

## MEMORANDA:

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

## CALCIUM CHLORIDE IN HAEMORRHAGE.

HAVING read letters lately in the BRITISH MEDICAL JOURNAL with reference to the action of calcium chloride in haemorrhages, I thought it might be of some interest to mention two cases which came under my notice some time ago:

*Rupture of Kidney.*—Private V. was brought to hospital on a stretcher in a state of collapse on October 31st, 1904. He had been swinging on a rope in the gymnasium when he came in collision with another man whose knee struck him in the left lumbar region. About three hours after, when reaction set in, he passed a pint of urine with a considerable amount of blood. I ordered  $\frac{1}{4}$  gr. morphine hypodermically, as he was in much pain. The following morning (November 1st) he passed about a pint of urine with a large quantity of blood. I ordered calcium chloride gr. xv every four hours, and ice pack to the seat of injury. About 4 p.m. the same day he passed a small quantity of urine with blood which was coagulated. At 6 p.m. he had a sharp attack of pain over the region of the bladder; this I attributed to clots in that organ. I repeated morphine hypodermically, which relieved the pain. He passed a fair night.

The next day (November 2nd) he passed in the morning urine with less clots of blood. About 2 p.m. the same day the urine passed was much clearer, and at about 6 p.m. the urine looked almost normal. He had no return of the haemorrhage after this, and his recovery was uninterrupted. The highest temperature reached was  $100^{\circ}$  in the evening.

*Haematemesis.*—This occurred in a married woman, who vomited up on three separate occasions large quantities of blood. I ordered a mixture of lead acetate and morphine without any benefit. I then ordered an enema of calcium chloride gr. xx, ext. carnis  $\frac{3}{4}$  ss, tepid water 4 oz. After this the haemorrhage ceased, and there has been no return of it since.

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SUICIDAL POISONING WITH "SALTS OF LEMON":  
PERFORATION OF THE STOMACH.

On December 19th I examined the body of a young woman, aged 24 years, who had died suddenly on the evening of December 17th. The course of events immediately prior to her death appears to have been as follows: About 6.30 p.m. she left her home and went to a chemist's shop near by, where she bought three penny packets of salts of lemon (each containing a quarter of an ounce). She then went to a neighbour's, and sent the woman of the house on an errand, apparently so that she should be left alone, and then evidently took the poison she had bought; this would be about 6.45. Most likely she took the whole quantity, as none was found in the house. She then, about 7 o'clock, went to the house of another friend, to whom she said "I am dying," and commenced to vomit. This friend took her home, where she died at 7.10.

On *post-mortem* examination, externally there were white corrosions at the left corner of the mouth, on the tongue, and on the inside of the cheeks. On opening the body, part of the stomach contents were found to have escaped into the general peritoneal cavity. The stomach, which still contained 4 or 5 oz. of thick brownish fluid, showed at the cardiac end two circular perforations about  $1\frac{1}{2}$  in. apart; the larger was  $\frac{1}{2}$  in. in diameter, and the smaller  $\frac{3}{4}$  in. The stomach wall around these was extremely thin and quite denuded of mucous membrane for a radius of several inches; the rest of the stomach showed the mucous membrane intensely congested and inflamed and in places partly detached. The oesophagus and duodenum showed similar changes in a less degree; the upper part of the jejunum was reddened only. The heart was of a pale colour, empty, soft, and flabby. The other organs all appeared healthy. The fluid in the stomach did not contain any crystals; it gave in a very marked manner the characteristic oxalic acid reactions with silver nitrate and calcium sulphate solutions.

The main point of interest in the above case centres in the fact that perforation occurred. This is unusual in poisoning by oxalic acid. It is also of interest in showing the relation

between the dose taken and the time in which it proved fatal, namely,  $\frac{3}{4}$  oz. in twenty-five minutes.

Then, too, the large size of the perforation in a short time would appear to indicate that it was taken in a concentrated form into an empty stomach.

Lastly, the case again emphasizes the ease with which this powerful poison can be obtained.

Bury.

P. F. BRAITHWAITE, M.B.Lond.

IS B. COLI A NORMAL INHABITANT OF  
SHELL-FISH?

HAVING carried out numerous bacteriological investigations with shell-fish, I am in a position to state that my results confirm those previously reported by Klein, Boyce, Hewlett, Houston, and others, to the effect that shell-fish from "pure" waters on the sea coast, many miles removed from any obvious source of pollution, do not contain typical *B. coli* communis.

A physical feature of interest is that the samples of shell-fish from "pure" sources which I have examined are but poor-looking specimens as compared with the fine, fat, dilute-sewage-fed shell-fish which so frequently contain *B. coli*.

No doubt the "fattening" process which has been adopted for years past by relaying shell-fish in the estuarial reaches of rivers which receive in their course both sewage and sewage effluents, has been largely accomplished through the organic matter so introduced.

Dr. Klein has shown how rapidly oysters will clean themselves of *B. typhosus* and *B. coli* if kept in a sufficient quantity of pure sea water; yet we find no indication of a practical application of this fact on the part of shell-fish merchants generally.

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College, London.

TETANUS SUCCESSFULLY TREATED WITH  
ANTITOXIN.

Miss H., aged 31, fell against a hoe in a garden on August 18th, 1904, cutting her right elbow. The wound was about 2 in. in length, and there was a good deal of swelling but very little bleeding. A day or two afterwards, as it was paining her, she showed it to a doctor. On August 29th she noticed that her jaw was rather stiff, and on September 2nd she consulted a doctor, who examined her throat and prescribed a gargle. She then came to Whitley, and as the condition continued to get more serious she consulted me on September 6th.

*State on Examination.*—When I saw her, she had very flushed cheeks and the peculiar facial expression termed risus sardonicus. Her artificial teeth (upper set) had been removed, and she was only able to separate her lower teeth from the gums  $\frac{1}{4}$  in. The muscles on both sides of the neck were tense. The recti abdominals were tender and tense; the left leg was stiff and painful. When lifted in bed she was rigid and her back slightly arched. She had not slept for four nights.

*Progress.*—On September 7th, 30 c.cm. tetanus antitoxin serum was injected, and liquid nourishment administered frequently. September 8th, 10 c.cm. serum; able to take more nourishment, and three quarts of milk and three eggs were given. September 9th, 20 c.cm. serum, and as she was still sleepless, trional gr. xxx. September 10th, 20 c.cm. serum; some improvement in stiffness. On September 11th she was able to open her mouth quite half an inch.

*Result.*—September 12th, spasm of back and leg quite gone. She continued to improve daily, and on September 15th 20 c.cm. serum was given for the last time. By September 20th she was quite free from spasm of the jaw, and she soon regained her usual health.

*REMARKS.*—The interest of this case lies in the difficulty of diagnosis in the early phases, and the rapid cure effected by tetanus antitoxin. The patient stated that she was becoming more and more stiff until the serum was injected, and three days after the first injection there was marked improvement. I have tried the serum in the acute type of case with no satisfactory result.

Whitley Bay.

W. S. CAMPBELL, M.B., C.M.

## SUCCESSFUL HERNIOTOMY IN A MAN OF 85.

On October 24th, 1904, I was called, in consultation by Dr. Howard of Hyde, to an old man nearly 86 years of age. I found him suffering from an irreducible inguinal hernia, which had descended that day. I was informed that he had been ruptured for many years, but the rupture was kept up usually by a truss; it had come down occasionally through leaving off the truss, and been reduced with great difficulty. On this

occasion we were, however, quite unable to reduce it. As there were no signs of strangulation, I ordered the application of an icebag.

Next morning I found it still irreducible and presenting evident signs of strangulation. I thereupon decided to operate immediately. Chloroform was administered, and the operation proceeded with in the usual way. It presented no unusual feature. The sac was opened, and the bowel returned into the abdomen after dividing the stricture, the sac being then ligatured and cut off.

His subsequent progress was excellent; there was never any rise of temperature nor vomiting. Liquid food was allowed on the third day. I removed the dressing on the seventh day for the first time, and found the wound soundly healed. The sutures were removed, and three days later the old man got up, apparently none the worse for his experience. He has remained perfectly well ever since, and has never had any more trouble with his hernia.

Though not claiming this as by any means a unique case, I think it is certainly of sufficient rarity to merit publication, in the hope that no case of strangulated hernia may be allowed to die, however old, without operation being undertaken.

Hyde.

JAS. A. WATTS, M.B., B.S., M.R.C.S.Eng.

#### TUBERCULOUS SYNOVITIS TREATED BY THE ROENTGEN RAYS.

G. C., aged 17, at school, consulted me on December 24th, 1903, in regard to pain and swelling of the left knee-joint, from which he had suffered for the previous year and a half. There was a well-marked history of tuberculosis of bone in the family. His father and elder brother, who are alive, suffer from spinal curvature in the cervical region. His mother, who is dead, also suffered from the same complaint.

The patient when I first saw him was gradually becoming worse. The knee joint was swollen and painful. The pain was subject to exacerbations, especially after exercise, and on these occasions it sometimes was so great that walking became difficult. He had been recommended lotions and bandaging with rest, with no apparent benefit. He himself, in view of his family history, feared caries of the knee-joint and requested a skiagraph examination. The first examination with the *x* rays lasted ten minutes. The screen revealed nothing abnormal in the bones. Two plates were then exposed; these were spoilt during development. The patient was therefore asked to submit himself to another examination, which he did on December 30th. On development of the plates nothing abnormal was revealed in the bones. The conclusion arrived at was that the patient was suffering from tuberculous synovitis. This diagnosis was subsequently confirmed by an independent opinion.

I did not again see anything of the boy till February 3rd, 1904, when he presented himself with the statement that since the two exposures to the *x* rays the pain and swelling of the joint had become less, and that so convinced was he of the benefit that had accrued from these two irradiations that he wished to continue them as treatment in the hope of ultimate cure. Having explained the purely experimental nature of the treatment, I commenced the exposures. The coil used had a 14 in. spark. The focus tube was of high resistance. The distance from the wall of the tube to the affected part was 6 in. The amount of current used was 6 ampères, at a pressure of 60 volts. The duration of the sittings was ten minutes twice a week. In all eleven exposures were given, including the two preliminary ones for diagnostic purposes. The pain and swelling rapidly subsided, and the joint became absolutely normal. The last exposure was given on March 5th, 1904, and the joint has remained quite well ever since.

Penryn.

ALEX. GREGOR, M.B., M.Ch.

#### SURFACE MARKING OF THE CHEST.

I READ with pleasure and profit the many articles on phthisis that appeared in the BRITISH MEDICAL JOURNAL of January 14th, and I consider that general practitioners like myself are deeply in debt to the writers of those articles.

In reading these papers, and in recording my own cases, I have been struck by the inadequateness of the present system of surface marking the chest, and so for myself I have devised the following system. I say "devised," for I have never heard of it, nor have I ever read of it before.

1. Divide the chest into four vertical portions by four vertical lines—that is, mid-sternal (anterior), mid-vertebral

(posterior), and a mid-axillary one on each side. The anterior and posterior are fixed lines, and if the space between them be measured it will be found that the mid-axillary line is half way between them.

2. Divide the chest into three horizontal portions by two horizontal lines—that is: (a) One drawn round the chest, passing over in front of the lower edge of the second costal cartilage, where it articulates with the sternum, and behind over the fifth dorsal vertebra; (b) one drawn round the chest, passing over in front of the lower edge of the seventh costal cartilage, where it articulates with the sternum, and behind over the ninth dorsal vertebra.

The difficulty in the back is finding the fifth and ninth dorsal vertebrae; but this can be overcome by either counting down from the seventh cervical or up from the twelfth rib. In any case the lines, if drawn horizontal from the anterior points, will pass over the posterior ones.

These vertical and horizontal lines divide the chest into regions, which I name as follows: Anterior left and right apical, middle, basilar; posterior left and right apical, middle, basilar. These regions are still further subdivided vertically by the ribs and interspaces; horizontally, by measuring from the anterior and posterior mid-lines, which I call zero lines.

The advantages of this system to my mind are: First, it has the same regions for front and back, which regions are easily remembered and are associated with certain pathological conditions, a few of which are: Apical, with phthisis; middle, with heart diseases and pneumonia; basilar, with collections of fluid in pleura. Secondly, in describing disease it enables us to be accurate and to convey to others exactly what we mean and how extensive any disease is. Thirdly, facts recorded in this manner along with temperature, loss or gain in weight would be easily understood, and we could form a correct mental picture of the condition under consideration; also, in personal records this system would save time. Two examples will suffice. A patient with phthisis in left lung at apex—left anterior apical down to second rib—or in short, L.A.A. ↓ 2nd R. A patient with dullness at right base—right posterior basilar tenth rib so many inches from middle line—or in short, R.P.B. 10th R. to 5 inches.

I am fully conscious of the many imperfections of this system, but I consider it a step in the right direction and a help in describing the conditions existing in any particular case. As we now use such phrases as "apical phthisis," "basilar phthisis," it would be well if some such system as I propose were used to define these terms.

Lisburn, co. Antrim.

J. L. RENTOU, M.B., Ch.B. Edin.

#### SURGICAL TREATMENT OF HYDROCELE OF TUNICA VAGINALIS.

THE old method of tapping and injecting of the sac was practised at the Colonial Hospital, Trinidad, W.I., for many years. I used iodine, ergot, mercuric chloride, zinc sulphate, and chloride. Most of them gave pain and there was a liability to recurrence.

After the operation by incision of the sac, suturing the edges to the skin and allowing the sac to granulate up, healing took a long time, and there was a possibility of impairment of the testicle from contraction of the cicatrix.

In my annual report on the hospital for 1898, I described two operations on the tunica vaginalis for its radical cure:

1. Tapping and injecting two parts of carbolic acid to one of tincture of iodine. Later I omitted the iodine altogether as giving too much pain. The pain with the pure acid lasts only a few minutes, there is a liability of rapid refilling; both pain and refilling are usually avoided by the immediate application of iced lead and opium lotion for one to three days.

2. *By Incision.*—This is by far the surer method of treatment, giving the best results, and keeps the patients the shortest time in bed—about eight to twelve days. The parts having been thoroughly cleansed with the usual lotions, I make an incision over the swelling in front, cutting the dartos; the tunica having been exposed, this is separated all round from the connective tissue to about two-thirds of the circumference. The tunical sac is now incised directly opposite to the epididymis and cord, care being taken that the incision is carried to more than half of the sphere of the swelling. The fluid having been freed, I turn the tunica vaginalis back as one would the sleeve of a coat, carrying the cut edges as far back as the junction of the external surface of the tunica with the subdartal tissue. The reflected tunica is kept in position by continuous catgut sutures through its two layers. The cavity is

thoroughly washed out with antiseptic lotion and the skin brought carefully together with silk sutures. A large drainage tube is put in at the lowest angle. The whole operation is completed within thirty minutes. The results have been very satisfactory. The drainage tube is removed the next or following day, the sutures on the fifth to eighth day, and the patient discharged on the eighth to twelfth day. In cutting through the tunica care should be taken not to cut through a possible transposed cord lying in front. Unless more than half the circumference of the enlarged tunica is incised it will not fold over as it should. Large drainage must be used to ensure no pocketing of blood. The suturing of the reflected tunica must be done loosely if a continuous suture is used, to avoid any purse-string pulling, which would convert the tunica into a bag and prevent its complete obliteration. Occasionally, owing to vitiated health of the patient from malaria, drink, or other causes, healing is delayed beyond the usual time. The general health in these cases must be attended to and the cause treated.

Dr. Scheult, my chief assistant, has since modified this operation by freeing the whole distended sac first, incising and reflecting the tunica back until the cut edges meet behind the testicle, and then securing the edges by two or three catgut sutures. The cavity is then thoroughly cleansed and dried and closed without any drainage. This operation is quicker, and, if no haemorrhage occurs, heals in eight to ten days. I think the objection to this method is:

1. The probability of the epididymis being constricted by the contracting tunica.

2. Haemorrhage in the cavity unless a drain is used.

These two methods have been in practice here from 1898 to date, during which time 111 cases have been operated on without recurrence noticed so far.

Trinidad.

E. A. GAYNES-DOYLE,  
Resident Surgeon-Superintendent.

#### TWO CASES OF CATARACT EXTRACTION.

CASE I.—Wife of a Seyed. Cataract in left eye; vision in right eye good. Cocaine 3 per cent. was instilled five times into the eye at intervals of three minutes; intending to do "extraction without iridectomy" no eserine was used. On completion of the corneal incision, the iris tending to prolapse became lodged between the lips of the wound. Fearing that the iris should obstruct the delivery of the lens, I intended to replace it with a spatula. When, however, the spatula touched the iris she made an exclamation of pain, attempted to close the eyes, drew up her legs on the table, and brought her hands roughly to her head. During this brief instant of spasm the lens burst through its capsule and shot out through the wound, and was followed by a certain loss of vitreous. The lens I found in the outer canthus of the eye; the eyeball immediately filled with blood, the pupil showing a deep red colour. I bathed the eye with cold water, but the bleeding continued for about fifteen minutes. I then removed as much of the blood as I could consistent with safety, and instilled atropine. I expected that severe trouble and total blindness would result; in the fortnight that followed, however, there was very little pain and no prolapse of the iris, and a gradual absorption of the blood took place. Two months have now elapsed since the operation, the pupil is clear and black, she can count fingers at 3 ft., and colour vision is good. With spectacles she will have very useful vision in that eye.

CASE II.—The right eye of an old man, aged 60, whose eyes were both cataractous, was operated on. Eserine was instilled and iridectomy and capsulotomy performed; a normal-sized double convex cataract presented in the wound, and was removed without difficulty. After the removal of this lens the eye still gave the appearance of being cataractous, the pupil being white. Thinking that a large and opaque piece of capsule had remained, I tried to remove it by upward friction on the cornea. To my astonishment a second cataractous "lens" presented in the wound, and was delivered in two segments, having broken along its weakest and thinnest diameter. This "lens" differed from the first in being about 2 mm. in thickness at its circumference, and being of the thickness of tissue paper in the centre; it appeared to be "plano-concave."

I would be interested to know whether any other operator has seen a case of this apparently spontaneous fission of a lens of abnormal shape.

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Residency Surgeon in the Persian Gulf. Captain, I.M.S.

## REPORTS

ON

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

#### COTON HILL HOSPITAL FOR THE INSANE, STAFFORD.

##### TWO CASES OF GENERAL PARALYSIS SUCCESSFULLY TREATED BY UROTROPINE.

(By N. F. MAC HARDY, M.B., Ch.B., Assistant Medical Officer.)

THE following two cases are very interesting as showing recoveries—at least temporary, and probably permanent—from general paralysis of the insane, associated in the first case with locomotor ataxia. The treatment used was urotropine. These are the only two cases treated, and both have maintained their recovery up to date of publication.

CASE I.—G. W., aged 44; admitted October 11th, 1902; dangerous and violent; marked G.P. Had suffered from locomotor ataxia for over two years before admission, and for one week from mental symptoms. Grandiose delusions as regards wealth and strength.

*Progress till put on Urotropine.*—Delusions became worse.

November 13th. Said he was worth £300,000,000. Steady progression of disease affecting his walking and speech till September, 1903, when he was confined to bed and leading a catheter life, and had to be attended to like an infant. By November 15th he had become very weak, and I then tried urotropine, commencing with 5 gr. daily.

*Progress while on Urotropine.*—December 29th. Urine is beginning to come away naturally. Patient is able to sit up and be assisted about by an attendant; is talking, but full of delusions.

January 20th, 1904. Physically much stronger; is now up, and has regained the power of his limbs. He passes all his urine naturally now; is full of delusions, says he is a girl faked up as a man, is king, is very wealthy, etc.

February 20th. Considerable mental and physical improvement. Plays billiards now, but not well; ataxia is diminishing; memory affected and illudinal; is now on 10 gr. urotropine daily.

March 20th. Talks more distinctly; is losing his delusions; plays billiards better; is only worth £30,000.

April 20th. Has had no lightning pains for three months; plays whist and billiards constantly; has lost all his chief delusions, especially those of grandeur; is now on 15 gr. urotropine daily.

May 11th. Memory still imperfect, and still a little boastful, but has no delusions now, and can talk well; physically very fit.

June 10th. Has had no lightning pains since January; memory improving; no delusions or signs of G.P.; pupil contracts to light now.

July 1st. Home on probation.

August 1st. Since going home I hear he is still better, and now only appears nervous; is still on 15 gr. urotropine; discharged to-day.

October 1st. I hear he is as well as he has been, and shows no signs of breaking down.

CASE II.—A. E. G., aged 38. Admitted May 28th, 1904. Duration of attack, since January, 1904. Showed some improvement in February and then became much worse. On admission he had Argyll-Robertson pupils, and very exaggerated knee-jerks, with ankle clonus, twitching of facial muscles, slurring speech, etc.

*Progress of Case.*—June 2nd. He leads a catheter life. Has been put on urotropine 2½ gr. twice daily. He is recovering from his semi-cataleptic condition, but hardly talks.

June 9th. Showed some improvement since last entry. Now passes a little urine by himself and can help to dress himself. Has once or twice been quite talkative. Told me he was buying a yacht 250 ft. long for £10,000.

June 14th.—Improvement still continues. Gave him 5 gr. urotropine twice daily, but he had some haematuria, so I have stopped it completely for a time.

June 23rd. Has gone back. Catheter life again. Put him again on 2½ gr. urotropine twice daily.

June 29th. Improving daily. Delusions of exaltation passing away. Can walk without assistance. Told me to-day he was a poor man. Passes water freely.

## MEDICAL NEWS.

THE Royal Dental Hospital, Leicester Square, has received a donation of £100 from the Worshipful Company of Goldsmiths.

THE municipal authorities of Marburg have decided to found an institution for the treatment of persons suffering from cancer. The directorship of the institution will be offered to Dr. Opitz, Extraordinary Professor of Gynaecology, who is reported in the daily press to have discovered a new method of treating cases of cancer hitherto deemed incurable.

A HOSPITAL devoted to the study and treatment of tumours, especially malignant tumours, has recently been opened in Philadelphia. The medical staff includes Dr. Boardman Reed, Dr. Addinell Hewson, Dr. G. Betton Massey, and Dr. Howard R. Swayne, men whose names give promise of sound clinical and scientific work.

AGGRESSIVE QUACKERY.—The combined nature healing associations of Thuringen are, it is said, about to present a mass petition to the governing body of the University of Jena, asking for the establishment of a chair of their special variety of quackery in that famous seat of learning.

MOORFIELDS EYE HOSPITAL.—The report presented to the annual general meeting of the Royal London Ophthalmic Hospital Guild stated that two new centres had been formed at Bury St. Edmunds and Pinner respectively. The members of the guild now number 200, with 100 associates. The guild has been able to help with blankets, coverlets, and sheets, and during the last two years has maintained a cot and woman's bed, and has replenished the nurse's library.

THE LIGHT TREATMENT IN ITALY.—The first light institute in Italy will shortly be opened at Florence. The institution owes its foundation to the initiative of the well-known dermatologist, Professor Pellizzari, who was able to secure the co-operation of an influential committee. The King of Italy and Queen Margaret have given generous support to the institution, and contributions have also been received from the authorities of the Commune and Province of Florence, from the Florentine Committee of the Italian Antituberculosis League, and from a large number of private persons.

BRITISH HOSPITAL IN CONSTANTINOPLE.—A new British Seamen's Hospital, with accommodation for fifty patients was as opened at Constantinople on January 19th in the presence of a large gathering of members of the British colony, representatives of British maritime and commercial interests, of the medical profession, and several members of the Diplomatic Body. The President of the Pera Municipality was also present. Mr. Townley, the British Chargé d'Affaires, said the institution was an honour to the country and the British name. Lady Susan Townley then unlocked the main entrance of the hospital. The hospital, which both in structure and equipment embodies the most modern principles, is said to have cost over £30,000.

THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The Council of the Pharmaceutical Society of Great Britain has resolved, we learn from the *Times*, that the Pharmacy Acts Amendment Bill shall be introduced into the House of Commons at the earliest opportunity. The Council proposes a clause to prohibit absolutely the use of the title of "chemist" or "druggist" or "chemist and druggist" by limited companies, and to prevent such companies carrying on the business of a chemist and druggist unless one of the directors of the company, and all assistants in charge of branch shops, are duly registered chemists. Further, anything which would be an offence under the Pharmacy Acts, if committed by an individual, will, according to this clause, be an offence for which all the directors of a limited company will be liable, if done on behalf of the company. The Bill will probably be introduced by Mr. T. Lough, M.P., and a large number of members on both sides of the House have already promised their support.

LOSSES OF THE MEDICAL STAFF OF THE JAPANESE NAVY.—The *Sei I Kwai Medical Journal* of October 31st states that, according to the returns made to the Medical Department of the Imperial Navy of Japan, the total number of naval officers and men killed and wounded up to the end of September was 2,321. Of these, 655 were slightly and 556 severely wounded, 1,022 killed, and 88 missing. The losses of the medical staff were 6 surgeons killed or drowned, 1 chief medical attendant

killed or drowned, 8 medical attendants killed or drowned, and 4 wounded. Six surgeons were attacked by infectious diseases, 2 assistant surgeons by typhoid fever, and 13 medical attendants by dysentery and typhoid fever. All these recovered.

INTERNATIONAL ANTIALCOHOL CONGRESS.—The tenth International Antialcohol Congress will be held at Bucharest this year from September 12th to 17th. Among the questions proposed for discussion are the Sunday closing of public-houses and drinking saloons and the expediency of founding a workmen's total abstinence league.

THE IMMUNIZATION OF DOGS AGAINST DISTEMPER.—Mr. Henry Gray, M.R.C.V.S., has vaccinated over 700 dogs against this disease with very successful results. The specific microbe of distemper is easily obtained in a pure state from the blood of the distempered dog, when killed in the early stage of the disease, before secondary infections have set in. When grown in artificial cultivation its virulence is quickly reduced by employing 6 per cent. glycerinated bouillon as the culture medium. The attenuation is progressive, according to the age of the culture, and by reinoculation into ordinary bouillon various degrees of attenuation can be obtained. To obtain the best results it is often desirable to use three vaccines of graduated virulence, commencing with the weakest. The second may be inoculated a fortnight after the first and the third a month after the second.

MORTALITY AMONG MEDICAL PRACTITIONERS IN AMERICA.—During 1904 the deaths of 2,142 medical practitioners in the United States and Canada were recorded in the *Journal of the American Medical Association*. This represents a mortality of 17.14 per 1,000. The average age at death was over 60 years, and the average length of practice over thirty years. The list includes not only orthodox practitioners, but members of the so-called "schools" which are recognized by State Boards of medical examiners. The statistics are incomplete, as in 954 cases there was no indication of the cause of death, or the cause assigned was so obscure or so manifestly incorrect as to be valueless; in 421 the age was not given, and in 288 the number of years of practice was omitted. In 1902 our contemporary chronicled the deaths of 1,400 regular practitioners, and in 1903 the deaths of 1,648 practitioners including homoeopaths and eclectics. Thus, the mortality rates have been: 1902, 14.74 per 1,000; 1903, 13.73; 1904, 17.14. During 1904 the American Medical Association lost by death 166 members. Heart disease leads the death causes with 205; these of course include sudden deaths stated to have occurred from "heart failure," etc. Of the deaths due to cardiac disease, 16 were from angina pectoris and 3 from fatty degeneration. Cerebral haemorrhage, which includes "paralysis," "apoplexy," etc., caused 179 deaths. Pneumonia heads the list of clearly-defined diseases with 172 deaths, or 7.5 per cent. of the total mortality. Nephritis, including "kidney disease," was responsible for 91 deaths, and uraemia caused 16. Tuberculosis is said to have been the cause of 90 deaths, all but 8 of which were from tuberculosis of the lungs. Cancer caused 39 deaths; typhoid fever, 37; septicaemia, chiefly from operation wounds, 23; diabetes, 20; gastritis, 16; appendicitis and meningitis, each 15; bronchitis and insanity, each 11; haemorrhages and peritonitis, each 9; asthma, influenza, locomotor ataxia, paresis, rheumatism and gangrene, each 6; erysipelas, 4, and diphtheria and scarlet fever, each 3. Of the total number of deaths, 143 were due to violence of one kind or another. Of these deaths 95 are chargeable to accidents, 36 to suicide, and 12 to homicide. Under the head of accidents, poison caused 21 deaths; railway accidents, 17; falls, 14; drowning, 10; street-car accidents, 8; runaways, 7. Of 36 practitioners who committed suicide 14 used poison; 11, firearms; 3, haemorrhages from cut arteries; 2, asphyxiation by gas; 1, drowning; 1, hanging. In 4 cases the method employed was not stated. During 1904 12 practitioners were murdered; this is 3 more than in 1903, and 1 less than in 1902. Of the 12, 10 died from gunshot wounds, 1 was stabbed, and in 1 case the cause was not stated. The ages of the practitioners who died varied between 22 and 104 years, the average being about 60 years. The largest number of deaths—57—occurred at the age of 60; followed by 51 at the age of 70; 45 at the ages of 65 and 68 respectively; 43 at the age of 67; 41 at the ages of 75 and 76; and 40 each at the ages of 72 and 73. Above the age of 70, 596 deaths occurred; above the age of 80, 241 deaths; above the age of 90, 19 deaths; and 3 practitioners had passed the age of 100, the oldest on record being 104.

## ANAESTHETISTS' FEES.

R. F. dissents from the opinion expressed in the *BRITISH MEDICAL JOURNAL* of January 14th, p. 106, in answer to "Astonished." "R. F." considers that when calling in an anaesthetist a practitioner is only acting as agent for the patient, in the same manner as when calling in a consultant.

\*\*\* This depends on the facts of the case. If Dr. A. writes to Dr. B., requesting him to give an anaesthetic to, or to meet him in consultation about, a patient, there is no implied agency at law, and Dr. A. and not necessarily the patient would be liable to Dr. B. Of course it would be otherwise if Dr. A., when writing to Dr. B., specially informed him that he was only acting as agent for the patient, and that the latter must look to the patient for his fee. Generally speaking, medical practitioners, when calling in an anaesthetist or consultant, really pledge their own credit, and, according to the etiquette of the profession, they are expected to do their best to see that the practitioner they call to their aid is paid. If they have done so, but, owing to the dishonesty of the patient, a fee is not forthcoming, it would not be in accordance with the ethics of the profession for the anaesthetist or consultant to endeavour to obtain it from his professional brethren.

## A MATTER FOR ARBITRATION.

(1) From B.'s point of view: A. and B. agree to do work for each other when away, each retaining their own fees. A railway accident occurs at B.'s station. B. is sent for, but, being away, A. gets the case, as he happens to have just arrived at the station by train on his way to the town to do B.'s work. A. came to the town solely for that purpose. There is only one other medical man in the place who was sent for before B., but was out. Is A. or B. entitled to the fee?

(2) From A.'s point of view: A. arrived at B.'s station to do his work for him. The train ran over a man in the station. A. informed the officials that he was a medical man, and was then requested to look after the injured man. He heard directions given to send for C., the other medical man in the place. He never heard at the time that B. was sent for, but learned later that he had been sent for also. The question is, is A. to consider the case in the light of a pure emergency, as at the time the accident occurred he had not yet reached B.'s house, or is he to consider he was acting in the matter as B.'s deputy, and hand B. the fee received from the railway company for his services, as well as his fee for attending a coroner's inquest on the man who died from his injuries.

\*\*\* A. was on the spot as B.'s deputy; he had no business there except in that capacity, and consequently the case was B.'s. If there was anything exceptional about the incident, B. should offer to share the fees with A., for we assume the basis of the reciprocal arrangement to be that what B. does for A. to-day, A. will do for B. at some future time; if the person obliged cannot reasonably expect to return the obligation, he ought to make up for the service in some way.

## INSURANCE FEES.

LLANGAN.—Our correspondent examined a case for life insurance, but as the specific gravity of the urine which was otherwise normal, was only 1003, the company required a fresh examination. He asks whether he is not entitled to a further fee for his extra work.

\*\*\* Undoubtedly he is, but it may not be to his interest to quarrel with the insurance company, as might be the case if he insisted on his rights. He should endeavour to come to an understanding as to the fee to be paid for re-examination in the future.

## CIRCULARS TO PATIENTS ON THE SALE OF A PRACTICE.

T. G. A.—There is no objection to a circular announcing the sale of the practice being sent to each bona-fide patient who was on the books at the time of the sale.

## MEDICAL TESTIMONIALS IN TRADE ADVERTISEMENTS.

SAMUEL STONE, M.B.—We are much obliged for our correspondent's efforts. The matter has been referred to the Ethical Committee, which is doing its best to stop the publication of testimonials from medical practitioners in trade advertisements.

## THE DOOR-PLATE AGAIN.

SO-AND-SO writes: Men with all kinds of qualifications other than M.D. describe themselves on their door-plates as "so-and-so, Physician and Surgeon," or "Dr. So-and-So." I am M.R.C.S., L.S.A.; may I put either of the above on my door-plate?

\*\*\* Strictly speaking, our correspondent should style himself "Surgeon" or "Surgeon and Apothecary."

## HOSPITAL AND DISPENSARY MANAGEMENT.

## FRENCH HOSPITAL CONVALESCENT HOME.

ON January 12th an annexe to the Convalescent Home at Brighton, connected with the French Hospital in London, was opened by the French Ambassador, M. Paul Cambon, in the presence of Dr. George Ogilvie, Senior Physician, Mr. Edmund Owen, Senior Surgeon, and the majority of the members of the General Committee of the hospital. The annexe, which is intended for the reception of tuberculous patients, has accommodation for some twenty patients. The home itself was established ten years ago, and contains thirty-six beds, of which eighteen are reserved for aged persons.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

## THE MILITARY OPERATIONS IN NIGERIA.

THE *London Gazette* of January 24th contains a report from Colonel Morland, C.B., Commandant, Northern Nigeria Regiment, West African Frontier Force, relating to the military operations in Northern Nigeria in 1903, and also a covering dispatch from Mr. W. Wallace, C.M.G., the then Acting High Commissioner. In the latter Mr. Wallace writes: "The medical staff consisted of Dr. H. P. Lobb and Dr. W. J. Healey, who were devoted to the care of the sick and wounded. I consider them both deserving of much credit."

## ROYAL NAVY MEDICAL SERVICE.

## PRIZES OPEN TO MEDICAL OFFICERS.

B. S. asks where he can find a list, with regulations, of prizes, medals, etc., open for competition for medical officers, R.N. Is any book published on the subject?

\*\*\* (1) Medals and prizes are awarded at the end of the Haslar course of instruction to surgeons who obtain the highest marks in the various subjects. (2) The Gilbert Blane Medal and the Chadwick Naval Prize are also awarded to naval medical officers. The regulations concerning these are to be found in the Quarterly Navy List, under the heading "Prizes, Testimonials, etc." (3) There is also a prize open to officers of Navy, Army, and Indian Medical Services (Parkes Prize). Regulations to be obtained from the Army Medical Department. (4) No book is published on the subject of prizes, etc., to naval medical officers.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF OXFORD.

*The Reader in Pathology.*

DR. JAMES RITCHIE, M.A., B.Sc., Reader in Pathology, has been elected to an Ordinary Fellowship at New College.

*Degree Days.*

Degree days for the present term are: Thursday, January 26th; Thursday, February 16th; Thursday, March 16th.

*Radcliffe Travelling Scholarship.*

The examination for a Radcliffe Travelling Scholarship will commence on Tuesday, February 28th. Names must be sent in, on or before Saturday, February 11th (full particulars will be found in the *University Gazette* for December 6th, 1904).

## UNIVERSITY OF CAMBRIDGE.

*Appointments.*

T. L. TUCKETT, of Trinity College, has been appointed additional Demonstrator in Physiology; A. E. SHIPLEY, of Christ College, has been appointed a Member of the Board for Biology and Geology.

*Diploma in Tropical Medicine and Hygiene.*

The following have satisfied the examiners: D. H. Ainslie, J. M. Buist, J. F. Cornwall, D. Alexander, J. H. Cook, W. A. Densham, C. A. Bentley, T. G. D. Cooper, C. E. Williams.

*Degrees.*

The following degrees were conferred on January 19th: M.D.: R. H. Marten, Gonv. and Cal. M.B.: F. L. Woods, Gonv. and Cal. B.C.: G. F. Bird, Trin.; M. F. Grant, Trin.; C. D. Matthias, Trin.; S. A. Owen, Trin.; O. V. Payne, Joh.; C. M. Stevenson, Joh.; H. M. Clarke, Cla.; G. T. Western, Pemb.; W. R. Higgins, Gonv. and Cal.; W. Lowe, Gonv. and Cal.; W. H. Thresher, Gonv. and Cal.; F. L. Woods, Gonv. and Cal.; F. W. M. Palmer, Jes.; R. F. Moore, Christ's; R. Puttock, Emm.; E. W. Sheaf, Down.

## THE UNIVERSITY OF MANCHESTER.

*Degrees in Dentistry.*

A MEETING of the University Court, held on January 18th, approved of a recommendation sent to it by the medical faculty and the Senate to establish degrees in Dentistry—a degree of Bachelor of Dental Surgery (B.D.S.) and a degree of Master of Dental Surgery (M.D.S.). They also passed an ordinance to establish a diploma in Dentistry. The ordinances were directed to be forwarded to the General Medical Council. Before the proposed diploma can become a registrable qualification the approval of the General Medical Council is required under Clause 18 and Clause 11, Section VI, of the Dentists Act.

## SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1905.—The following candidates passed in:

*Surgery*.—T. H. Jones (Sections I and II), King's College Hospital; R. C. Richards (Section I), University College Hospital; A. M. Walker (Sections I and II), Manchester; J. M. Wall (Sections I and II), Westminster and St. Thomas's Hospitals.

*Medicine*.—J. B. Bradley (section I), Birmingham; P. F. Howden, Bristol; T. H. Jones (Sections I and II), King's College Hospital; T. R. Roberts (Section II), London Hospital; J. H. K. Sykes (Sections I and II), Leeds; M. C. Vivian (Section I), Royal Free Hospital.

*Forensic Medicine*.—A. B. Gosse, Royal Free Hospital; M. E. Jeremy, Royal Free Hospital; T. H. Jones, King's College Hospital; J. H. K. Sykes, Leeds.

*Midwifery*.—C. G. Grey, St. Bartholomew's Hospital; M. E. Jeremy, Royal Free Hospital; T. H. Jones, King's College Hospital; A. M. Walker, Manchester; P. C. West, St. Thomas's Hospital.

The diploma of the Society was granted to P. F. Howden, M. E. Jeremy, T. H. Jones, and A. M. Walker.