

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

### PERINEORRHAPHY FOR RECTAL INCONTINENCE.

In the patient whose case is here reported rectal incontinence of twenty-six years' standing was cured by perineorrhaphy and suture of the anal sphincter. She was an unmarried lady, aged 34, and was first seen on April 13th, 1904.

*Previous History.*—When 8 years of age she was dropped by another child astride the gunwale of a boat, the rowlock of which tore the perineum, which was sewn up at once. Since this accident as soon as she has felt an inclination to defaecate she has always been obliged to rush to the watercloset, and if prevented, soiled her clothes. Within the past few months something had protruded.

*Condition on Examination.*—There was a complete tear of the perineum, extending through the external sphincter into the rectum, the mucous membrane of which had prolapsed anteriorly to the extent of 1 in. The patient had no power of retaining a soap-and-water enema.

*Operation.*—On April 15th I cut away the prolapsed rectal mucosa and reconstructed the perineum by a modification of Tait's flap-splitting operation, the ends of the external sphincter, which were represented by two fibrous nodules, being united with buried sutures of formalized catgut. At the operation a spherical mass occupying Douglas's pouch, which prior to operation was thought to be the fundus of the retroverted uterus, proved to be a fibroid the size of a duck's egg growing from the back of the uterus, and firmly adherent to the rectum and pelvic walls. The sound passed 2½ in., and demonstrated the fundus in its normal position.

*Subsequent History.*—On April 19th, that is, four days after operation, the patient was able to retain a simple enema. On June 8th, that is, nine weeks after operation, the patient wrote: "I can wait without any difficulty from five to eight minutes, am afraid to wait longer for fear the inclination for an action should pass." On January 24th, 1905, that is, nine months after operation, the patient came to report herself, when the following note was made: "There appears to be power of contraction in the external sphincter, about one-third of the normal. The perineal body is ½ in. in thickness, the tone of the perineal muscles being very good. The patient says she can now wait ten minutes."

*Comments.*—The publication of this case has been delayed for nine months to see if the result promised to be permanent. The improvement, first indicated by the power to retain an enema on the fourth day after operation, appears to have been due, in a large degree, at first to mechanical causes, that is, the repair of the perineum, which enabled the muscles of the pelvic floor, especially the levator ani, to act to better advantage, and later to the reinforcement of these muscles by a certain amount of contractile power in the external sphincter. The time during which rectal continence is possible has increased to ten minutes, and will quite possibly still further increase, because, as the patient herself says, it took her a long time to recognize the fact that the call of nature did not require immediate attention, since she had to break herself of a routine which had existed for so many years. At her last visit, the patient volunteered the opinion that her life was now, for the first time for twenty-six years, worth living.

On March 10th, 1905, the patient wrote: "At times I can only wait ten or fifteen minutes, yet again one hour and a half to two hours, and once I put it off so long that the inclination for an action entirely passed away."

Plymouth. C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.

### STRANGULATED HERNIA IN THE AGED.

THE following case is of interest in connexion with those of operation for strangulated hernia in aged persons which have been recently published:

On April 3rd, 1899, I was called to Mrs. J., aged 94, who was suddenly seized with pain in the right groin and vomiting. I found that she had a strangulated right femoral hernia. As the symptoms had only come on two hours previously, I decided to operate. Chloroform was administered by Dr. G. F. Murrell, and Mr. W. J. Foster kindly assisted me.

The hernia being still irreducible by taxis, I rapidly opened the sac and found a knuckle of gut covered with omentum; the omentum was ligatured and removed, the stricture

divided in the usual manner, and the gut drawn slightly down and examined. The gut being uninjured was returned, and the skin wound sutured without drainage. The patient made an excellent recovery, the wound healing by first intention. There was no return of the hernia, and Mrs. J. died of senile decay about nine months after the operation.

Reading.

G. H. R. HOLDEN, M.D.

### THE WIDER USE OF ARTIFICIAL RESPIRATION IN THERAPEUTICS.

It seems to me strange that, when we consider the great amount of attention paid during the last ten or fifteen years to the use of breathing exercises as a therapeutic measure, practically none has been paid to the therapeutic possibilities of artificial respiration.

It is true that we use it in cases of acute poisoning, hanging, drowning, asphyxia neonatorum, snakebite, sunstroke, lightning stroke, alarming dyspnoea, or paralysis of respiration from any cause; and there we stop. But, if we reflect, we must see that its scope might be greatly enlarged, and almost certainly with benefit, in a great many acute and chronic conditions.

I mention, merely as examples, a few out of the many in which it ought, in my opinion, to be tried: Rickets, malnutrition from any cause, habit-spasm, chronic Sydenham's chorea, immediately before epileptic attacks in cases that show an aura or any prodromata, hysterical seizures, anaemia, chlorosis, phthisis, perhaps in the early stage of acute pneumonia, cardiac affections, renal diseases, diabetes, chronic constipation, chronic toxæmic states, asthma, chronic bronchitis, tabes dorsalis, many of the insanities, and in "Weir Mitchell" cases.

As to method, Sylvester's, or Howard's, or Schäfer's, or Laborde's (rhythmical traction of tongue), or Depage's recently described method (rhythmical passive alternate flexion and extension of the head), which he finds quite as effectual as Laborde's method, and easier to apply. I would vary the method used according to the circumstances of the case; and I would have it done many times a day for as long a time as the operator would consent to go on. I see no reason why we should not use both breathing exercises and artificial respiration in many of the cases.

Are there any contraindications? Perhaps it would be objected that in acute pneumonia or pleurisy we should be outraging the sacred law of physiological rest of the hampered thorax. To this I reply: "Then use either Laborde's or Depage's method here, or both."

With regard to hysterical attacks, Balade (Bordeaux) found more than ten years ago that by simply holding out the tongue beyond the dental arch for several minutes severe attacks that resisted other treatment yielded completely.<sup>1</sup> It was this reference that suggested to me the possible value of artificial respiration during hysterical attacks.

There are certain grave conditions in which caution would be desirable in its application. I refer to myasthenia gravis and other bulbar affections. But even in these I think we might find some benefit from its use.

I need hardly say, in conclusion, that we should naturally use the purest air available either by out-door treatment or by abundant ventilation indoors.

London, W.

LEONARD J. KIDD.

### A CASE OF MESOTAN ERUPTION.

THE following notes of a recent case of mesotan eruption may be of interest:

A lady, about 70 years of age, suffering from a prolonged attack of subacute gout, had mesotan applied to her left hand and knee on January 19th last, and on 20th and 21st the same mixed with equal parts of olive oil. On the 26th a slight rash appeared on the buttocks and left arm and elbow. On the 28th the knee was painted again, and likewise the hand from time to time up to February 8th, when a very irritating papular rash came out all over it. The papules were large, hard, pink, and like lichen planus in character, and such as I have recently seen provoked by free use of mesotan (undiluted) in another case. It faded and disappeared in a few days. The hand, which had been swollen throughout, was now ordered to be fomented with hot water and dressed with olive oil.

On March 8th, one month after the last application of mesotan, it became still more swollen, and on the next day, after very severe pain, large bullae formed almost all over the

<sup>1</sup> *Lancet*, 1894, vol. ii, p. 468.

palm, the outer border, and between the fingers. These bullae were opened, and continued for some days to discharge large quantities of serum, but healed without suppuration. The patient's temperature at the time of the bullous eruption was normal.

A week later a subcutaneous effusion formed over the elbow at the point of the olecranon on the same side, and has since been absorbed. I believe it was haemorrhagic, but whether it had anything to do with the mesotan I do not know.

The general treatment up to the time of the eruption was by piperazin and cardiac tonics. The mesotan was distinctly useful in relieving pain.

Bexhill-on-Sea.

J. P. WILLS, M.D.

#### A PECULIAR CASE OF HETEROPHTHALMOS.

A woman, aged 50, a Russian emigrant on her way to the United States, came to the surgery of Dr. B. Morris, of whose practice I am taking charge, to consult me about the condition of her eyes with regard to the presence or absence of trachoma. She had no traces of that disease, but I noticed that the colour of the iris in one eye was different from that in the other. On closer examination I discovered that not only was there a difference in the colour of her two irides, but that the upper half of her right iris was of different colour from that of the lower half of the same iris. The exact colours were as follows. Right iris: upper half green, lower half brown; left iris: blue. Contrary to what one might perhaps expect, her two pupils were of equal size, and the right pupil was perfectly regular, in spite of the fact that the amount of light passing on to the two retinæ, or the two halves of the right retina cannot have been the same owing to the different degrees of absorption by the three different colours of the two irides. On ophthalmoscopic examination, however, I found that the fundus of the left eye—namely, that with the blue iris—was considerably redder than that of the right eye, although, owing to the hurried examination, I did not detect any difference in colour in two halves of the right fundus. It seems, therefore, probable that the intensity of light striking the two retinæ is equalized by the different degrees of pigmentation of the choroids, which may therefore account for the equality of the pupils. Otherwise her fundi and discs were perfectly normal. Her vision was good, and her pupils reacted equally briskly to light and accommodation. There were a few dark-brown spots of pigment on the lower part of the right sclerotic. According to W. G. Sym, the colours in cases of heterochromia (with only two different colours) of congenital origin correspond to the colours of the eyes in the two parents. In this case the woman did not remember the colours of her parents' eyes, but in any case it would be difficult to account for the third colour, unless one of her parents also had heterophthalmos. I have only met with one other case of heterophthalmos myself, and have been told of a second. Both these, also, were in females, double coloration, however, alone existing.

London, E.

M. FELDMAN, M.R.C.S., L.R.C.P.

#### ORAL SEPSIS AND PUERPERAL SEPTICAEMIA.

In the following case, oral sepsis seemed to be so clearly indicated as a factor in the causation of the septicaemia that the facts are worth recording.

Mrs. M., aged 22, primipara, was confined on September 24th last, after a normal labour, and went on satisfactorily until the morning of October 3rd, the tenth day, when I was hastily summoned as she had had a rigor, and her temperature had gone up to 105°. On seeing her shortly after, I learned that she had passed a comfortable night, and had made a hearty breakfast, but that soon after she vomited, had a rigor, became very hot, and followed by profuse perspiration. Her temperature had now fallen to 103°. She complained of headache and thirst. There was no abdominal tenderness, nor offensive lochia.

This serious outbreak occurring ten days after her confinement was at first very perplexing, and I was unable to trace any cause for it. On the following day, however, my patient informed me for the first time, that she had been troubled off and on for some months with suppuration of the gums in connexion with some decayed stumps, but had not thought it worth her while to mention it before. About three days previously she had tried to open a small abscess in the gum with a safety pin. On examining her mouth, I found a small alveolar abscess which I opened, letting out a small quantity of pus.

By the sixth day of her illness her temperature had fallen to subnormal, with a rise of 102.4° F. the previous morning. On the morning of the eighth day of illness the temperature again rose to 103.2° F., but fell to normal by the next morning, when, as there was still suppuration going on in connexion with other stumps, I had two of them removed under gas. For the next three days, although the temperature was normal, or nearly so, each morning, it rose considerably each evening, on the last of which it rose to 104° F. After this—namely, the thirteenth day of illness, it fell again to subnormal, remaining so for another week, when it became normal, followed by an uninterrupted recovery.

The absence of uterine or pelvic symptoms and the sudden rise of temperature so late as the tenth day, would lead one to infer that the septicaemia had arisen from the predisposing sepsis of the gums, favoured by the puerperal state; and proximately from self-inoculation by the patient in her futile attempt to open the alveolar abscess.

Liverpool.

THOS. DRAKE LEIGH, M.R.C.S.Eng.

#### THE OPENING OF SUPRATONSILLAR AND PERITONSILLAR ABSCESES.

[Communicated by the DIRECTOR-GENERAL, R.N.]

I HAVE read with much interest the paper by Dr. StClair Thomson in the *BRITISH MEDICAL JOURNAL* of March 25th, and many will endorse with me the clear clinical picture of supratonsillar and peritonsillar abscesses depicted, and also the opinion that the treatment of such, both from a view to the relief of the patient's distress and to avoid any possible sinister result, is important. The distress of the patients in such cases is often very trying, and the occurrence of asphyxia from bursting of such an abscess during sleep has been several times recorded.

The procedure of opening a supratonsillar or peritonsillar abscess through the soft palate does not seem to be mentioned in the usual surgical textbooks, but those who have adopted it will fully bear out Dr. StClair Thomson's very able remarks. In a case of mine the abscess was attempted to be opened by the tonsil four times without success when I tried the above method, first incising the soft palate with a Paget knife and then using Hilton's method. The idea was arrived at experimentally on my part after other incisions in the tonsillar region had failed. Dr. StClair Thomson's method with a sinus forceps is as neat as it is simple, and must be specially serviceable where the mouth, as frequently is the case, can be opened to only a limited extent. I am inclined to think, however, that for such abscesses to open spontaneously through the soft palate must be very exceptional.

W. H. S. STALKARTT, M.D., C.M., F.R.C.S.E.,  
Staff Surgeon R.N.

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

In the *BRITISH MEDICAL JOURNAL* of January 28th, 1905, p. 184, a note was published on the surgical treatment of hydrocele of the tunica vaginalis by Mr. E. A. Gaynes-Doyle, Resident Surgeon-Superintendent of the Colonial Hospital, Trinidad, W.I. In this Mr. Doyle refers to an operation performed by his chief assistant, Dr. Scheult, which consists in incising and reflecting the tunica back and securing its cut edges behind the testicle by sutures. It may be of interest both to Mr. Doyle and to your readers to know that this operation has for several years been extensively practised in India, where it is known as "Pratt's operation," having first been performed at Fyzabad in 1898 by Lieutenant-Colonel J. J. Pratt, I.M.S., now Civil Surgeon of Lucknow.

Colonel Pratt published short articles on this method, which he styled the Radical Cure of Hydrocele by Incision and Eversion, in the *Indian Medical Gazette* of August, 1898, and April, 1899, and since then it has been generally adopted by the medical profession in the United Provinces, and to a great extent elsewhere.

The buried sutures originally used to unite the edges of the tunica behind the epididymis have long been discarded, the evil effects of pressure of any kind on the delicate structures concerned being thus avoided. The operation as practised in this country has been highly successful in thousands of cases, and may be said to have driven all other methods of radical cure out of the field.

R. K. TANDAN, M.B., C.M. Edin.,  
In charge Balrampur Hospital, Lucknow, India.

drastic is his description of the conditions under which the working classes live. The death-rate of the town was 34.57, and one-third of the children born are said to die under 1 year. Cholera, fever, bowel complaints, and small-pox are rampant. From the report of the Sanitary Commissioner we gather that strenuous efforts are being made to improve the quantity and quality of the water supply, and that amended building rules have been enacted, which however do not affect existing houses.

## ASSAM.

Colonel David Wilkie has written a very able and interesting report, on which the Government has indited an appreciative memorandum. No sanitary engineer is employed in this province, and the "Sanitary Board" held no meeting during the year. The meteorological conditions were normal, food supplies plentiful and cheap, and conditions generally favourable to health. The birth-rate was 35.57 and death-rate 26.55, against quinquennial rates of 32.21 and 33.90. It is estimated by the administration, after consideration of census results, that the standard birth-rate of this province is 45 and death-rate 42. Registration is therefore held to be defective, owing to a careless population and inadequate agency. The birth-rate of tea-garden populations was 28.33 and death-rate 24.06—both, it is considered, below the reality. The death-rate of infants under 1 year of age, calculated on the births of the year, was 188.77. An interesting table is given showing this rate for the principal provinces of India, varying from 177.6 in Madras to 274.38 in the United Provinces. There was a great reduction in cholera mortality. The disease was worst in the district of Nowgong, following the course of the river Kalang. The mortality among garden coolies was less than in the general population, and deaths among imported coolies were fewer. Small-pox mortality was unusually low. It was highest in the Nowgong district, where the disease "appears to have taken root in Nonoi, a hotbed of obstruction to vaccination." Plague broke out in June at Dibrugarh in the neighbourhood of the foreign grain bazaar, where there was great mortality among rats. The diagnosis was confirmed by bacteriological investigation in the medical school; 37 cases and 28 deaths took place, but the disease was prevented from spreading by active preventive measures which probably were aided by the seasonal conditions. Fever mortality was comparatively low; the number of deaths attributed to kala-azar was 833, most of them in Sylhet and Nowgong—a great abatement as compared with previous years. The discovery of the Leishman parasite in these cases by Dr. Bentley is mentioned. Bowel complaints were less fatal than usual. The higher mortality from dysentery in tea gardens is discussed. Dr. Wilkie believes that this is more apparent than real, but gives a sad account of the life and insanitary environment of coolies.

No large sanitary work was undertaken during the year, but the municipalities and local Boards spent money on improving water supplies, market places, and drains.

## MEDICAL NEWS.

THE annual dinner of the Pharmaceutical Society of Great Britain will be held at the Whitehall Rooms, Hotel Metropole, on Tuesday, May 16th, at 7 p.m.

THE French Government has granted a subvention of £4,000 in aid of the International Congress on Tuberculosis, which is to be held in Paris in October, 1905.

THE Professor of Medicine at the Gresham College, E.C., Dr. E. Symes Thompson, will deliver at the beginning of May four lectures on the evolution and degeneration of the teeth. The times fixed are May 2nd and the three following days, at 6 p.m. each evening.

The second annual Welsh medical dinner will be held at the Great Central Hotel, Marylebone, W., on Friday, May 19th, when the chair will be taken by Sir Richard Douglas Powell. Special arrangements have been made for visitors at the hotel. Further information can be obtained from Dr. Ernest Jones, 13, Harley Street, W., or Mr. J. Howell Evans, M.Ch., F.R.C.S., 31, New Cavendish Street, W.

THE new Aliens Bill was introduced in the House of Commons on Tuesday afternoon. It precludes the disembarkment of alien immigrants except at eight ports. At each of these an immigration office is to be established, and no immigrant will be allowed to land until he has been inspected and

passed by the superintendent in charge of it, in company with a medical officer. The eight ports in question are understood to be London, Leith, the Tyne, Grimsby, Hull, Harwich, Newhaven, and Southampton. These have been selected because they at present receive 97 per cent. of the alien immigration.

THE Medico-Psychological Association of Great Britain and Ireland (Northern and Midland Division) has fixed its next meeting for May 4th at the Retreat, York. The proceedings are to commence at 2.30 p.m., and between scientific business and social entertainments and amusements it is hoped to extend them over the week end. Among the latter are an "at home" for such ladies as may accompany members, an excursion to Ripon and Fountains Abbey, and golf at Ganton on Saturday, ending in a second general "at home" at the branch of the Retreat close to Scarborough. Dr. Bedford Pierce, the Medical Superintendent of the Retreat and Honorary Secretary of the Division, will be glad to have an intimation by May 1st from members who intend to be present.

THE LATE MR. LUTHER HOLDEN.—The estate of the late Mr. Luther Holden has been valued at £110,289. By this will he directs that a sum of £3,000 be paid to the Medical School of St. Bartholomew's Hospital for the foundation of a Scholarship in Surgery, and £500 to the Rebuilding Fund of the same hospital. On the death of his wife a further sum of £10,000 and the proceeds of the sale of his freehold residence near Ipswich and its furniture are to be divided equally between St. Bartholomew's and the Foundling Hospitals, an immediate legacy of £1,000 being also left to the latter.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the directors of this Society was held at 11, Chandos Street, W., on April 12th at 8.30 p.m. Mr. Christopher Heath, President, was in the chair. Three new members were elected. The Treasurer announced that a legacy of £250, duty free, had been received from the executors of the late Mrs. Jane Begley. One new widow and one orphan were granted relief at the rates of £50 and £12 per annum respectively. The sum of £1,293 was paid in half-yearly grants in January to the annuitants of the charity. Fifty-three widows and seventeen orphans are now on the books. The annual general meeting will take place on May 22nd at 5 p.m. at the offices of the Society.

THE LATE DR. THOMAS MORTON.—We learn that it is proposed to erect a permanent memorial to the late Dr. Thomas Morton, of whom an obituary notice appeared in a recent issue of the BRITISH MEDICAL JOURNAL. It has been suggested that a memorial at a cost of not less than £100 should be erected in St. Mark's Church, Hamilton Terrace, where for many years Dr. Morton was a constant worshipper. A committee of gentlemen connected with the management of the Kilburn Provident Medical Institute has been formed to carry the proposal into effect, and subscriptions towards the memorial may be sent to the Honorary Treasurer of the Institute, Mr. Joseph White, 7, Abercorn Place, N.W.

AMERICAN SOCIETY OF TROPICAL MEDICINE.—The second annual meeting of the American Society of Tropical Medicine was held at Philadelphia on March 24th. The following resolution, intended to be sent to the proper authorities, was adopted: "The American Society of Tropical Medicine, at the suggestion of Sir Patrick Manson, of London, one of its honorary members, begs to call your attention to the fact that the investigations of the past decade have so increased our knowledge of malaria, yellow fever, hook worm disease, and other tropical diseases as to make their prevention quite possible by the exercise of comparatively simple measures, and begs to recommend as a means toward the diminution and extinction of these maladies that a certain amount of information regarding them be included in the curriculum of the public schools in our tropical Colonial possessions." The papers mostly dealt with the health conditions of Panama. Dr. Seneca Egbert related the history of the Republic of Panama and of the Canal; Dr. Joseph McFarland presented a communication on the Canal Zone, and Dr. Roland G. Curtin discussed the medical conditions of the Isthmus of Panama. The following officers were elected for the ensuing year: *President*, Dr. Roland G. Curtin, of Philadelphia; *Vice-Presidents*, Dr. Victor C. Vaughan, of Ann Arbor, and Dr. William S. Thayer, of Baltimore; *Treasurer*, Dr. Wharton Sinkler, of Philadelphia; *Secretary*, Dr. Joseph McFarland, of Philadelphia. The next annual meeting will be held in March, 1906.

## UNIVERSITIES AND COLLEGES.

## THE SOCIETY OF APOTHECARIES OF LONDON.

*The Title of Licentiate.*

A PETITION, to be signed by such Licentiates of the Society of Apothecaries of London as have received the licence indicated since the Medical Act Amendment Act of 1886 came into force, has been prepared for presentation to the General Medical Council during the approaching session.

Its object is to move the Council forthwith to order that in respect of all persons who have passed or shall pass the qualifying examination of the Society conducted in the manner prescribed in the Act mentioned, and who have received or shall receive the diploma of the Society, the qualification entered in the *Medical Register* shall be altered from "Licentiate of the Society of Apothecaries" to "Licentiate in Medicine, Surgery, and Midwifery of the Society of Apothecaries," or to such abbreviation of this or other title as shall indicate that persons holding the diploma are legally qualified to practise medicine, surgery, and midwifery.

The petition recites the events which have led up to this petition, which are as follows: The Society was brought into official existence by letters patent from the Crown in the year 1618 under the title of the Master, Wardens, and Society of the Art and Mystery of the Apothecaries of the City of London.

In 1815 the Society obtained the passing of an Act by which it became unlawful for any person to commence practice as an apothecary in England or Wales unless he had received a licence from the Society granted after examination by a Court of Examiners consisting of twelve members of the Society of not less than ten years' standing.

In 1858, by the Act of that date, the General Medical Council and compulsory registration came into existence, power to select one member of the Council being granted to the Society. The Act ordered that all examinations for registrable titles to practise should be conducted to the satisfaction of the Council, and that the registers which were to be kept should be as nearly as conveniently might be in the form prescribed by Schedule D of the Act; accordingly the diploma of the Society was entered as L.S.A.

In 1874 the Society found that it was difficult in certain respects to comply with the Act of 1858, and hence obtained the passage of a Bill enabling it to reinforce its Court of Examiners from outside, and to co-operate under certain circumstances, if it pleased, with other bodies in the conduct of examinations.

In 1884 the Society added surgery to the subjects in which it examined candidates for its licence, but was compelled by the Medical Act of 1886 to again change its method. This Act made single qualifications in medicine or surgery no longer a title to registration, and it was deemed that the Society was at the time not legally entitled to grant a diploma in surgery.

The Society endeavoured, therefore, to join with the English Royal Colleges of Physicians and Surgeons, and, not succeeding, asked the General Medical Council to appoint assistants to its Court of Examiners, as empowered by the Act of 1886. With this request the Council complied, and hence the licence of the Society, as granted after the examinations then instituted, now constitutes a full title to admission to the *Medical Register*, being a diploma in medicine and surgery and midwifery.

The Licentiates complain, however, that their title as entered in the *Register* does not give a sufficient intimation to the public of their attainments, and that they are placed at a disadvantage as compared with holders of the diplomas of Conjoint Boards, inasmuch as that the public is liable to interpret their title as indicating knowledge of medicine only and not of surgery as well. They, therefore, pray that the change mentioned in the second paragraph may be made, and express their belief that the alteration may be effected without prejudice to the rights of the holders of other medical diplomas or to other medical corporations. The petition further mentions that the licence of the Society has been granted, since the Act of 1866 came into force and since the present system of examination was instituted, to nearly 2,000 persons, but it is not stated how many of these hold the L.S.A. alone, and are therefore really affected by the grievance of which complaint is made.

## UNIVERSITY OF LONDON.

## MEETING OF THE SENATE.

A MEETING of the Senate was held on March 29th.

*Recognition of Teachers.*

The following were recognized as teachers in the University:  
At University College: Dr. J. H. Parsons in ophthalmology; Dr. F. J. Poynton in medicine; Dr. R. H. A. Plimmer and Dr. S. B. Schryver in physiological chemistry.  
At King's College: Dr. David Sommerville in hygiene and public health.  
At St. Bartholomew's Hospital Medical School: Dr. J. H. Drysdale in medicine; and Mr. L. B. Rawling in surgery.  
At the London Hospital Medical College: Mr. Harold L. Barnard in surgery.  
At St. George's Hospital Medical School: Dr. J. S. Collier in medicine and medical jurisprudence; Dr. E. Ivens Spriggs in medicine.  
At St. Mary's Hospital Medical School: Dr. J. F. H. Broadbent and Dr. Wilfred Harris in medicine.  
At Charing Cross Hospital Medical School: Mr. E. Treacher Collins in ophthalmology.  
At the Westminster Hospital Medical School: Mr. A. H. Evans in surgery.  
At the Hospital for Sick Children: Mr. Edred M. Corner in clinical surgery.

*Advanced Lectures in Physiology.*

It was resolved that the course of eight lectures on lymph to be delivered by Mr. F. A. Bainbridge at St. Bartholomew's Hospital Medical School at 4.30 p.m. on Tuesdays during the May term be recognized as an advanced course of lectures by the University.

*Mutual Recognition of Certificates by the Universities of Oxford, Cambridge, and London.*

The negotiations have now been completed by which, under certain conditions, the Oxford Senior Local Examination and the Higher Examination of the Oxford and Cambridge Schools Examination Board will be accepted in lieu of the London Matriculation Examination, and the London Matriculation Examination will give exemption from Oxford Responsions. A similar arrangement for the mutual recognition of certificates was concluded with Cambridge recently.

*Gift to the Institute of Medical Sciences Fund.*

The Senate adopted a resolution expressing their gratitude to Mr. Alfred Beit for his munificent gift of £25,000 to the Institute of Medical Sciences Fund.

*Appointment to the Senate.*

Dr. Lauriston E. Shaw has been appointed by the Faculty of Medicine to the Senate in place of Sir Cooper Perry.

*Physiological Laboratory.*

Dr. F. W. Pavy, F.R.S., has presented £100 to the funds of the Physiological Laboratory.

Dr. G. A. Buckmaster's recent course of lectures on the Physiology and Pathology of the Blood has been approved for publication under the auspices of the University.

Dr. F. W. Pavy, F.R.S., will give three lectures on Carbohydrate Metabolism on May 6th, 16th, and 23rd at 5 p.m.

Dr. T. G. Brodie, F.R.S., Professor Superintendent of the Brown Institution, will commence on May 30th, at 5 p.m., a course of five lectures on the Work of the Brown Institution during the Past Year. The lectures will be continued on succeeding Tuesdays at the same hour.

Any member of a London school of medicine, whether an undergraduate of the university or not, is entitled to a card of admission to these lectures on application to the Academic Registrar.

*Bedford College for Women.*

A special course of lectures on the Teaching of Hygiene will be given by Miss Alice Ravenhill during the Easter term, beginning on Thursday, May 18th, at 4.30 p.m.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary Comitia was held at the College on Monday, April 17th, the President, Sir William S. Church, in the chair.

*Announcements.*

The President announced that the Gilbert-Blane Medals had been awarded to Staff Surgeon Sidney Thomas Reid and Surgeon Robert William Glennan Stewart, and the Bisset Hawkins Memorial Medal to Sir Patrick Manson.

*Address.*

The President then gave his annual address, in which he included biographical notices of Drs. Charles Kelly and Gilbert Smith, Sir Frederic Bateman, and Drs. Angel Money, Lee Dickinson, Vivian Poore, Vawdrey Lush, Adam Bealey, the Fellows of the College who had died during the last collegiate year, and the chief affairs relating to the College during the same period.

On the motion of Sir Hermann Weber a vote of thanks to the President for his address was carried with acclamation.

The President then vacated the chair, and voting took place for his successor for the ensuing year.

*Election of President.*

On a first vote the numbers recorded were: For Sir R. Douglas Powell 51, Sir William Broadbent 50, Dr. Pye-Smith 27, Sir Thomas Barlow 2, and for Dr. Allchin, Sir Wm. Church, Dr. Pavy, Dr. Ferrier, and Sir John Williams a vote apiece.

On a second vote on the two names with the highest recorded on the previous one, the numbers came out at: Sir R. Douglas Powell 74, and Sir William Broadbent 59.

Sir R. Douglas Powell was then elected President, and took the chair.

*Licences.*

Licences to practise physic were granted to Sidney Herbert Daukes, David Morgan Jones, William Herbert Lowry, Edgar Coningsby Myott, and Lewis Thomas.

*Communications.*

Communications were received from (1) the Clerk of the Privy Council

(February 15th) forwarding a communication received through the Russian Chargé d'Affaires from the Committee for organizing the International Congress on Obstetrics and Gynaecology at St. Petersburg, September 17th to 18th next, inviting all persons interested to join and take part in the Congress: (2) the Secretary of the College of Surgeons, reporting certain proceedings of their Council on February 9th; (3) the Secretary-General of the International Congress on Medicine, to be held at Lisbon, April 19th to 26th, 1906, asking the College to send a delegate to represent it at the Congress. It was left to the President to nominate a delegate at the next comitia of the College.

#### Plague in India.

In accordance with notice, Dr. Norman Moore moved the following resolution: "That in view of the constantly-increasing mortality from plague in India since 1896, and of the recorded mortality of 252,000 in January and February of the present year a committee be appointed to report to the College on the desirability of the College addressing His Majesty's Government on the subject." This was seconded by Sir Dyce Duckworth, and carried, and it was left to the President to nominate the members of the proposed committee at the next meeting.

#### The Museum.

A communication was received from Dr. Dickinson resigning his office of Curator of the Museum, and, on the nomination of Sir William Church, Dr. Sharkey was elected his successor. A cordial vote of thanks was passed to Dr. Dickinson for his valuable services during his long tenure of the office.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 13th, Mr. John Tweedy, President, in the chair.

#### Jacksonian Prize.

This prize for the year 1904 was awarded to Mr. Herbert John Paterson, M.B., B.S., Cantab., F.R.C.S., Assistant Surgeon to the London Temperance Hospital for a dissertation on the Diagnosis and Treatment of such Affections of the Stomach as are amenable to direct Surgical Interference.

The subject chosen for the year 1906 is the Diagnosis and Treatment of those Diseases and Morbid Growths of the Vertebral Column, Spinal Cord and Canal, which are amenable to Surgical Operations.

#### The Proposed Institution of a Medical School by the College.

A report from the Committee upon this proposition was read and adopted. The subjects selected in the proposition for teaching were (a) Chemistry, Physics, and Biology; (b) Anatomy and Physiology.

The Committee have taken into consideration the practicability of instituting a school of this character, and have had estimates prepared (1) of the annual cost to the two Colleges of the Examination Hall Buildings under present conditions; and (2) of the additional cost which would be incurred by instituting a medical school and using the buildings for the school as well as for examinations.

The cost of adding another story to the front portion of the building and of fitting the rooms for the purposes of the school would, it is thought, involve an initial capital outlay of £15,000. It would no longer be possible to let any of the rooms in the building, and this would involve a loss of about £3,300 per annum in rents. It is, however, not anticipated that the gross annual cost of the building would be increased, except in so far as the additional story would involve additional expense, and if, as proposed, the whole of the building were used for the school, that is, "for the promotion of education," it should be possible to obtain exemption from corporation duty amounting to £225 per annum, now paid in respect of three-quarters of the building.

If the scheme were successful, and this would of course depend mainly upon the support accorded to it by existing medical schools, and if the full complement of 100 students per annum were realized, the receipts should amount to £3,000 the first year, £6,000 the second, and probably to about £3,000 thereafter.

It will be seen that the gross additional annual cost involved by the institution of the school is estimated at £11,624, but this would be reduced to £8,399 after the first two years if the total of £8,000 from students' fees were realized, and if the building were exempted from corporation duty. The deficit in the first two years would of course be much larger, and would have to be met by a further expenditure of capital.

The Committee have carefully considered this proposal for a school for the teaching of the early and intermediate subjects of the medical curriculum, and they are of opinion that it is impracticable for the College to institute such a school without adequate endowment.

#### Representation of the College upon the Senate of the University of London.

Mr. H. T. Butlin was re-elected as the College representative, the appointment being made for four years.

#### Studentship in Surgery and Anatomy.

A sum of £200 per annum was bequeathed by the late Mrs. Jane Begley, of 26, St. Peter's Square, Hammersmith, for the purpose of founding a studentship in surgery and anatomy.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

#### BONESETTERS.

A CORRESPONDENT sends us a cutting from the *Littlehampton Gazette*, which reports a meeting of the local Board of Guardians in order to draw attention to the following paragraph: "Mr. S. A. Barker, the London bonesetter, wrote informing the guardians that it was impossible to make a permanent cure in a case submitted to him from the Board. He had, however, given the patient relief by breaking away the adhesion, so that he might be built up muscularly. His fees were, he stated, 2 guineas for the first visit and 1 guinea for each subsequent interview. On account of the position of the patient, however, he would waive his charges. (Applause) On the proposition of Mr. Wallace Wink, seconded by Captain Hills, it was resolved to accord Mr. Barker a hearty vote of thanks for his kindness." Our correspondent asks us to comment on medical men's conduct under similar circumstances, and states that he has always understood that it was not allowable to have anything in the nature of a consultation with a bonesetter. We do not understand that any registered medical practitioner took any part in the proceedings of the guardians. If a medical man was a member of the Board he might be outvoted, and could only protest against such a proceeding; he would, of course, take no part in it.

#### AN UNCERTIFICATED MIDWIFE.

THE *Morning Advertiser* of April 12th publishes a report of an inquest held at Colchester on April 11th on a child which was born on Sunday, the 9th, and died on the following day. The coroner called the jury's attention to the fact that a section of the Midwives Act, which came into force on April 1st, made it an offence for an uncertificated person to use any description implying that she was a qualified midwife, and that if death was caused by a woman so practising the question of manslaughter would arise. The midwife was called, and stated that she had been practising for thirty years, but did not describe herself as a midwife. She called herself a charwoman. She considered herself, however, fully qualified as a midwife. A medical witness stated that the child had been properly attended to, and the jury, in returning a verdict of death from natural causes, found that the woman had acted skillfully, but ought to have called in a doctor, as the child proved so weakly.

#### MELANCHOLIA.

H. W. P. Y.—Our correspondent should immediately take the necessary steps to secure that the requirements of the Lunacy laws are met in the case mentioned. The first forms required are the petition, the statement of particulars, the two medical certificates, the order of reception by a justice specially appointed for that purpose under the Lunacy Acts 1890-1. Copies of these to be sent within twenty-four hours to the Commissioners in Lunacy. Many other statutory requirements exist. The simplest plan will be to immediately obtain instructions from the Commissioners.

#### PROFESSIONAL SECRECY.

WILDAH.—(1) The right course is to refuse information to the police on the ground that they have no right to ask for it; but where the suggestion is, as in this case, quite baseless, it may save trouble to tell the detective that he is mistaken; (2) it does not appear wise to give a woman even harmless drugs when she asks for an abortifacient; it would seem more consistent with our duty and the dignity of the profession to say that what she proposes is a felony and that we can have nothing to do with it.

#### THE DOCTOR'S LAMP.

A CORRESPONDENT writes to complain that there is in his village a medical practitioner who served for a year as a civil surgeon in the late South African war. Since his return home this gentleman has put up a white lamp with two red crosses in front of his house, which emblem is taken by the simple village folk to indicate some special privilege. He asks us to say whether it is usual, and whether there is anything in the practitioner's past service to entitle him to do it, and whether the complainant himself could not do the same thing?

\*.\* Professional opinion runs strongly against any form of advertisement, and so conspicuous a lamp would certainly appear to fall within the meaning of that term. Coloured doctors' lamps used to be common, but they have gone out of fashion; we cannot say that there is anything unprofessional in their use. The white lamp with two red crosses is a new variety, but the difference is hardly specific; so far as we know, such a lamp has the merit of being unique. Service as civil surgeon in South Africa does not give any special privilege to use the Red Cross badge either on a lamp or elsewhere.

## HOSPITAL AND DISPENSARY MANAGEMENT.

#### THE QUEEN'S JUBILEE HOSPITAL, EARL'S COURT.

In our last reference to the affairs of the Queen's Jubilee Hospital, Earl's Court, it was stated that an inquiry was to be held by King Edward's Hospital Fund for London. This has now been completed, and the findings published in a long report, of which the following is a summary:

#### MR. FITZROY BENHAM.

1. In regard to Mr. Benham's double connexion with the institution, it is pointed out that according to its rules he is not qualified to occupy the post of Surgeon. He was already in that position at the time the rule was made, so to this extent he stands outside it. If however, the rule was made in the interests of the hospital, it may be assumed that he continues to act on the staff for special reasons personal to himself. But unless these reasons are connected with his recognized professional eminence as distinct from academic qualification, the only conclusion that the reporters could draw was that he occupies his position as a member of the medical staff in virtue of being the founder of the hospital; should this be the case his position is a false one.

#### THE CONDUCT OF THE BOARD

2. The action of the Board of Management in proceeding to elect a new staff without first calling for an independent inquiry into the circumstances which led up to so important an event as the resignation of the majority of the old one is specifically condemned.

3. At least nine of the twenty-two lay members of the Board are stated not to be qualified under the rules to serve upon it, and in its work it was slack and unsatisfactory. Even according to the chosen spokesman of the Board at the first meeting of the Commissioners there was want of punctuality and method



in its work and a general atmosphere of latent hostility and suspicion between its various subcommittees. Its functions were to a great extent delegated to the latter, but their work was not properly brought before it. Its control was not always exercised when it should have been, and it sometimes made itself felt in an improper manner. Instances in point are quoted.

#### THE CONDUCT OF THE LATE STAFF.

4. In regard to the late staff, though all were *ex-officio* professional members of the Board of Management, it is pointed out that they should not perhaps be held equally responsible with the lay members for details of the business administration, while in professional matters no free hand was accorded to them. It would have been wiser for them to make it clearer on the face of the minutes how and when they actively differed from their lay colleagues. Though the circumstances narrated in the first part of their resolution to resign is shown to be correct, it is considered that the actual occasion of their resignation was not the best which might have been chosen.

5. For the rest, the various charges brought by the Board against various members of the resigning honorary medical staff, the late resident medical officer, and the late matron are dismissed; in respect of most of them it is noted that they appear merely to have been evolved by the lay Board in the course of preparation of a case to lay before the King's Fund. As for the action of Dr. Morrison, to which the Board took exception and in consequence of which it forthwith suspended him from office, the opinion is expressed that he was in no way open to blame.

#### THE NEW STAFF.

6. It is shown that the professional staff as reconstituted exceeds in number the whole of the beds and cots in the hospital put together.

7. A reference is also made to the conduct of the medical men who accepted office upon the resignation of all the old staff with the exception of Mr. Benham and the dental surgeon. It runs as follows: We are not called upon to express any opinion from a professional point of view as to the proper course to be pursued by medical men who are invited to form the staff of a hospital immediately after the resignation in a body of any considerable portion of the late staff. Individually and collectively the new staff may have acted quite correctly for anything we can say to the contrary.

#### THE HOSPITAL ITSELF.

8. While the present wards are stated to be unfit for the purposes of a general hospital, the opinion is expressed that no building on a large scale is required in this quarter. A casualty and out-patient department with a few beds attached might, it is thought, do useful work in the neighbourhood, but in any case extension of ward accommodation is unnecessary, and drastic changes of management are required.

#### RECOMMENDATIONS.

The report concludes by recommending the Governors to introduce an interregnum in the administration of the institution, all the members of the staff and Board, with the exception of the trustees and treasurer, resigning office, and a period of twelve months being allowed to elapse between the end of the present administration and establishment of the future permanent management. In the meantime the Governors should elect a small Board formed of persons nominated by the King's Fund to carry on the work. The Board of Management thus constituted should be empowered to appoint, with the approval of the Presidents of the Royal Colleges of Physicians and Surgeons, a medical staff to serve for one year. At the end of that time a full report could be laid before the Governors, who could then resume their position either under the present constitution or under such revision of it as might be recommended to them or they might accept. The hospital being in debt the King's Fund is prepared to provide a sum of £1,000 for the current expenses of the proposed new Board.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

#### MEDAL FOR THE TIBET MISSION.

THE King has been pleased to approve of the grant of a medal to the members of the Tibet mission accompanying the force who served at or beyond Silliguri between December 13th, 1903, and September 23rd, 1904, both dates inclusive. A clasp inscribed "Gyantse" will also be granted to those who served at and around Gyantse between May 5th, 1904, and July 6th, 1904, both dates inclusive.

## OBITUARY.

REGINALD BIGG, M.B., B.S. DURH., M.R.C.S., L.R.C.P. It is with deep regret that we have to chronicle the death of Reginald Bigg, Demonstrator of Bacteriology and Comparative Pathology to the University of Durham. He received his medical education at St. Bartholomew's Hospital, becoming M.R.C.S., L.R.C.P. Lond. in 1900. Two years later he obtained the degrees of M.B. B.S. from the University of Durham and subsequently the D.P.H. with honours. After working for a time at ophthalmology as a clinical assistant at the Central London Ophthalmic Hospital, he went to the North of England on appointment as House-Surgeon to the Tynemouth Infirmary at North Shields. At the end of his term he became Visiting Medical Officer to the Newcastle Dispensary, and not long afterwards received appointment to the Medical School of the University.

During the few years Dr. Bigg resided in the North of England he had succeeded in gathering round him a large circle of friends. By his genial disposition, his kindly manner, and his readiness to assist he had come to occupy a warm place in the affection of the senior students of the Newcastle College of Medicine. There are many recent graduates of the University of Durham and medical officers of health who have cause to mourn his untimely end. As assistant to the Professor of Bacteriology in the College of Medicine Dr. Bigg had proved himself to be a most capable and assiduous lieutenant. He was in all senses of the word a true student of the science he loved, a careful and reliable bacteriologist. His illness was of short duration. A little over three weeks ago he had a rigor. Symptoms of rheumatic fever showed themselves shortly afterwards, and at an early stage of the illness signs of ulcerative endocarditis. He lay ill at the house of his friend, Mr. Samuel S. Murray, of Heaton, Newcastle-upon-Tyne, where, notwithstanding all that medical attention, aided by the advice of his chief, Professor George Murray, could do for him, he succumbed on April 13th. Thus, at the early age of 29, there has passed away a student and a fellow-worker, whose memory will long be revered. Sincere sympathy is felt for the father, the Rev. Canon Bigg, of Christ Church, Oxford, one of the Professors of Ecclesiastical History in that University.

WE regret to have to record the death of Dr. DAVID STEELE MOON, which took place on April 8th after an illness extending over more than a year. Dr. Moon, who was a native of Liff, near Dundee, received his medical education at Anderson's College, Glasgow, and obtained the Licences of the Royal Colleges of Edinburgh in 1869. He began professional life by acting as House-Surgeon in the Glasgow Royal Infirmary, and afterwards held a similar appointment in the Royal Infirmary, Dundee. More than thirty years ago he commenced practice in Dundee, succeeding the late Dr. Bigg, whose daughter he married. He soon acquired a high reputation, and was greatly esteemed by a large circle of patients for his professional skill and sympathetic devotion to their interests. He gave special attention to surgery, and for a period of years was one of the surgeons to the Dundee Royal Infirmary. On the expiration of his term of office he was placed on the consulting staff. Dr. Moon was the author of a paper entitled Thoughts concerning Cancerous Disease, with Cases, which was published in the BRITISH MEDICAL JOURNAL in 1885. He was a zealous member of the local medical society, and frequently took part in its discussions. By his professional brethren he was held in high respect because of his rectitude and his invariably genial and sunny disposition. He leaves a widow and one son who is engaged in the study of medicine.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Glaevecke, Director of the Obstetrical Section of the Anscar Hospital, Kiel, aged 49; Dr. George F. Keene, Superintendent of the State Hospital for the Insane, Howard, Rhode Island, aged 51; Dr. William Bodenhamer, formerly of New York, a recognized authority on intestinal diseases and author of a book on rectal medication, aged 96; Dr. J. Oseroff Tausley, of New York, a specialist in diseases of the eye and ear, aged 60; and Dr. Eduard Ronsburger, a well-known laryngologist of Vienna, aged 64.