

many cases, even if that illness is not actually due to diphtheria.

3. That, supposing the case to be one of diphtheria, as proved subsequently by the appearance of obvious signs and symptoms, the time lost by delay in giving the antitoxin is often sufficient to render the chance of recovery very small.

4. That, though many experienced workers in the field of infectious diseases insist that very large doses are much more efficacious than small ones, sufficient stress is not laid on the fact that small doses, even though given late in the disease, will often just turn the scale in favour of the patient, or at least assist the patient to fight the disease and hold it in check until arrival at hospital, where more antitoxin may be given.

5. That, finally, if every general practitioner would carry a syringe and one phial of antitoxin, much more antitoxin would be given before the child was removed to hospital; the necessary delay in getting the antitoxin at present, and the difficulty sometimes in obtaining it, especially in country districts, being possible causes why this treatment is not adopted immediately in all cases.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### HYPERTROPHY OF THE PYLORUS WITH STENOSIS, SUCCESSFULLY TREATED WITH THIOSINAMINE.

On December 29th, 1904, I was called to attend Mary D., aged 35, a married woman, with three children; the youngest aged 3 years. Her family history was good. She complained of intractable vomiting, and pain at the pit of the stomach immediately after taking solid or liquid food. For the last fifteen years she had been troubled more or less with discomfort after food and occasionally vomiting, the latter being worse at the monthly period. During the last twelve months she had had pain at the pit of the stomach coming on about an hour after food, with continued nausea; for eight weeks she had been much troubled with attacks of vomiting coming on every week. She said that she brought up large quantities of dark-brown frothy fluid.

She looked very ill and haggard, the tongue was foul, the skin dry, the pulse frequent and feeble. She was very depressed and emaciated. There was marked tenderness at a spot midway between the umbilicus and the right costal margin, and also a point of acute tenderness to the right of the tenth dorsal vertebra. Owing to the marked rigidity of the rectus a complete examination was impossible. The treatment adopted was rest in bed and rectal alimentation.

During the next few days I saw the vomit on two occasions; it was dark, frothy, and very copious.

In order to make a thorough examination the patient was placed under an anaesthetic on January 10th, 1905. I was then able to detect a hard lump, about the size of a Tangerine orange, freely movable in the right epigastric region. I asked Dr. W. Murrell to see the case with me on January 19th, to discuss the expediency of operative interference. He agreed with me that the tumour was caused by hypertrophy of the pylorus, due to long-continued ulceration, that the stomach was dilated, and strongly advised gastro-jejunostomy.

Whilst awaiting the husband's consent, a gentleman came under my care with Dupuytren's contraction of each little finger. He brought a message from Dr. Daniels of Hull, asking me to try thiosinamine. After reading the notice on this drug in the BRITISH MEDICAL JOURNAL, I determined to try it on Mary D. I began on January 23rd, giving injections of 10 minims of a 10 per cent. solution in alcohol daily for a week, then every other day for fourteen days, then three times a week for six weeks, then twice a week for a month, then 15 minims once a week for another three months.

Within a month the patient was much better, able to get up a few hours daily, and to take light refreshment without discomfort; the pain, nausea and vomiting had disappeared, and the tumour was appreciably smaller and softer.

At the end of three months one could still detect a small tumour at the pylorus. The patient was up and attending to her household duties, had recovered health and weight, was entirely free from any discomfort after food, pain, or sickness. At the present time (December, 1905) she is in good health, and the thickening at the pylorus has entirely disappeared.

In the case of the gentleman with contractions, I gave two injections weekly for three months of 15 minims. At the end of that period he could extend fully the right little finger, and partially extend the left; the left had previously been operated on, but not successfully. During the treatment he wore splints, and practised extension.

EBER CAUDWELL, M.R.C.S., L.R.C.P.

Battersea Rise, S.W.

#### OBSTRUCTION OF THE BOWEL PRODUCED BY THE APPENDIX.

On December 27th, 1905, A. B., aged 4½ years, son of a farmer, complained of pain in the abdomen, which was followed by vomiting, after a meal of pork.

On examination the child appeared bright and cheerful, the temperature and pulse were normal, and a fully-formed stool had been passed that morning. Nothing abnormal was found per rectum. The vomit consisted of semi-digested food. No particular tenderness was found on palpation, but on deep pressure pain was referred to the umbilicus, and as time went on he always pointed to the umbilicus as the centre of discomfort.

An aperient was given, but returned, and as the vomiting of bile gradually became more frequent he was given doses of bismuth, and on December 29th an enema, which brought away a fair amount of formed hard faeces. A second enema on December 30th was practically without result. On December 31st distension, with a highly tympanitic note on the right side, were detected, and vomiting continued. A consultation was held on January 1st, and an operation advised, but the parents would not consent till next day.

*Operation.*—The abdomen was opened in the middle line below the umbilicus, and after some trouble the distended small bowel was traced until the darkened appearance showed the seat of obstruction to be near. Here, however, a fresh difficulty was met with, as the bowel as this point was fixed and could be traced no further. The incision was extended to 2 in. above the umbilicus, when the part between the distended and collapsed bowel was found. In this position, on one side of the bowel, was a tumour about the size of a walnut, white, and apparently full of fluid. On the opposite side was a narrow piece of bowel apparently knotted to the small bowel. A careful examination showed that the narrow piece of bowel was the appendix, which had passed over the bowel itself and then through a hole in the mesentery, and the white tumour was the constricted end full of secretion, etc. The end of the appendix was removed and the obstruction cleared. The patient, however, unfortunately sank from shock.

The necropsy showed that the ascending colon and appendix were separated from their position and lying towards the centre line. The appendix was upwards of 6 in. in length.

R. W. LEEMING, M.D. Cantab.,

Kendal.  
MITCHELL INNES DICK, M.B., Ch.B.,  
Staveley.

#### ANTIDIPHThERIAL SERUM BY MOUTH.

I ATTACH a detailed list of all my cases in 1905 during an epidemic we have had. The majority of cases were only slight.

Personally I have still—since my note in the BRITISH MEDICAL JOURNAL of December 31st, 1904, p. 1751—the greatest confidence in oral administration, provided that there is no violent urgency present at the time. Only once—in Case F. D. (†)—have I had to inject after giving by mouth, laryngeal symptoms starting urgently (three hours after) in the night; I was not informed of the change till my usual visit next day, when I injected. An important condition is an empty stomach and absence of vomiting. People I can trust I often allow to give serum themselves, which, owing to local circumstances,

Name.	Sex.	A. Curative Doses. Method.	B. Preventive Doses. Method.	A. Result.	B. Result.	Remarks.
{ G. H. B.	M.	Mouth				
{ N. B.	F.	"	3 (mouth)	Good	2 good	{ G. H. B. had scarlet fever also: one of preventive doses: baby (at breast, mother having to nurse patients) took it ninth day. Scarlet fever in house at the time.
{ Baby B.	M.	"	5 "	"	Good	
{ F. G.	M.	"	2 "	"	"	
{ G. W. T.	M.	"	"	"	"	
{ L. T.	F.	"	"	"	"	
*H. A.	M.	{ Hypodermic injection Mouth, second day third day }	3 "	Death (fifth day)	"	{ Very extreme laryngeal type: recession of ribs, pneumonia: collapse of lungs, pneumonia: little effect from any of doses.
M. B.	F.	" Mouth	3 "	Good	"	
S. H.	M.	Hypodermic injection	5 "	"	"	Previous attack two years ago; severe laryngeal type.
L. D.	M.	{ 1 (hypodermic injection) 2 (mouth, second day) }	6 "	"	"	{ Severe laryngeal type: slight recession of ribs: effect of injection slow, hastened on by second by mouth.
A. N.	M.	{ 1 (hypodermic injection) 2 (mouth, second day) }	4 "	"	"	
{ G. G.	M.	Mouth				{ Very severe laryngeal: marked recession of ribs, pneumonia: marked effect of second dose.
{ E. G.	M.	"				
{ L. G.	F.	"	2 "	"	"	
{ M. G.	F.	"	"	"	"	
{ F. G.	M.	"	"	"	"	
M. G. B.	F.	"	2 (hypodermic injection)	"	"	
E. A. B.	F.	"	3 (hypodermic injection)	"	"	Local inflammation from injection in all; alcoholics: one thinking all injections are morphine, went to sleep all day.
{ G. S. C.	M.	"				
{ P. C.	F.	"	3 (mouth)	"	"	
{ E. C.	F.	"	"	"	"	
{ D. T.	M.	"	—	"	"	
{ M. T.	F.	"	—	"	"	
{ R. T.	M.	"	—	"	"	
*M. A.		"	—	No effect	"	Mother and nurse to H. A., very depressed, globus hystericus: negative bacteriological examination a fortnight after H. A.'s death: treatment little effect; positive bacteriological examination three months later, with no good from serum or treatment; still nervous throat two months after.
{ E. S.	F.	"				
{ H. S.	M.	"	3 (mouth)	Good	"	
{ J. S.	F.	"	"	"	"	
{ A. S.	F.	"				
{ E. B.	F.	"	4 "	"	"	{ E. B., a baby of 6 months, vomited, but retained dose given five hours later.
{ M. B.	F.	"	"	"	"	
{ W. H. B.	M.	"	"	"	"	
{ S. A. G.	F.	"	2 "	"	"	{ One, S. A. G., sen., was suckling her baby patient, and developed it on second day.
{ S. A. G. (sen.)	F.	"	"	"	"	
{†F. D.	M.	{ 1 (mouth) 2 (hypodermic injection) (second day) }	—	—	—	{ Severe laryngeal case; injection for sake of rapidity.
{ F. D.	M.	"	"	"	"	
{ H. D.	M.	"	3 "	"	"	{ One of preventive = M. D. below.
{ M. D.	F.	"	"	"	"	
0 M.D.	F.	Hypodermic injection	—	"	"	{ Nurse and housekeeper to O.: developed after one month: house not disinfected: peripheral neuritis in legs.
O. O.	M.	Mouth	2 "	"	"	

† Case referred to note. Names bracketed = same family.

is a great convenience. My cases of failure in preventive cases are quite accounted for in the circumstances detailed and short period of date of attack.

Mosbro', Sheffield.

A. M. PILCHER, M.B., Ch.B.

#### IMPACTION OF A HATPIN IN THE MALE URETHRA.

MR. W. G. SPENCER, in his *Practical Surgery*, published, I think, in 1897, describes a method resembling the one adopted by Dr. Whiteford for the removal of a hat or similar pin from the male urethra; and though probably practised before, it was from this source that I first became acquainted with what is usually a comparatively simple procedure, though Mr. Brook points out that the case may be more complicated than it appears at first sight, and also shows an ingenious method of dealing with such a complication.

Some four or five years ago I was called in consultation to see a young officer who had a small hatpin in his urethra. He was suffering from gonorrhoea, and while using the hatpin to push an iodoform bougie into the urethra the pin had slipped from his grasp, and his ill-directed and futile efforts at extraction had only resulted in it being thrust further down and the point becoming impacted about  $\frac{1}{2}$  in. below the level of the corona. To avoid the external urethrotomy which had been advised I suggested a trial of this little manoeuvre: A little chloroform was given, and the penis being quite flaccid we were able to bend it almost at a right angle to the shaft of the pin, thus obviating any great obliquity of penetration; the shaft was then pushed through the integuments until

checked by the head in the urethra, the direction was reversed, and the head thrust out of the external meatus and the pin removed. The patient had no further trouble, and was playing tennis the next day.

H. TAYLOR, M.A. Cantab., M.D. Dub.,  
Junior Conservative Club, W. F.R.C.S. Edin.

I was greatly interested in reading Dr. C. Hamilton Whiteford's case on this subject on January 6th, and that of Mr. W. F. Brook on January 13th, as about six weeks ago I had a similar case, but in mine, probably by good luck more than anything else, the pin was extracted without any operative measures at all.

A man, W. S., aged about 36 years, came to my surgery late on the night of November 28th, saying he had a hatpin up his penis. I examined and found such to be the case, the glass head of the pin being situated about the region of the bulb, and the point felt about  $2\frac{1}{2}$  in. from the meatus, the calibre of which was abnormally large, as was also the penis.

Without any anaesthetic I exercised pressure on the perineum posterior to the head of the pin, passing a pair of ordinary sinus forceps up the urethra, grasped the point of the pin, and succeeded in extracting, with very little laceration or pain, only about half a dozen drops of blood being lost. I passed a 9 to 12 bougie three times at intervals of three or four days, and then a 12 to 15 once. The man had no bad symptom at all. The pin was  $2\frac{1}{2}$  in. in length; the point could not have been embedded in the wall of the urethra, or it could not have been extracted in this manner, and it had only been there about an hour when he came to me.

Hull.

ARTHUR G. JOHNSON, L.R.C.P., L.R.C.S.

that the Government would not oppose it. The extension of the provisions of the Act to cases in which only one child was received was, however, opposed by the London Diocesan Association, the London County Council, and some Boards of Guardians. He thought that the Poor-law Unions Association should come to an understanding with the Public Control Committee of the London County Council as to drafting a Bill omitting the proposal to extend the Act to cases in which one child only was received. If this plan were not followed he thought the only course would be to refer the matter to a Departmental Committee or to a Select Committee of the House of Commons.

## MEDICAL NEWS.

THE King has been graciously pleased to confer the decoration of the Royal Red Cross upon Mrs. Eleanor Mary Hatch, in recognition of her services in nursing and attending those injured in the earthquake which occurred at Dharmasala on April 4th, 1905.

THE late Mr. John Orrell of Chester left £100 to the Stanley Hospital, Liverpool.

At a meeting of the Royal Meteorological Society on Wednesday next at 7.30 p.m., Dr. W. B. Newton will read a paper on the dispersal or prevention of fogs.

THE estate of the late Mr. Thomas Platt, Consulting Surgeon to Oldham Infirmary, who died on December 29th, 1905, has been sworn at £29,654 net.

THE authorities of St. Mary's Hospital have received from an anonymous source a donation of £1,000 towards the sum required for furnishing and opening the New Clarence Wing.

At the meeting of the Royal Microscopical Society at 20, Hanover Square, on Wednesday next, at 8 p.m., Mr. H. Taverner will read a paper on an improved method of taking stereo-photomicrographs and of mounting the prints.

An International Congress of School Vacation Colonies will be held at Bordeaux during the Easter holidays. It will be presided over by Professor Pitres, Dean of the Medical Faculty of the University of Bordeaux.

THE King of Spain has made H.R.H. Prince Ludwig Ferdinand of Bavaria, M.D., an Honorary Sanitary Inspector of the First Class, a rank equivalent to that of Surgeon-General, in the Sanitary Corps (Medical Service) of the Spanish Army. This is the first time, as far as we are aware, that such a distinction has been conferred on a member of a reigning Royal Family.

MRS. ELIZA MARIA PIKE of Derby, who died on December 8th, 1905, left £1,000 each to the Derbyshire Royal Infirmary and the Derbyshire Hospital for Sick Children; £500 to the Midland Deaf and Dumb Institute at Derby; £300 to the Home of Rest for the Dying, Derby; and £200 to the Convalescent Home, Holbrook.

THE late Dr. Francis H. Parsons, of St. Leonards-on-Sea, has bequeathed £100 each to the British Medical Benevolent Fund, the Royal Maternity Charity, the Edinburgh Medical Missionary Society, and the Samaritan Free Hospital, London.

THE next meeting of the Therapeutical Society will be held on February 20th at the Apothecaries' Hall, at 4.30 p.m. The meeting will take the form of an afternoon *conversazione*, and lantern demonstrations of the preparation of the antidiphtherial serum, of clouds and climate, and of some uses of high-frequency currents will be given. Ladies will be admitted.

WE are asked to state that Professor Rubert Boyce will give an address at the International Congress of Medicine at Lisbon on the prophylaxis of yellow fever. The address will be founded on Professor Boyce's personal observations of the 1905 epidemic in Central America and New Orleans. It will be in place of the address promised by Sir Patrick Manson, who is unavoidably prevented from attending the Congress.

THE officers of the Obstetrical Society for the year 1906, as announced at the annual meeting on February 7th, are: *President*, Dr. W. R. Dakin; *Vice-Presidents*, Messrs. M. Handfield-Jones, A. Routh, A. C. Butler-Smythe, and Sir W. J. Sinclair; *Treasurer*, Dr. G. E. Herman; *Editor of the "Transactions"*, Dr. H. R. Spencer; *Honorary Secretaries*, Drs. R. Boxall and A. H. N. Lewers; *Honorary Librarian*, Dr. W. J. Gow. There are also eighteen members of Council.

A MEETING of the Assistants of the Society of Apothecaries will be held on Wednesday next, at 8 p.m., in the Court Room of the Society's Hall, Blackfriars, E.C., for the purpose of founding an association, confirming constitution

and rules, and enrolling members. Ladies and gentlemen desirous of becoming members but unable to attend are asked to communicate (if they have not already done so) with the Honorary Secretary, Mr. Albert Howell, Hackney Dispensary, Rosebery Place, Dalston, N.E. The subscription is fixed at 2s. 6d. a year.

HITHERTO the South of Spain, in spite of the attraction of such places as Seville and the Alhambra, has remained unfamiliar ground to the majority even of those who know their Europe well. There has been too much worry and expenditure of time and money attaching to Spanish tours. In future, however, South Spain seems likely to see as much of the English traveller as the other places, for the managers of the Booth Steamship Company have recently completed arrangements which enable the principal towns of Portugal and South Spain to be explored in comfort by any holiday-maker with £35 and twenty-five days at his disposal.

At a meeting at the Mansion House of the Metropolitan Hospital Sunday Fund on February 8th it was stated that the sum received by the Fund last year was £78,379. This is a larger amount than has ever been received before. It was arranged to hold a special meeting of the Distribution Committee on February 15th to consider the growing increase of out-patients at the London hospitals. The outcome of this meeting, which is in progress as we go to press, will be awaited with interest, more especially as some supporters of the Fund seem to be in doubt as to whether there is much real and growing abuse of medical charities by out-patients. No corresponding doubt was evident at another meeting, which by coincidence was held at the Mansion House the same day. At this, the seventieth annual meeting of the supporters of St. Mark's Hospital, Sir Richard Martin, the Treasurer of the institution, made remarks on the subject of out-patient abuse which were greeted with much applause. There appeared, he said, to have been great abuse of London hospitals by out-patients who were not entitled to share their benefits. They used them to the detriment of really poor people, and it was unfair that local practitioners, who had spent much time and money in acquiring surgical and medical experience and knowledge, should be subjected to unfair competition in such a way.

THE Automobile Club of Great Britain and Ireland has decided to hold a series of tyre trials, beginning on February 26th. The results should prove extremely useful, as well as interesting, to many of our readers, since to medical men tyre failures are liable to be of much more serious moment than to the majority of the users of automobiles. Indeed, the danger of a breakdown, and of more or less prolonged delay from this cause, constitutes one of the principal objections to substituting a car for a horse-drawn vehicle for professional use. The competing tyres are to be divided into four classes according to the weight they are intended to carry. That which has most interest, perhaps, for medical men is Class A, for tyres designed to carry not less than 1,500 lb. This is about the weight of the smaller type of car of from six to twelve horse-power when loaded with two or three passengers. These trials are the first public trials of tyres by any uninterested persons, and they come by no means too soon. The number of different makes of tyre on the market is considerable, and all of them have records to show that they have run thousands of miles without any evidence of material wear or a single failure. Nevertheless, when placed on the car of a private user, somehow or other, they all of them fail in turn. What particular make of tyre to order is, therefore, one more addition to the many problems which the prospective buyer of a car has to attempt to answer. It will probably be long before an ideal tyre is produced, but trials such as these will certainly stimulate invention and meanwhile give the purchaser at least some clue as to which of the many at present on the market is least likely to fail in practice.

A MINISTRY OF HEALTH FOR CANADA.—In his annual report for 1905, Dr. Montizambert, Director-General of Public Health for Canada, again urges the importance of establishing a Dominion Department of Public Health under a responsible Minister of the Crown, so that all matters affecting the health of the Dominion may be consolidated under one head.

PRESENTATION.—On the occasion of his having to leave Birmingham through ill-health and remove to Weston-super-Mare, Dr. H. R. Leech, J.P., has been presented by his professional colleagues, patients and other friends, with an address containing the names of subscribers, a piece of plate, and a purse of money in testimony of the high esteem in which he is held. Dr. Mann, the Chairman of the Committee, has consented to visit Weston-super-Mare, in order to make the presentation to Dr. Leech.

**INTERNATIONAL EXPOSITION AT ANTWERP.**—An International Exposition, in which discoveries and inventions relating to medicine and hygiene will have a prominent place, is to be held at Antwerp in April and May of the present year, under the patronage of H.R.H. the Countess of Flanders. Communications should be addressed to the Secretary's Office, 26, Rue d'Arenberg, Antwerp.

**FEMALE MEDICAL GRADUATES IN SWITZERLAND.**—Of 79 theses for the degree of Doctor of Medicine presented to the Universities of Geneva and Lausanne during 1905, no fewer than 42 were offered by women. If we may judge from the names of the authors, all but some half a dozen of the ladies were Russians or Poles.

**THE INVESTIGATION OF SYPHILIS.**—Members of the German Reichrat, representing the most widely different political parties, have introduced a Bill into the Chamber providing for the allocation of a sum of £5,000 to Professor Neisser of Breslau for further investigations on syphilis in the light of recent researches.

**EXHIBITION OF CRIMINAL ANTHROPOLOGY.**—In connexion with the Sixth International Congress of Criminal Anthropology, which is to be held at Turin in the later days of April, Professors Cesare Lombroso and Romeo Fusari are organizing an exhibition which is intended to be a "plastic documentation" of everything relating to crime and criminals, and scientific police.

**MEDICAL POLITICS IN ITALY.**—Under the auspices of the medical group in the Italian Parliament a Congress of all associations in Italy having to do with medicine and the allied professions will be held in Rome on March 26th, 27th, and 28th. The object of the meeting is to discuss measures of legislation for the protection of the public health and the defence of professional interests. The Congress will be divided into three principal sections—medical, veterinary, and pharmaceutical. These will be at liberty to subdivide themselves as they may think best.

**MEDICAL INSPECTION OF SCHOOLS IN THE TRANSVAAL.**—We learn from the *Transvaal Medical Journal* that a committee, of which the Mayor is chairman, has been formed in Johannesburg for the purpose of urging on the Government the necessity of adopting a scheme for the medical inspection of school children in the Transvaal. The Education Department has had the matter under consideration for some time, and it is said that but for financial difficulties some system of inspection would have been established shortly after the war.

**THE POOR-LAW COMMISSION.**—Mr. Francis Chandler, J.P., who has been appointed an additional member of the Royal Commission upon the Poor Law, is the General Secretary of the Carpenters' and Joiners' Union, and has been for the past thirteen years a member of the Chorlton Board of Guardians, of which he is at present Chairman. He has done excellent work on the Board, especially in regard to the hospitals, homes, and epileptic colony established by the guardians during the last six years, and his practical knowledge of the administration of the Poor Law in one of the largest unions in England, will be of value to the Commission.

**A MEMORIAL TO LIÉBAULT.**—A bust of Liébault, founder of the Nancy School of Psychotherapy, was unveiled on February 8th in the Ecole de Psychologie, Paris. The movement for the erection of the memorial was under the honorary presidency of the Minister of Public Instruction and M. Berthelot, Perpetual Secretary of the Académie des Sciences. Dr. Voisin, of the Salpêtrière, presided at the ceremony of unveiling the bust, and among those present were: M. Mesureur, Director of the Assistance Publique; Madame Paul Bert; Senor Cornejo, Minister Plenipotentiary of Peru; Dr. Felix Regnault, Dr. Binet-Sanglé, and a number of persons notable in different spheres of activity.

**CONGRESSES OF THE YEAR.**—The Congresses dealing with matters directly relating to or closely allied with the science and art of healing to be held this year are as follows: In March the German Balneological Society will hold its twenty-sixth annual meeting at Dresden; in April the German Congress of Internal Medicine will hold its twenty-third meeting at Munich, while the German Surgical Society will hold its thirty-fourth, the German Orthopaedic Society its fifth, and the German Roentgen Society its second annual congress in Berlin. In the same month will be held the International Congress of Anthropology at Monaco, the fifteenth International Medical Congress at Lisbon, the sixth International Congress of Criminal Anthropology at Turin, the Congress of Experimental Psychology at Würzburg, the International Congress of Applied Chemistry in Rome, and the Congress of Scientific Societies in Paris. On the last day of April the Congress for the Repression of Unqualified Medical Practice

will meet in Paris. In June an International Congress on Industrial Diseases will be held in Milan, and the French-speaking practitioners in Canada will hold their third annual meeting at Trois-Rivières. In August the British Medical Association will hold its seventy-fourth annual meeting at Toronto. In September the third International Congress of Medical Electrolgy and Radiology will be held in Milan, where, too, will be held a national Congress on Pellagra and the means of checking the ravages of that disease, and an international one on the Treatment of the Insane. In the same month the fourth International Congress on Life Assurance in its medical relations will take place in Berlin, the tenth Antialcohol Congress will be held at Budapest, and a Congress on Cancer at Heidelberg. In October the French Congress of Surgery will meet at Angers, and in the same month the Italian Congress of Internal Medicine will be held in Rome. The German Association of Scientists and Medical Practitioners, and the British and French Associations for the Advancement of Science, each of which has one or more sections concerning itself with medical science, will be held as usual in the summer and autumn.

**ROCKEFELLER INSTITUTE SCHOLARSHIPS.**—We are asked to state that the Rockefeller Institute for Medical Research purposes to award for the year 1906-7 a limited number of scholarships and fellowships for work to be carried on in the laboratories of the Institute in New York City, under the following conditions. The scholarships and fellowships will be granted to assist investigations in experimental pathology, bacteriology, medical zoology, physiology, and pharmacology, and physiological and pathological chemistry. They are open to men and women properly qualified to undertake research work in any of the above-mentioned subjects and are granted for one year. The value of these scholarships and fellowships ranges from 600 dols. (£120) to 1,000 dols. (£200). It is expected that holders of the scholarships and fellowships will devote their entire time to research. Applications, accompanied by proper credentials, should be in the hands of the Secretary of the Rockefeller Institute, Dr. L. Emmett Holt, 127, East 50th Street, New York City, not later than April 1st. The announcement of the appointments is made about May 15th. The term of service begins preferably on October 1st, but, by special arrangement, may be begun at another time.

**PRETORIA PIT DISASTER AT CLACKMANNAN.**—On February 3rd, at 9.30 a.m., this pit was flooded and five men entombed. The men were in the lower seam, and the water was 10 ft. above the door-head of that seam. Upon search being made in the upper seam knocking was heard, and after studying the plans Mr. McLaren, Chief Inspector of Mines for the East of Scotland, decided to put through a bore hole 3 in. in diameter, and then to sink a dumb shaft and save the men. This was a tremendous task, the substrata between the two seams being 36 ft. of hard rock. It was, however, accomplished by February 6th, at 8.15 p.m., and Dr. James Robertson took charge of the three men thus saved. The men, however, were being fed through the bore-hole from 3 a.m. on February 5th. Through this bovril, soup, hard-boiled eggs, tea, stimulants, and dry socks were passed. The anxiety now was for the remaining two, who were entombed about 155 yd. away from the dumb shaft. To get to them it was necessary to descend the dumb shaft and crawl along a passage forming two sides of a triangle; one side was about 80 yd. long, 5 ft. broad, 2 ft. 3 in. high; the second side, about 75 yd. long, 4 ft. broad, and 18 in. to 20 in. high, was filled with fallen debris, which had to be cleared away. When within 5 ft. of the men a large boulder necessitated several hours' manual labour to get round it. During this process black damp (CO<sub>2</sub>) swept over the party, causing the entombed men to faint, and affecting the willing and heroic rescuers; putting all the lights out, and not even lighting a match, getting along the passages somehow, and reaching the dumb shaft after many blows from stones falling here and there every time, the roof or sides were touched. Dr. Robertson got to the surface, procured a cylinder of oxygen, and, accompanied by a few men, descended the pit, reached the dumb shaft, passed down into the foul atmosphere, and proceeded to the entombed men. As will readily be understood, it was no easy task to drag the heavy cylinder, crawling along the passages in darkness struggling for breath, but the oxygen was carried to within 3 ft. of the entombed men, and within a few minutes the situation was saved; the men breathed freely, lights were set going, and in a short time the men were rescued. The incident illustrates the importance of having cylinders of oxygen ready for such an emergency. If the oxygen had not been there the two men would have been suffocated and at least one of the rescue party.

## OBITUARY.

THE late Dr. GEORGE LOWSON, whose death is announced from Dundee, was a comparatively young man and a native of the city in which he worked and died. Like many others of his fellow-townsmen, he was at first connected with the jute industry, but under the influence of his uncle, the late Dr. Peter Baxter, afterwards turned his thoughts towards the profession of medicine, and he graduated M.B., C.M.Glasg., in 1890. After holding the appointment of house-surgeon at the Royal Infirmary, Greenock, he acted as an assistant for some time in Bilston and Manchester, and having thus added practical experience to theoretical knowledge, returned to Dundee some thirteen years ago and started private practice. In this, apart from his real ability, he was greatly aided by his cheery disposition, and he soon became popular both with his numerous patients and his professional friends. His career, however, received a severe check some two years ago, when an accident necessitated the amputation of one of his legs. Though he threw himself again into active work, he never quite recovered his old cheerfulness and vigour. His end came after a brief illness connected with a cardiac trouble. Dr. Lowson was a member of the Dundee Branch of the British Medical Association, and held appointments as district surgeon and public vaccinator, and as surgeon to the Convalescent Home in William Street, Dundee. He was married, and leaves a widow and three young children, for whom much sympathy is felt.

A NOTABLE figure in the medical profession of New York has recently passed away in the person of Dr. WILLIAM B. NETTEL, a well-known neurologist. Born in Russia in 1830, he took his degree at St. Petersburg in 1852. He entered the army and was appointed surgeon in the Imperial Guard, with whom he served in the Crimean war. In 1865 Dr. Nettel went to New York, where he was a pioneer in electrotherapy. He is survived by his wife, who was Princess Nadine of Georgia, a grand-daughter of King George XIII of that country, which is now part of Russian Transcaucasia.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Nikolai Kotofschschikoff, Emeritus Professor of Therapeutics in the University of Kasan, aged 60; Dr. L. Schuster, of Aix-la-Chapelle, well known as a neurologist and dermatologist, aged 78; Dr. Zielenziger, of Potsdam, held in high esteem as a medical practitioner and well known in a larger sphere as a poet, aged 85; Dr. Frederich Kerschbaumer, a well-known ophthalmic surgeon of Ischl, aged 58; Dr. Giuseppe Casarini, sometime Professor of Pathology in the Medical Faculty of Modena; Dr. Lehman Herbert Dunning, Professor of Gynaecology and Abdominal Surgery in Indiana Medical College, aged 55; Dr. Rogman, a well-known ophthalmologist of Ghent; and Dr. Emil Schnee, the oldest physician of Carlsbad, aged 70.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### EXAMINATIONS FOR PROMOTION.

THE list of successful candidates at the last examination for promotion, of officers of all arms, includes the names of twenty-one officers belonging to the Royal Army Medical Corps. Of these, sixteen are Majors, one a Major and Brevet Lieutenant-Colonel, three Captains, and two Lieutenants, one of the latter being on half-pay.

### ROYAL NAVY MEDICAL SERVICE.

#### *Prospects in the Service.*

"PRESENT NAVAL SURGEON" writes: As a "Present Naval Surgeon" I quite agree with the views put forth by a "Former Naval Surgeon." Any surgeon who "knows his job" is treated with respect by the Executive Branch, and has no difficulty in getting what he wants done, either in regard to the general health of his ship's company or any individual case. The examination for staff surgeon is conducted on lines more theoretical than practical, but I and all surgeons that I have met believe that the previous services and merits of individuals count for more than the marks amassed on paper. The curse of the service is the surgeon who can neither get on with the other officers in the ward-room nor obtain the confidence of the men on the lower

deck. Of these there are too many in each batch, but the remedy lies with the Board of Examiners, who should follow in the tracks of the R.A.M.C., and constitute a Board of "Social Competence," and refuse admittance to all who show they are not fit for life in a wardroom and cannot get into the confidence of the men who are under their charge.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

THE following have been appointed Members of the Board of Electors to the several Professorships:

*Chemistry*.—W. A. Tilden, D.Sc., F.R.S.

*Geology*.—Sir A. Geikie, Hon. Sc.D., Sec. R.S.

*Jacksonian*.—Professor Thomson.

*Medicine (Downing)*.—Sir W. H. Broadbent, Bart., K.C.V.O., M.D.

*Physiology*.—E. A. Schäfer, F.R.S.

*Pathology*.—J. F. Payne, M.D.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on January 24th.

#### *Physiological Laboratory.*

Dr. A. D. Waller, F.R.S., and Dr. T. Lambert Mears were re-elected respectively Director and Treasurer of the Physiological Laboratory for 1906.

Miss Beatrice Edgell was recognized as a teacher of experimental psychology in the Physiological Laboratory of the University.

The course of lectures on animal metabolism recently delivered in the Physiological Laboratory by Mr. J. B. Leathes was approved for publication under the authority of the University. The panel of University lecturers in advanced physiology was revised.

#### *Chair of Protozoology.*

A cordial vote of thanks was adopted to the Secretary of State for the Colonies for having approved an increase of £50 a year to the sum of £700 a year for five years placed at the disposal of the University for the provision of the salary of a professor of protozoology.

#### *Award of University Medals.*

University medals in Branches I, III, and IV of the M.D. Examinations were awarded respectively to Mr. Alfred H. Gerrard (University College and Guy's Hospital), Mr. Charles Arthur Mercier (London Hospital), and Mr. Archibald Montague H. Gray, B.S. (University College). The University medal at the M.S. Examination was awarded to Mr. Ernest William Hey Groves, M.D., B.Sc. (St. Bartholomew's Hospital).

#### *Intermediate Examination.*

The following candidates were approved at the January *Intermediate Examination in Medicine*:

Eileen E. Allen, M. E. Ball, F. M. Bishop, \*H. O. Brookhouse, J. P. Buckley, J. A. L. Candler, B. A. Cheadle, J. H. Clarke, E. N. Cook, †Ethel C. Cousins, L. Croft, A. R. Dale, A. Davies, T. B. Davies, N. C. Davis, C. Deuntzer, Ethel A. Douglas, E. P. Evans, T. Evans, W. V. Field, Josephine E. L. Griffiths, Ethel M. E. Hall, G. B. Harland, W. R. Harris, F. W. Hogarth, S. E. Holder, K. H. Hole, †H. I. Jaanmahomed, D. Judah, A. N. Leeming, A. E. Lees, H. C. Lucy, E. G. Mack, C. H. Marshall, E. K. Martin, J. B. Martin, H. E. H. Mitchell, M. H. E. R. Montesole, M. A. Nicholson, O. B. Parry, Mary E. Parsons, E. M. Parsons-Smith, P. S. Price, T. E. Pryce, D. Reynolds, R. W. Rix, Mabel Russell, A. F. Sanderson, H. W. Scawin, J. E. Seadamore, F. Standish, T. Stansfield, †H. E. R. Stephens, K. H. Stokes, H. Stott, G. R. Strong, G. Viner, Dora M. Watney, Lillian E. Watney, †R. T. Williams.

\* Distinguished in Anatomy. † Distinguished in Physiology.

† Distinguished in Pharmacology.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on February 8th, Mr. JOHN TWEEDY, President, in the chair.

#### *Diplomas.*

Diplomas of membership were issued to ninety-nine candidates found qualified at the recent examination.

Diplomas of the Licence in Dental Surgery were issued to three, and diplomas in Public Health of the two Colleges to eighteen candidates found qualified.

#### *Burial Place of William Harvey.*

The College contributed ten guineas towards the rebuilding of the tower of Hempstead Church, where William Harvey is buried.

#### *Central Midwives Board.*

Mr. J. Ward Cousins was reappointed to represent the College on the above for the present year.

#### *Bradshaw Lecturer.*

Mr. Edmund Owen was appointed Bradshaw Lecturer for the ensuing collegiate year.

#### *British Dental Association.*

An afternoon reception in the Museum of the College for the



members of the above Association, on the occasion of the meeting in London in May next, was arranged for May 18th.

#### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, February 6th, Dr. PLAYFAIR, President, in the chair.

##### *Introduction of Fellows.*

George Freeland Barbour Simpson, M.B., Ch.B., F.R.C.S.E., F.R.C.P.E.; Charles Mowbray Pearson, M.B., Ch.B., F.R.C.P.E.; and Edwin Matthew, M.B., C.M., F.R.C.P.E., were introduced and took their seats as Fellows of the College.

##### *Admission to the Fellowship.*

Andrew Balfour, M.D., B.Sc., M.R.C.P.E., Khartoum, and John Dixon Comrie, M.B., Ch.B., M.R.C.P.E., Edinburgh, were admitted by ballot to the Fellowship of the College.

##### *Admission to the Membership.*

William Leslie Lyall, M.B., C.M., Edinburgh, and Sorab Kaikhoshru Engineer, L.R.C.P. and S.E., Portobello, were admitted by ballot to the Membership of the College after examination.

##### *Admission to the Licence.*

The Registrar reported that since the last quarterly meeting, twenty-six persons had obtained the Licence of the College by examination.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

A DEPUTATION from the Royal College of Surgeons in Ireland waited upon the Lord-Lieutenant of Ireland on February 9th, to present an address expressing their loyalty and devotion to His Majesty's throne. The Earl of Aberdeen, in replying, said he cordially appreciated the expression of loyalty to the King and of welcome to himself. He recognized the far-reaching and beneficent services of the great profession to which they belonged, and in particular the high attainments in the science and practice of surgery which they had reached. The members of the deputation were afterwards presented to the Earl and Countess of Aberdeen.

#### THE CONJOINT BOARD IN ENGLAND.

THE following gentlemen, having passed the necessary examinations in October last, and having conformed to the by-laws and regulations of both Colleges, the diplomas of L.R.C.P.Lond. and M.R.C.S.Eng. have been conferred on them:

L. E. Acomb, Cardiff and Middlesex; E. L. Atkinson, St. Thomas's; C. K. Attlee, Cambridge and St. Thomas's; J. S. Avery, Bristol; A. Barber, St. Bartholomew's; B. H. Barton, St. Bartholomew's; A. Beeley, Leeds; C. Bennett, St. Thomas's; L. C. Blackstone, University College; R. O. Bodman, Bristol; C. W. Bowle, St. Thomas's; D. W. A. Bull, Cambridge and St. George's; R. Burgess, Cambridge and London; W. B. Burr, Middlesex; G. Chaikin, Sheffield and London; A. de C. C. Charles, Cambridge and St. Thomas's; H. D. Clementi-Smith, St. Bartholomew's; A. H. Clough, Guy's; O. C. P. Cooke, London; G. L. Cox, Cambridge and Liverpool; N. R. Cunningham, Cambridge and St. Thomas's; H. F. Curl, Cambridge and London; F. B. Dalgliesh, St. Thomas's; A. P. Day, Cambridge and London; H. L. Deck, Sydney and St. Bartholomew's; C. C. A. de Villiers, Guy's; A. N. Dickson, Cambridge and St. Thomas's; A. Dinnis, Charing Cross; W. A. E. Dobbin, Cardiff and St. Mary's; G. S. Earl, St. George's; G. B. Edwards, London; J. Evans, Cambridge and St. George's; T. L. Evans, Cardiff and University College; A. H. Fardon, Cambridge and St. Thomas's; A. R. Fisher, Leeds and King's College; J. E. Foreman, London; A. T. W. Forrester, St. Bartholomew's; C. W. Gibson, Guy's; J. N. Glaister, University College; J. M. P. Grell, Cambridge and King's College; J. Grogono, London; R. M. Grogono, London; G. W. Hardy, Leeds; R. F. Hebbert, St. Thomas's; G. H. Heron, St. Mary's and Liverpool; V. C. Honeybourne, Cambridge and St. Thomas's; N. G. Horner, Cambridge and St. Bartholomew's; F. R. Hotop, New Zealand; J. I. Jaffé, Dublin and King's College; R. R. James, St. George's; E. C. Jones, St. Thomas's; H. T. Jones, University College; W. H. Jones, Manchester and St. Bartholomew's; E. G. Kellgren, Cambridge and St. George's; T. W. Kirby, Toronto and Guy's; H. E. Kitchen, Cambridge, Manchester, and St. Mary's; T. B. Layton, Guy's; A. L. Loughborough, St. Thomas's; A. H. McCandlish, London; W. St. C. McClure, Sheffield, University College, and London; J. E. R. McDonagh, St. Bartholomew's; S. G. MacDonald, Cambridge and St. Thomas's; W. J. O. Malloch, Toronto, and London; L. Myer, Guy's; J. C. A. Norman, London; N. H. Oliver, Guy's; W. H. Orton, Cambridge and St. Bartholomew's; W. S. Orton, Guy's; C. M. Page, St. Thomas's; E. W. M. Paine, St. Bartholomew's; J. W. Parker, Cardiff and University College; M. C. M. Pitkin, Cambridge and St. Thomas's; H. R. Prentice, St. Bartholomew's; W. P. Purdom, Guy's; H. E. Quick, St. Bartholomew's; A. Randle, University College; S. Reader, Guy's; M. J. J. Roger, Paris; W. O. Sankey, St. Thomas's; E. Schenck, Freiburg; F. Shingleton Smith, Cambridge and Bristol; C. A. Stidston, St. Bartholomew's; J. Tate, University College; G. M. Taylor, London; F. Thompson, London; E. M. Thomson, St. George's; A. C. Watkin, University College; J. A. Watt, University College; L. White, Westminster; H. B. Whitehouse, St. Thomas's; E. D. Whittle, University College; W. D. Wilkins, Manchester; E. Wilkinson, Birmingham; A. H. Williams, London and Durham; W. T. Williamson, St. Bartholomew's; C. J. Wilson, Cambridge and London; M. R. O. Wilson, Bristol; J. H. Wolfe, London; H. D. Wyatt, Guy's; W. A. B. Young, Manchester.

\* Under regulations dated October 1st, 1884.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### VOLUNTARY NOTIFICATION OF CONSUMPTION.

THE St. Pancras Borough Council has since 1903 provided for the bacteriological examination of sputum in doubtful cases of pulmonary tuberculosis for the purpose of diagnosis. The Council has recently resolved to adopt the voluntary notification of pulmonary phthisis, and the Medical Officer of Health, Dr. John F. J. Sykes, has issued a circular setting forth the measures which will be taken on receipt of such a notification.

In the first place it is stated that the notification will be treated as confidential, and nothing will be done to prejudice the patient's occupation or employment. Upon receipt of the certificate there will be sent by post to the patient a leaflet giving information as to the means of preventing the spread of the disease, a list of institutions for the segregation of advanced and the treatment of early cases, and a form for the disinfection of the room vacated by a consumptive. Beyond this no action will be taken in regard to segregation except by special request in writing, and no sanitary inspection will be made except on special request or on receipt of a complaint made for some reason other than the presence of a case of consumption. The usual fee paid for notification under the Notifiable Infectious Diseases Clauses will be allowed.

The National Association for the Prevention of Consumption has recently issued a circular to all public health authorities. In this it points out that authorities charged with the responsibility of protecting the community from preventable disease ought to regard it as a duty to take an active part in the work of preventing consumption, and offers certain suggestions. Amongst these voluntary notification is urged as being of the greatest importance, and the appointment in large towns of special tuberculosis committees, which would arrange for the visiting of notified cases by health visitors and almoners, is recommended. Institutional isolation of advanced cases is advocated, and the utilization of unoccupied beds in isolation hospitals for infectious diseases is suggested as one means by which this could be carried out. The tremendous loss to the nation from consumption, both in lives and in money, is emphasized to show the urgent necessity of organized and combined effort to check the spread of this preventable disease.

### MEDICAL ATTENDANCE ON WORKHOUSE OFFICIALS.

THE medical officer of a provincial workhouse writes that he was sent for to attend the paid lunatic attendant of the house, who had sustained a Pott's fracture from a fall in the public road. The request for his attendance was on the usual printed form, and this was signed by the matron for the master. Our correspondent attended at once, and, as he says, "set the fracture in the infirmary and examined the leg daily." He was *there* requested to take the name off the workhouse medical book, the patient in question not being a pauper. In the contract between the medical officer and the guardians it is stated that the former is to attend at the workhouse when requested by the master or the matron. This stipulation having been complied with in this case, our correspondent considers that the Board of Guardians is liable for payment of his claim for professional services; the fee, he thinks, should be 5 guineas.

\* \* The difficulty which we are asked to advise upon appears to have originated from a mistake made by the matron, who, being probably much alarmed on hearing of the broken leg, considered it to be her duty to procure medical assistance by any possible means, and, believing that she could do this by filling up and signing one of the forms intended for use in pauper cases only, fell into an error, which the master, on whose behalf she wrote, would doubtless have avoided. Our correspondent, when he found that his patient was a paid official, would have done well to regard this as a pardonable mistake from the first. He does not say by whose order it was that the patient's name was removed from the Pauper List; it would have been better if it had never been placed thereon. We much question, therefore, whether our correspondent has any legal claim on the guardians; but whether he has or no, we are inclined to recommend him to be content with a lower fee of two or three guineas, this, we may assume, being all that the patient himself could be expected to pay. A mistake has occurred, and every reasonable concession should be made in order to bring about a settlement of the difficulty which has in consequence arisen. We apprehend that if the guardians should find themselves compelled to pay the fee claimed, whatever the amount may be, they would then be able to recoup themselves by enforcing repayment from the matron—a course not desirable, and one which we assume our correspondent would not wish for.