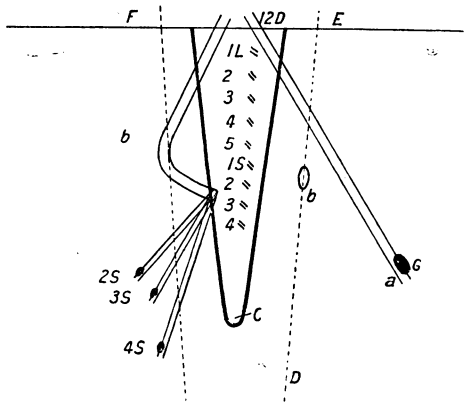
where the previous dissection had been made. At the seat of the lesion the cord had disappeared, and the dural sheath was greatly thickened, its lumen being practically obliterated. The sheath was opened below, but it was impossible to pass a fine probe through the part where the dura had been damaged. It was felt that to persevere and perform nerve suture in the midst of this scar tissue would only have been to court disaster, and the identification of the nerve roots would have been most difficult. The operation was abandoned, but we both thought that it might have been performed if everything had been done at the first sitting.

The technique had been worked out previously on the dead subject, and can be understood by reference to the diagram. The twelfth dorsal was to be cut as far from the cord as possible in the intervertebral foramen (at *a*), and



F E, Level of lesion; 12 D, twelfth dorsal nerve; C, cord; D, dural sheath; G, posterior root ganglion.

brought through a slit in the dura distal to the lesion (at *b*). The nerves here have a firm fibrous sheath derived from the spinal membranes, and are easily handled. This part of the dura was then to be opened in the mid line, the twelfth dorsal pulled through as far as possible, and fixed to the anterior and posterior roots of the second, third, and fourth sacral, which were to be cut free from the cord as long as possible, as shown on the left side of the drawing. The median incision in the dura was to be closed with fine catgut, and one suture where the twelfth dorsal was put through the dural sheath. This would prevent any tension being put on the actual nerve junction.

The identification of individual nerve roots is a matter of difficulty, as they lie very close together. The easiest way of doing this is by applying a very weak interrupted electric current by means of sterilized electrodes, and noting the resulting contraction. This is an easier method than following definite landmarks for the individual nerves, for their level is variable. I have used this method during the operation on cases of brachial palsy and found it most helpful.

The nerves supplying the bladder also cause priapism when stimulated, and this is the easiest result to go by. Contraction of the pelvic floor and perineal muscles is readily appreciated. If nerve crossing be attempted, it would be best to operate as soon after the injury as possible, that is when the original shock and the acute symptoms following had subsided. Postponement only gives time for septic troubles to arise, and in any case it will be some months before any recovery takes place. If the level of the injury be lower down than the twelfth dorsal, the procedure becomes easier. Provided the lumbar roots be intact and in connexion with the brain, it might be feasible to anastomose some of the sacrals into a gap made in the higher nerves. It is even within the bounds of possibility that with several of the lumbar nerves we might produce sufficient power to enable the patient to walk again in a feeble manner. At any rate, enough has been said to show that nerve crossing within the spinal canal may open up a new field in surgery, and, though necessarily a severe operation, is worthy of trial.

My best thanks are due to Professor Osborne, Dr. Mathison, and Mr. Bird for their valuable assistance.

The expenses of this research were partly defrayed by a grant from the British Medical Association.

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MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

THE THIRD FACTOR IN THE ETIOLOGY OF BLACKWATER FEVER.

OF the many good articles in that new volume (Part II, vol. ii) of *Allbutt's System of Medicine* which is devoted to diseases of tropical countries there is none which will be read with greater interest than that by Dr. J. W. W. Stephens on blackwater fever, which disease in the Duars and Terai tea-planting districts of India has recently had considerable attention drawn to it.

I confess to having been strongly opposed to the theory which ascribed blackwater fever to malaria, assisted by quinine. It is difficult, however, to resist the facts and closely reasoned arguments used by Dr. Stephens in the article just mentioned, but while one may agree with Dr. Stephens that intense malaria *plus* quinine can and does induce haemoglobinuria, still the fact remains that, in the districts where both intense malaria and blackwater cases are found, there are many bad cases of malaria which are treated successfully by quinine in which no such untoward symptom as blackwater occurs. Hence, while admitting the two factors, namely, malarial attacks of greater and lesser frequency and quinine, not necessarily in large doses, still I think that the real clue to the etiology of this disease may lie in Plehn's suggestion that a kidney lesion is one of the essential factors. On this view we have three factors, namely, malaria infection, use of quinine, and a lesion of the kidneys.

This, it seems to me, might explain the scattered incidence of the disease in the same district, where intense malarial fevers are common, the use of quinine universal, but the third factor, a diseased kidney (we can understand), will only rarely be present also. In this way the state of the kidneys acquires a prognostic significance equal to that which it has in the prognosis of cholera attacks, and possibly it may be found that, in regions where bad malarial fevers abound and also blackwater fever, it would be wise before administering quinine to make an examination chemically and microscopically of the urine, and to avoid using this drug where the microscope gives evidence of a kidney lesion. The exact nature of the kidney lesion which (on this hypothesis) joins in precipitating an attack of haemoglobinuria would therefore be a subject for further inquiry.

W. J. BUCHANAN, M.D., D.P.H., Major, I.M.S.,
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A CASE OF COMPLICATED STRABISMUS.

THE patient in the following case, a girl aged 15, asked me in June, 1906, to do something to improve the defect in her appearance caused by the following condition: In addition to an unsightly left internal strabismus of 24° there was well marked lateral nystagmus which only ceased on extreme abduction to the left, and sight in this eye was extremely defective as the lens had been removed in infancy for congenital cataract. Fixation was possible, but could not be maintained for any length of time. The right eye was highly myopic (— 7D., with astigmatism of 4D.). Movement was perfect. The patient being anxious for treatment, the question arose as to which eye it would be the best to operate on. As fixation was possible with the left eye, and the nystagmus became so much lessened on abduction to the left, it was hoped that an extensive advancement of the external rectus of the left eye would be productive of parallelism, and at the same time lessen the nystagmus. It was also considered that an operation on the right eye would leave her practically blind whilst the right was recovering from the operation, and any mishap to the eye would be a most serious state of matters. Lastly, the myopia present in the right showed that it was not completely healthy. All these points led one to attempt the rectification by operation on the left eye.

The left external rectus was advanced, and it was found necessary to divide completely the internal, leaving the eyes exactly parallel at the completion of the operation and for some days after. Unfortunately, within a few weeks the left eye returned to its old position of convergence, only 4 degrees having been removed by the operation, though a marked lessening of the nystagmus was gained. No fault in the

technique could be found with the operation, as the advanced muscle could be plainly seen under the conjunctiva in its fresh situation. In October it was decided to operate on the right eye, the external rectus of which was freely advanced, and an almost but not quite complete tenotomy of the internal was carried out. This operation practically amounted to producing an abduction of the fixing eye, with the result that adduction to the middle line results in a corresponding abduction of the left eye, and a consequent removal of the convergence. The result was everything that could be desired, and the only drawback was the inability to see to do anything during the period of convalescence whilst the operated eye was occluded by a bandage.

This case is of interest in that it shows how much can be done by operation for a squint, even when associated with so many complications. The failure of the first operation is of very practical value in proving the uselessness of operating on the amblyopic eye in such cases. Many cases of squint following injury, loss of lens after operation, etc., are frequently met with, in which an example like this will show the advisability of operating on the sound eye and not on the squinting eye. Of course in cases of alternating squint it does not matter which eye is chosen, but otherwise the wisest course is to bring the fixing eye into alignment with the deviating one.

A. ALISON BRADBURNE, F.R.C.S.Edin.,
Ophthalmic Surgeon, Ormskirk Cottage Hospital.

MUSCULAR SPASM UNDER CHLOROFORM ANAESTHESIA.

IN January I attended a primipara, aged 26. The occiput was posterior, and the vagina small, so that it would barely admit two fingers. Labour was slow and tedious, and after twenty-four hours recourse was had to forceps. Chloroform was administered from a Skinner's mask until the corneal reflex was abolished. The moment the fingers touched the vulva the legs were violently extended and became so rigid that the united efforts of the assistant and myself were insufficient to flex them. The anaesthetic was pushed, and another attempt made to introduce the finger, only to reproduce the same phenomena. It was only on the establishment of deep anaesthesia that delivery was effected with considerable difficulty. The patient made an uneventful recovery.

The chloroform used was the methylated, of very well-known makers and of guaranteed purity. I have used the same batch on several occasions since with no unusual symptoms. Although muscular rigidity in the early stage of chloroform anaesthesia is common enough, such reflex spasm as that described, after the loss of the corneal reflex, seems sufficiently rare to be worth reporting. The spasm appeared to be limited to the legs, and I assume the cause to be a reflex impulse from the lumbar centres, these centres having failed to reach the general level of depression of the rest of the cord. The reasons for this failure are not easy to find.

A. CAMPBELL STARK, M.B., B.S.Lond.
Wanstead Park, Essex.

ERYSIPELAS TREATED BY A SPECIFIC ANTISERUM.

THE patient in the following case—an elderly woman, stout, with a softened cardiac first sound—had a history of two previous attacks of facial erysipelas, the first six, the second four, years ago. She was ill six weeks the first, four the second, and had been troubled for some time with facial eczema after each attack. She had a cold for a week previous to her illness in the present instance.

STATE ON EXAMINATION.

When I saw her first, on January 16th, there was a brawny swelling on each side of the bridge of the nose, more extensive on the left side; on this side the eye was half closed. Temperature 102.4°, pulse 120. Prescribed zinc and starch dusting powder, and applied a dressing. Wired for serum.

PROGRESS.

The following day both eyes quite closed, swelling extended from occiput to naso-labial folds. Patient was deaf owing to involvement of the external auditory meati with the auricles, and breathing was oral owing to involvement of the nose; there was the usual subcuticular serous effusion. Temperature 101.6°, pulse 120. Delirium. Administered 25 c.cm. of antistreptococcus "erysipelas" serum. Evening temperature 102°, pulse 118.

Jan. 18th. The disease had not extended. Delirium still present. Temperature 100.4° in morning, 100° in afternoon; pulse 124, irregular, and somewhat intermittent. A mixture containing strychnine and digitalis prescribed.

January 19th. Temperature 98° in morning, 99.4° at night. Marked improvement in condition; both eyes half open, serous blebs drying up, swelling markedly decreased; delirium still present. A bromide and hyoscyamus draught given at night. A further 25 c.cm. of serum given.

RESULT.

January 20th. She had had a good night, and was quite sensible. Both eyes quite open, almost the only signs of the disease being a bleb on each upper lid and desquamation. She heard well, and breathed freely through her nose. Temperature 98°, pulse 96, and steady. She made an uninterrupted recovery, getting downstairs two days later. There was no sign of eczema.

The patient, from her age, physical condition, and tendency to heart failure, was an unfavourable subject for the disease, and one in which it might well have had a fatal issue. The almost immediate checking and rapid disappearance of the disease under the influence of the serum was remarkable and quite as satisfactory as the results obtained by the serum treatment of diphtheria. The serum was obtained from the Wellcome Research Laboratories.

Sutton Bridge. W. M. CROFTON, M.B., R.U.I.

CALCIUM IODIDE IN ULCERS OF THE LEG.

IT may perhaps be worth bearing testimony to the excellent results to be obtained from the use of calcium iodide in leg ulcers, as advised by Dr. Stephens in his article of July 21st, 1906. Through the kindness of my Superintendent, Dr. Chilcott, I have since last August been able to follow out the treatment with it of a large number of leg ulcers, and the result, as Dr. Stephens states, is nothing short of marvellous.

Ulcers which have for years stubbornly resisted all kinds of treatment, and whose owners have without avail been simply saturated with potassium iodide, in a week or two showed clean granulating surfaces, and have in almost all cases healed up. Two or three cases, which are healing more slowly, though immensely improved, are due, I believe, not to any deficiency in the drug, but to the ingenuity displayed by their owners in counteracting its effects—to put off the evil day of their discharge. In all cases the induration around the ulcers greatly diminished or entirely disappeared.

I also observed in a few cases of syphilitic necrosis of the nasal bones considerable benefit from its administration, and great relief was obtained in headaches associated with syphilis. The dose given in all cases was 2 grains in mixture three times a day, and there did not appear to be any increased advantage from augmenting the dose. Any mild external application seemed equally efficacious; in most cases I used a mild mercurial or iodoform ointment. I cannot claim quite so rapid results as those got by Dr. Stephens, except in recently acquired ulcers; at the same time I do not think any one who gives this drug a fair trial will be dissatisfied with its action.

In many institutions, and especially in Poor-law infirmaries, where a well-maintained leg ulcer is to the indolent as good as an old-age pension, one cannot but think calcium iodide will prove of great value, as the initial expense of the drug is more than counterbalanced by the ultimate economy in dressings.

Highgate Infirmary. A. G. PETER, M.B., Ch.B.Aberd.

A CASE OF HAEMOPTYSIS.

FOR fifteen years this patient, aged 42, had suffered from recurring attacks of haemoptysis; several of these had been of extreme severity, and had almost led to death. He had consulted physicians in all parts of the United Kingdom and had received a variety of diagnoses. The only physical signs which had ever been detected were a few râles at the right base after each haemoptysis. The sputum had been examined for tubercle bacilli on a great number of occasions, always with a negative result. Again on this occasion the only physical signs were a few râles at the right base. The haemoptysis was very considerable in quantity, and occurred almost daily over a period of three weeks. The sputum was examined

about every third day, and showed excellent blood casts of the bronchi, numerous pearly granules containing quantities of alveolar cells, but no purulent portions, and, although the search was most thorough, no tubercle bacilli. The haemoptysis was gradually diminishing. We had decided that on its complete cessation we would take an *x*-ray photograph, with the view of determining whether any tuberculous foci in the lungs would be detected by the screen or on a plate; such foci, being old and sclerosed, would give a very marked shadow both on the screen and on the negative. He died from a sudden haemorrhage of enormous extent, within five minutes of its onset.

At the autopsy we found a few old sclerosed nodules both at the left apex and at the right base; also at the right base a small mass of thick caseous material surrounded by consolidated lung. The caseous material contained a large number of tubercle bacilli.

We would suggest that the previous attacks of haemoptysis were produced in a similar manner, namely, that the tuberculous focus underwent a very slow degeneration, that the resulting caseous material was too thick to escape into the bronchi and be coughed up and that on this account tubercle bacilli had not been found in the sputum; that the retention of the caseous material led to ulceration of the vessels in the lung tissue immediately around and thus to the severe haemoptyses; that in the previous attacks a sclerosis of the surrounding tissues eventually cut off the caseous mass which finally became absorbed.

An *x*-ray examination in this case would certainly have shown the presence of nodules in the lung and aided in establishing a diagnosis.

This case of haemoptysis appeared to us to be of sufficiently unusual type to be worthy of being placed on record, as is also the fact that phthisis may exist for fifteen years without tubercle bacilli being found.

J. Bernard Thompson, M.R.C.S., L.R.C.P.
F. H. Jacob, M.D., M.R.C.P.,
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REPORTS
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

THE LONDON HOSPITAL.

A CASE OF CEREBRO-SPINAL MENINGITIS OF THE APOPLECTIC TYPE WITH HYPERPYREXIA.

(Reported by Howard F. Warner, M.B., B.S.Lond., House Physician.)

E. E., a girl, aged 10, was admitted on April 11th.

History.

It appeared that the child had been quite well that morning. There was no history of any previous fits or headache, and no recent illness. She had gone to school as usual in the morning (she was in Standard IV), and during the morning had vomited once without apparent cause. She went home to dinner in the middle of the day, and her only complaint then was of pain under the left jaw, where there were some enlarged glands. She returned to school in the afternoon, and nothing further was noticed until she suddenly fell off the form on which she was sitting and had a "fit," as the teacher said; this was at 3 p.m.

Condition on Admission.

The patient was brought up to the hospital at 5.30, still in a stuporose condition. She could not be made to respond to her mother's questions, and was irritable on examination. The pupils were dilated and equal, the head was much retracted, and there was marked rigidity of the neck and limbs, slightly greater on the left side. The breathing was stertorous and rapid. Pulse 148, temperature 98°. There was no unilateral paresis as far as could be found. The knee-jerks were increased and equal; Kernig's sign was present in both legs; Babinski response was first down and then markedly upwards. There was no ankle clonus. There were very marked dissociated eye movements, and divergent strabismus prevailed the whole time (there had been none while the child was in health). The corneal reflex to touch was only just present. The hands were clenched with the thumbs turned into the palms, and from time to time there were convulsive movements of the arms and legs, but bilateral throughout; the knees were drawn up and all joints flexed strongly, but the head was retracted.

There was an abrasion over the right eye where the child had fallen, and another slight one on the right cheek, but nothing sufficient to lead one to regard the symptoms as an "effect" of the fall rather than its "cause." There was no discharge from either ear. The lungs showed signs of a diffuse bronchitis only; the apex beat was displaced 1 in. to the left, but the heart sounds were clear.

After-History.

A diagnosis of cerebro-spinal meningitis was made provisionally and the child was put to bed and given chloral and bromide every four hours for six doses, and fed on milk, which could then be given with a spoon. She vomited once that evening. During the night the temperature rose to 103.5°, and dropped to 103° in the morning; the stupor deepened, and nasal feeding had to be instituted.

The next day (April 12th) the right knee-jerk had disappeared, and the Babinski response was definitely upwards on both sides; the condition was otherwise unchanged. Incontinence of urine and faeces had been present throughout. Towards evening the respiration rose suddenly from 40 to 85 a minute, with cyanosis and slight bilateral movements of the arms and legs; the temperature taken during this attack was 106° F. It lasted about five minutes and then passed off, leaving the temperature 105.5°, and respirations 40. The pulse could not be counted during the attack, but afterwards was 156. The eyes were carefully examined, and definite early optic neuritis was seen.

Lumbar puncture withdrew a large quantity of absolutely clear fluid with great ease, which on bacteriological examination grew a large Gram-positive coccus but no meningococcus; another culture remained quite sterile for three days.

Another attack of dyspnoea with hyperpyrexia (107° F.) came on at about 11 p.m. that night, and the patient died at 5.30 a.m. on the following morning without recovering consciousness.

An evanescent erythematous mottling of the skin on the limbs was noticed on April 11th, but nothing very definite in the nature of a rash. The whole illness, from the sudden onset in school till death, only occupied thirty-seven and a half hours.

Necropsy.

There was marked engorgement of the small vessels in the meninges over the whole brain, but absolutely no thickening of the membranes or exudation; the ventricles were slightly distended, but no gross change of any kind was found in the brain after a very minute examination. The spinal cord was found to be surrounded by a peculiar gelatinous material in the supradural space; this material was quite clear. The spleen was rather of the septic type; there was tremendous enlargement of Peyer's patches and the lymphoid follicles of the intestine, which were so swollen that they could be easily seen from the outside of the intestine before it was opened. Lymphatic glands were enlarged somewhat all over the body, and the thymus was distinctly large, weighing ½ oz. The lungs were congested with areas of collapse, but there was no sign of tubercle in lungs, brain, or elsewhere.

Remarks.

There seems very little doubt that this was a case of meningitis, whether due to the *Diplococcus intracellularis* of Weichselbaum or to the large Gram-positive coccus which was actually found; and that the organism was of such virulence as to cause death before the usual exudation had time to occur. It is also remarkable that optic neuritis should have been so quickly produced, and this looks like the result of some very virulent toxin.

For permission to publish these notes I am much indebted to Dr. Percy Kidd, under whose care the case was.

contact with them. The belief that if one tablespoonful of physic will do good, five, six, seven tablespoonfuls will do still more good is very popular, and often leads to queer results. Very recently a farmer went into a certain chemist's shop in C—— and asked for a box of well-known pills. When the purchase, neatly wrapped in paper, was handed to him he paralysed the assistant by tearing off the wrappings and emptying the contents of the box down his throat so quickly that no one in the shop had time to stop him. In answer to their horrified remonstrances he grinned, paid his bill, and walked out. Nothing has since been heard of him, nor has the trembling assistant yet been summoned to give evidence at the inquest. Even in Ireland, however, this heroic pill-taker was an exception. There, as elsewhere, the colour of a medicine works wonders, and when Tim Delaney died the village did not wonder (for "wasn't it a green bottle the Docthor was afther givin' him? "), whereas Mary Regan's recovery was solely due, as was well known, to the efficacy of the red mixture she swallowed so hopefully. Bonesetters are now much less frequently met with than they used to be. They were credited with special gifts which enabled them, with an absolute ignorance of anatomy, to set any and every breakable bone in the human body. Faith in them was absolute; they, like the King, could do no wrong, and Sheila Desmond knows of instances in which limbs set by a mere qualified doctor were afterwards broken again to be reset by some tinker or smith, generally an itinerant, who having received his fee went on his way rejoicing. One blacksmith had an unrivalled reputation in the country, and so renowned was his skill that a leg (set by, and mending nicely under the care of, the dispensary doctor) had to be broken and set again by him before the sick man or his relations would believe recovery possible. One old woman treated in this way never regained the use of her leg, while, on the other hand, many cases, in which no certified practitioner had any part, got well with marvellous rapidity. A few words about Paddy the Doctor concludes the sketch. He was born at Crosshaven in the county of Cork on a Good Friday morning many years ago, and the priest told his mother that if he were christened between the first and second mass on Easter Sunday he would have power to cure all diseases. The conditions having been fulfilled, Paddy grew up possessed of almost miraculous powers. To a certain knowledge of herbs and their uses he added the magic potency of charm and spell which no malady can resist, and soon his fame spread far and wide. With two complaints he was particularly successful, one being the "Evil" (King's Evil) and the other the "Farsee" (farcy), which attacks horses. Once three men were sent to him as a deputation from county Waterford, begging him to return and heal the people there, and his mission was attended with wonderful results. It is some sixteen or seventeen years since Paddy was last heard of, but the following, which is his own prescription for the cure of the "evil," gives a very fair idea of his methods: "You must take the first pup of the first litter, and divide him from the nose to the tail, split the tail too and then apply one half the pup to the part affected. The patient can never stand it more than two hours, 'tis so fetching, but in troth 'tis a wonderful cure entirely!"

MEDICAL NEWS.

Dr. W. Robb of Irthlingborough has, on the recommendation of Earl Spencer, Lord Lieutenant of the county, been appointed to the Commission of the Peace for Northamptonshire.

Dr. Reginald Dudfield, Medical Officer of Health for Paddington, has been appointed to represent the Incorporated Society of Medical Officers of Health on the Registration Committee for the National Registration of Plumbers.

Sir Edward C. Buck, late Secretary to the Government of India Revenue and Agricultural Department, will read a paper before the Indian Section of the Society of Arts at 4 30 p.m. on May 2nd on the Applicability to India of Italian methods of utilizing Silt. The subject includes medical as well as agricultural and geographical interests, and it is claimed that the Italian work is a great campaign against malaria.

The inaugural lecture of the summer session of the Postgraduate College, West London Hospital, will be given at 5 p.m. on Monday, May 13th, by Major Leonard Rogers, M.D., F.R.C.P., I.M.S. The subject of the lecture, which will be illustrated by lantern slides, is the clinical diagnosis of fevers in the tropics.

The Newcastle-upon-Tyne and Northumberland Sanatorium for Consumption at Barrasford, North Tyne, will be opened on Saturday, May 11th, at 3 p.m. A special train will leave the Central Station, Newcastle, at 1.10 p.m.

Mr. G. B. Morgan of Bishopwearmouth, Senior Surgeon of Sunderland Infirmary, was the recipient on April 16th of an illuminated address, in the form of an album enclosed in a casket, from those who have been associated with his work. Mr. Morgan joined the institution as House-Surgeon and Secretary in 1857, and he has been closely connected with its fortunes ever since, and has greatly contributed to its growth and prosperity. Five years after his appointment as House-Surgeon and Secretary he was elected to the honorary staff, and for thirty-seven years he has been Chairman of the Medical Board. This is not the first appropriate recognition that Mr. Morgan's great services to Sunderland Infirmary have received, for some years ago, on the fortieth anniversary of his appointment, he was presented with a portrait of himself and with a number of silver ornaments, and at the same time one of the wards was named after him. Mr. Morgan, who is still in full work, was formerly President of the Northumberland and Durham Medical Society, and of the North of England Branch of the British Medical Association.

Margate as a Health Resort.—Dr. F. E. Nichol, in proposing the health of the guests at the banquet given by the Margate Chamber of Commerce on April 19th, at the Queen's and High Cliff Hotel, Cliftonville, said that the world at large ought to know what splendid air there was at Margate, and how the perfect water supply was an important addition to the many natural and other advantages possessed by the place. Margate had an ambition to be something more than the playground for the crowds that came from London; it wanted to be known and recognized as one of the greatest health resorts and sanatoriums in the empire. Amongst other medical men present at the banquet were Mr. W. G. Sutcliffe, Dr. E. A. White, Dr. G. W. Chapman, Dr. G. H. Gould, Dr. P. C. Burgess, Dr. J. J. Hemming, Dr. C. Heaton, and Dr. W. Blagdon Richards. One of the features of the evening was the speech by Mr. G. R. Sims, who pleased his audience by declaring that Margate did not stand still, for it had brought itself up to date, it went ahead of date, and defied foreign competition.

The Midland Medical Union.—The sixth annual meeting of the Midland Medical Union took place in Chesterfield on April 18th, and was followed by the annual dinner. At the general meeting Dr. J. G. Shea, J.P., was voted into the chair, in the absence through illness of the President, Mr. A. Chawner, of Clay Cross. Letters having been read from various members regretting their inability to be present, and the minutes of the previous annual meeting having been confirmed, the report for the year 1906 was read and adopted, on the motion of Dr. Goodfellow, seconded by Dr. Worthington. The Honorary Treasurer, Dr. F. R. Mutch, of Nottingham, not being present, the accounts for the year were then presented by the General Secretary, Mr. G. S. O'Rorke, M.A., LL.D., and were approved, on the motion of Dr. Shea, seconded by Mr. W. Stratton. The officers for the coming year were then elected, Mr. Chawner being re-elected President, on the motion of Dr. Worthington, seconded by Dr. Goodfellow; while Mr. O'Rorke and Dr. F. R. Mutch were reappointed to the posts previously held by them, and Messrs. A. Fulton and J. H. Cox elected auditors. A Council representative of the Nottingham, Mansfield, Belper, and Chesterfield branches was also appointed. The meeting then closed with a vote of thanks to the Chairman. At the dinner, held at the Hotel Portland, in Chesterfield, Mr. R. G. Allen took the chair, in the absence of the President, and, in due course, proposed the usual loyal toasts. "Success to the Midland Medical Union" was then proposed by Mr. J. Smith Whitaker, and acknowledged by Dr. Brownlow Smith, Honorary Secretary of the Belper branch. The toast of "The Guests," proposed by the Chairman, was coupled with the name of Mr. Winstan St. A. St. John, Honorary Secretary of the Derbyshire Division of the British Medical Association, who responded in suitable terms. This brought the formal proceedings to an end, the rest of a pleasant evening being devoted to conversation and music.

which was to be a small and more popular treatise on the natural history of galls, a subject which had interested him for a great many years, and the pursuit of which had enlivened many a week-end and summer holiday spent among the beautiful woodlands near Belvoir or Edensor.

No account of the late Dr. Ransom would be complete which failed to record the remarkable happiness of his disposition—he was always bright, cheerful, and contented. In 1860 Dr. Ransom married Miss Elizabeth Bramwell, sister of an old college friend, Dr. Charles Bramwell of Nottingham, a member of a well-known Northumberland family, from whom Dr. Byrom Bramwell of Edinburgh is also descended. Mrs. Ransom died about eighteen years ago, but three sons survive—namely, Dr. W. B. Ransom, Senior Physician to the General Hospital; Mr. D'Oyley Ransom, solicitor, of Nottingham; and Mr. Herbert Ransom, who is an engineer in London.

JOHN COMYNS LEACH, M.R.C.S., M.D.DURH., J.P., STURMINSTER, DORSET.

It is with sincere regret that we record the death of John Comyns Leach of Sturminster Newton, Dorset, which occurred on board the ss. *Argonaut* between Malta and Port Said. It is not too much to say that the sad intelligence cast quite a gloom over the town of Sturminster Newton, where he had practised for over forty years, and was beloved by all classes. He became M.R.C.S.Eng. in 1864, L.S.A. in 1865, and M.D.Durh. in 1881. He received the Diploma of Public Health at Cambridge in 1876, and that of the Conjoint Board of England in the early Nineties. He was also a Fellow of the Institute of Chemistry. He acquired his medical education at University College, London, gaining a gold medal in comparative anatomy and becoming B.Sc. of London University in 1861. At the time of his death Dr. Leach held the appointment of County Coroner, County Analyst, and Medical Officer of Health for the Sturminster District. He was a member of the Lodge of Oddfellows at Sturminster, and was for some years its Medical Officer. Some time ago he retired from practice, but had lost none of his love for or interest in the profession, and remained an ardent and devoted member of the British Medical Association. Dr. Leach was a former President of the Dorset and West Hants Branch, and had for several years been Honorary Secretary to the West Dorset Division. He was a man of many parts, and his genial and sympathetic disposition had won the esteem and regard of all. He was greatly interested in all matters affecting the welfare of the people, and his position as chairman of the parish council and a Justice of Peace for the county may be taken as proofs of the high place he occupied in the estimation of those who had known him throughout a long, active, and honoured career. By his death the profession suffers a severe loss, and the blank in our ranks is a wide one. To those who knew him best his sterling qualities and steadfast friendship will ever remain as cherished memories. A man of literary bent, he was the author of *Geological Evidences of the Antiquity of Man*, *Lectures on Cremation*, and many contributions to the medical journals. He leaves a widow and three daughters to mourn his loss.

DR. THOMAS HOLMES RAVENHILL.—Many of his old fellow-students will be grieved to hear of the death of Thomas Holmes Ravenhill, of Bordesley, Birmingham. In the early Sixties he came to Birmingham from Arlingham, Gloucestershire, where his father was vicar, and entered as a student at Queen's College. His quiet, unassuming manner, quaint humour, and straightforward character very soon made him beloved by his fellow-students, and the same qualities in after-life endeared him to a large circle of patients. After a successful student career, during which he took nearly all the medals at Queen's College, he held the resident posts at the Queen's Hospital, and was subsequently appointed Resident Surgeon to the Camp Hill Branch of the General Dispensary, where he remained for some years. He then went into partnership with the late Dr. Savage of Bordesley, and from that time his life had been that of a very busy general practitioner. The profession at large has reason to remember him with gratitude, for it was he who originated the idea of starting the Medical Sickness and Assurance Society, and the meeting which inaugurated its existence was held in his dining-room. He was laid to rest on Friday, April 12th, at Yardley Wood Church, in the presence of a large assemblage, many patients coming a great distance to pay their last respects to his memory. He leaves a widow and six children, the elder of his two sons having adopted his father's career.

SURGEON-MAJOR WILLIAM EDWARD CAIRD, late of the Indian Medical Service, died at St. Leonards very suddenly, at the age of 74. He joined the Bengal Medical Department as an Assistant Surgeon, August 4th, 1857, and was promoted to be Surgeon-Major, August 4th, 1869.

DEATHS IN THE PROFESSION ABROAD. — Among the members of the medical profession in foreign countries who have recently died are Dr. August Grissing, physician-in-ordinary to the Duke of Parma, as the result of an accident on the railway, aged 54; Professor Gabritschewsky, a distinguished bacteriologist and founder of the Bacteriological Institute of Moscow; Dr. Ashbell P. Grinnell, for some years Dean of the Medical College of the University of Vermont; Dr. Hugo Magnus, professor of ophthalmology in the University of Breslau, well known by his contributions to the literature of his speciality, and by his writings on medical history; and Dr. William C. Glasgow of St. Louis, professor of laryngology in the Medical Department of Washington University, and one of the founders of the American Laryngological Association.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

APPOINTMENTS.

THE following appointments have been made:

Dr. L. Cobbett, University Lecturer in Pathology.

Messrs. Cuthbert Wallace and Raymond Johnson, additional Examiners in Surgery in the 3rd M.B., Part II.

Dr. Barclay Smith, Examiner in Human Anatomy for the 2nd M.B., in place of Professor Macalister, who is unable to examine.

Dr. Harmer and Messrs. Bateson and Shipley to represent the University at the Seventh International Zoological Congress at Boston in August, 1907.

SANITARY SCIENCE EXAMINATION.

The following candidates have been approved in both parts of the examination:

E. J. Brown, J. B. Cook, Catherine Fraser, F. H. G. Hutchinson, D. O. Kirkhope, C. H. Lindsay, D. McKail, P. MacKessack, J. S. New, W. G. Parker, J. C. Robertson, J. B. Smith, A. N. Stevens, F. E. Stokes, J. M. Strang.

UNIVERSITY OF ABERDEEN.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—C. Clyve, E. W. H. Cruikshank, A. Duguid, E. P. Duncan, *A. C. MacRae, E. L. Reid, J. Ross, C. K. Smith, W. M. Will, ‡J. Hunter, ‡E. H. Moore, ‡P. Reid.

SECOND M.B., CH.B.—W. Allan, †A. G. Anderson, W. Anderson, J. S. Annandale, D. M. Baillie, J. A. Beattie, J. C. Bell, W. J. Calder, A. J. D. Cameron, W. Chapman, R. G. Davidson, W. Y. Davidson, H. Duguid, W. Duguid, J. D. Fiddes, †W. J. Gerrard, A. Gray, J. Inkster, W. W. Jameson, H. G. R. Jamieson, J. Johnston, C. A. McDonald, Elizabeth McHardy, C. R. Macleod, G. McPherson, C. A. Masson, †G. S. Melvin, J. L. Menzies, H. S. Milne, J. Mitchell, D. C. Robertson, F. G. M. Ross, A. C. L. Smith, H. A. Smith, G. C. Soutter, D. M. Spring, W. L. Stephen, †A. G. Stewart, R. Tindall, C. C. Twort, A. J. Williamson, D. H. W. Williamson, A. Wilson.

THIRD M.B., CH.B.—C. D. S. Agassiz, J. Anderson, W. S. Angus, W. M. Badenoch, A. A. Bisset, †T. C. Boyd, J. Brown, D. Buchanan, J. G. Dawson, G. Davidson, T. Davidson, R. E. Flowerdew, A. Gilchrist, S. Goodbrand, G. F. Hunter, P. S. Hunter, Elizabeth J. Innes, W. K. Irwin, E. Johnson, W. G. Macarthur, W. G. Macdonald, †J. D. Mackay, F. Macrae, R. McKae, B. W. Martin, A. Massey, A. J. Milne, N. B. Nicholls, J. Ogilvie, W. J. Pirie, J. Rennie, K. Ross, †R. J. Twort, W. G. Watt, M. J. Williamson, *C. C. Wood, †D. Wood, †J. H. Yorke, ‡J. G. Christie, ‡J. B. Cruikshank, ‡D. S. Garden, ‡J. B. Macallan, ‡A. MacRae, ‡A. J. W. Stephen, ‡J. Watt, ‡J. H. Will.

* With much distinction. † With distinction. ‡ Have still to be examined in certain subjects.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

A COURSE of nine lectures on visual and cutaneous sensations will be given in the Physiological Department by Dr. C. S. Myers, Professor of Psychology, during the summer session on Fridays, at 4.30 p.m., commencing on May 3rd. The lectures are free to students of King's College, students of other medical schools in London, internal students of the University of London, and medical practitioners on presentation of their cards.

UNIVERSITY OF DURHAM.

THE following candidates have been approved in the subjects indicated:

FIRST M.B. (*All Subjects*).—†W. G. Bendle, F. P. Evers, W. J. Hickey, C. J. V. Swahnberg, H. F. Stephens, R. W. Smith, A. T. Thompson, T. R. West. *Elementary Anatomy and Biology:* J. B. Alderson, R. M. Barrow, R. Errington, D. Farquharson, Sarah L. Green, T. A. Hindmarsh, A. S. Hopgood, T. M. Hopgood, F. H. Kennedy, R. B. Lilly, J. Lumb, B. B. Noble, T. A. Peel, A. H. Wear. *Chemistry and Physics:* E. C. Abraham, L. E. S. Gellé, H. L. James, H. V. Leigh, G. C. M. M'Gonigle, O. S. Norton, H. R. G. Vander Beken. *Elementary Anatomy:* W. Smith, B.Sc.

SECOND M.B.—*J. E. Dainty, †C. Marks, H. C. W. Allott, W. Barkes, J. A. Caulcrick, F. H. Fawkes, H. E. Fullerton, C. J. Henderson, F. F. T. Hare, S. Mozumder, W. Reynolds, W. Sacco, Dorothea M. Tudor, W. R. E. Unthank, C. L. Wigan.

* First-class honours. † Second-class honours.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved in the subject indicated:

PRACTICAL PHARMACY.—C. J. Aveling, H. S. Berry, R. D. Brown, H. E. Cockcroft, H. F. Collins, K. F. R. Davison, C. W. De Morgan, E. C. East, H. H. B. Follit, A. L. Foster, F. H. Fuller, C. W. Gee, A. K. Glen, M Greer, B. Haigh, A. T. McCaw, J. C. Mackwood, J. Morris, J. H. Owens, G. L. Parsons, B. J. Phillips-Jones, H. Pinto Leite, E. J. J. Quirk, P. C. Raiment, D. D. Rosewarne, R. G. Smith, S. H. Smith, C. G. Sprague, R. W. Starkie, G. W. Twigg, B. Varvill, V. Vesselovsky, C. E. Waldron, J. L. Waller, G. H. Watson, J. N. Watson, J. S. Williamson.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

SECOND PROFESSIONAL.—*H. Gray, A. M. T. Blake, A. G. Bennett, J. P. Egan, J. M. Gage, H. Hunt, T. Murray, J. T. O'Boyle, J. J. O'Connor, J. G O'Mahony, J. Patton.

* With honours.

TRINITY COLLEGE, DUBLIN.

THE following degrees were among those conferred at a meeting of the Senate on April 18th:

M.D.—F. G. H. Bigley, T. Creaser, G. G. Harnett, J. G. Lane, C. H. M'Comes, C. G. Sherlock.

M.B., CH.B., B.A.O.—R. B. Bryan, F. H. Hudson, J. Gray, J. G. Lane, A. T. J. M'Creery, J. H. Morton, C. G. Sherlock, G. H. Stack, G. G. Vickery, H. J. Wright.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated (April, 1907):

SURGERY.—†H. S. Burnell-Jones, †*M. F. Emrys-Jones, †*C. S. Spencer, †*F. A. K. Stuart, †*E. E. C. Vollet.

MEDICINE.—H. J. W. Barlee, †E. J. Crew, *G. B. Messenger, †*R. J. W. McKane, †J. F. McQueen, †S. K. Poole, †*E. Sutcliffe, W. V. P. Teague.

FORENSIC MEDICINE.—H. J. W. Barlee, J. F. McQueen, E. Sutcliffe, J. S. Ward.

MIDWIFERY.—E. M. Adam, H. E. Battle, J. Cree, M. F. Emrys-Jones, H. A. Fenton, H. E. Middlebrooke, R. J. W. McKane, B. Robertshaw, R. Rowlands, H. Stanger.

The diploma has been granted to Messrs. H. A. Fenton, C. S. Spencer, F. A. K. Stuart, and W. V. P. Teague.

† Section I. * Section II.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL ARMY MEDICAL CORPS (VOLS.).

REGIMENTAL STRETCHER-BEARERS.

LIEUTENANT-COLONEL J. J. DE ZOUCHE MARSHALL, R.A.M.C.V., commanding East Surrey Bearer Company (Teddington), writes: Will you allow me to draw the attention of other Volunteer medical officers to a plan I have recently hit upon for the solution of a problem which has puzzled me for nearly twenty years—namely, how to get a fair proportion of the contents of the *R.A.M.C. Manual* into the heads of my non-commissioned officers and men? It has always been difficult to get them to read, and still more so to remember.

I have had nearly twenty years' experience as an instructor in St. John ambulance first aid and the contents of the *R.A.M.C. Manual*, so I ought to know something about it; but the same puzzle has presented itself weekly and yearly at "question time" in the same old disheartening way. Of course I do not include drill; they all take some interest in that. At the beginning of January last I thought I would make the men of my Bearer Company read aloud in the class-room, and give them questions on paper to take home and answer in writing with the aid of their *Manuals*.

The men are drawn up in single rank, numbered and extended round the lecture room. Each man has to bring his copy of the *Manual*, and is called on to read out a paragraph in succession, which I follow in my copy, and make all necessary explanations. The paper given to be taken home is neatly printed on both sides on our neo-cyclostyle copying machine by my sergeant-major (W. Argent), and contains about thirty questions and sufficient space between each for the answer. Each paper is numbered 1-2, 3-4, etc., and the paragraphs with which they deal, in the left margin, so that they can be pinned or sewn together for future reference.

The examination paper set at about the middle of March, consisted of twelve exhaustive groups of questions, with an average of about twenty marks, that is, twenty distinct answers for each; the highest possible being 237. The best man, a recruit named Scears, actually gained 223 marks, the next being 157, 144, 136, two 131's, 129, 122, 113 and 105—these best ten averaging 139 each, and thirteen more, averaging 72 marks each, giving an average of 105 all round.

This two months' labour took us slowly, but I hope surely, through anatomy, physiology, triangular and roller bandaging (the practical work being taught concurrently), fractures, dressing, and antiseptic treatment of wounds to the end of para. 87. We have since got to the end of para. 142 (postponing "contents" of all but the surgical haversack until camp, when we will have the panniers, etc., to go through, if we are not ordered to spend the valuable time in trudging along dusty roads), and another examination will soon be held on the work done in March and April. I intend to reward these men for their industry, not by the usual sort of prizes, but by extra pay during camp, in exact proportion to their attendance throughout the year for instruction—drill or lecture—together with knowledge shown in these and subsequent examinations in first aid and drill, etc.

I venture to suggest a trial of this plan to Volunteer medical officers, and shall be happy to forward specimen examination papers on receipt of stamped envelope. One advantage it possesses is that it gets the *Manual* into the officer's head to begin with, and far more permanently than any system of cram; it limits the flights of physiological fancy which old F.A. lecturers like myself may feel inclined to indulge in, and it keeps us within the two covers of our book. I may also inform R.A.M.C. Volunteer officers of a useful fact—namely, that my sergeant-major has often composed, as well as printed, the weekly lists of questions, can explain the difficult paragraphs probably as well as I can, and is thus able to "run" the instruction in my absence. I may also add that I am trying this system on a first-aid class of Metropolitan Police at New Scotland Yard, and with promises of success.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

QUALIFICATION FOR MEMBERSHIP OF BOARD OF GUARDIANS AS AFFECTED BY RECEIPT OF PENSION.

J. W. B. writes as follows: I have recently retired from general practice, and am entitled to an annual payment from the superannuation fund. I have been nominated for election as guardian, but the returning officer has marked my nomination invalid, as he holds my pension is an emolument and equivalent to a paid salary. I wrote to the Local Government Board; they sent me a form with disqualifications on it, and, although a paid salary is one, no mention is made of emoluments or pensions. Will you therefore oblige me with your opinion? It appears to me a simple matter, and one the Local Government Board should decide. At present it seems to me that those who pay to the superannuation fund do so under a penalty.

*** This question has frequently cropped up, and different opinions have been expressed in reference to it. We believe it is now generally held that superannuation allowance must be regarded as "emolument" paid by the guardians, and that the receipt of any such emolument renders the recipient of it ineligible to sit as a guardian of the parish or union which pays it. If, however, there should still be reasonable legal doubts on the point, the question cannot be decided by the Local Government Board, but by a court of law. The 5th and 6th Victoria, cap. 57, Sec. 14, provides that "no person receiving any fixed salary or emolument from the poor rates of any parish or union shall be capable of serving as a guardian of such parish or union." This prohibition appears to be confirmed by the Local Government Act, 1894, Section 46 (1) (*e*), which states that "A person shall be disqualified for being elected a member of the Board of Guardians if he is concerned in any bargain or contract entered into with the Board, or participates in the profit of any such bargain or contract or any work done under the authority of the Board." We are aware that in the article on the principal laws affecting the medical profession, by Messrs. Glenn and Hodges, which is prefixed to the *Medical Directory*, it is stated that a medical officer of a union who has been pensioned is not disqualified from being a guardian. No authority is cited in support of this proposition; and it appears to conflict with an opinion expressed by the Editors of the *Justice of the Peace*, who in their issue of February 23rd, 1907, p. 93, write that an ex-master of a workhouse who is in receipt of a pension as such is ineligible for the office of guardian. We are unable