

1890. Andrew: *Clinical Society's Transactions*, p. 79.  
Staniforth: *BRITISH MEDICAL JOURNAL*, vol. i, p. 18.  
Charmoy: *Thèse de Paris*, Gangrène disséminée de la peau chez les enfants. Quoted by Daverède.
1891. Galliard: *Bulletins de la Société Médicale des Hôpitaux*, p. 306.  
Comby, ib., p. 309; Chaffard, ib., p. 314; Sabathé, ib., 316.
1892. Demme: *Wiener medizinische Blätter*. Quoted by Daverède.  
Gillet: *Revue Générale de Clinique et de Thérapeutique*. Quoted by Daverède.
1893. Boucheron: *Thèse de Paris*, Anomalies de la varicelle.
1894. Augier: *Journal des Sciences Médicales de Lille*. Quoted by Beaudoin.  
Bourdineau: *Thèse de Paris*, Les rash dans la varicelle.  
Galliard: *La Médecine Moderne*, p. 51.  
Lorrain: *Annales de Médecine Scientifique*, No. 22. Quoted by Daverède.
- Marie: *Thèse de Paris*, Les éruptions dans la varicelle.
1895. Nissim: *Gazette des Hôpitaux*, No. 55, p. 545.  
Clemmey: *BRITISH MEDICAL JOURNAL*, vol. i, p. 474.
1896. Comby: *Bulletins de la Société Médicale des Hôpitaux*, pp. 403 and 590.  
Lannoise: *Thèse de Paris*, La période pré-éruptive de la varicelle.  
Meredith Richards: *Quarterly Medical Journal*, vol. v, p. 31.
1897. Beaudoin: *Thèse de Paris*, La varicelle gangréneuse.
1898. Audéoud: *Archives de Médecine des Enfants*. Quoted by Daverède.
1899. Daverède: *Thèse de Paris*, Les rash polymorphes dans la varicelle.  
Guinon in Charcot, Bouchard and Brissaud: *Traité de Médecine*, art. Varicelle.  
Cruet: *Thèse de Paris*, Incubation de la varicelle, p. 70.  
Cerf: *Press Médicale*, p. 247.  
Roger: *Revue de Médecine*, p. 378.
1901. Désandré: *Thèse de Paris*, La varicelle suppurée, pp. 21 and 25.  
Salemi: *Journal de Médecine et de Chirurgie*.  
Roger: *Revue de Médecine*, p. 517.
1903. Heubner: *Lehrbuch der Kinderheilkunde*, Bd. 1, p. 428.
1904. Comby: *Maladies de l'enfance*, vol. i, art. Varicelle, p. 383.  
Galliard: *Archives Générales de Médecine*, p. 22.  
Cerf: *Annales Médico-Chirurgicales du Centre IV*, p. 104.
1905. Galliard: *Traité de Médecine*, par Brouardel et Gilbert, art. Varicelle.  
Metcalfe: *Australasian Medical Gazette*, p. 23.  
Rolleston, J. D.: *BRITISH MEDICAL JOURNAL*, i, p. 233.  
Saint Paul: *Thèse de Paris*, Etude de 300 cas de scarlatine, pp. 259, 260.  
Welch and Schamberg: *Acute Contagious Diseases*, p. 322.
1906. Anthony: *Journal of Cutaneous Diseases*, February, p. 68.  
MacCombie in Allbutt and H. D. Rolleston's *System of Medicine*, vol. ii, pt. 1, p. 477, and *BRITISH MEDICAL JOURNAL*, vol. ii, p. 1758.

## MERYCISM OR RUMINATION IN MAN.

By J. GRANT MILLAR, M.B., CH.B. GLASG.,

DISTRICT SURGEON AND M.O.H. FLAGSTAFF, PONDOLAND, S.A.

I WAS much interested in reading the article by Dr. Brockbank under the above title in the *BRITISH MEDICAL JOURNAL* of February 23rd, as when in England I had a case in many respects similar to that related by a "professional gentleman" in Dr. Brockbank's paper. The patient in my case also was a young professional man of about 28 years of age, and rumination had first occurred some ten years ago when he was studying at college. As in a majority of the cases cited by Dr. Brockbank, the rumination occurred most frequently after dinner, and it was mostly meat that was regurgitated, though other substances—such as bits of vegetable, etc.—also came up. It was only very rarely that fluids were regurgitated. The process would start a short time after the completion of the meal, usually within a quarter of an hour, and a mouthful or two would come up at a time without any voluntary effort on his part, and quite unaccompanied by any acid eructations or pyrosis. The patient seldom brought up more than eight or ten mouthfuls altogether, and never went so far as to rechew a whole meal. At first he used to spit out the mouthfuls as they were regurgitated, but by-and-by, as there was no disagreeable taste accompanying them, he got into the habit of chewing them over again and reswallowing them, finally reaching the stage of quite enjoying the process of rumination, more especially if the food regurgitated were anything he particularly liked.

When I saw him this curious idiosyncrasy had been in existence for some ten years. The habit did not seem to worry him at all, and, as a matter of fact, I only came to know about it accidentally. In his case there was no family history of such a habit; his father and mother both had good digestions, and, of several brothers and sisters, none were affected. At the time I set it down to a somewhat anomalous form of atonic dyspepsia, although at a loss to account for the rumination of food without any other unpleasant symptoms. The regurgitation in this case, however, was not constant, and the patient himself said it varied largely with his general health, being much worse and more frequent when he was

working hard at college and feeling "run down" than during the vacation, when he was taking plenty of exercise and feeling in "good form." Unlike a number of Dr. Brockbank's cases, he at no time suffered from constipation. On the other hand, he had occasional bad attacks of flatulence, accompanied by pain; these, however, were very infrequent, though, generally speaking, he appeared to have a "weak" digestion. His stomach was particularly intolerant of fat, and, as in a number of Dr. Brockbank's cases, bits of bacon used to come up, a mouthful at a time, after breakfast. He also illustrated in a marked degree what one might almost call a "selective" action of the stomach in regurgitating certain articles of food and not others (see Dr. Brockbank's paper, p. 423). In the case of my patient the regurgitation was certain to occur after eating fat, even if swallowed unconsciously—for example, if he had partaken of a stew or curry in which small pieces of fat were mixed up with meat, etc., whether anything else were regurgitated or not, these bits of fat were certain to be returned shortly after the meal was concluded. Even when his general health was at its best and he was not bringing up his food as a rule, if he inadvertently swallowed a bit of fat it was absolutely certain to be regurgitated. The fat he did not rechew but always spat out, as he did not like it. In the case of the food he did rechew—meat, etc., but principally meat—he had no more trouble with it after he had reswallowed it.

It is a very curious thing that when he was ruminating little the food returned would usually be of an indigestible nature—for example, bits of gristle, skin, etc., as if his stomach were pointing out that these bits needed more mastication than the rest, if that organ were not to be overtaxed. In the case under notice smoking had no effect in preventing the rumination.

Another point of interest is that the actual rechewing and reswallowing of food was distinctly secondary to the regurgitation and might be spoken of as an "acquired" habit, as the patient had been regurgitating and spitting out his food for some time before he began to rechew and reswallow it.

Except for this peculiarity of merycismus the patient was in good health—in fact, of very active habits, going in for gymnastics, golf, cycling, swimming, etc.—and, although not fat, had not lost weight during the ten years he had been ruminating.

I should be inclined to class this case in subdivision (6) of the varieties of merycism as classified by Lemoine and Linossier and quoted in Dr. Brockbank's paper.

In conclusion, I may state that I had this patient for a long time under observation, and was enabled to verify personally all the facts stated.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TWO CASES OF DIAPHRAGMATIC HERNIA.

SUCH anomalies are uncommon. During the four years that I have been in charge of the public mortuary at Hong Kong, only these two cases have been found.

CASE I.—The child was stillborn. The defect in the diaphragm was on the right side. Through this, part of the stomach, the greater part of the small intestines, the omentum, and a fold of the large gut had passed. The heart was displaced to the left. The left lung was fully developed, the right being only about one-third of its normal size, and lying posteriorly. The serous membranes of the peritoneal and right pleural cavity were continuous through the cleft in the diaphragm. The other organs were normal.

CASE II.—The child was stillborn. The defect in the diaphragm was on the left side. Through this the entire stomach, the majority of the folds of the small intestine, a large loop of the large intestine, the omentum, and the spleen had passed into the left pleural cavity. The other organs were normal.

According to Arnheim, about 400 cases had been reported up to 1896. The condition is also found in animals. They are not true hernias, in that there is no sac. Most authorities are agreed that the left side of the diaphragm is the seat of predilection for such a condition. In my own cases, however, one existed on the right, the other on the left side of the diaphragm.

WILLIAM HUNTER, M.B. Aberd.,  
Government Bacteriologist, Hong Kong.

## CONGENITAL MALARIA.

A CASE of congenital malaria has lately come under my notice. Briefly, the facts are as follows: The mother of the child suffered from malaria during the early months of pregnancy, and it was on this account that she left Africa and came home. She had been over four months in England when the child was born, and had been living at a South Coast watering place.

I saw the child in March, when it was 7 weeks old. The parents had not noticed any symptoms except the obvious and intense anaemia, and it was on this account that they consulted me. On examining its blood I found numerous malarial parasites of the malignant type.

I propose to publish fuller details later, but send this preliminary note in the hope that by doing so I may learn whether any indisputable cases have been previously reported. I believe the possibility of malarial infection *in utero* is denied by some authorities, and it would seem important, therefore, to draw attention to the fact that it can occur.

London, W.

R. U. MOFFAT, C.M.G., M.B. Edin.

## FRACTURE OF THE LACRYMAL BONE WITH PERFORATION OF THE LACRYMAL SAC.

H. J. T., aged 36, whilst boxing on October 9th, 1906, received a somewhat severe blow over the left eye. He retired to his room, and half an hour later a slight tickling sensation in his nose caused him to sneeze, when, to his astonishment, the whole left side of his face "blew out like a balloon," to use his own expression. I saw him a few minutes later, and found extensive emphysema of the left upper and lower eyelids and side of the face. The



ciliary margins of the eyelids were in contact and buried beneath the swollen doughy palpebral folds, the upper being festooned over the lower, completely occluding the cornea. There had been no epistaxis and the patient felt no pain—in fact, could not desist from laughing at the ludicrous figure he cut in the looking-glass.

Puncture of the left lacrymal sac by one or more fragments of the left lacrymal bone was diagnosed. Equable pressure with a pad of cotton-

wool and bandage soon resulted in the absorption of most of the air from the areolar tissue. A curious symptom, caused doubtless by the irritation set up by the bone spicules, was an irresistible inclination on the part of the patient to sneeze at frequently-recurring intervals. Unfortunately, each time he did so, and in spite of the dressings, the air distension reappeared. However, it was found that by placing the tip of the forefinger over the inner canthus, and gently but firmly pressing backwards and inwards during the expiratory effort, air could be prevented from entering the subcutaneous tissues.

Epiphora was present for the first week only, and in less than a month all signs of injury to his lacrymal apparatus had disappeared. The accompanying photograph was taken four hours after the accident.

C. MARSH BEADNELL,  
Fleet-Surgeon, R.N.

## CALCIUM CHLORIDE IN HAEMORRHAGE.

I was surprised to see that Dr. Davidson had not prescribed calcium chloride in his interesting case of recurring epistaxis, especially as the patient's history showed such a marked haemophilic tendency; the value of this drug seems to be very much underestimated in cases of haemorrhage. I have had some very striking results myself during the past eight years, not only in the treatment of haemorrhage but also of chilblains. The action of the drug is rapid if given in sufficiently large doses. I remember being called in the middle of the night to see a medical man who was suffering from haemorrhage

after the removal of two lower molars (he was suffering from chronic leucocythaemia). [Naturally he had tried all the remedies that he could think of before sending for me, including, amongst many others, adrenalin chloride and pressure, but the bleeding had persisted for twelve hours. I ordered him to take 20 grains of calcium chloride every hour (now I should order drachm doses). He told me the next morning that the haemorrhage ceased after the third dose. Before doing any intranasal operation I always insist upon the patient having full doses of this drug for three days. Since I made this rule I have never had any troublesome haemorrhage, nor have I had to plug a nose.]

Lincoln.

A. STANLEY GREEN, M.B., B.S.

## "ENTEROSPASM" CAUSED BY LEAD POISONING.

HAVING recently held a *post mortem* examination on a dog suffering from lead colic, which was killed (as mad) during an attack, the conditions found were so identical with those described by Dr. Ashe in the BRITISH MEDICAL JOURNAL for March 2nd, that the question arises whether the case cited was not really our old friend lead colic, or some form of enteralgia due to toxic irritation of the splanchnic terminals. The facts of the case were as follows:

A painter who was painting a large block of new flats, having suffered from petty thefts, decided to keep a dog in the shed where his paints were stored. The dog was fastened day and night among the kegs of dry paint, the chief being white lead, which lay over the floor in a thick dust. The dog's food was thrown on to this floor, and much of the white lead dust found its way into his water bowl. In a few days he became very constipated, refused food, sickened, and died.

In spite of warning the painter obtained another dog, which soon developed the same symptoms; but, in addition, this dog had attacks of acute pain, with every appearance of extreme agony, yelping continuously. In one of these attacks he broke away, and with terrible howls flew up and down the stairs, through the grounds and into the new buildings, to the terror of the workmen, who considered the dog mad. One man, more courageous than the rest, seized the dog in a bag and straightway drowned it.

In a few minutes the abdomen was opened, and the small intestine was found hard and contracted, being about the diameter of a large earthworm, and feeling like that when rolled between the fingers. The stomach contained a small quantity of undigested food and the rectum some hard faeces.

There is no doubt there was a condition of "enterospasm," which would probably be commonly found if only abdominal sections and *post-mortem* examinations were made during attacks of colic, or before the *ante-mortem* spasm has had time to pass off; it would seem to be a well recognized though not often visually seen *symptom*, but not a "disease," as suggested by Dr. Ashe.

HORACE R. WILSON, M.R.C.S., L.R.C.P.

Willisden, N.W.

## REPORTS

ON

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

## BIRMINGHAM WORKHOUSE INFIRMARY.

TETANUS FROM SELF-INFLICTED WOUND: SERUM INJECTION: RECOVERY.

(Reported by E. R. THOMPSON, M.B., Ch.B.)

A MAN, aged 30, well made, a labourer by occupation, was admitted under the care of Dr. T. Sydney Short on September 20th, 1906. He was unable to give any reliable account of himself, for although he seemed mentally clear, it was found afterwards that many of his statements about himself were incorrect.

## Previous History.

The history of the case, as given by the patient and as derived from the report received from Dr. Murray, who attended him before his transfer here, was as follows: On September 2nd, nearly three weeks before admission, he had had a drinking bout, and was found with an incised knife wound at the bend of each elbow, admittedly self-inflicted. He had been under medical treatment for his wounds, and on the fifteenth day after the injuries it was

## GRANTS FOR SCIENTIFIC RESEARCH.

THE Council of the British Medical Association desires to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences that it is prepared to receive applications for grants in aid of such research. Applications for sums to be granted, should reach this office not later than May 15th, and must include details of the precise character and objects of the research which is proposed, and must be made on forms to be had of the General Secretary, at the temporary office of the Association, 6, Catherine Street, Strand, London.

Every recipient is required to furnish to the Science Committee, on or before May 15th following upon the allotment of the grant, a report (or, if the object of the grant be not then attained, an interim report to be renewed at the same date in each subsequent year until a final report can be furnished) containing: (a) A brief statement for the report of the Science Committee, showing the results arrived at, or the stage which the inquiry has reached; (b) a general statement of the expenditure incurred, accompanied, so far as is possible, with vouchers; (c) and references to any Transactions, Journals, or other publications in which the results of the research have been printed.

The work of the Grantees shall be subject to inspection.

## RESEARCH SCHOLARSHIPS.

The Council of the British Medical Association is prepared to receive applications for three Research Scholarships, each of the value of £150 per annum, tenable for one year, and subject to renewal by the Council, provided the whole term of office has not exceeded three years.

The scholarships exist for the encouragement of research in Anatomy, Physiology, Pathology, Bacteriology, State Medicine, Clinical Medicine, and Clinical Surgery.

The Scholars' work shall be subject to inspection.

Applications for scholarships must be made on forms to be had of the General Secretary, and returned on or before May 15th.

## ERNEST HART RESEARCH SCHOLARSHIP.

The Council of the British Medical Association is also prepared to receive applications for the Ernest Hart Memorial Scholarship, of the value of £200 per annum, tenable for one year, but subject to renewal by the Council for another year. The Scholarship is for the study of some subject in the department of State Medicine.

Applications for Scholarships and Grants should, as a rule, be accompanied by a recommendation from the head of the laboratory in which the applicant proposes to work, setting out the fitness of the candidate to conduct such work, and the probable value of the work to be undertaken. This is not intended, however, to prevent applications for Grants in aid of work which need not be performed in a recognized laboratory.

GUY ELLISTON, General Secretary.

6, Catherine Street, Strand,  
April, 1907.

## MEDICAL NEWS.

DR. M. J. McQUOID, of Ballyjamesduff, has been appointed to the Commission of the Peace for the County of Cavan.

DR. BÜCKER, of Radebeul, in Saxony, has died of cerebrospinal meningitis, which he is believed to have contracted from a patient.

THE annual general meeting of the Medical Defence Union will be held at the Midland Hotel, Manchester, on Thursday, May 16th, at 4 p.m.

A CHEMISTS exhibition, organized by the *British and Colonial Druggist*, will be open at the Royal Horticultural Hall, Westminster, from May 6th to 10th.

MR. A. ROLLAND RAINY, M.P., will deliver an address on The Necessity for a Minister of Public Health before the New Reform Club, at 10, Adelphi Terrace, London, W.C., on Friday next, when the chair will be taken by Sir W. J. Collins, M.P., at 8.30 p.m.

THE annual meeting of the State Children's Association will be held at Stafford House, St. James's, S.W., by kind permission of the Duke and Duchess of Sutherland, on Wednesday, May 8th, when the chair will be taken at 4 p.m. by Lord Burghclere.

UNDER the will of the late Mr. Derman Christopherson of Blackheath the East London Hospital for Children receives a sum of £250.

THE Bishop of St. Albans will take the chair at the forty-seventh annual dinner of King's College, London, at the Hotel Cecil, on Monday, May 27th. Particulars can be obtained from Mr. P. H. Kirkaldy, Honorary Secretary, at the College.

PROFESSOR WILLIAM WRIGHT is to deliver the first of three lectures on the Prehistoric and Early Historic Inhabitants of England at the Royal College of Surgeons on Monday next at 5 p.m. The second and third lectures will be delivered on Wednesday and Friday of the same week, and all will be illustrated by lantern slides. Ladies and gentlemen will be admitted to these lectures on presenting their visiting cards.

THE annual general meeting of the British Medical Temperance Association will be held at 20, Hanover Square, W., on Tuesday next at 4 p.m. At 5 p.m. a meeting, open to medical practitioners and students on presentation of card, will be held at which Professor Sims Woodhead will give an address on the medical justification of total abstinence.

A BILL intended to restrict the scope of expert testimony in murder trials is now before the Legislative Assembly of New York State. It provides that the expert must have actually examined the person concerning whose mental state he is to testify. Provision is also made against the abuse of the hypothetical question. The Bill is doubtless an outcome of the Thaw trial.

THE German Society for the Prevention of Venereal Diseases will hold its third Congress at Mannheim on May 24th and 25th. The principal subject of discussion is the question of instruction in sexual matters to be given in the home and in schools of all grades. Professor Eulenburg of Berlin and Frau Adams-Lehmann of Munich will deal with "sexual dietetics."

THE University of Geneva will celebrate with appropriate pomp and circumstance the 350th anniversary of its foundation, which falls in 1909. A committee has been appointed to arrange for the proper solemnization of the festal rites, to which representatives of foreign universities will be invited. The "Academy," founded by John Calvin in 1559, retained that title till 1798. It was afterwards erected into a university, and reached its full development, with faculties of theology, law, physics, philosophy, and science, in 1873.

At a meeting held recently under the presidency of Professor Golgi, at which all the leading representatives of neurology in Italy were present, it was decided that an Italian Neurological Society should be established. Professor Bianchi was elected President, Professors Morelli and Mingazzini, Vice-Presidents, and Professor Tanzi, General Secretary. The Society will hold annual or biennial congresses. The first has been fixed for October 16th, 17th, and 18th of the present year, and will take place at Naples.

THE reports submitted and adopted at the annual general meeting of the Metropolitan Hospital Saturday Fund showed that the income for 1906 exceeded that for 1905 by some £500, the total being £26,460. The distribution of £23,898 amongst 215 institutions was recorded; of this sum the general and special hospitals received £16,241, convalescent homes £1,469, dispensaries £911, and the Surgical Appliance Committee £1,500. The expenses of administration were 9.65 per cent. of the gross receipts. This fund, it will be remembered, makes its contributions on the general principle of *quid pro quo*, and the extent to which it puts this idea into practice is indicated by the number of letters of recommendation issued last year by the Distribution Committee. It was 41,686.

AN International Stomatological Association has been formed to bring the science and art of dental surgery into line with other branches of medicine, such as laryngology and ophthalmology. A circular letter, signed by an International Organization Committee, of which Dr. Sim Wallace is the English member, has been addressed to stomatologists and stomatological societies throughout the world. By stomatology the new Association understands the dental art or odontology in all its branches. The members will be exclusively medical practitioners, and it will consist of the official delegates of all societies of stomatologists (that is, medically-qualified men practising oral or dental surgery), of delegates of stomatological or dental journals, and of the delegates of oral or dental clinics, institutes, and departments of universities. The inaugural meeting will be held in Paris on August 6th and 7th, 1907. There will probably be four sections: (1) Legislation and professional organization; (2) education; (3) oral hygiene (public and private); (4) literature and international stomatological bibliography.

of which he never altogether recovered, and he died on April 3rd of cerebral thrombosis, to the grief of his many friends.

ROBERT HUGHES, M.D.,  
PENMAENMAWR.

DR. ROBERT HUGHES of Penmaenmawr, widely known throughout North Wales, died on April 24th. He was the son of the late Mr. Hugh Hughes, quarry proprietor, Trefriw, and was one of four brothers, three of whom were members of the medical profession. He belonged to a literary family, and was first cousin of the Rev. Edward Jones, late rector of Llanfaircaereinion, editor of the Llanrwst edition of Goronwy Owen's works and writer of the brilliant critical essay which forms an introduction to that volume. Dr. Hughes was in his 82nd year, and was M.D.St. Andrews, M.R.C.S. Eng., L.S.A. Lond., and L.M.Dub. He was appointed Surgeon to the Penmaenmawr Quarries nearly half a century ago, but resigned the appointment when he retired from practice some ten years since. He had in the prime of life a very extensive and important practice, and attended some leading men of the age, such as the Right Hon. W. E. Gladstone and the late Archbishop Thompson, when staying at Penmaenmawr in the summer season. He was a skilful operator and the author of many literary contributions on various subjects. As a medical man he was looked upon as a leading practitioner in North Wales. It would be impossible to exaggerate the kindness of his heart in dealing with the poor in his profession. But his interest was by no means confined to his calling; he was an ardent Welshman, and was possessed of an accurate knowledge of the Welsh language, as well as of an extensive acquaintance with Welsh history and Welsh literature. For many years he was a member of the Local Board, and had filled the posts of Chairman and Vice-Chairman, and many years ago occupied the position of President of the North Wales Branch of the British Medical Association. He was a man of striking individuality, and formed his views on most subjects independently of party ties and traditions. He was a strong, tender-hearted, cultured, and gifted man, and his loss will be long and keenly felt by his many friends.

The funeral, which took place on April 27th, was large and representative, and he was laid to rest amidst universal manifestations of sympathy and respect. On the following day the Vicar (Rev. Canon Jones) in his sermon made the following touching reference to the deceased:

He had chosen as his profession one that is perhaps second to none in its opportunities to benefit the race, to mitigate sorrow and suffering; and we may recognize with gratitude that the great body of its members are worthy of their vocation; they give their best in time and talent, in thought and sympathy, to defend human life from the thousand subtle and deadly foes that seek to compass its ruin, "the pestilence that walketh in darkness and the destruction that wasteth at noon-day." Our departed brother had, by the help of strong natural abilities, culture, and experience attained to a high proficiency in his work. He followed his profession with passionate love, and observed its traditions with scrupulous jealousy. He was a man of strong personality, and possessed in a remarkable degree some of the most striking characteristics of his race. With all his force of character he was eminently tender-hearted, and it would be difficult to exaggerate his kindness to the poor among his patients during his lengthy professional career. He will be long and keenly missed by his many friends, and mostly by those who enjoyed to the last his fellowship and friendship.

PROFESSOR VON MOSETIG-MOORHOF,  
UNIVERSITY OF VIENNA.

THE news of the death of Professor von Mosetig-Moorhof, the distinguished surgeon of Vienna, who was drowned in the Danube in tragic circumstances on April 25th, will be heard with regret.

Albert, Ritter von Mosetig-Moorhof was born at Trieste on January 26th, 1838, and studied medicine at the University of Vienna, where he took the degree of Doctor of Medicine in 1861. In 1866 he was appointed Assistant Surgeon in Dumreicher's clinic, and in the same year he qualified as *Privatdocent* in Surgery. In 1874 he was appointed Surgeon to the Rudolph Institution, a post which he held till 1878, when he was transferred to the Wieden Hospital. In 1891 he became Surgeon to the General Hospital.

In 1875 von Mosetig-Moorhof was named Extraordinary Professor in the University of Vienna, and in 1889 he became Ordinary Professor. Soon afterwards the Emperor of Austria conferred upon him the title of Aulic Councillor. He served as a military surgeon in the Austro-Prussian war of 1866, and in the Franco-German war of 1870 in the Ambulance of the Corps Législatifs in Paris. In the Servo-Bulgarian war of 1885 he served in the Austro-Hungarian Ambulance at Belgrade. He embodied the large experience of war surgery thus gained in a course of lectures published in 1887.

To von Mosetig we owe the introduction of iodoform in the treatment of wounds, and especially in the surgery of diseased bones. He also devised a number of useful instruments. As an operator his dexterity of hand, and what may be called the finish of his style, were the admiration of his pupils.

In addition to the lectures on war surgery already mentioned, he was the author of a monograph on iodoform-dressing which appeared in 1881, and of a handbook of surgical technique published in 1886, which has gone through four editions. Many other contributions to surgical literature from his pen appeared in the medical journals.

Von Mosetig was Surgeon-General of the German Order of Knights, and Chief Surgeon to the Volunteer Ambulance Society of Vienna. In these capacities he did much to diffuse a knowledge of the principles of first aid among the people.

Revered as a teacher, von Mosetig was beloved as a man by all who knew him. His death is mourned by the University of which he was an ornament, by his professional brethren, and by the public.

PROFESSOR HUGO MAGNUS of Breslau, whose death was announced in the *BRITISH MEDICAL JOURNAL* of April 27th, was a Silesian by birth, and was educated at the University of Breslau, with which he remained connected till his death. He took his degree in 1867, and at once began to give special attention to diseases of the eye. He qualified as *Privatdocent* of Ophthalmology in 1873, becoming Extraordinary Professor in 1883. He contributed largely to ophthalmological literature, especially on the colour sense and colour blindness. He was the author of a treatise on injuries of the eye, of which two editions have appeared. He was also the editor of a series of Ophthalmological Tables for students. Professor Magnus in his later years gave much time to the study of the history of medicine. In collaboration with Dr. Sudhoff he published a collection of treatises on the subject, to which he contributed several interesting monographs. He was 65 years of age.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

#### *Radcliffe Prize: Final Notice.*

THE Board of the Faculty of Medicine gives notice of the following conditions of the award for the Radcliffe Prize in the year 1907.

The prize, which is of the value of £50, will be awarded every second year for research in any branch of medical science comprised under the following heads: Human Anatomy, Physiology, Pharmacology, Pathology, Medicine, Surgery, Obstetrics, Gynaecology, Forensic Medicine, Hygiene.

The prize is open to all graduates of the University who shall have proceeded, or shall be proceeding, to a medical degree in the University. Candidates shall not have exceeded twelve years from the date of passing the last examination for the degree of Bachelor of Arts, and shall not, at the date of application, be Fellows on the Foundation of Dr. John Radcliffe.

Candidates shall send in their memoirs to the Registrar's Office on or before the first day of June, 1907.

No memoir for which any university prize has already been awarded shall be admitted to competition for the Radcliffe Prize; and the prize shall not be awarded more than once to the same candidate.

### UNIVERSITY OF CAMBRIDGE.

#### DEGREES.

THE following degrees were conferred on April 25th:

M.D.—G. S. Haynes, King's; J. G. Slade, Cla.; L. Bousfield, Pemb.;  
G. W. de F. Nicholson, Jes.  
M.B.—W. S. Tresawna, Sid.-Suss.; J. M. P. Grell, H. Selw.  
B.C.—W. L. Murphy, Joh.; W. S. Tresawna, Sid.-Suss.; J. M. P. Grell, H. Selw.

*George Henry Lewes Studentship in Physiology.*  
An election to this studentship will take place in July. Applications should be addressed to Professor J. N. Langley, F.R.S., Hedgerley Lodge, Cambridge, not later than June 24th.

#### ROYAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examinations indicated.

SECOND M.B., B.CH., B.A.O.—J. Byrne, J. Cullen, A. V. J. Harrison, W. S. Haydock, H. C. Malcolm, W. Mooney, B.A., J. D. V. S. Willis, J. S. Bellas, P. J. Campbell, J. J. Dennehy, Blanche G. C. Griffin, M. J. Hackett, J. Holland, T. H. Houston, G. E. Hull, M. C. Irwin, J. L. Jackson, B. McCullough, B.A., P. McGinnis, T. C. McMurray, P. J. Mockler, H. C. Mulholland, A. F. N. Mullane, P. F. Murphy, M. J. O'Connor, W. H. O'Grady, W. F. O'Regan, W. Prendeville, T. W. Rutledge, W. Stevenson, R. W. Vint, J. F. Walsh, H. W. White, T. Woulfe.

THIRD M.B., B.CH., B.A.O.—J. A. Black, J. A. Brown, T. P. Carroll, J. J. Gilmore, J. McCormick, J. M. O'Connor, T. Taylor, C. Alexander, F. Bradley, J. D. G. Burke, B. Byrne, S. Campbell, S. R. Campbell, E. N. Condy, N. Cunningham, E. P. Dewar, J. E. English, E. Forbes, W. A. Frost, J. W. Garry, D. J. Jackson, T. Kennedy, Caroline V. Lowe, M. J. McGrath, H. Newman, P. H. O'Connell, A. P. O'Connor, B.A., J. P. J. O'Connor, P. C. O'Donnell, J. J. O'Kelly, B.A., R. H. Robinson, W. H. Sheffield, S. J. Watson.

FINAL M.B., B.CH., B.A.O.—C. R. Harvey, E. Hill, B.A., J. J. Kearney, V. J. McAllister, R. V. Slattery, B.A., O. C. Sullivan, J. P. Waters, B.A., J. Barrett, J. W. Beirne, J. A. Boyd, D. Boylar, G. F. Campbell, N. M. Donnelly, F. T. Dowling, B.A., Jane M. Fulton, W. McKee, Charlotte E. Mitchell, J. B. Murphy, B.A., J. Nunan, P. O'Hart.

M.D.—R. J. Bethune, M. J. O'Flynn, H. E. S. Richards.

M.Ch.—C. B. F. Tivy.

\* Upper Pass, and qualified to sit for the examination for honours in one or more subjects of the examination.  
† Upper Pass.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly comitia was held at the College on Thursday, April 25th, the President, Sir R. Douglas Powell, in the chair.

##### Lord Lister.

On the motion of the President, it was resolved by acclamation that an address be forwarded to Lord Lister, congratulating him on having celebrated his eightieth birthday, and expressing the high esteem in which he is held by the Fellows of the College.

##### Membership.

The following gentlemen were admitted Members of the College: Julius Meyer Bernstein, M.B.Lond., L.R.C.P., Wilfred Edgecombe, M.D.Lond., L.R.C.P., Daniel Caesar O'Connell Finigan, M.D.Berl., L.R.C.P., Archibald Montague Henry Gray, M.D.Lond., L.R.C.P., Thomas Lewis, M.B.Lond., L.R.C.P., Newman Neild, M.B.Vict., L.R.C.P., Clifford Sidney White, M.D.Lond., L.R.C.P.

##### Licences.

In conjunction with the Royal College of Surgeons, the Licence of the College was granted to 114 gentlemen.

##### Fellowship.

On the nomination of the Council, the following gentlemen were elected Fellows of the College: Daniel Colquhoun, M.D.Lond., Dunedin, New Zealand; James Barry Ball, M.D.Lond., 12, Upper Wimpole Street, W.; Arthur Shadwell, M.D.Oxon., Burnham, Maidenhead; Arthur Thomas Wilkinson, M.D.Lond., 22, St. John's Street, Manchester; Edward Mansfield Brockbank, M.D.Vict., Northern Assurance Buildings, Albert Square, Manchester; William James Fenton, M.D.Camb., 58a, Wimpole Street, W.; George Edward Rennie, M.D.Lond., 159, Macquarie Street, Sydney; Edwin Bramwell, M.B.Edin., 23, Drumshough Gardens, Edinburgh; Andrew Duncan, M.D.Lond., 24, Chester Street, Grosvenor Place, S.W.; Robert Jones, M.D.Lond., Claybury Asylum, Essex; Thomas McCrae, M.D.Toronto, Johns Hopkins Hospital, Baltimore, U.S.A.; Herbert Stanley French, M.D.Oxon., 26, St. Thomas's Street, S.E.

##### Communications.

The following communications were received:

1. From the Secretary of the College of Surgeons, reporting proceedings of their Council on April 11th.
2. From the Geological Society of London, inviting the College to send a representative to take part in the centenary commemoration of the Society's foundation, September 26th to 28th next. It was left to the President to nominate a representative at the next Comitia.

##### Deprivation of Licence.

The Censors' Board having reported that Arthur Raynor had been convicted of felony, it was resolved that his name be expunged from the list of Licentiates of the College.

##### Representative on the Senate of the London University.

On the nomination of the Council, Dr. Frederick Taylor was elected as the representative of the College on the Senate of the University of London, in place of Dr. Allchin, whose term of office expires on May 14th.

##### Reports.

The following reports were received:

1. The Quarterly Report, dated April 18th, of the College Finance Committee.

II. From the Committee of Management, dated March 18th, recommending that:

- (1) Regulation VIII be altered to the following:

"VIII. A candidate must present himself for examination in Parts I and II together (unless he claims exemption from one of them under the conditions of Paragraph XII) until he has reached the required standard to pass in both, or in one of these parts but he will not be allowed to pass in one part unless he obtains at the same time half the number of marks required to pass in the other part. A candidate may take Parts III and IV separately, or he may present himself for the whole examination at one time."

- (2) Paragraph XIII, section 2, of the regulations be altered as follows:

"The study of anatomy and physiology will not be recognized until the candidate has passed in two of the first three parts of the First Examination—namely, Chemistry, Physics, and Biology."

d. Eastbourne College and Sexey's School, Bruton, be added to the list of institutions recognized by the Examining Board in England for instruction in Chemistry and Physics.

The recommendations were approved and adopted.

III. From the Committee of Management, dated April 15th, 1907, on the subject of the teaching of midwifery, recommending that the regulations be altered so as to provide:

1. That every student shall himself conduct twenty labours.

2. That before conducting such twenty labours he be required: (a) To have held the office of medical clinical clerk and of surgical dresser at a recognized hospital during six months each; and (b) to have attended a course of practical instruction in midwifery.

3. That the certificate of having conducted the required number of cases be signed by a member of the staff of a lying-in hospital or of the maternity charity of a general hospital or by the dean of the medical school attached to the general hospital.

4. That every student be required to discharge the duties of clinical clerk in the gynaecological wards or out-patient department of a recognized hospital.

5. That every student be required to complete the curriculum of professional study before presenting himself for examination in midwifery and gynaecology.

IV. A further report from the Committee of Management of the same date, April 15th:

(1) The Committee reported that it had received from Dr. Theodore Dyke Acland an interesting and valuable report on the examinations of the Egyptian Medical School, on the professional education at the school, and on the hospital accommodation at Cairo. The Committee will in due course communicate with the Egyptian Medical School—in accordance with the authority conferred on them by the two Colleges—on subjects arising out of Dr. Acland's report. In the meantime, the Committee suggested that the Royal Colleges might express to Dr. Acland, the first assessor to the examinations of the Egyptian Medical School, its acknowledgement of his valuable services. A hearty vote of thanks to Dr. Acland was unanimously carried.

(2) The Committee proposed that three examiners in anatomy be appointed by the Royal College of Surgeons and one examiner by the Royal College of Physicians, and that each College should appoint two examiners in physiology. The proposal was accepted.

##### Library.

Books and other publications presented to the library during the past quarter were received and thanks passed to the donors.

#### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION (*Five Years' Course*).—T. E. Ferguson, C. Hunter, A. R. Henry, H. F. Williams, I. Das, F. Walsh, J. Scott, C. S. Ogilvy, W. W. McCowat. (*Four Years' Course*).—T. M. Jamieson.

SECOND EXAMINATION.—D. L. Hutton (with distinction), E. Averell, R. S. Watt, A. D. Macarthur, R. M. Danks, M. V. Walsh, H. M'Ilroy, R. Anderson.

THIRD EXAMINATION.—A. D. Woolf, H. W. Turner, J. McCall, J. T. G. Jones, A. M. Shah, E. Gibson, D. Welsh, I. Das, A. Davidson, M. E. Kayton, G. N. Braham.

FINAL EXAMINATION.—S. C. Jog, J. H. Patterson, O. D. Gunasekara, F. G. Allan, H. F. Watson, E. R. Harriott, A. A. S. Kats, Elie J. Cassels, Charlotte E. Pring, P. B. Mulabari, E. H. Smith, F. J. Breakell, M. R. Slack, H. G. Anderson, Ada G. B. Dias, H. K. Nanavati, L. D. Napier, W. F. F. Durr.

#### CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

THIRD PROFESSIONAL.—A. L. Clarke, B. W. Farrell, J. Farrell, J. P. Grainger, C. Greer (Victoria, Australia), J. Humphreys, C. Macauley, J. C. Murray, M. Power, M. J. Saunders, A. Sheridan, C. Stringer.