

microscopically, closer pathological affinities, but it is widely separated from this condition by its etiology and clinical history. This degeneration occurs in persons who abstain altogether from alcohol, in moderate drinkers, and in those who are chronically overstimulated. It affects smokers and non-smokers alike, but women distinctly less than men. Repeated attacks of malarial and other fevers, and the high body temperatures usually associated with cardiac asthenia and cloudy swelling, do not originate it, while, contrary to the opinion which was formerly held by many physicians, it seems to have no relation to beri-beri.

There is, however, an influence which is clearly causative; it is over-indulgence in hard exercise. The disease is one of the imprudently strenuous life. In the tropics, probably oftener than elsewhere, the distinction between exercise and fatigue is inadequately realized; and it is by no means unusual to find men of middle life and prolonged residence who follow the cult of athletics with the unquestioning zeal of the English schoolboy. From the ranks of these enthusiasts the physician draws his European cases; while, if he sees instances of sudden and fatal syncope in natives, it is found that, in obese and indolent subjects, death is generally the result of fatty overgrowth, in hard-working coolies, of this myocardial degeneration.

Are any means available by which a degeneration such as this may be remedied, or by which, at least, the further progress of destruction may be arrested? The answer is that certainly the latter, and perhaps both results, can be effected by timely treatment. We know that an impaired muscle fibre may in favourable circumstances be absorbed and replaced; and we also know that the muscle cell, when over-stimulated, loses its general, before its special, function. The sequence is—exhaustion, loss of proteolytic and assimilative function, loss of contractility, decay. In this instance it is obvious that the cardiac muscle is starving not for lack of nourishment, but from want of ability to absorb the nutritive material which is around and about it in superfluity. If its metabolic capacity and nutrition can be restored, so, certainly, will its contractility and ability for work. To this end, rest in bed is a first essential, and diet must, in consequence, be limited. General massage is necessary to maintain and restore muscle function and assimilation. Heart stimulants—digitalis, ether, strychnine—are to be avoided; strong cigars, than which there is no more powerful cardiac depressant, must be prohibited. If the patient is a moderate drinker, alcohol should be stopped; if he is a free liver and stimulants appear indispensable, consideration is necessary. But in deciding the point, which is very important, it should be borne in mind—and this is specially true of the tropics—that the sudden withdrawal of alcohol and tobacco from a patient thoroughly habituated to their use may induce such deep dissatisfaction as to seriously prejudice all assimilative processes. As to drugs, opium is of special value. In the tropics, where heat exhaustion is in daily evidence, its efficacy is more generally appreciated than in colder climates. There can be no question of the beneficial action of opium in the extreme fatigue that is induced by continued and severe physical effort in hot climates, and in the dyscrasias that result from over-exertion. In no disorder in the tropics is this more apparent than in degeneration of the myocardium; apart from its sedative effect, opium acts with promptitude and certainty as a restorative of cardiac tissue; and in such a condition it may be safely and usefully continued for long periods without other medicine than an occasional laxative. All other hypnotics should be discarded; some of them are dangerous, others may be so. With suitable treatment, the prognosis of this form of myocardial degeneration is by no means bad, and if taken in hand during their earlier stages most cases will do well.

EDINBURGH ROYAL INFIRMARY.—At the weekly meeting of the managers on Monday, June 18th, the following reappointments to the staff were made: Mr. C. W. Cathcart, Surgeon, for a further period of five years from September 15th; Dr. William Russell and Dr. Murdoch Brown, Assistant Physicians, for a further period of five years from November 9th; and Mr. J. W. Dowden, Assistant Surgeon, for a further period of five years from September 15th.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

PRIMARY SARCOMA OF THE LIVER.¹

On January 8th a dockyard policeman, aged 25, was admitted with a temperature of 101° after a few days' illness unaccompanied by any very definite symptoms.

His temperature after admission ranged from 99.2° F. to 103.4° F., and his symptoms varied from bronchitis with sanguineous sputum to trigeminal neuralgia. His spleen was somewhat enlarged, but no parasites could be found in his blood. On January 31st his symptoms became abdominal, nausea and vomiting were constant, and the abdomen was markedly tympanitic. On February 1st the temperature fell to subnormal; he became rapidly weaker, and died of heart failure on the 24th.

On opening the abdomen *post mortem* the liver was found to be greatly enlarged, and weighed 11 lb. 6½ oz. The whole surface of the organ was closely studded with slightly raised rounded or oval nodules of a whitish colour. On section the liver was found to have been largely transformed into new growth; masses of sarcomatous tissue from ½ in. to 2 in. in diameter replacing the liver tissue throughout the organ, some of which showed signs of breaking down in their centres, whilst into others haemorrhages had taken place, and all were very friable. No secondary deposits could be seen in the lungs or elsewhere. Microscopically, the tumours were found to consist of a general infiltration of the lobules of the liver with small round cells. No focus outside the organ could be discovered, and it was therefore concluded that the lesions were of primary round-celled sarcoma of the liver.

KENNETH H. JONES, M.B., Staff Surgeon, R.N.,
R.N. Hospital, Hong Kong.

ETIOLOGY OF GRANULOMA PUDENDI.

In his note on the etiology of granuloma pudendi, published in the BRITISH MEDICAL JOURNAL of June 2nd, p. 1274, Mr. Wise states that if the body he had discovered be the *Spirochaeta pallida*, the fact would "strongly support the view held by the minority that this granuloma is a manifestation of syphilis."

As the question is important I should like to point out that even if the organisms discovered in these two cases proved to be undoubted evidences of syphilis, the fact would not prove anything further than that the two diseases were coexistent in these particular instances. As both syphilis and granuloma pudendi are most frequently contracted in a similar manner, it is probable that cases of mixed infection are not at all uncommon. I have met with a considerable number of cases in which soft chancres and suppurating buboes appear to have been contracted simultaneously with this form of granuloma.

On the other hand, the evidence against this disease being merely a manifestation of syphilis is so strong that I fancy there can be few, if any, surgeons who have an extensive acquaintance with the former who have any doubt as to these being quite distinct diseases. Such, at any rate, is the case in Madras, where the disease is common, and where the universal treatment consists in excision of the diseased area, whenever this is feasible. The disease is, in fact, treated on the same principles as malignant disease, and no specific internal medication is ever resorted to. The facts which have established this view of the disease are as follows:

1. In uncomplicated cases granuloma pudendi is a purely local disease, the lesions being confined to the part originally infected, although sometimes transferred to other parts by autoinfection. If the disease be allowed to run its course untreated, or if the patient fall into bad health from any other cause, a cachetic condition may ultimately become established; but even in such cases no local signs, beyond the original lesion, are seen.

2. Antisyphilitic remedies have no effect whatever in checking the spread of the disease. Before the distinct identity of this disease was established, surgeons in Madras were in the habit of treating it on the supposition that it was a manifestation of syphilis, and I have watched the progress of many cases in which both mercury and

¹ Forwarded by the Director-General, Medical Department, Royal Navy.

potassium iodide were given continuously for long periods without having any effect upon the disease. This well-established fact in itself is sufficient to stamp the disease as something quite apart from syphilis.

I have throughout this communication spoken of the disease under the name of "granuloma pudendi," as that is the designation used by Mr. Wise in his note. Such a name, however, is misleading, as it seems to imply that the disease is confined to the pudendal regions, whereas it may affect any part of the body. A better name, and one which is used in India, is "infective granuloma," or "cicatrizing granuloma."

J. MAITLAND, M.D., Lieutenant-Colonel I.M.S.
Sidmouth.

ABDOMINAL RESISTANCE.

IN the diagnosis of many abdominal conditions palpation and a precise appreciation of the comparative degrees of resistance in different localities is of the first importance. In many subjects, however, the obese and the very muscular, the estimation is one by no means easy to make with the unaided hands, but becomes quite simple when the instrument here shown is employed. With its aid I have been able to distinguish conditions which were puzzles to greater men than the inventor. It consists of a barrel containing a spiral spring, a blunt tip (lettered D), a bulb (lettered C), and two scales (lettered A and B). In use the blunt tip D is pressed upon the part to be examined, the force used being shown in pounds and half-pounds on the scale A. The bulb C travelling upwards simultaneously on scale B. The pressure shown by A being noted and the height of the bulb on B remembered, the instrument is then pressed to another locality until the A scale reads as before. Any difference in resistance at the two localities is then at once shown by the difference between the heights to which the bulb has travelled on the B scale in the two trials. The instrument is now made by Messrs. Arnold and Sons.

Finsbury Pavement.

JAMES MACMUNN.

NEURITIS IN PHTHISIS.

ABOUT six months ago a patient of mine, a young man 20 years of age, 6 ft. 2 in. in height, contracted pulmonary tuberculosis. When I called one day I was surprised to find he had developed a typical wrist drop of the right hand. At first I put it down to pressure, but as it became permanent I came to the conclusion that it was tuberculous in origin. On looking up the medical literature on the subject I find that this is an exceedingly rare complication. The cases reported are said to have occurred in the lower extremities and to have been accompanied by excruciating pain common to some forms of neuritis such as those due to alcoholism. In my case, however, there was no complaint whatever of pain, nor was the affected extremity sensitive to pressure. The patient was in the secondary or advanced stage of phthisis when this complication occurred.

Airdrie.

JOSEPH STARK, L.R.C.P. Edin.

COPPER ALGINATE.

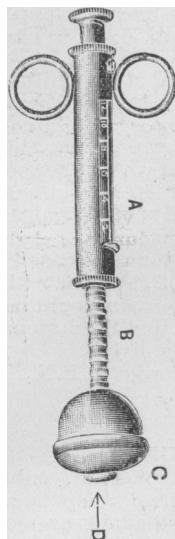
A FEW doses of $\frac{1}{4}$ gr. of opium coupled with a similar amount of copper sulphate have been advised for some forms of ulceration of the bowels producing diarrhoea. Doses of the latter, of $\frac{1}{6}$ gr., are useful in skin disorders, when arsenic cannot be taken. Similarly copper arsenite, in doses of $\frac{1}{6}$ gr. twice or thrice daily, acts well in some cases of anaemia. It is noteworthy that copper, as well as lead and manganese and silicon, is normally present in human blood in traces, and it is also a fact that copper takes the place in some animals that iron takes in most—that is to say, it is the essential metallic element of the colouring matter of the coloured corpuscles. As is well known, copper, like mercury, possesses germicidal properties. Mercury is at least partly useful in leprosy as well as in syphilis, but quite possibly

this suitable preparation of copper might be more useful still. It is probable that the alginate of copper would be found by others, as well as by us, beneficial in destroying germs of disease, and also, perhaps, by imparting vigour to patients suffering from anaemia and pernicious anaemia. With this belief we had it prepared, and have given it to adult males in doses of $\frac{2}{3}$ gr. to $\frac{1}{6}$ gr., made into pills with a suitable excipient. We suggest that it might be tried in cases of leprosy, lupus, inoperable cancer, and chronic anaemia. Personally we have used it for tuberculous ulceration of the bowel in two quiescent cases of men over 30 years of age, also in a case of lupus, and in dysentery of long standing. We have had good results hitherto, using of course other therapeutic measures as well.

ALBERT GRESSWELL, M.A., M.D., M.R.C.S.,

GEORGE GRESSWELL, M.A., L.R.C.P. and S.Edin.

Louth, Lincolnshire.



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

HARROGATE INFIRMARY.

A CASE OF FOREIGN BODY IN THE BLADDER: RECOVERY.

(Reported by M. B. RAY, M.D., C.M.Edin., Surgeon to the Institution.)

THE patient in this case was a young married woman, aged 23. She had one child 14 months old, and was in the fifth month of a second pregnancy. Her last labour was normal, and she had menstruated regularly. She was sent into the infirmary under my care by Dr. Thomas in the early part of January.

State on Admission.—She was complaining of inability to retain her urine, a scalding sensation when passed, and a severe pain in the hypogastric region and down the front of both thighs. The pain was lessened by lying down, but became very intense when standing or walking about. Her illness, she said, commenced about fourteen weeks previously with pain in the lumbar region shooting round to the front, and the constant desire to micturate, and the frequent passage of hot scalding urine. The frequency increased until, ten days before admission, she had complete incontinence. The urine was alkaline and strongly ammoniacal. After standing, a copious deposit of pus formed nearly half way up the urine glass. *Per vaginam* the os was found to be patulous, admitting easily the tip of the finger. The uterus was enlarged, but any attempt at a bimanual examination caused severe pain. Bulging backwards from the anterior wall of the vagina was a rounded hard swelling about an inch or more in length, and very painful to the touch. This nature of the swelling was quickly recognized by the introduction of a sound into the bladder, when it was felt to impinge on a large calculus. The bladder was washed out for a few days, and urotropin given internally, in the hope of rendering the urine a little less irritating and of reducing the inflammation.

Operation.—Under an anaesthetic administered by Dr. Garrad, the bladder was washed out repeatedly, and as much lotion as possible left therein. A 3 in. incision was then made immediately over the pubes in the middle line extending upwards towards the umbilicus. The various structures were divided in the line of the wound, haemorrhage controlled, and the bladder identified and hooked up. A hole sufficiently large to admit a finger being then made, the interior was explored. The pin and concretion were at once felt, and after enlarging the opening a little they were both extracted. The hairpin was 3 in. long, and the incrustation was fully 1 $\frac{1}{2}$ in. by 1 $\frac{1}{2}$ in., the whole weighing 10 drachms. Copious douching of the wound removed a large amount of phosphatic deposits from the interior of the bladder. A large rubber tube, secured to the skin incision by a stitch, was introduced as far as the bottom of the bladder, and the wound left open to heal by granulation.



Rockhampton.—During the weeks ended April 14th, 21st, and 28th, and May 5th and 12th, the fresh cases of plague numbered 4, 4, 0, 1, and 0. The deaths from the disease during the same periods numbered 1, 4, 0, 0, and 0 respectively. Rats have been found plague-infected in Rockhampton. On May 12th 6 patients remained in the Plague Hospital under treatment.

Hong Kong.

During the weeks ended May 19th, 26th, June 2nd and 9th, the fresh cases of plague numbered 90, 116, 73, and 51, and the deaths from the disease 83, 116, 72, and 48 respectively.

MEDICAL NEWS.

OWING to the number of papers in hand, an extra meeting of the Royal Medical and Chirurgical Society will be held on Tuesday next.

THE Shah has been pleased to appoint Dr. the Hon. Lennox Lindley his Chief Physician, and has conferred on him the Order of the "Temsal" (portrait of the late Shah) in brilliants in recognition of his valuable services.

AMONG the promised contributions towards the foundation of a university at Bristol are £10,000 each from Mr. H. O. Wills, Lord Winterstoke, and Mr. J. S. Fry, and £5,000 each from Sir Frederick Wills and Mr. Francis J. Fry.

WE regret to have to report a fatal accident at University College Hospital. On Tuesday last Mr. Dukes, one of the house-physicians, was killed by falling through the well of the lift to the basement. He seems to have stepped into it under the impression that the cage, which had ascended to an upper floor, was still at the floor level. Mr. Dukes, who was a young man of great promise, was, we believe, a son of Dr. Clement Dukes of Rugby.

WITH deep regret we announce the death of Lieutenant Forbes Tulloch, R.A.M.C., which occurred in the Queen Alexandra Military Hospital, Millbank, on June 20th. It will be remembered that Lieutenant Tulloch contracted sleeping sickness in Uganda, where he had been sent under the auspices of the Colonial Office as a member of a Commission appointed to investigate the causes of the disease and the means of prevention.

UP to the time of going to press the sums which have reached the Mansion House in respect of the collection last Sunday for the Metropolitan Hospital Sunday Fund total some £15,000. The various moneys always come in very slowly, and usually many weeks pass before the final result can be ascertained. The collection among City men during the few days preceding Hospital Sunday was repeated this year and proved satisfactory, the small donations aggregating to a considerable amount, and some cheques for large sums being sent direct to the Fund. By way of getting at that part of the population which leaves London on Sunday, leaflets were distributed this year in public vehicles and collecting boxes placed at several well-known Sunday resorts in the neighbourhood of London.

ORDER OF ST. JOHN OF JERUSALEM.—The King has been graciously pleased to appoint the undermentioned gentlemen to be Knights of Grace of the Order of the Hospital of St. John of Jerusalem in England:—Andrew Clark, F.R.C.S. (from Honorary Associate); Surgeon-Major John Arnall Jones, M.D., 2nd Volunteer Battalion the Welsh Regiment (from Honorary Associate); Deputy Inspector-General Theodore Julian Preston, M.D., R.N.; Robert Jones, Esq., M.D. (from Honorary Associate); and Major Thomas M'Culloch, R.A.M.C. Dr. S. Hamilton, chief surgeon of the Newport Ambulance Corps, has been appointed an Honorary Associate of the Order.

MEDICAL PRACTICE IN PERSIA.—In an article entitled "Chances of Practice Abroad" which appeared in the BRITISH MEDICAL JOURNAL reference was made to Persia. In regard to that country Dr. Joseph Scott, of Teheran, has been good enough to supply some additional information which may perhaps be useful to some readers. Many of the large provincial towns afford good openings, and a young practitioner may easily get an appointment as physician to a local governor. The scale of fees is as follows: Consultation, 5 tomans; visit at patient's home, 2 to 3 tomans; at doctor's own house, 1 toman each visit, paid at the time. The rate of exchange is 5 tomans 4 khrans to £1. The Church Missionary Society has hospitals at Ispahan, Yezd,

and Kirman. There is a good opening for an ophthalmic specialist. In estimating the chances of practice in Persia it should be borne in mind that French medical men are at present more in favour than the British. Lately the Sultan has secured the services of three French army medical officers to found a school of medicine, and a new hospital is in course of erection which is to be placed at their disposal for purposes of clinical instruction.

INCORPORATED MEDICAL PRACTITIONERS' ASSOCIATION.—The annual meeting of the members of the Incorporated Medical Practitioners' Association was held at the Trocadero Restaurant on June 14th, when Dr. A. Percy Allan, of Croydon, was elected President for the year. After the meeting the members and friends dined together. Dr. Allan who was in the chair, announced in reply to the toast, "Success to the Association," that the Council had resolved in regard to the forthcoming election of Direct Representatives to the General Medical Council to recommend the members to support the candidature of Mr. George Brown, one of the present Representatives, and Mr. Joseph Smith, President of the Association of Members of the Royal College of Surgeons of England, who was a candidate at the last election. In the course of the evening, the retiring President, Dr. Rivers-Willson, presented a testimonial to Mr. G. Brown, consisting of an illuminated address and a cheque in recognition of his services to the Association as Honorary Secretary and Editor of the Official Journal.

ORAL INSTRUCTION OF THE DEAF.—From the report for 1905 of the Association for the Oral Instruction of the Deaf and Dumb we learn that in both departments of the work carried on by Mr. Van Praagh and his colleagues at 11, Fitzroy Square, the Training College for Teachers, and the Practising School, which is attended by some fifty deaf boys and girls, quiet but continued progress has been made. Dr. Eicholz, H.M.'s Inspector of Schools, reports that the institution obtains "results which are, particularly among the advanced pupils, admirable," and awards the highest grant possible both for general and technical instruction. This official commendation gives point to the appeal which the Committee makes for increased public support to prevent the valuable achievements of the last thirty-six years being imperilled through want of funds, it appearing that there is an annual deficit of not less than £500. Though the education of deaf children has happily been made a duty of the public elementary educational authorities throughout the country, there is yet ample scope for the operations of a society which not only educates deaf children but trains teachers for the deaf on the pure oral system, and it must be remembered that Government does not provide the means of training teachers, though a special grant is given for the instruction of deaf children. The Practising School is open for inspection at 3 p.m. on Wednesdays, and a visit will afford the most convincing proof of the utility of the institution.

ROYAL COLLEGE OF VETERINARY SURGEONS.—The annual dinner of the Royal College of Veterinary Surgeons was held at the Trocadero Restaurant on June 6th, Mr. Joseph Abson, the President, occupying the chair. The toast of "The Medical Profession" was proposed by Mr. William Hunting, who said that in the future the medical profession was bound to work *pari passu* with veterinarians in the study of general pathology, in view of the transmissibility of the diseases of animals to man. Colonel Lane Notter, in responding, emphasized the necessity of combined veterinary and medical inspection in the supply of meat and milk in the interests of the public. The toast of the evening, "Prosperity to the Royal College of Veterinary Surgeons," was proposed by Sir Nigel Kingscote, who stated that since the College received its charter sixty-three years ago the profession had made great strides in its educational programme, until at present its examinations were equal to those of the medical profession. He thought it was quite time the veterinary profession, in the interests of public health, should insist upon veterinary surgeons alone being appointed inspectors of dairies and meat, many sanitary inspectors at the present time being totally unqualified to fulfil their duties. In response to the toast of "The Visitors," the President of the Pharmaceutical Society suggested that the veterinary profession should join the medical and the legal professions in making a strong protest to Parliament against personal qualifications being whittled away in the service of unqualified practitioners. It was not in the interests of the public that a company should be allowed to carry on practice by using the names and qualifications of individual practitioners.

analytical method of constructing life-tables and with exact descriptions of the analytical method and of modifications of this method which he had introduced in constructing life-tables. The last-named paper undoubtedly showed what, in his own characteristically modest words he stated only tentatively, but which can undoubtedly be claimed more absolutely, that

Another inference which may perhaps be drawn by some readers is that the results obtainable by the shortened method, which it has been the object of this paper to describe, are sufficiently accurate to render it a reliable instrument of statistical work, and to dispense with the trouble of using any extended method whether analytical or graphic.

He adds, also in a characteristic manner :

In conclusion, it may be stated that the simplicity and ease of the method have been only arrived at by devious wanderings in the mazes of methods much more complex and difficult.

Dr. Hayward was well aware of the pitfalls involved in the technique of life-table construction and of the dangers which may be associated with the use even of improved methods of construction of these tables, unless these improved methods are also used retrospectively, as shown by his paper in the *Journal of the Royal Statistical Society* (vol. lxiv, Part 4).

Most medical men would doubtless find a valuable contribution which he made to the *Transactions of the British Congress on Tuberculosis* more interesting than his more technical papers. In this contribution he showed what would be the exact effect on the average prospects of life if pulmonary phthisis were excluded from the death-returns. Without phthisis in 1881-90 the average length of life for each individual born would have been increased by two and a-half years; and those who survived to the age of fifteen would have had their average expectation of life increased by about three years and a-quarter. In another paper he extended these results to other diseases, showing how the elimination of cancer would increase the expectation of life at birth in males 0.39 and in females 0.83 year, and so on for some other diseases.

If the preceding remarks have fulfilled their intent, they have given the reader an insight into the non-self-regarding life which Dr. Hayward led, into his devotion to duty, his thoroughness, and his conscientiousness in every minute detail of life. One is tempted to add a few words on this more personal aspect of his character. Letters before the writer show the impression which he produced on all who knew him. Thus "he was to my mind one of the most beautiful spirits, one of the tenderest and most upright men. He was a blameless gentleman; the whole district is the poorer for his going." Another says: "I trusted him far more than any other friend I have ever had. What a fine thing he made of life, and what an amount of good he did." It would be easy to multiply these examples of testimony to the very exceptional beauty and unselfishness of Dr. Hayward's character. To those who knew him, his example and life will always constitute one of their happiest memories and most powerful incentives to an altruistic life. His

Dear memory serves to make
Our love of goodness strong. A. N.

DR. MICHAEL McWILLIAMS BRADLEY, J.P., of Jarrow-on-Tyne, died on May 25th at his Irish residence, Tamnagharrue Park, Warrenpoint, in his 63rd year. His remains were embalmed, and interred at Jarrow, amidst many manifestations of sympathy and regret, on May 31st. The son of a farmer, the late Dr. Bradley was born at Killeylough, Maghera, in co. Derry, and when quite a youth went to Glasgow, where for several years he assisted the late Dr. Arthur Connor. Very largely by his own efforts and perseverance he entered Glasgow University, where he greatly distinguished himself. He obtained the degrees of M.B. and C.M. in 1870, and the diploma of L.R.C.P.Edin. in 1874; he graduated M.D.Glasg. in 1876. He settled in Jarrow in 1872, succeeding to the practice of the late Dr. Kelly. He readily established himself in the confidence of the people, and built up a large connexion. His energy was practically unlimited, and his capacity for work was at times the wonder of his friends. He was for several years medical officer for the borough of Jarrow. He was a Fellow of the Obstetrical Society of London, and a member of the South Shields Division of the British Medical Association. To the *Obstetrical Journal*

he contributed two valuable papers on *post-partum haemorrhage* treated by compression of the abdominal aorta, and on midwifery statistics. At the time of his death he was Police Surgeon at Jarrow, a Medical Officer to the South Shields Union and the Post Office staff. He was an ardent supporter of the Irish Nationalist Party, and his name was more than once mentioned as a likely candidate for a seat in the House of Commons. In local affairs he often took a prominent part, and at one time was a member of the Borough Council. He was a Roman Catholic and a strong temperance advocate. Amongst the poorer classes of Jarrow he will be sadly missed. His health began to cause concern about twelve months ago, and pressure was put upon him by his friends to do less work and take more care of his strength. In response to these suggestions he snatched occasional short holidays, but chafed under inaction and was delighted to get back into harness again. Some four or five weeks before his death he went to Tamnagharrue Park, and at first his condition improved, but he changed for the worse suddenly and the end was somewhat unexpected. He leaves a widow and no family.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on June 14th :

M.D.—H. H. Thompson, Christ's.
M.B.—W. P. Lowe, Gonv. and Cai.; J. W. E. Cole, Corp. Chr.
M.B., *B.C.*—M. Grundy, Joh.; G. H. K. Macalister, Joh.; G. A. Ticehurst, Joh.; R. F. V. Hodge, Ennn.
B.C.—J. McIntyre, King's; C. R. F. Hall, Trin.; H. C. Cameron, Joh.; G. H. Harper-Smith, Gonv. and Cai.; A. S. Palmer, Jes.

UNIVERSITY OF EDINBURGH.

GENERAL AND EXPERIMENTAL PSYCHOLOGY.

At a meeting of the Edinburgh University Court on Monday, June 18th, an important extension of university teaching was made by the establishment of the George Combe Lectureship on General and Experimental Psychology, with a salary of £300 a year. The George Combe Trust has agreed to give a contribution of £250 towards the lecturer's salary, besides making a substantial grant for the purchase of the necessary apparatus. It is expected that an appointment to the lectureship may be made in time to allow of the beginning of the work of teaching next winter session. Independent laboratory accommodation will be available as soon as the physics department has been transferred to its new home at the new buildings at the old City Fever Hospital.

UNIVERSITY OF TORONTO.

NEW BUILDINGS.

PLANS have been prepared for a new building for the Department of Physics of the University of Toronto. It is expected that building will begin in the spring; the total cost is estimated at \$225,000. The project for the University Men's Residences will take tangible shape during 1906; it is intended to erect four houses, each containing accommodation for fifty, at a cost of \$50,000 each. A site has been selected at the corner of Hoskin Avenue and Devonshire Place, and plans are now being prepared. In connexion with the department of Botany it is proposed to erect plant houses, costing approximately \$10,000, on the east side of the ravine north of Hoskin Avenue. To provide space for the display of the collections in the departments of Geology and Mineralogy, a wing will probably be added within the year to the new Chemistry and Mining Building on College Street.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on June 14th, Mr. John Tweedy, President, in the chair.

Issue of Diplomas.

Diplomas were issued to 16 candidates found qualified at the recent examination for the diploma of Fellow; and 37 to candidates qualified for the Licence in Dental Surgery.

The History of the College.

A summary of the history of the College, prepared by the President and Secretary, had been circulated to members of the Council, and the instructions were given that it be published in the College *Calendar*.

Examiners for the Ensuing Year.

The following appointments were made:

For the Conjoint Examination.—*Elementary Biology*: Thomas George Stevens, Henry William Maret Tims. *Anatomy*: Christopher Addison, Arthur Keith, James Ernest Lane, Holburt Jacob Waring. *Physiology*: Thomas Gregor Brodie, John Beresford Leathes, William Henry Thompson. *Midwifery*: George Francis Blacker, Arthur Hamilton Nicholson Lewers, William Rivers Pollock, Walter William Hunt Tate.

For the Fellowship.—*Anatomy*: Christopher Addison, Louis Albert Dunn, William McAdam Eccles, Arthur Keith. *Physiology*: Dr Burgh Birch, Leonard Erskine Hill, Edward Waymouth Reid, Ernest Henry Starling.

For the Diploma in Public Health.—Part I, Harold Robert Dacre Spitta: Part II, Herbert Timbrell Bulstrode.

The Admission of Women to the College Examinations.—In November, 1895, the following resolution was adopted by the Council: "That the Council of the Royal College of Surgeons of England, although in favour of granting the petition of the officers and teachers of the London School of Medicine for Women, do not see their way to admit women to the joint examinations, in face of the vote of the meeting of Fellows and Members of this College and the expressed opinion of the Royal College of Physicians." At the present meeting of Council a special committee reported to the Council that in their view the time has come for again affording the Fellows and Members an opportunity of expressing an opinion in this matter. The subject was referred back by the Council to this Committee to consider and report as to the time and manner in which the question should be further discussed.

Anthropometrical Survey.—A letter of June 4th from Mr. J. Gray was read, stating that he had been requested by the Council of the Anthropological Institute to organize a deputation to the Prime Minister to urge him to appoint a Committee or Advisory Council, on the lines recommended by the Interdepartmental Committee on Physical Deterioration, to carry out an anthropometric survey of the United Kingdom; and asking whether the College would join such a deputation in the event of the Prime Minister consenting to receive it. Professor Arthur Keith was appointed to represent the College.

Election of Members of Council.—A meeting of Fellows will be held on Thursday, July 5th, for the election of three Fellows into the Council, in the vacancies occasioned by the retirement, in rotation, of Mr. John Langton, Mr. Henry Morris, and Mr. Francis Richardson Cross, of whom Mr. Langton does not propose to offer himself for re-election. The best thanks of the Council were given to Mr. Langton for the long service he had rendered to the College as a member of Council.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

INDIAN MEDICAL SERVICE.

Annual Dinner in London.

THE annual dinner in London of the Indian Medical Service was held at the New Gaiety Restaurant on June 14th, when the chair was taken by Surgeon-General L. D. Spencer, C.B. The guests were:

Sir Richard Douglas Powell, Bart., K.C.V.O., President, Royal College of Physicians; Inspector-General H. M. Ellis, Director-General, R.N. Medical Service; Surgeon-General A. Keogh, C.B., Director-General, A.M.D.; Mr. Austin Low (of Messrs. Grindlay); the Editor of the *Lancet*; the Editor of the BRITISH MEDICAL JOURNAL.

The officers present were:

Surgeon-Generals.—A. M. Brauntoft, C.I.E., W. R. Browne, J. Cleghorn, C.S.I., Sir B. Franklin, K.C.I.E., G. W. R. Hay, P. W. Sutherland.

Colonels.—C. W. Carr-Calthrop, W. E. Cates, D. E. Hughes, G. S. Sutherland.

Lieutenant-Colonels.—C. Adams, E. Bovill, Sir R. H. Charles, K.C.V.O., E. F. Drake-Brockman, P. J. Freyer, W. Gray, Sir A. S. Lethbridge, K.C.S.I., D. P. MacDonald, J. Moorhead, W. Owen, P. D. Pank, T. Pope, C. J. Sartoris, A. Stephens, C. L. Swaine, W. H. Thornhill, J. F. Tuohy, A. C. Younan.

Majors.—W. H. Caldwell, J. T. Calvert, R. W. Castor, L. F. Childe, J. K. Close, F. C. Clarkson, G. F. W. Ewens, T. W. A. Fullerton, C. R. M. Green, S. A. Henderson, C. A. Johnston, A. H. Nott, W. H. Orr, H. W. Pilgrim, H. A. Smith, E. Wilkinson.

Captains.—H. R. Brown, A. W. Cook-Young, H. M. Cruddas, J. D. Graham, R. L. Hagger, W. G. Hamilton, J. H. Hugo, D.S.O., D. G. Kemp, W. H. Kenrick, A. Miller, W. J. Niblock, E. L. Perry, M. B. Pinchard, N. Rainier, J. W. F. Rait, F. A. Smith, L. Stephen, T. H. Symons, R. G. Turner, F. N. White.

There were no set speeches, but the Chairman, in giving the health of the King, referred in sympathetic terms to the death of Surgeon-General Sibthorpe, who was to have taken the chair at the dinner.

Surgeon-General Cleghorn in a felicitous speech proposed a vote of thanks to the Honorary Secretary, Lieutenant-Colonel P. J. Freyer, which was received with great enthusiasm by his brother officers.

THE ALEXANDER MEMORIAL PRIZE.

THE prize of £50 and the gold medal of the Alexander Memorial Fund for 1905 has been awarded to Major F. Smith, D.S.O., R.A.M.C., for his essay on Syphilis in the Army, its Causes, Treatment, and Prevention.

The essay sent in by Major H. C. French, R.A.M.C., was considered by the assessors to be worthy of commendation.

The subject for the next competition is Functional and Organic Diseases of the Heart in the Army; their prevalence and influence on efficiency; their causes; suggestions for preventive measures; and their treatment.

The essay should embody the results of personal observation and research. Essays must reach the Secretary of the Prizes Committee, Royal Army Medical College, on or before December 31st, 1908. They must have a brief motto, and be accompanied by a sealed envelope similarly superscribed, containing

the name and address of the author. No essays should exceed about 20,000 words, exclusive of tables, which may be added in the form of appendices. The competition is limited to executive officers of the Royal Army Medical Corps on full pay. Professors and Assistant Professors at the Royal Army Medical College are not eligible while so employed.

ROYAL ARMY MEDICAL CORPS (VOLS.) LONDON COMPANIES.

LAST Sunday being Hospital Sunday, the London Companies of the Royal Army Medical Corps Volunteers attended Divine service at St. Paul's Cathedral in the morning, having previously paraded on the Embankment near Blackfriars Bridge. This is an annual custom of the corps.

VOLUNTEER MEDICAL ASSOCIATION.

THE annual contest for the challenge shield (value £200) which is offered for competition among regimental stretcher-bearers took place on June 16th, at Wellington Barracks, and resulted in a victory for the 1st Cadet Battalion, King's Royal Rifles, which was second last year. Eight teams competed, and all showed a good knowledge of the subjects on which they were examined and were smart in their drill. Surgeon-General Fawcett, C.B., Deputy Director-General, attended the competition, and at its conclusion presented the badges to the winning and second teams: in doing so he congratulated the men on their general efficiency, which he thought highly creditable, seeing that such work must be secondary to their ordinary occupations of civil life. The arrangements were efficiently carried out by Captain E. C. Montgomery-Smith, who commands the 3rd London Volunteer Infantry Brigade Bearer Company and is Honorary Secretary of the Volunteer Medical Association.

SANITARY ORGANIZATION IN THE ARMY.

SURGEON-GENERAL EVATT, C.B., writes: I propose as follows:—

1. *Names of Sanitary Officers of Divisions and Commands to be Shown in the Monthly Army List with the Staff of these Bodies.*—A certain number of officers R.A.M.C. have been appointed as sanitary officers of divisions and commands in the past two or three years. They are nowhere shown in the Army List as being so specialized, nor are they gazetted in the *Gazette* to such vitally important posts. No one looking through the Army List would imagine they existed, nor that we had learned a bitter lesson for the want of such officers in the past. I now propose that they be shown in their proper place in the Army List to dignify their appointments and to let the army know that they exist. This suggestion costs nothing to carry out and will be pregnant with advantages.

2. *Volunteer Sanitary Companies for War Services.*—I have verbally suggested over and over again to many people interested in army sanitation the following easy outline for sanitary companies in war time.

We need a corps of 1,000 sanitary fatigue men or scavengers for work in war. I propose to organize them in ten companies of 100 men each. These men I obtain by enrolling, medically inspecting, and passing at once into the army reserve available for war mobilization actual scavengers employed in the various London and provincial cities; thus, in London three companies, in Liverpool one company, Glasgow one company, Manchester one company, Birmingham one company, Bristol one company, Portsmouth one company, Leeds one company. These men will come from scavenging work in peace and go to scavenging work in war if needed, and will be proud of the work. A certain number of sanitary inspectors to be enrolled in the same way and attached to each company, say, 8 or 10 per cent. A small retaining fee, such as army reserve pay, to be given to the men in peace, and the corporations to keep up the number of men with as little interference by the War Office as possible. For care of water supplies a section of men employed on corporation filtering beds to be a component part of each company.

The medical officer of health of the city or borough to be invited to take up some titular position in relation to these companies and sections. Men trained in civil disinfection buildings to be eligible for enrolment. The carts and wagons used in municipal scavenging to be paid for by the State, and to be embarked with the units for the field if necessary. A certain number of medical officers, like volunteer medical officers, but holding Public Health certificates, to be enrolled triennially as officers of these units, and to receive a retaining fee. The whole to be affiliated to the R.A.M.C. (Vols.).

MEDICO-LEGAL AND MEDICO-ETHICAL.

ACTION AGAINST A HERBALIST.

AT an inquest held in Cefn, South Wales, last February, the jury found that the deceased, a woman, had died from gastric ulcer and peritonitis probably caused by irritating drugs, and severely censured a herbalist shown to have prescribed and sold some of the medicines which had been taken. Against this man the Society of Apothecaries of London brought an action on June 14th claiming that he had acted as an apothecary.