

tive surgery. His earlier procedure consisted in displacement of the sac without invagination, and, although his later method is an improvement, experience of both methods shows that there is little to choose between them as regards results. Kocher's method of dealing with the parietal aperture—inguinal or femoral, as the case may be, ensures its closure, perhaps less perfectly than that of Bassini and other methods devised especially for femoral hernia.<sup>2</sup> Mr. Lynn Thomas has, therefore, practised and advocated a combination of Kocher's method of treating the sac and Bassini's method of closing the canal. I have, however, practised Kocher's method in about 300 consecutive cases, and am perfectly satisfied with his method of closing the canal. This strengthens the conviction, which it is the main object of this paper to support—namely, that the essence of the hernia is the sac, and that the closure of the canal is of subsidiary importance.

Apart from its simplicity, Kocher's operation has the great merit of being applicable to all forms of hernia and to all cases. I am aware that some writers have declared it to be inapplicable to large hernias, and to certain cases of "congenital" hernia in which the sac cannot be sufficiently isolated. In 300 consecutive cases I can only say that I have not met with one in which the essential principle of the operation, displacement and fixation of the neck of the sac, could not be carried out, even where adhesions from within or without made it impossible to preserve the whole sac. I have used Kocher's method in the largest hernia but one I have ever seen, and found no difficulty whatever in applying it. This hernia was larger than a football and reached to the knees of the patient, a man of average height. It is too soon to determine the final result of this case, but at present, three months after the operation, he has no recurrence and is working without any truss or artificial support.

I will now give a brief analysis of the results of operations, which have all been tested by the lapse of two years of ordinary working life. In no case has a truss been worn, except in those in which a new hernia has formed. This number includes the whole of the cases operated on by me from the beginning of 1900 to the end of 1902, and they were selected by no test except the willingness of the patient to undergo the operation. The 142 operations were performed on 130 patients, in 12 of whom operations were performed on both sides. The youngest patient was 3 months, the oldest 70 years. Thirty-four patients were under 15 years, and 11 over 50 years. Of those under 15, 14 were infants under 2 years. Excluding strangulated cases, there was only one death, from pneumonia in an infant 18 months old after a double operation. Eleven operations were for femoral hernia, all the rest for inguinal hernia. Of the latter, 3 were "direct," the remainder of the ordinary oblique variety. In 15 cases the patients could not be traced beyond one year, and their condition is unknown; but all were told to present themselves in case of return of the hernia, and would probably have done so. The remainder were all communicated with two years after the operation, and of these a few had died without recurrence from various causes unconnected with the hernia. Recurrence has occurred in 6 cases only, in every case less than twelve months after the operation. All six were cases of inguinal hernia, the femoral hernias having been found sound at the end of two years. Of the 6 relapses, in one case, a woman with a violent chronic cough, a small ventral hernia formed at the upper end of the scar. Three were ordinary inguinal herniae, of moderate size in healthy young men. One was a direct inguinal hernia in an elderly man. One was a small inguinal hernia in a boy of 8. This case was operated on again, and remains free from recurrence fifteen months after the second operation. In all these cases except the first, in which it was an ordinary ventral hernia, the relapse precisely resembled the original hernia, and a new inguinal sac of peritoneum had been formed. In these cases it is probable that the original pouch had not been completely obliterated owing to a faulty performance of the original operation, and thus rendered the formation of a new hernia possible. In no case was the new hernia as large or as troublesome as the original one, and in all it was easily controlled by a truss. Nevertheless, the operation can be repeated, and a successful cure easily obtained if the patient's consent can be obtained. I have proved this not only in one of my own cases, as already mentioned, but in three other cases in which relapse has occurred after operations by other surgeons. Of these second operations, three have already been performed over twelve months without recurrence, and as I have previously stated, I know of no case in which

recurrence, when it occurs at all, has not shown itself in less than twelve months. It is interesting to note that in no case in which recurrence took place was there any suppuration in the wound. On the other hand, in about 5 per cent. of all cases slight suppuration occurred, and in none of these did relapse occur.

Those who practise Bassini's operation admit that suppuration in the wound is extremely likely to be followed by relapse of the hernia. A careful review of all my recurrences has convinced me that they were all probably due merely to a faulty performance of the operation, and might have been avoided with more care. Most of them occurred in my earlier operations, and amidst pressure of work no surgeon is always at his best.

A percentage of 4.2 relapses is a low one, and might be considered sufficiently satisfactory, but it ought, in my opinion, to be reduced to at least 2 per cent. with proper care and skill. I am not aware of any statistics, however, in which a lower percentage than my own has yet been published in any series of consecutive unselected cases embracing all ages and varieties of hernia. A series of 103 cases with a relapse rate of 5 per cent. was published in the *JOURNAL* of October 1st, 1904, by Mr. Robert Kennedy of Glasgow, but of these cases only 4 exceeded the age of 7, and in children the operation for radical cure presents few difficulties.

The fact which I desire to emphasize again is that the age of the patient and the size and long duration of hernia are no bar to successful cure by operation. Out of 11 patients over 50 years, in the present series, there has been no relapse in any. Four of them were femoral hernias, mostly strangulated, and presenting no special feature. Of the other 7 cases, 2 were large scrotal hernias in men over 60 with relaxed abdomens. One was a large strangulated hernia containing the bladder in a man of 70. One was a direct inguinal hernia in a portly man between 50 and 60. One had, in addition to an inguinal hernia, a large hydrocele, which was dissected out. Only 2 had uncomplicated inguinal herniae of moderate size. Nevertheless, all 11 patients are alive and well to-day, and have never worn a truss since their operations were performed.

I think that these cases support my main contention that relapse is not a result of imperfect abdominal walls but of imperfect operations, and I again commend to the notice of surgeons the operation of Kocher as the most admirably-conceived, the simplest, the most rapid, and in its results the most satisfactory of all operations yet devised for the radical cure of one of the commonest of human ailments.

## REFERENCES.

- <sup>1</sup> Medical Society of London, October, 1904. <sup>2</sup> *Lancet*, August, 1902.

## MEMORANDA:

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

## A NOTE ON FILARIA GIGAS.

IN the *BRITISH MEDICAL JOURNAL* of September 20th, 1902, Prout, in a paper entitled *Filariasis in Sierra Leone*, described what he believed to be two new filariae in a blood film which also contained ordinary nocturna embryos. The two objects differed in size, the larger measuring 0.34 mm., the smaller given in text as 22 mm., but evidently meant to read 0.22 mm. The provisional name of *filaria gigas* was given to those objects. I had the opportunity of seeing the original specimen before the paper was published, and it was then exceedingly doubtful that they were really filariae, the difference in size and shape and the absence of all the usual anatomy being all against them.

Some time later Dr. St. George Gray, when he went to Sierra Leone, followed up the case and examined the blood of other people in the same district. He found similar objects, and considering that they might represent fallacies, exposed slides with gum on them in the same huts in which he had taken the blood. On examining those he saw the same thing in several, and found out that they were hairs of an insect which had dropped on to the slides. He informed me of this in a private letter and sent me a specimen which, though bearing a superficial resemblance to a filaria, was clearly an insect's hair. Dr. Gray was averse to publishing this, and apart from mentioning the fact to the students of my different classes, I

have not brought the matter into print till now. As I have, however, noticed in Professor Blanchard's and Dr. Penel's recent works on filariae reference made to *filaria gigas*, I think it incumbent on some one to remove this name from the literature of filariasis into which it has passed, and I do so now being sure that Dr. Prout will agree with me that this is for the best.

GEORGE C. LOW,  
-Superintendent, London School of Tropical  
Medicine.

#### A THIRD STAGE IN THE SEXUAL CYCLE OF THE HAEMOGREGARINE OF JERBOAS.

I HAVE already described two stages in the life-history of the haemogregarine which I recently discovered in the jerboa—*jaculus jaculus* or *J. gordonii*, as I believe it has been renamed. These were represented by the endoglobular and the free motile trophozoite, the latter progressing by "euglenoid" movements. Seventeen jerboas have now been examined, and in all of them the infection has been found. In one a third stage has been detected in the liver—namely, the formation of schizonts in the form of cytocyts containing merozoites and residual protoplasm.

The condition appears to me to closely resemble what has been found in the case of *Karyolysus lacertarum* (Labbé).

So far I have only found this interesting stage of the sexual cycle in the liver. Examination of the spleen and bone-marrow proved negative. The discovery is further proof, if any were needed, that this haematozoon belongs to the Haemogregarinidae.

ANDREW BALFOUR, M.D., etc.  
Director, Wellcome Research Laboratories,  
Gordon College, Khartoum.

#### CLAVICLE FRACTURED BY MUSCULAR ACTION.

A COLLIER, aged 20 years, in robust health, very muscular, and of good family history, was running at a good pace, when, turning sharply round a corner, he felt something give at his shoulder. On examination, the right clavicle was found to be fractured at the junction of its inner and middle third. The above is of interest as its occurrence in the manner described is most unusual. I am quite satisfied that there was no fall nor violence of any kind, and that the fracture was due entirely to muscular action.

Abersychan, Monmouthshire. WILLIAM BURNS, L.R.C.P. and S.

#### THE OPENING OF PERITONSILLAR ABSCESS.

SHORTLY after the publication of Dr. StClair Thomson's contribution to the BRITISH MEDICAL JOURNAL on the opening of peritonsillar abscess, a patient after three sleepless nights consulted me, and all the signs of peritonsillar abscess were present.

Not having cocaine spray at hand, ethyl chloride was used to produce local anaesthesia; Lister's sinus forceps were thrust in at or about the "site of election." The blades were well opened vertically, and a veritable cataract of pus was the result. The patient, a somewhat delicate server in a shop, was fit for work in three days.

Hitherto I have used the straight bistoury, but nearly always only after spending some time in persuading the patient to submit to the operation. In the case above related, although a timid subject, the forceps did not appear to excite any dread, and no persuasion was required in order to carry out that which probably cut a very painful affection short by forty-eight hours.

Farningham.

T. F. HUGH SMITH.

#### AN EPILEPTIC FAMILY.

Six brothers, white labourers of this island, had in all 38 children, of whom 8 are epileptic. No history of mental disease in the parents of the brothers or in themselves or sisters has been elicited.

It is noteworthy that 7 of the epileptics are females.

1. Tom—3 sons; 5 daughters, 1 epileptic.
2. Sam—1 son; 2 daughters.
3. John—6 sons; 3 daughters, all epileptic.
4. Henry—3 sons, 1 mentally deficient and probably a case of larvated epilepsy; 6 daughters, 3 epileptic.
5. Zachariah—1 son, epileptic; 4 daughters.

6. Joe—2 sons, 1 leprous; 2 daughters, 1 leprous.

I am interested to know whether any association has been observed between leprosy and degeneracy in females. The same day I noted the above family I chanced upon a leper, whose sister was epileptic.

C. W. BRANCH, M.B., C.M.  
Colony Hospital, St. Vincent, B.W.I.

#### RADIO-ACTIVITY OF THE HARROGATE SULPHUR WATER.

IN view of the fact that the water of what is known as "The Old Sulphur Well" plays such a valuable part in the Harrogate treatment, a recent important addition to our knowledge with regard to its properties will, I think, prove of interest.

Sir William Ramsay, who has been kind enough to examine some of this water for me, in order to ascertain whether or not it is radio-active, writes: "The water contains some radium emanation, and also, I think, a trace of thorium emanation too. . . . I evaporated the water to dryness, and the residue was not radio-active. It would appear, therefore, as if the radium emanation, dissolved in the water, produces its radio-activity."

Sir William Ramsay also states that the tests he made must be regarded as merely qualitative, and as showing that the water is radio-active, but that the radio-activity is present in sufficient amount to warrant a quantitative estimate of it being made. This, I hope, may soon be carried out.

I am indebted to Sir William Ramsay for his kindness in examining the water, and for his permission to publish the facts that he has elicited with regard to it.

Harrogate.

H. DOUGLAS WILSON, M.D.

#### INGUINAL HERNIA: BANDAGING: RECOVERY.

D. L. E., aged 22, met with an accident whilst playing in a football match on October 29th, 1904. He fell down in a scrum and thought he was ricked on the ground. He felt a good deal of pain in the left groin, but continued playing till the end of the game.

I saw him immediately afterwards and examined him. He had a large tense pyriform swelling in his left groin about the size of a goose's egg, with a distinct impulse on coughing and tympanitic note on percussion. The swelling was very tender to touch, and there was a good deal of discoloration present. The diagnosis was "left inguinal hernia."

I tried to reduce it at the football pavilion, but failed. He was sent home in a cab, and was told that an operation might be necessary. Soon afterwards I went to his house, taking chloroform with me. I managed with some difficulty to reduce it without the chloroform. On examination the ring on the left side was found but very slightly larger than that on the right.

I applied a pad of gauze over the external abdominal ring and bandaged him up tightly with the usual ascending spica. The patient was kept in bed for about a week, and was then allowed to get up, although still complaining of slight pain. The bandages were kept on for about six weeks, and then, on examination, I was satisfied that the rupture was all right. There was no apparent difference between the abdominal rings in size. He has had no trouble since, and is playing again at present as well as ever.

Cardiff.

W. G. WILLIAMS, M.B., Ch.B. Edin.

## REPORTS

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

LONDON MISSIONARY SOCIETY'S HOSPITAL, NEYOOR, TRAVANCORE.

#### A CASE OF TETANIFORM CONVULSIONS.

(Reported by A. FELS, M.B., C.M. Edin., and W. C. BENTALL, L.R.C.P. & S. Ed.)

P., a native Christian boy, 10 years of age, was admitted to hospital on January 27th, 1905, with the following history. Fifty days previously he received a cut in the left index finger whilst playing with a knife. Various native medicines were

## MEDICAL NEWS.

SIR JOHN SIBBALD, M.D., at one time a commissioner in lunacy for Scotland, left personal estate in the United Kingdom valued at £12,245.

CONVERSAZIONI will be given at University College, London, on Wednesday evening, June 28th, and King's College on Thursday evening, June 29th.

THE prizes of the School of Pharmacy of the Pharmaceutical Society of Great Britain will be distributed by the President at the Society's house at 3 p.m. on Wednesday, June 28th.

THE foundation stone of the extension of the Tottenham Hospital will be laid on Tuesday next at 4 p.m. by the Lord Mayor of London and the Master of the Drapers' Company.

THE Stephen Ralli Memorial Laboratory for Clinical and Pathological Research, in connexion with the Sussex County Hospital, will be opened on Thursday, June 29th, at 3.30 p.m.

DR. E. J. FARMER, of Carlow, has been appointed an honorary life member of the St. John Ambulance Association in recognition of his services as gratuitous lecturer to the classes at Carlow.

At the annual general meeting of the British Balneological and Climatological Society on May 31st, Dr. Hamilton Cumming was elected President in succession to Dr. W. Bowen Davies of Llandrindod Wells.

DR. JOSE ALABERN Y RASPALL, Physician to His Majesty the King of Spain, has been nominated an honorary member of the 4th Class of the Royal Victorian Order, on the occasion of His Majesty's visit to this country.

THE Cavendish lecture before the West London Medico-Chirurgical Society will be delivered on Friday, June 23rd, in the Town Hall, Hammersmith, at 8.30 p.m., by Dr. J. F. Goodhart. The subject selected is disease of the heart.

A NEW out-patient department at the Samaritan Free Hospital for Women, Marylebone Road, was formally opened on Wednesday last. In addition to the arrangements for out-patients, the new building provides accommodation for sixteen nurses.

DR. HOWARD KELLY, Professor of Gynaecological Surgery in the Johns Hopkins University at Baltimore, was entertained at dinner by Dr. Macnaughton-Jones at the Cafe Monaco, London, on June 8th. Immediately after dinner those present went to 20, Hanover Square, where Dr. Howard Kelly delivered to the British Gynaecological Society the address on "Some Surgical Notes on Tuberculosis of the Kidney," which is published elsewhere in this issue.

THE annual general meeting of the Poor Law Medical Officers' Association of England and Wales will take place on Tuesday, June 27th, at the Trocadero, Regent Street, W., at 6.30 p.m. At 7.30 p.m. the members and their guests will dine together, Surgeon-General Evatt, C.B., the President-elect, being in the chair. Any Poor-law medical officer desiring to be present, should communicate with Dr. Major Greenwood, Hon. Sec., 9, Copthall Avenue, London Wall, E.C.

BARON NATHANIEL DE ROTHSCHILD, who died in Vienna on June 12th, was a great benefactor of medical institutions; he added surgical wards for injured workmen to the Rothschild Hospital founded by his father, and endowed it with a gift of 2,000,000 kr. He also contributed generously to the ambulance service of Vienna, and some time ago presented his castle of Hinterleiten, in Lower Austria, to the military authorities as a convalescent home for invalid officers, and also established a hospital for officers in Carlsbad. Baron N. de Rothschild, who was an invalid all his life, survived to the age of 69.

THE annual collection of the Metropolitan Hospital Sunday Fund will be made this year on Sunday, June the 25th. Mr. Herring has again offered a donation of £25,000 on condition that the total sum of £100,000 is otherwise raised. The average amount collected in places of worship during the last two years has been about £50,000 so that if another £50,000 can be raised the fund will have at its disposal this year a sum of £125,000. To assist in raising this amount, the donor has allowed the secretary of the fund to state that any money collected in the City in answer to a special appeal about to be made to "City men," shall be considered as

having been given in a place of worship, and consequently will receive the additional 5s., which Mr. Herring offers to add to each £1 collected.

CHELSEA CLINICAL SOCIETY.—The eighth annual dinner of the Chelsea Clinical Society was held at the Criterion Restaurant, London, on June 8th, with the President of the Society, Dr. Vincent Dickinson, in the chair. The dinner was well attended by the members and friends of the Society, and was a marked success in every way, this gratifying result being largely due to the efforts of the Honorary Secretary, Mr. A. A. Cooper. The Chairman, after the usual loyal toasts had been duly honoured, proposed the toast of "The Chelsea Clinical Society," and referred to the valuable debate held under its auspices on the subject of chronic constipation. He urged upon the members the desirability of attending the meetings of the Society. In regard to the scheme for amalgamating the great metropolitan medical societies, it was important to bear in mind that Sir R. Douglas Powell, President of the Royal College of Surgeons of London and President of the Royal Medical and Chirurgical Society, had definitely stated that, in his opinion, it would be a distinct loss to the medical profession if local societies like the Chelsea Clinical Society ceased to exist. It had been, however, hinted that local societies might be affiliated in some way to the proposed Academy of Medicine. This toast was acknowledged by Dr. Barry Ball, and then followed the toast of "The Visitors and Kindred Societies," submitted by Mr. Noble Smith, which was replied to by Mr. W. Arbuthnot Lane and was also responded to by the Rev. Dr. Collison. Dr. Seymour Taylor then gave the toast of "The President and Officers of the Society," which was suitably answered by the President, after which the formal proceedings terminated.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE.—The members and friends of the West London Hospital Post-Graduate College dined together on June 7th at the Empire Rooms, Trocadero Restaurant, Piccadilly Circus. The chair was occupied by Dr. Seymour Taylor. After the usual loyal toasts, Mr. C. B. Keetley proposed "The Imperial Forces." One of the most telling points in his remarks was his indignant rejection of the suggestion that if the British sailors and soldiers should be instructed in Japanese philosophy it would increase their courage. In responding to this toast, the Medical Director-General of the Navy described how useful the West London Post-Graduate College was; it supplied an admirable place in which surgeons in the navy could refurbish their professional knowledge when from lack of material it had become somewhat rusty. This toast was also replied to by the Director-General of the Army Medical Service. He said that the army medical officers were in a different position to the naval medical officers, because there was established the Royal Army Medical College, where the army officers attended a post-commission course of study in military hygiene, but for general medicine and surgery they had recourse to the civil side of the profession, and special arrangements had been made with the London Hospitals Association. In his opinion, the West London Hospital Post-Graduate Course was well adapted for officers of his service. Surgeon-General Keogh concluded by pointing out how the West London Hospital was connected with the Volunteer Medical Staff, and emphasized the necessity there was for Volunteer Medical Officers to prepare a suitable organization in time of peace so that they might be ready for war. In submitting the toast of "The West London Hospital and Post-Graduate College," the Chairman described how ten years ago the institution was started as a teaching school. In the year 1904 the number of those who passed through the wards of the Hospital was 216, and 600 entries had been received for special classes. Men came to the institution from all quarters of the globe, and the Hospital might truly be described as a school for medicine and surgery for post-graduates from China to Peru. Mr. G. F. Marshall, Chairman of the Committee of the Hospital, replied to this toast, as also did the Dean, Mr. L. A. Bidwell, who referred with pride to the satisfactory progress of the Post-Graduate College. In the first five years of its existence the students numbered 125, in the second five years the number had risen to something like 800. Mr. Swinford Edwards proposed the toast of "The Visitors," which was acknowledged by Sir Richard Douglas Powell, who affirmed that the West London Post-Graduate College had done a great deal for medical education, and supplied a want. The health of "The Chairman" was then submitted by Dr. L. Dobson, and, after it had been suitably acknowledged, the company dispersed.

the more hopeful class, and in other cities of the province an inebriate department in the existing general hospitals.

(c) The inspector should also arrange, in connexion with each institution where inebriates are received and treated, an organization or agency for the adoption of the probation system, and giving a helping hand to the patients subsequent to treatment for inebriety.

(d) The inspector should provide for a rational course of medical treatment for inebriates, in accordance with the tenets of legitimate medicine only, to the exclusion of the use of any proprietary remedy.

At a recent meeting of the Committee, who have the matter in hand, application for assistance was made to the City of Toronto for aid, and a grant of 150 dols. was made.

#### TRAUMATIC HYSTERIA.

A most interesting case has just been concluded in the High Court of Justice, before Judge Chute, at the Spring Assizes—namely, *Lewis v. Toronto Street Railway*. The plaintiff, who was a healthy young negro girl, aged 23, had attained some success as an artist, and is well educated, sued for 25,000 dols. damages for injuries received while travelling as a passenger on the railway worked by the defendants.

The accident happened on June 5th, 1904. Miss Lewis was in an open electric car, about the fourth seat from the front; the car was at the time travelling at a fair rate of speed when a phenomenon occurred described as an explosion, accompanied by flames and sparks, which arose about her and flew up into her face. Overcome either by fright or shock, she fell or jumped off the car, and was picked up shortly after by a policeman, to whom she was able to speak intelligibly. After being taken home she became unconscious, and remained in that condition for four or five days, when she recovered consciousness, but was found to be paralysed, suffering very severe pain in the head and back, with marked photophobia, the eyelids being kept tightly closed. The left side was anaesthetic and completely paralysed, the right partly so. Her mother who attended her stated that her hair and lips were burned and that she was bruised severely on the left side, but there was no evidence to support this statement. She remained in this condition for ten months, the only change of importance being a slight reduction in the amount of the paralysis and some change in its exact location, and the occurrence of at least two severe convulsive seizures within two months of the accident.

Mr. I. H. Cameron was appointed to examine the patient for the court, and several medical experts were called, including Drs. Myers, Powell, Cavan, Reeve, Wishart, and Cassidy, who was the attending physician throughout the greater part of the illness. There was practically no disagreement among the experts as to the nature of the trouble, which was diagnosed as traumatic hysteria, though there was some difference as to the probability of ultimate recovery, the probable time that would still elapse before recovery, and the possibility of recurrence. No evidence was adduced to prove the existence at any time of any injury having an anatomical basis, but the court admitted the construction of the word "injury" to include not only shock but fright. The experts for the defence when pressed to set a time for probable recovery, claimed that it should not exceed one year from the cessation of litigation, as the authorities were agreed that the existence of legal proceedings had a tendency to prolong the condition.

The cause of the phenomenon was shown by electrical experts to have been in all probability the formation of an arc or circuit by the approach of a wire to the wheel caused by the jolting of the car, and the argument of negligence was based upon the condition of the apparatus that would allow such an occurrence.

The judge called attention to the rule that damages were not recoverable for merely mental injuries, but held that there was no contributory negligence on the part of the plaintiff, even if she had jumped off from fright. The verdict of the jury was for 10,000 dols.

The case is extremely interesting, as it is the first in which the condition for which damages are claimed was admitted to be a pure hysteria, and in which no physical injury was proven as the exciting cause apart from fright and shock; while from a medical point of view the history of the case and its ultimate result will be of value as affording a test of the probable duration of other similar cases.

#### ANAESTHESIA IN OPERATIONS ABOUT THE MOUTH.

At a recent meeting of the Toronto Clinical Society, Dr. Johnston, Anaesthetist to the Toronto General Hospital, reported three cases of operation about the mouth, either

excision of the tongue, mandible, or both, in which general anaesthesia had been produced by chloroform or chloroform and ether administered by tubes passed through the nose, in a manner the details of which he had devised. The fauces as far back as the posterior pillar and the posterior part of the mouth were tightly packed with gauze, beginning by passing a loop of bandage back in the centre against which the gauze rested, then packing the sides tightly, and building up in the centre. The tubes used were the ordinary rectal tubes, with an opening in the side but not in the end, about 20 in. in length and of a diameter suited to the case; these were lubricated with vaseline, then passed into the nares, anaesthesia having been established by the ordinary method; by closing the end of each in turn their patency was demonstrated; if either was found to be occluded it was withdrawn and freed from mucus, or turned so that the opening which might have been resting on the packing was left free. They were then passed into a gauze-covered sphere on which the anaesthetic was dropped; the length of the tubes permitted the administration at a convenient distance from the field of operation. If either of the tubes became occluded during the operation it was withdrawn and cleared, the other being used in the meantime.

In the cases in which this method was used no difficulty was experienced from vomiting, though this would have to be contended with in some, and the surgeons expressed themselves as being gratified with the method, owing to the freedom it afforded from interference and the lessened danger from swallowing or inspiring the blood.

#### CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

*A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 86.*

## SPECIAL CORRESPONDENCE.

### PARIS.

*Unveiling of the Monument to Professor Tarnier.—Compulsory State Aid to the Aged and Incurable Poor.*

THE monument which has been erected to the memory of Professor Tarnier was unveiled on June 1st and handed over to the City of Paris by Professor Brouardel in the name of the Committee. The monument—which is a high relief by the well-known sculptor, Denys-Pasch—represents Tarnier, in the blouse and apron he wore in hospital, standing at the bedside of a mother who holds her infant in her arms, whilst at the head of the bed is indicated an incubator. An elegant portico by the architect Scellier, of Gison, serves as a frame to the marble, and this decorates the rounded end of the Clinique Tarnier, which faces the Boulevard Montparnasse at the junction of the Rue d'Assas and the Avenue de l'Observatoire. Above the sculpture are the words, "Tarnier, 1828-1897," while below is the inscription, "To the Master, who devoted his life to the mothers and infants: his colleagues, his pupils, his friends, his admirers." Among those present were M. Bienvenu-Martin, the Minister of Public Instruction; M. Liard, M. Mesureur, Professors Boudin and Pinard, Cornil, Fournier, Joffroy, Segond, Pozzi, many physicians, surgeons, and accoucheurs to the hospitals, in particular the pupils of Tarnier, Maygrier, Bar, Bonnaire, Charpentier de Ribes, Demelin. Many speeches were made. Professor Brouardel, who spoke first, summarized the work of Tarnier, referring especially to that in connexion with the prophylaxis of puerperal fever. Tarnier, in his thesis for the M.D. degree in 1857, concluded that it was an epidemic and contagious disease, contrary to the doctrine prevailing in the faculty and abroad. Fifteen years later, Tarnier, as head of the Maternity, had a pavilion built in which each patient was rigorously isolated from her neighbours. The success which followed this test proved that his theory was correct. Professor Boudin spoke in the name of the Académie de Médecine, before which body Tarnier's papers were always read, and where his thesis gave rise to so much discussion.

**SURGEON-MAJOR-GENERAL JOHN WARREN** died in London on the 4th instant in the 71st year of his age. He joined the Army Medical Department as Assistant-Surgeon November 9th, 1857; was made Surgeon March 1st, 1873; Surgeon-Major April 1st, 1873; Brigade-Surgeon June 1st, 1883; Surgeon-Colonel October 24th, 1888, and Surgeon-Major-General August 1st, 1893. He retired from the service July 6th, 1896. During the Afghan war of 1878-80 he had medical charge of the 15th Hussars (medal); in the Egyptian War of 1882 he had charge of No. 5 Movable Field Hospital (medal and Khedive's bronze star); and he was also in the Soudan campaign in 1885, when he was mentioned in dispatches and received a clasp to his Egyptian medal.

**THERE** died towards the end of last month a very old member of the profession in the person of **MR. SAMUEL WHITLOW** of Altrincham. Born at Great Budworth in Cheshire, he studied medicine at University College Hospital, and became a member of the Royal College of Surgeons some fifty-five years ago, ten years later obtaining also the L.R.C.P. Edin. He practised for a great many years at Old Trafford, and on giving up work took up his residence at Altrincham, where he was well known.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are **Dr. E. Delacour**, formerly delegate of the French Government to the Superior Health Council of Constantinople; **Dr. Fedor Savarykine**, sometime Professor of Histology and Embrology in the Military Medical Academy of St. Petersburg; **Dr. Theodor Jarurtowski** of Posen, an ophthalmologist whose professional career was interrupted by imprisonment for a political offence, aged 73; **Dr. Pio Mingazzini**, Professor of Zoology in the Florence Institute of Higher Studies, aged 41; **Dr. Attilio Tassi**, Professor of Botany at Siene and President of the Medical Faculty of that university; **Dr. Tcherinoff**, Professor of Medical Diagnosis and Clinical Medicine in the University of Moscow, aged 66; **Dr. Cunha Bellem**, President of the Section of Military Medicine in the Fifteenth International Medical Congress to be held at Lisbon in 1906; **Dr. Jules Rehns**, of the Paris Pasteur Institute; **Dr. Bremaud**, of the French navy, sometime professor of exotic pathology in the Naval School of Brest, and author of papers on lethargic hypnotic phenomena; **Dr. Louis Momont**, of the Paris Pasteur Institute, nephew of **Dr. Roux**, and formerly director of bacteriological laboratories in Australia, aged 41, and **Dr. H. P. Stearns**, till lately Medical Superintendent of the Hartford Retreat for the Insane, Medical Director of the Northern Wing of the Army of Tennessee during the Civil War, and author of parts of the *Surgical History* of the War of the Rebellion, and of works on medical examination for life insurance, insanity, etc., aged 77.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### MR. TROUTBECK AS CORONER.

At an inquest held recently by **MR. TROUTBECK**, **Dr. G. DE GORREQUEUR GRIFFITH**, of St. George's Square, S.W., who gave evidence, said that he attributed death to ptomaine poisoning. **Dr. FREYBERGER**, who had made a necropsy, said that he was of opinion that death was due to exhaustion following general peritonitis. **Dr. Griffith** complained that he had not been invited to attend the *post-mortem* examination. The coroner, according to the report in the *Daily Telegraph*, replied that there would be no objection to his going to the mortuary and examining the body. **Dr. Griffith** said that there were no symptoms of general peritonitis, and again complained that he had no opportunity of attending the necropsy.

The coroner said that **Dr. Griffith** could have communicated with him or **Dr. Freyberger** to learn the time of the *post-mortem* examination. He did not think **Dr. Griffith** had any ground to complain that he did not attend the autopsy because he was not asked. He did not know whether **Dr. Griffith** considered himself attacked when **Dr. Freyberger** said death was due to some cause other than ptomaine poisoning. There were bound to be divergencies of opinion; frequently in the courts half a dozen distinguished doctors on one side gave an opinion, and half a dozen other medical men would give an opinion diametrically opposite, but neither side felt itself aggrieved. He thought it very possible that if there had been a consultation during the life of the patient any doubt as to the nature of the illness would have been cleared up.

**Dr. Griffith** said his sole object in not calling in another medical man was to save expense for an old patient. He was told that she could not pay for a nurse, and he sent her one without charge.

The jury returned a verdict in accordance with the medical evidence. The report seems to us to illustrate the unfairness of the system for which **Mr. Troutbeck** has made himself responsible. As will be seen, he himself recognizes that differences of opinion are inevitable, but, being a lawyer, he is obviously not in a position to appreciate the extreme difficulty in diagnosis which peritonitis may, and very often does, present. There seems to have been a suggestion made that **Dr. Griffith** ought to have communicated with the medical officer of health, and this only

emphasizes the unfairness of the procedure actually adopted by the coroner; **Dr. Griffith** ought clearly to have been invited to be present at the necropsy.

### A CORONER'S MISTAKEN STRICTURES.

**MEMBER (Handsworth)** sends an extract from the *Birmingham Daily Post*, being a report of an inquest concerning the death of a man who was found hanging by a rope attached to a windlass in his warehouse. It appears that the deceased had been married eight years, but separated two years and a half ago from his wife, who stated that he allowed her 15s. a week. She had seen the deceased occasionally during the past six weeks. He appeared to be troubled somewhat concerning a change in his business. She thought the fact that it had to be publicly announced that the deceased was only manager of the business had preyed upon his mind. She had never heard him threaten to take his life. Deceased had told her that his father committed suicide. Deceased's life was insured. — **William Ethelbert Adams**, an assistant, residing in the house, and who assisted **Dr. Vokes** to cut the body down, said the deceased told him about three weeks before that the business was about to change hands, and that it had upset him very much. In a note which deceased had pinned to his coat were the words in his (deceased's) handwriting: "The dreadful treatment of —, of Walsall, has broken my heart. I cannot bear it. — **D. Dennis**." He knew the person referred to was a wholesale grocer at Walsall, and was or had been the owner of deceased's premises. **Dr. Vokes** took the note away with him. — **Ernest Frederick Johnson**, 194, Church Hill Road, said he saw the deceased on Saturday night. Speaking of his troubles, deceased mentioned the name of **Mr. —**, and said he had received a letter from him which had very much upset him. Deceased, however, told him the purchasers of the business had treated him with great consideration and kindness. Other evidence having been given, the jury returned a verdict of "Suicide whilst temporarily insane." The Deputy-Coroner is reported to have said "that he wished it to be known that medical men were exceeding their duty in taking away anything from the pockets of a man who died under the circumstances as stated in that case. Everything about the body should be left until the arrival of the police." The medical man in question was not summoned to attend the inquest, and hence had no opportunity of explaining. He states that he did not take anything from the pockets of the deceased, but merely took charge of the paper pinned to the deceased's coat until the coroner's officer came, when he handed it to him. He asks, "Was I wrong in taking charge of the note that was written by the deceased?"

\* \* Our correspondent did right in taking charge of the paper, he found and handing it to the representative of the coroner when he arrived. Bottles, wrappers, etc., should also be secured and handed to the police. We are surprised that he was not called to give evidence when he could have explained the matter satisfactorily.

### MEDICAL WITNESSES' FEES IN THE HIGH COURT OF JUSTICE.

**INQUIRER**, who is subpoenaed to give evidence in the King's Bench Division of the High Court in a railway accident case, asks what is the maximum fee he can claim, and whether he can count for payment the day previous, spent in travelling, and also the day of his return journey?

\* \* The fees allowed in the High Court of Justice to professional witnesses resident at a distance from the place of trial are from £2 2s. to £3 3s. a day, inclusive of all except travelling expenses. These are allowed according to the sums which are reasonable and have been actually paid, but in no case to exceed 1s. a mile one way. It is only in Scotland that one day for travelling is allowed to be added.

### THE CHOICE OF AN ANAESTHETIST.

**ANAESTHETIST** writes: **X** and **Y** are in general medical practice and **Z** is a dentist in a town where the relations between members of the profession are more than usually cordial. The three are personal friends and in the habit of meeting socially. **Z** in his practice frequently requires the service of an anaesthetist, and it is his custom to have the patient's own doctor or in default to ask **X** to administer the anaesthetic. In addition **Z** frequently administers gas during short operations by **X**. When one of his patients requires the administration of a major anaesthetic **Z** makes the inquiry: "Whom do you prefer to give the anaesthetic?" and has been in the habit of using such a formula for a number of years. Some weeks ago a new patient arrived with her mother at **Z**'s house. It was found that she required the administration of an anaesthetic, and it was desired to have the operation completed at once. On asking the usual question, **Z** got the reply from the mother that the matter was left entirely in his hands. **X** was then requested to give the anaesthetic, and did so. A week later a sister of the patient required an anaesthetic, which was administered by **X** at **Z**'s request. Some days later **Y**, whose patients they were, learned these facts, and protested against the conduct of **X** and **Z**, especially of the latter, on the ground that the question used implied a preference on **Z**'s part. That he should have asked point blank who the patient's doctor was, and then said, "I presume you wish him to give the anaesthetic?" That **Z**'s question puts the patient in the uncomfortable and possibly invidious position of having to state a preference on the spur of the moment. That through **Z**'s action **X** has received an uncalled-for and gratuitous introduction to his patient, who had recently been under his care. Neither **X** nor **Z** was aware that the girl was **Y**'s patient, nor that she had recently been ill. 1. Has **Y** any just ground of complaint against either **X** or **Z**? 2. Admitted that he has, is there any ground for the suggestion that **Z**, in asking the name of the family doctor, may put the patient in an uncomfortable position should he not desire his usual attendant's services for this purpose? 3. In what terms should **Z** couch his suggestion for the employment of an anaesthetist?

\* \* (1) We do not think **Y** has any just ground of complaint against either **X** or **Z**. He knows that they had no intention to act to his prejudice, and, whatever form of words were adopted, it would always be possible for such a mistake to occur. (2 and 3) The dentist might say, "Who is your own doctor? Should I not ask him to give you the anaesthetic?"

The same correspondent raises the following further issues: X. frequently administers anaesthetics for another dentist in the town. One day he receives a message asking him to fix an hour, which he does. On arriving at the dentist's rooms he finds a person whom he knows to be the patient of another doctor and a personal friend. What his conduct be (a) as regards the patient? (b) as regards the doctor? If he does administer the anaesthetic, is he justified in informing the usual medical attendant without permission of the patient?

\*.\* Under the circumstances, X. was right in administering the anaesthetic, but, as the other doctor is a personal friend, he should take an early opportunity of explaining the matter to him. It would not be reasonable to expect X. to refuse to give the anaesthetic, but, in the interest of peace, he should impress upon the dentist that, as far as possible, the latter ought to obtain the services of the usual medical attendant of each patient.

#### RELATIONS WITH A DISTRICT NURSE AND MIDWIFE.

CALEDONIAN complains of the conduct of a nurse-midwife who does, he says, what she can secretly to undermine his influence and hurt his usefulness, and encourages the practice of a local bone-setter. He has been in the habit of helping this woman in her difficult midwifery, or of working with her in other cases which she attends in the capacity of nurse. He asks for advice and puts the following questions:—(1) Are nurses answerable to their employers alone for their conduct? (2) Have they *carte blanche* as nurses to league themselves with quacks in deluding the public and counteracting the influence and usefulness of medical men?

\*.\* Our correspondent might seek to obtain some explanation from the nurse, but if he writes her a letter he had better submit it first to his lawyer. He should endeavour through the local clergyman, or other person of influence, to get matters arranged. He can always refuse to have any professional arrangements with her, and might introduce another nurse to work with him, if some *modus vivendi* cannot be established. The specific questions are not very well put. A nurse is presumably, in the first instance, answerable only to her employers for her conduct, but, like every one else, she is also responsible for her conduct towards every person with whom she comes in contact, including the medical man. In the absence of registration, there is no control over the conduct of nurses, except that of those who pay them, or of the medical man whose support is after all necessary to them. If a nurse associates herself with a quack, she will lose the support of legally qualified practitioners.

#### THE ETHICS OF CONSULTATION AND SUPERSESSION.

J. L. M. writes that on May 15th he was asked to see a lady in consultation and agreed to do so if her husband would arrange the matter with her own doctor, and at the same time he wrote to the doctor suggesting a time on the following afternoon. The next morning he received a wire from the doctor accepting the appointment, and the consultation took place, but "whilst he was upstairs saying good-bye to the patient the doctor downstairs was telling the husband that he refused to attend his wife any longer because, as our correspondent understands, the doctor considered that the husband should have spoken to him in the first instance about the consultation." He asks whether he will be justified in attending the lady in future should she ask him to do so?

\*.\* The reason alleged for giving up the case appears quite inadequate and unjust to the patient. At the same time, as our correspondent has been called in consultation his position is a delicate one, and before accepting the case he should find out from the doctor that he has given up the case voluntarily, and does not desire to attend the patient again; if that is the case our correspondent may, if asked, attend the case.

#### INTERPRETATION OF CONTRACT NOT TO PRACTISE.

INCERTUS writes that a partnership has been dissolved and the retiring partner has been paid a consideration to retire under the usual undertaking that he will not engage in the practice of his profession within a fixed radius. He wishes to know what is the remedy for any infringement of the agreement. Apart from damages, could an injunction be obtained to prevent such infringement; what would be the cost of obtaining it by legal process; and whether it would be regarded as an infringement of the agreement if the retiring partner were to see old patients without making a charge with the object of getting a present instead?

\*.\* Certainly an injunction might be sought, but our correspondent should consult a solicitor as to probable cost. It is not certain that to see patients without charging would be regarded as an infringement, unless it could be proved that it was done habitually and that presents were frequently given. Such conduct, however, on the part of a medical practitioner is reprehensible, and might be brought before the Ethical Committee of the British Medical Association.

#### ATTENDANCE UPON A MEDICAL MAN'S WIDOW.

M.D.—Under the circumstances we do not think the lady is entitled to gratuitous attendance.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

#### Honorary Degrees.

The degree of Doctor of Medicine has been conferred upon William Osler, Regius Professor of Medicine, and that of D.Sc. upon Edwin Ray Lankester, Director of the Natural History Museum, South Kensington, who delivered the Romanes Lecture on Wednesday last.

#### Natural Science Scholarships.

The following scholarships are announced in Natural Science: June 20th, St. John's College; July 4th, Brasenose College; December 12th, University, Lincoln, and Magdalen Colleges.

#### Examiner in Preventive Medicine and Public Health.

Walter W. Fisher, M.A., Corpus Christi College, Aldrichian Demonstrator in Chemistry, has been appointed an Examiner in Preventive Medicine for the examinations in 1905, 1906, and 1907.

### UNIVERSITY OF CAMBRIDGE.

#### Honorary Degrees.

On June 14th the Honorary Degree of D.Sc. will be conferred on Commander R. F. Scott, R.N., and Sir F. E. Younghusband, K.C.I.E.

#### Degrees.

The following degrees were conferred on June 8th: M.D.—F. A. S. Hutchinson, Trin.; J. W. Rob. John's; A. de Winton Snowden, Christ's; J. E. Molson, Emm.; H. S. Willson, Emm. M.B.—H. H. Clarke, Trin.; S. M. Mackenzie, Trin.; R. N. Poignand, Cai.; J. A. A. Orbebar, Magd.; H. Wales, Sid. Suss. B.C.—S. M. Mackenzie, Trin.; R. N. Poignand, Cai.; J. A. A. Orbebar, Magd.

#### Appointment of Examiners.

The following have been appointed additional Examiners for the Third M.B., Part I:

W. E. Dixon, M.A., Downing College; T. S. P. Strangeways, M.A., St. John's College. G. C. Low, M.B., C.M. Edin., has been appointed Examiner in Tropical Medicine and Hygiene.

#### Marine Biological Association.

A. E. Shipley, M.A., of Christ College, has been reappointed the representative of the University on the Council of the Marine Biological Association.

### UNIVERSITY OF EDINBURGH.

#### UNIVERSITY COURT.

THE Edinburgh University Court met on Monday, June 12th, Principal Sir William Turner in the chair. A letter of acknowledgement from Mrs. Lang Todd was read in reply to the Court's expression of condolence on the death of her late husband, Baillie Lang Todd, who had acted for several years as Assessor of the Town Council on the University Court. It was intimated that the magistrates and Town Council had appointed Baillie Robert Menzies as an Assessor on the University Court in room of the late Baillie Lang Todd.

The Court approved of plans submitted for the proposed extension of the University Union.

An application by Professor A. R. Simpson for permission to retire from the Chair of Midwifery as at August 31st next was submitted.

### UNIVERSITY OF LONDON.

The following candidates were approved at the May examinations indicated:

#### M.B., B.S.

Honours.—§V. Z. Cope, B.A., St. Mary's Hospital; †E. N. Cunliffe, Victoria University; \*E. L. Holland, King's College; \*R. H. Lee, King's College; †§T. Lewis (University medal), University College; \*J. T. Lloyd, the University and R. I. Liverpool, and University College; §A. E. Pinniger, Middlesex Hospital; \*R. O. Williams, Guy's Hospital.

\* Distinguished in Medicine. † Distinguished in Pathology.  
‡ Distinguished in Forensic Medicine and Hygiene.  
§ Distinguished in Surgery.

|| Distinguished in Midwifery and Diseases of Women.

Pass.—A. M. Amsler, T. P. Baldwin, W. Ball, D. Brodie, N. Carpmal, W. H. Cazaly, B.A., A. Coleridge, D. K. Coutts, D. H. De Souza, B.Sc., J. H. Drew, H. E. Dyson, E. Evans, J. W. Evans, H. Farncombe, K. Felton, Jessie J. Francis, Margaret H. Fraser, Ruby E. Glanville, H. A. Haig, A. W. Hooker, C. E. Iles, A. H. John, T. H. Jones, C. H. Latham, F. M. Longson, H. Love, E. Mapother, C. A. Moore, C. L. Morgan, B. E. Moss, E. E. Mossop, L. E. C. Norbury, L. G. Parsons, G. H. Rees, M. de L. Robinson, W. M. Sadler, J. N. Sergeant, Ida R. Shields, W. H. Smailes, Sarah C. E. Sommer, Alice M. Sorabji, Mary M. L. Taylor, G. W. Thomas, Ethel M. Townsend, E. R. Wheeler, F. T. H. Wood, B.Sc.

B.S. Examination (for Students who Graduated in Medicine in or before May, 1904).

Honours.—T. P. Legg (University Medal), King's College and St. Bartholomew's Hospitals; T. Perrin, London and St. Thomas's Hospitals; H. D. Smart, Guy's Hospital; S. M. Smith, St. Mary's Hospital.

Pass.—H. Balean, M.D.; Ruth Balmer, F. Butterfield, Jean J. T. R. Félix, L. S. H. Glanville, C. H. F. Johnston, W. H. Jones, C. E. Lakin, M.D.; F. W. W. Smith, A. C. Stark, W. G. Taylor, B.Sc.; Louisa G. Thacker, F. L. Thomas, T. Walker, M. T. Williams, S. Zobel.

Supplementary Pass List.—The following candidates have passed in one of the two groups of subjects:—

Group I. only.—A. W. Baker, F. Barker, J. A. Berlyn, D. Davies, Katherine R. Drinkwater, B.Sc.; C. H. M. Hughes, P. C. P. Ingram, B. R. Lloyd, G. B. McKean, A. Manuel, H. S. Matson, P. H. Seal, M. W. S. Smith.

Group II. only.—H. V. Blake, G. A. Bossen, A. H. Bradley, G. P. C. Claridge, I. R. Cook, F. B. Dalgliesh, G. de la Cour, J. R. de Pass, A. D. Edwards, D. E. Finlay, H. Isaacs, G. F. Jones, S. H. Pitcairn, R. L. Ridge, F. D. Roberts, C. C. Rushton, W. L. Scot, Barbara Tschaykovsky, B.Sc.

### UNIVERSITY OF DURHAM.

#### MEDICAL GRADUATES' ASSOCIATION.

THE annual meeting of this Association was held at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, on June 9th, under the presidency of Dr. Hembrough, of Newcastle-on-Tyne.

#### Annual Report.

The annual report and balance-sheet of the Treasurer showed that the numerical strength of the Association is steadily increasing, and that its

financial condition is highly satisfactory. The question of taking steps to obtain Parliamentary representation for the University was again brought forward, and the result of the recent appeal made to the Senate on this subject discussed. In view of the advanced stage of the session it was decided to postpone further action in the matter for the present. General regret was expressed at the retirement of Dr. T. Outerson Wood from the post of Hon. Secretary for the South, and a resolution acknowledging the excellent work he had done for some years in that capacity was unanimously passed.

#### Election of Officers.

The following were elected as the officers and Council for the year 1905-6: *President:* Herbert T. Herring, M.B., B.S. *Vice-Presidents:* Selby W. Plummer, M.D., and C. W. Chapman, M.D., M.R.C.P. *Council:* H. B. Angus, M.S., F.R.C.S.; John Clay, M.B., F.R.C.S.; H. Smith, M.D.; William Martin, M.A., M.D.; T. Beattie, M.D., M.R.C.P.; E. W. Diver, M.D.; John Cahill, M.D., F.R.C.S.; F. H. Carter, M.D., F.R.C.S.; F. E. Green, M.D.; F. R. C. S.; William Rawes, M.D., F.R.C.S.; W. J. Hadley, M.D., F.R.C.P.; Probyn Williams, M.D. *Honorary Secretaries:* J. W. Leech, M.D., F.R.C.S., for the North, and F. S. Palmer, M.D., M.R.C.P., for the South. *Honorary Treasurer:* R. A. Bolam, M.D., M.R.C.P.; *Auditors:* C. S. Blair, M.D., F.R.C.S.; T. M. Allison, M.D.; and H. Smurthwaite, M.D. *Watch Committee:* W. C. Beatley, M.D.; M. Mitchell Bird, M.D., M.R.C.P.; H. T. Herring, M.B., B.S.; S. W. Plummer, M.D.

#### Dinner.

The members and guests (numbering eighty-four) dined together the same evening at the Imperial Restaurant, Regent Street. Mr. Herbert T. Herring, the newly-elected President, occupied the chair. After the usual local toasts had been given, that of the University of Durham and its Medical Graduates' Association was proposed by Mr. Christopher Heath, and responded to by Sir George Fane Philipson, and Mrs. F. S. Palmer (Honorary Secretary for the South). The toast of "The Visitors" was proposed by Dr. Selby W. Plummer (of Durham) and replied to by Sir Lauder Brunton. Dr. George A. Heron proposed the health of the President, and Mr. Herring replied.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates were approved at the May examination in the subjects indicated:

*Surgery.*—†A. Bernfeld, \*J. A. Davies, J. W. Rollings, †J. L. Schilling, \*H. C. Thorburn, †J. A. R. Wells, †G. Wilmersdoerffer, †R. W. L. Wood.

*Medicine.*—†R. Heathcote, †W. V. Pegler, †C. A. Sampson, †J. L. Schilling.

*Forensic Medicine.*—J. B. Bradley, W. G. H. Cable, W. L. Crabtree, A. G. C. Findlay, R. J. O. Harley, R. Heathcote, W. A. King, W. S. Mitchell, W. G. O'Malley, J. L. Schilling, A. L. Walters.

*Midwifery.*—W. V. Pegler, J. L. Schilling, R. Spears, E. Sutcliffe.

The diploma of the Society was granted to the following candidates: J. B. Bradley, J. A. Davies, R. J. O. Harley, J. W. Rollings, J. L. Schilling, J. C. Thorburn, J. A. R. Wells, and R. W. L. Wood.

† Section I.

\* Section II.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE INDIAN MEDICAL SERVICE.

#### ANNUAL DINNER.

The annual dinner of the Indian Medical Service at the New Gaiety Restaurant on June 8th brought together some forty-eight officers of the service past and present. The chair was occupied by Surgeon-General J. Cleghorn, C.S.I., a former Director-General.

The toasts of "The King" and of "The Queen and other members of the Royal Family" having been duly honoured, Surgeon-General Sir A. C. C. DERENZY, K.C.B., proposed "The Sister Services," making allusion to the various bonds which united them. Surgeon-General A. Keogh, C.B., having been prevented at the last moment from attending the dinner, the task of reply fell upon Inspector-General H. W. ELLIS, R.N., alone. After touching lightly upon the part which each service played in the work of the empire, he recalled some memories of the time when officers of all three services alike underwent a course of instruction at Netley together.

The toast of the guests was proposed by Surgeon-General A. W. BRANFOOT, C.I.E., the present Director-General, I.M.S., who made grateful acknowledgement of the support and assistance which the service was accustomed to receive from the medical press, and especially from the organ of the British Medical Association. In a suitable response on behalf of himself and the other guests, Sir R. DOUGLAS POWELL pointed to the scientific work which had been done by officers of the Indian Medical Service, and reminded those present that the profession at large still looked to it to throw light on many as yet unsolved problems of tropical medicine.

The last formal toast of the evening was that of the Indian Medical Service, in proposing which Mr. JOHN LANGTON said that the reputation which the service had justly attained was punctuated in his mind by the fact that many of the best men who had passed through his hands as an examiner, and in other ways, had entered its ranks. In his reply, Surgeon-General CLEGHORN reminded his hearers of the honourable traditions of the services. It was through one of their predecessors that the old East India Company obtained its first concession. Broughton, the officer in question,

had been instrumental in saving the life of the Emperor Jehan's daughter and named as his sole reward a concession for the Company as to trading. Since then the service by its influence on the people through its medical work had steadily been helping to oil the wheels of Government and many were the officers who had distinguished themselves in various ways. Accusations of slowness in taking advantage of opportunities for original research and in the organization of a complete sanitary system were occasionally launched at the service, but they who knew the local conditions and circumstances understood the difficulties which surrounded the path of progress in particular directions. Laboratories, however, were now being established, and other facilities offered for original investigations, and in due course results would follow. Although they had had to make bricks without straw, they had been able to meet the requirements of the country. The immensity of medical and surgical work, the number of medical institutions, the colleges, schools, hospitals, dispensaries and asylums, for which they were responsible, were practically unknown out of India. All this medical work was spread over the whole of India and Burmah, and had developed a sympathetic and kindly feeling between the members of the service and the natives of India, a feeling which extended to the Government as the Beneficent One. They had become, too, the guardians and reformers of the criminal class, for practically the whole of the Jail Department had grown up and developed under selected officers of the Medical Service. The manifold duties and responsibilities which devolved on the service, and the unique opportunities which occasionally presented themselves to the man of special talents, combined with the pay and pension, were the main inducements which attracted men to the service, but there were others not so apparent; thus, they entered the service at an impressionable age, in a land full of mysteries, with customs and beliefs different to their own. The responsibilities they had to face developed character and tended to make men of them. There were, of course, drawbacks, but on the whole, he thought they had all made a wise choice in selecting the Indian Medical Service as a career.

#### THE ROYAL VICTORIA HOSPITAL, NETLEY.

MAJOR G. T. HARLEY THOMAS, F.R.C.S.E., F.S.A. (late R.A.M.C.) writes: It was with much interest, mingled with regret, that I read in the BRITISH MEDICAL JOURNAL of June 10th of the recent prize distribution at Netley, it being the last occasion on which officers will be sent there for instruction, and, therefore, the final closing of the Army Medical School at that splendid institution which Queen Victoria honoured with her name. Well, indeed, may the Professor of Military Medicine say that "the name Netley must abide lovingly in the minds and memories of the officers of both services just as the names Halleybury and Addiscombe claim the fond remembrance of Indian civilians, gunners, and sappers in the old time." For myself, I feel more than the ordinary affection for Netley, because it was my late father, Mr. James Lewis Thomas, F.S.A., who designed that beautiful building, which is a quarter of a mile in length, he being at that time the Deputy Surveyor of the War Department, which appointment he was the last to hold, it being abolished in 1880. He exhibited his drawings to Queen Victoria when Her Majesty laid the foundation stone, and was presented to Her Majesty by Lord Pamure.

It was in consequence of the powerful advocacy of Miss Florence Nightingale, who had just returned from the Crimea, together with her previous reports from the Peninsula, that a Royal Commission was appointed in May, 1857, and in 1859, when that great sanitary reformer Mr. Sydney Herbert became Secretary of State for War, he encouraged as well as sanctioned the formation of an army medical school, and it may be of interest to some to know that the Convalescent Home at Bournemouth, erected as a memorial to this great statesman, was also designed by my father, who was one of Lady Herbert's guests at Wilton House on the occasion of the laying of the first stone on September 16th 1865.

The Army Medical School at Netley is no more, but the magnificent and handsome edifice with which the school has been connected for forty years, remains, together with its beautiful surroundings, and the happy times that the young medical officers spent there will, I feel sure, never be forgotten by all those who, like myself, had the good fortune to pass through the school before the ruthless hand of the reformer moved it to London.

## PUBLIC HEALTH

### AND

## POOR-LAW MEDICAL SERVICES.

#### THE MIDWIVES ACT.

#### WESTMINSTER CITY COUNCIL.

At a recent meeting it was reported that the Boards of Guardians in the City of Westminster had given the following replies with regard to the proposed payment of fees to medical practitioners summoned by midwives in cases of difficulty: Westminster considers it inexpedient to reply at once; the matter is to be considered again at the end of six months, when further experience of the effect of the Act has been obtained. St. George's has informed the London County Council that the guardians are prepared