

acephalous, and there being no teeth or bone in connexion with the cyst representative of a head; the hair is of the palest flaxen; the hair of the patient (? the mother of the parasite) is of a well-pronounced or medium brown. A sample of the hair of the father (aged 57) of the patient (? the father, too, of the ovarian parasite) is classifiable in anthropological terminology as darkest brown—that is, the division of black higher than jet. Both the patient's hair and that of her father have (as is so regularly the case) become darker since infancy. The hair of the patient's mother resembles her own.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF NECROSIS OF THE TESTICLE.

An athletic youth, aged 17, noticed one day that the right side of the scrotum had suddenly become swollen and painful without obvious cause. There was no history of trauma or infection.

I saw him on the third day when his temperature was 101° and there was pain on movement. The scrotum was considerably enlarged and a mass the size of a small orange could be felt in the position of the right testicle, the individual parts not being distinguishable.

On the fourth day an exploratory incision was made in front. A collection of fresh blood was found in the tunica vaginalis; the body and epididymis were seen to be deeply engorged and the epididymis swollen to twice the normal size. There was no malposition of the testicle to be made out. The incision was left open.

On the ninth day as the testicle was evidently necrotic it was removed. The Clinical Research Association reported as follows:

"On section the body of the testis is in a state of necrosis with much blood extravasated into its stroma. The clinical history suggests that the condition is due to acute torsion of the testis owing to an imperfect development of the mesorchium. The vessels of the cord thus become engorged and blood-stained effusion occurs into the tunica vaginalis."

R. R. LAW, M.D.Cantab.

HETEROCHROMIA IRIDIS.
I HAVE read Dr. Allan's cases of heterochromia with much interest, as I have seen well-marked cases of a blue and a brown eye in a male adult of 40 and a girl child of about 5 years of age, between whom there was no blood relationship. In these two cases the whole of the iris was of one colour, whilst in Dr. Allan's portions of one iris were of different colouring.

I think the explanation is not difficult. The substantia propria, which is the ground substance of the iris, has many connective-tissue corpuscles found in it, many of which contain, except in albinos and blue eyes, yellowish-brown pigment granules. The colour of the iris varies according to the number of these pigmented connective tissue cells and to the amount of the pigment granules present in them. The posterior layer of the substantia propria is made up of polyhedral cells filled with dark pigment granules, except in albinos, where there are no pigment granules. Now, in blue eyes this posterior layer is the only pigmented part of the iris, and this is also the case in all newborn children; hence we are all born with blue eyes. Such iris appears blue because its dull tissue is viewed on dark ground—that is, on the pigmented epithelium of the posterior surface. It appears, therefore, that if no pigment is in the eye at all, then the child is born an albino; if the pigment is limited to the posterior layer of the epithelium, as it is at the birth of us all, it gives the blue eye; and finally, if pigment is ultimately deposited in the anterior layer, it changes the eye from a blue one to the various shades we see from day to day, depending upon the amount of pigment deposited here as in other parts of the body. In heterochromia iridis there is a local deposit of pigment instead of uniformity throughout the iris.

London, E.C.
R. HENSLowe WELLINGTON.

THE following nine cases of heterochromia came under my notice last summer whilst I was assisting in the

medical out-patient department of the West Ham Hospital, Stratford, E. The patients, as will be seen, were of various ages and sexes, and none of them had any complaint of vision:

1. Woman, aged 34; on the right eye was a brown radiating sector upwards and inwards. The rest of the right iris, and all the left one, grey. Edges of the sector were slightly wavy.

2. Girl, aged 8; narrow brown area upwards and outwards on the left eye, its edges being parallel; the rest of the iris and the other eye were brownish-yellow.

3. Girl, aged 12; with a narrow, wavy-edged sector of yellowish-brown directly outwards in her left eye, edges parallel; the rest of the iris and the other eye, grey.

4. Lad, aged 19; with a narrow, yellowish-brown parallel-sided segment downwards and inwards in the right eye; the rest of iris and other eye, greyish-brown.

5. Man, aged 55; large, wavy-edged sector of yellow-brown, involving one-fourth of the left iris, in and pointing upwards and inwards on left; the rest of the iris and the right eye, grey.

6. Man, aged 47; medium-sized, straight-sided, sector of yellowish-brown pointing upwards and outwards; the rest of the iris and left eye, grey.

7. Boy, aged $7\frac{1}{2}$; with a curious double condition. More than half the right iris was pale brown, and the remaining tangential portion greyish-yellow. The left iris, on the other hand, was greyish-brown, with a narrow parallel side segment of pure pale brown.

8. Man, aged 26; the left iris showed a large area of dark brown involving the whole of its lower half, the upper limit being wavy. The rest was greyish-brown, and the right eye the same colour.

9. Woman, aged 27; in the left eye was a narrow parallel-sided segment of yellow-brown, leading upwards and outwards. The rest of the iris and the other eye, grey.

All the above were well-marked cases. Since coming here about nine months ago I have seen but one case of this condition in our ophthalmic out-patient department, which is a large one.

WM. CLARK SOUTER,
Eye Department, Aberdeen Royal Infirmary.

RICKETS IN RELATION TO THE DURATION OF LACTATION.

DR. A. DINGWALL-FORDYCE's paper, which appeared in the BRITISH MEDICAL JOURNAL of April 28th, p. 971, seems to suggest that in this, like most other diseases, there may be an idiosyncrasy on the part of the patient. To those who come much in contact with children this must be at once apparent, when it is considered that one child if suckled for a few months longer than it should be may develop the most severe rickets, while another may be suckled for two years or more and not develop rickets at all. The following case, which first came under observation about three months ago and is still being carefully watched, is of great interest, as lactation was maintained for an unusually long time, and the child was suckled with far less detriment to his general health than one would have expected.

The mother brought the child, a boy 2 years and 4 months of age, with the complaint that for a few weeks he had been wasting and had lost flesh, and that he had no energy. Nothing very definite could be made out. He appeared to be a fairly well-developed child, but his muscles were soft and flabby. He could not walk, but the mother stated that he had been able to run about until a few weeks previously. He lacked energy and did not take much notice of what was going on. The mother stated that he appeared to have some pain in the left thigh and he certainly resented pressure on the left femur. There was no beading of the ribs, thickening of the epiphyses, bossing of the skull, or any of the other signs generally associated with rickets. It was ascertained that he was still having the breast, and that his nourishment consisted of nothing else, as he refused to take milk foods, bread, etc. His previous history was unimportant. He had always been a healthy child. Dentition began at 9 months, and was quite regular. He was the youngest of four, and two of these had died during childhood. The eldest, a girl of 11, was very delicate. The mother had suckled her first and third children for about two years. The second child was breast-fed for six weeks only, as milk ceased to be secreted then. Six weeks after the birth of this last child menstruation had returned and recurred regularly. Under treatment, which consisted of weaning the child, and ordering a diet more suited to his age, he improved greatly, and the symptoms gradually disappeared. He

was also given cod-liver oil emulsion and iron wine. At present he is in fairly good health, but his reserve force is still below par, and in the event of his contracting some acute disease, as pneumonia, the prognosis would have to be most guarded.

As opposed to the above, I have also under treatment a boy, aged 3½ years, who was breast-fed for thirteen months. He has all the typical signs of rickets in an aggravated form, and is the severest case of that disease I have yet seen. The most striking symptom is great muscular weakness, especially of the lower extremities, amounting to almost complete paralysis.

Brighton.

JOHN ALLAN, M.B., Ch.B.

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

COWASJEE JEHANGIR CIVIL HOSPITAL, SURAT.

A CASE OF SARCOMA OF THE LACHRYMAL GLAND.

(Reported by E. F. GORDON TUCKER, Capt. I.M.S., Acting Professor of Pathology, Grant Medical College, Bombay.)

OWING to the rarity of the condition, the following case is of considerable interest. The patient, a Hindu aged 35, stated that five months before admission he noticed a feeling of fullness in the upper portion of the eye, and later could feel a fleshy mass beneath the upper lid. This gradually increased in size and displaced the eyeball. Shortly before admission pain of a shooting character, within the orbit and about the right side of the head, had become intense and continuous, and prevented him from obtaining sleep.

State on Admission.—There was a tumour within the right orbit at its upper and outer part; the globe was resting on the everted palpebral conjunctiva, which was oedematous. The cornea was hazy like the eye of a dead fish. The veins converging to the orbit from the forehead were distended. There was perception of light in the diseased eye. The levator palpebrae seemed functionless. On evertting the upper lid a tense elastic mass could be seen and felt bulging out the orbital conjunctiva. It was slightly movable. The mass was lost on approaching the inner canthus. Pain was excessive, and he required morphine. There was no glandular enlargement either about the ear or in the neck.

Progress.—The operation was undertaken the second day after admission. As the tumour filled up so much of the orbit, and evidently had deep connexions, it was first necessary to enucleate the globe. This having been done, Tenon's capsule was incised from below, and the front surface of the enlarged lachrymal gland was exposed from below. The capsule of the gland was considerably thickened, and the substance of the growth itself was on section firm and white. The growth capsule was firmly adherent on its outer surface to the orbital periosteum, but the two could be separated without much difficulty by scissors. There was most difficulty in separating the ligament of the lachrymal gland, and sharp haemorrhage came from the much enlarged branches of the lachrymal artery. The growth went backwards to the outer side of

the sphenoidal fissure. The cavity was plugged with strips of iodoform gauze.

Result.—The patient made a perfect recovery, and left the hospital well on January 11th. Three months after the removal the man was stated to be in good health.

REMARKS.—Examination of sections of the tumour showed that it was composed of large spindle cells lying in a well-marked fibrillary matrix. Its capsule was intact in every part, and no evidence of infiltration was found. The eye muscles were shrunk to mere rudiments. Lawson¹ describes sarcoma of the lachrymal gland as a very rare disease, and remarks that ptosis is apt to follow operation owing to the difficulty of removing the growth without damage to the levator palpebrae, the expansion of which in part passes between the two portions of the



Showing the growth removed.

gland. Ptosis was present in this case before removal, but inasmuch as the globe had to be removed in order to reach the posterior connexions of the tumour, the ptosis following the operation could hardly be considered a matter of importance. The accompanying photographs show the condition of the orbit before operation, and the size of the tumour as compared with a rupee, the diameter of which is 3 cm., or much the same as a florin.

THE ROYAL INFIRMARY, WINDSOR.

CASE OF EXOMPHALOS: OPERATION: RECOVERY.

(By W. F. LLOYD, Assistant Surgeon.)

THE child in this case was delivered by forceps at 3 o'clock on the morning of September 16th, 1903.

Condition on Admission.

It was a healthy female child, except for a globular swelling at the origin of the umbilical cord, about 2½ in. in diameter. Coils of intestine could be felt in the swelling, and they could only be partially returned into the abdominal cavity.

Operation.

The cord had been tied just beyond the swelling at birth, and at 3 o'clock in the afternoon at the Royal Infirmary the following operation was performed. The sac was opened and an attempt made to reduce the protruding bowel; Meckel's diverticulum was found adherent to the sac and was removed, but the bowel could not be reduced. A large opening was then made in the abdominal wall with a hernia knife and the bowel reduced, but still not without some difficulty, as part of it was adherent to the sac, and this portion of the sac was left. The skin round the umbilicus was then dissected up and the raw edges brought together and sutured.

Result.

The child was sent back to its own home, and made a good recovery; it is now a healthy child of 2½ years.

REMARKS.—This case is worth recording, because cases of complete recovery after fairly pronounced exomphalos are rare.

¹ Diseases and Injuries to the Eye, 6th edition, 1903.

own expectations, was encouraging, inasmuch as it showed increased vitality; the net gain, after allowing for deaths and withdrawals, was ninety-three. The total number of members of the Society at the end of the year was 2,429; in addition to this, 56 members had increased their benefits mostly up to the limit of 6 guineas a week. During the year the funds had increased by £9,625 18s. 1d., notwithstanding the fact that £646 10s. was paid away in cash bonuses to those members who at the last quinquennial distribution of bonuses had not received a bonus as they had not completed their five years of membership, and to those who during 1905 attained the limited age of 65 years; it was thought equitable that they should have their share of the bonus. In addition to the bonuses paid, the Committee had written off £2,637 13s. 6d. from the stocks purchased at a premium. It had been thought that the time had come when the stocks held by the Society ought to be written down to their nominal value, and not entered at the value at which they were purchased; if these sums were allowed for, the increase of funds was the largest in any one year. The sickness experience was satisfactory, there being a small margin to the good. The Society deserved congratulation on the fact that the sickness funds had been distributed among its members; they did not want their charges for members put so high as to leave a large margin, and he thought it showed the accuracy with which the tables were originally framed, that after twenty years they were still within, though only just within, the sickness margin. He regarded the provision made for chronic cases as one of the most important features of the Society. On January 1st, 1906, there were 35 members who had been receiving sick pay for six months and upwards; some of these cases were likely to be on the sick list till the end of their lives or until they attained the age of 65. One member who was on the permanent sick list had drawn 100 guineas for upwards of ten years, and in three other cases where insanity was the illness, the payments the Society was able to make certainly simplified matters for the friends of those members. In 1905 the sum of £2,805 5s. had been expended in these chronic cases, and he thought it was a point which might be rubbed into their professional friends as an inducement to join, since by so doing they made permanent provision for chronic illness. The fluctuation reserve fund, consisting of interest earned in excess of 2½ per cent., was about £1,000 less than last year owing to £2,638 having been written off the stocks, but that was only an apparent loss. He again tendered on behalf of the Society their warmest thanks to the BRITISH MEDICAL JOURNAL and the *Medical Press and Circular* for the great assistance rendered to the Society during the past year. Dr. Hall then referred to the harmonious manner in which the members of the Committee worked together, and the able way in which their Secretary had carried out the work of the Society. He concluded by moving the adoption of the report.

After a few remarks on the advantages obtained by the members from the donations and subscriptions of the Society to Epsom College, the motion for the adoption of the report was put to the meeting and carried.

On the motion of Dr. W. A. DINGLE, seconded by Dr. G. A. CLARKSON, the officers were re-elected.

On the motion of Dr. ST. C. B. SHADWELL, seconded by Dr. BRINDLEY JAMES, a vote of thanks to the Chairman was carried by acclamation.

The CHAIRMAN having thanked the members the meeting closed.

MEDICAL NEWS.

THE newly-elected French Chamber of Deputies has among its members forty-six representatives of the medical profession.

THE Council of King's College (University of London) have elected Dr. T. Crawford Hayes, F.R.C.P., Professor Emeritus in the College, and Consulting Physician to the Hospital.

We are asked to state that, owing to the number of applications for admission, Professor Metchnikoff will deliver the Harben lectures in the large Lecture Theatre of King's College; the first lecture is given this day, May 25th, at 5 p.m.

THE dinner in aid of the funds of the Middlesex Hospital, which was to have been held on June 12th, has been indefinitely postponed owing to the inability of the Duke of Connaught to preside.

At the Elizabethan Bazaar held in Lincoln's Inn, in aid of the King's College Hospital Removal Fund, the Guard of Honour was provided on Wednesday, on which occasion the Bazaar was opened by the Princess Christian, by a detachment of the London Companies of the Royal Army Medical Corps Volunteers, Lieutenant Hubert C. Phillips being in command.

It is hoped that the foundation stone of the first block of the buildings to be erected by the Committee for the Establishment of Sanatoriums for Workers suffering from Tuberculosis will be laid in July. The site acquired is 250 acres in extent, and as funds come in accommodation will be provided for 300 patients. To complete the scheme, however, £50,000 is still required, and only a block for thirty beds is at present in view.

SIR FREDERICK TREVES will preside at the annual meeting of the Invalid Children's Aid Association, which will be held by permission of Lord and Lady Stratheden and Campbell at 17, Bruton Street, London, W., on Wednesday next, May 30th, at 3 p.m. Among those announced to speak in support of this excellent organization are the Bishop of London and Mrs. Craigie (John Oliver Hobbes).

THE Commemoration Day proceedings at Livingstone College will take place on Wednesday next in the grounds of the College at Leyton. The institution devotes itself to providing missionaries with such knowledge of practical medicine and hygiene as will enable them to safeguard their own health and that of those around when far removed from ordinary medical skill. If fine the meeting will be held in the open air, addresses being delivered by Mr. James Cantlie and Dr. Charles Harford.

THE Lancashire and Cheshire Society for the Permanent Care of the Feeble-minded announces that it is prepared to receive at Warford Hall, Cheshire, a limited number of boys of weak intellect whose parents can pay a moderate sum for their maintenance and tuition. The class of children in view are those whose parents can afford to pay £50 or £60 a year, and the institution will be under the Board of Education so as to secure regular inspection; idiots or imbeciles will not be eligible. The Hall has extensive grounds, and will be in every respect properly equipped and staffed. It is hoped in the future to establish a similar school for girls. The Honorary Secretaries of the Society are Dr. J. J. Cox, 38, Deansgate, Manchester, and Miss Dendy, 13, Clarence Road, Withington, Manchester.

THE question of whether a remedy for obesity should be regarded as a medicine, and hence pay stamp duty, was argued in a London Police Court last week, and held to turn upon whether fatness is a disorder or otherwise. It was argued that it could not be considered a form of illness, because while some fat men desired to be thin, some thin men desired to be fat. It was also suggested that though fatness might in some cases depend upon a morbid process, the remedy sold was not aimed at the pathogenic cause but at the harmless though objectionable consequence. The magistrate held that excessive obesity, not being an orderly state of the body, must be regarded as a disorder within the meaning of the Act, so that any drug purporting to reduce it must be regarded as a medicine and pay duty.

A HOSPITAL "AT HOME."—An "at home" at the Royal Albert Dock Branch of the Seamen's Hospital Society on Saturday, May 19th, was attended by about 200 executive officers of all the London and many provincial hospitals. The occasion was the completion, by Mr. P. Michelli, Secretary of the Seamen's Hospital Society, of his year of office as President of the Hospital Officers' Association. Among those present were: Sir Francis Lovell, C.M.G., Sir Frederick Young, Captain Tunnard, Mr. Keith D. Young, the Society's Architect; Dr. Harford, of Livingstone College; Dr. C. C. Choyce, Medical Superintendent of the Dreadnought Hospital; and Mr. Walter Alvey, Honorary Secretary Hospital Officers' Association. The hospital and the London School of Tropical Medicine connected therewith were open to inspection, and the details of the building were described by Mr. K. D. Young. A lantern demonstration was given in the theatre of the school, and Dr. Stanton demonstrated microscopic specimens of the parasites of malaria, sleeping sickness, etc., in the laboratories. Speeches were delivered by Sir Frederick Young and others, and opportunities were afforded for visiting vessels of the P. and O. and Ocean lines.

which I laid stress on the excessive consumption of animal food. Such is not the case. His views are in reality complementary to and in no sense antagonistic to those expressed in my letter. His remarks bore especially on nutrition in children; mine were to a great extent concerned with nutrition of the mothers. A few words will, I hope, make my position clear.

There is ample evidence (vide report of the Interdepartmental Committee on Physical Deterioration) that the failure to nurse at the present day depends in great measure on a physical inability on the part of the mothers. There are many children who are reared artificially simply because their mothers *cannot* nurse them. This inability to nurse must depend on some structural or functional change in the mammary glands. I venture to think that the main cause of this structural or functional change in these glands may be the increase in the consumption of animal food, to which I have drawn special attention. I have lately tested the correctness of this view by experimental investigation. In the course of the investigation on diet referred to in my letter, definite facts have been obtained which show that the administration of an excessive meat diet to animals is followed by structural and functional changes in the mammary glands of pregnant animals, these changes finding expression in an inability of the animals to rear their young.

My object in writing this letter has been to point out that the views expressed by Dr. Price Williams in his suggestive letter are in no sense antagonistic to, but are really complementary to, those expressed in my communication.—I am, etc.,

Edinburgh, May 19th.

CHALMERS WATSON.

THE HEAD QUARTERS OF THE ASSOCIATION.

SIR.—May I tender through your columns my thanks to the members who have written to me privately concerning the library hours and social intercourse questions? I find it impossible to answer each one individually. I am glad that the Executive Committee of the Winchester Division thought that an extension of the hours would be beneficial to some members. Mr. Wesley Wilson, when he says that the library is not one of recreation but of reference, bears out my opinion that there should be some place provided where members can converse.

No one for a moment expects our present librarian (and we cannot have a better one) to work till 11 p.m., but surely an assistant could be found without incurring any great expense. If I mistake not, he is the only head of a department that has no assistant, and yet the library is the only room open to members. When I suggested that some accommodation be provided for social intercourse I had no intention of converting the premises into a "club," "glorified" or otherwise. Surely Mr. Wesley Wilson's native acumen will show him that a marked difference exists between a room or two being set apart for conversational and meeting purposes and a "club" of any type, even in the widest sense of the word. I wish that my reference to the "Troutbeck case" had been "cryptic," but the fact of the British Medical Association having been made a laughing stock of is entirely too palpable and by no means of an enigmatical nature, as Mr. Wilson would suggest. The fact of an Association like ours being ignored as a body of medical men by the Government and only allowed a hearing by the Auditor of the London County Council as merely ratepayers is sufficient proof that, as a representative body, we were in this case of very little importance. It would be much better, indeed, if the whole business had been "cryptic"; as it is, "he that runs may read." Mr. Briscoe's suggestion that I am trying to cause dissent among our members is contradicted by the resolution that I moved; it was entirely in favour of improved social intercourse, and, consequently, greater unity and friendship amongst ourselves.—I am, etc.,

London, N., May 22nd.

STUART HALLOWS.

MIDWIFERY OF THE PRESENT DAY.

SIR.—The question raised by Dr. Horrocks is one of such importance to women and to their attendant practitioners that I would ask your indulgence while I state some experiences which bear somewhat upon the matter.

I have been looking over the statistics of my last 1,000 cases in general practice; I have noted the number of cases of "normal" labour. In these I have included all

which did not require interference, such as premature births, an epileptic who had a fit after labour was completed, the cases of puerperal fever, etc.; these come to 689. I had to apply the forceps in 247 cases, being nearly 1 in 4 of the series. Besides these, there were 72 abnormal cases—face presentations 3, pelvic 15, transverse 3, twins 11 pairs, placenta praevia 11, accidental haemorrhage 2, retained placenta 11, *post-partum* haemorrhage 6, eclampsia 5, prolapse of cord 2, monstrosities 3; in all of these cases interference was required.

In the series there were 3 deaths, 1 from mania, 1 from eclampsia, and 1 from puerperal fever. The case of mania had had forceps applied. If any one of the Dr. Horrocks school feels inclined to argue that therefore the application of the forceps tends to produce puerperal mania, well and good. The eclampsia was treated *secundum artem* by an assistant. The case of puerperal fever is of interest. A strong multipara, with a perfectly normal labour. I examined once, found all well, and no more. She had just come to a wretched hovel which had been condemned as unfit for human habitation. Her infant simultaneously developed erysipelas neonatorum, and died before her. It will be said that the surroundings have nothing to do with puerperal fever, according to the present-day teaching. Very well, take the only other case of puerperal fever in the series. A tramp woman was prematurely delivered in a common lodging-house, on a shake-down on the dirty floor. No one examined her at all, yet on the third day she had a rise of temperature, rigor, suppressed lochia, diarrhoea, and the rest of it. Being a tramp wife, she had a constitution of iron, and so got through. Now, the point I wish to put to Dr. Horrocks is this: if the danger of interference be so great, why did my cases of puerperal fever occur, one where his routine had been strictly carried out, the other where his desideratum of no interference at all had obtained? And further, why is it that of the 319 cases where everything that could be done in the way of useful interference was done not one resulted badly? I wish to emphasize this point. Not a single one of the 247 forceps cases had a single bit of trouble. Why, then, should others not have the same benefit? There appears to be not the slightest risk. Boil your forceps, *wait till the os is well dilated*, dilating under chloroform, with the fingers if necessary; give chloroform in all instrumental cases and if your antiseptics are right there is no fear. Scrub with Johnston's fluid soap five minutes, lysol solution five minutes, scrub the vulva with biniodide of mercury (McClintock's soap), and avoid the bed-clothes.

We are bound to do what we can for our patients. It is a cruel business at best. I discussed it this morning with a primipara, a magnificent specimen of womanhood. It had been a sharp tussle for her for six hours, a battle like to that of the warrior of Scripture, "of confused noise and shouting, and of garments rolled in blood." When it was over, we could see from the farmhouse window her poultry peacefully tending their chicks; and we agreed that the oviparous mothers had the better method.—I am, etc.,

Cupar, Fife, May 16th.

C. E. DOUGLAS, M.D.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

A POST-GRADUATE COURSE IN OPHTHALMOLOGY.

THE third annual course on ophthalmology will begin on Monday, July 9th, and continue until Saturday, July 21st. The first week will be mainly devoted to demonstrating the practical examination of eye patients, the use of the ophthalmoscope, and the methods of estimating refraction errors. During the second week the work will be more specialized, dealing with particular regions of the eye and their diseases. Professor Osler will give a series of clinical lectures at the Radcliffe Infirmary, including one on the medical aspect of ophthalmology. Practical instruction will be given at the Oxford Eye Hospital by the hospital staff, and among the ophthalmologists who will take part in the special lectures and demonstrations in the second week are Mr. Adams Frost, Mr. Lawford, Mr. S. Stephenson, Mr. Richardson Cross, Mr. Priestley Smith, Mr. Treacher Collins, and Mr. Parsons. The concluding lecture will be given by Mr. Nettleship, on family diseases of the eye. The fee for the course is 5 guineas, and members will be provided with board and residence at Keble College at the rate of 7s. 6d. a day. Full particulars can be obtained from Mr. R. W. Doyne, Margaret Ogilvie's Reader in Ophthalmology in the University of Oxford, 34, Weymouth Street, London, W.

During the course, in addition to routine cases, a large selection of cases of unusual interest will be shown for the benefit of those more experienced in eye work, and as it is believed that some ophthalmic surgeons may like to see some of the more interesting cases they will be reserved for the Monday and Tuesday following the course, if an adequate number of surgeons should send in their names to Mr. Doyne. Should the response be sufficient, Mr. Nettleship's lecture will be given on Monday, July 23rd, in the afternoon. Mr. George Coats will read an illustrated paper on intraocular vascular disease, and on Tuesday morning, July 24th, special demonstrations will be arranged on the pathology and bacteriology of the eye, the coagulability of the blood, opsonic index, and other more recent methods of investigation and treatment.

UNIVERSITY OF LONDON.
ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.
The Young Lectures.

DR. OSLER, Regius Professor of Medicine in the University of Oxford, will deliver the Thomas Young Lectures in Medicine during June. The lectures are free to members of the medical profession and medical students. The following is the syllabus:

- I. June 6th, 5 p.m.—(1) Life and Work of Thomas Young ; (2) Brief Anatomical Considerations.
- II. June 7th, 5 p.m.—Methods of examining the abdomen.
- III. June 8th, 5 p.m.—(1) General Considerations: Patterns of Abdominal Tumiditv ; (2) Distensions due to Conditions of the Abdominal Wall.
- IV. June 9th, 5 p.m.—Patterns of Abdominal Tumiditv : The Dilated Stomach.
- V. June 11th, 5 p.m.—Patterns of Abdominal Tumiditv caused by Dilatation of the Intestines.
- VI. June 12th, 5 p.m.—Patterns of Abdominal Tumiditv : (1) Dilatations of the Uterus and Bladder ; (2) Miscellaneous.

UNIVERSITY OF LIVERPOOL.
Department of Experimental Medicine.

THE lectures on cytology at the University will be continued in the Physiological Lecture Theatre on Tuesday, May 29th, and on the following Tuesdays until further notice, at 3 p.m. These lectures are free.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.
At a meeting of the College on May 16th, the following gentlemen having passed the requisite examinations were admitted Ordinary Fellows :

H. N. Anklesaria, C. M. Begg, R. Bryson, Captain I.M.S., J. Burdon-Cooper, R. S. Cocke, J. M. Kirkness, S. B. Mehta, V. E. Sorapure.

Dr. Robert McKenzie Johnston, 2, Drumsheugh Gardens, Edinburgh, was appointed Secretary and Treasurer, and Dr. James William Beaman Hodson, 6, Chester Street, Edinburgh, was appointed Representative of the College in the General Medical Council for five years from June 21st next.

The medal and set of books presented to the College by Colonel William Lorimer Bathgate, in memory of his late father, William McPhune Bathgate, F.R.C.S.E., Lecturer on Materia Medica in the Extra Academical School, was awarded, after the usual competitive written examination in Materia Medica, etc., to Mr. James Hay Johnston, 18, Plewland's Terrace, Edinburgh.

SOCIETY OF APOTHECARIES OF LONDON.
THE following candidates have been approved in the subjects indicated :

Surgery.—*J. W. Blooker, *†H. S. Chate, *†F. J. Macphail.
Medicine.—*†H. S. Chate, †H. A. Fenton.
Forensic Medicine.—H. S. Chate, W. J. G. Gayton, R. J. W. McKane, O. C. H. L. Moll, A. F. Palmer.
Midwifery.—J. W. Blooker, A. E. Blythman, H. S. Chate, E. V. Connellan, F. G. Edholm.

* Section I. † Section II.
The diploma of the Society has been granted to Messrs. J. W. Blooker, H. S. Chate, and F. J. Macphail.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE OPERATIONS IN THE BAIHR-EL-GHAZAL PROVINCE.

THE London Gazette of May 18th contains a report from Major-General Sir R. Wingate of the operations in the Southern Bahr-el-Ghazal in 1905. The circumstances which gave rise to the expedition are briefly summarized. It is noted that Captain Haymes, R.A.M.C., died of wounds received in action in February, 1904. Among the officers selected for special mention by Sir R. Wingate is the name of Major H. A. Bray, R.A.M.C., Principal Medical Officer of the Force.

THE annual dinner of the officers of the Indian Medical Service will take place at the new Gaiety Restaurant, London, on Thursday, June 14th, at 7.45 p.m. Further particulars can be obtained from Mr. P. J. Freyer, M.D., M.Ch., 27, Harley Street, W.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE PECULIAR PEOPLE.

JAMES COOK, whose committal on a charge of manslaughter was recorded last week (BRITISH MEDICAL JOURNAL, May 19th, page 1197), has since been committed for trial on a similar charge in respect of the death of another of his children. The facts disclosed at the inquest were in all essential respects identical with those at the earlier inquiry. The medical evidence was to the effect that the child died from heart failure due to bronchopneumonia, and that death was materially accelerated by lack of medical care. Such care was not provided, because both father and mother belonged to the Peculiar People. The father admitted that doctors were God's creatures, but would not take advantage of their knowledge, "because it was got from colleges." The "Elder" involved in this case was "Bishop" Paul Spicer, a market gardener of Thundersleigh, Essex.

AN ACTION FOR NEGLIGENCE.

AN action was tried on May 13th, before Mr. Justice Phillimore and a special jury, in which Mrs. A. J. Hall, the wife of Mr. R. J. Hall of Wandsworth, claimed damages from Dr. W. H. Fenton, Senior Physician at the Chelsea Hospital for Women, and Dr. S. J. Cameron (formerly house-surgeon there), for alleged negligence. Mr. A. H. Spokes appeared for the plaintiff, and Mr. Clavell Salter, K.C., and Mr. Hugh Fraser for the defendants, who were defended by the Medical Defence Union.

On June 11th, 1903, an operation was performed on the plaintiff at the Chelsea Hospital by the defendants for painful menstruation, a stem pessary being inserted in the uterus ; she left the hospital on June 18th, and, without returning, married on August 22nd of the same year. On March 22nd, 1905, she had a miscarriage, and a stem pessary was discovered in the uterus, and removed on that date by Dr. Kernohan of Earlsfield.

The plaintiff's case was that the instrument was inserted while she was under anaesthetics, and that she was never told it was there ; the defendants maintained that she was instructed to return in two months for the purpose of having it removed, and that the hospital routine made it impossible that such directions could have been omitted. The case turned entirely upon this point, and the jury found for the defendants, adding a rider to the effect that they thought it desirable that such instructions to the patients should be in writing.

The judge, in giving judgement for the defendants, said it was a wise suggestion, and might prevent such actions as the present one from being brought.

TELEPHONES AND BRANCH SURGERIES.

EXCHANGE.—We have repeatedly stated that in scattered country districts it is permissible for medical practitioners to put up brass plates at houses not occupied by them where messages can be left. We see no reason against a telephone being installed, but to announce the existence of the telephone on the plate seems to savour of advertisement. Surely the fact that messages can be transmitted will soon be made known to all whom it legitimately concerns.

NOTIFICATION OF BIRTHS.

HONORARY SECRETARY writes: My society is anxious to have your opinion on the following matter:—The registrar of births and deaths here, wishing to have as complete a record of births as possible, writes to the society, asking if the members will furnish him with particulars of every birth attended by them. His suggestion is that he sends to each medical man stamped addressed post-cards with spaces for the following information—Date of birth ; sex of child ; name and address of father ; the post-card to be unsigned. Is a medical man justified in giving such information about his patients either on a post-card or in a sealed letter ?

* * * The information could be given only with the consent of the parents, and we see no reason why medical practitioners should take upon themselves a duty of this kind not imposed upon them by the law.

SCHOOL CERTIFICATES.

W. W. (Scotland).—A certificate of exemption from school attendance in the form suggested—namely, "I hereby certify that I am at present attending _____, and that he is mean-time unable to attend school through illness"—would be valid.

A PARTNERSHIP COMPLICATION.

WINSTER.—Owing to ill-health a practitioner is compelled at times to leave his practice in charge of a *locum tenens*. He has arranged with the last *locum tenens* to stay with him for twelve months as a nominal partner, offering to give him at the end of that time a partnership. What ought the *locum tenens* to pay for a share under these circumstances ?

* * * It is to be presumed that the practitioner does not expect the *locum tenens* to pay the ordinary market value of the share, as he is giving him his services for a year at a