

The third volume of *International Clinics*¹⁴ for 1910 contains articles on a wide variety of subjects, and, in addition to papers dealing with various medical, surgical, and gynaecological questions, there are several lectures devoted to general diagnosis and treatment. A book of this kind is essentially clinical, and the wide field of practical work which it covers ensures to every reader the discovery of one or more chapters dealing with disordered conditions of the human body in which he takes a personal and special interest. With one or two exceptions the contributors are all teachers in the American schools of medicine, and this collection of monographs may therefore be regarded as a reflex of the practice of the day in the hospitals of the United States. At the present time, when questions bearing upon the treatment of tuberculosis are very much in the air, the chapter by Dr. Joseph Walsh of Philadelphia on the treatment of advanced and acute cases of tuberculosis of the lungs will be read with special interest. He depends for his results upon fresh air, rest, nourishment, combined with inunction of eucrophen (an iodine compound), and general tonics, according to indications, administered internally. No reference is made to vaccines, or antiseptics, or any of the more recent methods of medication. In these days of experimental enthusiasm it is unusual to read a paper by an acknowledged authority in which they are not even mentioned. Has Dr. Walsh tried them and found them wanting? Or is he convinced from his observation either that they are not yet sufficiently proved to be trustworthy, or that they are totally unsuited for acute cases? The presentation of a series of desultory papers such as these quarterly volumes of *International Clinics* contain is undoubtedly of some use, but it is possible that more practical value would attend the publication of similar volumes of clinical lectures collected from more limited fields, say, from the medical schools of one country or of one city. To make any work international in the proper sense of the term would involve not only the collection enormous material, but the publication of many volumes in order to have it adequately representative. The Editorial Committee of this series of *International Clinics*, apart from its American members, can in no sense be called representative of any other country.

The edition of *Nisbet's Medical Directory for 1911*¹⁵ has reached us this week. As is probably well known to most readers, it is arranged in two parts, the first consisting of a single alphabetical directory of medical practitioners, with their addresses and short particulars of their diplomas, the appointments they hold, and a mention of a book or paper which may be taken as some indication of the subjects in which they are specially interested. The second part is a local directory, in which the names of the practitioners are arranged under the places in which they reside. Among the merits claimed for the book are that it is handy, accurate, and concise, and these claims are, we think, justified.

Dr. A. M. KELLAS'S *Introduction to Practical Organic Chemistry*¹⁶ is intended as a guide to laboratory work in this subject, and is suitable for those commencing the subject and desirous of proceeding in it about as far as is required for the Preliminary Scientific Examination of London University. The preparation of typical organic substances and their ultimate analysis, together with tests for the identification of those most commonly occurring, are dealt with in sections of the book, while two appendices are devoted to additional requirements for some examinations of the Board of Education and the London University. The work appears to be well planned and the directions adequate and well chosen. The book will probably prove useful to medical students for this portion of their curriculum.

¹⁴ *International Clinics*. By Leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U.S.A., and others. Vol. III. Twentieth Series, 1910. Philadelphia and London: J. P. Lippincott Company. 1910. (Royal 8vo, pp. 347. Numerous plates and figures.)
¹⁵ *Nisbet's Medical Directory, 1911*. London: James Nisbet and Co. (7s. 6d.)

¹⁶ *Introduction to Practical Organic Chemistry, including Qualitative and Quantitative Analysis and Preparations*. By A. M. Kellas, B.Sc. Lond., Ph.D. Heidelberg. London: Henry Frowde, and Hodder and Stoughton. 1910. (Cr. 8vo, pp. 242, 50 illustrations. 5s. 6d.)

THE late Dr. J. Frank Payne left estate valued at £15,285.

THE Fourth International Congress for the Amelioration of the Condition of the Blind is to be held at Cairo this month (20th to 25th). It is under the patronage of His Highness the Khedive. The General Secretary is His Excellency Dr. Eloui Pasha, 2, Zervudachi Street, Cairo.

MEDICAL TREATMENT OF SCHOOL CHILDREN AT HOSPITALS.

NORWICH.

THE annual meeting of the subscribers of the Norwich Eye Infirmary was largely occupied in discussing the position which has been brought about by the action of the Education Committee in desiring that cases of eye defects discovered in the course of the medical examination of school children should be treated at the Norwich Eye Infirmary, a matter to which reference was made in the *JOURNAL* of January 14th, page 103.

The financial statement submitted to the meeting showed that the income was £250 from subscriptions, £104 from donations, and £203 from investments. The year had begun with a balance due to the bank of £118, and this debt had been increased to £299. The annual report of the committee contained the following paragraph:

The physical inspection and care of children in our public schools have revealed the fact that there are a large number of children requiring treatment for minor ophthalmic ailments. This necessarily increases the number of those who by subscribers' recommendations seek the aid of our charity, and we hope such arrangements will be made by the education authority as will meet the pressing need. This matter has been, and is, under the anxious consideration of your committee. Year by year we are increasingly indebted to our honorary medical staff for the unsparing devotion to the work they have undertaken.

Reference was made to a proposal to amalgamate the Eye Infirmary with the Norfolk and Norwich Hospital, and the Lord Mayor, in moving the adoption of the report, said that it was hoped to proceed with the matter so soon as certain details had been arranged with the Charity Commissioners. He also referred to the physical care of children whose eyesight was found to be defective. This, he said, was a question that was being met in all charitable medical institutions, but he thought that with a little forethought the difficulty might be overcome until the local authorities had made proper arrangements for themselves dealing with the children, as no doubt they would do in the course of time. In the meantime, there would be some difficulty, and charitable institutions would have to put up with them for the time being.

The medical officer's report contained the following passage referring to this matter:

In our reports for the previous two years (1909 and 1908) your attention was drawn to children attending for treatment of minor ailments as the result of State medical inspection. Towards the end of the year under review it was found that yet another twelve months was passing without any satisfactory solution of the difficult question of the treatment of these school children, and that although the local education authority had made an arrangement directly with an ophthalmic surgeon to treat such cases as were sent him, and your Committee of Management had informed the Education authority that you were unanimously decided not to treat these cases, nevertheless school children continued to attend as the result of school medical inspection, for treatment of minor ophthalmic defects. Your medical staff, giving the matter their very full, careful, and anxious consideration, felt that although they had no difficulty in coping with the slight additional work which the treatment of these children entails, yet they could not disregard the considerations that the infirmary was established purely as a charity, and their positions as members of its medical staff honorary; and also further that the local education authority had made an arrangement directly with an ophthalmic surgeon to treat such children as were sent him. We felt therefore bound to continue loyal to the wishes of the Committee of Management, and support, so far as was in our power, their feelings in the matter as unanimously expressed in their resolution of May 19th, 1909—namely: "The Eye Infirmary being established purely as a charity, the committee are not prepared to treat cases sent by the Education Committee." Accordingly on October 24th, 1910, we handed in notice that after a reasonable time we should decline to see these school cases, both for the city and county. Having subsequently, however, ascertained that the county education authority was making real and earnest endeavours to arrive at a universally satisfactory solution of the question of the treatment of its children, we withdrew our notice so far as the county children were concerned, before it had come into force. In connexion with this matter your committee asked us to report on the question of the appointment of a paid clinical assistant. This subject has received our full and careful consideration, and a report on the whole question has been laid before your committee.

The report having been received, Mr. S. COZENS-HARDY moved the following addition to the rules: "That the

committee shall have power to appoint a clinical assistant." He said reference had been made to the treatment of children who had been inspected by the medical officer of the Education Committee, and it was thought that possibly a paid clinical assistant might enable the committee to bridge over the difficulty for the time being. Such a course as this had been adopted in Moorfields Hospital, London, where the education authority sent a large number of children.

Mr. S. H. BURTON said that the appointment of a paid clinical assistant meant subsidizing the hospital—that was to say, the hospital would be paid a certain amount to do the work of the Education Committee. The staff of the Eye Infirmary thought the work would be much better done if the Education Committee dealt directly with its own officers, and not through the medium of a charity. The education authority would then be perfectly free to choose its own man, to pay him as they thought fit, and to find rooms for him; but they could not do all this through the medium of a charity without creating a lot of difficulties in the way of administration. At Moorfields the plan had been tried, and the reports were only partly satisfactory. Again, the subsidizing of the hospital and the treatment of minor diseases had been refused by a good many hospitals throughout the country. He might quote Yarmouth, Lowestoft, and Taunton in the provinces, and "King's" and "Guy's" in London, which had tried the plan and had discontinued it. In the report which the medical staff of the Eye Infirmary had prepared and presented to the committee, they said:

"The staff think it their duty to state fully the considerations by which they have been led to this conclusion. In the first place, there is no necessity for the appointment of a paid clinical assistant for the ordinary work of the charity, with which the honorary medical staff are fully prepared to cope. Therefore such an expense could not properly be made a charge upon the ordinary funds of the institution. If it is to be met at all, it must be met by the funds obtained from the education authority, in consideration of treatment of patients whom they should have a right to send. Any such payment by the education authority out of the public funds at their disposal, derived from the rates and from Government grants, can obviously only be made for the purpose of defraying expenses legitimately chargeable to those public funds, that is, in the present case for the purpose of providing treatment for patients for whose treatment it must be assumed (from the mere fact of such a payment being made) that the education authority is recognized to be responsible. Thus the net effect of the whole arrangement would be to make the Eye Infirmary the agent of the education authority in employing medical officers at the expense of the authority to treat patients for whose care that authority was responsible. Such an arrangement appears to be, in the first place, foreign to the objects of the charity, and in the second place open to grave objections on practical administrative grounds. The object of the Eye Infirmary is to give medical care to suitable necessitous persons recommended by the private subscribers, and not to relieve the rates or other public funds, or to act as the agent of, or to enter into contracts with, public authorities, for the treatment of persons chargeable to public funds. In practice, the administrative working of such an arrangement would be complicated and irksome for those responsible for the work of the infirmary, and disadvantageous to all concerned. As illustrating these disadvantages, the staff would instance the possible case of complaint that a child referred by the education authority to the infirmary for treatment had not received proper attention. The education authority, in the discharge of its public responsibilities, would be obliged to investigate the justice of the complaint. Having no control over those by whom the treatment had been given—namely, members (or a member) of the staff of the Eye Infirmary—the education authority would be compelled to refer the matter to the committee of management of that institution, upon whom the duty of investigation would then devolve. The possibilities of friction, and the difficulties of every kind resulting from such a position, do not need elaboration. There might be some justification for the Eye Infirmary being asked to waive even the considera-

tions above stated, and to accept the position with all its difficulties, if the education authority could show that no other means were open to it of securing proper treatment for the suffering and necessitous children, whose welfare must be the paramount desire of all concerned. The medical staff of the Eye Infirmary are second neither to the committee of management nor to the education authority in desiring that the best possible arrangements should be made for the prompt and efficient treatment of the children under consideration. But the staff are satisfied, both from their own study of the subject and from the inquiries they have made as to what is being done in other places, that the objects in view can be accomplished not only as well, but better, by the direct employment of medical practitioners by the education authority than by the use of the organization of medical charities for the purpose. The education authority have, indeed, already made some arrangement of the kind with a private practitioner in this city, and the Board of Education have sanctioned such arrangements in other places on an extensive scale. The proposal of the education authorities to utilize the charities simply arises from a not unnatural desire on their part to postpone as long as possible the necessity of creating an organization, under the sanction of the Board of Education, of their own. The apparent attractiveness of such a conception at first sight may be admitted, but on closer examination it will be seen to be unsound in principle and unworkable in practice; and in the interests primarily of the medical charities, but ultimately of the children themselves, and of all concerned, the sooner this is recognized the better. It may be suggested that such an arrangement with the education authority as is under consideration is comparable to the arrangements already made with the board of guardians. The staff are not convinced that the latter arrangement is free from objection, and in any event consider that even if the principle be the same the indefinite extension of it is most undesirable. While firmly convinced, on the above grounds, that the appointment of a paid clinical assistant is unnecessary and undesirable, and that no arrangement of a permanent character should be entered into by the Eye Infirmary with the education authority, the medical staff recognize that the latter body may not be able to make immediately the necessary provision in other ways; and the staff beg to assure the committee of management of their cordial co-operation in some definite arrangement which the committee might think it desirable to make for a fixed short period for the assistance of the education authority during the transition stage, so that the children may not suffer in the meantime. The staff think well also to advert to a suggestion which may possibly appear to the committee to be free from objection and may be regarded by the education authority as desirable on grounds of economy. That is, that possibly part of the premises of the Eye Infirmary might, in consideration of a rent to be paid by the education authority, be placed at the disposal of that body during one afternoon each week for the treatment of school children by a staff employed and paid by the authority. The rent would be devoted, of course, to the ordinary purposes of the charity, and the committee would consider whether the benefit thus derived by the charity compensated for such disadvantage, if any, as it suffered by being deprived of the use of the premises in question for the one afternoon. The infirmary would have no responsibility for the treatment given, its position in the matter being that purely of landlord."

Mr. COZENS-HARDY said that the suggestion of the amendment was to appoint a paid clinical assistant whose work would be confined to school cases, and it could be provided that such cases should be treated on one particular afternoon in the week, so as not to clash with the excellent work done by the honorary officers. At the present time the Eye Infirmary had subscriptions from twelve boards of guardians, but no difficulty in administration had arisen in consequence. The Secretary of the Moorfields Hospital had stated in reply to an inquiry that the difficulty related to the number of cases that attended on certain days.

Mr. BURTON was unable to accept this interpretation, holding that the secretary of Moorfields Hospital had informed Dr. Greene that the sending of children to the

hospital by the London County Council had raised many difficulties.

The motion was carried.

Mr. W. H. DAKIN, in moving a vote of thanks to the medical staff, said although they might have differences of opinion upon certain matters, there was but one opinion as to their great indebtedness to the honorary medical staff, who were constant in their attendance, and who rendered services which were very difficult to assess.

The motion having been carried, Mr. BURTON thanked the meeting and added that, as the governors knew perfectly well, the medical staff, like the governors, had at heart the interests of poor children who required assistance in their ophthalmic ailments, and although there were matters under discussion which had reached perhaps an acute stage, the medical staff wished the governors and the public to understand that they were perfectly willing to co-operate, so far as possible and as far as they could in accordance with the principles they had laid down for themselves with the solution of this knotty question.

BRITISH MEDICAL BENEVOLENT FUND.

At the January meeting of the committee 27 cases were considered and grants amounting to £209 made to 20 of the applicants. Appended is an abstract of the cases relieved:

1. Daughter, aged 59, of late M.R.C.S. No income; unable to earn a living on account of persistent ill-health. Recommended by Mr. C. E. A. MacLeod, F.R.C.S. Voted £12.
2. Widow, aged 47, of L.S.A. Husband's means exhausted by a long illness ending in death a few months ago, and the small sum obtained for the death vacancy practically all swallowed up by debts. Has taken a house and hopes to support herself by receiving boarders. Four children, all dependent. Recommended by Dr. Walter Broadbent. Voted £10.
3. Daughters, aged 62 and 60, of late M.R.C.S., L.S.A. Formerly teachers and now endeavouring to maintain themselves by a small boarding house, but have had a bad year. Recommended by Dr. J. Macfee. Voted £10.
4. M.B., C.M. Edin., aged 61. Incapacitated by hemiplegia; no income. Recommended by Dr. William Bruce. Voted £2, and to be further considered next month.
5. M.R.C.S., aged 63. Was obliged to retire three years ago owing to paralysis, and has supplemented a small annuity by the proceeds of the sale of practice, now exhausted. Recommended by Dr. J. Mitchell Bruce, Vice-President. Voted £10.
6. Widow, aged 50, of L.R.C.P. Edin. Since husband's death has supported herself by taking boarders, but has been compelled to contract some debts. Two sons unable to assist, and one daughter, delicate, who does the housework. Recommended by Dr. J. Bligh. Voted £12.
7. Daughter, aged 73, of late M.R.C.S. Supplements an income of £20 a year by needlework, but is becoming incapacitated by rheumatoid arthritis. Relieved twelve times, £113. Recommended by Mr. F. W. Way. Voted £12.
8. Widow, aged 40, of M.D., R.U.I. Income £25 a year. One child, 2 years old, which makes it extremely difficult for applicant to earn anything. Relieved once, £10. Recommended by Mr. J. R. Lownds. Voted £10.
9. Widow, aged 61, of M.R.C.S. No income; children only able to give very slight help. Relieved seven times, £72. Recommended by Mr. E. C. Barnes. Voted £12.
10. Widow, aged 57, of L.R.C.P.I. No income; unable to earn anything on account of a deformity. Children cannot help. Relieved seven times, £56. Recommended by Dr. C. W. Buckley. Voted £12.
11. M.R.C.S., aged 83. Only income a small Poor Law superannuation allowance. Children unable to help, and one still dependent. Relieved once, £12. Recommended by Dr. Henry Davy. Voted £12.
12. M.D. Edin., aged 69. Obligated to retire some years ago on account of ill-health, and has since lost all his means through a series of family misfortunes. Relieved once, £10. Recommended by Sir George Beatson, K.C.B., Honorary Local Secretary. Voted £10.
13. Daughter, aged 53, of late M.R.C.S. No income, eyesight defective, and can only earn a few shillings a week. Relieved once, £18. Recommended by Mr. W. M. Beaumont. Voted £18 to be shared with two afflicted sisters.
14. Widow, aged 56, of L.S.A. Only income a small pension; children cannot help. Relieved once, £12. Recommended by Mr. R. H. Luce, Honorary Local Secretary. Voted £5.
15. Daughter, aged 54, of late M.R.C.S. Keeps a boarding house, but is in temporary difficulties, owing to a couple of bad seasons. Relieved once, £10. Recommended by Mr. J. Jarvis. Voted £10.
16. Daughter, aged 59, of late M.R.C.S. For many years was a matron at a boys' school, but is now dependent on small earnings from music lessons and sewing. Relieved four times, £48. Recommended by Dr. C. J. Gibb. Voted £12.
17. Widow, aged 53, of M.R.C.S. No income, and is dependent on this fund and help given by relations. Children barely self-supporting. Relieved fifteen times, £174. Recommended by Dr. Charles Steele. Voted £5.
18. Daughter, aged 34, of late M.R.C.S. Trained as a nurse,

but found herself unable to act as such owing to continued bad health, which necessitated three or four surgical operations. Now endeavours to support herself by making marmalade. Relieved six times, £53. Recommended by Dr. E. Hyla Greyes. Voted £10.

19. L.R.C.P. Edin., aged 52. Used to have a good practice in London, but owing to continued ill-health is now penniless. He hopes shortly to get a ship's surgeoncy. Relieved once, £5. Recommended by Mr. J. Roche Lynch and Mr. H. W. Kialmark. Voted £5.

20. Daughter of late M.D., who practised in Devonshire. Was comfortably provided for, but lost practically everything through the negligence of a trustee, and now endeavours to support herself by taking boarders. Relieved twice, £25. Voted £20.

Contributions may be sent to the honorary treasurer, Dr. Samuel West, 15, Wimpole Street, W.

LITERARY NOTES.

THE Umberto I Prize, the competition for which opened on January 1st, 1909, and ended on December 31st, 1909, has been awarded by a committee, consisting of Professor Alessandro Codivilla of Bologna, Professor Georges Kirmisson of Paris, and Professor Oscar Vulpius of Heidelberg, to Professor Wilhelm Schulthess of Zürich for his work, *Die Pathologie und Therapie der Rückgratsverkrümmungen*. The book was published by Fischer, of Jena, in 1906.

An announcement of special interest to surgeons is that of Messrs. W. B. Saunders Company that they will immediately publish *The Collected Papers* by Drs. W. J. and C. H. Mayo and their associates at St. Mary's Hospital, Rochester, U.S.A. The papers are profusely illustrated with original drawings showing the pathology and histology of the conditions considered and the technique employed in treatment.

In his recently published *Sketches and Snapshots*, Mr. George W. E. Russell gives an account of the discovery of the body of Charles I in one of the vaults under St. George's Chapel, Windsor, in which some injustice is done to the memory of the courtly physician, Sir Henry Hallford, who was present, and by command of the Prince Regent drew up a report of the matter. Mr. Russell says:

That tractate I have just been reading, and side by side with it I set this curious paragraph from the memoir of Sir Henry Hallford. After setting forth Sir Henry's professional eminence, enviable income, courtly manners, and splendid hospitality, the biographer adds a trait which must have proceeded from the jaundiced imagination of an unsuccessful rival: "It was said that he obtained possession of a portion of the fourth cerebral vertebra of Charles I, which had been cut through by the axe, and used to show it at his dinner-table as a curiosity." If this is true, I can only be thankful that Sir Henry died some years before I began dining out of London.

To this Mr. Russell adds the following postscript:

Yesterday afternoon "The Execution and Burial of King Charles the First" was the subject of an address delivered at the Royal United Service Institution by the Rev. Canon Sheppard, Sub-Dean of the Chapel Royal.

He described the execution of King Charles, and stated that the sanction of Parliament was obtained for the burial of the body in the Royal Chapel of St. George at Windsor Castle. In December, 1888, the present King, then Prince of Wales, sent for the then Dean of Windsor (Dr. Randall Davidson), and, showing him a small ebony casket, informed him that it contained relics believed to be part of the body of Charles I. It would appear that Sir Henry Hallford, the physician to King George, had removed from the coffin, when it was exhumed in 1813, a portion of the vertebrae, cut transversely, a portion of auburn coloured hair, and a tooth. The Prince of Wales expressed his wish that they should be returned to the tomb, and, Queen Victoria's consent having been obtained, this was effected on December 13th, 1888. A square aperture was cut in the centre of the coffin, and at 7 p.m. the Prince of Wales, in the presence of the dean, two canons, and the surveyor, carefully placed in it the casket containing the historic relics.—*Daily News*, February 18th, 1909.

What we take to be the true version of the facts is given by Munk in his *Life of Sir Henry Hallford* (London, 1895, p. 61). After quoting the essential parts of Hallford's narrative, he goes on to say:

It was found after the coffin of King Charles had been soldered up, that the portion of the vertebra which had been cut through, had separated from the neck, and had fallen aside unnoticed, and so had escaped restoration to the coffin. It was not deemed necessary by the Prince Regent that the coffin should be again opened to replace the bone, which his Royal Highness then, with several kind expressions, presented to Sir Henry Hallford as a memorial of the poor king himself, and as a mark of his own esteem for him.

Sir Henry, who valued the relic very highly, had a case carved of lignum vitae lined with gold and a fitting Latin