# MEMORANDA:

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

### HYOSCINE AND BROMIDE IN MANIA.

Mental disease being extremely variable in type and duration it is sometimes difficult to avoid attributing curative properties to a particular therapeutic agent when cure and treatment are merely coincident. This is less liable to occur when the patient has had exactly similar attacks which have not yielded to other methods of treatment. In the British Medical Journal (September 11th, 1897) I reported a case in which incipient acute mania was arrested by a single injection of hyoscine, the patient having, in a prior attack, been under my care in an asylum before this drug had come into use. The present note refers to a patient not previously under my care, but whose fourth attack of mania was exactly like all her antecedent ones until its course was altered by hyoscine.

The patient was aged 37, married, and the mother of seven children. Her mother died, at the age of 47, of "drink and change of life," when the patient was very young. The latter is thin, pale, and neurotic-looking, but presents no degenerative stigmata except prominent anthelices and adherent lobules. The third and the fourth attack followed closely the weaning of her seventh and her sixth child respectively. The premonitory symptoms were headache, restlessness, insomnia, increased activity, "wildness of eye," shrillness of voice, loquacity, "queerness" or strangeness of manner.

In this attack she was seen by me on July 19th, the third day of extreme excitement, or the tenth from the first appearance of forewarnings. Loss of inhibition was the most striking characteristic of her mental condition in the developed attack. The reaction of the pupils was very slight—a noteworthy physical peculiarity, as general paralysis was quite excluded.

Hyoscine hydrobromide was then given in sufficient quantity (gr. $\frac{1}{100}$ hypodermically, and, after forty minutes, gr. $\frac{2}{100}$ by the mouth) to procure seven hours' sleep, and again on July 21st, the excitement having increased, after a slight abatement on the night of July 20th, in a dose (gr. $\frac{1}{75}$ hypodermically) large enough to induce ten hours' sleep. Sodium bromide in drachm doses was administered in the forty hours' interval between these sleeps, and for two days after the second sleep until 2 oz. in all had been taken. After the second sleep the patient slept well every night, but remained awake in the daytime, although she was very drowsy. She was kept in bed on liquid diet, principally milk, practically until July 25th. On July 26th—within a week of the commencement of treatment—she had thrown off all drowsiness and was cured of her maniacal excitement. The three previous attacks had each necessitated asylum treatment for some months. In all four attacks "sleeping draughts" failed to procure sleep.

The patient remains well at the time of writing (October 9th). Her husband and she both attribute her recovery to the sleep caused by the second injection of hyoscine. I think, however, that the bromide contributed, although the very prolonged "bromide sleep," advocated by Dr. Neil McLeod, was not induced. The hyoscine acted much better when administered altogether hypodermically, and the bromide when exhibited every two hours; four doses of the latter so given, after the second hyoscine sleep, produced a decidedly more beneficial effect than did seven with four hours' intervals before that sleep. The case would seem to teach one not to be discouraged if the first dose of hyoscine, which must be more or less tentative, does not greatly ameliorate, or even if it appears to aggravate, the symptoms. Both the patients here referred to were treated at their own homes in thickly populated streets.

Kensington, Liverpool. James Shaw, M.D.

### "MILK FEVER."

The term "milk fever" is commonly used in textbooks on midwifery to denote a febrile condition arising about the third day after confinement, and often attributed to commencing secretion of milk. Dr. Galabin, in his *Manual of Midwifery*, notes that physiologically there is no connexion between the secretion of milk and the pyrexia, but he does not appear to give a reason for the frequent occurrence of the pyrexia at this particular time.

As before mentioned, all other causes of fever having been excluded, there is frequently a rise of temperature about the third day, particularly in primiparae; a careful examination of the nipples invariably, I may say, discloses a slight abrasion of the skin or a very minute, almost microscopic, crack in the tissues of the nipple, often in the central depressed portion. This, if neglected, rapidly goes on to a fissure, now easily seen on account of its large size, and is probably followed by mastitis, the result of entrance of pyogenic organisms, as mentioned by Dr. Jellett in his *Short Practice of Midwifery*.

From the above it would appear that during the first few days of nursing, the skin of the nipples, unaccustomed to its new duty, is easily damaged, and minute cracks, difficult of detection, are produced by the act of suction; these form a suitable nidus for the growth of organisms, which in the intervals of suckling grow with rapidity through the ducts into the interior of the gland, and cause obstruction by inducing inflammatory exudation. Mild symptoms of mastitis follow, often attributed to hypersecretion of milk, and give rise to a febrile condition, the so-called "milk fever."

Acting on this theory, Miss Dryland, matron of this hospital, undertook the following treatment: All patients on admission, either before or during labour, had the nipples thoroughly cleansed with soap and water and then thickly painted with a solution consisting of 1 part each of glycerine of tannin and sulphurous acid with 2 parts of water, as recommended for cracked nipples by Dr. Playfair in his *Science and Practice of Midwifery*. This solution was applied every few hours up to the sixth or seventh day after confinement, whether there was an abrasion or not, until it was considered that the nipples were in a fit state to withstand the irritation caused by the suction of the child. Sterilized or antiseptic pads were kept over the nipples.

This treatment has been in use for the last three years. In the majority of cases it prevented the occurrence of the so-called "milk pyrexia" altogether, and was of great benefit to mother and child. The breasts in many cases became full, but there was no mastitis or fever. Of 100 unselected temperature charts of patients admitted before this special treatment was adopted, 12 showed normal temperatures, whereas since the treatment was commenced 100 unselected charts show 31 normal temperatures.

I may mention that during the later months of pregnancy pain in the breasts with turgescence appears to be due in a similar manner to the inward growth of organisms which batten on the serous exudation from the nipples incident on the pregnant state. The treatment before described is useful in such cases, but only a few applications of the solution are necessary to relieve the symptoms.

H. A. Cummins, Major R.A.M.C.,
In charge of Hospital for Soldiers' Wives and Children, Woolwich.

### ACUTE DILATATION OF THE STOMACH WITHOUT APPARENT CAUSE.

In view of the discussion lately held in the Section on Medicine of the British Medical Association, and the interest which distension of the stomach has excited of late years, the following case may be worthy of record, especially as the patient was one in whom none of the recognized causes could be ascertained, being a healthy infant, 9 months old, entirely brought up on the breast, and with whom, moreover, the mother's milk had always agreed.

One morning the baby was found dead two hours after she had been suckled and put to bed. Nobody was in the room so that no question of overlying arose, nor did the clothes cause any constriction of any part. According to the mother (and there seemed no reason to doubt her statements) the child, who was the first, had always been healthy, and no pain or enlargement of the abdomen after meals had ever been noticed. There had never been any vomiting; indeed, there was an entire absence of symptoms of any kind.

The necropsy showed a well-nourished body, without any signs of rickets. All the organs were examined, particularly the spleen, liver, lymphatic, and other glands, but nothing abnormal was found in any of them except the stomach. This viscus came prominently into view after incision of the abdominal wall, and appeared like a small football bladder distended with gas. Whatever state of affairs may have previously prevailed, the intestines did not seem to be pressed upon by the enlarged stomach, which bulged forwards and appeared, as it were, to float away from the surrounding structures. Obviously the relief of pressure caused by opening the abdomen had a great deal to answer for this condition. There was no stric-

ture of the pylorus or adhesions. The duodenum was not dilated. The gastric mucous membrane did not show any signs of inflammation, and the organ contained only a small quantity of clotted milk. The muscle unfortunately was not examined microscopically, but seemed normal in thickness and texture, although it had been well stretched.

Wimbledon, S.W. DAVID A. BELILIOS, D.P.H., L.R.C.P.Lond.

## CANCER OF PANCREAS.

WRITING in Quain's *Dictionary of Medicine* on diseases of the pancreas, Dr. F. T. Roberts, referring to the difficulty of diagnosis, says:

> If more attention were paid to the pancreas by the general body of medical practitioners our knowledge concerning its morbid states would probably be increased. Many seem to forget that there is such an organ, and even when symptoms or signs point to it with sufficient clearness, at any rate as being the possible seat of mischief, they ignore it altogether, and it never seems to enter into their calculations.

I am led to quote these remarks by a case which has recently occurred in my own practice, where I had the opportunity not only of watching the patient for a few months, but also of following it up with a *post-mortem* examination. I did not arrive at a diagnosis during life other than that of "malignant abdominal disease," but it has occurred to me—more especially since I read Dr. Roberts's remarks—that it might have been possible, by a process of exclusion mainly (the pancreas not included in the operation) to have come to a fairly accurate diagnosis during life of the *fons et origo mali*.

The patient was a man, aged 65, who came to me in October, 1900, complaining of repeated attacks of intense abdominal pain, more marked in the right iliac region, and attended with vomiting. These attacks were agonizing, and almost unbearable, and much difficulty was experienced in relieving them. They were attended with a general tympanitic condition of the abdomen, most marked over the right iliac region, and, as they subsided with violent eructations of wind, and occasionally watery pyrosis. The progress of the case briefly was an increasing recurrence of the paroxysmal attacks, general emaciation, a slight amount of ascites towards the end, weakness, and death.

I examined this man repeatedly, and under the most favourable conditions obtainable, but could find no tumour or any evidence of any enlarged organ in the abdomen; but I must candidly admit that I did did not take the pancreas as a possible source of disease sufficiently into consideration, and consequently examination in that particular region may not have been as thorough as it might have been.

To take the two leading symptoms first. That there was some interference with the calibre of the bowel from pressure above was evidenced by the condition of the abdomen which accompanied each attack. But where? Then the peculiar, intense, and paroxysmal pains might have been due to hepatic colic, only at no time—not even till the time of his death—was there any trace of jaundice. Nor was there any evidence of kidney mischief or bladder trouble. The process of exclusion it now appears to me might fairly have left the question of duodenal or pancreatic cancer as a more than likely diagnosis. The former did suggest itself to my mind, but with regard to the latter, I am afraid I must be entered in Dr. Roberts's classification as belonging to that body of practitioners who do not appear even to take the pancreas into their calculations, or at any rate fail to give it that consideration which it deserves.

At the necropsy all the internal organs of the abdomen, which alone was opened, were found healthy, with the exception of the pancreas. There was as had previously been noted a limited amount of ascitic fluid. The pancreas had been converted into a hard scirrhous solid mass, part of which towards the head of the pancreas had ulcerated and broken down, forming an abscess cavity. The duodenum was obstructed by the pressure of the growth which was bound down and clearly adherent to the parts below. The cause of the leading symptoms and of the man's death were at once apparent.

The moral in this case is, I think, as Dr. Roberts expresses it in the words I have already quoted, that we general practitioners are apt to forget that there is such an organ as the pancreas at all, and as an open confession is said to be good for the soul I make haste to plead guilty to the charge. Of course the satisfaction remains to me that under no circumstances could any operation have afforded relief to my patients. But to have an intelligent opinion with regard to one's cases and to have the same verified by necropsy is at all times satisfactory. Zoja, of Pavia, reports eight cases of tumour of the head of the pancreas; the symptoms, he says, vary with the seat and stage of the disease, but the following are the most reliable for diagnostic purposes: (1) obstruction of the common bile-duct—jaundice; (2) obstruction of the pancreatic duct—fatty stools; (3) distension of the gall-bladder; (4) pain and presence of palpable tumour; (5) symptoms of pyloric or duodenal stenosis; (6) haemorrhage from the bowel.

Workington. JOHN HIGHET, M.D., M.O.H.

## SUBPHRENIC ABSCESS: OPERATION: RECOVERY.

A. W., female, aged 20, was suddenly seized with severe pain on the left side in the region of the eighth, ninth, and tenth ribs in the posterior axillary line. The pain was aggravated on inspiration, and described as sharp and cutting; the area was also extremely painful to the touch. On auscultation no abnormal sounds were heard, and percussion yielded only normal notes. The temperature was 103°. Pleurisy with or without pneumonia seemed the only diagnosis possible so far. Medicine was prescribed and hot applications ordered. Next day nearly all pain had disappeared but the temperature was still about 103°. There was no dullness or alteration of breath sounds. For six days the pyrexia was maintained without any local changes being found, both sides of the chest appearing equal in all respects. I now learned that the patient had some six months previously been treated at the local hospital for some stomach trouble (probably gastric ulcer from her description of the symptoms), and that for the last fortnight she had had some slight pain in the left side. I now thought it possible the patient might be suffering from a subphrenic abscess secondary to a perforated gastric ulcer, considering this history and the continued high temperature. Accordingly I asked Dr. Harland to see the patient with me, who agreed with me as to the possibility, but we decided to wait a day or two before operating to see if any local signs would appear.

At this examination we thought there was slight comparative dullness over the painful area, but as this area was continuous with the upper border of the spleen, and only about two or three fingerbreadths wide, it was very doubtful. An hour after seeing the patient on the seventh day, I was hurriedly called, and found she had had a rigor. The temperature was then 107°.

On consultation with Dr. Harland, it was decided to operate. Chloroform was given, and a fine Potain's aspirating cannula and trocar was introduced between the eighth and ninth ribs with a negative result. A small ordinary trocar and cannula were then introduced deeply an inch or so anterior to the first puncture, and on withdrawing the trocar a considerable quantity of extremely stinking pus escaped. As the patient now showed signs of collapse, necessitating the administration of strychnine, brandy, and digitalin hypodermically, an incision was quickly made between the ribs and a drainage tube introduced. Next day the patient had rallied, the temperature being 99.5°. An uninterrupted recovery took place, the cavity being occasionally washed out with lysol lotion.

The above case appears to me interesting on account of the history of stomach trouble and the absence of local objective signs.

South Shields. R. M. HALL, M.B. C.M.Edin.

## EXCISION OF THE TONSILS DURING AN ATTACK OF ACUTE TONSILLITIS.

I HAVE always been led to believe that it was contrary to surgical principles to excise an inflamed tonsil, but recent experience has led me to doubt that fact.

About four years ago I attended a man about 50 years of age, who was suffering from acute follicular tonsillitis. He gave a history of having had seven or eight attacks of "quinsy" at intervals of from nine to twelve months. I tried the usual remedies, and on two occasions incised the tonsils, but in spite of treatment the inflammatory condition persisted for about ten days, and then gradually disappeared without suppuration. I told the man he must have the tonsils removed as soon as he had sufficiently recovered, but when I referred to it later he refused to consent to their removal.

About nine months afterwards he commenced with an attack similar to the first, and on the third day the tonsils were almost meeting in the middle line, and swallowing was practically impossible. Remembering the previous difficulty I had experienced in persuading the man to consent to operation when inflammation had subsided, I decided to excise the tonsils at once, and by the aid of the guillotine I

was able to remove a large portion of the left tonsil only without anaesthetic. There was less bleeding than I anticipated, and next morning I found he had partaken of a fair quantity of food and was able to swallow comfortably. The inflammation had almost subsided, and he complained of nothing beyond a little soreness on swallowing and a slight pain in the left ear.

In the course of a few days he was able to attend to his business, and has had no recurrence of the trouble up to the present time.

About the same time I attended a lady who was suffering from a similar attack, and in this case, also, I removed one tonsil with an equally satisfactory result. Since that time I have had one or two cases in which I have adopted the same line of treatment with very good results. In the first two cases I used no anaesthetic, but latterly I have previously painted on the throat a 2 per cent. solution of B. eucaine. I should like to ascertain what has been the experience of other medical men, and whether they have met with any complications of a serious nature. I am confident that in the cases I have referred to the attack was cut short by several days, and the throat was in a much better condition afterwards than would have been the case had the tonsils remained.

Ashton-under-Lyne. ROBERT BLEASDALE, M.B., Ch.B.

## FOREIGN BODIES IN THE CORNEA.

THE memorandum in the BRITISH MEDICAL JOURNAL of October 4th, p. 1247, Foreign Bodies in the Cornea, reminds me of a much more simple method of attaining the desired object. Recently having a troublesome case, and not having at hand any cocaine in solution, I applied to the spot a "speck" of the hydrochlorate. This answered perfectly, and it seems (apart from the mydriasis) unnecessary and undesirable to anaesthetise the whole of the conjunctiva for the sake of dealing with so small a portion of its surface.

WILLIAM A. S. ROYDS, L.R.C.P., etc.

St. Mary Bourne, Hants.

## VELD SORES.

VELD sores are shallow ulcers, often very extensive, with ragged irregular edges, very little induration around, and bases of coarse granulations which exude a quantity of pus. They occur, it is my experience, much more frequently in fair-complexioned men, individuals with sandy hair and freckled faces being apparently most prone to them; they occur on the hands chiefly, and on the dorsal aspect of the hands and fingers almost entirely, but also on the face, especially at the angles of the nose or mouth, and by the lobes of the ears; they also occur on any part of the body. The predisposing cause seems to be a scratch or any abrasion of the skin, barbed wire wounds being frequently followed by veld sores. There does not seem to be any liability to veld sores until a man has been at least three months in the country, and then all conditions of men are liable to the complaint, infantry as well as mounted troops, although there is a preponderance of cases on the bridle hands of mounted troops. My experience shows that it is probably a species of scurvy, because, on the one hand, cases occur chiefly when troops are on "trek," when fresh vegetables are not obtainable; and, on the other hand, I have found them clear up well under lime juice; Boers and Colonials also suffer from them to a less degree. On healing, veld sores leave pigmented scars, which take a long time before disappearing. Dirt is apparently the exciting cause, because if abrasions and wounds are kept covered up veld sores rarely supervene; I have seen several cases of lymphangitis of the forearm result.

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Civil Surgeon, Naauwpoort, Transvaal.

## INTRACTABLE COUGH CAUSED BY ASPIRATION OF A TOOTH.

MRS. S., aged 35, came under my care complainlng of persistent cough and considerable discharge of frothy sputum, sometimes tinged with blood. There was no history of any pulmonary disease, and the patient was otherwise fairly well nourished and healthy looking. On examination pleurisy on the right side was detected. For some three weeks every endeavour to relieve the condition seemed of no avail, and then a gradual improvement took place. The pleurisy yielded, but the cough remained, excessively irritating to the patient and her friends, and discouraging in the extreme to me. I tried every drug and combination of drugs of which I could think, and looked up the treatment of many recognized authorities. The patient passed many sleepless nights, and began to show signs of great distress. One morning she was seized by an extra-violent fit of coughing, and, to her unbounded surprise brought up a tooth in the sputum. Some little time before she sought advice and treatment she had been to a dentist to get a tooth extracted. The tooth was extracted, but had inadvertently slipped from the forceps. Both patient and dentist were under the impression then the tooth had fallen into a spittoon, and nothing more was thought of the matter. The patient, curiously enough, felt no ill-effects at the time, but soon developed the irritating cough. She quickly regained her former good condition of health.

D. WALLACE SMITH, M.B., C.M.Glasg.

Brixton.

# REPORTS
ON
# MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

## HULL ROYAL INFIRMARY.

### CASE OF INTRAPERITONEAL RUPTURE OF THE BLADDER TREATED BY LAPAROTOMY AND SUTURE OF THE BLADDER SIXTY-FOUR HOURS AFTER RUPTURE: RECOVERY AFTER UNUSUAL COMPLICATION.

(Under the care of E. O. DALY, M.A., M.D.Oxon., M.R.C.P. Lond., Honorary Physician; and EDWARD HARRISON, M.A., M.D.Cantab., F.R.C.S.Eng., Honorary Surgeon to the Royal Infirmary.)

B. S., aged 36, an Irish harvester, was admitted to the infirmary on the evening of July 29th, 1902, under the care of Dr. Daly. On the morning of admission after carrying a pail of water in which he was about to wash himself he experienced sudden severe pain in the abdomen which struck down into the penis. He had received no injury, and stated that he was not intoxicated the previous evening.

On admission the abdomen was tender and there was a little dullness in each flank. A catheter was passed, and 10 oz. of perfectly clear urine were withdrawn; there was no blood. After admission he vomited, and stated that his bowels had not been relieved that day. An enema was administered with negative result, but a second one gave relief. The day after admission he became seriously ill. He lay on his back, had a pinched anxious expression, a small pulse, hurried, shallow respirations, frequent vomiting, severe abdominal pain and tenderness, and there was a small quantity of fluid in the peritoneal cavity.

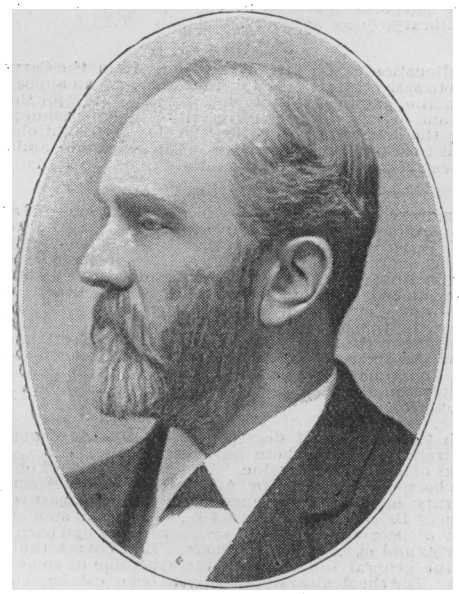
On the evening of the 30th (some twenty-four hours after admission) Dr. Harrison was asked to see him. His condition was as just described. A catheter passed now drew off 4 oz. of clear urine. He now volunteered the information that he had had previously two similar attacks of less severity which were cured by taking a dose of salts.

A positive diagnosis was not made, though the possibility of its being a rupture of the bladder was entertained, and also, on the evidence of having had two former similar attacks, it was thought that it might be a case of appendicitis. In any case an exploratory laparotomy was imperative, and this was urged as strongly as possible, but was absolutely declined by the patient.

On the following day all his symptoms were exaggerated, and his condition was as bad as it could be. A catheter passed drew off nothing, and the amount of fluid in the peritoneal cavity was now evidently very considerable. He was visited by a priest, who persuaded him to submit to operation. He was accordingly prepared for laparotomy, which was performed the same evening. Before opening the abdomen, an injection of strychnine was administered, and arrangements made for transfusion of saline solution. This was done during the operation, some three pints being introduced, into which was put some adrenalin.

On opening the abdomen sixty-four hours after the onset of symptoms by a median incision, a large quantity of slightly turbid fluid having a (?) urinous odour was evacuated, and the abdomen washed out with a plentiful supply of warm water. There was no peritonitis. On passing the hand into the abdomen and exploring the posterior surface of the

He was the author of the bold scheme for buying the watershed on Dartmoor, whence Torquay's water was derived. This met with the most violent opposition, chiefly, strangely enough, from what might be called the educated classes, and at a poll which was demanded the burgesses declared emphatically against it. Mr. Karkeek, however, confident in his scheme and in the great benefits which would accrue to Torquay from its adoption, did not recognize this defeat, but again brought the proposal before the Corporation, this time including in it the Trenchford Valley—a subsidiary supply in addition to the Kenniek Valley. With characteristic perseverance he kept constantly bringing the matter before the Corporation, until, in 1896, the correctness of his far-sighted idea was acknowledged by the passing of the Water Bill. Still he was not satisfied. He wanted the removal of all the farms and all the dwellings from off the watershed; and here again his perseverance was rewarded, so that Torquay now, owing entirely to his exertions, enjoys a pure moorland water supply without a single dwelling on the watershed. This is only one instance; but in all other sanitary matters, especially as regards the dairies and milk supply, he displayed the same ardour, usually with the same happy result.



He was a Vice-President of the South-Western Branch of the British Medical Association, and President in 1900. His Presidential address, which was published in the BRITISH MEDICAL JOURNAL, was on the preliminary education of medical students. In it he laid great stress on the value of a good classical training, being himself convinced that science subjects could be much more easily assimilated after a good knowledge of Greek and Latin.

He was a Member and Past President of the Torquay Medical Society, whose meetings he regularly attended, and upon the papers read there he almost always spoke, usually prefacing his remarks by something like this: "Gentlemen, I don't know much about the subject we are discussing, but I will tell you a tale," and a good racy tale he would tell, but always so *à propos* to the subject as to induce his hearers not to take his modest disclaimer too much on trust. At the last meeting in December he was to have read a paper on cancer, but on the day fixed, to everybody's regret, he was unable to do so for he was lying unconscious.

He was also a most energetic member and past-president (two terms) of the Torquay Natural History Society, having been mainly instrumental in the addition of the Pengelly Memorial Hall to the Museum Buildings. He attended most of the meetings there and his annual lecture, usually on a classical or anthropological subject, was always looked forward to with pleasure. He was arranging the lantern slides for one of these lectures when he was seized with paralysis. He was also an active member of the Devonshire Association to which he contributed frequent papers chiefly on folk lore.

He married as his first wife Miss Heard, of Truro. His second wife was Miss Elise Paton, daughter of Mr. A. A. Paton, British Consul at Ragusa, who survives him.

On the evening of December 2nd he had a paralytic stroke and lay practically unconscious till his death on December 27th, 1902. He was an upright man in the best sense of the word and a hater of all humbug and sham. In spite of his impulsiveness he was a most chivalrous opponent and his friendship was warm and strong. His pleasant manner and bright cheery appearance influenced all with whom he came in contact and will be sadly missed at many gatherings, not only in Torquay, but in the West of England generally.

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DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Nicoladoni, Professor of Surgery in the University of Graz, aged 52; Dr. Heinrich Struck, formerly Director of the Imperial Health Bureau and Surgeon-General *a la suite* of the Sanitary Corps of the German Army, aged 77; Professor Rudolf Massini-Meyenrock, Professor of Pharmacology in the University of Basle, Director of the Municipal Policlinic and Surgeon-General of the Swiss Army; Dr. S. Ehrenhaus, of Berlin, a well-known specialist in children's diseases, and one ever foremost in good works for the public benefit, aged 68; Dr. Karl von Kupffer, Professor of Anatomy in the University of Munich, aged 72; and Dr. Wenzel Sobieransky, Professor of Pharmacology in the University of Lemberg, aged 40; Dr. Francesco Occhini, Professor of Surgical Anatomy and Operative Surgery in the University of Rome; Dr. A. W. L. Hénocque, Assistant Director of the Laboratory of Biological Physics at the Collège de France, author of several works on the spectroscopy of the blood, and of very numerous papers on anatomy, physiology, experimental therapeutics, toxicology, and of nearly every branch of medical science, aged 62; Dr. Herrnheiser, of Prague, an ophthalmologist of repute, and Editor of the *Prager medizinische Wochenschrift*, aged 44; Dr. A. Mazzuchelli, Professor of Surgical Pathology in the University of Pavia, aged 63; Professor Max Schede of Bonn; and Professor Panas of Paris.

# ROYAL NAVY AND ARMY MEDICAL SERVICES.

## ROYAL NAVY MEDICAL SERVICE.

MEDICAL OFFICER, R.N., writes: Among the many causes of discontent among naval medical officers is one which has never been sufficiently brought to notice. I refer to the cases of officers who have completed twenty years' service and are then entitled to £1 a day pension. At present they are not relieved immediately on request and placed on the retired list, but are retained for periods varying from a few months to a year or two. For this extra time served they receive no corresponding increase of pension.

If the Board of Admiralty wish to show that they intend to act in perfect good faith towards medical officers, I would submit that they amend the rates of retired pay as shown below:

| | £ s. d. |
|---|---|
| Fleet-surgeon after 20 years' service ... ... ... ... | 1 0 0 per day |
| ,, ,, 21 ,, ... ... ... ... | 1 1 0 ,, |
| ,, ,, 22 ,, ... ... ... ... | 1 2 0 ,, |
| ,, ,, 25 ,, ... ... ... ... | 1 5 0 ,, |
| ,, ,, 30 ,, or on retirement at 55 | 1 10 0 ,, |

For purposes of comparison I give the following rates:

| | £ s. d. |
|---|---|
| After 20 years' service ... ... ... ... ... | 1 0 0 ,, |
| ,, 24 ,, ,, ... ... ... ... ... | 1 2 6 ,, |
| ,, 27 ,, ,, ... ... ... ... ... | 1 5 0 ,, |
| ,, 30 ,, ,, or on retirement at 55 ... ... | 1 10 0 ,, |

This alteration would enable an officer always to retire at about twenty years' service on a pension proportionate to his service. I would note that retirement is not allowed while an officer is serving abroad.

You speak, sir, in the BRITISH MEDICAL JOURNAL of January 3rd, about change of titles for us. As I have heard many opinions on the subject I will concisely give you our ideas. Every one ridicules the titles of Inspector-General of Hospitals and Fleets, Deputy Inspector-General, etc. Anything would be better. When the whole cumbersome title is given, it scarcely would give to a layman the impression that its holder is a medical man.

I find most medical officers wish for the rank of Surgeon retained, but rank of Staff Surgeon abolished. The feeling about Fleet Surgeon as a rank varies, but it seems to be conceded that if our ranks are really going to be adjusted to our average age, then Surgeon-Commander might well be substituted for Fleet Surgeon, but not otherwise. The average age of entry is 25 years and a fraction of a month. This, then, should be taken as the standard if medical ranks are to be assimilated age for age to the executive branch.

Two other conditions I would refer to:

1. An officer to receive the pay of his new rank when promoted. At present a Surgeon taking the place of a Staff or Fleet Surgeon continues to draw Surgeon's pay, but a Staff Surgeon in the place of a Surgeon draws Surgeon's pay.

2. Officers suffering from climatic affections should not be put on half-pay at the end of three months or before. Surely, dysentery, Malta fever, or malaria are due to the service, whatever my Lords say to the contrary, when contracted while serving His Majesty abroad. It is bad enough to have one's constitution broken down, without having financial ruin as well.

HOPE DEFERRED writes: I see that in the BRITISH MEDICAL JOURNAL of January 3rd you express doubt as to whether naval surgeons desire executive titles. Let me assure you that the majority of us would

strongly object to them. With regard to the wider question of why we do not ventilate our grievances, I think it is because we do not care to break regulations unless some good is to come of it. If the Admiralty would have a Commission, and try to get to the bottom of things, we would not be slow in saying what we want; but we do not feel that isolated letters to the papers do any good.

THE following appointments have been made at the Admiralty: JOHN VERDON, Surgeon, to the *Fearless*, January 6th; FREDERICK F. MAHON, Surgeon, to the *Prince George*, January 6th.

MR. GEORGE E. A. EVANS, civil practitioner, has been appointed Surgeon and Agent at Seaton, Beer, and Branscombe Coastguard Stations, January 3rd.

## ROYAL ARMY MEDICAL CORPS FUND.

AT the second meeting of the Committee of the Army Medical Services' Fund for perpetuating the memory of deceased officers of the Royal Army Medical Corps, it was resolved that the fund should bear the name which stands at the head of this notice. It was resolved that the subscription for officers on the active list should be £1 per annum. As regards officers on the active list, it was agreed that the holders for the time being of the following appointments should be *ex-officio* members of the executive committee:—The Director-General, Chairman; the Deputy-Director-General, Vice-Chairman; the Deputy-Assistant-Director-General, the Principal Medical Officers of the First Army Corps and of the Home District; the Commandant and the Professor of Hygiene, Medical Staff College; the Quartermaster, Medical Store Depôt, Woolwich; and one junior captain, R.A.M.C., to be elected by officers of the R.A.M.C. mess at Aldershot, but not necessarily a member of that mess. The representatives of retired officers are Surgeon-General J. B. C. Reade, C.B.; Surgeon-General H. Skey Muir, C.B.; and Lieutenant-Colonel J. F. Beattie, and the Honorary Secretary is Lieutenant-Colonel B. Skinner, R.A.M.C. A Subcommittee was appointed to consider the proposal of a compassionate fund for warrant officers, non-commissioned officers, and men of the corps and their wives and families; but a further proposal to start a fund to meet cases of distress among widows and children of deceased officers was negatived, as it was felt that the R.A.M.C Fund was not yet in a position to undertake such large financial matters as were involved in this, and in a further proposal to take over the existent Benevolent Fund. Officers of the corps desiring to join the fund may obtain all information on application to the Secretary, 68, Victoria Street, S.W.

## ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL T. B. A. TUCKEY retires on retired pay, January 3rd. He was appointed Surgeon, February 5th, 1881; Surgeon-Major, February 5th, 1893; and Lieutenant-Colonel, February 5th, 1901. He was in the Egyptian war in 1882 (medal, and Khedive's bronze star); with the Nile expedition in 1884-5 (clasp): with the Burmese expedition in 1886 (medal with clasp); and in the South African war in 1899-1900, being mentioned in dispatches.

Lieutenant-Colonel U. J. BOURKE also retires on retired pay, January 7th. He joined as Surgeon, February 4th, 1877: became Surgeon-Major, February 4th, 1899; was granted the rank of Lieutenant-Colonel, February 4th, 1897; and made Brigade-Surgeon-Lieutenant-Colonel, May 10th, 1899. He was in the Soudan campaign in 1885, being present at the engagement at Hasheen, the advance in support of the Tofrek zereba, and the destruction of Temai (medal with clasp, and Khedive's bronze star).

Major R. G. THOMPSON, M.D., likewise retires on retired pay, January 7th. His commissions are dated: Surgeon, May 30th, 1885; Surgeon-Major, May 30th, 1897. He served with the Burmese expedition in 1885-7 (medal with clasp), and in the operations in Sierra Leone in 1898-9 with the Karene expedition (medal with clasp).

## THE APPEAL FOR THE FAMILY OF THE LATE LIEUTENANT-COLONEL BRODIE, R.A.M.C.

ON behalf of the widow and orphans of Lieutenant-Colonel J. F. Brodie, R.A.M.C., for whom an appeal was made in the BRITISH MEDICAL JOURNAL of May 24th, Colonel Leake, 42, The Common, Woolwich, begs to acknowledge, with many thanks, the following additional contribution, and to express his cordial appreciation of the kind words of sympathy which accompanied it:

| | £ s. d. |
|---|---|
| Major R. J. Power, R.A.M.C. ... ... | ... 1 1 0 |
| Previously acknowledged ... ... | ... 84 15 0 |
| Total to date ... | ... 85 16 0 |

As this appeal is about to be closed, intending contributors will greatly oblige by notifying the same at once.

# UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF EDINBURGH.

### ANNUAL REPORT FOR 1902.

*Numbers of Students.*

DURING the past year the total number of matriculated students (including 321 women) was 2,918. Of this number, 881 (including 271 women) were enrolled in the Faculty of Arts, 195 (including 1 woman) in the Faculty of Science, and 1,396 (including 15 women) in the Faculty of Medicine. Of the students of medicine, 648, or over 46 per cent., belonged to Scotland; 327, or over 23 per cent., were from England and Wales; 112 from Ireland; 74 from India; 211, or fully 15 per cent., from British colonies; and 24 from foreign countries. Besides these matriculated students, 58 non-matriculated students have paid the 5s. entrance fee, 30 of whom were women. The number of women attending extra-academical lectures, with a view to graduation in medicine in the University, was 102.

*Degrees Conferred.*

The following degrees were conferred during 1902: Master of Arts (M.A.), 141 (including 33 women); Bachelor of Science (B.Sc.), 27 (including 1 woman); Doctor of Science (D.Sc.), 3; Bachelor of Medicine and Master in Surgery (M.B., C.M.), 7 (including 1 woman); Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B., 180 (including 15 women); Doctor of Medicine (M.D.), 68 (including 1 woman). The General Council of the University now numbers 9,243. The special University certificate in diseases of tropical climates was conferred on 23 candidates (including 1 woman).

*Fellowships, etc.*

The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £18,150—namely, in the Faculty of Arts, £10,600; in the Faculty of Science, £1,500; and in the Faculty of Medicine, £3,630. A number of bursaries are in the gift of private patrons, but the great majority of the University bursaries, prizes, etc., are awarded by the Senatus after competitive examination. In addition to the above a sum of upwards of £600, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

*The Carnegie Gift.*

The munificent gift of Mr. Andrew Carnegie, to be applied in part to the payment of class fees and in part to the better equipment of the Scottish Universities, has now been in operation for over a year, and a marked increase in the amount of the fee fund for this year is doubtless due to the former provision, which has enabled students to take out a larger number of classes than they would otherwise have taken. The sum of £50,000 annually available for the better equipment of the universities has now been apportioned by the Carnegie Trust among the four Universities for a period of five years, subject to the condition that they satisfy the Trust as to the efforts which they themselves are making to secure the further University extension. To Edinburgh there falls an annual grant of £11,500, making a total grant of £57,500, which is thus apportioned: Buildings and permanent equipment (the first charge under this head being for the natural philosophy and engineering departments), £8,000 annually: teaching (for the endowment of modern languages, or some other purposes approved by the Committee of the Trust), £2,500 annually: library, £1,000 annually.

*Appeals for Funds.*

As the allocation made to the University from the Carnegie Trust is inadequate to satisfy all its pressing requirements, an appeal will shortly be made to the public for subscriptions to a fund "for the further development and extension of the University." In this connexion it is also noteworthy that a movement for the extension of the Edinburgh University Union is to be publicly inaugurated at an early date, and that a movement has been started to provide a habitation for the Indian Association.

*Benefactions.*

As in former years, the University has to make grateful acknowledgement of numerous benefactions. Among these may be mentioned: A bequest of £5,000 by the late Miss Martha Brown, of Lanfine: a gift of £1,000 by Sir A. Conan Doyle (a M.D. of the University), for the foundation of a prize in the Faculty of Medicine, to be awarded annually to the most distinguished graduate, M.B., Ch.B., from South Africa; a gift by Sir T. D. Gibson Carmichael, Bart., of a lantern for purposes of demonstration, etc., in the Natural History Department: and further gifts by the Rev. Professor Gwatkin, D.D., Cambridge, of collections of molluscan radulae for the microscope. Intimation has also been received by the University Endowment Association of a bequest by the late Robert Irvine, F.C.S., of Royston, Granton, for the ultimate foundation of a Professorship of Bacteriology.

*The Library.*

Although there is a slight decrease in the number of works presented to the University library, there have been among the 1,548 donations many works of considerable value. A number of books on tropical diseases have been presented by Dr. Andrew Davidson. The recataloguing of the library has been continued throughout the past year under the supervision of Dr. James Burgess, C.I.E., by a special staff of cataloguers. By the end of December a total of 197,990 volumes had been dealt with in 168,460 entries and 19,300 cross references. This covers the whole of the books in the general library, with the exception of some small special collections. The theological libraries have been catalogued, as also the physiological and medical and other books in the reading room of the new University buildings. The catalogue has brought to light a large number of incomplete books of a kind that ought to be completed, and the want of other works that a University library out to possess. When the catalogue is arranged alphabetically for printing this will be more apparent; and it is hoped that funds will be forthcoming to supply these defects. The printing of the students' hand catalogue has been delayed with a view to its entire revision by one of the librarians.

*Usher Institute, etc.*

The "John Usher Institute of Public Health," for which the University is indebted to the munificence of Sir John Usher Bart., of Norton, was formally handed over to the University authorities on June 11th. The institute provides facilities, which are certainly unsurpassed elsewhere, for teaching and for advanced laboratory work in bacteriology, bacteriological chemistry, and other subjects cognate to the science of preventive medicine. The work of the Public Health Chair was transferred to the Institute in October. Certain important structural alterations in the pathological department have afforded greatly increased facilities for the teaching of pathological bacteriology, and the new rooms are equipped with all the appliances necessary for this most important branch of medical study.

*Resignation of Principal.*

Sir William Muir, K.C.S.I., has intimated his resignation of the office of Principal, which he has held since January, 1885. The period covered by his Principalship has been coeval with the introduction of many momentous changes in the University system, and has witnessed many important additions to the University buildings. Sir William Muir will carry into his retirement the affectionate remembrances and good wishes both of his colleagues, with whom his relations were ever cordial, and of the students, in whose welfare he always took a most sympathetic interest.

*Other Changes in Office-bearers.*

For the second time in its history the Lord Rectorship was rendered vacant before the completion of the appointed term by the lamented death of the Marquis of Dufferin and Ava, which occurred early in the year. On November 1st last a successor in the Rectorship was appointed in the person of the Right. Hon. Sir Robert Bannatyne Finlay, K.C., M.P., Attorney-General for England. Other changes among University office-bearers have been: The appointment of Mr. David Dundas, K.C., as one of the representatives of the University Court on the Board of Curators of

Patronage, in succession to Principal Sir William Muir, resigned; the appointment of Dr. W. W. Taylor as an additional lecturer in the department of Chemistry; and the resignation of Dr. T. H. Milroy, lecturer in Advanced Physiology and Physiological Chemistry; and the appointment of three lecturers in the same department—namely, Dr. P. T. Herring (Histology), Dr. John Malcolm (Physiological Chemistry), and Dr. Sutherland Simpson (Experimental Physiology).

*Innovations.*

It is noteworthy that a special course of instruction in the administration of anaesthetics has been instituted in connexion with the class of Clinical Surgery; that a special course of instruction in diseases of tropical climates has been held for women in the University; and that, for the first time, the special University certificate in that subject has been conferred upon a woman candidate.

## UNIVERSITY OF LONDON.

*Board of Studies in Human Anatomy and Morphology.*

IN response to a petition from the recognized teachers of anatomy, the Senate has resolved to constitute a Board of Studies in Human Anatomy and Morphology.

*School Hygiene.*

A conference on the subject of hygiene for schools, arranged by Bedford College and the Sanitary Institute, will be held at the College on January 21st. Further particulars can be obtained from the Secretary of the Sanitary Institute or from Bedford College.

*University College.*

A course of ten lectures on the mechanism of the secretory process will be delivered by Dr. W. M. Bayliss in the Physiological Theatre on Mondays at 5 p.m., beginning on Monday, January 12th. The lectures are open to all internal students of the University without fee, as well as to qualified medical men on presentation of their cards.

# MEDICO-LEGAL AND MEDICO-ETHICAL.

## "THE CORONER AND THE DOCTORS."

UNDER the above heading a long report of an inquest held by Dr. A Kinsey Morgan, the Bournemouth borough coroner, appears in the local press concerning the death of a person who died whilst under the influence of chloroform, when he was about to be operated upon for appendicitis.

It appears that three medical men were engaged in the case, and that within about an hour after the death had taken place one of them telephoned to the coroner and acquainted him with what had occurred.

Dr. T. F. Gardner gave evidence at the inquest, and stated that the only chance of saving life was an operation, and that although it was a serious case, there was no special indication that an anaesthetic should not be administered. This was done with all the usual precautions, and when heart failure was noticed every effort was made to resuscitate the patient, but unfortunately without effect.

Dr. Harold Simmons, the police surgeon, made the necropsy, and stated that he found an incision 8 in. long in the side of the abdomen, which had been made by some one after death, and he further found that there had been perforation of the bowel, and that death was due to heart failure.

On hearing that one of the medical men in attendance had evidently made the abdominal incision after death had taken place without receiving a *post-mortem* order, the coroner, without asking for any further medical explanation, expressed himself very strongly on the impropriety of this being done, pending the inquest, and without the previous permission of the coroner. He described it as tampering with the body, extraordinary behaviour, unjustifiable, morbid curiosity, interfering with the ends of justice, and contempt of court.

Such observations were naturally resented by the three medical men engaged in the case, and they replied to them in a joint letter, signed by each, fully and satisfactorily explaining what had taken place, with the consent and at the request of the patient's relatives and friends. It was merely an examination to ascertain the condition of the bowel, which was found to be perforated, and at the time they were not certain that the coroner would hold an inquest. We learn now that the explanations given have so far satisfied the coroner that in the *Bournemouth Daily Echo* of December 11th, 1902, the following notice appeared:

"*Notes and News.*

"We understand that the friction which arose between certain medical men of this town and the borough coroner in consequence of the remarks of the latter at a recent inquest, has been adjusted. The former have expressed their regret that any action of theirs should have seemed to have infringed upon the coroner's jurisdiction, and the latter has expressed his regret that anything he said may have seemed to have reflected upon the skill or discretion of the medical men engaged in the case."

*** We are glad that the matter has thus been amicably settled, and that friendly relationship has been re-established between the coroner and the local practitioners; but at the same time, whatever the exact law may be on the question in dispute, we would suggest that it is advisable when there is a probability of an inquest being held in any case, to leave the body untouched until the coroner has given his decision, or until he has ordered a necropsy to be made.

## THE WANT OF STRAIGHTFORWARD PROHIBITION.

THE issues raised in a recent prosecution under the Dentists Act reported in the *Morning Advertiser* are of some general interest. An unregistered man purchased the practice of a deceased dentist who had been upon the *Dentists' Register*. The purchaser put up his own name, but kept up or put up two plates bearing the name of the dead man with the letters R.D.S. (registered dental surgeon) appended, letters very similar to L.D.S. (Licentiate in Dental Surgery). It was contended that he was thereby using the legal qualification of a deceased person to cover his own disabilities, but the magistrate dismissed the summons on the ground that it was not shown that the defendant applied the description to himself. It is, however, encouraging to read that the magistrate remarked that "he was surprised on reading the Act to find that there was no straightforward attempt to debar an unqualified man from acting as a dentist." The roundabout methods of our Acts do not nowadays appear to commend themselves to every one.

## UNQUALIFIED PRACTICE.

AT a special sitting of the Nottingham Police Court on December 31st, 1902, Morris Martin was prosecuted at the instance of the Medical Defence Union, Limited, for wilfully and falsely pretending to be, and taking and using the title of "Doctor" on various dates between August 15th and December 23rd, 1902, he not then being a registered medical practitioner.

Mr. Hempson, the solicitor to the Medical Defence Union, conducted the prosecution, the defendant being represented by Mr. R. A. Young, solicitor, of Nottingham. Mr. Hempson stated that the prosecution was instituted under the penal sections of the Medical Acts, and explained that the defendant had received warning as to his practices from Dr. Bateman, the General Secretary of the Medical Defence Union, but that such warning had been disregarded and the practices continued. He also put in a certificate given by the defendant to one of the witnesses showing that the defendant had formerly carried on similarly irregular practices at Hollinwood. Evidence of various persons who had consulted Martin, believing him to be a registered practitioner, was called in support of the prosecution.

Mr. Young, for the defence, admitted a technical offence, stating that his client held a Roumanian diploma, and had served as a medical man in the Boer army, and addressed the Bench in mitigation, offering an undertaking by the defendant not to practise again in Great Britain until he became registered. After a hearing lasting nearly two hours the magistrates convicted the defendant, and inflicted a fine of £5, to include costs, with one month's imprisonment in default of payment. The fine was paid, and a written undertaking was subsequently given by the defendant to the Medical Defence Union not to practise again in Great Britain until he became registered.

## THE CORONER'S COURT AND MEDICAL WITNESSES.

LAPIS DIVINUS sends us details of two cases that have recently occurred in his practice, in both of which he was the medical attendant immediately before the deaths, which occurred from injuries received. Inquests were held, but in neither did the coroner think it necessary to call medical evidence, and we are asked if it is not the duty of the coroner to place medical evidence before the jury? Our correspondent further inquires if it is usual for the coroner to write to a doctor before the inquest and obtain his opinion about the case, and to enclose him a fee of 5s. for his reply?

*** (1) At all inquests a medical witness should be called to give evidence in order that the correct cause of the death may be returned by the jury. Without such evidence many curious and incorrect verdicts are recorded; we would especially draw attention to those cases mentioned by the then Registrar-General when he gave evidence before the Parliamentary Committee on Uncertified Deaths. (2) Medical men are not legally called upon to answer such letters. The only power county councils have with regard to coroners' disbursements arise "on the holding of an inquest." The county council is empowered to fix a scale of allowances and disbursements which may be paid by the coroner at the termination of the inquest. The fees to medical witnesses, it should be observed, are fixed by statute law, and are therefore not under the control of the county council. The County Council of London has gone fully into the matter and obtained counsel's opinion, which was to the effect that the Council could not make any payment unless an inquest was held. Some county councils (Kent and Surrey) used to make such payments, but have ceased to do so, as they could not be sanctioned by the Local Government Board auditor. As a matter of public policy the system of making payments before or without an inquest is open to serious objection, and might easily lead to cases of neglect or even crime being overlooked. The holding of an open inquest at which medical evidence is called to establish the true cause of death is a great safeguard to the public. Though coroners are not bound by statute law to summon medical witnesses at an inquest the jury have full power to call for such evidence, if they so desire.

## MEDICAL EVIDENCE AT INQUESTS.

W. A. (West Indies) states that he was called to attend a person suffering from severe burns who died about six hours after the event. The death being reported to the City Board, an inquest was ordered by the coroner and was duly held, but our correspondent was not summoned to attend, and when the jury desired to hear his evidence, the coroner would not permit him to be called, but took the evidence of a Government medical officer who had only seen the body after death, and who was paid the usual fee. W. A. asks why his evidence was not required, and why he did not receive a summons to attend the inquest.

*** In the holding of inquests, the coroner has power to summon all witnesses that he may consider necessary for the purposes of the inquest, and it is usual to summon the medical man who last attended the deceased person, or the one called in at the time of the death, as being most competent to give the medical evidence required. The coroner, however, may call some other medical man, if he thinks proper to do so, but at the same time the jury, if not satisfied, have power to request the coroner to call any other medical man whom they may name, and it is the duty of the coroner to do so.

## MEDICAL ETIQUETTE.

PERPLEXED.—There is no obligation upon the practitioner who supersedes another to communicate with him directly; it is sufficient, and in most cases preferable, that the communication should come from the patient or a representative of the patient. A. should consult his proposer and seconder and lay the facts before them, placing himself in their hands, as it may be better temporarily to withdraw his name until the matter can be cleared up. There is no redress for blackballing at a club. It is recognized that members have the right to express their personal feelings in the ballot, and no one can question their motives.

# MEDICAL NEWS.

The will of the late Mr. Lennox Browne has been proved at £14,873 28. 6d.

The annual dinner of the British Gynaecological Society will be held at the Café Monico, London, W., on Thursday, January 29th, at 7.30 p.m.

Donations to Hospitals.—A bed in the Derbyshire Royal Infirmary has been endowed by Messrs. G. W. and C. Crompton with £1,000 given in memory of their brother, Mr. E. A. Crompton who was killed a few weeks ago while hunting.

The Board of Agriculture announces that no case of foot and mouth disease has occurred either in Great Britain or Ireland since May last. There is every reason to believe that the disease does not now exist either in the United Kingdom or the Channel Islands.

It is announced that Professor Koch, accompanied by Dr. Neufeld and Dr. Kleine, of the Institution for Infectious Diseases at Berlin, will leave Berlin for Rhodesia on January 12th for the purpose of making investigations on the spot in reference to cattle diseases and their prevention.

The Congress of American Physicians and Surgeons will hold its sixth meeting at Washington on May 12th, 13th, and 14th, 1903. The President of the Congress, Dr. W. W. Keen, will deliver an address on the duties and responsibilities of trustees of medical institutions.

University of Chicago.—Senn Hall, of the Rush Medical College, Chicago, was formerly dedicated on December 17th. The principal address was delivered by Sir William Hingston, Professor of Surgery in Laval University, Montreal. The building has been erected at a cost of £26,000, of which £6,000 was given by Dr. Nicolas Senn.

Presentation.—Dr. H. F. Marley, of St. Issey, Cornwall, has recently been presented with a purse of gold containing 110 guineas and an address testifying to the admiration and affection of those among whom he had lived and worked for many years. The address was accompanied by a list of the names of over 400 subscribers.

Colonial Congress.—A Colonial Congress in Paris will take place on March 8th, 1903. All medical men who are acquainted with colonial practice and who are likely to introduce subjects interesting or profitable to residents abroad are invited to attend. The discussions are arranged under five headings: (1) climate; (2) dwelling; (3) food; (4) clothing; (5) the *régime* of life.

A Post-graduate Medical School in Turin.—The Italian Minister of Public Instruction has authorized the establishment of a Post-graduate School of Hygiene and Medical Jurisprudence in connexion with the University of Turin. It is intended for graduates in medicine who wish to obtain the title of sanitary officer, and for others who wish to make their scientific training more complete.

Cholera in Egypt.—Seventeen cases of cholera occurred in Alexandria during the week ending December 22nd, 1902. No cases of cholera were reported from any other part of Egypt. In Alexandria during the week ending December 15th, 1902, 59 cases of the disease were notified, so that a marked diminution of the outbreak is to be noted.

A course of lectures and demonstrations for sanitary officers similar to the courses given on thirty-four previous occasions will be given at the Sanitary Institute, Margaret Street, Regent Street, W. The course will commence on Monday, February 2nd, and will terminate on April 24th. The class will be afforded opportunities of inspecting disinfecting stations, sewage disposal works, soap works, the cattle market, a knacker's yard, and a dairy farm.

Proposed Compulsory Vaccination in Belgium.—Drs. Terwargne and Delbastée, members of the Belgian Chamber of Representatives, have introduced a Bill making vaccination and revaccination compulsory. It is provided that children must be vaccinated within six months of birth and revaccinated before the age of 12, under a penalty of a fine of 10 fr. to 20 fr., to be imposed on their parents and guardians.

Hospital Sunday and Saturday Funds.—At a recent meeting of the Council of the Metropolitan Hospital Sunday Fund, it was stated that of the 104,000 in-patients who were admitted into the hospitals in London 25,000 came from outside the twelve miles radius. It was calculated that out of a total expenditure of £600,000, over £150,000 was spent in relieving the wants of poor people from the country. This was made the basis of an appeal for financial support from the provinces. The total receipts of the Hospital Saturday Fund for the past year were £17,165 as compared with £16,754 for the previous year.

A Congress of Social Medicine in Austria.—The Vienna Medical Association has decided to summon a Congress of Social Medicine to be held next spring. Delegates from all the medical societies of Austria will be invited to attend. The conditions of medical practice in relation to legislative measures recently passed in Austria will be discussed. The object of the Congress is said to be the organization of the medical profession of the Austrian empire.

A Thalassotherapeutic Congress.—An International Congress on Thalassotherapy (which being interpreted—for the benefit of the future non-humanized generation of doctors—means sea-air treatment) will be held at Biarritz from April 19th to 21st. The following questions are proposed for discussion: (1) What is the effect of living by the sea on the intimate phenomena of nutrition? (to be introduced by Drs. A. Robin and M. Binet); (2) what are the effects of the seaside "cure" from the point of view of the distribution of sufferers from tuberculosis? (to be introduced by Dr. Labesque); (3) what is the influence of a stay by the sea and of the sea "cure" in general on the cardio-vascular apparatus? (to be introduced by Drs. H. Huchard and Fiessinger.)

## MEDICAL VACANCIES.

The following vacancies are announced:

BIRKENHEAD BOROUGH HOSPITAL.—Senior Resident Male House-Surgeon. Salary £100 per annum, with board. Applications to the Chairman of Weekly Board by February 1st.

BIRMINGHAM: GENERAL HOSPITAL.—House-Physician. Appointment for six months, but eligible for re-election. Salary, £50 per annum, with residence, board, and washing. Applications to the House Governor by January 31st.

BIRMINGHAM: QUEEN'S HOSPITAL.—(1) Pathologist. (2) Second Physician for Out-patients. Applications to the Secretary by January 21st.

DERBYSHIRE ROYAL INFIRMARY.—(1) Two Resident House-Surgeons. (2) House-Physician. (3) Assistant House-Surgeon. Appointments for (1) and (2) for twelve months, salary, £100 per annum, and (3) for six months, salary at the rate of £60 per annum. Apartments, board, etc., provided in each case. Applications to the Secretary by January 22nd.

GLOUCESTER: GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.—Senior House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by January 13th.

GREAT NORTHERN HOSPITAL, Holloway, N.—Junior House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications, on forms provided, to be sent to the Secretary by January 19th.

JENNER INSTITUTE OF PREVENTIVE MEDICINE, Chelsea Gardens.—Studentship of the value of £150 (tenable for one year but renewable) for the purpose of research in the Department of Bacteriology at the Institute. Applications to be sent in by January 31st.

LEAMINGTON: WARNEFORD HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, washing, and apartments. Applications on forms provided to be addressed to the Secretary before January 22nd.

LIVERPOOL HOSPITAL FOR CONSUMPTION.—Stipendiary Medical Officer; non-resident. Salary, £70 per annum. Applications to the Secretary by January 17th.

LONDON LOCK HOSPITAL.—House Surgeon to the Female Hospital. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary, Harrow Road, by January 28th.

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer; unmarried, and not less than 25 years of age. Remuneration, £150 per annum, with board and residence. Applications to the General Superintendent by January 24th.

ROCHESTER: ST. BARTHOLOMEW'S HOSPITAL.—Assistant House-Surgeon. Salary, £100 per annum, with apartments, board, washing, etc. Applications, marked "Application for Assistant House Surgeon," to be sent to the Clerk to the Trustees, 42, High Street, Rochester, by January 26th.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Clinical Pathologist. Salary, £75 per annum. (2) Assistant Pathologist. Salary, £25 per annum. Applications to the Secretary by January 10th.

RYDE: ROYAL ISLE OF WIGHT COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £90 per annum. Applications to the Secretary by January 20th.

SALFORD UNION.—Resident Medical Officer at the Infirmary, Hope, near Eccles. Salary, £150 per annum, with furnished apartments and attendance. Applications, endorsed "Assistant Medical Officer," to be sent to the Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by January 13th.

SALISBURY GENERAL INFIRMARY.—Assistant House-Surgeon, unmarried. Salary at the rate of £75 per annum, with apartments, board, and lodging. Applications to the Secretary by January 30th.

SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon; unmarried. Salary, £50 per annum, with board, washing, and lodging. Applications to the Secretary of the Honorary Staff, Dr. S. Riseley, 389, Glossop Road, Sheffield, by January 17th.

WHITTINGHAM: COUNTY ASYLUM.—Assistant Medical Officer; unmarried and not over 30 years of age. Initial salary, £150 per annum. Applications to the Medical Superintendent.

WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—House-Physician; unmarried. Salary, £65 per annum, rising to £75 per annum, with board, residence, etc. Applications to the Secretary by January 24th.

WREXHAM INFIRMARY.—Resident House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications, on forms provided, to be sent to the Secretary, 9, Temple Row, Wrexham, by January 16th.

## MEDICAL APPOINTMENTS.

Barber, G., M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Ophthalmic Surgeon to the Kalgoorlie Hospital, Western Australia.

Barnes, Frank, M.B., B.S.Lond., F.R.C.S.Eng., appointed Resident Surgical Officer to the General Hospital, Birmingham, *vice* A. W. Nuthall, F.R.C.S.Eng., resigned.

Cameron, S., M.B., Ch.B., appointed Resident Medical Officer to the Chelsea Hospital for Women.

Campbell, Alfred, F.R.C.S.Edin., L.R.C.P.Lond., appointed Government Medical Officer and Vaccinator at Young, New South Wales, *vice* Dr. J. T. Heeley.

Charlton, F. J., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon and Dispenser to the Beverley Dispensary and Hospital.

COLE, F. Hobill, M.B., Ch.B.Melb., appointed Examiner in Pharmacy and Materia Medica in the University of Melbourne.

EASTON, H. A., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Superintendent of the Croydon Union Infirmary.

ELGEE, William, M.R.C.S.Eng., L.R.C.P.Lond., appointed Health Officer for Bellevue, Western Australia.

FLUX, G. B., M.D.Brux., M.R.C.S., L.R.C.P., L.S.A., appointed Assistant Anaesthetist at King's College Hospital.

GRAHAM, Edward A., M.B., B.Ch.Melb., appointed Government Medical Officer and Vaccinator at Deniliquin, New South Wales, *vice* Dr. A. W. Noyes.

HOLMES, W. S., M.B., Ch.B.Vict., appointed Junior House Surgeon to the Oldham Infirmary.

HOWE, John, M.B., Ch.B.Vict., appointed Medical Officer and Public Vaccinator to the District of Levenshulme and part of West Gorton (No. 8) of the Chorlton Union, Manchester, *vice* H. E. H. Matthews, M.R.C.S., resigned.

HUTCHENS, H. J., M.R.C.S.Eng., L.R.C.P.Lond., D.S.O., appointed Assistant Bacteriologist to the West Riding of Yorkshire County Council.

MCCOY, S. H., M.B., B.A.Toronto, appointed Clinical Assistant to the Chelsea Hospital for Women.

MATTHEWS, S. P., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the No. 3 District of the Horsham Union.

MOON, E. O., M.A., M.D., M.R.C.P., appointed Physician to Outpatients at the Infirmary for Consumption, Margaret Street, W.

MORRIS, J. M., M.A., M.B., C.M.Edin., appointed Medical Officer of Health for the Borough of Neath, *vice* James E. Elias, M.R.C.S.Eng., D.P.H.Cantab., resigned.

MURRAY, G. S., M.B., Ch.B.Edin., appointed Senior House-Surgeon to the Oldham Infirmary.

MURRAY, W. A., M.B. Ch.B.Edin., appointed Deputy Principal Medical Officer for the Gold Coast Colony.

OSWALD, H. R., M.D.Edin., appointed Coroner for the South Eastern District of London, *vice* Mr. E. Carttar, deceased.

PERNET, George, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant to the Skin Department of University College Hospital.

PLOWMAN, Sidney, F.R.C.S.Eng., L.R.C.P.Lond., appointed Examiner in Pharmacy and Materia Medica in the University of Melbourne.

READ, Stanley J. D., M.B., appointed Public Vaccinator for the Northern District and Officer of Health for the Borough of Raywood, Victoria.

SAVAGE, W. G., B.Sc.Lond., M.D., D.P.H., appointed Medical Officer of Health for the Borough of Colchester.

THOMAS, G. Crewdson, M.D., C.M., M.R.C.P., appointed Physician to Out-patients at the Infirmary for Consumption, Margaret Street, W.

WALDRON, Derwent H. R., M.B., C.M.Edin., appointed Senior Medical Officer of the Gold Coast Colony.

WIGHTMAN, C. F., F.R.C.S.Eng., L.R.C.P.Lond., appointed District Medical Officer of the Royston Union.

## DIARY FOR NEXT WEEK.

### MONDAY.

**Medical Society of London,** 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Mr. Bernard Pitts: Suppression of Urine in a case of Ovarian Tumour and Pregnancy; Removal of Tumour and Uterus; recovery. Dr. B. J. Collingwood: The Etiology of Emphysema from the Physical Standpoint.

### TUESDAY.

**Royal Medical and Chirurgical Society,** 20, Hanover Square, W., 8.30 p.m.—Professor Clifford Allbutt: Rise of Blood Pressure in Later Life. Mr. Philip R. W. De Santi: A report on four cases of Acute Septic Inflammation of the Throat with Bacteriological examination of each.

### WEDNESDAY.

**Dermatological Society of London,** 11, Chandos Street, Cavendish Square, W., 5.15 p.m.—Demonstration of cases of interest.

**South-West London Medical Society,** Bolingbroke Hospital Wandsworth Common, S.W., 8.45 p.m.—Mr. Macleod Yearsley: On the Indications for the Mastoid Operation.

**Hunterian Society,** London Institution, Finsbury Circus, E.C., 8.30 p.m.—Dr. Russell Andrews: Some notes on Obstetric Practice in Berlin and Vienna. Dr. W. H. Kelson: On Nasal Discharges.

### FRIDAY.

**Society for the Study of Disease in Children,** 11, Chandos Street, Cavendish Square, W., 5 p.m.—Dr. G. A. Sutherland and Mr. Thomson Walker: A case of Syphilitic Endarteritis and Nephritis in an Infant. Specimens by Mr. Thomson Walker and Dr. C. W. Chapman.

### POST-GRADUATE COURSES AND LECTURES.

**Charing-cross Hospital,** Thursday, 4 p.m.—Demonstration of Surgical Cases.

**Hospital for Sick Children, Great Ormond Street, W.C.,** Thursday, 4 p.m.—Lecture on Empyema.

**Medical Graduates' College and Polyclinic,** 22, Chenies Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear. Lectures will also be given at 5.15 p.m. as follows: Monday and Tuesday, Diseases of the Cardiac Valves; Wednesday, The Diagnosis of Pregnancy; Thursday, Cerebral Haemorrhage; Friday, Purulent Nasal Discharges.

**National Hospital for the Paralysed and Epileptic, Queen Square, W.C.,** Tuesday, 3.30 p.m.—Demonstration: Functional Paralysis.

North-East London Post-Graduate College, Tottenham Hospital, Thursday, 4 p.m. Lecture on Broncho-pneumonia in Children and its Treatment.

**Post-Graduate College, West London Hospital, Hammersmith Road, W.**—Lectures will be delivered at 5 p.m. as follows: Monday, Mental Affections in Childhood; Tuesday, Whitlow; Cellulitis; Wednesday, Surgical Anatomy; Thursday, Treatment of some Injuries and Emergencies; Friday, Mental Unsoundness amounting to Insanity.

## 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 orders or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.*

### BIRTHS.

SUTHERLAND.—At 3, Osborne Place, Dundee, on January 4th, the wife of L. R. Sutherland, M.B., Professor of Pathology, University of St. Andrews, a daughter.

### MARRIAGES.

COWAN—CLERK.—On January 1st, at St. Andrew's Church, Bath, Fredric S. Cowan, second son of the late S. B. Cowan, F.R.C.S., and Mrs. Cowan, to Isabel Gladys, youngest daughter of Prebendary and Mrs. Angus Clerk.

STRATTON—NORTON.—At the Friends' Meeting House, Shaftesbury, on December 31st, 1902, J. Ernest Stratton, M.D.Lond, of 154, Jamaica Road, S.E., to Ethel R. Norton, of Minerva House, Shaftesbury.

### DEATHS.

COLMAN.—On January 2nd, 1903, at Nottingham Place, London, W., Thomas John Colman, of the City of Bristol, M.D., aged 60.

PRICE.—On January 1st, 1903, at Chepstow House, Ross, Herefordshire, William Elliot Price, M.B., M.R.C.S., aged 46 years.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* BRITISH MEDICAL JOURNAL *alone, unless the contrary be stated.*

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

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 at 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 at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aitiology, London.* The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London.*

☞ *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.

TELAMONIDES inquires as to the prospects in Canada (or other British colony) for a general practitioner, aged 35, of excellent qualifications and good education, but not accustomed to horses.

#### LONDON AND NORTH-WESTERN RAILWAY SURGEONS.

A CORRESPONDENT, who is a surgeon to this company, writes to inquire whether any attempt has been made to form an association similar to the long-established Great Western Railway Provident Society Medical Staff, and the new Association of Midland Railway Surgeons; he thinks that the surgeons of the London and North-Western Railway Company might follow suit.

#### COMPENSATION FOR INJURY.

T. W. H. asks to be referred to any publication giving information as to the degree of recovery possible for a patient who suffered an injury by a circular saw, resulting in the loss of a little finger of the left hand, and permanent stiffening of the ring finger. He is a joiner and carpenter, and his wage-earning capacity is materially diminished.

*** In such a case the diminution in wage-earning capacity, estimated as percentage of original wage-earning capacity, must depend largely on the exact nature of the work. Effects of treatment and facility of using the other hand have likewise to be considered. In estimating the amount of compensation, a perusal of Wyatt Johnston's article in the *Montreal Medical Journal*, April, 1900, might prove helpful. An abstract of Dr. Wyatt Johnston's article was published in the BRITISH MEDICAL JOURNAL of January 5th, 1901, page 38.

#### RECESSION OF GUMS.

X. Y. Z. asks for information as to the cause and treatment of atrophy of the gums, causing them to recede from the teeth in early middle age?

*** Sometimes friction with the finger, avoiding the actual edges—shampooing, in fact—improves the nutrition of the gums. But the subject is too lengthy to discuss in an answer. It is treated in the works on *Dental Surgery* by Tomes, Smale and Colyer, and Sewill.

#### EXAMINATION FOR M.R.C.P.EDIN.

T. B. desires information as to what books to study for the M.R.C.P.Edin. in medicine, therapeutics, and diseases or the chest.

*** The College authorities give no indication as to appropriate text-books. Probably Dr. Frederick Taylor's *Manual of the Practice of Medicine*, sixth edition (London: J. and A. Churchill, 1901, 16s.), or Osler's *Principles and Practice of Medicine*, fourth edition (London: H. Kimpton, 1901, 18s.). along with Muir and Ritchie's *Manual of Bacteriology*, third edition (London: Young J. Pentland, 1902, 12s. 6d.). would suffice for medicine; while, in therapeutics, Burney Yeo's *Manual of Medical Treatment*, new edition (London: Cassell and Co., 1902, 21s.), and West's *Diseases of the Organs of Respiration* (London: C. Griffin and Co., 1902 36s.) would meet the needs of most candidates.

#### GENERALIZED VACCINIA.

J. T. F. (Leeds) writes to ask if the rash of generalized vaccinia ever resembles that of varicella.

*** The rash is more usually described as resembling that of small-pox, but varicella and modified small-pox may be confused. The date given for the appearance of the rash corresponds with the date of vaccinia. Vesicular eruptions sometimes occur after vaccination which are not those of generalized vaccinia.

### ANSWERS.

#### THE ARREST OF THE SECRETION OF MILK.

G. T.—In reply to similar inquiries in the past, it has been recommended that the extract of belladonna should be painted for 1 in. around the nipple twice a day for three days, and then belladonna liniment applied. Simultaneously small doses of potassium nitrate and of magnesium sulphate may be given with the aromatic spirit of ammonia. Colchicum has been recommended, and the administration of potassium iodide with magnesium sulphate is a well-approved method.