

Sterilization of Catgut by Iodine-Spirit Method.

Time in iodine-spirit.	Commercial catgut, wound on spools and placed in iodine-spirit for varying periods as follows: (In the catgut <i>Staphylococcus</i> , <i>B. prodigiosus</i> and some sporing organisms were found by cultivation.)	Sterilized catgut infected with <i>Staphylococcus pyogenes aureus</i> , as above.	Sterilized catgut infected with <i>B. typhosus</i> , as above.	Sterilized catgut impregnated with anthrax spores. (Killed by 4 to 7 minutes' boiling.)	Sterilized catgut infected with spores of <i>B. mesentericus</i> (resisted 18 mins. at 100° C.)	Sterilized catgut (tied in skeins) infected with spores of <i>B. mesentericus</i> more resistant than the above (being killed by 23 and not by 20 minutes' boiling.)
15 mins.	S.A., B.P., sp.	...	T.	...	...	...
30 mins.	S.A., B.P., sp.	S.A.	T.	...	...	...
1 hr.	S.A., sp.	S.A.	T.	B.A.	...	...
2 hrs.	S.A., sp.	S.A.	T.	...	M.	M.
3 hrs.	sp.	-	-	...	...	...
5 hrs.	sp.	-	-	...	M.	M.
6 hrs.	sp.	-	-	B.A.	...	...
1 day	sp.	-	-	B.A.	M.	M.
2 days	sp.	-	-	B.A.	M.	M.
3 days	sp.	-	-	-	M.	M.
4 days	-	-	-	-	M.	M.
5 days	-	-	-	-	-	N.
6 days	-	-	-	-	-	-
7 days	-	-	-	-	-	-
8 days	-	-	-	-	-	-
9 days	-	-	-	-	-	-
10 days	-	-	-	-	-	-

A minus sign — signifies sterile.
 S.A. signifies *Staphylococcus pyogenes aureus*.
 B.P. " *Bacillus prodigiosus*.
 sp. " sporing organism.
 T. " *Bacillus typhosus*.
 M. " *Bacillus mesentericus*.
 B.A. " *Bacillus anthracis*.

That the catgut thus sterilized possesses considerable antiseptic properties was demonstrated by inoculating a bouillon tube with *Staphylococcus aureus*, and then immersing in it a spool of catgut which had been in the iodine solution for seven days. Growth failed in each case; in the controls, where the iodine was removed by washing in 100 c.cm. sterile salt solution, abundant growth was present after twenty-four hours. This antiseptic property would tend to prevent infection from the hands during the manipulation of the catgut at operations.

From two years' constant use of the iodine-spirit catgut I venture to summarize as follows:

1. It is sterile. Dr. Macdonald's experiments and the results of its extensive use at my operations show this conclusively. It has, moreover, as pointed out above, the same antiseptic properties as Moschcowitz claims for dry-iodine catgut.

2. It loses none of its tensile strength in preparation, and, what is more important and an advantage over Claudius's catgut, it can be stored indefinitely in the solution in which it is prepared without becoming brittle. The catgut is soft and very nice to handle.

3. It is readily and simply prepared, and without any undue expense. This is an important desideratum, and I know of no method which can in any way compare with it in this respect. Any one can prepare the catgut with the greatest ease and with absolute certainty of result. I may say that for hospital work my house-surgeon prepares all the catgut required, and for private work the theatre nurse at a nursing home is quite competent to carry out the process. The transference to sterile Petri dishes in Moschcowitz's dry-iodine method involves a risk of contamination which is not possible here. All that is required is a glass jar, a supply of iodine-spirit solution, commercial catgut (preferably Hartmann's), and a few glass spools. I would give the following hints

as to the preparation of the catgut: Ordinary glass tubing about the thickness of the little finger should be cut in lengths of 2 in. This is long enough to take one length of Hartmann's catgut in single layer without knotting. The catgut must be tightly wound on the tube, or, what is better, the tube should be rolled into the catgut as described in Binnie's *Operative Surgery*. The catgut is first fixed, either by tying it through or round the tube, and when wound on is fixed with a slip loop below the last turn. The spools are immersed in the solution and are kept there indefinitely till they are to be used. They must not be used till the eighth day after immersion, and for guidance the date of immersion and the size of the catgut should be noted on a small label on the side of the glass jar. No. 2 catgut I find most useful for ordinary purposes, and a larger supply of it should be prepared than of the other sizes. If many spools are immersed in one jar and are not used for some weeks after immersion, it is well to add fresh iodine-spirit solution at intervals of two to three weeks, so that one may be certain that there is always an excess of iodine bathing the catgut.

4. It is absorbed completely, but only after it has served its purpose. I have had no trouble from delayed absorption of ligature or suture. A fair test of this is its suitability for subcuticular suture.

REFERENCES.

¹ New York Medical Journal, May, 1904. ² Deutsche Zeitschrift für Chirurgie, 1902, Bd. 64, Hefte 5 and 6. ³ Ibid., Bd. 69, Hefte 5 and 6; see also *Bulletins et Mémoires de la Société de Chirurgie de Paris*, 1902, Nos. 4 and 5. ⁴ Wiener med. Presse, 1903. ⁵ Annals of Surgery, September, 1905. ⁶ Centralblatt für Chirurgie, Bd. 31, No. 3, 1904.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

SPRAINS AND THEIR CONSEQUENCES.

As a continuation of this subject, the following account of an unusual lesion may be of interest:

The patient, D., slipped on his doorsteps and fell. He has no idea how he landed, but found that his right wrist was painful and that there was a slight abrasion on the radial side of the joint.

When I saw him first, a fortnight later, he had been applying lotion and had the arm in a bandage and sling. The wrist-joint was swollen, painful, and red; there was a small amount of fluid in it, and on movement there was distinct crepitus on the dorsal surface, which might or might not have been tendinous. A splint was applied, and two days later an x-ray photograph was taken, when it was seen that a large triangular piece of bone had been wholly or partly broken away from the dorsal edge of the lower or articular surface of the radius and projected above the dorsal surface of the bone. The splint was kept on for several days and both passive and active movements used every evening. The crepitus soon disappeared, and, movements being without pain, the splint was dispensed with at the end of a week.

Measured with calipers, the antero-posterior diameter of the right radius at its lower end is now about $\frac{1}{4}$ in. more than that of the left. Flexion is slightly limited, and there is slight tenderness over the seat of fracture.

As it is scarcely a month since the accident, the patient can look forward to practically normal use of his wrist.

London, N.

A. F. SHOYER, M.B., B.C. Cantab.

COINCIDENT EMBOLISM OF CEREBRAL, MESENTERIC, AND FEMORAL ARTERIES.

Mrs. H., aged 67, was seized with severe pain in the abdomen about midnight on February 10th, and shortly afterwards began to pass blood per rectum. When seen by Dr. Jas. Macfarlane in the morning she had passed about half a pint of blood and the pain was still very severe.

Four hours later we were sent for again, as the family had noticed that the patient's speech had become indistinct, and we then found hemiplegia affecting the left arm and leg and the left side of the face. The discharge of blood had ceased, the abdominal pain was a little less, and the diminished rigidity rendered distinctly palpable a large tender swelling in the right iliac region. The question arose whether this might be an intussusception with

secondary cerebral apoplexy due to straining, but the patient, who was quite conscious, said there had been no straining; the blood had merely trickled from her—indeed, she was uncertain from which passage it came—and our examination of the blood showed it to be free from mucus. Moreover, the tumour had not the rounded outline of an intussusception, but was flat and extended more towards the middle line. The heart was rapid and irregular, and no distinct murmur could be detected, but five months previously we had attended the patient for a Pott's fracture, due to a fall, which she could not properly explain, but which seemed to be the result of a fainting turn, and at that time a mitral murmur was found. Our diagnosis of embolism was further confirmed when, within a day or two, the right leg—the one unaffected by the hemiplegia—became cold and discoloured with a bluish mottling from 6 in. above the knee downwards. No pain in this limb was complained of, but by this time the patient was semicomatose and could not feel pain. She died on the fifth day from the onset of the abdominal symptoms.

Sanquhar.

T. R. RODGER, M.D.

WEST AFRICAN CLIMATE.

AN examination of the numbers of Europeans on the sick list at Sapele, Southern Nigeria, British West Africa, in relation with the meteorological records, shows that the greatest number of cases of illness occur when the difference between the midday and midnight temperature is greatest, that is, during the dry season. The figures for the last three years show a great general improvement in the health of the Europeans in the place, due in all probability to: (1) Clearing away the bush; (2) digging ditches to drain the water off; (3) inducing the Europeans to take quinine daily, and to take interest in sanitation by the formation of a local sanitary Board and European reservation. A further improvement is to be expected, as quinine is now being supplied to the natives, who also bring their children for quinine injections.

The months during which there has been the greatest variation between the daily maximum and minimum temperature for the years 1902-5 inclusive are February, March, and April. During these months the diurnal variation has averaged 17° F., and the number of Europeans sick has averaged 6.3 per month. July, August, and September are the months of least diurnal variation, the average being 8.26° F., and the average number of Europeans sick for those months has been 3.83.

Table showing Number of European Residents under Medical Treatment.

1902-2, before the Board; and 1903-5, after the formation of Sanitary Board.

Year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
1900	8	8	6	6	5	3	4	8	9	5	8	9
1901	12	9	10	4	5	6	4	10	10	12	9	10
1902	11	12	12	8	5	4	4	4	7	5	9	6
1903	7	9	8	10	8	12	6	5	6	4	5	3
1904	5	3	3	2	3	3	2	2	3	5	3	4
1905	3	4	1	4	4	0	3	1	3	1	4	3

Table showing Average European Population for Years 1900-5 and Actual Number of Deaths.

	Population.	Deaths.
1900... ..	14	2
1901... ..	15	1
1902... ..	17	2
1903... ..	19	0
1904... ..	23	0
1905... ..	25	0

The difference in the variation of temperature is due to rain and cloud, which combined make the wet season cooler by day and warmer by night than the rest of the year; thus the dry season is the time of great variation between the maximum and minimum daily temperatures.

Taking the three years before the formation of a Sanitary Board as a basis, it appears that each European fell ill, on an average, more than five times each year. During the three years the Board has been in operation this figure has steadily fallen, until for 1905 it fell to 1.24—that is to say, out of an average of 25 European residents, the total number of cases of sickness during 1905 was 31 in an area of about one-third of a square mile.

G. F. DARKER,
M.R.C.S., L.R.C.P., D.P.H. Durham.

REPORTS

ON

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

OAKLEY HOSPITAL, BLAENAU FESTINIOG.

SEVERE CRANIAL INJURY WITHOUT LOSS OF CONSCIOUSNESS.

(Reported by T. J. CAREY EVANS, M.D. BRUX., M.R.C.S.,
L.R.C.P.)

W. R., aged 32, a slate quarrier, was admitted on February 1st, 1905. He had been laying a charge of gelignite ready for blasting when it suddenly exploded, inflicting severe injuries.

When seen shortly after admission by Dr. R. D. Evans he was very confused and delirious though not unconscious, as he knew Dr. Evans, and actually called him by his name. There was a large gaping wound about 1½ in. in width, extending upwards and slightly outwards for about 4 in. from the right eye, which was completely destroyed and collapsed. There was a great deal of haemorrhage and brain matter exuded from the wound on to the right cheek. The wound was washed with mercury perchloride 1 in 1,000, and several loose portions of bone were removed, including the greater portion of the right horizontal plate.

On exploring the exposed portion of brain with a probe something hard was felt; a pair of forceps was introduced, and after a little trouble a large flat, diamond-shaped piece of slate was removed. It weighed nearly 1 oz., and measured 1½ in. in its broadest part and was ½ in. in thickness. It must have entered somewhere near the inner canthus and worked its way up through the right horizontal plate, destroying the eye and fracturing the bone in its course. The dura mater was dangling out of the wound and had to be cut. The wound was filled with boracic acid and plugged with iodoform gauze.

The patient never lost consciousness the whole time he was in hospital (about six months), but was very irritable and morose for about six weeks. There was no elevation of temperature beyond a slight rise during the first few days. He had no convulsions, nor any impairment of sensation or motion. The left eye was also destroyed by the fire and loose stones. The wound granulated, and after a great deal of trouble was got to cicatrize. His cerebration is at present normal, and his intelligence is not in the least impaired. There is at present a large depression covered by a thin layer of skin beneath which the brain can be seen pulsating. It is remarkable that with such severe injury to the brain consciousness was not completely lost.

A PSYCHIATRIC-LEGAL SOCIETY has been founded at Amsterdam with the object of promoting co-operation between doctors and lawyers.

THE late Mrs. Mary Harford Gill of Lower Walmer, who died on February 11th, left the residue of her estate for division equally between Westminster Hospital, Charing Cross Hospital, and the Royal Westminster Ophthalmic Hospital. The amount thus divisible is estimated at about £13,500.

That duty was, of course, entrusted to Maréchal, his Irish surgeon. There was at the time in Paris a young brother of the craft who conceived the idea of making his fortune by bleeding the King. The enterprise was difficult, but he knew that the most solid doors can often be opened with a golden key. Following the advice of Iago, he put money in his purse and sought an introduction to Antoine Daquin, the King's chief physician. The negotiation was conducted on a strict business footing. Daquin, who was known to love money, was told that ten thousand crowns were deposited with a notary who had instructions to transfer the sum to him as soon as the surgeon had got the job. It was not an easy thing to manage, as Maréchal never left the King. One day, however, he asked permission to leave Versailles for three days. Daquin seized the opportunity to introduce his protégé, whom he had ready at hand for the purpose. Feeling the King's pulse one morning as usual, he pretended to be alarmed by its strength and volume, and ordered the illustrious patient to be bled forthwith. As Maréchal was away the King hesitated, but fear soon made him yield to his physician's proposal. The young surgeon bled the King, and Daquin got his money. In the meantime a message had been dispatched for Maréchal, who was not far off. He returned to Versailles in haste, and was much surprised to find that the King, whom he had left in the best of health, had been bled. He was not on friendly terms with Daquin, and he quickly grasped the situation. He went to see the young surgeon, and forced him to disclose the whole plot. When the King learnt the truth he flew into a terrible rage, ordered Daquin to be arrested, and placed the matter in the hands of the Council of State. That obsequious body, after a very short deliberation, unanimously voted that the physician who had trafficked in the blood of the King deserved death. The royal wrath, however, subsided to some extent, and he graciously spared Daquin's life, but deprived him of his office and exiled him from the Court to Quimper-Corentin. The too greedy physician did not long survive his disgrace; he died in 1696. He had been appointed Chief Physician to the King in 1671.

THE ADMINISTRATION OF THE MIDWIVES ACT.

PAYMENT OF MEDICAL MEN CALLED IN TO ASSIST MIDWIVES.

DR. C. W. HOGARTH (Greenwich) writes: At a meeting of medical practitioners of Deptford, Greenwich, and Charlton, held at the Parochial Hall, East Greenwich, on Thursday, March 28th, 1907, it was unanimously resolved:

That in the event of assistance being required by a midwife under the recent Act, the nearest available practitioner ought to be called, and that the fee should be paid by the guardians on a joint certificate signed by doctor and midwife stating the reasons why such assistance was necessary.

It was further resolved:

That copies of this resolution be sent to the guardians and J. Hamilton Benn, Esq., and Lord Thynne.

MEDICAL NEWS.

THE War Office authorities have sanctioned a payment from army funds of £300 per annum for two years to the Anglo-American Hospital at Cairo.

At the meeting of the British Gynaecological Society which takes place on Thursday next, April 11th, Professor Jacobs of Brussels will read a paper on The Radical Cure of Prolapsus Uteri.

A LABORATORY for the study of human nutrition is to be built by the Carnegie Institute of Washington on a site adjacent to the Harvard Medical School. The work will be under the direction of Professor F. G. Benedict, of Wesleyan University.

THE Lord Chancellor has placed the name of Mr. W. Black Jones, M.D., B.S.Lond., D.P.H., of Llangam-march Wells, upon the Commission of the Peace for Breconshire, and that of Mr. Alfred H. Carter, M.D., F.R.C.P., Professor of Medicine in the University of Birmingham, on the Commission of the Peace for the County of Worcester.

At the annual meeting of the governors of the Royal Eye Hospital, Southwark, on March 20th, it was reported that owing to the great number of applicants for relief during the past year it had been necessary to open the out-patient department both morning and afternoon.

A BILL has been introduced into the Pennsylvania Legislature appropriating the sum of £120,000 for two years for the establishment and maintenance under the charge of the State Department of Public Health of one or more sanatoriums for the free care of indigent persons suffering from tuberculosis.

By a special Act of Congress, passed on February 27th, the President of the United States was authorized to promote Lieutenant and Assistant-Surgeon James Carroll to the rank of Major in the Medical Department of the United States Army in recognition of his important experimental work on yellow fever.

A DISCUSSION on the aim and scope of women's work in relation to public health will be held at a sessional meeting of the Royal Sanitary Institute on Tuesday next, at 8 p.m. Curiously enough the discussion will be opened by a man, Dr. Meredith Richards, M.O.H. Croydon. He will be followed by another man, then three ladies are to speak, and finally a third man.

WITH 1907 the Factory Girls' Country Holiday Fund enters the twentieth year of the useful work it does in helping these young people to spend a short time during the year amid country surroundings, the girls themselves paying a portion of the necessary expenditure. By July 1st last year 5,000 applications had been received, and all others had to be refused for want of funds. Subscriptions may be sent to the Honorary Secretary, Miss Paget, 28, Campden Hill Square, W.

A LEAGUE for the repression of cancer has been founded in Belgium on the initiative of Dr. O. Laurent, professor of surgery in the University of Brussels. The President of the organizing committee is M. B. Hanicq, and among the members of the committee are Professor Laurent, Drs. A. Maréchal, *chef de clinique* in the hospital of St. Josse-ten-Noode, Brussels; V. Decoster, and J. Charbonnier.

THE spring meeting of the South-Eastern Division of the Medico-Psychological Association will be held at the East Sussex County Asylum, Hellingly, on Wednesday, April 17th. The asylum and grounds will be open to inspection from noon, and Dr. Taylor invites the members to lunch at 1.45 p.m. The general meeting will take place at 3 p.m., and after the transaction of general business a paper will be read by Dr. C. H. Fennell on the care of children in county and borough asylums.

THE reports of cases of epidemic cerebro-spinal fever during the last fortnight present little worthy of special note. In several new localities of England authenticated cases have been recorded, but there does not seem to be any particular tendency for fresh cases to occur in connexion with others previously noted. In Scotland and Ireland the situation remains practically unchanged, except for the fact that the authorities have followed the example of Glasgow in ceasing to issue daily reports. Altogether there have been in Belfast, up to March 29th, 228 cases since the beginning of the year, of which 138 have ended fatally.

NEW MEDICAL SCHOOLS IN CHINA.—The German Budget for the coming year includes a grant of £2,000 towards the establishment of a medical school at Shanghai. The University of Yale has founded a College of Medicine in Chang Sha, Central Hunan, and the University of Pennsylvania is making arrangements to establish another at Canton.

THE SUPPLY OF MIDWIVES.—The London County Council has given notice that it will again award next July six scholarships to students in midwifery who are ordinarily resident within the County of London, and between 24 and 40 years of age. The value of each scholarship will be £25, and the course of training must extend over a period of six months. Applications should be addressed to the Executive Officer, Education Offices, Victoria Embankment, not later than Saturday, April 20th, 1907.

HYGIENE OF MINES.—By a decree dated February 28th the French Minister of Public Works appointed a Special Committee to inquire into the whole subject of the sanitary conditions of mines. The Committee consists of five representatives of the medical profession, two representatives of the masters, and three of the miners, besides two representatives of the Ministry of Labour and four members of the mining service. The medical members are Drs. Vagnal and Raymond, Senators; d'Arsonval and Laveran, members of the Institute of France and of the Academy of Medicine, and Professor Calmette, Director of the Pasteur Institute of Lille. M. Delafond, Inspector-General of Mines, is Chairman of the Committee.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

REMOVAL OF PAUPER LUNATICS TO WORKHOUSE FOR CERTIFICATION.

C. W. P. states that he had a club patient who, in his opinion, required to be certified as insane. He notified the relieving officer of this, and asked for the necessary forms. The latter then called upon him, saying that the usual course would be to supply him, the relieving officer, with a certificate that the patient required supervision, upon which he would be removed to the workhouse, and that the workhouse doctor would then certify if he thought fit. Our correspondent contends that he was himself the proper person to certify to the insanity of the patient, and asks whether he was justified in refusing to give a certificate for the removal of the patient to the workhouse without any fee for so doing, and what he is to do in the future if he has a similar case. He further asks whether the guardians have the power to fix the fee for certification of lunatics at ten shillings a case.

* * We assume that our correspondent is a district medical officer, and, if this be so, it is his duty, when he has knowledge of the insanity of any pauper in his district who ought to be sent to an asylum, to give notice of such in writing to the relieving officer; it then becomes the duty of the latter "to give notice thereof to a justice having jurisdiction where the patient resides," who, after receiving such notice, is bound by order to require the relieving officer to bring the alleged lunatic before him, or some other justice having similar jurisdiction, at such time and place as shall be appointed by the order then given. It is contrary to the spirit of the Lunacy Act for a relieving officer to remove an alleged lunatic from his residence to a workhouse for his detention there as an inmate before being sent to an asylum. For any such irregularity a relieving officer or overseer is, in strict law, liable to a pecuniary penalty, and this has been enforced. As it rests with the justice who acts in these cases to select the medical practitioner whom he is required to call to his assistance, our correspondent cannot claim the right to certify the case for the asylum. The usual fee for this duty is one guinea, but the actual amount rests with the justice only to decide. We do not consider it to be the duty of a district medical officer to give a certificate, even at the request of the relieving officer, to enable an alleged lunatic to be removed from the district to the workhouse, as by so doing it would be facilitating a course of action undoubtedly illegal.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Appointments.

THE following appointments are announced:

J. Bancroft, M.A., King's College, Senior Demonstrator in Physiology; S. W. Cole, M.A., Trinity College, Junior Demonstrator of Physiology; V. J. Woolley, M.A., King's College, additional Demonstrator of Physiology.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

MATERIA MEDICA AND PHARMACY.—Estelle I. E. Atkinson, G. M. Benton, J. F. Cocker, Gertrude H. Geiler, F. G. Wrigley, *G. S. Bate, *W. J. A. Quine.

* Under the new regulations.

ANATOMY AND PHYSIOLOGY.—H. E. Allanson, D. I. Connolly, F. H. Diggle, J. Gow, T. T. Higgins, R. A. Jackson, N. T. K. Jordan, N. McDonald, Edith M. Marsden, C. B. Marshall, G. E. E. Nicholls, C. Imblett, H. Platt, A. Porter, J. Ramsbottom, A. S. Smalley, N. Tattersall, R. H. Titcombe, J. F. Ward. ANATOMY ONLY.—R. J. Batty.

FINAL EXAMINATION (Part I).—J. A. Bateman, T. B. Bolton, W. C. Deuniston, T. E. Dickinson, F. Gandy, Frances M. Huxley, E. K. Lomas, S. S. Mahamadi, W. P. Marshall, W. W. Martin, J. Morley, J. H. Nichol, M. C. Skillern-Lawrance, W. W. Stacey, J. Thompson, A. B. Thompson, B. W. E. Trevor-Roper, W. W. Uttley, T. G. Williams, A. E. Woodall. (Part II).—T. G. Burnett, Jane A. Fleming, S. H. Gandhi, J. T. B. Hall, W. H. Judson, W. P. Moffet, F. R. Parakh, J. B. Macalpine, W. H. Ross, H. Spurway.

FORENSIC MEDICINE AND PUBLIC HEALTH.—J. W. Bride, J. F. Dow, J. A. Fairer, F. Hartley, K. Lakin, S. E. McClatchey, J. L. Moir, P. Moran, W. Nightingale, Alice Oberdorfer, K. Robertson, Elsie M. Royle, G. B. Warburton, H. Whitehead.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B. (Part A).—L. S. Ashcroft, K. J. C. Bradshaw, L. Buckley, A. G. W. Owen, J. A. Parkes, J. F. Roberts, N. W. Steinberg. (Part B.) S. P. Sykes.
FINAL M.B., CH.B. (Part II).—G. W. N. Joseph (second class honours).
DIPLOMA IN TROPICAL MEDICINE.—A. Bond, M.D., B.Ch.Dubl., M. H. G. Fell, M.R.C.S., L.R.C.P., R. H. Kennan, M.B., B.Ch.Dubl., W. H. Kenrick, M.R.C.S., L.R.C.P., G. E. H. Le Fanu, M.B., C.M.Aberd., H. Vallance, M.R.C.S., L.R.C.P.

THE ROYAL UNIVERSITY OF IRELAND.

THE supplement to the *University Calendar* for 1907, containing the examination papers set in 1906, has been issued by the University Press, Dublin. Among other papers it contains those set at the spring, summer, and autumn examinations in medicine, and at the examinations for the D.P.H. degree.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

PRELIMINARY MEDICAL.—*N. S. Deane, M. J. Ahern, J. C. Blackham, W. P. Bole, J. H. Cooper, F. A. V. Denning, M. J. Dunne, A. C. Gordon, J. A. Hart, C. J. Hogarty, H. F. Holmes, F. Horsley, T. F. Keating, P. J. Kelly, C. Maguire, S. N. Manning, T. E. Martin, E. J. Morrissey, J. Sandys, W. F. Watson, V. J. White.
* With honours.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examinations indicated:

PRELIMINARY SCIENTIFIC (*Physics and Chemistry*).—G. Beckett, T. M. Crawford, C. W. M'Kenny, Mary G. Caskey, R. T. Vaughan, W. A. Taylor, T. A. Watson, E. N. Bateman, V. M. Fisher, E. H. P. Murphy, W. O. Halpin, J. B. Burgess, R. P. Pollard, E. W. G. Young. (*Botany and Zoology*).—R. V. Dixon, O. C. Tandy, M. M'Knight, R. A. G. Elliott, J. T. Simpson, R. C. M'Kell, L. Shiel.
INTERMEDIATE (Part I).—R. E. T. Tatlow, V. B. Kyle, H. S. Metcalfe, W. P. H. Smiley, C. D. Hanan, C. B. Jones, D. Drew, J. D. Murphy, A. K. Cosgrave.
FINAL (Part II, *Surgery*).—F. R. Seymour, J. Gray, E. Jameson, E. C. Stoney, G. G. Vickery, F. W. H. Bigley, H. P. Hart, A. T. J. McCreery, A. E. Knapp, Rev. R. B. Bryan, J. W. Lane, G. H. Stack, J. H. Morton.

DIPLOMA IN PUBLIC HEALTH (Part I).—C. Scaife.

OBITUARY.

HIS EXCELLENCY PROFESSOR ERNST VON BERGMANN,
BERLIN.

By the death of Ernst von Bergmann, Germany has lost one of her most skilful surgeons, and the Berlin University one of its most commanding personalities. Tall, broad-shouldered, with the quick, energetic movements that tell of a strong temperament, penetration and acute observation in the glance of his steel-blue eyes, his was a notable figure alike in the lecture room and the operating theatre.

Unlike many successful and famous surgeons he believed in the entire teachableness of his art. He was never weary of developing and working out his methods down to the minutest detail, and of drilling his students in their practical application. He was never the genius on a pedestal accomplishing, by a light given to him alone, what others would vainly attempt, but rather the head of a school trained to carry on and carry out the master's successful work.

Von Bergmann was born in Riga, the capital of the Russian Baltic provinces, on December 16th, 1836; he studied and took his degree in the Russo-German University of Dorpat. There, too, he began his professorial career. In the Austro-Prussian campaign of 1866, and again in the Franco-Prussian war of 1870, he served as a Surgeon in the Prussian army. In 1871 he was appointed to a full Professorship in the Dorpat University. When the Russo-Turkish war broke out he for the third time took the field as a war surgeon. In 1878 he accepted a call to the Würzburg University, and in 1882 he was appointed Professor in the Berlin University. That Chair he continued to hold until his death.

The sad circumstances connected with the late Emperor Frederick's illness in 1887 and 1888, and with the animosity between the Royal Martyr's German and English medical advisers, brought von Bergmann's name for a time into an atmosphere of sensation. This is not the place to reopen a discussion on this subject; it need only be said that the event proved the German physicians to have been right in their early diagnosis.

About two years ago von Bergmann's health began to fail; there were symptoms of serious intestinal mischief. No one understood the gravity of the situation

time. Dr. Sterling married some sixteen years ago, and leaves a widow, with whom deep sympathy will be felt.

SURGEON-GENERAL SIR JOHN HARRY KER INNES, K.C.B., died in Florence on March 12th, in his 88th year. Born in 1820, he entered the Army Medical Service as Assistant Surgeon, April 8th, 1842; became Surgeon, March 11th, 1853; Deputy Surgeon-General, December 31st, 1858; and Inspector-General, July 24th, 1872. He retired from the service, January 27th, 1880. In 1854, his regiment being in India, he went to the Crimea as a volunteer, and took part in the siege of Sebastopol and in the attack on the Redan on June 18th (medal with clasp and Turkish medal). During the Sepoy revolt in India he served with great distinction with the 1st Battalion of the 60th Rifles. He was wounded and his horse shot in the action on the Hindun; he was present at the battle of Budli ke Seral, at the storming of the heights before Delhi, and the siege, assault, and capture of that city. As P.M.O. of Sir John Jones's force he went through the Rohilkund campaign, and subsequently held a like appointment in Oude with Brigadier Troup's column (frequently mentioned in dispatches, medal with clasp, and appointed C.B.). In 1871 he was selected to act as British Medical Commissioner on the staff of the Crown Prince of Prussia during the Franco-German war. At the close of this campaign he received from the Emperor the Steel war medal and the Iron Cross. From 1876 to 1880 he held the appointment of P.M.O. in India, and in 1877 was appointed an Honorary Surgeon to Queen Victoria. In 1878-9 Surgeon-General Ker Innes was P.M.O. of the Afghanistan expeditionary force; he was present at the assault and capture of Ali Musjid and the subsequent advance up the Khyber Pass (mentioned in dispatches, medal with clasp). He was in receipt of a Reward for Distinguished Service granted him in 1885, and was promoted to be K.C.B. in 1887.

DR. ORONHYATEKHA, of Toronto, who died on March 3rd of heart disease and diabetes, was a full-blooded Mohawk, and was born on the Six Nations Reservation near Brantford, Ontario, in 1841. He received his medical education at the University of Toronto, and was, we believe, for some time at Oxford. He practised his profession in Ontario until 1889, when he took up his residence in Toronto.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Gustav Hirsch, Physician to the Czar, aged 79; Dr. Ottomar Rosenbach, sometime Professor of Internal Medicine in the University of Breslau, aged 56; Dr. Labéda, formerly Professor of Operative Surgery in the Medical Faculty of Toulouse; Dr. Peter Ssuschschinski, formerly Professor of Pharmacology in the Military Medical Academy, St. Petersburg, aged 64; Dr. Wladyslaw Krajewski, of Warsaw, one of the leading surgeons of Poland, aged 52; Dr. John H. Brinton, of Philadelphia, author of the article on gunshot wounds in the first portion of the *Medical and Surgical History of the War of the Rebellion*, and afterwards Surgeon to the Jefferson Hospital and Professor of the Practice of Surgery and Clinical Surgery in the Jefferson Medical College, aged 75; and Dr. Joao Augusto Teixeira, Director of the Medico-Chirurgical School of Funchal.

HOSPITAL AND DISPENSARY MANAGEMENT.

INVERNESS DISTRICT ASYLUM.

THE Medical Superintendent of this asylum is able to submit an exceedingly favourable report for the year ending May 15th, 1906. There were 659 patients on the register on May 15th, 1905, the total cases under care during the year numbered 811, and there remained 898 on the register on May 15th, 1906, showing an increase of 29 during the year.

During the year 152 cases were admitted, of whom 99 were first admissions. In 72 the attacks were first attacks within three, and in 18 more within twelve, months of admission; in 45 the attacks were "not-first" attacks within twelve months of admission, in 14 the attacks were of more than twelve months' duration, and in 3 were of congenital origin on admission. Only 37 were in average bodily health and condition when admitted, 83 being in indifferent or reduced, and 32 in

bad or exhausted, conditions. Further, 53, or 34 per cent., had been under treatment before, as compared with 27 per cent. of the previous year. It is to be noted, however, that several of these cases were readmitted to the asylum from amongst those boarded-out, and are thus not to be regarded as really relapsed cases.

The admissions were classified as to the forms of mental disorder into: Mania of all kinds, 68; melancholia of all kinds, 60; dementia, 11; general paralysis, 5; acquired epilepsy, 2; and cases of congenital or infantile defect, 2. As to the probable etiological factors in the admissions, alcoholic intemperance was assigned in only 8, or 5 per cent.; syphilis in 5; adolescence, old age, and the climacteric in 25; phthisis in 20; previous attacks in 53, and moral causes in 43. Hereditary influences were ascertained in 42, or 27 per cent., and in 4 more congenital defect existed. In 17 no cause could be assigned. During the year 77 were discharged as recovered, giving the unusually high recovery-rate on the admissions of 50.6 per cent., and, notwithstanding the exceedingly unfavourable character of the admissions, 58 of these had recovered and been discharged before the end of the asylum year. There were also discharged as relieved 11, as not improved 7, and there were 28 deaths. The deaths are almost half those of the previous year, and give the record-breaking death-rate for this institution of 4.2 per cent. on the average number daily resident.

The deaths were due in 3 cases to general paralysis, and in 1 to exhaustion from senile mania; in 19 to chest diseases, including 6 deaths from phthisis pulmonalis; in 2 cases to general tuberculosis, and in 1 each to cancer of stomach, senile decay, and "malignant disease." All deaths were thus due to natural causes, and, further, no accident of a serious nature occurred during the year. The general health appears to have been good during the year, and no illness of epidemic form affected either inmates or staff.

THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL. FROM the statements made at the recent annual meeting of what is now the Royal National Orthopaedic Hospital, it would appear that the amalgamation scheme has, up to the present, worked very harmoniously, and that financial results have been entirely satisfactory. Building of the new premises is expected to commence early in the spring, the expenditure, estimated at £5,700, being partly covered by sale of the old premises of the Royal Orthopaedic Hospital in Hanover Square. During rebuilding it appears to be the intention to continue to rent some vacant wards at Charing Cross Hospital as well as use certain portions of the existing premises in Portland Street. It is still hoped that the City Orthopaedic Hospital will join in the amalgamation, but arrangements to that end have not yet been completed.

KING EDWARD'S HOSPITAL FUND FOR LONDON. THE General Council of King Edward's Hospital Fund for London met at Marlborough House, on March 15th, to receive the accounts and report for the year 1906. The Prince of Wales, President of the Fund, took the chair. The report, read by Mr. Danvers Power, one of the honorary secretaries, stated that the total income of the Fund from general sources had been £110,955 16s. 1d., of which £110,000 had been distributed. Note was also made of the various large bequests to the capital, of which the Fund received notice during the year, though several had not yet been paid; of the completion of the revision of the system of keeping hospital accounts; and of the steps being taken to obtain a Bill for the incorporation of the Fund. The important meeting of the year being that held in December to receive the recommendations of the Distribution Committee, the business on the present occasion was mainly of a formal character; and after the reports had been adopted on the motion of the Prince of Wales, the proceedings terminated with a vote of thanks to the Prince for presiding.

ROYAL SEA-BATHING HOSPITAL.

At the annual meeting of the Royal Sea-Bathing Hospital, an institution which, though situated at Margate, mainly caters for the needs of London patients, an intention was indicated to improve in many ways the accommodation and equipment of the institution at an early date. During last year the number of beds daily occupied was 133. The number of applications for admission—716—exceeded those of the previous year by 57. Of the total applicants 145 were, on medical examination, deemed to be unsuited for admission.

THE ROYAL HOSPITAL FOR DISEASES OF THE CHEST. THE ninety-third annual report of the City Chest Hospital, the first established in Europe for the study and treatment of pulmonary disorders, records the completion of all the structural improvements and additions asked for by the Medical Council of the hospital in 1906. The hospital has therefore now been brought in every way up to the standard of present-day requirements. The number of in-patients treated—583—is under the figure for 1905, as one ward had to be kept closed during the alterations. The new arrangements include an x-ray room and improvements in the operating theatre.