

development of the medullary sheath; this appendage of the axis cylinder appears earliest at situations near the point where the ends of a nerve have been joined together, and reaches the distal portions later.

What takes place in the peripheral segment of a divided nerve is a multiplication, elongation and union into long chains of the neurilemmal cells. The same change is even more vigorous at the central termination of the cut nerve; and the view of the phagocytic and nutritive function which we attribute to this sheath has been supported independently by some striking observations of Graham Kerr to which I have fully referred. At the central end this nutritive function is effective and provides for the nourishment of the actively-lengthening axis cylinders. At the peripheral end, unless the axons reach it, it is ineffective in so far as any real new formation of nerve-fibres is concerned. If, however, the axons reach the peripheral segment, the work of the neurilemmal cells has not been useless, for they provide the supporting and nutritive elements necessary for continued and successful growth. The neurilemmal activity appears to be essential, for without it, as in the central nervous system, regeneration does not take place.

#### Note.

Since this lecture was prepared for publication, Dr. Bethe has sent me a copy of his latest paper on regeneration (*Pflüger's Archiv*, vol. 116, p. 385, 1907), in which he defends his views. He now admits that in adult animals no regeneration of medullated fibres occurs autogenetically; he does not, however, state at what age animals lose their power of autogenetic regeneration, nor explain how it is that after a certain date an animal repairs a divided nerve in the exactly contrary manner to that it would have adopted if the nerve had been cut before that date. He also again admits that a regenerated nerve when cut degenerates in a peripheral direction only, but denies that degeneration has anything to do with direction of growth. He further states that on one or two points we had misquoted him in our Royal Society paper; for this we can only express our regret, and in the present lecture I have rectified the error. The paper is largely polemical, and is directed against Cajal, Marinesco, and others as well as ourselves. I can, however, find no fresh work in it sufficient to convince me that autogenetic regeneration of nerve ever takes place.

#### REFERENCES.

The chief references to the original work done on this subject are given in a paper by Mott, Edmunds, and myself in the *Proceedings of the Royal Society*, B. vol. lxxviii, 1906, p. 253. The principal papers which have since appeared are the following: E. Lugaro, *Neurol. Centralbl.*, xxv, 17, p. 786; G. Marinesco, *J. f. Psychologie und Neurologie*, vol. vii, p. 141, 1906; Perroncito, *Boll. d. Soc. Medico-Chirurgica di Pavia*, 1905. All three papers defend the Wallerian doctrine. The following paper by Warrington, *Jour. of Physiol.*, xxx, 503, 1904, was not mentioned in our Royal Society paper. Braeunig, *Archiv f. Anat. und Physiol.*, Physiol. Abth., 1903, p. 251, confirms Warrington's views.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SPIRILLOSIS OF DOMESTIC FOWLS.

IN connexion with Dr. Balfour's note in the *BRITISH MEDICAL JOURNAL* of March 30th on spirillosis of fowls in the Soudan, it may be of interest to record the fact that this disease also occurs in India.

During the last month I have found spirilla in the blood of three chickens, two belonging to an English lady in this station, the third being a hen from the bazaar. All the three chickens died. The spirilla were fairly plentiful in the peripheral blood of the first two chickens, many "tangles" being seen. The third fowl was not examined until some hours after death, and I only found four spirilla in a large smear from blood in one of the great thoracic veins.

Practically all the hen-houses here are infested with ticks of the *Argas* family, and I am endeavouring to trace the spirilla in them. I think, however, that the spirillosis is uncommon, and that, consequently, only a very small proportion of ticks will prove to be infected.

Agar is forty-one miles from the nearest railway station, and it is practically certain that, for the last twelve months at least, there has been no importation of fowls, except from surrounding villages; from which it would appear that fowl spirillosis is endemic in Central India.

As far as I know, this is the first record of this disease in India.

M. FOSTER REANEY, M.B.Lond., D.P.H.,

Agar, Malwa, C.I.

Lieut. I.M.S.

#### A NOTE ON STERILITY IN MAN.

It is only in recent times that the subject of sterility as distinguished from impotence in man has received much consideration. The late Dr. Matthews Duncan, it is true, called attention to the matter in the Goulstonian Lectures in 1883; and again<sup>1</sup> six years later he wrote:

Enlarged experience and inquiry make me more and more convinced of the greatness of the part played by the male. . . . It is a good rule to subject a woman to no prolonged, painful, or dangerous treatment for sterility unless assured of the potency of the male as regards connexion and as regards the semen.

But although anxiety concerning mechanical potency is common, it seems to be comparatively rare for a man before marriage to seek information about his capacity for procreation. The proportion of sterile marriages in which the husband is at fault has been variously estimated by different observers as from 10 to 25 per cent., and by some even higher than this. Thus male sterility is obviously a factor, though to what extent is at present unknown, in the declining birth-rate.

The malady responsible for the majority of cases of acquired sterility appears to be gonorrhoea, and in many of them through azoospermia following double epididymitis. But it seems hardly to be sufficiently realized that double epididymitis is not necessary for the production of azoospermia, for, as I have myself observed, epididymitis apparently limited to one side may be followed by azoospermia, while double epididymitis may not be so followed. Even one-sided epididymitis is not a necessary antecedent, for, as is well known, inflammation may attack the vas deferens to a greater or less extent without reaching the epididymis, and judging by facts that have been recorded, and other circumstances, it seems probable that morbid changes limited to the pelvic portion of the vasa deferentia may cause sterility without giving rise to symptoms other than those which are usually attributed to posterior urethritis.

Besides gonorrhoea there are, of course, many other causes of acquired sterility, temporary or permanent. Among them may be mentioned syphilis, tuberculosis, mumps and some other infectious fevers, and traumatism of various kinds and degrees, including certain surgical operations. To these must now be added exposure to the influence of the Roentgen rays, whether as patient or as operator.

The practical outcome seems to be that any man who has any sexual defect or malformation, or who has suffered from any disease or injury of the genito-urinary organs, even though apparently trivial or one-sided, and although his copulative power may be unimpaired, should be looked upon as possibly sterile until some sort of evidence to the contrary has been obtained. When marriage turns out to be sterile, it seems only reasonable that, unless the wife is obviously at fault, the condition of the man should be determined before the more complicated examination of the woman is undertaken.

ARTHUR COOPER.

Consulting Surgeon to the Westminster General Dispensary.

London, W.

#### STRANGULATED HERNIA IN AN INFANT: LOCAL ANAESTHESIA: RECOVERY.

THE patient in the following case was a male child, aged 6 weeks, breast fed, previously healthy, and not known to have a hernia.

The day before I saw it it had been "fretty," had refused to take the breast, and had been vomiting a good deal; there had been no proper action of the bowels, and on the previous night a swelling had been noticed in the right groin.

On examination a swelling was found in the right inguinal region, presenting the characteristics of a strangulated hernia. The abdomen was greatly distended and tympanitic on percussion, and the child itself very pinched and its pulse very feeble. Under local anaesthesia operation was at once performed, the sac being found to contain a large coil of small intestine along with the caecum and appendix. The greatly distended small intestine was very dark in colour, but its appearance improved after the constriction had been divided. All the contents of the sac were returned and the operation completed by a radical method. The child made an uneventful recovery.

<sup>1</sup> Clinical Lecture on Sterility, by J. Matthews Duncan, M.D., *Lancet*, March 23rd, 1889, p. 565.

The following points seem to me to make the case worthy of mention:

(1) The comparative rarity of a strangulated hernia in so young a child. (2) The extreme rarity of both small and large bowel, including caecum and appendix; being found in such a case. (3) The fact that the operation was successful although it was done without any assistance whatsoever, and in a small farm kitchen, circumstances not conducive to a perfect aseptic technique.

ALEX. MITCHELL, M.B., Ch.B. Aberd.

Old Rayne, Aberdeenshire.

#### SECRETION OF MILK IN THE AXILLA.

SUPERNUMERARY nipples and axillary mammae are probably not so rare as supposed. I have a patient who has a well-marked gland on each side quite distinct from the principal mammary gland and extending to the axilla. Each of these glands has a distinct nipple, only about the size of a pin's head, in the non-puerperal state, but enlarging to three or four times that size in the puerperium. There is always a free discharge of milk from these nipples during the puerperium, and on one or two occasions the glands have become painful and swollen until the flow of milk was encouraged. Until I saw the article in the *BRITISH MEDICAL JOURNAL* of January 19th, p. 164, I did not know that they were of sufficient interest to be worth recording.

Melbourne.

HORACE P. GODFREY, M.B., F.R.C.S.

## REPORTS

ON

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

#### SUNDERLAND INFIRMARY.

##### FOREIGN BODY IN APPENDIX ABSCESS.

(By W. PERCY BLUMER, F.R.C.S. Edin., Honorary Surgeon.)  
THE memorandum by Mr. Sheen of Cardiff in the *JOURNAL* for April 13th, describing the discovery of a flat splinter of wood in the interior of an appendix abscess, prompts the relation of the following case. The patient, a little girl aged 6, was sent into the Sunderland Infirmary by Dr. Beveridge, with a swelling in the right iliac fossa, on December 1st, 1906.

**History.**—For six or seven weeks she had complained of pain in her right side, sometimes better and sometimes worse, but she had not been confined to bed until a day or so before admission. There had never been any vomiting. The bowels had been kept regular by aperients.

**On admission** she appeared a healthy child, well nourished, and was in no pain. Temperature 101°, pulse 100. There was a tense, slightly fluctuating swelling in the right iliac fossa, extending upwards and backwards towards the loin. It caused only very slight pain on palpation, and had only been noticed for two days.

**Operation.**—On opening the abdomen an abscess over the appendix area was evacuated and drained. It extended behind and to the outer side of the caecum. There were many pockets, formed by strong adhesions, all containing pus. No appendix could be found. The general peritoneal cavity was quite shut off by dense adhesions. An ordinary large-sized pin—quite black—was found loose in the abscess cavity. The child was quite comfortable and intelligent on the day following the operation. On the second day she became drowsy, and very irritable when disturbed. Temperature 97°, pulse 120. The abscess was draining well. On the evening of the following day the child became very weak, and died in a convulsion.

**Post-mortem Examination.**—The abscess cavity was found completely cut off from the general peritoneal cavity by very dense adhesions. No appendix could be distinguished, its site being in the midst of a dense mass of fibrous tissue. There was no peritonitis. All the other organs appeared healthy except the liver, which was fatty.

**REMARKS.**—As no information with regard to the pin could be obtained from mother or child, we came to the conclusion that it must have been swallowed either with food or otherwise, and gradually found its way down to the appendix, where it became embedded. It eventually pierced the appendix and caused the abscess. It is remarkable how the child was able to run about and attend school even up to a day or two before admission, and had only been seen once by Dr. Beveridge. I am indebted to Dr. Lionel H. Booth, my house-surgeon, for notes of the case.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### BIRMINGHAM BRANCH.

##### PATHOLOGICAL AND CLINICAL SECTION.

*Birmingham, Friday, April 26th, 1907.*

THOMAS NELSON, M.D., in the Chair.

**Election of Officers.**—Mr. J. T. J. Morrison was elected Chairman for the ensuing session. Dr. Smallwood Savage and Mr. Leonard Gamgee were elected Honorary Secretaries.

**Festinating Speech.**—Dr. STANLEY BARNES showed a case of festinating speech in paralysis agitans.

**Tonic Muscular Spasms.**—Dr. SAWYER showed a case of tonic muscular spasms, very similar to those found in tetany, occurring in a single woman, aged 49. She had had the attacks very frequently during the last twenty-two years; some had lasted as long as one month. The hands were chiefly affected, and assumed the position usually seen in tetany. The muscular spasms were so severe at times that the patient could not use her hands. They were worse on waking in the morning, and much better when the hands were cold. During the attack any attempt to use the hands made the condition worse. There were also sometimes muscular spasms in the face, arms, feet, and legs. There were no other signs of tetany; Chvostek's symptom and Trousseau's phenomenon were absent. When younger, she had had dysmenorrhoea, and had suffered slightly with constipation. There seemed to be no gastrointestinal affection, and renal disease was not present. The patient was a very excitable and nervous woman, and had had two or three "fits" when young. Dr. Sawyer did not consider the case to be one of true tetany, but a condition of pseudo-tetany of hysterical origin.

**Opsonic Treatment of Actinomycosis of Lungs.**—Dr. WYNN showed a case of actinomycosis (streptothricosis) of the lungs treated by the opsonic method. The patient was a boy, aged 14, who in November, 1906, began to complain of pain in the left side of the chest, paroxysmal cough, and abundant offensive sputum. On December 19th he was admitted to the Birmingham General Hospital with an empyema pointing just below and outside the left nipple. This was opened, and 8 oz. of offensive pus evacuated. A portion of the seventh rib was excised. With the finger a ragged cavity passing up towards the axilla could be felt. It was difficult to determine whether this cavity was in the pleura or the lung. The pus from the empyema and the sputum was green, and contained enormous numbers of small brownish-yellow granules, which, on examination under the microscope, showed a network of mycelial threads. Cultures of the organism were made on agar and blood serum, and from these cultures a vaccine was prepared by drying and sterilizing the growth at 60° C., and then grinding it up in normal saline containing a little glycerine. The vaccine was standardized by weight; 4 c.cm. of the emulsion containing 4 mg. of actinomycotin. This was diluted a thousand times, and the dose used for inoculation was 0.001 mg. An attempt was made to estimate the opsonic index by using young cultures and grinding up finely in an agate mortar. Before treatment the opsonic index stood approximately at 0.5. Inoculations were given on January 8th and 18th, February 11th and 25th, and March 11th and 27th—in all, six inoculations. The highest opsonic index obtained was 1.7, but obviously this could not be estimated with the accuracy of the tuberculo-opsonic index. The patient, who was previously very ill, now looked healthy and robust. In three months his weight increased from 4 st. 8 lb. to 6 st. No sputum was coughed up a week after the first inoculation, the cough disappeared, and the sinus rapidly healed. The temperature, previously fluctuating with evening rises to 100° and 102°, sank the day after the first inoculation to normal. The liver, which was enlarged and tender and felt 3 in. below the ribs, gradually receded and could not now be felt. At the present time examination showed the existence of thickened pleura and a cavity in the lung at the left base. The cavity was dry and had given no adventitious sounds for a month. The patient was still under treatment.

surmounted, but which cannot, without stopping the engine, be quite surmounted without change of gear; if the clutch be eased so as to let the engine run light for a moment and gather speed, and the clutch then let in gently, it is often possible to coax it over the brow without changing gears; but this also should be done sparingly, and with discretion.

The same thing applies when a change to a higher gear has been made a little prematurely, and the engine flags or begins to knock from the spark being too much advanced for the pace at which the engine is running; easing the clutch to let the engine run faster, and then letting it in again, may save having to change gears.

#### THE BREWSTALL RADIATOR.

THE writer of the notes on motor cars has had no experience of this radiator, but it appears to be designed on sound principles, and might be expected to give better results than radiators in which the water and the air are less broken up. In districts where the water gives rise to much incrustation, the ease with which the tubes can be cleaned would be a great advantage. The only doubt as to its construction which suggests itself is whether the more numerous joints which exist in it would remain watertight; some of them appear to be rather large surfaces to keep watertight.

## MEDICAL NEWS.

THE Ophthalmological Society of the United Kingdom has arranged to hold its next meeting in Edinburgh on May 25th. Card specimens and cases will be on view at 9.30 a.m., and the chair will be taken at 10 o'clock.

SIR ISAMBARD OWEN, Deputy Chancellor of the University of Wales, will preside at the fourth Welsh Medical Dinner at the Criterion Restaurant, London, on May 31st. Further particulars can be obtained from Mr. J. Howell Evans, F.R.C.S., 63, Grosvenor Street, London, W.

THE summer session of lectures at the Hospital for Sick Children, Great Ormond Street, W.C., will commence on Thursday next, when Mr. Waugh will lecture on Hip Disease in Children, at 4 p.m. The lectures, which are given each Thursday at the same hour, are free to medical practitioners.

WE are asked to state that the laboratories to which reference was made on April 27th in connexion with the Milan Exhibition are known as the Wellcome Physiological Research Laboratories. They are quite distinct from the business of Messrs. Burroughs, Wellcome, and Co., and under separate control.

THE new Gresham Professor of Medicine, Dr. F. M. Sandwith, will give four introductory lectures, on Tuesday, May 14th, and the three following days, at 6 p.m., at Gresham College, E.C. The first two lectures will deal with Sir Thomas Gresham and his times, the third with influenza, and the fourth with cerebro-spinal fever.

THE Committee of the Eversfield Chest Hospital, St. Leonards-on-Sea, has under consideration the advisability of increasing the accommodation, enlarging the out-patient department, and considerably widening the existing balconies, so that more patients may undergo the open-air treatment. Plans have been prepared, and a donation of £1,000 towards the cost of the project has already been promised.

A DEBATE on the question, Is vivisection necessary to the advancement of science and medicine, and is its practice in accordance with claims of morality and the further development of altruism? between Professor W. D. Halliburton and Miss Lindaf-Hageby will take place at the Portman Rooms, Baker Street, W., on Thursday, May 16th, at 8 p.m. The chair will be taken by Sir David Brynmor-Jones, K.C., M.P. Admission is free.

A MEETING of the Medico-Psychological Association of Great Britain and Ireland will be held at the rooms of the Medical Society, Chandos Street, London, W., under the presidency of Dr. Robert Jones, on Thursday next at 3 p.m. After the transaction of general business, Drs. W. Ford Robertson and G. Douglas McRae will give a demonstration on further bacteriological and experimental investigations into the pathology of general paralysis, and Dr. Henry Devine will read a paper on a case of katatonia in a congenital deaf-mute.

ABOUT a year ago we drew attention to a new form of bed called the equipoise, which seemed to have unusual merits, and in the ordinary course of things should say no more about it. Since then, however, the manufacturers, having studied an article by Dr. Murray MacClaren, on the value of posture in medicine and surgery, published in these columns on November 10th last year, have sent us a letter

in which each of the positions described in that article is illustrated by a picture of a patient on one of these beds. This letter we have no space to publish, but the aptness of the pictures may be acknowledged. Curiously enough no reference is made in the letter to the real strength of the contrivance—the fact that the patient can place, and maintain himself, in any position he pleases, and is thus independent of pulleys and bedrests.

THE American Mosquito Extermination Society held its fourth annual meeting in New York in April. Dr. O. L. Howard of Washington, and Dr. E. Porter Felt, the New York State Entomologist, reported the results obtained from the efforts made to check the multiplication of mosquitos in certain parts of the United States and other countries. The complete extermination of the insects was declared to be simply a question of money combined with an enlightened public spirit.

DEATH FROM ETHYL CHLORIDE.—An inquest was held in Southwark on April 26th on the body of a male child, aged 9, which had died in Guy's Hospital during an operation for appendicitis under ethyl chloride anaesthesia. The medical evidence given was to the effect that the dose of ethyl chloride administered was 3 c.cm.; *post mortem* the child was found to be in poor condition and to have fatty degeneration of the heart. Dr. Waldo, the coroner, remarked that he knew of 22 deaths from ethyl chloride, and that he had himself held four inquiries in the Southwark court into fatalities following the use of this drug.

SMALL-POX AT METZ.—Herr Geheimrat Dr. Pawolleck of Metz has kindly supplied a statement of the prevalence of small-pox in Metz, as to which a question was asked recently in the House of Commons. In the city of Metz the disease has assumed the proportions of an epidemic outbreak. The small-pox deaths in Metz, which in the three years 1904-6 were 1, 2, and 8 respectively, have risen to 24 since the beginning of the present year, besides 5 more in the surrounding district. The number of cases in Metz since January 1st of this year is stated to be 85 with 24 deaths, showing the remarkably high fatality of 28 per cent. Until we know the proportion of the vaccinated amongst the fatal cases, and the extent of small-pox in the neighbouring part of France, we can make no further comment on these figures. The Imperial Health Office in Berlin makes a special inquiry into all such epidemics on the spot, and the results are ultimately published.

FOREIGN DOCTORS IN JAPAN.—By a recent ordinance, the Japanese Government has granted to foreign doctors belonging to countries which allow Japanese practitioners to practise within their territory the right to exercise their profession in Japan. All that will be required of them is to have their diplomas officially recognized by the Minister of the Interior. Japanese doctors holding diplomas of foreign universities will also be allowed to practise on the same condition. Dr. MacAlister, in his presidential address at the opening meeting of the General Medical Council in November, stated that the Executive Committee had had before it some additional information respecting medical qualifications in Japan other than those conferred by the University of Tokyo. The Committee is to report on the subject to the Council.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 6, Catherine Street, London, W.C., on April 26th, Dr. de Havilland Hall in the chair. The claim records presented showed that the epidemic of influenza which has so largely increased the sickness experience of the early part of the year is now much diminished. During the month of April, although a considerable amount of sickness pay has been disbursed for claims arising from influenza, the members claiming were in many cases incapacitated by the sequelae of the malady only, and, judging from the previous experience of the Society, this may be taken as satisfactory evidence of the decline of the epidemic. The Committee examined the draft of the report for the year 1906, which will be presented to the members at the annual general meeting, to be held at the rooms of the Medical Society, 11, Chandos Street, Cavendish Square, W., on May 23rd. The business of the Society during last year has been very successful, and has produced a substantial increase in the funds, which now amount to over £200,000. This sum has been accumulated in twenty-three years—the Society having started operations in 1884—and is good evidence that the business was founded on a sure plan and has been carefully and economically carried on. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

no fear that he will not act as an honourable consultant always should." Of his private character and of his qualities of head and heart no one could speak too highly. For so accomplished a physician, his modesty was remarkable. He was a most devoted husband and father. Personally, I never had a kinder, a more loyal, or more esteemed friend. Skerrett was indeed a Christian gentleman of the highest type. The sympathies of all of us will go out in a peculiarly warm manner to his afflicted widow in her irreparable loss and sad bereavement.

THE following lines have been sent to us by one who describes himself as "a G.P. unknown to fame, whose name is of no importance, who had a great regard for the late Dr. Skerrett."

## IN MEMORIAM.

We, doctors, in this city of the west,  
Who held him dear, who knew him kindly, wise,  
Loyal and true—we mourn the man who lies,  
Struck down by blind ring death. He was our best,  
The man we turned to most, did his behest  
Most often, in our warfare against woe  
Of mortal flesh; and now he lieth low,  
Whom many an anguished wife and mother blest.  
Did he, we wonder, know, did he surmise,  
With his shrewd smile wrinkling his lips and eyes,  
And his clear caution weighing every side,  
How strong we felt when he was there to guide?  
Alas! he cannot know, unless above  
He hears our mourning and can tell our love.  
Bristol, April 30th.

JONATHAN F. C. H. MACREADY, F.R.C.S.,  
CONSULTING SURGEON TO THE GREAT NORTHERN CENTRAL  
HOSPITAL.

THE death of Mr. Macready, which took place on April 29th as the result of a cerebral haemorrhage three days previously, has deprived several public institutions of a valued adviser and a wide circle of old colleagues and friends of one who commanded both respect and affection.

Born in 1850, the youngest son of the great actor, by his first wife, Jonathan Macready was educated under the eye of his father, who had retired from the stage in 1851. The paternal discipline was strict, and inculcated a high sense of duty upon a somewhat shy and retiring disposition. On entering the profession as a student at St. Bartholomew's Hospital, young Macready was soon recognized as a man of more than ordinary promise. The influence of Sir James Paget and Sir William Savory was strongly impressed upon him, and from them he acquired not only surgical wisdom, but no small share of the graceful eloquence with which they clothed their thoughts in lectures and addresses. In this he was aided by the careful training in elocution derived from his distinguished father.

He was appointed Surgeon to the Great Northern Hospital in 1878, and, being closely associated with Mr. William Adams, he acquired a special interest in orthopaedic surgery, and was particularly successful in dealing with contractions of the palmar fascia. He became Surgeon to the Truss Society, and made a close study of hernia, and his large work on the subject is well known. As Surgeon to the Convalescent Homes of the Merchant Tailors' Company his sound judgement was greatly appreciated, and at the Victoria Park Chest Hospital and the Cheyne Hospital for Children his services were always available when sought for. He contributed in no small degree to the rise of the Great Northern Hospital, to which he was Senior Surgeon for fifteen years and an active member of the Committee of Management for twenty-three years. Possessing the valuable qualities of reticence when silence was most eloquent and of eloquence when occasion demanded it, his opinion and counsel proved of the greatest service when, in 1888, the hospital was transplanted into a new district and, like all new institutions, had to prove its claim to be respected.

The many physicians and surgeons who have held office upon its staff and have passed to those of the teaching schools, in common with all his present colleagues, both medical and lay, will cherish their recollection of the gentle, courteous, and dignified surgeon whose sound judgement was ever at hand to solve the various difficulties that are apt to arise in a young and rising community. The kindly acts and unostentatious aid that he rendered to so many in a humbler sphere, although unrecorded, will not be forgotten.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

## Examinations.

THE following candidates have now been approved in all three subjects of the examination indicated:

THIRD M.B. (Part I).—F. O. Arnold, B.A., Trin.; P. H. Bahr, B.A., Trin.; G. B. Bartlett, B.A., Sid. Suss.; H. Beckton, M.A., Cla.; R. Burgess, B.A., Cai.; S. P. Chan, B.A., Cai.; S. Churchill, B.A., Trin.; A. I. Cooke, B.A., Cai.; A. T. Densham, B.A., Joh.; A. N. Dickson, Down.; H. Dimock, B.A., Sid. Suss.; C. W. Greene, B.A., Emm.; G. F. Greenwood, B.A., Sid. Suss.; C. L. M. Jones, B.A., King's; A. R. Jordan, B.A., Cla.; B. T. Lang, B.A., Trin.; R. B. Lloyd, B.A., Emm.; L. H. L. Mackenzie, B.A., Trin.; R. G. Markham, B.A., Cai.; H. F. Marris, M.A., Cai.; J. H. B. Martin, B.A., Emm.; L. Nicholls, B.A., Down.; C. W. Ponder, M.A., Emm.; J. H. Pratt, B.A., Trin.; O. L. Scarborough, M.A., Joh.; A. L. Singer, B.A., King's; E. F. Skinner, M.A., Corp.; A. C. H. Suhr, B.A., Cai.; C. B. Ticehurst, B.A., Joh.; C. Tylor, B.A., Cai.; J. A. Venning, B.A., Trin.; B. Wahby, non-coll.; R. R. Walker, B.A., Joh.; A. B. Wilson, B.A., Pemb.; R. F. Young, B.A., Christs.

Professor Nuttall will deliver his inaugural lecture in the Anatomical Theatre on Wednesday, May 22nd, at 4.30 p.m.

Owing to the increase in the work of the Chemical Department, the Syndicate recommend an extension of the Chemical Laboratory at the estimated cost of £13,500.

Professor Newton has deputed Mr. Bateson, of St. John's College, to lecture for him during the ensuing academic year.

## UNIVERSITY OF LONDON.

## CONVOCATION.

A GENERAL meeting of Convocation was held at the University on May 7th; Sir E. H. BUSK, Chairman, presided.

Sir E. H. Busk and Mr. H. E. Allen were respectively re-elected Chairman and Clerk of Convocation.

*Report of the Standing Committee.*—Dr. T. L. MEARS presented the report, and moved its reception, and the resolution was adopted.

*Lord Lister.*—Dr. AMAND ROUTH proposed the following resolution recommended by the Standing Committee:

That a vote of congratulation be conveyed to Lord Lister, a graduate of this University, on his attaining his eightieth birthday.

Mr. G. EASTES, M.B., seconded the proposal, which was carried unanimously.

*Appointments to Governing Bodies.*—Mr. L. F. WINTLE proposed:

That the Senate be respectfully requested to consider the desirability of graduates of the University appointed to represent the University on other bodies being members of Convocation.

This was duly carried.

*Business Adjourned from January 18th, 1907.*—Certain business which could not be considered at the previous meeting of Convocation was reported by the Annual Committee. Dr. MEARS, who presented the report and moved its adoption, stated that the paragraphs referring to the incorporation of University College, University College Hospital, and University College Boys' School, the opening of the University library, and the election of a member of the Senate by the graduates in Divinity, which were all now accomplished, had consequently lost some of their interest. The Union Society of the University had started on its career of usefulness, and he hoped it might eventually rival the corresponding Union Societies of Oxford and Cambridge. In one respect it differed from each of the older societies—namely, that ladies were admitted to its membership.

*University Colours.*—The Committee appointed to consider this question recommended that red, white, and blue should be the University colours, red being given the principal place. They also submitted a sample of the blazer and ribbon for hatband to the meeting, and recommended their adoption, and that the colours for the tie should be in the same proportions as those in the ribbon, but arranged diagonally.

Dr. MEARS moved that the blazer and hatband be approved, which was duly carried.

*Mode of Election of Members of the Senate.*—Dr. R. MAGUIRE moved:

That the standing order relating to this matter be referred to the Standing Committee for consideration and report.

This resolution was adopted.

*Annual Athletic Sports.*—Mr. WHITEHEAD mentioned that it was desirable to have challenge cups for presentation to the winners of certain sports. Last year Lady Busk had given such a cup. This year a lady had promised one if other ladies could be found to offer five other cups; and he hoped to receive shortly the names of ladies willing to assist in this manner.

*Election to the Senate.*—Sir T. Barlow, Bart., M.D., was elected by the graduates in medicine and in surgery. Dr. C. W. Kimmins, Dr. S. R. Wells, and Mr. J. Wade, D.Sc., were elected by the graduates in science.

*The Standing Committee.*—The following graduates, Dr. R. Maguire, Dr. H. J. Scharlieb, and Dr. W. H. Willcox, were re-elected members of the Committee in the Faculty of Medicine.

## UNIVERSITY COLLEGE.

The Mercers' Company lectures were commenced on May 10th by Dr. E. H. Starling, F.R.S., the subject being the

internal media of the body and their relation to the tissue. The lectures will be continued on Fridays at 5 p.m. Dr. W. Page May delivered on May 8th the first of a series of lectures, to be continued on Wednesdays at 5 p.m., the subject being the arrangement and functions of certain structures in the central nervous system.

#### UNIVERSITY OF EDINBURGH.

##### General Council.

THE statutory half-yearly meeting was held in the Examination Hall on May 1st, Principal Sir William Turner in the chair.

The Business Committee recorded with great regret the sudden death on January 11th, of Mr. Hope Finlay, who was present at the last meeting of General Council and at a subsequent meeting of Business Committee. For many years he had given loyal service to the University.

The Committee recommended the General Council to revert to a former practice, and to authorize the distribution to the press and to the General Councils of the other Scottish universities of prints of the reports of committees, etc., simultaneously with the posting of copies to members of General Council. This was agreed to.

The Committee also reported that the accumulate provision made by the Carnegie Trust towards the endowment of modern languages in Edinburgh University would, at the close of the current year, amount to £10,000. The income of this, when added to the moneys already available for the salaries of the lecturers in French and German, should enable the chairs to be set up. The Committee recommended that the General Council represent to the University Court the desirability of now framing an ordinance. Should there be any hesitation as to the financial preparedness of the University for the step, qualifying words could be introduced under which the Court would not be required to erect the chairs until satisfied that the funds were inadequate.

On the subject of the Degree of Bachelor of Pharmacy, the Committee advised the General Council to approve of the Draft Ordinance generally, subject to certain suggestions, and to ask the University Court to consider the points raised in the report. The Subcommittee appointed to enquire and report thought that the institution of a separate degree, as distinct from the degrees in Science, was the wisest course, and more suitable to the actual requirements of the pharmaceutical calling. Consequently the scheme was allied to the Faculty of Medicine, and not as in Glasgow to the Faculty of Science; and it was anticipated that on the analogy of the medical curriculum the scope of instruction and examination would cover the practical as well as the scientific requirements of the pharmacist. The following is a summary of the leading features of the draft Ordinance:

(1) An entrance examination in the subjects and on the standard of the Medical Preliminary, but excluding Greek as an alternative subject to French or German; (2) three years' attendance in eight subjects, five of which must be taken in the University of Edinburgh; (3) a first examination in botany, zoology, physics, and chemistry, identical with the First Professional in Medicine; (4) a final examination "on a higher standard" in chemistry, botany, materia medica, and pharmacy; and (5) prior to the final, candidates must be registered chemists and druggists or graduates in medicine. The General Council approved of the recommendation of the Business Committee.

#### NUMBER OF MATRICULATED STUDENTS.

The total number of matriculated students in the Faculties of Medicine and Science during the undernoted ten sessions was as follows:

	1888-90.	1897-8.	1898-99.	1899-1900.	1900-1.	1901-2.	1902-3.	1903-4.	1904-5.	1905-6.
Medicine	2,003	1,405	1,412	1,368	1,364	1,396	1,427	1,487	1,481	1,482
Science...	—	147	169	149	170	163	206	229	248	290

#### UNIVERSITY OF BIRMINGHAM.

##### POST-GRADUATE LECTURES.

THE following post-graduate lectures, open to members of the medical profession and students of medicine, will be delivered in the Faculty of Medicine during the summer session at 4 p.m. on each day: May 23rd, The Vidal Reaction, its Present Position and Value, by Professor Leith; May 30th, The Bacteriological Diagnosis of Diphtheria, by Dr. C. J. Lewis; June 6th, Opsonins, by Dr. J. Miller; and June 13th, The Value of Preventive Methods against Infectious Diseases, by Dr. John Robertson.

#### UNIVERSITY OF DURHAM.

##### DEGREES.

THE following degrees and diplomas were conferred on April 27th:

M.D.—R. S. Hindmarch, A. B. Raffle, N. Roberts, F. R. Scott, A. A. Smith.

M.D. (for Practitioners of Fifteen Years' Standing).—E. A. Bennett, J. Buck, J. M. C. Cole, C. T. T. Comber, A. Cuffe, H. L. de Legh, W. C. Ellis, C. J. Horner, T. Leahy-Lynch, T. McMillan, E. Posnett, C. B. Ramarao, H. Slater, P. C. Smith, D. T. Wylie.

M.B.—H. H. Blake, G. I. Cumberlege, W. M. Emmerson, S. Have-lock, B.Sc., T. D. Miller, D. Ranken, H. B. Stephenson, N. Spedding, R. W. Swayne, H. H. Whaithe.  
B.S.—H. H. Blake, G. I. Cumberlege, W. M. Emmerson, S. Have-lock, B.Sc., T. D. Miller, D. Ranken, H. B. Stephenson, N. Spedding, R. W. Swayne, H. H. Whaithe.  
D.P.H.—E. G. D. Benson.

The following candidates have been approved in Pathology, Medical Jurisprudence, Public Health, and Elementary Bacteriology:

\*E. C. Braithwaite, L. F. Browne, C. E. L. Burman, J. Everidge, R. C. H. Francis, A. C. Greene, H. C. Kellgren, R. V. Khedkar, H. R. McAleenan, F. Rahtkens, E. F. Waddington.  
\* First class honours.

## Medico-Ethical.

*The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.*

#### SUPERSESSION.

A PRACTITIONER, A., had been in attendance for several months upon a patient X. X then called upon practitioner B. requesting advice. B. refused to see him professionally, explaining that it is his rule never to see professionally a patient upon whom another practitioner is in attendance, but stating that he will be pleased to see the patient with A. Several days later X. called again upon B. stating that he (X.) has decided to change his doctor. B. told X. to inform A. of his decision, which he did, and B. examined and prescribed for X. A. complains that his fee should have been paid before B. began attendance upon X. Did B. act correctly?

\* \* B. acted correctly in accordance with the practice followed in this country. The rule that the superseding practitioner should see that his predecessor has been paid before assuming charge of the case is said to be followed in France, and there is something to be said for it, as patients sometimes change their doctor for no better reason than because they do not wish to pay him.

#### COUNTY MEDICAL OFFICERS AND DISTRICT MEDICAL OFFICERS OF HEALTH.

SENEX.—We should advise our correspondent, before he assumes that any wilful discourtesy has been shown to him, to write to the County Medical Officer for an explanation. We quite agree that county medical officers should not ignore their colleagues in charge of districts, as it is in the interests of the public health that there should be proper co-operation between central and local bodies and their officers.

## Medico-Legal.

#### CHARGES OF NEGLIGENCE.

##### MIDDLEBROOK v. McCULLOCH.

IN this case, which was heard by His Honour Judge Willis, K.C., on April 19th, an action was brought by Dr. Middlebrook of Eltham to recover the sum of £3 12s. 6d. for fees. The claim was admitted, but the defendant counter-claimed for damages for careless treatment and faulty diagnosis of his wife's illness, alleging that she met her death through this cause.

Mr. Mathew, instructed by the Solicitors to the London and Counties Medical Protection Society, represented the plaintiff; Mr. Walton, solicitor, appeared for the defendant.

In support of his counter-claim, the defendant said that he called in Dr. Middlebrook in November, 1904, and had been told by him that his wife was suffering from overwork and had gall stones and a growth, but the fact that she had Bright's disease was not mentioned. Another doctor (Dr. Rice) who was called in pronounced it to be Bright's disease. In cross-examination witness admitted that he never complained of the treatment.

Dr. Rice was called in support of the counter-claim.

Dr. Middlebrook, in giving evidence, said that he diagnosed the deceased to be suffering from Bright's disease, and so treated her. He produced his notes of the case in support of this statement. He may not have mentioned the fact that it was Bright's disease.

His Honour, in giving judgement, said that the counter-claim ought never to have been brought. Nothing that Dr. Rice had said in any way supported the accusation brought against Dr. Middlebrook. It was a monstrous claim that should never have been persisted in. He wished it to go forward that in his view Dr. Middlebrook's treatment of the disease was skilful and proper, and there was not the slightest evidence to show that any one of the defendant's statements was justified.