

the astragalus likewise. The scaphoid and internal cuneiform cannot be distinguished from the base of the first metatarsal. The cuboid and the fourth and fifth metatarsals with the two outer digits are absent. The left fibula is absent. The left tendo Achillis is represented by a small round cord, and the swelling of the gastrocnemius is insignificant. The extensors and flexors of the existing toes are natural. Movements at the ankle-joint are limited. The penis and pubic hairs are those of a normal man, and the right testicle present, and is of usual size. The left testicle cannot be felt either in the scrotum or in the left inguinal canal.

The pelvis is small but the thorax is well developed. The patient walks with a waddling gait by swinging the pelvis, assisting progression by a long stick; he has difficulty only when mounting steps.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

ANTISTREPTOCOCCUS SERUM.

THE remarks of Mr. Edmund Owen on antistreptococcus serum in his admirable paper on *Acute Bone Disease in Children*, lead me to give particulars of a case treated by me with the said serum. The patient was a woman who, three weeks after a normal confinement, developed a whitlow which she refused to have lanced; it was treated with fomentations. Six days after this I was sent for and found the patient with small boils all over the arm and leg on the side opposite to the one on which her finger was. Temperature 105.5°; pulse 120. I had a consultation with my colleague, Dr. St. George. We agreed to try antistreptococcus serum. I injected under the left breast 10 c.cm. at 3 p.m. on January 8th. This caused great drowsiness all the afternoon. At 9 p.m. the temperature was 99°. On the 9th it was 98°. On the evening of the 10th the temperature was 105°, pulse 118. I injected another 10 c.cm., with the result that the temperature dropped to 100° on the 12th, and on the 14th was normal and remained there. The boils healed up, and so did the finger, the patient making an uninterrupted recovery. The only other treatment was plenty of nourishment and gr. iij quin. sulph. every four hours, and strychnine every now and then to aid the heart.

I am inclined to think that in this case the serum saved my patient, and its action will lead me to try it again. This is only one case, so not of much account so far as conclusions go, but I thought it worth recording.

Lisburn.

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

PLUMBISM FROM THE INGESTION OF DIACHYLON AS AN ABORTIFACIENT.

IN reference to the paper by Drs. Hall and Ransom in the *BRITISH MEDICAL JOURNAL* for February 24th, it may be well that I should state that in March, 1905, a case of diachylon poisoning came under my notice in this neighbourhood, having migrated hither from a suburb in the N.W. district of London. The history was as follows:

The patient was a married woman with two children. Abortion had occurred about Christmas, 1904. Both before and after this event she had suffered much from abdominal pain, sickness, constipation, and general weakness. Jaundice had been present, and her symptoms were attributed to gastric influenza.

As she had been ill for ten or twelve weeks, with little or no improvement, she came to her parents' home for change of air. The history of the case, with the facies, the colour of which is, I think, in many cases suggestive, the pink-malar blush, in contrast with the pale lemon tint of the rest of the face, reminding one of a picromarine-stained specimen, indicated the probable cause of the illness. On examination of the gums, therefore, I was not surprised to find the tell-tale slate-blue line.

When I told her that she was suffering from the effects of poison caused by the pills she had taken, and inquired where she had obtained them, she admitted at once that, being pregnant a third time, she sought the advice of a woman in her district ("since dead!"), who gave her the pills. She was surprised to hear they were the cause of her illness, as she had been led to believe they were "safe." The contrition which she also manifested was doubtless as much for her sufferings as for the act which

caused them. She gave me two or three of the pills, which she had left at her own home, but sent for at my request. They proved to be very roughly-made pellets of diachylon. Under liberal doses of *mistura aperiens alba* she was practically well in a week.

The interest of the case, and my excuse for recording it, lie in the fact that hitherto no case has been recorded in the metropolitan area, and the cause of the woman's symptoms had been unrecognized for several weeks. Whether this might be a sporadic case merely, I am not in a position to affirm; but her assertion that she obtained the pills from a woman of the district in which she lived suggests that other cases might arise. It is true there was no evidence in support of her assertion of the source of supply. But that she was very much taken aback, indeed almost incredulous, when she learnt the cause of her symptoms, admitted of no question; and this fact, coupled with her readiness to produce the pills, favoured the opinion that she was telling the truth. The decease of the vendor may or may not have occurred. The patient had at least a motive in declaring it, in order to stop inquiry.

This case affords evidence that this pernicious traffic has reached the metropolis, and, if it were needed, gives additional support to the remarks of Drs. Hall and Ransom that stringent measures must soon be adopted if the evil is to be stamped out.

Ascot.

W. WRANGHAM, M.D. Lond.

CATARRHAL DEAFNESS.

THE recovery of hearing after otcotomy in many cases of suppurative otitis led me to consider whether it might not be possible to restore some hearing by a similar operation in severe catarrhal deafness. My first case, which was published in the *BRITISH MEDICAL JOURNAL*, May 27th, 1905, p. 1147, resulted in very considerable improvement to the hearing. I have since operated on seven other cases, some of which I described in a paper read before the Birmingham Branch.

The two following cases have not been published:

Miss H., aged 27, could not hear my watch in contact with the left ear, but could hear the tuning-fork on the bone. She had been deaf for many years. The operation gave rise to very little disturbance of any sort. A week after she heard the watch at 1 in. from left meatus; a week later at 9 in. from left meatus.

H. M., aged 31, had been deaf in the right ear for a long time. He could not hear the watch in contact but could hear the tuning-fork on the bone. The operation was followed immediately by very little pain, but on two occasions he had rather severe pain after the toilet of the ear. A week after operation he could hear the watch at 3 in. from the ear, and could hear ordinary conversation when addressed to him.

These cases being quite recent, one cannot say how far the improvement shown may persist or extend, but the experience of my earlier cases encourages me to believe that the improvement will continue. Yesterday I saw an old patient of mine who had otcotomy performed on each ear about two years ago, he being then very deaf. His hearing is now as good as my own.

It is an important fact, in face of the criticism that is always aroused by the success of any treatment not sanctioned by tradition, that in every case of catarrhal deafness in which I have operated, there has been some definite improvement in the hearing. They were all cases of severe deafness, and had all previously been under other methods of treatment without any benefit at all.

Coventry.

F. FAULDER WHITE.

A SERIES OF FOUR CASES OF CUTANEOUS DIPHThERIA.

Two girls, inmates of an orphanage, were brought to one of us suffering, in each case, from an ulcer on the dorsal surface of one of her toes. The origin in each case was said to be a broken chilblain, and there was nothing unusual in its appearance. They were treated by boric fomentations and soaked for ten minutes daily in a weak solution of Jeyes's fluid.

About three weeks from this date, another girl sleeping in the same dormitory became ill with typical faucial diphtheria, from which an excellent culture of typical

Klebs-Loeffler bacilli was obtained; she was at once removed to the City Isolation Hospital. The throat and nose of every inmate was examined, and from all those who showed an appearance in any way suspicious swabs were taken; no further infection was discovered. A few days later the two cases of ulcer above-mentioned, and two other girls, one with ulcers on the heel, the other with a large ulcer on the back of the hand, were brought for examination; all these ulcers were, at this period, covered with a membranous translucent slough; swabs were taken and gave good cultures of quite typical diphtheria bacilli. A pure culture from one of the cases was sent to Dr. Hewlett at King's College, who very kindly tested it on guinea-pigs and pronounced it fully virulent. The child with the ulcer on the hand infected also the outer canthus of one eye; the infection spread on to the conjunctiva, but was rapidly cured by painting with silver nitrate in aqueous solution (10 grains to the ounce). This child was sister to the one with faucial diphtheria. The same nurse attended the case of faucial diphtheria and the dressing of the ulcers. The ulcers were slow in healing and the patients were removed to the isolation hospital.

The occurrence of this series of cases appeared to us to be clinically of some interest, and to be of considerable importance as a possible source of infection; one cannot but feel that, had they been overlooked, they might well have been the cause of a very serious outbreak. Mild rhinitis and chronic otorrhoea are always looked for as sources of infection, but we doubt whether such cases as are above recorded are usually regarded with suspicion.

R. HEELIS, M.D.,
F. H. JACOB, M.D., M.R.C.P.

Nottingham.

POLYPOID TUMOUR OF CERVIX UTERI DUE TO BILHARZIA.

THE following case is instructive from a diagnostic point of view, as similar cases showing small growths in the vaginal walls and about the cervix uteri are extremely common in Mauritius, where in certain districts endemic haematuria (bilharzia disease) is very prevalent:

An Indian woman, aged about 25 years, came complaining of leucorrhoea of long standing, and occasional metrorrhagia, also of a tumour protruding at the vaginal orifice.

History.—She stated that she had had leucorrhoea for about ten years. Haematuria was noticed seven years ago; it lasted about two years, and then ceased. The tumour, which had given rise to no pain, was noticed about three years ago. There had been occasional bleeding during the last four months, lasting for about fourteen days at a time.

Condition on Examination.—A large polypoid-like tumour, ulcerated and discharging an offensive purulent fluid, was found attached to the anterior lip of the cervix uteri. It was roughly triangular in shape, the apex being at the vulva. It was soft, and bled slightly on manipulation, and on its outer surface presented a few slender irregular columns, free in the middle, but attached above and below. The mucous membrane of the anterior fornix was studded with small polypoid protrusions, while lower down on the vaginal wall were seen similar smaller and more scattered elevations of the mucous membrane, resembling somewhat the normal "rugae" greatly exaggerated. She was very anaemic. The urine revealed no trace of blood, nor were blood corpuscles present in it. The last few drops of urine obtained by catheterization showed bilharzia ova, but they were extremely few in number.

Description of Tumour.—The tumour was removed, and while being excised creaked under the knife. It was about the size of a hen's egg; its surface was very irregular, and in section appeared composed of a somewhat solid central portion, covered by many small columnar protrusions. On microscopical examination it was seen to consist of dense strands of fibrous tissue, enclosing here and there clusters of bilharzia ova. Single ova were also observed at different points in the tissue. The clusters consisted of from about twelve to fifty typical ova with terminal spines. No laterally-placed spines were seen. Microscopical examination of the faeces and of the uterine discharge gave a negative result as regards bilharzia ova.

Differential Count of Leucocytes in Blood:

Polymorphonuclears ...	32.1 per cent.
Lymphocytes ...	43 per cent.
Large mononuclears ...	10 per cent.
Eosinophiles ...	14.3 per cent.
Mast cells ...	6 per cent.

The diagnosis of the origin of these growths, so common here, leads one to expect that many similar cases are to be found in other tropical countries where bilharzia disease is common. Whether these growths are caused by urine charged with ova finding its way on to the sur-

face of the vaginal mucous membrane, or whether the ova reach the surface of this membrane in a similar way to that in which they reach the surface of the mucous membrane of the bladder, is a question worthy of study. The latter view is the more probable, but if the first should be correct something might be done to prevent these growths in bilharzia patients by routine douching, scrupulous cleanliness, etc.

JANET G. HORWOOD, F.R.C.S.I.
Mauritius. A. J. MILNE, M.B., D.P.H.

INJURIES DURING LABOUR.

As an addition to the three cases of injury to the parturient canal during labour, recorded by Dr. W. E. Fothergill in the *EPITOME* of February 17th, page 26, the following notes may be of interest:

On January 10th, 1904, I attended Mrs. R. in her ninth confinement. I found her in the second stage of labour with strong pains. The head being in the right occipito-posterior position, I applied forceps and delivered without any difficulty whatever. After waiting about half an hour the placenta still remained in the uterus, and, as the patient had a poor pulse and a bad colour, I introduced my finger and found a loop of small intestine in the vagina. Having made sure it was intestine by pulling it out and examining it at the vaginal orifice, I pushed it back through a tear in the right fornix, quite close to the cervix, and, passing my hand into the uterus, removed the placenta.

The patient was very poor and lived in a very dirty and insanitary house. She had symptoms of intestinal obstruction for three days, vomited everything she took, and passed no flatus or faeces. Afterwards she progressed favourably; her temperature did not rise above 100°. It was out of the question to move her to a hospital in her collapsed state, and, taking her surroundings into consideration, I thought it unwise to suture the tear or to manipulate the parts in any way; in fact, I left her severely alone.

A possible explanation of the tear may be found in the most marked pendulous belly which she suffered from. It stands to reason that the posterior vaginal wall is stretched in this condition. The position of the head and the strong pains would probably assist in causing the tear.

Holyhead. J. LEWIS OWEN, M.R.C.S., L.R.C.P.Lond.

CHLOROFORM IN CONSUMPTION.

I READ with much interest the suggestion in the *BRITISH MEDICAL JOURNAL* of January 27th, page 198, that chloroform inhalation might be useful in the treatment of consumption. Four years ago a report on the destruction of tubercle bacilli in vaccine lymph by chloroform vapour was published, and it then struck me that chloroform vapour might be useful in consumption. I have since tried it in over 200 cases. It has never done any harm, and I have found in severe cases of phthisis with much cough that the patient got undoubted relief from the inhalation, but I am bound to say that I am disappointed in that in no case could I say that the inhalant had altered the condition of the patient in any striking degree. In one severe case I pushed the remedy and carefully watched its effect, visiting the patient at least twice a day. He found relief from the inhalant, but as far as I could see his life was not lengthened, the quantity of sputum was not lessened, and the tubercle bacilli remained in large numbers up to the time of his death.

I have generally prescribed the inhalant as spt. chloroformi, in which chloroform is present to the extent of 5 per cent. In more than ten cases I have used a 15 per cent. strength, but I have not used the drug to the extent of complete anaesthesia.

In phthisis the treatment is by the co-operation of many agents, and it is difficult to portion out praise or blame to any one. I still use the remedy, but compromise is a sign of weakness, and I must admit compromise, for I now always mix it with other volatile ingredients. I should be pleased to hear the result of treatment by complete anaesthesia, but I do not myself feel tempted by such an experiment. In all the cases in which I tried this remedy the disease was beyond the incipient stage.

H. DE C. WOODCOCK, D.P.H.
Honorary Physician, Leeds Hospital for Consumptives,

MEDICAL NEWS.

THE annual general meeting of the Medical Graduates' College and Polyclinic will be held at 22, Chenies Street, W.C., on Friday, March 23rd, when the chair will be taken by the Chairman of the Council, Dr. C. Theodore Williams, at 5 p.m.

THE throwing open to inspection by the public, on payment, of the new armoured cruiser, *Black Prince*, resulted in a sum of £1,100 being realized for the benefit of the Seamen's Hospital Society and the Poplar and West Ham Hospitals.

At the meeting of the Pharmaceutical Society at 17, Bloomsbury Square, W.C., on Tuesday next, Messrs. E. H. Farr and Robert Wright will read a paper on extract of stramonium, and some recent additions to the museum will be described by Mr. E. M. Holmes, Curator.

THE King has given His Royal licence to Dr. A. D. Mackinnon, C.M.G., late Medical Officer to the Zanzibar Government, to accept and wear the Insignia of the Second Class of the Brilliant Star of Zanzibar, conferred upon him by His Highness the Sultan of Zanzibar in recognition of valuable services rendered by him to his Highness.

AN additional dental surgeon, to devote his whole time to military duty, at a salary of £365 per annum and travelling expenses, is required for duty with troops in the United Kingdom. Particulars can be obtained on application to the Secretary of the Army Council, 68, Victoria Street, S.W., not later than March 21st.

At the annual festival dinner of the Irish Medical Schools' and Graduates' Association on Saturday next, St. Patrick's Day, at 7.30 p.m., the guest of the evening will be General Sir John French, K.C.M.G., K.C.B. The dinner will be held in the Grand Hall of the Hotel Cecil, and members should make their applications for tickets to the Honorary Secretary, Dr. E. Canny Ryall, 85, Harley Street, W.

AN INTERNATIONAL CONGRESS OF LARYNGOLOGY.—The Laryngological Society of Vienna is taking the initiative in arranging for an international congress of laryngology and rhinology to be held at Vienna in Easter week (April 21st to 25th), 1908. That date has been chosen because, although the laryngoscope was discovered by Manuel Garcia in 1855, the beginning of its application to scientific medicine is held to date from 1858, when in the hands of Türk and Czermak the "physiological toy" became an instrument of practical usefulness in the diagnosis and treatment of diseases of the upper air passages. The President of the Organizing Committee is Professor Chiari, the Secretary Professor M. Grossmann (IX, Garnisongasse 10, Wien), to whom all communications relative to the Congress should be addressed.

CREMATION.—At Leicester, to judge from some figures showing the work of the Corporation Crematorium recently published in the *Leicester Post*, cremation is making steady progress. Beginning with 2 in 1902, the number slowly increased to 5 in 1903, and 8 in 1904. In 1905 it sprang to 16, and in the present year so far there have been 3 cremations. It is considered worth recording as an indication of the growing popularity of cremation that the body of a working man was burnt on February 12th. Hitherto, it is stated, the use of the borough crematorium has been almost confined to the upper classes, and the case just mentioned is the first in which the remains of a member of the working classes have been disposed of in that way. Cremation is to form the subject of discussion at a sessional meeting of the Royal Sanitary Institute to be held in the Leicester Town Hall on March 24th; the debate will be opened by Dr. C. Killick Millard, Medical Officer of Health for the Borough. A new crematorium was opened at Bradford in 1903. The City Fathers have issued a handbook of information giving the fullest instructions as to how arrangements can be made for cremation. The illustrations show that the crematorium has been designed not only with fine artistic taste but with tender regard for religious sentiment. As to the chapel with its catafalque and columbaria, one might almost adapt the words of Shelley about the grave of Keats, that they are enough to make one in love with death to think that one's ashes would be kept in so sweet a place.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on February 23rd. The chair was taken by Dr. de Havilland Hall. The accounts presented showed that the sickness experience of

the society during the winter has been exceptionally good. For many years past the amount of sickness pay disbursed by the society in December, January, and February has been very much in excess of the average expected during the whole year, whilst the low rate of sickness experienced during the summer months has more than balanced this extra payment. But in December last the amount of sickness pay disbursed was appreciably under the expectation, and the first two months of this year also leave a margin in favour of the society. The mild weather experienced during the winter is probably the cause. During 1905 the number of new members was greater than in any previous year of the society's working, and, so far, the number who have joined this year shows little or no falling off. In the course of the current year a considerable number of members will reach the limiting age of 65 years. In each of these cases the society will pay a cash bonus, usually £42, and this method of distributing the surplus, resolved upon at the annual general meeting of 1904, seems to give great satisfaction. Prospectuses and all other particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

REQUESTS TO HOSPITALS.—The residuary estate of the late Mr. William Buckwell of Deptford, amounting to about £30,000, has become vested in his executors, Mr. H. G. Pitt and Dr. C. T. Brookhouse, for division among hospitals and almshouses as they think fit. One-half of the residuary estate will go the following hospitals: £5,000 to the Miller Hospital, £1,000 to Guy's Hospital, £500 each to Seamen's Hospital, Greenwich, Cancer Hospital, Central London Ophthalmic Hospital, National Hospital for Diseases of the Heart, National Hospital for the Paralysed and Epileptic, London Hospital, West London Hospital, Brompton Hospital for Diseases of the Chest, and the Billingsgate Mission Hospital; £250 each to the East London Hospital for Children, Evelina Hospital for Children, Hospital for Children, Great Ormond Street; North-Eastern Hospital for Children, Metropolitan Hospital, St. Peter's Hospital, British Home and Hospital for Incurables, Cheyne Hospital for Sick and Incurable Children, Hospital for Diseases of the Throat, Royal Hospital for Diseases of the Chest, Great Northern Central Hospital, and St. John's Hospital, and £200 to the Poplar Hospital for Accidents. The balance is to be divided equally among the West London Hospital, Guy's Hospital, National Orthopaedic Hospital, Charing Cross Hospital, Seamen's Hospital, and the Miller Hospital.—Under the will of the late Mrs. E. M. Pike, the Derbyshire Infirmary and the Derbyshire Children's Hospital each receive £1,000.—The Westminster Hospital receives £500 and the Princess Alice Hospital at Eastbourne £250 under the will of the late Mr. Edgar Horne, of Witley.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

A most instructive field-night was held on March 3rd, by the London Companies of the Royal Army Medical Corps (Volunteers) at Wimbledon, in conjunction with a detachment of the Electrical Engineers. The rendezvous was at Southfields station at 6 p.m., the Companies marching up the hill to the Common. Ambulance wagons had previously driven down from London.

The supposed battle-field was found on arrival, brilliantly illuminated by a powerful searchlight, worked by some of the Engineers, who had marched down beforehand. A receiving station and operating tent were speedily erected by a Squad of the R.A.M.C. (Vols.) and then a search for "wounded" in and about the neighbouring woods commenced; one man in each Stretcher Squad being provided with a bull's-eye lantern.

Not the least interesting item in the programme was the presence of two of Major Richardson's ambulance dogs trained to hunt out wounded soldiers in the manner already described in our columns and used with success by Russia during the late war. Each dog is provided with a double pannier, containing restoratives. Five "wounded" were discovered by the dogs on Saturday, having been overlooked by the search parties.

The field operations were directed by the Commanding Officer, Colonel Valentine Matthews, the second in command, Major Harper, and the adjutant, Captain Langford-Lloyd, D.S.O. When all the "wounded" men had been brought into the receiving station, or operating tent, the manoeuvres were brought to a conclusion, and hot refreshments were served out from a field-kitchen, which had been erected in the near vicinity by men of the R.A.M.C. (Vols.). All details were carried out as in actual warfare, and the proceedings terminated with a march back to the station at about 10 p.m. The headquarters of the London Companies of the R.A.M.C. (Vols.) are at 51, Calthorpe Street, Gray's Inn Road, where recruits are always sure of a hearty welcome.

Hospital, a service to which he always reverted with much satisfaction.

On returning to Europe Charles did not relinquish the practice of his profession, but settled for some years at Cannes, where he became as popular and as highly esteemed as he had been in Calcutta. In 1886 he left Cannes and went to Rome where he also became well known and much esteemed. There he remained until failing health and increasing debility suggested the expediency of trying the influence of the mild climate of West Cornwall, and in 1902 he took up his residence in Flushing, where he had previously wintered for some years, and was to be seen most days sailing in his boat in the harbour. With his usual energy he interested himself in local matters, political and other. He had been Chairman of the Truro Division of the British Medical Association for two years, and was only prevented by failing health from accepting the office of President-elect of the South-Western Branch which was offered him a few days before his death. He had also just been elected a Vice-President of the Falmouth Hospital. In short, he seemed to be so active as to afford ground for hope that his general health might be maintained sufficiently to enable his valuable life to be prolonged for many years, but this was, unhappily, not to be, and he sank as described on March 4th, practically prematurely worn out by a life of strenuous and responsible work, much of it in an Indian climate.

Dr. Charles held the rank of Surgeon-General, and was Honorary Physician to the King.

While in Rome he made a special study of archaeology, and delivered lectures before the British and American Archaeological Society. He was much interested in microscopical research, and revised the Sydenham Society's translation of Marchiafava's and Bignami's work on malarial fever. His energy was not limited to literary and professional activity, but he was, as far as his physical energy would permit, an enthusiastic mountaineer, visiting Switzerland regularly for some years, and climbing, amongst other mountains, the Matterhorn and Mont Blanc. He was also a fisherman in early life, and took interest in sport of all kinds, though limited somewhat by myopia.

Few names will be longer remembered in India than that of Dr. Charles. His great professional ability, the strenuous and energetic manner in which he performed all his duties, his high sense of honour, his amiable character, and his earnest desire to be of use to every one, not only enhanced his value as a public servant, but endeared him to all with whom he was associated, and especially to those who, like the present writer, had known him throughout his career and appreciated the sterling qualities of his character. Dr. Charles was a staunch member of the Established Church of Scotland, but this did not interfere with his broad-minded appreciation of other Churches.

J. FAYRER.

JOHN ROBERT KEALY, M.D., M.R.C.S.,

PHYSICIAN TO THE GOSPORT DISPENSARY OF THE ROYAL PORTSMOUTH HOSPITAL.

WE record with great regret the death, after only a few days' illness, of Dr. J. R. Kealy, of Gosport, an old and much-esteemed member of the Southern Branch of the Association.

He was born at Ipswich on September 8th, 1830, was educated at Oxford House Academy, London, and afterwards had a distinguished career as a student at King's College. During the cholera epidemic of 1849 he did good work under the Local Government Board.

Dr. Kealy commenced practice in Gosport fifty-two years ago, and in 1854 he entered into partnership with the late Dr. Butcher, a well-known and much respected surgeon of that town. He was for many years a member of the honorary medical staff of the Royal Portsmouth and Gosport Hospital; he also held the appointments of Agent and Surgeon for Portsmouth Harbour, and Surgeon of the Government establishment at Priddy's Hard. He took a keen interest in all the proceedings of the British Medical Association, and was often present at the annual meetings, and seldom failed to put in an appearance at the meetings of the Portsmouth Division. He was one of the original members of the Southern Branch, and filled the office of Branch President in 1886, and when the

annual meeting of the Association was held at Portsmouth in 1899 he held the position of Vice-President of the Ethical Section. He was also a contributor to the medical journals on many important professional topics, and had a considerable reputation in the practice of midwifery and the diseases of women and children.

By the residents of Gosport Dr. Kealy will long be remembered for his invaluable services in the public work of the locality, and also for his kind and practical sympathy in every benevolent movement. He took a warm interest in educational matters, and greatly aided in the development of the free public library. His voice was often raised in the cause of sanitary reform and in exposing the risks of antiquated methods fostered by ignorance and prejudice. He was a progressive member of the old Local Board of Gosport, and when it became converted by the Local Government Act into the District Council he was unanimously chosen by the members to occupy the position of President.

Throughout his long and successful career Dr. Kealy enjoyed the confidence of all the members of the profession residing in the district, and his life will be remembered as a bright example of honourable conduct under the guidance of the best and highest sentiments.

Dr. Kealy leaves behind him a widow and five sons. One of them, Dr. J. W. Gregory Kealy, has been associated with him in practice, and the other members of the family hold good positions in the navy, army, and Indian Civil Service.

The funeral took place on February 21st, amid many sincere manifestations of public sympathy and esteem.

WE regret to announce the sudden death, in the night of February 22nd and 23rd, of Professor MAXIMILIAN NITZE, Extraordinary Professor of Genito-Urinary Diseases in the University of Berlin, and the discoverer of cryoscopy.

DEPUTY-SURGEON-GENERAL HENRY CARDEN HERBERT, M.D., F.R.C.S.I., died at Plymouth, after a short illness, on March 2nd. He entered the service as Assistant-Surgeon, September 15th, 1857; became Surgeon, May 8th, 1872; Surgeon-Major, March 1st, 1873; Brigade-Surgeon, December 9th, 1882; and Honorary Deputy Surgeon-General, December 21st, 1887.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Elisha Hall Gregory, Professor of Anatomy and afterwards of Surgery in the St. Louis University, and President of the American Medical Association in 1886, aged 81; Dr. Léon Colin, retired Inspector-General of the Sanitary Service of the French Army, and a former President of the Académie de Médecine; Dr. John Slane Ely, Professor of Theory and Practice of Medicine in the Yale Medical School, aged 47; and Dr. C. A. L. Girin, doyen of the medical profession of Lyons, physician to the hospitals of that city, and President of the Société Nationale de Médecine in 1875 and 1876, and of the Association des Médecins du Rhone from 1888 to 1892, in his 95th year.

THE announcement of the death of THOMAS DAVIDSON SMITH, M.R.C.S., L.R.C.P., on March 3rd, has been received with great regret in many places, and especially at the London Hospital. He was a Lancashire man, and at the time of his death barely 31 years of age. His general education commenced at Lancaster Royal Grammar School and was continued at Jesus College, Cambridge. He obtained first class honours in the Natural Science Tripos in 1897, and became Science Master at Eastbourne College. Later on he entered the medical school of the London Hospital with a scholarship. As a student he distinguished himself in many branches and phases of hospital life, carrying off the Gold Medal in physiology at the London M.B. examination 1901, and for a couple of years or more proving himself a successful editor of the *London Hospital Gazette*. He left London about a year ago to take up an appointment as an Assistant Master at the Royal Naval College, Osborne, and it was there that his death occurred after a brief illness.

MEDICAL ADVERTISING.

J. R.—The General Medical Council has not defined what it means by "objectionable advertising," but it is at least doubtful whether it would regard such information as that displayed upon the surgery window as coming within that category. It is not the custom for a medical practitioner in this country to announce on a door-plate or by other similar notice that he is a specialist in any department, but there is no absolute rule against it; it is, however, quite open to our correspondent to take the opinion of the General Medical Council on the matter.

FEES FOR CONSULTATION.

EQUITY writes: R. is called in consultation by A. to a lady seven months pregnant, for which he is paid the fee; four days afterwards A. calls upon R. to see the patient again. Is R. entitled to a half fee for the second consultation, or is it customary to go gratuitously? Both practitioners are resident in a town of 10,000 inhabitants, are friends, and interchange consultations.

* * R. is entitled to a full fee for each consultation, but whether there are any special circumstances which warrant his making any reduction must be left absolutely for him to decide. The fee paid was for a single consultation, and gives no claim to any further advice.

CLUB SURGEONS AS MEMBERS.

MONS. asks if the conduct of a practitioner, who becomes an ordinary financial member of a benefit society to which he is a medical officer, could be regarded as "conduct infamous in a professional respect."

* * It is unusual for a club surgeon to become a financial member of the club, but, if he chose to do so, his conduct could not be regarded as "infamous in a professional respect."

CERTIFICATES FOR ACCIDENT INSURANCE COMPANIES.

W. (Suffolk) writes that he attended a club patient for an injury received at his work. After the recovery of his patient the estate agent asked for a certificate as to the nature of the injury, so that he might recover compensation from an insurance company on behalf of the patient. This our correspondent furnished, but on requesting a fee his application was ignored. He wishes to know if the estate agent is liable for the fee.

* * A club surgeon under his contract is usually only bound to furnish certificates for the use of the club, and any other certificates he can charge for. If, however, he furnishes other certificates without previously getting a fee he will find it practically impossible to recover. Under any circumstances the estate agent would not be responsible, and our correspondent would have to look to his patient for payment.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MR. F. W. KEEBLE, M.A., Caius College, has been approved for the degree of Doctor of Science.

The following degrees were conferred on March 1st:

M.D.—C. F. Hadfield, Trin.

M.B.—A. L. Brunwin, Trin.; R. C. Mott, Trin.; W. H. Orton, Trin.;

W. H. Thresher, Gonv. and Cai.

B.C.—W. H. Orton, Trin.; E. D. Anderson, Pemb.

UNIVERSITY OF LONDON.
CONVOCATION.

THE ordinary general meeting of Convocation, adjourned from January 12th, was held at the University on Tuesday, March 6th. In the absence, through indisposition, of Sir E. H. Busk, Chairman, Dr. T. L. MEARS, Deputy Chairman, presided.

Increased Facilities for Higher Learning and Research.

The following resolutions, recommended by the Standing Committee, were adopted unanimously:

1. That, in the opinion of Convocation, the University is to be congratulated on the admirable work which has been done in the University Physiological Laboratory since its inception.
2. That, in the opinion of Convocation, the Senate should be respectfully urged to found similar research laboratories in other branches of science, and in general to use its best endeavours to increase the facilities for higher learning and research in all Faculties.
3. That to this end, in the opinion of Convocation, panels of lecturers, analogous to the panels of lecturers in physiology and botany, should be constituted in every branch of learning with which the University is concerned.
4. That, in the opinion of Convocation, all such laboratories and teaching institutions for higher learning and research, supported or subsidized by the University, should be equally accessible to all members of the University.

5. That, in the opinion of Convocation, a Bureau of Information should be established, and that it should be part of the duties of every teacher who is subsidized by the University to give such assistance in connexion with the Bureau as may be necessary.
6. That, in the opinion of Convocation, any available funds of the University should be applied to the above co-ordination of higher learning and research, one of the chief objects for which the University was reconstituted.
7. That, in the opinion of Convocation, the University should be respectfully urged to make a public appeal in order to obtain further funds for this purpose.

Dr. S. RUSSELL WELLS, in proposing the resolutions, said that for the pursuit of science laboratories, in which research and investigation could be carried on, were essential. The University had already done much first-rate research work in Physiology, and in what it was now proposed to do there would be no antagonism to other laboratories elsewhere. The new proposals would benefit both external and internal students equally. The University owed a deep debt of gratitude to Dr. A. D. Waller, the Director of the Physiological Laboratories, for the good work done therein since their establishment. Already forty-eight papers dealing with researches in those laboratories had appeared in scientific journals, whilst two books originating thence had been published, and two others were now in the press. All the work had been done without any charge to the students working in the laboratories and without diminishing the research work done elsewhere. The teachers of physiology in London had formed a panel of lecturers and lectured on various subjects in the laboratories; the lectures gave the latest views, and were altogether most stimulating. This should be done in regard to other subjects besides physiology. So far these lecturers had worked without fee, for pure love of the thing, but they should be paid. Also research scholarships should be founded. He advocated the utilization of all existing facilities in the University building before putting any money into fresh bricks and mortar.

Dr. C. W. KIMMINS, D.Sc., in seconding the resolution, said that a bureau for giving information and advice to undergraduates and others under a sympathetic and enthusiastic director, would be of immense value. There should also be an appointments association, such as existed at Oxford and Cambridge, to which graduates could apply for posts and appointments of various kinds; it might be partly or entirely supported by the fees received from those who used it.

Dr. R. M. WALMSLEY was strongly of opinion that the facilities for higher learning and research should be extended to all the branches of learning embraced by the University. The projected bureau of information was highly necessary. A sum of over a million pounds would be required, and this could be achieved if, as in America, a large proportion of the population would subscribe. After some further discussion,

Sir P. MAGNUS, M.P., warmly supported the proposals, though the University must take care that the work in the projected research laboratories did not overlap, but supplemented, the work done in the different schools attached to the University.

Dr. A. D. WALLER said that the physiological laboratory, so far from interfering with any school of the University, had amalgamated the teachers of the schools.

The resolutions were adopted unanimously.

UNIVERSITY OF LIVERPOOL.

DEGREES IN DENTAL SURGERY.

THE third and final examinations for the degrees in dental surgery are conducted by internal examiners, external examiners in certain medical subjects, and by a special external examiner in operative dental surgery, dental anatomy, pathology, and bacteriology, and to this post Mr. Hopewell-Smith, L.R.C.P.Lond., M.R.C.S.Eng., has recently been appointed.

UNIVERSITY OF DUBLIN.

At the spring commencement on Shrove Tuesday degrees of Doctor of Medicine were conferred on Messrs. H. M. L. Crawford and H. R. R. Ross, and a licence in Dental Surgery given to C. R. Kidd.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

DEATH FROM ANTHRAX.

INQUIRY was held at Liverpool, on February 28th, into the death of a dock labourer which was shown to have resulted from external anthrax, the seat of infection being the neck. The precise source of infection, however, remains obscure, for although the deceased was ordinarily employed in unloading ships belonging to the Mediterranean fleet of the Ellerman Line, it was shown that none of these had brought any hides this year. The jury, after finding a verdict of death from anthrax, passed a rider to the effect that all vessels which ever carried hides should be thoroughly disinfected after discharge of their cargo, and that dock labourers engaged in handling hides should wear gloves.