

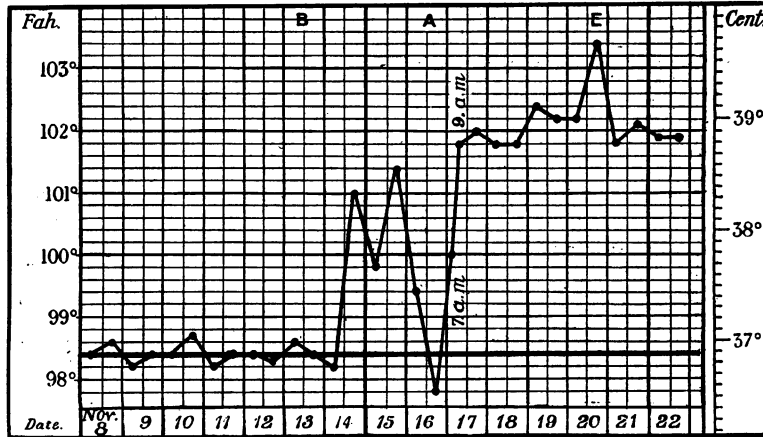
## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### YELLOW FEVER IN THE CHIMPANZEE.

On October 23rd fifty-seven *Stegomyia fasciata* which had been raised in the laboratory, were allowed to feed on two cases of yellow fever. The cases were placed at the disposal of the expedition by Dr. Th. Beltrao and were of two and two and a-half days' duration. Both cases were of the virulent and fatal type and exhibited the typical symptoms of yellow fever.

On November 13th, the twenty-first day after feeding, the twenty-nine surviving mosquitos were allowed to feed on a chimpanzee. Twenty-seven hours later the animal's temperature rose slightly. On November 16th the temperature rose to 38.8° C., and albumen appeared in the urine. The chimpanzee had been intractable and at times vicious; from November 16th he became tame and listless, usually lying down in the cage; appetite and weight diminished. Albumen gradually increased, and on November 22nd 0.7 gram per litre of urine was registered by Esbach's albumenometer. There was no vomiting, and icterus had not appeared.

On November 23rd the temperature rose to 39.6° C., and then



Yellow fever in chimpanzees infected with *Stegomyia fasciata*. B, *Stegomyia* fed noon. A, Albumen. E, Excited by visitors.

fell gradually until it became normal on November 27th, and has since remained so. Albumen was not detected in the urine on November 26th. Bilirubin appeared on November 23rd, and was well-marked for two days; it then decreased, and was absent on November 28th. Microscopically, granular casts with some blood cells were seen in the urine from November 17th to 23rd. The animal is recovering, regaining its spirits, and putting on weight. The haemoglobin, which had fallen to 77 per cent., is now 81 per cent.

It will be seen that the chimpanzee developed a benign attack of yellow fever and recovered. The record of his temperature and the symptoms correspond with those of mild cases of yellow fever.

Mosquitos were allowed to feed on him during the infective period, and these will be in due course applied to a "non-immune" individual to complete the cycle of "man - chimpanzee - man." The chimpanzee has been kept

in a mosquito-proof structure since arrival in Manaos.

Its urine had been regularly examined since April and never contained albumen until November 16th.

The temperature in April was slightly raised as the animal had bad bronchitis; since June it had always been normal.

H. WOLFERSTAN THOMAS.

Liverpool.

### NOTE ON THE NUCLEUS OF TRYPANOSOMES.

RECENTLY, on colouring liquid blood containing trypanosomes by various stains, especially the nuclear stains such as basic fuchsin and thionine, we have observed that the deeply-stained body does not coincide with that shown by the various modifications of the Romanowsky-Ziemann method as usually applied to dried films, but consists of a much smaller sphere within the latter. It would therefore appear that this latter is the true chromatin portion of the nucleus of the organism, and that the larger surrounding mass coloured by the Romanowsky method, hitherto everywhere accepted as being the chromatin of the nucleus, is not really such, but is more properly speaking a vesicle bounded by the outer limit of the whole nucleus, and usually filled up by the red colouring matter of the Romanowsky reagents. That this stain does not select only the chromosomes is rendered obvious by the fact that it affects the centrosome and flagellum of parasites. We think that the observation is of interest because it tends to reopen the cytology of these and allied organisms. Our observations were made on *T. brucei* and *T. equiperdum*.

Liverpool.

RONALD ROSS,  
J. E. S. MOORE.

### OBSTRUCTION OF THE OESOPHAGUS.

I WAS summoned on November 4th, 1906, to visit a patient reported to have "something sticking in her throat, probably a bone." I found the patient to be a woman, aged 70, who, while partaking of a dish of stewed mutton, some three and a half hours before my arrival, had inadvertently bolted an imperfectly-chewed bolus of meat.

On digital examination, I could feel that a firm mass was impacted in the oesophagus at the extreme limit of my reach, and that the lumen of the gullet was so entirely filled up that the umbrella probang, with which I was provided, could not be used as an extractor without running great risk of damaging the oesophageal walls. I had no forceps with me by which the obstructing body could be reached; and as I was precluded from adminis-

tering an emetic by the mouth by the fact that the patient was unable to swallow anything, even her own saliva, I injected  $\frac{1}{6}$  gr. of apomorphine hypodermically, with the result that in three minutes vomiting ensued, and the foreign body was ejected. On examination, it proved to be a piece of mutton moulded by the pressure of the oesophagus into a cylindrical mass, measuring  $1\frac{1}{2}$  in. in length and 2 in. in circumference. It remains to be noted, however, that the patient had a fibro-adenoma of the thyroid isthmus about the size of a tennis ball. It had existed for some forty-five years, and for long past the patient had had difficulty in swallowing solid food unless very carefully masticated. This was the primary cause of the arrest of the bolus of meat; and, as it is rare for a goitre to so act, the case seems worth recording.

H. E. DAVISON, M.D., D.P.H.

Whitley Bay, Northumberland.

### ATRESIA VAGINAE IN A MARRIED WOMAN.

THE patient in this case, aged 30, consulted me on March 13th, 1906, complaining of a bearing-down pain in the pelvic region and of dyspareunia. On inspection of the abdomen, a pear-shaped tumour with its long axis vertical was noted in the middle line. It extended to 1 in. above the umbilicus; it did not move with respiration, and was tender on deep palpation, and the percussion note was dull. It was found that a finger could not be inserted into the vagina for more than 1 to  $1\frac{1}{2}$  in., and per rectum a large fluctuating tumour could be felt bulging through the anterior wall.

She had had five children; all were born at full time, all were healthy, and all had been suckled by her. In none of her confinements were instruments used, and in most, including the last, she had been attended by a midwife. Her last confinement was on March 23rd, 1905, and it differed from those preceding only in that severe pains lasted five hours instead of twenty minutes, that the child was "big," and that, though the mother was out in a week's time, she was longer than usual in picking up. Dyspareunia was noted when coitus was

first attempted three months after this confinement. She suckled her baby until the beginning of February, or for ten months, but there was no return of the menstrual flow before weaning as on previous occasions.

One month later pelvic pain was felt, and lasted a week. She felt "as if something were to come away."

On March 21st she was sent to the Aberdeen Royal Infirmary, and after examination under chloroform, which showed that the vagina was occluded by cicatricial tissue, it was concluded that the lower end of the tumour consisted of retained menses, distending the vagina into a cyst, while the harder pear-shaped upper end represented the uterus, and that the atresia was due to lacerations produced during the last labour.

The next day a large quantity of reddish-brown fluid escaped per vaginam. The flow continued for several days, unaccompanied by pain or rise of temperature. Simultaneously the upper limit of the tumour slowly descended, reaching only to 3 in. above the pubes on the third day. Three weeks later normal menstruation set in, the uterine tumour having disappeared.

About seven weeks after admission the operation was undertaken to restore the vagina. A small opening, not bigger than a pin's head, was seen at the apex of the cicatrix, and on free incision of the latter grumous matter escaped. No abnormality of any sort was detected above this level. A large-sized drainage tube was stitched in, and removed after ten days. The patient then left the infirmary well, and has since remained so.

I have to express my indebtedness to Dr. Edmond and Mr. Marnoch, of the Royal Infirmary staff, for the privilege of following up and keeping in touch with the case while in the wards, and also for the use of the clinical notes.

Aberdeen.

ALBERT HENDERSON, M.D. Aberd.

#### SPRAINS AND THEIR CONSEQUENCES.

IN connexion with Sir William Bennett's paper on Sprains and their Consequences in the *BRITISH MEDICAL JOURNAL* of December 8th, 1906, the following notes may be of interest:

T. A., 8 years of age, when running, tripped and fell violently to the ground. He fell with his arm outstretched, and the radial side of the left palm was the part which chiefly came in contact with the ground. He was quite positive his elbow did not strike the ground.

When seen, about half an hour afterwards, the elbow was found to be greatly swollen and exquisitely tender. The effused fluid was almost entirely limited to the internal aspect of the joint over the internal condyle of the humerus. As the x rays were not available at the time, the elbow was examined carefully under an anaesthetic, and it was ascertained that the bony points were in normal relation. There appeared to be undue lateral mobility, and there was a sensation of crepitus when the elbow was flexed and extended; but whether this was due to effused fluid or to a fracture was not easy to decide. The movements were quite free.

It was decided to look upon it as a fracture, and treat it accordingly. Two days afterwards an x-ray photograph was taken. The bony points were in normal relation, there was no separation of the epiphyses, but a small piece had been chipped off the internal condyle of the humerus. The splint which had been applied was removed daily to allow massage of and passive movements at the elbow, and it was left off altogether at the end of eight days. The effusion had then practically disappeared, and the boy was encouraged to move the elbow. He is now able to move the joint fairly freely without pain, and only has pain when firm pressure is applied over the internal condyle.

REMARKS.—This is a case in which, with the ordinary routine examination, it would have been impossible to diagnose the fracture, though probably no bad effects would have resulted had it been diagnosed and treated as a sprain. It would seem well to regard a doubtful case as a fracture rather than as a sprain; for, indeed, a sprain treated by rest and a splint for a few days would not have any bad result.

Alexandra Hospital, Brighton. JOHN ALLAN, M.B., Ch.B.

#### CANCER OF THE CERVIX IN A NULLIPAROUS WOMAN.

As malignant disease of the cervix uteri in a virgin is so rare, I should like to record the following case—one under the care of Mr. Brewis, of the Royal Infirmary, Edinburgh—while I was his resident there.

Miss T., unmarried, aged 57, was admitted to Ward 36, Royal Infirmary, Edinburgh, in November, 1905, complaining of severe haemorrhage and foul discharge from the vagina. She had never borne a child, had had no miscarriage, had never had any operation performed on the uterus, and gave no history of any previous trouble with her genitalia.

On admission the patient had secondary anaemia and cachexia. On vaginal examination a large cauliflower mass was found growing from the cervix and filling the upper third of the vagina. The uterus was firmly fixed, and the disease had spread so far that a radical operation was impossible.

Mr. Brewis removed as much of the actual growth as possible with the curette, and applied chloride of zinc to the raw surface of the cervix thus left.

Microscopic examination of the growth proved it to be an epithelioma. In the *EPITOME* of the *BRITISH MEDICAL JOURNAL*, November 24th, 1906, there is a summary of a dissertation by Auguste Polloson,<sup>1</sup> where it is stated that he had seen no case in a virgin.

The case now recorded is of interest, not only because of its rarity, but also on account of the age of the patient. At 57 years of age and the patient being nulliparous, cancer of the body of the uterus was the more likely condition. It proved, however, to be cancer of the cervix uteri.

ARCHIBALD MCKENDRICK,

Demonstrator in Anatomy, Royal College of Surgeons, Edinburgh.

#### PRIMARY DIPHTHERIA OF THE EXTERNAL AUDITORY CANAL.

THE patient in this case, a boy aged 12 years, came to the hospital with a purulent otitis media dating from infancy. On examination, a perforation of the left tympanic membrane in the postero-superior segment was found. The discharge was slightly offensive in smell. On the posterior wall and partly on the floor of the external auditory canal there was a whitish membrane with an appearance strongly suggestive of the membrane of diphtheria. A specimen of this was sent to the Corporation Bacteriological Department, and was reported on as "positive," while swabs taken from the nose, the naso-pharynx, pharynx, and larynx were reported "negative." The patient was pale, his temperature 101.2°, the pulse 120, the urine normal.

The ear was syringed twice daily with boracic solution, and cotton plugs smeared with carbolyzed glycerine inserted into it. A fortnight later the swabs were reported "negative."

A period of weeks elapsed before he could be taken into the hospital, and during this time, whenever his temperature was taken, it ranged from 99.8° to 100.8°. A diagnosis of ambulatory enteric fever was suggested; but there were no rose spots, no enlargement of spleen, no diarrhoea, the tongue was clean and moist, and Widal's reaction—tried three times—was negative, while the heart and lungs showed nothing abnormal.

Owing to the temperatures and the slightly fetid purulent discharge the mastoid was explored. A carious area was found and the radical operation performed.

The temperature rose on the second day after the operation to 102° F., pulse 115, and on the third to 103.8° F., and complaint made of pain in the right elbow and left shoulder. The mastoid wound appeared healthy, and after a few days of salicylate of soda the temperature became normal and the pains in the joints gradually subsided, while the mastoid wound healed nicely.

REMARKS.—Of course diphtheria of the external auditory canal secondary to diphtheria of the nose or nasopharynx is not uncommon, the infection taking place along the Eustachian tube to the middle ear, but primary diphtheria of the ear is rare. The persistent pyrexia during the period before operation is of interest, as also the exacerbation after the operation associated with pain in the joints, which yielded to treatment by salicylate of soda.

J. GALBRAITH CONNALL,

Lecturer on Aural Surgery, Anderson's College Medical School.

Glasgow.

<sup>1</sup> *Prov. Méd.*, July 7th, 1906.

Mr. Wright in 1903 to Mark Twain, who wrote of the evidence adduced:

But it is convincingly strong—strong enough, in my belief, to prove to every intelligent non-Scientist that Mrs. Eddy and God did not write *Science and Health*. All the world and God added could not convince a Scientist (intelligent or otherwise) that Mrs. Eddy's claim to the authorship is a lie and a swindle.

In replying on behalf of the disciples of Mrs. Eddy, Mr. Alfred Farlow admits that it is well known to all Christian Scientists that the Rev. J. Henry Wiggin was for some years a literary critic for the Rev. Mary Baker G. Eddy. He proceeds:

He was employed for the purpose of improving her diction, and Mrs. Eddy gratefully acknowledged the fact that he had not disappointed her, but faithfully performed the duties for which he was employed. It should be borne in mind, however, that something besides paraphrasing and punctuation, something more than mere grammatical and rhetorical constructions are needed to constitute such a book as *Science and Health, with Key to the Scriptures*. . . . She alone decided whether or not Mr. Wiggin's suggestions were to be adopted, and she always took care not to let his interlineations or changes affect her meanings. I have heard Mrs. Eddy speak very highly of Mr. Wiggin and of his work for her. He seemed quick to grasp her ideas and able in the art of making whatever reconstructions were necessary to place them in a condition acceptable to Mrs. Eddy.

The fact cannot be emphasized too much, writes Mr. Farlow, "that Mr. Wiggin was not employed to change or reconstruct Mrs. Eddy's ideas, nor was he permitted to do this. He was simply her proof-reader." To our mind the most remarkable feature about this controversy is that any person of average intelligence should trouble himself at all about the authorship of *Science and Health*. Mrs. Eddy herself has lately stated that when she wrote *Science and Health, with Key to the Scriptures*, she little understood all that she indited. Most of her readers, if they were to be honest with themselves, might go so far as to say they do not understand any of it.

In the *Manchester Guardian* of December 28th, 1906, there appeared an interesting article by Mr. William E. A. Axon on the plague in Manchester in 1605. A thousand persons died during that epidemic. Among the archives is a bundle of memoranda by Geoffrey Danyell and William Sorocold, who were constables of the town in that year. Some of the infected persons were detained in the Pesthouse; later on cabins for the sick were built on six acres of Collyhurst Common, where, too, the dead were buried. The Constables had many disbursements to make for coal and clothes and other necessities for the sick, and also for coffins. A special rate was levied for the relief of the plague-stricken and of those suspected of infection. The Rev. William Bourne, one of the Fellows of the Collegiate Church, remained at his post and preached in the town until prevented by "the unruliness of the infected persons and want of government." There were rumours of a plot for the "burning of the town with wyeld fire." A glimpse of the methods of enforcing isolation is given by a warrant for the arrest of one Philip Fitton, of Moston. Smitten by the pestilence, the said Philip went in and out among the infected folk, brought clothing from their quarters and wore it, and slept in outhouses. The Constables of Moston had caused him to be chained in his cabin, but he escaped and wandered about to the terror of his fellow-citizens. Wherefore the Constables of Manchester were ordered in the King's name to lay the contumacious Philip by the heels in the prison of Manchester.

The first number of the *Annals of Tropical Medicine and Hygiene*, a new periodical issued by the Incorporated Liverpool School of Tropical Medicine, will appear shortly. It is intended to replace the series of separate memoirs of the Liverpool School of Tropical Medicine, twenty-one of which have hitherto been published by the School. Ten memoirs with 640 pages and 49 plates and figures have appeared within the last two years. The *Annals* will be edited by Professor Ross in collaboration with Drs. Stephens, Todd, Thomas, and Breinl, Mr. Newstead, and Sir Rubert Boyce.

An "interparliamentary" group of members of the French Senate and Chamber of Deputies has been formed to organize a campaign against alcoholism. Already it numbers more than 100 members.

## THE ARMY MEDICAL ADVISORY BOARD.

It is officially announced that the Secretary of State for War has approved of the amalgamation of the Army Medical Advisory Board and the Army Hospital and Sanitary Committee. The following are the members of the Advisory Board as now reconstituted:

### Chairman.

The Director-General, Army Medical Service.

### Vice-Chairman.

The Deputy Director-General, Army Medical Service.

### Members.

Lieutenant-Colonel D. Bruce, C.B., F.R.S., M.B., R.A.M.C., (as Expert in Tropical Diseases).  
Colonel G. K. Scott Moncrieff, C.I.E., R.E., Assistant Director of Fortifications and Works.  
Lieutenant-Colonel C. H. Melville, M.B., R.A.M.C. (as Expert in Sanitation).

### Civilian Members.

Sir F. Treves, Bart., G.C.V.O., C.B.  
Dr. J. Rose Bradford, F.R.S., Professor of Medicine, University College, London, and Physician to University College Hospital.  
Dr. Louis Parkes, Consulting Sanitary Adviser to H.M. Office of Works.  
Dr. S. Pembrey, M.A.Oxon., Lecturer in Physiology, Guy's Hospital.  
Sir Charles A. Cameron, C.B., M.D., Professor of Chemistry and Hygiene, Royal College of Surgeons, Ireland (for sanitation in Ireland).

### Representative of the India Office.

Surgeon-General A. M. Branfoot, C.I.E., M.B. (retired Indian Medical Service).

### Secretary.

Lieutenant-Colonel C. H. Melville, M.B., R.A.M.C.

## MEDICAL NEWS.

Mr. EDWARD CARNELL, D.P.H., of Harrogate, has been elected a Member of the Livery of the Apothecaries Society.

It has been notified that army medical officers on retired pay are not eligible for attendance on army patients at contract rates, except in special circumstances and with the approval of the War Office.

A SOCIETY for the Prevention of Tuberculosis has recently been formed in Venice. The President is Dr. Picchini, Physician to the Ospedale Civile in that city.

MAJOR-GENERAL LORD CHEYLESMORE, C.V.O., will distribute the annual prizes to the R.A.M.C. Vols. (London Companies) at the head quarters, 51, Calthorpe Street, W.C., on Saturday, February 9th, at 8 p.m.; the ceremony will be followed by a dance.

THE late Mr. John Thomas Crampton of Portsmouth, who died on November 4th, 1906, left 150 guineas to the Royal Portsmouth, Portsea, and Gosport Hospital; and 100 guineas to the Portsmouth and South Hants Eye and Ear Infirmary.

SUBJECT to the approval of the Local Government Board, the Shepton Mallet Urban Council has appointed Miss Annie Wainwright Hyatt, M.B., B.S.(Lond.) to be Deputy Medical Officer of Health to her father, Dr. James Taylor Hyatt. Dr. Hyatt is also M.O.H. for the Rural District of Shepton Mallet, the combined population being some 15,000.

DR. SINCLAIR BLACK, late Resident Medical Officer on Robben Island, Cape of Good Hope, will read a paper on Friday next, at 5 o'clock, at the Polyclinic, 22, Chenies Street, W.C., on the present state of the leprosy question in South Africa. Discussion will be invited after the paper. Dr. Black's long familiarity with the facts will make the occasion one of considerable interest.

A NEW serumtherapeutic institute was opened at Milan on December 23rd, 1906. It is a two-storied building and comprises two blocks. One of these is intended for the preparation of serums and the work of the institute generally; in the other are housed the animals which furnish the blood required for the purpose. At the opening of the institute addresses were delivered by Professor Mangiagalli and Signor Belfanti, Senators of the Kingdom of Italy, and Professor Menozzi.

ACCORDING to the journal of the Pirogoff Society, the number of members of the medical profession punished for alleged political offences during the present troubles in Russia has been, up to November, 972. Quite lately thirteen students of the Army Medical Academy in St. Petersburg have been imprisoned for having taken part in political agitations.

THE State Director of Railways in Italy is preparing a scheme for a sanitary service on trains to be submitted to the Council of Railway Administration. It is proposed to supply all through trains with medical appliances and the necessary materials for first aid.

ACCORDING to an official return recently issued to members of the Italian Chamber of Deputies, the number of public hospitals in Italy is 1,304. These collectively possess property amounting to a little over £25,000,000, of which about £13,000,000 is real estate; over £8,000,000 is invested in public funds, and a little more than £4,000,000 represents personal or movable property.

A QUARTERLY court of the Society for Relief of Widows and Orphans of Medical Men was held on January 9th, Dr. Blandford, President, in the chair. Fifteen directors were present. The deaths of two members were reported, and the resignation of one accepted. Three new members were elected. The deaths of two widows were also reported; one, whose husband had paid a life subscription fee of £26 5s., had received in grants £1,217, and the other £857, her husband having paid £21 in subscriptions. The sum of £536 had been distributed as a Christmas present amongst the annuitants of the charity. The sum of £1,275 10s. was voted for the half-yearly grants to the 48 widows and 21 orphans at present in receipt of grants. During the past quarter six letters had been received from widows of medical men asking for relief, but this had to be refused as their husbands had not been members of the Society. An application for relief was received from the widow of a member and a grant at the rate of £40 per annum made. Membership of the Society is open to any registered practitioner residing within a radius of 20 miles from Charing Cross. Full particulars may be obtained from the Secretary at 11, Chandos Street, Cavendish Square, W.

MEDICAL MAGISTRATES.—Dr. A. Vaughan Bernays, of Solihull, and Dr. R. Eardley-Wilmot, of Leamington, have been appointed Justices of the Peace for the County of Warwickshire.

GERMAN CONGRESS OF INTERNAL MEDICINE.—The twenty-fourth German Congress of Internal Medicine will be held at Wiesbaden, April 15th to 18th, under the presidency of Professor von Leyden. The General Secretary is Geh. Sanitätsrat Dr. Emil Pfeiffer, Parkstrasse 13, Wiesbaden.

TUBERCULOSIS CONGRESS IN PORTUGAL.—The fourth Congress of the National (Portuguese) League against Tuberculosis will be held at Oporto, April 4th to 9th, under the presidency of Dr. Arantes Pereira. An exposition of hygiene, with special relation to the means of repressing tuberculosis, will be held in connexion with the Congress.

INTERNATIONAL MEDICAL EXCURSIONS.—The tour arranged by the organizers of the International Medical Excursions for August, 1907, will be to Austria-Hungary, returning through Southern Germany. The founder of the "E.M.I." (Excursions Médicales Internationales) offers a travelling bursary for 1907. The conditions under which it will be awarded will be published later. For information as to the tour, application should be made to the Administrator of the Excursions Médicales Internationales, 184, Rue de Rivoli, Paris, 1er.

THE NOISE NUISANCE IN NEW YORK.—A "Society for the Suppression of Unnecessary Noise" has been founded in New York. Its main object is the protection of hospital patients from street noises, but a general campaign will be carried on against the vast concourse of sounds, not sweet but nerve-shattering, that make life in large towns almost unbearable to persons of delicate organization. The affairs of the Society will be managed by an Advisory Board and a Board of Directors.

A MEDICAL CENTENARIAN.—We learn from the *Chronique Médicale* that Dr. Apostolos Mavroyeni, a hero of the Greek war of independence, has recently died at Athens at the patriarchal age of 111. He was completing his medical studies at Pisa when the Greek revolution broke out in 1821. He returned at once to his native country, organized the medical service of Colokotroni's army, took part in all the events of the revolution, and was wounded at the battle of Dervenia in 1823. Four years later he founded the first civil hospital in the island of Aegina, the temporary seat of government. On the constitution of the Hellenic Kingdom he was appointed Sanitary Commandant of the port of the Piræus, a post which he held for forty-five years. He was for a time physician to the Sultan Abdul Hamid with the title of Pacha. Abdul Hamid was very fond of his doctor, whom he called *peder* (papa), and to whom he gave a magnificent furnished villa of the estimated value of £80,000. The Sultan was equally liberal in his fees, often giving the lucky physician amounts equivalent to about £184, and showering upon

him diamonds and other jewels. One day, however, it came to the Sultan's knowledge that Mavroyeni kept a book in which was recorded the course of the various affections from which His Majesty suffered. A domiciliary visit was paid by the police, whose search, however, was unrewarded; the treasonable notebook had been removed to a place of safety. But the physician fell from his royal master's favour, to rise no more.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH.—The annual dinner of the Incorporated Society of Medical Officers of Health was held at the Holborn Restaurant on January 11th. The chair was occupied by the President, Dr. D. S. Davies, Medical Officer of Health for the City of Bristol, and among the guests were Dr. Colston Wintle, Chairman of the Health Committee of the Bristol Corporation, Mr. T. H. Yabbicom, M.Inst.C.E., the Bristol City Engineer, and Dr. Tatham. In proposing the toast of the Society, Dr. Colston Wintle referred to the important part which the Society played in bringing together a body of expert administrators who were working for the common good of mankind. He spoke in the highest terms of the excellent public health work which had been carried out in Bristol during the past twenty years by the President of the Society. The toast was responded to by the President, and Drs. Caldwell Smith, H. Meredith Richards, and E. M. Smith, Presidents of Branches. The last-named discussed the position of a medical officer of health when the chairman of a health committee was a medical practitioner; and in proposing the toast to the Visitors, Sir Shirley Murphy, in referring to the presence of the Chairman of the Health Committee of Bristol, spoke of the happy relations which existed between himself and the chairman of his committee, Dr. Beaton, who would but for other engagements have been with them that evening. "Kindred Societies" was responded to by Colonel Lane Nottter, R.A.M.C., Chairman of Council of the Royal Sanitary Institute; and "The Press" was proposed by Dr. B. A. Whitelegge, C.B., and responded to by Dr. Dawson Williams. The enjoyment of the evening was enhanced by the musical and other entertainers whose services Dr. Joseph Priestley, one of the Honorary Secretaries of the Society, had been fortunate in securing.

Two very interesting articles upon tuberculosis among the negroes and the Oglala Sioux Indians appear in the October number of the *American Journal of Medical Sciences*. In the first, Dr. Jones indicates the importance of the study and prevention of tuberculosis among the negroes of the United States viewed from the threefold aspect of (1) extent of the disease within the race itself; (2) the proportion of the race to the total population; and (3) the proximity of the race to other races. In a series of very closely-compiled charts it is shown that the mortality from consumption among negroes exceeds that of any other people; as the proportion of negroes in the United States is greater than that of any other special class, and as this race is intimately related in occupation with the other races, the vital importance of prevention among negroes becomes evident. The extent to which the racial element enters into the cause of the disease among negroes is unknown, and may be regarded as a negligible quantity, for it is pointed out that the influence of environment and ignorance favour tuberculosis among them and mask any estimate of the racial factor. In the second article Dr. Walker deals with the disease as it affects the Oglala Sioux Indians, and points out that the prevalence of tuberculosis in South Dakota is due to the fact that a large proportion of the population consists of Indians who are affected with tuberculosis to much greater extent than the white residents. There is no inherent peculiarity rendering the Indian more liable to infection than a white man, and a comparison of physical growth and development shows that the Indians are in these respects as well equipped as the whites. The disease has increased among these Indians since their introduction to civilization, when they changed the nomadic for the settled life in houses and congregated together, with greater facilities for the spread of infection. During five years experimental attempts to educate them as to the importance of preventing the uninfected from mixing with the infected, treating the infected ones in tents, and destroying sputa, resulted in a reduction of the disease by one-third, and the mortality by one-half. It is suggested that a sanitary camp should be established for the isolation of affected cases as a means of suppressing the disease among this race. The importance of attacking the disease primarily among these races for the benefit of others with whom they mix is clearly brought out by both writers. That its prevalence is no longer to be regarded as a racial peculiarity is a distinct step towards the better understanding and more efficient handling of the disease among them.

previously accepted ideas, and though his theoretical deductions were not altogether accepted, his papers showed that to a most extensive experience he had added most careful and accurate powers of observation.

In private life he was extremely retiring and took no active part in public affairs, being most happy when he could spend his spare time in the fields or rambling over the Derbyshire moors. On December 5th he was apparently in good health and did several operations, but towards evening pleurisy and pneumonia suddenly developed and ran a most rapid course. The scenes at the hospital with which he was connected when his death became known will long be remembered, and showed how widely he was esteemed and how sincere was the feeling of irreparable loss among his numerous patients and friends.

**EBENEZER TOLLER, M.R.C.S.ENG., L.S.A.LOND.,** FORMERLY MEDICAL SUPERINTENDENT, GLOUCESTER COUNTY ASYLUM. Mr. E. TOLLER, who died at his residence, Scarborough, on December 20th, 1906, was a member of a remarkable Bedfordshire family. His grandfather and three great-uncles were each between 7 ft. and 8 ft. in height, and his four great-aunts are described in an old engraving as the "four beauties of Bedfordshire." Mr. Toller's father died suddenly whilst speaking at a public Whig meeting at the time of the first Reform Bill, and shortly afterwards his mother died also. Young Toller studied medicine at King's College Hospital, where he had as associates Thomas Buzzard, George Lawson, and Robert Liveing. He became M.R.C.S. in 1857 and L.S.A. in 1858, and at once began work in lunacy as Resident Surgeon to St. Andrew's Castle private asylum, Bury St. Edmunds; he next went to Middlesex County Asylum, Colney Hatch; then served as Medical Superintendent of St. Luke's Hospital for Lunatics, London; and, lastly, held a similar post at Gloucester County Asylum from 1863 to 1882. This asylum had been gradually built up from small beginnings to a structure holding rather less than 600 patients, and the constant demand for increased accommodation was first met by boarding some patients in other asylums and by placing others in suitable cottage homes. After some years, however, a branch asylum on the pavilion system was erected a mile further from the city to accommodate 400 more patients. The extra work and anxiety connected with this extension caused Mr. Toller so complete a breakdown in health that he was compelled to retire.

He was the pioneer in providing in asylums those entertainments which are now held in every asylum. His musical ability helped him in organizing concerts for the patients when he was at Colney Hatch Asylum in 1862, and these and other entertainments received the recognition of the Commissioners in Lunacy. He strongly advocated the treatment of the insane in surroundings as homelike as possible, and deprecated their being kept in large numbers in great buildings. These views he brought before the Association of Medical Officers of Asylums in 1864 in a paper which was published in the *Journal of Mental Science* in 1865, with plans of cottage asylums. Mr. Toller made the welfare of the patients, especially in regard to their clothing and their surroundings in the wards, gardens, and fields, his constant care; but he also considered the ratepayers, by keeping down, as far as justifiable, the number of lunatics chargeable, so that in his nineteen years of office the patients in the Gloucester county asylums increased from 573 to 692 only; in the following nineteen years the number ran up to 1,060. He was a Fellow of the Royal Meteorological Society and a constant recorder of atmospheric conditions. He was often in the hunting field, and was a good cricketer. Of his five sons, only one, the oldest, survives him; the deaths of the other four cast a great gloom over his life and that of his wife. His second son, Dr. Seymour Graves Toller, was Assistant Physician to St. Thomas's Hospital, London, but, his health failing, he was appointed Physician to the Government Hospital, Cairo, and Lecturer on Medicine. He died there suddenly, and his funeral was attended by Lord Cromer, as principal mourner. A children's ward and an annual prize in medicine at St. Thomas's Hospital, bearing his name, are memorials to his worth. As a student he had won an exhibition and a scholarship, the Mead Medal at St. Thomas's, a gold medal at the Apothecaries' Hall, and

three gold medals at the University of London; he was, further, a brilliant violinist, and a member of the Royal Amateur Orchestral Society. The loss of such a son was a great blow to the father.

At Scarborough Mr. Toller interested himself in public affairs, and he there died after a prolonged and painful illness. The funeral service was held at Holy Trinity Church, being conducted by the Venerable Archdeacon Mackarness, the Rev. C. W. A. Clarke (Vicar), and the Rev. C. D. Fothergill, and was attended by a large number of the inhabitants.

WE regret to announce the sudden death of Dr. PAUL JULIUS MOEBIUS, Extraordinary Professor of Neurology in the University of Leipzig in the 54th year of his age. He was born at Leipzig in 1853, took his doctor's degree in the university of his native city in 1876, qualified there as *Privat-docent* in 1883, and was appointed Extraordinary Professor in 1893. He was the author of a manual of the diagnosis of nervous diseases, and of a monograph on Basedow's disease which made his name well-known to the whole profession. He also published a number of neuro-psychological studies of poets and authors, written in a semi-popular style.

DEPUTY SURGEON-GENERAL JOHN ANDERSON COX, M.D., late of the Madras Medical Department, died in London on January 6th in the 80th year of his age. He joined the department as Assistant Surgeon, February 10th, 1851, and became Deputy Surgeon-General, June 9th, 1877, in which year he retired from the service.

SURGEON-GENERAL JOHN LYSTER JAMESON, retired, Army Medical Department, died in London on November 24th, 1906. He was appointed Assistant Surgeon, January 2nd, 1852; Surgeon, December 31st, 1858; Surgeon-Major, December 15th, 1871; Brigade Surgeon, November 27th, 1879; Deputy Surgeon-General, April 4th, 1880; and Honorary Surgeon-General on retirement from the service, May 2nd, 1883. He served in Bengal with the 87th Fusiliers during the Indian Mutiny in 1857-8, receiving the medal granted for that campaign.

LIEUTENANT NORCOTT D'ESTERRE HARVEY, M.B., Royal Army Medical Corps, died at Osborne on December 21st, 1906, at the early age of 26. He was appointed Lieutenant, August 31st, 1903.

DEATHS IN THE PROFESSION ABROAD. — Among the members of the medical profession in foreign countries who have recently died are Dr. Ferraz de Macedo, Professor of Clinical Medicine in the Medico-Chirurgical School of Lisbon, and one of the founders of the *Correio Medico de Lisboa*; Dr. Baltasar Unterholzner, of Vienna, a leading authority on children's diseases, aged 71; Dr. J. Borlée, Emeritus Professor of the University of Liège, and a past President of the Belgian Academy of Medicine, aged 90; Dr. Frank E. Beckwith, sometime Professor of Obstetrics in the University of Yale, aged 58; and Dr. Henry W. Dudley, one of the oldest and best-known physicians of Massachusetts, and sometime Professor of Pathology and Lecturer on Legal Medicine in the Tufts Medical School, aged 75.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

#### *Appointments.*

A UNIVERSITY Lecturer in Hygiene and Pathology, with a stipend of £100 annually, has been appointed in connexion with the Special Board for Medicine.

Mr. F. Darwin, M.A., of Christ College, has been appointed a member of the Board of Biology and Geology.

#### *Diplomas.*

The following have been approved for the diploma in Tropical Medicine and Hygiene:

Mr. S. L. Cummins, A. Fenton, S. A. Harriss, H. B. G. Newham, J. B. Smith, A. E. Horn, W. G. B. Orme, F. M. Suckling.

### UNIVERSITY OF EDINBURGH.

#### RECTORIAL ADDRESS.

ON January 10th, in the McEwan Hall, the Lord Rector (Mr. Haldane) gave his Rectorial Address to the students of the University of Edinburgh, his subject being The



Dedicated Life, an earnest and eloquent appeal to all to strive for their own and for the intellectual and moral development of the country. The Chancellor (Mr. A. J. Balfour) occupied the chair. After the address Mr. Haldane inspected the university volunteer corps, and later lunched in the Students' Union. In the evening there was the usual torch-light procession.

#### CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved in the subjects indicated:

##### FIRST EXAMINATION.

*Chemistry and Physics.*—P. L. T. Bennett, H. J. Beresford-Heelas, H. G. B. Blackman, W. H. Boyd, S. A. Burn, C. A. Cauffman, R. C. Clifford, E. C. Cline, H. E. Cockcroft, C. F. Constant, L. M. Crockett, A. C. L. d'Arifat, H. H. Davis, W. E. S. Digby, P. Dvorkovitz, G. J. F. Elphick, M. A. Farr, C. E. Freeman, A. A. Fyffe, D. Havard, A. S. Heale, C. N. Hutt, W. S. Hyde, G. L. Jones, D. A. Macpherson, D. Mallam, A. F. C. Martyn, O. D. B. Mawson, H. L. Paddon, J. L. Percival, A. S. Pern, R. G. Rice, G. F. Rigden, H. Robinson, L. L. Satow, T. S. Sharpley, H. L. H. Steele, F. Tooth, H. A. Turner, F. Wells, A. T. Williams.

*Elementary Biology.*—C. V. Anderson, J. C. Beddard, N. S. Caruthers, C. J. W. Clayton, C. F. Constant, H. G. Crawford, H. H. Davis, H. Daw, J. Datto, C. R. Dudgeon, D. C. Evans, J. K. Garner, W. G. Helsby, H. G. Hockridge, G. A. Hodgson, D. R. N. O'N. Humphrey-Davy, A. W. Lewis, M. Lindsey, E. R. Longstaff, E. H. Marshall, J. L. Perceval, J. A. Prendergast, C. H. L. Rixon, T. S. Sharpley, G. H. Smith, F. Tooth, C. E. Williams, O. E. Williams.

*Practical Pharmacy.*—E. M. Adam, I. B. Bernstein, H. B. Cory, G. W. M. Custance, B. Dale, T. R. Davey, A. Davidson, E. R. Evans, A. S. Graham, T. A. Jones, J. L. Joyce, E. A. Saunders, J. R. C. Stephens, G. F. Syms, G. D. H. Wallace.

##### SECOND EXAMINATION.

*Anatomy and Physiology.*—G. O. Chambers, J. J. Clarke, W. T. Clarke, H. G. W. Dawson, H. H. Dummore, F. Dunphy, E. C. East, A. J. Graves, G. B. Heard, G. P. Humphry, R. P. Jones, F. Kahlenberg, J. A. R. Lee, C. E. Lowe, A. E. McKenzie, J. C. Mackwood, J. M. Mahaffey, D. A. Mitchell, L. W. Mortimer, H. Neame, R. A. Parsons, R. B. Phillips, E. H. Rainey, H. Thwaite, F. C. Tibbs, G. E. Vilvandré, J. G. Watson, C. F. Willes, S. Williams, C. S. Wink, D. Wood, C. R. Woodruff.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on January 10th, Mr. Henry Morris, President, in the chair.

##### The Library.

Recommendations from the Library Committee were adopted, advising an enlargement of the Library by utilizing certain adjoining rooms.

##### The Liverpool School of Tropical Medicine.

In reference to a letter from the Liverpool School of Tropical Medicine, asking the views of the College upon a scheme for an extension of the course of instruction at the Liverpool School of Tropical Medicine, the Council expressed the opinion that so far as the scheme relates to the subjects of Tropical Medicine, Tropical Surgery, and Tropical Hygiene, it deserves approval. The Council noted with satisfaction that it is proposed to offer greater opportunities for clinical observation than exist at the present time.

##### The Book of Ordinances of the Guild of Surgeons.

Sir John Tweedy, on behalf of Mr. Sidney Young, F.S.A., presented to the College a transcription made by Mr. Young, of the Book of Ordinances, dated 1492, of the Craft of Surgery of the City of London, representing in proper colours the arms given to the craft by King Henry VII. The best thanks of the Council were given to Mr. Sidney Young for his interesting gift, and to Mr. Austin Travers Young for the illuminated frontispiece.

##### Examinerships in Surgery.

The President stated that the vacancies on the Court of Examiners, occasioned by the expiration of the periods of office of Mr. Watson Cheyne and Mr. Frederick Eve, would be filled up at the ordinary meeting of the Council in February, and that Mr. Watson Cheyne did not propose to offer himself for re-election.

#### CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

*First Professional.*—J. H. Barry, J. Boyce, H. J. Burke, P. J. Burke, F. Cassidy, Miss M. M. S. Coghlan, J. J. Foran, R. A. W. Ford, P. Grace, H. A. Harbison, C. Lenahan, H. C. Smyth.

#### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

*BIOLOGY.*—I. M. Bernard, H. Cox.

*CHEMISTRY.*—E. G. Carroll.

*MATERIA MEDICA AND PHARMACY.*—R. C. Carsey, E. M. Johnstone, G. F. Malden, V. P. Norman.

*ANATOMY.*—N. B. Benjafield, M. Bennett, J. Bramley-Moore, H. S. Brown, G. G. Rigby, W. H. Watson.

*PHYSIOLOGY.*—N. B. Benjafield, M. Bennett, J. Bramley-Moore, H. S. Brown, C. S. Foster, M. Graves, V. P. Norman, G. G. Rigby, S. H. Scott, W. H. Watson.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

#### ARRANGEMENTS ON DEATH OF PARTNER.

H. R.—Every deed of partnership has, or should have, a clause directing what is to be done in event of the death of either partner, and the survivor would have to be entirely guided by it. If there were no such clause, the survivor would have to look after his own interests, while the executors saw to those of the deceased's family.

#### NEWSPAPER REPORTS OF SURGICAL OPERATIONS.

FACILIS DESCENSUS sends us a cutting from the *Dunfermline Express* of Tuesday, November 27th, which gives an account of what is called a "remarkable operation" performed in the Dunfermline Hospital. It would certainly seem that part of the information in the paragraph could only have been supplied by some one connected with the hospital, but we do not agree with our correspondent that the only possible conclusion is that the operator was the person responsible for the announcement. We call attention to the matter as such notices in newspapers are the subject of frequent complaints, and could be prevented if it were distinctly understood that details of operations should not be supplied to reporters by any of the officers of the hospital, and if their publication in the lay press were clearly resented by the surgeons whose doings are thus made matters for newspaper comment.

#### PROFESSIONAL SECRECY:

##### THE CASE OF THE RAILWAY SIGNALMAN.

M.D. writes: The case of a signalman reported in the *BRITISH MEDICAL JOURNAL* of December 15th, p. 1753, reminds me of a somewhat similar case which occurred many years ago when I was a student at one of the London hospitals. A Clapham Junction signalman, subject to epileptic fits, attended the out-patient department, and was seen by one of the physicians to the hospital. On questioning the man as to what would happen were he seized with a fit in the signal box, he replied that he had a boy who stayed with him when on duty. So impressed was the physician, whose patient this man was, with the risk to the travelling public of such a state of affairs, that he immediately reported the matter to the railway company, who without delay had the man removed from the signal box, and I believe gave him other employment. According to your ruling, the action of this physician was not ethically correct, unless we are to assume that the fact of his patient being in receipt of gratuitous medical attendance at a public institution disposed of any claim for secrecy. The man whose case was recently reported in the *JOURNAL* seems to have been a private patient. The signalman whose letter is published in the *JOURNAL* of January 5th is, doubtless, correct in his description of the working of railway signals; but, notwithstanding all these precautions, travellers may, I think, be pardoned if they prefer to have signals attended to by men not liable to attacks of sudden and prolonged unconsciousness.

\*\* The question whether a patient is seen gratuitously or for a fee does not affect the principle.

#### APPORTIONMENT OF PARTNERSHIP CHARGES.

A. Z. writes, with reference to the reply to "J. F. F." published in the *BRITISH MEDICAL JOURNAL* of December 22nd, 1906, p. 1846, under this heading, to inquire whether, if the partnership were only for two years when B has to buy out A, the answer would be the same.

\*\* Yes. So long as A and B are in partnership, all charges on the firm must be borne by the partners in proportion to their interests in the same.

#### SCHOOL EXEMPTION CERTIFICATES IN SCOTLAND.

MIDLOTHIAN.—The question as to what constitutes a sufficient certificate for exemption from school attendance can only be definitely settled in a court of law, but we are of opinion that the words "on soul and conscience" do not form a necessary part of a competent certificate, and that a school board would fail in any legal proceedings they might institute to enforce the attendance at school of a child whose parents had produced a medical certificate, otherwise satisfactory, from which these words were omitted.

#### LIABILITY FOR ATTENDANCE ON EMPLOYEE.

Z. writes that his *locum tenens* was called in by a foreman of a large firm to attend to an employé. The foreman stated that the firm would pay the expenses, but on application being made the firm denied liability, and said that the employé in question was getting his full allowance under the Workmen's Compensation Act. He wishes to know whether the firm is liable for his fees.

\*\* Apparently the firm denies that the foreman had authority to pledge its credit, and it is probable that our correspondent would be unable to recover his fees from the firm. The only person liable is the patient himself.