

## MEMORANDA:

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

## CEREBRAL MENINGITIS FOLLOWING INFLUENZA.

I READ with interest the communication in the *BRITISH MEDICAL JOURNAL* of April 20th, p. 867, from Mr. D. L. Davies on the above subject, having recently attended a case which presented a striking resemblance to his. A week or two ago I was called to a lad of 19, who for some days previously had been confined to bed with slight pyrexia. When I saw him there was, in addition to this, arthritic pain in several of the joints. Shortly after the temperature rose, and spasmodic convulsions of a distinctly choreic nature supervened. At intervals the patient was conscious and answered questions intelligently. The pupils were somewhat dilated, and responded feebly to light or in a sluggish manner. There was no vomiting, and the whole body, some three or four days before death, was absolutely bathed in perspiration (inhibition of sympathetic?). The choreic jactitations were almost uninterrupted for three days before death, the lips became dry and parched, and the teeth covered with sordes. There was a family history of struma.

That the condition described was due to some cerebral disturbance there could be no doubt. My opinion that the case was not one of ordinary meningitis was supported by two friends who saw it with me. At the beginning all the features of influenza were present. The seat of the disease seemed to be the medulla. Whether the disease was of a scrofulous nature, or of an embolic, or purely inflammatory can only be conjectured.

Glasgow.

D. CAMPBELL BLACK.

HAVING seen a somewhat similar case, I have been interested in reading that reported under the above heading by Mr. Davies, in the *BRITISH MEDICAL JOURNAL* of April 20th.

My patient, a healthy country girl, about 20 years of age, had been ill for some days when I was asked to see her on January 2nd. The history I elicited was that some four or five days previously she had been suddenly attacked with rigors and general *malaise*, pains in the back and limbs. Sporadic cases of influenza, with gastro-enteric symptoms, were prevalent at the time, but as the rural population about here rarely call in medical aid until death is staring them in the face, this girl would probably have been left to Nature only that her friends became alarmed at the delirium and insomnia.

When I saw her she was sitting up in bed talking, at times rationally and then lapsing into muttering delirium. Her pulse was small; temperature  $102^{\circ}$ , and she had not slept for two nights. The most remarkable and alarming symptoms was the wide dilatation of both pupils which were insensible to light, and the fact that both eyes were directed downwards and fixed.

On the following day she was somewhat more rational, and examination with the ophthalmoscope showed both discs normal and no photophobia, but she could not be got to look up, said she could not raise her eyes, and if asked to look at the top of the bed, raised her head, keeping the eyes fixed.

In the course of four or five days, improvement gradually took place, sleep returned, and clonic spasms of all the limbs, which had been frequent, subsided, but the pupils remained dilated until the temperature fell to normal. On first seeing this case I considered it to be tuberculous meningitis, and for some days expected coma to supervene; but the history of the case and the state of the retina, together with the fact that she has recovered, point, I think, to influenza. I regret I did not take any notes of the case, but we see so many abnormal symptoms in influenza, that I classed this among others I had seen where head symptoms predominated.

The treatment I adopted had as little to do with her recovery as most of the specifics recommended for this disease of which we know nothing. I had her well fed, gave her sulphonal to procure some sleep, and some quinine and iron when she was recovering. That the poison of influenza may

closely simulate cerebro-spinal meningitis arising from other causes I see no reason to doubt. There is another curious fact which struck me about the influenza epidemic this year. Nearly all the cases which came under my notice had gastro-enteric symptoms, and no pulmonary complications. In only one house was more than one individual affected, and in that case a whole family were struck down after the arrival from England of one of the members who had come from a town where it was rife. They all had the ordinary form with pulmonary symptoms, but it did not spread beyond their own house.

E. Cootehill.

T. H. MOORHEAD, M.D.

MR. DAVID L. DAVIES, of Crickieth, recorded in the *BRITISH MEDICAL JOURNAL* of April 20th, p. 867, a case of cerebral meningitis following influenza, in which about an ounce of sanious pus was discharged from both nostrils about three hours before death; no *post-mortem* examination was obtained. This brings to mind a case seen by me in consultation with Dr. Vaughan Barber, of Finsbury Park, in December last.

A man, aged 30 years, with a tuberculous family history, was dying of meningitis. He was comatose when I saw him, with irregular respiration, retracted abdomen, and inability to swallow. The eyes were fixed, the pupils insensible to light and very unequal in size, the left pupil being much dilated. He died shortly after. Several hours before death thick pus, brownish-green in colour, began to flow in a continuous stream from the right nostril, and did not cease until he died, the patient lying at the time with his head and shoulders raised, and the head turned to the right side. A day or two earlier there had been slight transient redness and tenderness of the skin in the left malar region.

We succeeded in obtaining a *post-mortem* examination. There were evidences of meningitis at the base of the brain: the membranes being very congested, the arachnoid thickened and milky, buff-coloured lymph lying about the fissures, and turbid liquid in the lateral ventricles. Most of the cavities communicating with the nasal passages were carefully explored (the frontal sinuses being, however, overlooked), without the discovery of any clear cause for the purulent discharge. It was thought that there was a drop of puriform matter in the left antrum of Highmore, and there were carious tooth stumps beneath it, but neither here nor in the sphenoidal cells, ethmoid cells, or orbits was any unmistakable lesion observed.

It would be interesting to know the source of the pus, which thus appears shortly before dissolution in some cases of cerebral meningitis, and its relation to the disease of the membranes.

Finsbury Square, E.C.

R. HINGSTON FOX, M.D.

## CARBUNCLE TREATED BY HYPODERMIC INJECTIONS OF BINIODIDE OF MERCURY.

S. B., aged 44, a delicate, ill-nourished woman, on March 17th presented over the spine, between the shoulder blades, a pustule surrounded by an inflammatory areola, altogether about the size of a shilling, in which could be discerned a ring of small yellow suppurating openings. I made a deep crucial incision, and ordered poultices.

On March 19th the induration extended, on March 20th the part was much inflamed, and covered with numerous fine suppurating openings. The patient complained of weakness, and loss of sleep owing to the pain.

On March 22nd the disease had spread very much. A piece of lint was ordered to be soaked in a 1 in 4,000 solution of biniodide of mercury, and kept constantly applied.

On March 23rd the part presented hundreds of pin-point suppurating openings. The patient felt much exhausted. The tongue was covered with a thick white fur. I injected hypodermically by three insertions on the outer border of the induration one-sixtieth of a grain of biniodide of mercury to each injection, which caused a good deal of pain, but five minutes after the injections she said she was almost free from pain.

On March 24th the induration in the situation of the injections had much diminished. A thick, yellow, stringy discharge was coming from the pustule, which was about the

size of a crown piece. The pain was much lessened. Four injections of one-sixtieth of a grain of the biniodide, amounting to one-fifteenth of a grain in all, were made at equal distances round the outer border of the induration.

On March 25th the centre of the pustule had sloughed and broken down; the circumference was much undermined; the patient described herself as feeling a "lump" better. I gave two injections of the biniodide, and sprayed the wound with the same.

On March 26th I sent her to see Mr. Treves at the London Hospital, who confirmed my diagnosis, but there being no vacancy he recommended her to come back to me. On the following day all the inflammation round the pustule had subsided; there was no pain. A large slough occupied the centre of the diseased area. Warm boracic acid dressings were ordered to be applied twice daily.

On March 29th a large piece of slough had come away, leaving a circular cavity about half an inch in depth with ragged undermined edges and a diameter of two inches and a-half, the base of which is covered with granulations.

By April 2nd the slough had all come away, and by April 5th a small raw surface only remained, which was rapidly skinning over. The patient had increased in weight, and felt well. The patient tells me she had been in the habit of washing the garments of a cat's meat purveyor, which may possibly afford a clue to the etiology.

The biniodide of mercury is a much more powerful antiseptic than the perchloride, and is less irritating. I have no doubt that if I had commenced the injections from the outset the disease would have been cut short before attaining any magnitude. In future my treatment would be a crucial incision to relieve tension, and injections from the outset. Her diet throughout was stimulating, and she took 5-minim doses of the strong perchloride of iron, with glycerine, three times a day after meals.

Bethnal Green Road. RALPH STONEY, L.R.C.S., L.R.C.P.I.

#### A CASE OF ACUTE BRONCHOCELE FOLLOWING INFLUENZA.

On March 20th, 1895, I was called in to see a lady, who gave a clear history of an attack of influenza, which was then prevalent, followed by a painful swelling in the neck. On examination I found an enlargement of the thyroid gland, chiefly confined to the right lobe, which was exceeding hard and tender. The swelling dipped deeply behind the sternomastoid and extended across the isthmus, binding down the trachea, whence it shaded off into the softer left lobe, which was not painful. The skin and superficial fascia were not reddened and moved freely over the gland, which appeared to be held as in a light bag by its own fascia. There was no enlargement of the lymphatic glands of the neck or axilla, nor of the salivary glands or tonsils. The tongue was thickly coated. The temperature raised, and there was some slight difficulty of breathing and swallowing with cough, but no loss of voice at any time.

The swelling and hardness of the gland slowly increased from day to day, but no softened area suggested the formation of pus. The temperature on one occasion registered 104.2° F. in the right axilla in proximity to the swollen lobe, while it was 2° lower in the left. There was no cellulitis.

On March 24th, owing to the high wind, the smoke was driven down the chimney, setting up a severe catarrh of the trachea. The dyspnoea now became very alarming. There was orthopnoea and inability to cough effectually. There was some stridor, great anxiety, and sweating.

A consultation having been arranged with Dr. Cockhill—now of Stafford—it was decided to try the effect of an emetic of vinum ipecacuanhæ before having recourse to tracheotomy, which would have been practicable only above the isthmus with a long tube passed through the constricted trachea.

Happily, free emesis gave great relief; it cleared the throat of much mucus, and also unloaded the stomach and relaxed spasm. The breathing became easier. During that night and next day much accumulated muco-purulent material was expectorated; the gland gradually softened and diminished in size; the fever subsided, and in about a week the

patient was almost well, except for the consequent prostration.

No enlargement of the thyroid was noticed before the present illness. Now it is somewhat fuller in the left side than normal, but quite soft.

The treatment was, externally, glycerin. belladonnæ with linseed poultices; terebene in steam kettle. Salicylate of sodium and iodide of potassium were used internally early in the case without effect, and afterwards an expectorant mixture.

This case appears worth recording on account of its extreme rarity. I am not aware that a case of acute thyroiditis as a sequela of influenza has been reported in the BRITISH MEDICAL JOURNAL.

WILLIAM BARKER RUSSELL, B.A., M.B.Cantab.  
Colwyn Bay, North Wales.

## REPORTS

ON

### MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

#### HOSPITAL FOR WOMEN AND CHILDREN, LEEDS.

##### A CASE OF ENLARGED GALL BLADDER, WITH LINGUIFORM APPENDIX OF THE LIVER; CHOLECYSTOTOMY; RECOVERY.

(By JOHN BENJAMIN HELLIER, M.D.Lond., M.R.C.S.Eng.,  
Surgeon to the Hospital, and Lecturer on Diseases of  
Women and Children, Yorkshire College.)

On October 25th, 1894, a married woman, aged 32, was admitted into the Hospital for Women and Children, Leeds, under my care, complaining of a tumour in the abdomen, which she had noticed for two years. The tumour in question was very easily felt through the rather thin abdominal walls. It lay a little to the right of and above the navel, and was characterised by great mobility and a very solid feeling. Its size seemed to be about that of a large kidney, but it was not kidney shaped. Its lower end, which the fingers could grasp through the parietes, felt like the end of a kidney or spleen. The upper part of the tumour was much less definable. The tumour was smooth, and only tender when firmly squeezed. It was so mobile that it could be placed either at the right or left of the navel. When the patient lay on the left side the tumour fell over on that side, reaching nearly 3 inches beyond the navel. In this position it was most easily palpated. It seemed to be quite free from uterine or other pelvic attachment, and to have some attachment near the liver, and it moved with respiration, but its exact relation to the liver could not be made out. On percussion the tumour gave a fairly clear note all over, and this was due, as it subsequently appeared, to resonance transmitted through the rather thin solid layer from the subjacent intestine.

The clinical history showed that six years before she had had an attack of jaundice and colic, that she had noticed the present swelling for two years, and that her symptoms had consisted of more or less pain at the epigastrium and between the shoulders, some tendency to vomit, constipation alternating with diarrhoea, and a good deal of throbbing pain and uneasiness in the lungs, which had made her life very uncomfortable, although she often was free from pain for several consecutive days. She said she had lost flesh for some months before admission. No other organs appeared to be diseased, and there were no other points of special note in her past history.

The diagnosis puzzled all who saw the case. It seemed not to be a floating kidney, and the obvious solidity of the tumour showed that it could not be simply an enlarged gall bladder. The condition present might well, it seemed, be due to a solid tumour in the omentum, or even in the bowel wall.

On December 1st ether was administered, and an exploratory incision was made above the umbilicus in the median line. The condition found was very interesting. The swelling consisted of two parts: (1) a cystic portion, which was the enlarged and distended gall bladder, a gall stone being

invaliding were syphilis, debility, and malarial fever. The strength of officers 6,382, the death-rate being 10.67 per mille for the British service, and 8.2 for the Indian service. Enteric fever caused 11 deaths in the former, while only 1 death occurred among officers of the Indian service. There were 26 deaths altogether in India among officers of the British service, and 22 among officers of the Indian service—3 killed in action.

#### MARCHING OF TROOPS.

WHILE pronouncing the marching of our troops, as a rule, to be not very good, and decidedly inferior to those of the French, German, and Russian, the *Broad Arrow* alludes to a series of experiments being carried out, under the orders of the German Emperor, by Professor Heutz and Staff-Surgeon Schunberg under the following conditions. Each march was 15 miles 82 yards, and the loads (a) 48½ lbs., (b) 59½ lbs., (c) 68½ lbs. Five students of the Friedrich Wilhelm Institute undertook to make the marches. With (a), in moderate temperature, no distress or ill effects ensued; in very hot weather there was slight inconvenience, such as very profuse perspiration, but the evil consequences soon disappeared at the close of the march, and the next day no ill-effects remained. With (b), in favourable weather, the load could be carried without distress, but in hot weather an amount of fatigue was felt from which the men had not recovered on the next day. With (c) the ill-effects were decided, and practice did not produce much improvement. Subsequent experiments with Landwehr and Reserve men out of training, as well as some on active service, produced similar results.

#### PHYSIQUE OF SICK BEARERS.

A CORRESPONDENT writes that, when bearer companies and field hospitals were mobilised at Aldershot last year, adverse medical reports were sent in regarding the inferior physique of the men; but these reports were declared by the higher military authorities to be based on erroneous medical opinions. Will some member of Parliament move for the reports? Perhaps they will be declared "confidential."

\*.\* The lowering of the standard of height for men of the Medical Staff Corps was a mistake, and led to inferior recruits finding their way into the corps. We believe, however, that lately a better class of men have been coming forward for the corps, and more careful selection is being made. Recruiting medical officers to a certain extent have the remedy in their own hands; they have to certify that they consider a recruit "suitable" for a corps before he is posted to it; and men of inferior physique, deficient education, or indifferent antecedents are obviously unfit for the important physical and moral duties of the corps, whether in hospital or the field.

#### UNIFICATION VERSUS REGIMENTALISM.

BRIGADE-SURGEON-LIEUTENANT-COLONEL W. HILL CLIMO, M.D., Army Medical Staff (retired) (Colchester), writes: In your service notes in the *BRITISH MEDICAL JOURNAL* of April 27th, you criticise my article entitled "The Scourge of India: Its Causes," which appears in the current month's number of the *United Service Magazine*. The epigrammatic heading of your note, combined with its brevity, may possibly cause my views to be misunderstood by officers of the Army Medical Staff with whom I am not acquainted. I therefore crave permission to make a personal explanation avoiding all controversial points.

Shortly after I joined the Army Medical Department in 1861, I arrived at the conclusion that the abolition of regimental hospitals was necessary to secure efficiency, and to develop a higher professional standard, but that it would be disastrous both to the army and to the department to deprive corps of the services of medical officers altogether, and that one medical officer should be always attached to each regimental unit to look after its sanitation, and to keep in touch with its internal economy. In season and out of season I urged these views, being convinced of their paramount importance.

In 1889, just prior to the assembling of Lord Camperdown's Committee, I published in the *Allahabad Pioneer* an article on army medical organisation in which these views were given in detail, and in which I foreshadowed the recommendations of that Committee. You were pleased at the time to review that article very favourably. Subsequent events, both as regards the tendency of military affairs and the evolution of the army medical department, have convinced me of the soundness of my original views, to which after a lifelong study I still adhere.

I have no personal ends to serve; my sole object is to help, however humbly, in placing on a sounder basis the relations of the army medical department to the army, because I believe by doing so the gain to the army will be great, and the highest interests of the department will be secured. I have paid somewhat dearly for these opinions; I am, therefore, desirous that to their cost there should not be added the risk of their being misunderstood.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF OXFORD.

EXAMINATIONS IN TRINITY TERM.—Notices of intention to attend the final examination for the degree of B.M. must be given by May 25th, for M.S. by June 5th, and for the first examination for B.M. by June 14th. The examinations will commence on June 10th, June 19th, and June 28th respectively.

#### UNIVERSITY OF CAMBRIDGE.

DATES OF EXAMINATIONS.—An amended notice of the dates of the examinations for Medical and Surgical degrees will be issued. The

Second Examination, Part II (Human Anatomy and Physiology), will commence on Thursday, June 8th.

MEDICAL DEGREES.—At the Congregation held on April 25th the following degrees were conferred:

M.D.—R. B. Ferguson, M.A., Caius.

M.B. and B.C.—J. Nachbar, M.A., Clare; H. Marshall, B.A., Caius; J. J. Taylor, B.A., Emmanuel; C. S. Bond, B.A., non collegiate.

POST-GRADUATE STUDY.—The resolutions establishing the new scheme for the admission of graduates of other universities to courses of advanced study and research were passed *nem. con.* by the Senate on April 25th. The necessary statutes and ordinances for carrying the scheme into effect will now be framed by the syndicate appointed for the purpose.

MEDICAL EXAMINATIONS, EASTER TERM, 1895.—Notice has been given of the following dates in reference to the First and Second Examinations for the M.B. and B.C. degrees:

	Names to be Sent in.	Certificates Received.	Examination Begins.
First M.B.:			
Chemistry, etc. ... ..	May 20th	June 1st	June 7th
Biology ... ..	" 20th	" 4th	" 10th
Second M.B.:			
Pharmacy ... ..	" 20th	" 7th	" 13th
Anatomy and Physiology.	" 20th	" 1st	" 7th

#### THIRD M.B. EXAMINATION.

Part I (Surgery and Midwifery).—N. G. Bennett, B.A., Joh.; Biss, B.A., King's; Evans, B.A., Trin.; G. H. Field, B.A., Cla.; Fletcher, B.A., Gonv. and Cal.; Giles, B.A., Pen.; Guinness, B.A., Gonv. and Cal.; Hadow, M.A., Gonv. and Cal.; R. J. E. Hanson, Trin.; Hobday, B.A., Christ's; L. T. R. Hutchinson, B.A., Trin.; Key, B.A., Emm.; Lance, B.A., King's; Lawrence, B.A., King's; McCarthy, B.A., Gonv. and Cal.; H. J. May, B.A., Gonv. and Cal.; Muir, B.A., King's; P. K. Nix, B.A., Pemb.; Ormerod, B.A., Trin.; Parker, B.A., Gonv. and Cal.; Pentreath, B.A., Queens'; E. Ransome, B.A., Cla.; Ransome, B.A., Gonv. and Cal.; J. A. K. Renshaw, B.A., Trin.; A. Rotherham, B.A., Trin.; Sing, B.A., Christ's; Sladen, M.A., Gonv. and Cal.; K. S. Storrs, B.A., Emm.; Sturrock, B.A., Gonv. and Cal.; Sworder, B.A., King's; C. A. H. Thomson, B.A., Christ's; Verdon, B.A., Jes.; Watson, B.A., Trin.; Woodhouse, B.A., King's.

#### UNIVERSITY OF LONDON.

The following examiners have been appointed for 1895-6: *Medicine*: Dr. Cavafy and Dr. Frank Payne. *Surgery*: Mr. William Anderson and Mr. Henry Morris. *Obstetric Medicine*: Dr. Herman and Dr. Horrocks. *Materia Medica and Pharmaceutical Chemistry*: Dr. Sidney Phillips and Dr. Hale White. *Forensic Medicine*: Dr. Luff and Professor Dixon Mann. *Comparative Anatomy*: Mr. F. E. Beddard and Professor Ray Lankester. *Anatomy*: Professor D. J. Cunningham and Mr. Clement Lucas. *Physiology*: Professor W. D. Halliburton and Professor W. Stirling. *Chemistry*: Professor Wyndham Dunstan and Professor Herbert McLeod. *State Medicine*: Dr. Edward Seaton and Dr. Whitelegge. *Mental Physiology*: Dr. T. Clave Shaw and Professor Sully, LL.D.

#### UNIVERSITY COLLEGE, DUNDEE.

At the last meeting of the Education Board of University College, Dundee, a letter was read from the Edinburgh University Committee stating that that University had resolved to recognise University College, Dundee as a medical school, the courses of instruction in which qualify for graduation in medicine, pending the re-establishment of the union with the University of St. Andrews. The recognition extends to women students. The Dundee Royal Infirmary has also been recognised as a hospital fulfilling the conditions of Ord. 16, Sec. vii (5 and 10).

#### UNIVERSITY OF DURHAM.

THE following degrees were conferred at a convocation held on April 27th:

*Doctor of Medicine (Practitioners)*.—W. P. Ashe, E. Ferrand, S. Harris, B. Jones, H. A. Latimer, W. Moxon, J. Taylor, E. S. Smith, T. F. Young.

*Doctor of Medicine*.—G. H. V. Appleby, F. W. Fullerton, R. Green, W. W. Hodgins, W. H. Maidlow, F. H. Marson, B. B. Thorne-Thorne.

*Doctor of Hygiene*.—W. H. Turnbull.

*Master in Surgery*.—W. Martin.

*Bachelor of Medicine*.—C. A. Brough, J. A. H. White, J. R. Prior, E. Turner, S. H. Hanley, H. D. Senior, N. Bennett, R. M. Le H. Cooper, W. I. A. Charlton, P. Davidson, E. Fielden, F. C. Ford, E. R. Fothergill, E. E. Frazer, J. R. Fuller, R. W. Gilmour, G. Gocher, C. Hanks, E. R. Kendall, W. R. Kingdon, G. E. Middlemist, M. S. Paterson, W. H. Peake, T. Sanderson, E. P. Satchell, E. W. Scott.

*Bachelor in Surgery*.—N. Bennett, W. I. A. Charlton, R. M. Le H. Cooper, P. Davidson, E. Fielden, E. R. Fothergill, E. E. Frazer, J. R. Fuller, R. W. Gilmour, G. Gocher, C. Hanks, M. S. Paterson, W. H. Peake, J. R. Prior, T. Sanderson, E. P. Satchell, G. W. Scott, E. Turner, J. A. H. White.

*Bachelor of Hygiene*.—G. J. Awburn, G. H. V. Appleby, E. Turner, E. C. Willcox.

*Bachelor of Surgery*.—R. Beattie.

*Diploma in Public Health*.—W. H. Symons.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following gentlemen, having conformed to the By-laws and Regulations, and passed the required Examinations, were, at the meeting of the College on April 25th, admitted Licentiates:

Adams, P. E., St. Bartholomew's  
Bacon, R. A. E., St. George's  
Barritt, J. T., Manchester  
Basden, H. S., Cambridge and London  
Baxter, S. E., St. Thomas's  
Bennett, A. G., St. Mary's  
Birley, H. K., Manchester  
Blackburn, E. W., Oxford and St. Bartholomew's  
Blackett, E. J., St. George's  
Blount, G. B. C., St. Thomas's  
\*Brown, F. W., London  
Burnett, F. M., St. Bartholomew's  
Burridge, H. A., King's College  
Burton, L. L., London  
Butler, T. H., Oxford and St. Bartholomew's  
Caldicott, C. H., Birmingham  
Clark, W. G., Cambridge and St. Bartholomew's  
Clemesha, W. W., Manchester  
Conford, G. J., Oxford and St. Thomas's  
Cooper, R. M. le H., St. Mary's  
Croneen, S., Guy's  
Crouch, H. C., St. Thomas's  
Dalal, R. D., Bombay  
Devereux, N., Birmingham and Middlesex  
Dickin, E. P., Edinburgh, Middlesex, and St. Mary's  
Dixon, W. E., St. Thomas's  
Dobbin, E. J., Middlesex  
Dodd, F. L., Middlesex  
Dodgson, R. W., St. Mary's  
Down, E., London  
Dunn, W. E. N., St. Bartholomew's  
Edge, B. E., Manchester  
Fison, E. T., Cambridge and St. George's  
Fuller, A. L., St. Thomas's  
Gardner, W., St. Mary's  
Gibbons, A. P., London  
Gillies, S., St. Bartholomew's  
Goddard, G. H., University College  
Griffiths, J. C., Birmingham  
Groves, E. W. H., St. Bartholomew's  
Hallwright, M. L. G., Birmingham and University College  
Harrison, H. M., St. Thomas's  
Head, E. E., King's College  
Heaton, A. B., Cambridge, Leeds, and St. Thomas's  
Higginson, G., Cambridge and London  
Hopton, R., Leeds  
Horton, W. H., St. Bartholomew's  
Isacke, M. W. S., St. Bartholomew's  
James, C. K., Middlesex  
James, F. C., St. Thomas's  
Jones, J. E., St. Bartholomew's  
King, T. P., Cambridge and Guy's  
Lane, J. G. O. H., Guy's and St. Thomas's  
Laslett, M. H., St. Thomas's  
Lawson, R., St. Thomas's  
Legg, T. P., St. Bartholomew's  
Lister, W. T., Cambridge and University College  
Lockett, G. V., Edinburgh  
McArthur, A. N., Melbourne, King's College, and Charing Cross  
Madge, H. A., Charing Cross  
Marks, H. W. J., Cambridge and St. George's  
Marriott, A., Sheffield and University College  
\*Candidates who have not presented themselves under the Regulations of the Examining Board.

Meacher, J. H., St. Bartholomew's  
Mills, H. W., Edinburgh and St. Thomas's  
Moffat, H. A., Guy's  
Montgomery-Smith, E. C., London  
Moore, P. L., Cambridge and St. Thomas's  
Mott, C. H., London  
Mumford, W. G., Guy's  
Norbury, W., Cambridge and St. Bartholomew's  
Ogden, O. W., Durham  
\*Owen, A. D., Bristol  
Owles, O. W., St. Bartholomew's  
Pakes, W. C., Guy's  
Palin, E. W., Oxford and St. Thomas's  
Pardoe, J. G., Aberdeen and Charing Cross  
Peake, W. H., Newcastle and Guy's  
Pearson, M. G., St. Bartholomew's  
Pern, E. C., St. Thomas's  
Pery, E. L., St. Thomas's  
Phillips, D., Middlesex  
Pinchard, M. B., Middlesex  
Pitt, W. C., Guy's  
Playfair, E., King's College  
Price, G. B., University College  
Reynolds, F. E., London  
Richards, J., University College  
Rigg, S. E., St. Bartholomew's  
Sedgwick, H. R., Cambridge, London, and St. Thomas's  
Smith, F. L., Birmingham  
Smith, L. A., London  
Smith, P. M., St. Mary's  
Sowry, G. H., St. Bartholomew's  
Stanley, H., Cambridge and St. Bartholomew's  
Statham, C. J. B., Bombay and Guy's  
Stevenson, J. S., St. Bartholomew's  
Stewart, C. B., Cambridge and Liverpool  
Stokes, J. W., University College  
Swainson, E. A. C., Cambridge and Middlesex  
Thomas, W. P., London  
Thompson, H. E., St. Bartholomew's  
Townend, R. H., London  
Toye, E. J., St. Bartholomew's  
Tresidder, P. E., Guy's  
Tribe, P. C. E., King's College  
Tucker, E. F. G., London  
van Someren, E. H., Guy's  
Vivian, J. H. P., St. Thomas's  
Walker, H. R., King's College  
Walls, E. G., Birmingham  
Wanhill, C. F., University College  
Waring, A. H., University College  
Warrington, R. J., Manchester  
Waters, F. W., St. Thomas's  
Webster, T. L., Manchester and St. Bartholomew's  
Whitley, H. W., Charing Cross  
Wilkins, J. C. V., Guy's  
Wilks, M., University College  
Williams, D. F., Liverpool  
Williams, K. T., Birmingham  
Williams, L. A., Middlesex  
Willis, W. M., Bristol  
Winter, J. B., Guy's  
Wiseman, D. W., Charing Cross  
Woodward, A., St. Bartholomew's  
Worthington, G. V., Cambridge and St. Bartholomew's  
Wyborn, W. E., Charing Cross  
Young, A., Sheffield and University College  
Young, C. W., Charing Cross

Second Examination.—Five Years' Course—R. N. Woodley, W. Mason, B. S. Sanders, and A. F. Seacom.

Second Examination.—Four Years' Course—W. H. Brooks, J. E. Harburn, J. Dunlop, \*C. W. Davidson, E. J. Cummins, W. Scott, J. Sanderson, C. Delacherois, J. Roche, J. W. M'Brearty, and R. Fox.

Final Examination (and admitted Licentiate of the three co-operating Colleges).—F. T. Rhodes, Lillian May Blake, W. Austin, C. A. Bois, P. J. Murphy, W. Gordon, J. T. Hancock, J. Livingston, D. L. Lindsay, A. Smith, F. J. Whitehead, A. B. Steward, D. Fletcher, J. Atkinson, T. Boulton, J. W. A. Cooper, J. A. E. A. Lavery, Jeanie G. R. Duggan, A. T. Hill, H. C. Lambart, M.A., J. C. Neale, and B. H. Woodyatt.

## OBITUARY.

GEORGE HENTY, M.D. ST. AND., M.R.C.S.

WE regret to have to record the death of Dr. George Henty, which took place from pneumonia after a short illness. He died at his residence in Camden Road. Many who remember his energetic manner, active form, and who were acquainted with the untiring energy which he threw into any scheme for the advancement of the profession to which he was proud to belong will be surprised to hear that he had attained the age of 77. He was for many years the Honorary Secretary of the North London District of the Metropolitan Counties Branch. He was elected on November 30th, 1883, and retained office until November 30th, 1892. He discharged the duties of the post with much zeal and success, and after his retirement from this position and his election as Vice-President of the Branch his regular attendance at the meetings of the Council of the Branch bore witness to the interest which he continued to take in the prosperity of the British Medical Association in the metropolis.

He was born at Chatham, and received his early education at Rochester Grammar School. He served a term of apprenticeship in London, but after qualifying he settled in practice at West Malling, in Kent. Later he removed to Newington, where he held the office of medical officer of health for some time. After practising here for some sixteen years he finally removed, in 1865, to Camden Town, where he continued to practise up to within a very short time of his death.

SURGEON-GENERAL SAVILLE MARRIOTT PELLY, C.B., F.R.C.S.

THE death of Surgeon-General Pelly, which occurred at Woodstock House, Lee, Kent, removes one of the most distinguished among the senior members of the Indian Medical Service. He was the last surviving son of the late Judge John Hinde Pelly, of the Indian Civil Service, and a brother of the late Major-General Sir Lewis Pelly, K.C.B., K.C.S.I., M.P. He was one of seven sons, six of whom reached manhood and entered one or other of Her Majesty's Services, and of these three attained to the rank of general officers. Born in India, he was sent to England for education, and made his home at Upton, in Essex with his cousin Sir Henry Pelly, the President of the Hudson Bay Company, after whom Fort Pelly, the Pelly river, and Lake Pelly take their names. He was placed at Winchester, where, owing to his marvellous faculty for getting out of scrapes, he received the nickname of "Proof Pelly." It was here, too, as a bold swimmer he first displayed his courage and self-reliance by plunging into the deep lock opposite the old Saw Mills, and rescuing a fellow school-boy from drowning. He is said to have saved the lives of no fewer than five persons from drowning, one being a brother when in India.

On leaving Winchester, he began his medical education as dressing pupil under his uncle, Mr. Richard Smith, at that time senior surgeon to the Bristol Royal Infirmary. He next entered as a medical student of Guy's Hospital, at the time when Bright and Addison were physicians, and Astley Cooper was still alive. Dr. J. G. Swayne, whose name is intimately associated with the Bristol Medical School, was a fellow student with him both at Bristol and at Guy's. He was a student when Sir Astley Cooper died in 1841, and was one of those who lined the way to the hospital chapel, in the vault of which the body of that distinguished surgeon is deposited. After finishing his professional studies he entered the Indian Medical Service, and was soon ordered to the front. He was present in July and August, 1843, with a field force under Major Blood in the southern parts of Sind, and served with

## ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

At the April sittings of the examiners, held in Glasgow, the following candidates passed the respective examinations, those marked with an asterisk (\*) passing with distinction:

First Examination.—Five Years' Course.—J. Moffat, A. J. Wilson, W. Carey, W. M'Farlane, E. M'Kenzie, W. Denness, \*T. W. R. Atkins, O. F. MacCarthy, B. Bird, J. Roche, H. Fowler, W. Hutton, H. G. Ogilvie, J. Dick, and Jeanette Elizabeth Hackett.

First Examination.—Four Years' Course.—L. T. Lavan, \*H. O. Jones, C. F. Spinkes, G. L. Jones, J. C. Warwick, R. H. Munro, S. H. Smith, J. J. Donagher, R. C. M. Hoars, J. J. Porter, A. B. Hood, J. W. Duncan, R. Cooper, B. J. Nolan, M. Sheehy, A. S. Omand, and H. H. Jones.

the Sind Irregular Horse during Sir C. Napier's campaign in 1844-45 against the predatory tribes on the borders of Cutchee, and in the surprise and capture of Shahpoor on the night of January 15th, 1845, being mentioned in the despatches by Captain Jacob. He was present with the army of observation at Bhawalpoor under Sir C. Napier in 1846-47, and with the Sind Horse during the pacification of the frontier of Sind in 1847-48 under Major (afterwards General) John Jacob. He served with the 2nd Regiment of Light Cavalry in Rajpootana during the mutiny campaign in 1857-58, and was present as senior medical officer at the attack on Nimbhaira, the action of Jeerun, and throughout the siege of Neemuch, under Captain Simpson, joining afterwards in the pursuit of Tantia Topee with the column under Brigadier Parke. At the conclusion of the war, he received the Indian medal and clasp for Central India.

For many years he was resident in Sind. He became inspector of prisons in the Bombay Presidency, and at his suggestion the Government introduced gardening as prison labour, whereby a great saving was effected; for not only was the health of the prisoners greatly benefited by this open-air exercise, but all the vegetables required by the inmates were thus obtained without purchase. When the Abyssinian expedition was determined upon, Pelly was selected for the post of principal medical officer of the Indian Medical Department, and he served throughout the campaign in 1867-68, under Sir Robert (afterwards Lord) Napier. For his services during this campaign he was recommended for the K.C.S.I., but as it was found that this knighthood could only be conferred for services rendered in India, he was rewarded by a Companionship of the Bath. After the war the *BRITISH MEDICAL JOURNAL* contained the following paragraph: "The arrangements in Abyssinia of the two services were conducted separately by their respective medical departments; and, we believe, well conducted. Deputy Inspector-General Pelly, of the Indian Service, had a difficult task, and fulfilled it, by all accounts, most successfully." He retired as Inspector-General in 1870.

After his retirement he lived for many years in Dublin, but came to London a few years ago, to be near his brother, Sir Lewis Pelly, who was at that time representing Hackney. At the quinqucentenary festival of Winchester College held two years ago, Surgeon-General Pelly was among the oldest of old Wykehamists present. He was a man of most genial and warm-hearted disposition, making friends wherever he went, being universally respected for his uprightness and gallantry. Buoyant in spirit, firm in will, brave and courteous, punctilious in matters of honour, yet kind, gentle, and forgiving, he possessed all the qualities most to be admired in a soldier and a surgeon. He retained to the last a very remarkable intellectual vigour, and great activity of body. Having a strong taste for engineering, he amused himself chiefly during his retirement in his workshop, turning out all kinds of articles useful and ornamental. He designed, among other things, an electric clock, forging every part with his own hand. He also invented, when in Dublin, an electric stethoscope, after the manner of the telephone, by which every member of a class could listen at the same time to the same heart.

When he attempted to make another instrument of the kind he somehow thought he had failed, for he could not hear his own heart sounds clearly, and blamed the instrument for the defect. Subsequent events seemed to show that the defect was in the sound of his heart, which does not appear to have occurred to him. He continued in perfect health till five weeks before his death, when he was first seized with angina, apparently as the result of a febrile attack, probably influenza. Dr. Green, of Lee, who attended him, discovered a mitral *bruit*, and gave him relief by medicine and rest. Attacks of cardiac asthma associated with great pain, however, became frequent, and a week before his death Dr. Pye-Smith saw him in consultation. He died suddenly, as had been thought probable, on April 3rd, whilst sitting in his chair, aged 76. He leaves a widow and two sons, the Rev. Stanley Pelly and Captain Saville H. Pelly, and two daughters.

MR. THURSTON FORSHAW, L.R.C.P. Edin., L.M., of Smalley, has died at the age of 55. He was formerly medical officer and public vaccinator to the Smalley District of the Belper Union, had been in practice in the village for 24 years, where

he was universally respected. He was the son of the late Rev. Thurstan Forshaw, vicar of New Chapel, Staffordshire, and studied at the Sheffield School of Medicine, Edinburgh and Dublin. He obtained the diploma of L.M. Dublin in 1864, and of L.R.C.P. Edinburgh and L.S.A. London in 1871. The funeral took place in Smalley Churchyard, in the presence of a large number of friends and relations.

PROFESSOR VICTOR PARISOT, of Nancy, who recently died in the 84th year of his age, was born at Nancy in 1811. He began the study of medicine in his native city, and afterwards proceeded to Paris, where he took his degree in 1836. Returning to Nancy he was appointed demonstrator of anatomy in 1837, assistant professor of external pathology in 1845, and professor of clinical medicine in 1849. When the French Faculty of Strassburg was transferred to Nancy, Parisot was appointed to the new Chair of Clinical Medicine, which he continued to occupy till his retirement in 1886. He wrote little, but was an excellent teacher, and a physician with a high sense of duty. He was a man of wide culture and philosophic mind.

THE death is announced of Deputy Surgeon-General SAMUEL STACY SKIPTON, M.D., in his 66th year, at his residence in Liscard, Cheshire. He entered the service as Assistant Surgeon in 1854, and served in the Crimea with the 49th Regiment, receiving the medal with clasp and the Turkish medal. During the Indian Mutiny he was attached to the 14th Light Dragoons in the Central India Field Force. He was mentioned in the despatches at the capture of the fort of Loharee, and received the medal with clasp. He obtained the rank of Surgeon in 1866, of Surgeon-Major in 1873, and of Brigade-Surgeon in 1884, retiring in 1885 with the rank of Deputy Surgeon-General.

THE death is reported to have occurred suddenly, on April 19th, of Mr. THOMAS MARCHANT TOMKIN, of Witham. The deceased, who was 76 years of age, qualified as M.R.C.S. Eng. and L.S.A., in 1840. He was the proprietor of a private lunatic asylum at Witham, in which town he had a large practice.

WE regret to announce the death of Professor THIERSCH, the eminent surgeon of Leipzig, which took place on April 28th, at the age of 73. He was appointed Professor of Surgery in the University of Erlangen in 1854, and in 1867 he was called to the corresponding chair at Leipzig.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Alfred Courbon, Professor in the Medical School of Toulouse; Dr. Procuero José de Gouveia, for many years Physician to the S. José Hospital, Lisbon; Dr. José Godoy y Rico, Professor of Operative Surgery in the University of Granada; Dr. Mariano Lucientes, a member of the Sanitary Council of Spain; Dr. Emile Martin, Honorary President of the Belgian Medical Federation; Dr. Benjamin F. Westbrook, for many years physician to St. Mary's Hospital, Brooklyn, and author of numerous contributions to medical literature, aged 44; Dr. Alexander S. Sally, of Orangeburg, South Carolina, one of the foremost practitioners in the South, aged 77; and Dr. Joseph Bertenson, Honorary Physician to the Russian Imperial Family, and founder of the first hospital constructed on the barrack system in Russia, aged 59.

## INDIA AND THE COLONIES.

### INDIA.

WOMEN MEDICAL STUDENTS.—Her Highness the Nawab Shums e-Jehan, Begum of Murshedabad, and widow of the late Nawab Nazim, has given the splendid donation of Rs. 25,000 towards building the proposed hostel for the Indian female medical students at the Campbell Hospital. The Begum associates her gift with the wish that the hostel should be called the Lady Elliott Hostel, and also with the name of her son. A better title could not have been chosen. Furthermore, Her Highness is making an endowment of Rs. 50,000 for the benefit of Indian students at Kerbela in memory of her beloved son Prince Syed Iskandar Ali Mirza, the Sultan Sahib of Murshedabad, who died last year. The Begum is herself taking his remains to Kerbela to deposit them there this summer.



## LITERARY NOTES.

In the yearly volume issued this spring by the Palæontographical Society there appears the commencement of a monograph on the carbonicola, anthracomya, and naiadites of the carboniferous strata of Great Britain, written by one of our professional brethren, Dr. Wheelton Hind, of Stoke-on-Trent. The monograph is preceded by an introduction and a historical summary, from which we learn that in the author's opinion a careful examination of the beds containing these genera tends to strengthen the belief that they were laid down as fluviatile or estuarial deposits. This point is of importance, as tending to support the fresh water origin of many of the upper and middle coal measures, a question which has been greatly debated for many years. The monograph itself, and the beautiful illustrations accompanying it, are of too highly technical a character for us to criticise in a medical journal. We must, however, congratulate Dr. Hind on the zeal and energy he displays in working up this complete subject amid the engrossing cares of a large practice, and upon the success which has attended his labours. The publication of this monograph will place Dr. Hind in a high position as an authority on the palæontology of the coal measures.

The valiant effort of the ladies to batter down the gates of the citadel of medicine have been crowned with victory, and the question of their fitness for the profession has now settled itself by the *solvitur ambulando* argument. Still, the views of a man like Oliver Wendell Holmes on the matter may be interesting even at the present day. We give them on the authority of Professor Dwight, of Harvard. When the question of admitting women to the medical school of Harvard was first taken into serious consideration, Holmes was inclined to look favourably on the proposal, but he does not seem to have shown much enthusiasm in the cause. In a lecture which he delivered at the opening of the new medical school at Harvard in 1883, he dwelt on woman as a nurse, adding "I have always felt that this was rather the vocation of women than general medical, and especially surgical, practice." This was the signal for loud applause from the conservative side. When he could resume he went on: "Yet I myself followed the course of lectures given by the young Madame Lachapelle in Paris, and if here and there an intrepid woman insists on taking by storm the fortress of medical education, I would have the gate flung open to her, as if it were that of the citadel of Orleans and she were Joan of Arc returning from the field of victory."

The first fasciculus of Professor Durante's treatise on surgery, entitled "Trattato di Patologia e Terapia Chirurgica Generale e Speciale," will be published immediately. This treatise is looked forward to with much interest in Italy for two reasons: first, because it is the work of the first surgeon in Italy, who has been a teacher of the art for over a quarter of a century in Rome; and secondly because it is the first complete modern work on surgery written by an Italian. It will be published in three volumes fully illustrated; the first volume will deal with inflammation, surgical fever, violent lesions and their complications and tumours; the second, diseases of the tissues; and the third, regional and organic affections. It will be published in monthly parts of about 200 pages, and will be complete in ten parts.

In the *Glasgow Medical Journal* for April Dr. Dugald Mitchell discusses "The Therapeutics of Sydenham." That great physician sought above all to impress on his contemporaries the fact that more could be left to Nature than they were in the habit of leaving her. Sydenham insisted that the end would be oftener attained "if Nature were not diverted by ignorant men from the straight way that of herself she holdeth." He was wont to say, "The sick man dies of his physician," thus anticipating an epigram of Lord Byron's. The practical part of Sydenham's mind is well shown in the following passage:

I have ever held that any accession whatever to the art of healing, even though it went no farther than the cutting of corns or the curing of toothache, was of far higher value than all the knowledge of fine points and all the pomp of subtle speculations—matters which are as useful to physicians in driving away diseases as music is to masons in laying bricks.

## MEDICO-PARLIAMENTARY.

## HOUSE OF LORDS.

*Bill for the Registration of Midwives.*—Lord BALFOUR OF BURLEIGH introduced a Bill for the registration of midwives, which was read a first time.

## HOUSE OF COMMONS.

*Surgeon-Major-General Giraud.*—Sir ALBERT ROLLIT asked the Secretary of State for War whether, and for what specified period, the services of Surgeon-Major-General C. H. Giraud, Principal Medical Officer at Netley, had been extended beyond the age laid down by regulation for retirement; and whether and when the period for extension was notified to the officer concerned.—The SECRETARY OF STATE FOR WAR said the services of Surgeon-Major-General Giraud had not been extended beyond the maximum age laid down by regulation for retirement. The age laid down by the Royal Warrant for retirement of a surgeon-major-general was 62, when the interests of the public service would be materially advanced by his retention to that age; and it had been deemed advisable to retain Dr. Giraud's services at Netley till he reached that age. He had been verbally informed of this at the time it was so decided.

*Bovine Tuberculosis.*—Mr. SHAW LÉFÈVRE, in reply to Mr. RAMSAY, said the report of the Royal Commission on Bovine Tuberculosis had been made, and a copy of it laid on the table of the House.

*Influenza.*—Sir WALTER FOSTER, in answer to Mr. AIRD, said that the Local Government Board had instituted more than one inquiry into the causes of influenza, and the results of those inquiries were contained in reports which had been laid before Parliament. In dealing with the matter this Board had availed themselves of outside medical advice. The subject continued to receive the attention of the Board, and at the present time they were employing outside aid in the investigation of the bacteriological and pathological relations of an ordinary influenza cold and influenza proper.

*Medical Fees under the Factory Acts.*—It will be necessary for the Committee of Ways and Means to authorise the payment of expenses incurred in any special inquiries and examinations by certifying surgeons under the provisions of any Act of the present session to amend and extend the law relating to factories and workshops. Mr. Asquith will, on an early day, make the necessary resolutions in Committee of Supply.

## MEDICAL NEWS.

THE festival banquet of the Royal Eye Hospital, Southwark, will take place on June 18th under the presidency of Mr. R. K. Causton, M.P.

MISS S. BLAND, a sister at the London Hospital, has been appointed matron of the Poplar Hospital for Accidents, in succession to Miss G. Vacher, who has been elected matron of the Kimberley Hospital, South Africa.

THE festival dinner of the Royal Westminster Ophthalmic Hospital was held on April 29th, at the Hôtel Métropole, Field-Marshal Sir Donald Stewart in the chair. Donations to the amount of £778 were announced during the evening.

THE forty-second festival dinner of the City of London Hospital for Diseases of the Chest took place on April 30th, at the Hôtel Métropole. In the course of the evening the Secretary announced donations and subscriptions amounting to £1,687.

THE will dated March 9th, 1891, has been proved of Dr. Daniel Hack Tuke, of 63, Welbeck Street, and Lyndon Lodge, Hanwell, who died on March 5th last, aged 68. The gross value of the personal estate has been affirmed at £29,459 17s. 8d.

SIR WALTER FOSTER, Parliamentary Secretary to the Local Government Board, will receive a deputation to state the views of the Sanitary Inspectors' Association with regard to examinations for certificates of competency as sanitary inspectors this (Friday) afternoon.

THE Saddlers' Company have forwarded 100 guineas to St. Thomas's Hospital, and 50 guineas to each of the following: Royal London Ophthalmic Hospital, Royal Eye Hospital, City of London Chest Hospital, All Saints' Convalescent Hospital, Eastbourne, Royal Maternity Charity, and Surgical Aid Society.

PLAGUE AT HONG KONG.—The *Times* correspondent telegraphs from Hong Kong that four cases of plague have occurred there, one of which has proved fatal. The following telegram from the Governor of Hong Kong, dated April 29th, was received at the Colonial Office: "Three sporadic cases of plague Hong Kong."

DR. JAMES ALLEN, of Pietermaritzburg, Natal, has been unanimously elected President of the South African Medical Congress, the annual meeting of which will be held this year at Durban, in July. Dr. Allen is Medical Officer to the Pietermaritzburg Corporation, and holds a high position in the profession of South Africa.

**NOTIFICATION OF INFECTIOUS DISEASE IN CONSTANTINOPLE.**—An irade has recently been issued by the Imperial Ottoman Government making the notification of the following diseases compulsory on medical practitioners in Constantinople: Cholera, small-pox, chicken pox, measles, scarlet fever, dysentery, diphtheria, typhoid fever, typhus, whooping-cough, and phthisis. Failure to notify is punishable by fine.

**THE DUKE OF CAMBRIDGE** presided at the jubilee festival held on April 26th in the Whitehall Rooms of the Hotel Métropole in aid of the funds of the German Hospital, Dalston. Donations to the amount of £6,300 were announced, including £200 (yearly) from the German Emperor, £50 from the Emperor of Austria, £1,000 from Baron von Schröder.

DR. DANFORD THOMAS held an inquest last week on the bodies of two children, Harry Brown and Ethel Grace Terry. The death in each case was attributed to natural causes. The mother of the child Terry complained that a doctor sent for refused to visit the child. The coroner informed her that medical men were not bound to visit a patient.

THE will of the late Dr. Francis Bisset Hawkins, of Lewell Lodge, West Knighton, Dorsetshire, and Foxcote, Bournemouth, who died on December 7th, was proved on March 18th by Edward Wilmot Williams, the executor, the value of the personal estate amounting to £133,403. The testator gives £300  $\frac{2}{3}$  per Cent. Consols to the Dorset County Hospital; £300 of the like consols to King's College Hospital, to be applied in instituting or assisting a lying-in or maternity hospital in connection with the said hospital, and £200 of the like consols to the Society for the Relief of Widows and Orphans of Medical Men in London.

**"THE APE MAN."**—Sir William Turner, F.R.S., comments critically on M. Dubois's account of the pithecanthropoid remains in Java, from which M. Dubois has deduced the existence of the connecting link between the ape and the man, which he has named the "erect ape man," in recognition of its difference from man and from the ape. It will be remembered that the remains consist of a skull, a left femur, and a third molar tooth, which were found at different times and at a distance from each other. Sir William Turner considers that it is not certain that the three bones belong to the same creature. A comparison of the skull with several specimens of the skulls of aborigines left him unconvinced that it might not have belonged to a human being. The features of the femur could all be made out in a large collection of human thigh bones, and the tooth had quite as much resemblance to the tooth of a human being as to the tooth of an ape. He considered that the remains were of a low human type.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BELFAST UNION.**—Medical Officer for the No. 10 Sub-district of the Belfast Dispensary District. Salary, £145 per annum, exclusive of registration and vaccination fees. Must reside within the district. Election on May 6th.

**BOROUGH OF STOCKTON-ON-TEES.**—Medical Officer of Health and Medical Superintendent for the Fever Hospital. Salary, £300 per annum. Applications and testimonials to Mat. B. Dodds, Town Clerk, by May 14th.

**CAMBRIDGE, ETC., ASYLUM, near Cambridge.**—Clinical Assistant; must be qualified. Appointment for six months. Board and apartments provided, but no salary. Applications to the Medical Superintendent.

**DARLINGTON HOSPITAL AND DISPENSARY, Darlington.**—House-Surgeon; doubly qualified, registered, and unmarried. Salary, £100 per annum, with board and lodging. Applications and testimonials to the Secretaries, 80, Bondgate, Darlington, by May 16th.

**DENBIGHSHIRE INFIRMARY AND GENERAL DISPENSARY, Denbigh.**—Honorary Medical Officer, doubly qualified. Applications to the Chairman of the Committee of Management by May 14th.

**DENTAL HOSPITAL OF LONDON, Leicester Square.**—Two Dental Surgeons. Candidates must be Licentiates of Dental Surgery of one of the licensing bodies recognised by the General Medical Council. Applications and testimonials to J. Francis Pink, Secretary, by June 10th.

**NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, 32, Soho Square, W.**—Resident Medical Officer; doubly qualified. Appointment for six months. Board, residence, and washing, and an honorarium of £10 10s. Applications and testimonials to F. Handley, Secretary, by May 10th.

**NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shore-ditch, N.E.**—Physician to the Out-patients; must be Fellows or Members of the Royal College of Physicians of London. Applications to the Secretary by May 14th.

**PARISH OF ST. MATTHEW, Bethnal Green.**—Male Junior Assistant Medical Officer for the Workhouse, Waterloo Road, E.; doubly qualified. Appointment for six months, subject to the approval of the Local Government Board and subject to a renewal at the discretion of the Board. Honorarium of £20, with rations, furnished apartments, and washing. Applications to D. Thomas, Clerk, Guardians' Offices, Bishops Road, E., by May 10th.

**ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.**—Lecturer on Physiology. Applications to the Dean by May 25th.

**WESTMINSTER GENERAL DISPENSARY, 9, Gerrard Street, Soho, W.**—Honorary Surgeon. Applications and testimonials to J. J. Johnson, Secretary, by May 20th.

**WEST RIDING ASYLUM, Wadsley, near Sheffield.**—Fifth Assistant Medical Officer. Salary, £100 per annum, rising £10 a year to £150, with board, etc. Applications to the Secretary by May 15th.

**WORCESTER GENERAL INFIRMARY, Worcester.**—Assistant House-Surgeon and Dispenser; fully qualified; unmarried. Salary £70 per annum, with board, residence, and washing. Office tenable for not more than two years. Applications and testimonials to William Stallard, Secretary, Worcester Chambers, Pierpoint Street, Worcester, by May 18th.

#### MEDICAL APPOINTMENTS.

**DAVERN, Dr.,** appointed Medical Officer for the Holborn Union School at Mitcham.

**GEMMELL, John E., M.B., C.M. Edin.,** appointed Honorary Hospital Medical Officer to the Ladies' Charity and Lying-in Hospital, Liverpool.

**GRIMSDALE, T. B., M.B., M.R.C.S.,** appointed Honorary Hospital Medical Officer to the Ladies' Charity and Lying in Hospital, Liverpool.

**HINES, G. J., L.R.C.S.I., L.M.,** appointed Medical Officer for the No. 4 District of the Hollingbourn Union.

**HYNES, Alfred Mortimer, M.R.C.S., L.R.C.P.,** appointed Surgeon to the Chisenhale Street Bridewell, Liverpool.

**JACOBSON, G. O., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the Fembridge District of the Kingston Union.

**MACGREGOR, Dr. J. J.,** appointed Assistant Surgeon to the Colchester Hospital.

**MACKENZIE, Thomas, M.A., M.D. Edin.,** appointed Physician to Noble's Isle of Man General Hospital and Dispensary.

**MARSHALL, Dr. G. H.,** appointed Assistant Medical Officer to the St. Marylebone Infirmary.

**MOSS, Dr. R. A.,** appointed Medical Officer for the Milton District of the Sculcoates Union.

**MOXEY, Vincent,** appointed Honorary Medical Officer Holloway and North Islington Dispensary.

**NICHOLSON, B. H., M.B., C.M. Edin.,** appointed Assistant Surgeon to the Colchester Hospital.

**O'DONNELL, Dr. J.,** appointed Medical Officer to the "Dublin" Metropolitan Police Medical Aid Association.

**PAYNE, Henry, M.D., M.R.C.S., L.S.A.,** appointed Honorary Medical Officer to the Ashton-under-Lyne District Infirmary.

**RICHARDS, Dr. J. B. O.,** appointed Medical Officer for the Milton Abbott District of the Tavistock Union.

**SOLLY, Dr.,** appointed Surgeon to the Exeter Dispensary, *vice* A. C. Roper, F.R.C.S., L.R.C.P. Edin., resigned.

**WILLOUGHBY, Alfred H., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer of the Sunbury District of the Staines Union.

**YOUNG, T. B., M.D. Brux., M.R.C.S. Eng.,** appointed Medical Officer of Health to the Halesowen Rural District Council.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

**LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.**—Mr. R. Marcus Gunn: Clinical Examination of the Eye. **London Throat Hospital, Great Portland Street, 8 P.M.**—Mr. W. R. H. Stewart: Examination of the Ear.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.**—Mr. F. J. Bennett on Dental Caries (with illustrative specimens). Mr. Storer Bennett will exhibit and describe Odontomes. A casual communication will be brought forward by Mr. Oswald Fergus.

##### TUESDAY.

**LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.**—Dr. Percy Smith: Hysterical and Delirious Mania.

**THE CLINICAL MUSEUM, 211, Great Portland Street.**—Open at 2 P.M., Lecture at 4.

**PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.**—Dr. Ord and Mr. Shattock: Microscopic structure of Urinary Calculi in Man. Dr. John Bradford: The Results of following the Experi-

mental Removal of Portions of the Kidney. Mr. Clutton: Bones from a Case of Osteitis Deformans. Card specimens will be shown by Dr. W. W. Ord, Dr. Newton Pitt, and Mr. T. H. Openshaw.

**WEDNESDAY.**

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Psoriasis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Choroidal Affections, with Illustrative Cases.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Cases, specimens, etc., will be shown by Mr. H. T. Butlin, Dr. James Donelan, Mr. Charles A. Parker, Dr. L. H. Pegler, Mr. W. R. H. Stewart, Mr. Charters Symonds, Dr. Herbert Tilley, Mr. A. A. Bowlby, and Dr. Dundas Grant.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3 P.M.—Lecture by Dr. Gowers.

**THURSDAY.**

LONDON POST-GRADUATE COURSE, Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Beevor: Locomotor Ataxy. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. Edmund Owen: Cases from the Surgical Wards. Central London Asylum, Cleveland Street, 5.30 P.M.—Mr. John Hopkins: Cases in the Wards.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Dr. H. Michie: Pregnancy Complicated by Suppuration within the Pelvis, with cases. Specimens will be shown by Mr. O'Callaghan, Mr. Bowreman Jessett, and Dr. John Shaw.

**FRIDAY.**

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture, The Microscope and Methods of Cultivation; Practical work, Examination of Cultivations.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. R. W. Parker: A case of an Infant in whom Some of the Abdominal Muscles were Absent. Mr. Arbuthnot Lane: A case of Extensive Degenerating Nævus of the Bladder. Mr. L. A. Dunn: Two cases of Gastric Ulcer treated by Laparotomy. Mr. Silcock: Two cases of Perforating Gastric Ulcer—in one excision of edges, suture, death; in the other formation of reparative adhesions, laparotomy, drainage, recovery. Dr. F. Lucas Benham: Thickened and Contracted Mesentery, Simulating Tumour, in a Case of Cirrhosis of the Liver. Dr. Sidney Phillips: A case of Splenic Abscess, Secondary Suppuration in the Liver, and Death from Pyæmia.

**SATURDAY.**

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital 11 A.M.—Dr. Hyslop: Acute Mania.

**BIRTHS, MARRIAGES, AND DEATHS.**

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

**MARRIAGES.**

ECCELES—SALT.—On April 30th, at Curbar Church, Derbyshire, by the Rev. E. Warbreck, B.A., Vicar of Stapenhill, uncle of the bride, assisted by the Rev. J. Stockdale, M.A., Vicar of Baslow and Rural Dean, Herbert Annesley Eccles, M.D. (London), son of W. S. Eccles, Esq., of Norwood, to Mary Sophia, eldest daughter of the Rev. T. F. Salt, vicar of the parish.

HEBBLETHWAITE—VASASOUR.—April 25th, at St. Peter's, Tunbridge Wells, by the Rev. R. M. Hebblethwaite, brother of the bridegroom, assisted by the Rev. W. A. Hornby-Steer, S. Montague Hebblethwaite, Harewood, Yorkshire, youngest son of T. Whiteley Hebblethwaite, Boston Spa, Yorkshire, to Maud Florence Georgina, elder daughter of the late Captain Mervin Vasasour, R.E., and stepdaughter of Mrs. Vasasour, Tunbridge Wells.

JENKINS—SHEPARD.—On April 24th, at St. George's Church, Tredegar, Mon., by the Rev. T. Theophilus, Vicar, assisted by the Rev. T. Walter Davies, B.A., and the Rev. Hugh Phillips, George Harrison Jenkins, L.R.C.P.E., L.R.C.S.E., L.F.P.S.G., and L.M., of Usk, Mon., to Nina Sophia St. Clair Shepard, younger daughter of the late Dr. Shepard, of Usk.

LORD—WILLIAMS.—On April 23rd, at St. James's, Manchester, by the Rev. W. J. Sims, M.A., Robert Ellis Lord, M.D., B.Sc. (London), of Colwyn Bay, to Elizabeth Margaret, daughter of William Williams, Esq., of Brecon.

MITCHELL—BLACKWELL.—On Tuesday, April 23rd, at St. James's, Paddington, by the Rev. R. Mitchell, late Vicar of Wield, and Rev. W. J. Sowerby, Vicar of Eltham, Ernest J. D. Mitchell, B.A., M.B., B.C., of The Grange, Eltham, and Kate Beatrice, widow of Edmund Alfred Blackwell, and daughter of the late C. F. Clements, of 3, Porchester Square, Hyde Park.

TELFORD-SMITH—STERRY.—On April 27th, at St. Stephen's Church, South Kensington, by the Rev. A. W. Gross, Rector of Milton, Northampton (cousin of the bridegroom), Telford Telford-Smith, M.A., M.D., B.Ch., Medical Superintendent, Royal Albert Asylum, Lancaster, to Ada, only daughter of W. Jex Sterry, Esq., of Norwood.

**DEATH.**

WATSON.—April 19th, at Chippenham, Wilts., thrown from his horse, George J. A. Watson, M.A., M.B., U.M. Aberdeen University, eldest son of George Watson, Middlemuir, Strichen, Aberdeenshire, aged 27.

**LETTERS, NOTES, AND ANSWERS TO  
CORRESPONDENTS.**

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

**QUERIES.**

W. R. C. would be very glad if some of the many readers of the BRITISH MEDICAL JOURNAL would kindly give him an easy test to detect margarine in butter.

**EXAMINATION FOR F.R.C.S. EDIN.**

S. P. D. asks to be referred to books that should be read for the subject "Genito-Urinary Surgery," required for the examination of F.R.C.S. Edin.

\*Our Edinburgh correspondent writes in reply to this question, that the articles on genito-urinary surgery in any of the standard works, for example, those in Holmes's *System*, or Erichsen, perhaps with the addition of the chapters in Treves's *Manual of Operative Surgery*, will be sufficient for this examination.

**ANSWERS.****BED RESTS.**

MR. GRÆME B. FRASER (Weston super-Mare) writes: In answer to "Comfort" in the BRITISH MEDICAL JOURNAL of April 20th, I am of opinion that the "Core Bed Rest," as made by Messrs. Arnold and Sons, is the most useful and economical.

**TREATMENT OF ACNE VULGARIS.**

DR. J. S. MCCUTCHAN writes: If "M.B.C.S." tries cod-liver oil three times daily after each principal meal, and at the dinner meal a glass of Guinness's stout, also rich milk and butter at the breakfast meal, I think he will have good results.

**ARTIFICIAL LIMBS.**

MR. RICHARD C. TRESIDDER (Secretary to the Surgical Aid Society, Salisbury Square, Fleet Street, E.C.) writes with reference to Dr. William Stephen's query in the BRITISH MEDICAL JOURNAL of April 27th: Permit me to point out that this Society is established for the very purpose of assisting such cases.

**SURGICAL OPERATIONS.**

M.D.—In Sir John Erichsen's *Science and Art of Surgery*, the tenth edition of which has just been published (Longmans and Co.), all the operations in surgery are very fully described and illustrated.

**PRACTICE IN NEW ZEALAND.**

MR. WILLIAM ODELL, F.R.C.S. (Torquay) writes: In answer to the inquiry of "A Graduate," I may say that, in a letter received on April 25th from a friend practising in Nelson, New Zealand, he says: "The colony is more than supplied with medical men, and the colleges in New Zealand are turning out a large number of men, to whom the appointments are given in preference to men from the old country."

**NOCTURNAL INCONTINENCE OF URINE.**

DR. FITZ-JAMES MOLONY (Porlock, Somerset) writes: In reply to "L. E. J.," a very frequent cause of nocturnal incontinence of urine is the habit of taking food shortly before bedtime. This may be the case with his lady patient. The result of a late meal is that digestion and urinary secretion are in active progress when the patient falls asleep. She tosses about in her sleep, and finally turns on her back. The urine presses on the sphincter vesicæ. The nerve influence, which ought to sustain the action of the sphincter, is diverted to the digestive process, and, as a consequence, the urine flows away. I have found the following treatment successful: No food of any kind to be taken after 6 P.M.; bed at 10, having previously emptied the bladder; set an alarm clock for 1 A.M., and relieve