. Hughes (Dunstable), A. H. Collins (Riseley), A. A. Hope (Byfield); Geo. Kimball Jones (Northampton); J. O. Harvey (Wolverton); Ernest Selby (Waddesdon). It is hoped that time will allow of a visit to the London and North-Western Carriage Works. The President invites the members to luncheon at 12 o'clock, and will be glad of the favour of a reply, sent to himself, not later than June 12th. Gentlemen are asked to introduce new members, and to show patients, specimens, drawings, skiagraphs, etc., and anything that may add to the interest of the meeting.—C. J. EVANS, Northampton, Honorary Secretary.

SOUTH-EASTERN BRANCH.—The annual meeting of this Branch will be held at Reigate on Thursday, June 21st. Dr. Walters, of Reigate, will preside.—T. JENNER VERRALL, 97, Montpellier Road, Brighton, Honorary Secretary.

SOUTH-WESTERN BRANCH.—The annual meeting of this Branch will be held on Wednesday, June 20th, in the Museum of the Torquay Natural History Society, Babbacombe Road, Torquay, at 3 P.M., when Dr. Jackson will resign the chair to Mr. Karkeek, who will deliver an inaugural address. The Branch Council will meet at 2 P.M., and will afterwards present their annual report to the meeting. Mr. George Jackson will ask the opinion of the meeting as to the desirability of transacting business, especially in matters of interest to the profession at large (not for the reading of papers on medical or surgical topics or showing cases or specimens) at the annual meeting. In the event of the meeting agreeing to that arrangement, it will be asked to sanction a special meeting in order to alter the by-laws to give effect to the same. A communication from the General Secretary of the Association with reference to the Midwives Bill, at present before Parliament, will be read. Luncheon, by kind invitation of the President-elect, will be held at 1 P.M. at the Museum, and the annual dinner will take place at the Bath Saloon at 6.30 P.M. Tickets (exclusive of wine), 6s. After the meeting tea will be served in the Museum. On Thursday, June 21st, the Torquay members have kindly arranged an excursion by sea to Dartmouth, up the river Dart to Totnes, at which place luncheon will be held, and by coach from there to Berry Pomeroy Castle, and home. The Honorary Secretary will be glad if members will inform him, on or before June 16th, whether they will be present at (1) the dinner, (2) the excursion, so that further arrangements may be made.—H. W. WEBBER, M.S., 4, Woodland Terrace, Plymouth, Honorary Secretary

WEST SOMERSET BRANCH.—The annual meeting of this Branch will be held on Tuesday, June 26th, at 12.30 P.M., at the Lamb Hotel, Dulverton, under the presidency of Mr. G. F. Sydenham. Business:—Minutes. Report of Council. Treasurer's account. Election of members of Council and President-elect. Place of next annual meeting. Intermediate meetings. The President will deliver an address on The Vulgar Errors and Superstitions of West Somerset in their Relation to Medicine. Dr. Macdonald will make a short report on the Conference of Medical Ethics at Manchester. Luncheon will be provided at the Lamb Inn after the meeting, price 2s. 6d. per head, exclusive of wine. The President invites the members of the Branch to drive with him to the Harbourer's Cottage, Haddon Hill, where tea will be taken. Mrs. Sydenham has kindly invited the wives of members to lunch at her house, and to join the party at tea at Haddon afterwards. Members should write to Mr. Sydenham before June 20th, stating if they intend to be present, and if their wives accept Mrs. Sydenham's invitation.—R. LIDDON MEADE-KING, Taunton, Honorary Secretary.

READING AND UPPER THAMES BRANCH.—The annual meeting of this Branch will be held in the Library of the Royal Berks Hospital, Reading, on Friday, June 29th, at 3 P.M. The President (Dr. Freeman) will take the chair, and the officers for the coming year will be elected, after which Dr. Noott, of Broadmoor Asylum (the President for the coming year) will take the chair. At 3.30 P.M. a combined scientific meeting of the Oxford Branch and the Reading and Upper Thames Branch will be held in the Library, Royal Beccles Hospital. Cases will be read and specimens presented, and the President (Dr. Noott) will read a short paper on the Alleged Increase of Lunacy, with a view to a discussion, in which members of both Branches are invited to take part. The annual dinner will take place on the same evening at 6 o'clock at the Great Western Hotel, Reading. The charge for the dinner will be 6s. per head, exclusive of wine.—H. H. PHILLIPS-CONN, Reading, Honorary Secretary.

BATH AND BRISTOL BRANCH.

A MEETING of this Branch was held at Bristol on May 30th, Dr. A. J. HARRISON, President, in the chair. Thirty members were present.

New Members.—The following were elected: Donald Ackland, M.R.C.S., L.R.C.P.Lond., L.D.S. R.C.S.Eng.; Forbes Fraser, F.R.C.S., L.R.C.P.Lond.; and Roland Cox, M.R.C.S., L.R.C.P.Lond.

Midwives Bill.—The HONORARY SECRETARY read the report of the Branch Council on matters connected with the Midwives Registration Bill, and on a communication from the South-Western Branch, which were referred to the Council at the last meeting.

Bright's Disease.—Dr. H. WALDO read a paper entitled *Is Bright's Disease Curable?* Using albuminuria in a clinical sense, and excluding cases of albuminuria after exertion, he emphasised the gravity of the condition where large amounts of albumen were passed, though a few cases might clear up. Albuminuria might occur at the menopause and clear up, but the prognosis in cyclical or postural cases was doubtful. Cases of post-scarlatinal nephritis were long-suffering, and often did well; in chronic Bright's disease he had seen albuminuria present for eighteen years in one case, but the general outlook was bad. Although if, as was probably the case, alcoholism led to albuminuria, the albumen should clear up on discontinuing alcohol, his experience of such cases was that few or none recovered. He alluded to the importance of an early diagnosis, which could often be made from the cardio-vascular changes; he had seen many cases benefited, but none cured, from residence in a warm climate. Potassium iodide was often useful in cases of contracted granular kidney, and where pilocarpin was useful the previous administration of a tabloid of renal extract increased its effect.—Dr. COOMBS said the estimation of the functional capacity of the kidney was of great importance in prognosis.—Dr. SYMES agreed as to the curability of post-scarlatinal cases and the difficulty of treating successfully chronic nephritis.—Dr. HARVEY mentioned a case in which albuminuria was cured by residence in Cyprus and in Egypt.—Dr. WATSON WILLIAMS mentioned the insignificance of albuminuria as a drain of proteid material, and very often as a symptom; and in treatment the importance of maintaining the high pulse tension, unless this were already excessive.—Dr. MICHELL CLARKE thought treatment and prognosis in well-marked chronic Bright's disease was unsatisfactory. Cases of contracted granular kidney might, however, by taking proper care, live a very long time. He mentioned a case still living in which albumen was found in the urine thirty-five years ago.

Congenital Stricture of Ileum.—Dr. E. W. H. GROVES read a paper on the case of an infant aged 13 months, who came under his care in an extremely emaciated condition, with visible peristaltic movements of the bowel.

The child was in constant pain, but there was no vomiting throughout.

and the bowels were regular until towards the end. *Post mortem* a hard fibrous stricture was found in the ileum, which only admitted a probe. He thought the stricture a congenital one, an example of an extreme degree of stenosis involving all the coats of the gut.

A similar case had been reported by Mr. Hudson in the Pathological Society's *Transactions*.—Mr. CARWARDINE referred to the importance in cases of stricture of the gut in this situation of the development of Meckel's diverticulum, to the recession of which a congenital stricture was often due.—Mr. MORTON gave an account of a case of congenital stenosis of the gut in an infant under his care.—Dr. A. J. HARRISON and Mr. WATHEN also discussed the case.

Pin in the Pharynx.—Dr. H. S. BALLANCE reported the case of a dressmaker, aged 25, from whom he removed a pin stuck in the pharynx.

She was in the habit of holding pins in her mouth. She next complained of pains in the abdomen, and passed two *per rectum* after a dose of castor oil. Examination by x rays (by the screen) at St. Thomas's Hospital showed one pin in position of caecum and two in the lumbar region; castor oil brought away two. She returned well, but some months later again complained of abdominal pain and had a passing attack of ascites. Skiagraphs were taken, and one showed a pin in the abdominal cavity, but eight or nine others taken subsequently failed to show it, and operation was therefore postponed. As the pain continued she returned to the Bristol General Hospital, where the abdomen was opened by Mr. Morton, and a needle found which had passed half way through the wall of the gut in the region of the umbilicus. She remained well until two days ago, when she had again pains in the lumbar region with a rise of temperature.

—Mr. MORTON gave a short account of the clinical features of the case whilst under his observation, and of the operation which he performed for her relief.

The Early Diagnosis of Measles.—Dr. WATSON WILLIAMS read a paper in which he described the spots on the buccal mucous membrane, which were first pointed out by Koplik as occurring in the pre-eruptive stage of measles, and alluded to their importance as affording a means of early diagnosis. The paper was illustrated by coloured drawings, and was discussed by Dr. H. J. HARRISON and Mr. WATHEN.

Erb's Progressive Muscular Dystrophy.—Dr. MICHELL CLARKE showed a boy, aged 15, suffering from Erb's progressive juvenile muscular dystrophy. The disease had lasted four years, had slowly invaded most of the muscles of the trunk, shoulders, arms, and thighs, and in less degree those of the calves, feet, and hands. The face was spared. The muscles gave diminished but no degenerative reaction to electricity. There was also enlargement of both parotids.

Paper.—Dr. MICHELL CLARKE read a paper on a case of Malignant Endocarditis, in which recovery took place under use of antistreptococcic serum.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

The 155th meeting (annual) of this District was held at the Kent and Canterbury Hospital on May 24th, Mr. W. K. TREVES (Margate) in the chair. Twenty-one members and visitors were present.

Confirmation of Minutes.—The minutes of the last meeting of the District and of the last annual meeting, were read and confirmed.

Accounts.—The accounts for the past year, duly audited, were passed.

Election of Honorary Secretary.—On a resolution from the Chair, seconded by Dr. PITTOCK, Mr. Raven (Broadstairs) was unanimously re-elected Honorary Secretary.

Forthcoming Meetings.—It was decided that the meeting to be held in September should take place at Broadstairs, and that the meeting in March, 1901, should be held at Faversham.

Chairman of the September Meeting.—Mr. Raven (Broadstairs) was appointed Chairman of this meeting.

Healthy Metabolism.—Dr. HOGGAN EWART (Folkestone) read a paper on Healthy Metabolism and Some of its Indications. After a brief sketch of normal metabolism, health was defined as perfect metabolic equilibrium of the tissues. Special stress was laid on the study of the variations consistent with healthy metabolism with the view of determining the earliest deviations from the normal standard. It was urged that the subject of inflammation was the most important clinical study. A better classification should be aimed at, the affix "itis" being a cloak for much ignorance in textbooks. Dr. Ewart believed that cancer began with an inflammatory molecular change, and that gout was a general inflammatory molecular change

set up by excess of uric acid, as were also cirrhosis and diabetes, these being due to irritants, as alcohol in the former and sugar in the latter. Taking this view, diseases might be classified into (1) diseases not due to micro-organisms, (2) those due to micro-organisms or their toxins. The problems to be solved were: (1) When does healthy chemical change alter so as to constitute disease? This was best done by acquaintance with the standards of health and by knowledge of physical and mechanical principles. (2) What measures can be taken to retard chemical alteration? These preventive measures were divided into three—namely, (a) sanitation, (b) dietetics and regulation of work and exercise—special stress was laid on the latter—outdoor pursuits and systematic exercises in particular; (c) bacteriology. (3) When alteration has occurred, how is the normal equilibrium to be restored? This introduced the consideration of surgical and medical methods, both of which were successful in direct proportion to what was touched on under this heading—the knowledge of when the earliest deviation occurred. This was much easier for the surgeon; with the physician it was largely a matter of public education, for the uneducated man delayed until it was too late, while the educated man sought advice early as to preventive measures, when the physician could help him more efficiently than he could a patient with a temperature of say 103° F. In conclusion Dr. Ewart remarked that a knowledge of healthy metabolism was of primary importance, and reference must always be made to it in judging of the reactions of the tissues, whether they were against external organisms, auto-intoxication, or physical or chemical agents.

Membranous Colitis.—Dr. ARMSTRONG BOWES (Herne Bay) read a paper on membranous colitis.

The condition known as dyspeptic membranous colitis was illustrated by a case occurring in a girl, aged 4 years, who had been the subject of it for eighteen months, and who during that time had had paroxysms when typical evacuations were passed, consisting of shreds, agglutinated masses, and tubular casts, with instant relief of pain. No cause of the disease could be discovered, but on one occasion the evacuation was accompanied with a convulsion. The chief points of special interest were that the patient was a child, and that her younger brother had once passed such an evacuation when not twelve months old; that the symptoms were mild considering the frequency of the paroxysms and the amount of membrane passed; two symptoms, abdominal pain and headache, were present only at night. The microscope revealed a structureless ground of the membrane, containing mucin, with many irregular degenerating epithelial cells and leucocytes embedded in it. The seven specimens shown from varying paroxysms exhibited differences in colour and thickness of the membrane.

The usual association of the disease with neurotic females, and the attendant symptoms, the microscopical characters of the membrane and the diagnosis were dealt with. Under etiology, the inflammatory, nervous, and mechanical theories were discussed. Prognosis was good as regards life, but unfavourable as regards cure. Many drugs had been unsuccessfully employed; external applications had failed, and treatment resolved itself into opium, diet, and hygiene. As a last resource, a right inguinal colotomy had been done with success, the artificial anus being left open for a sufficient length of time.

Partial Gastrectomy.—Dr. WHITEHEAD REID (Canterbury) showed a man, aged 35, from whom he had removed, a year ago, the pylorus and part of the stomach for ulcerating epithelioma. The patient returned to his work as a milkman seven weeks after the operation. The specimen was shown. Double rows of boiled silk sutures were used for sewing up to the stomach and attaching the duodenum thereto.

Dinner.—After the meeting, eighteen members and visitors dined at the County Hotel under the presidency of the Chairman.

SPECIAL CORRESPONDENCE.

BERLIN.

Medical Courts of Honour: Initial Difficulties.—*Hygiene of Railwaymen*.—*Scientific Inspection of Barnum's Show*.—*A Day Sanatorium*.

THOUGH medical courts of honour are by law theoretically an established fact in the Kingdom of Prussia, they are far as yet from being realised in practice. Dr. Becher, President of the Berlin-Brandenburg "Aerztckammer" (representative body of medical practitioners) and President-elect of the Court of