polymorphonuclear cells were relatively much decreased. In this case no parasitic bodies were found in the peripheral blood, and he refused to have any drawn off from either spleen or liver; therefore although all the symptoms pointed to kala-azar, its existence was not proved.

Case 4. The patient the subject of this paper was admitted last November for malarial cachexia.

He gave the following history: From 1894 6 he served on the East and West Coasts of Africa, where he contracted malarial fever; from 1896-1901 on the Australian coast; in 1902-3 he was on the East Indian station, and lived on shore in Bombay and Trincomalee; in 1904-6 he was in China, being quite well; he lived on shore at Hong Kong and Wei-hai-wei, and visited Shanghai, Tientsin, Hankow, and Siam. On arriving in England in 1906 he began to feel ill, was treated for influenza for a month, and then, improving, went to the Mediterranean. After three months, vomiting, anorexia, loss of flesh, pallor, headaches, and irregular fever set in. He was treated for malaria, and invalided to England.

On admittance to Haslar he was a very old, cachectic-looking man, the skin was dry and earthy, he complained of headache, dyspepsia, epistaxis, and general weakness. The spleen extended to within 1 in. of the middle line and nearly down to the crest of the ilium; it was smooth and hard. The liver was also enlarged; the urine was not albuminous. The blood gave 3,800,000 red cells and 2 000 whites. A relative count gave polymorphonuclear cells 48 per cent, large lymphocytes 27 per cent., and small lymphocytes 25 per cent. There was irregular fever and a fast pulse.

These symptoms continued, the fever being of an undulant character. A small quantity of blood was drawn off from the liver, and Leishman bodies, both singly and in groups, were found. He was put on atoxyl, calcium lactate, iron, and bone marrow; under this treatment, the atoxyl being pushed to 12 grains a day, the haemorrhages stopped, the fever passed off, and he gained weight. A glance at the chart will explain how possible it is in such a case to confuse this condition with Mediterranean fever, as Bentley did; more particularly so as I have myself had one case of eighteen months' standing with such marked cachexia and splenic enlargement that I drew off some blood from his spleen to seek for the bodies, and found instead a pure culture of the *Micrococcus melitensis*. Only 0.5 c.cm. was drawn off from the liver of the present case; it contained some liver cells, fairly abundant Leishman bodies, most of which were single and pyriform in shape, but collections of even fifty were found. The blood was sterile bacteriologically. A portion of the fluid drawn off was mixed with a citrate solution, incubated at 20° C., and daily examined for developmental forms. On the second day fission forms were seen, but from that day the bodies rapidly broke up, the swollen nuclei alone taking up the stain. The attempt to cultivate the organism was thus only partially successful, the bodies on the second and third day were like some seen on slides of Indian cases which were given me by Major Leonard Rogers, I.M.S.; they also resemble very much some stages in the evolution of trypanosomes as seen in rats.

After being discharged from Haslar, the following condition was noted: Appearance of a marked crop of petechiae over upper limbs and trunk lasting a short time, temporary enlargement of the cervical glands; after a short period of normal temperature there was another wave of pyrexia, the fever reaching 102.6°; this lasted two weeks, when he lost flesh markedly, but there was no further haemorrhage or diarrhoea, though more cough and a troublesome stomatitis set in. A film showed no change in the character of the blood. The atoxyl treatment had been continued intermittently.

I have ventured to bring these short notes forward, as further study and a better look-out for examples of this interesting disease are required, especially in the navy, where such cases may possibly be passed as malarial cachexia, etc. Also the marked improvement in his condition, at least for a time, under atoxyl treatment is noteworthy; and, lastly, all *positive* evidences of such diseases are worth recording.

For the last month the patient has been perfectly free from fever, has had no bad symptoms, has gained weight, is able to walk long distances, and now the improvement is so marked that he is about to return to Australia.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF RETROVERSION OF THE GRAVID UTERUS.

ON April 8th I was called to a young primigravida (at the end of her third month), who was suffering from retention of urine. I found the cause to be acute retroversion. After emptying the bladder by catheter, I tried, without success, to rectify the malposition. I then inserted a small rubber ring, wishing, rather than hoping, that it might prevent the recurrence of retention. A short time previously I had found a ring to be quite efficient in the treatment of retention due to the pressure of a fibroid; but in that case the uterus, though heavy, was free to move. The patient was directed to remain in bed and to adopt the knee-chest position frequently. She suffered no further inconvenience, and on April 11th I found that the pelvis was in the normal condition. Reviews of books quite lately published indicate that active treatment of this accident is not yet universally recognized as harmful. Until recently no one believed that the impacted uterus could escape unaided. How, indeed, should it escape? Impaction produces congestion, and congestion aggravates impaction. Clearly, then, the uterus ought not to release itself. Nothing can be more certain, except the fact that it does release itself—usually, if not invariably.

London, N. O. E. HIGGENS.

SOME USES OF PEROXIDE OF HYDROGEN.

ABOUT nine months ago I was called in to see a doctor friend who was suffering from a carbuncle on the back of the neck; it did not look very much—an area of inflammation about ½ in. in diameter with a central point of pus. With a probe charged with liquid carbolic acid I made a small opening so as to allow of free drainage, and I did this on three successive days; but the inflammation rapidly spread, until there was a red inflamed area involving the whole of the back of the neck. Under an anaesthetic I inserted a pair of dressing forceps, opened them at right angles, and then scraped away a quantity of rotten tissue, leaving a hole as large as a golf ball, with free drainage to the whole of the infiltrated area. Although this gave very considerable relief the inflammation still spread, until the whole area from the occipital protuberance to the seventh cervical vertebra was involved. I doubted the advisability of opening up any more tissue by an incision, and Mr. Tubby, who at this stage kindly saw the case with me, agreed with me, and suggested a trial of peroxide of hydrogen. Compresses of peroxide and cold water, 1 in 3, were therefore applied forthwith, and the effect was remarkable. The inflammation at once ceased to spread, the huge gaping hole took on a more healthy character, and in two months from the beginning of the original boil the neck was healed. Since then I have had further proof of the value of peroxide, this time in connexion with one of those apparently trivial and localized inflammations of a finger which start as a pustule, and which, in spite of attention, involve the tendon sheaths, demanding free incision with the insertion of drainage tubes, and ending in permanent deformity. The experience was a personal one. On the first phalanx of the index finger of the left hand a small boil developed, which, though opened with a sterilized instrument, rapidly spread, until it looked as if it would be a repetition of what I had seen before—a question of free opening and a permanently stiffened finger. Fortunately, I remembered peroxide of hydrogen, and, having wiped out the small opening leading to the inflamed area with a pledget of wool soaked in peroxide, covered it with a moist dressing of peroxide and water, 1 in 3. In a few hours there was obvious improvement, and in three days the place was well. On a similar condition developing on another finger no attempt at opening up the bead of pus was made; an application of the peroxide cut the inflammation short in a night. I would lay it down as a rule that in dealing with these localized inflammations of the skin there is always the danger of a secondary infection in opening them up, and that the best treatment is a peroxide compress, as in the majority of cases nothing more will be required.

Barnes. G. S. HOVENDEN, M.D., B.S.Lond.

MUMPS.

IN the last two numbers of the JOURNAL attention has been directed to this disease. Dr. Higgens[1] pointed out that mumps may be represented by a primary orchitis, and Dr. Maidlow[2] mentioned the occurrence of orchitis and female pelvic disorders, mastitis, gastro-intestinal (? pancreatic) disturbances and profound cerebral symptoms. In addition to these it may be noted that the cervical lymphatic glands may alone be affected as the result of mumps, but more commonly there is a secondary lymphadenitis. I agree with Dr. Maidlow that "The book description of mumps is hopelessly misleading." Mumps is a much more serious disease than the textbooks would lead one to suspect. For instance, in an epidemic occurring two or three years ago in a public school of 250 boys, there were two deaths apparently due directly to mumps. Then, again, mumps may be complicated by acute nephritis, 2 out of 30 cases with this complication developed into chronic nephritis, and 1 case died. The ear affections of mumps also deserve careful consideration, as in some epidemics, otitis media is a fairly common complication, and permanent deafness may result. I think there can be no doubt that some cases of acute pancreatitis are due to mumps. I have discussed mumps and its complications in a paper read at a conjoint meeting of the Chelsea, Richmond, and Wandsworth Divisions of the British Medical Association in November, 1906 (published in vol. xv of *Westminster Hospital Reports*), and in the discussion which followed cases showing the gravity of mumps were described. Mumps is essentially a disease which belongs to the province of the general practitioner, and as textbooks are almost invariably written by consultants, a first-hand acquaintance with the disease is hardly to be expected, so that, as Dr. Maidlow complains, the practitioner does not get the help he should.

London, W. F. DE HAVILLAND HALL, M.D., F.R.C.P.

SPONTANEOUS INVERSION OF THE UTERUS.

IN the BRITISH MEDICAL JOURNAL of April 11th, 1908, p. 865, is a note of a case of spontaneous inversion of the uterus in a primipara, with remarks on the rarity of its occurrence. Last December I was called to a case, and found that labour had been in progress for three hours. The presentation was a normal L.O.A. with os fully dilated. I had not long to wait before the membranes ruptured, and the child was born after one or two rather severe pains. When tying the umbilical cord I was surprised to find a large globular mass protruding from the vagina. I found that I had to deal with a completely inverted uterus with an adherent placenta. The placenta I detached *in situ*, and then replaced the uterus, having first given the patient chloroform. She made an uninterrupted recovery. The patient was a young woman aged 22, tall and very thin. She had had one child twelve months previously. I attended on this occasion and there was not any trouble.

Dalbeattie, N.B. A. W. ANDERSON, M.B.Edin.

RIGOR MORTIS IN STILLBORN CHILDREN.

FOR some months past there have appeared in the medical papers records of cases of rigor mortis in stillborn children. The medico legal aspect of the event has been discussed, showing how easily it might lead to false inference and trouble. That it may be a cause of difficult or delayed labour I found at a case I attended in October last. The mother had four children, and was expecting again at the beginning of December. In September she noticed the large size of her uterus and thought she was going to have twins. The movements of the fetus were unusually vigorous and frequent, and caused her uneasiness and pain. They ceased on October 6th. On October 8th, in early morning, labour pains came on; at 10 o'clock they were feeble; an examination was made and hydramnios found to exist. At noon the waters broke and an enormous quantity escaped, followed by some haemorrhage. Pains came on more vigorously and haemorrhage ceased, but there was almost no progress. An examination was then made, and the feet found presenting and planted against the pubes. They and the legs were so stiff that there was some difficulty in bringing them out of the vulva. The swollen body of the fetus was a tight fit, and required some strong traction to deliver; but there was no further difficulty, for the whole bony cranium was absent and the scalp membranous. The curious appearance of the body was striking; it looked, as the nurse said, "exactly like a soldier at attention, all straight and stiff." This acephalous monster had been dead apparently two days. I had a somewhat similar case some eight years ago, but there was no rigor mortis; the abdomen had to be perforated to empty it and enable the body to pass through the pelvis.

East Twickenham. H. H. MURPHY, M.D.

[1] BRITISH MEDICAL JOURNAL, April 18th, p. 925.
[2] Ibid, April 25th, p. 988.

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

LONDON TEMPERANCE HOSPITAL.

A CASE OF CHOLECYSTOTOMY AND CHOLELITHOTOMY.

(Under the care of Sir WILLIAM J. COLLINS, M.P., M.S., F.R.C.S., Senior Surgeon to the Hospital.)

ARTHUR D., aged 39, was admitted under the care of Sir William Collins on December 12th, 1907. His family history was good except that one brother died of cancer of the breast. Prior to May, 1907, his health had been good, with the exception of attacks of "indigestion"; in that month he was under treatment as an in-patient in the hospital (under Dr. Fenwick) for gall stones. He at that time had no jaundice.

On December 4th he was seized with severe abdominal pain, chiefly to the right of the umbilicus, and diarrhoea. He became jaundiced, but there was no vomiting. He was melancholic and sleepless.

On admission he was well nourished, the skin and mucous membranes were intensely icteric. Urine mahogany-coloured, specific gravity 1020, acid, bile-containing. The stools were clay-coloured; the breath very offensive; the abdomen was tense and very tender in the right hypochondrium. Resistance and indefinite hardness could be felt in the region of the gall bladder; there was no ascites. The temperature ranged between 101° and 103°. The pain continued severe despite medical treatment; the jaundice increased, and Sir William Collins advised laparotomy.

On December 18th, under chloroform, Sir William Collins made an incision 4 in. long from the eighth right costal cartilage downwards; later on a transverse incision outwards at right angles to this was made to give more room. Some adhesions of the omentum to the gall bladder were encountered and gently detached. The gall bladder was found to be contracted and firmly fixed in its appropriate fissure to the hepatic tissue. External digital examination indicated gall stones within the bladder. The wound was packed around with pads and the bladder incised, and the little finger inserted. Four multi-faceted stones were successively removed, each about 1 cm. by 1·5 cm. No pus or mucus escaped. Sir William then passed first his little finger as far as it would go and then a large probe down the cystic and common ducts into the duodenum to make sure that the orifice of the duct was free. He then inserted a drainage tube which filled the lumen of the contracted gall bladder and sewed the walls of the latter around it, also fixing the tube *in situ* by a catgut stitch through the liver substance. As the wound was deep—there being thick parietes and a retracted gall bladder—there was no possibility of attaching the bladder to the skin, and a gauze packing was employed. The end of the tube was conveyed through the dressings into a bottle fixed to the side.

The patient made an uninterrupted recovery. The temperature fell to normal on the second day after the operation and remained so. Perfect drainage was secured by the mechanism adopted. The jaundice slowly disappeared and the motions became bile-stained on December 26th. The gauze plugs were removed on the fourth day and the tube on the sixth. The sinus closed a week later, and on February 14th the patient was discharged quite well.

were placed directly in the dry sand and completely covered up, so as to shut out all access of air; as the result, in many cases they became desiccated and perfectly preserved. But in later times the body was put into a burial chamber containing a considerable quantity of air which favoured putrefaction and other processes of disintegration, even when the body had been mummified. In none of the many hundreds of prehistoric bodies that Dr. Elliot Smith has examined has he seen the slightest trace of any preservative material whatsoever; nor has Dr. Schmidt been able to detect any by means of chemical tests. The muscular tissues of these desiccated bodies simulate resin, but the resemblance is delusive. The material mistaken for resin and bitumen by Dr. Fouquet is certainly desiccated brain, unmixed with any foreign matter. There is nothing to support the suggestion put forward by certain writers that the practice of embalming was introduced into Egypt from some foreign country. In their search for materials with which to imitate by art the results obtained occasionally by Nature, the Egyptian quite early in his history selected salt and resin, or possibly even resin alone, as the most useful preservative agents. So satisfactory was this selection that it was not until late in Ptolemaic times, perhaps 3,000 years later, that the use of resin became superseded by the introduction of bitumen, which lent itself to the much cruder and less satisfactory form of embalming of this period. In late Ptolemaic and Roman times the appearance of the body itself was not taken into consideration, and most of the care was lavished on the more superficial bandages, so as to give the finished mummy a presentable exterior; but, so long as the preservation of the body itself was the supreme aim of the embalmer, resin was the chief material employed in the toilet of the dead. Whether or not the body was soaked in salt solution in the times of the Middle Empire it is impossible to say at present; but, without some such process, it would have been quite impossible to preserve the limbs and the solid parts of the body from putrefaction in the case of a corpse which was put into a coffin. It is known from observation that the body-cavity was opened by an incision on the left side, and that through this aperture all the viscera except the heart were removed and preserved, packed in a resin paste in Canopic jars. In no mummy earlier than the eighteenth dynasty has Dr. Elliot Smith been able to find any evidence of an attempt to remove the brain. The well-known procedure for removing that organ was accurately described in ancient times by Herodotus and Diodorus, whose accounts have been confirmed by Dr. Pettigrew and Professor Macalister. It seems to have been introduced at the beginning of the New Empire and remained in vogue until Roman times. At about the commencement of the Christian era, this practice and also that for the removal of the viscera from the body cavity fell into abeyance; and from that time until the sixth or seventh century it was the custom simply to pack the body, either naked or clothed, in enormous quantities of common salt and then wrap coarse cloth around the salted corpse.

MEDICAL NEWS.

THE fourteenth Chemists' Exhibition will open at the Royal Horticultural Hall, Westminster, on Monday next.

HIS Grace the Duke of Northumberland will preside at the annual dinner of the Royal Sanitary Institute on May 12th at the Langham Hotel.

WORK for the summer session at the West London Post-Graduate College, West London Hospital, Hammersmith Road, will begin next Monday. A syllabus can be obtained on application to the Dean.

THE new out-patient department, built in memory of his daughter by Mr. W. W. Astor, at the Great Ormond Street Hospital for Sick Children, is to be opened by Her Majesty Queen Alexandra in June.

THE Gresham Professor of Physic (Dr. F. M. Sandwith) will next week give a course of lectures on consumption, beginning at 6 p m. on Tuesday. Three lectures will deal with prevention, the fourth on treatment. The lectures will be given at Gresham College, Basinghall Street, E.C.

THE annual meeting of the Invalid Children's Aid Association will be held, by kind permission of the Duke of Westminster, at Grosvenor House, on Wednesday, May 13th, at 3 p.m. Sir Edgar Speyer will preside, and among the speakers will be Father Waggett, Mr. Andrew Lang, Mr. D'Arcy Power, Mr. E. A. H. Jay, L.C.C., and Mrs. Bourchier (Miss Violet Vanbrugh). Tickets of admission can be obtained on application to the Secretary, 69, Denison House, Vauxhall Bridge Road, S.W.

MANY of Dr. Clouston's old assistants and clinical clerks at the Morningside Asylum, Edinburgh, desire on the occasion of his retirement from the office of medical superintendent of that asylum, which he has held since 1873, to present him with a suitable memorial at a complimentary dinner. Private communications have been sent to those whose addresses could be ascertained, but any one who has not yet heard through this channel can obtain fuller particulars by writing to Dr. Turnbull, Fife District Asylum, Cupar, N.B.

THE Electro-Therapeutic Section of the Royal Society of Medicine will hold a meeting at the rooms of the Royal Philosophical Society, Glasgow, on May 22nd, Mr. Deane Butcher in the chair. Papers will be read on interrupted currents for electrical testing and treatment, by Dr. Lewis Jones; on the work done in the electrical department of the Royal Infirmary, Edinburgh, by Dr. Dawson Turner, and on ionic medication in the treatment of some obstinate cases of pelvic disease in women, by Dr. Samuel Sloan. There will also be an exhibiton of electrical apparatus which will be open from 3 p.m., the meeting taking place at 8.30 p.m. The meeting and exhibition will be open to all qualified practitioners.

THE Medico-Legal Society will hold a meeting on Friday, June 5th, in Edinburgh. At 10.30 a.m. a discussion will be introduced by Mr. R. W. Renton, Procurator-Fiscal of Midlothian, on English and Scottish procedure in the preliminary investigation of sudden or violent deaths. Subsequently Dr. Urquhart, Physician-Superintendent, James Murray's Royal Asylum, Perth, will read a paper on certain imperfections in the law in connexion with insanity, and demonstrations will be given by Professor Harvey Littlejohn, Dr. Harvey Pirie, Sir Henry Littlejohn, and others. On Saturday the members will, at the invitation of Professor Glaister, visit the new forensic medicine and public health department of the University of Glasgow. Further particulars can be obtained on application to Dr. Stanley B. Atkinson, 10, Adelphi Terrace, London, W.C.

THE Düsseldorf Society for the Care of Infants has set an example which might be followed in this country, by arranging that two courses of lectures for physicians should be given under the direction of Professor Dr. Schlossman at the Clinic for Children's Diseases. The first course will begin on June 15th and end on June 27th, the second on November 2nd and end on November 14th. The courses will comprise attendance in the clinic and in the laboratories, lectures and demonstrations, and the members will have an opportunity of visiting various types of institutions designed for the benefit of infants and the diminution of infant mortality. Further information can be obtained on application at the Geschäftsstelle des Vereins für Säuglingsfürsorge im Regierungsbezirk Düsseldorf, Düsseldorf, 59 Werstenerstrasse. No charge will be made beyond an entrance fee of 20 marks.

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, Strand, London, W.C., on April 15th, Dr. de Havilland Hall in the chair. The accounts presented showed that the amount of sickness pay disbursed during the first three months of the year was greater than in any previous similar period of the society's working. This might be expected both from the increase in the number of members and the growth of their average age; but the epidemic of influenza produced a large number of sickness claims, and appreciably added to the totals of the payment sheets. The epidemic seems to have died down, and the number of claims now being received by the society is not greater than the expectation. The annual general meeting of the society will be held at the Medical Society of London, 11, Chandos Street, Cavendish Square, London, W.C., on Thursday, May 21st, at 4.30 p.m., and the accounts then to be presented will show that the Society has grown considerably both in members and in financial strength during the last twelve months. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

doubt as to the death being due to natural causes is "authorized" by Section 39 of the Registration of Births and Deaths Act, 1874, to withhold his certificate, is rather an inversion of the actual provision; Section 39 says:

Every person who refuses or fails without reasonable excuse to give or send any certificate in accordance with the provisions of the said Acts, shall be liable to a penalty not exceeding forty shillings for each offence.

We take it that the words upon which the coroner relies are "without reasonable excuse." No doubt a reasonable suspicion that death was not due to natural causes would be a reasonable excuse for withholding a death certificate, but the onus of showing that his doubt was reasonable appears to rest upon the doctor—another point to which some coroners do not appear to attach sufficient importance.

Another case in which a somewhat similar point arises has been sent to us since the above was received.

In this instance an old lady, aged 86, had for seven or eight years suffered from cerebral anaemia and cardiac failure; she was under the constant care of her medical adviser, and the special attention of her daughter and an attendant by night as well as by day. The doctor's directions were carefully attended to, and he enjoined that special care should be taken to prevent injury by fall of any kind. One day, however, she fell in rising from her chair. The doctor was at once sent for; the patient was placed in bed, and as a fracture of the thigh near the hip was suspected, a splint was applied. Some few days afterwards she became weaker, then unconscious, and died eight days after the fall. The doctor then told the son that he must decline to give a certificate, on the grounds that the lady died from the effects of an accident, and that he must communicate with the coroner first, but that he would give the coroner the whole history of the case, and hoped that it might not be considered necessary to hold an inquest. The coroner, however, decided to hold one, and the jury returned a verdict that the death was due to old age, accelerated by the fall from an accidental cause.

The question which our correspondent asks is: Was the doctor justified in refusing to give a certificate? and was the coroner, presuming the doctor gave him a full history of the case, justified in holding an inquest?

We are advised that, on being informed that a death has been caused or accelerated by injury or violence, a coroner may consider it to be his duty by law to hold an inquest, and may hold that no information or history of the case given by relations or the medical man attending should influence him in his decision where the law strictly defines his duties. The medical attendant in this case acted with proper discretion in withholding his certificate, and by informing the coroner at once delay in the necessary proceedings was avoided. The responsibility for any distress caused to the family by the inquest must rest with the coroner. The law with regard to inquests requires amendment, and a Subcommittee of the Medico-Political Committee of the British Medical Association has the matter under consideration.

CHARGE OF OBTAINING MONEY ON FALSE PRETENCES.

AT Exeter on April 22nd, Bertram Mortimer, about 50 years of age, of superior education, who described himself as "Dr. Mortimer, U S A.," was remanded for a week on charges of obtaining money by false pretences from a number of persons in Exeter. The false pretences consisted in his representing that he could cure persons of serious ailments, that he was engaged for specially difficult cases at the Royal Devon and Exeter Hospital, and that he was the father of Dr. John Mortimer, Surgeon to the Exeter Dispensary. The accused was brought over in custody from Swansea, where he had been committed for trial on similar charges. Evidence was given that he took lodgings in Exeter, that he affixed a brass plate to the door with the words "Dr. Mortimer, U S A.," and that he distributed thousands of handbills and circulars throughout the city offering advice free to all who were suffering. Large numbers of people visited him and became his patients. In every case, including chronic cases of heart and lung disease, and dysentery, the accused was alleged to have undertaken for a specified prepayment to effect a complete cure within a certain period. He gave a receipt to his patients in that form. After he had been in Exeter a short time he suddenly left, and set up practice at Swansea. The payments made to him ranged from £8 15s. downwards. The patients derived no good from the treatment. The medicines he gave them were described by the public analyst as ordinary pick-me-ups, and the pills as cheap rhubarb pills such as were sold by chemists at 1d. a dozen. He was described as a voluble speaker, and a man who made pretensions to great skill; one person, a lady, stating that she regarded him as an angel until his sudden flight undeceived her. In his consulting room the prisoner had a table covered with surgical instruments, which he told his patients he was obliged to keep ready to deal with accidents and emergencies. The accused made a long defence, in which he claimed that he had been guilty of no fraud, that he was a qualified medical practitioner, and that the patients could only sue him for breach of contract by civil remedy. His application to the magistrates for bail was refused.

At the adjourned hearing on April 29th the prisoner said he had no witnesses to call in his defence. He appealed for counsel under the Poor Prisoners Defence Act, 1903, asserting that, provided he had legal assistance, he could show that he was entitled to practise, both medically and surgically, and that he purchased his drugs in Exeter. He could produce patients from the local hospital who had benefited by his treatment.

The prisoner was committed for trial at the assizes, and was told that if he wished to have legal aid at his trial he must make a written defence.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations indicated:

PRELIMINARY.—*Animal Physiology:* G. H. Alington, Trinity. *Zoology:* R. G. Barnes, Christ Church; W. A. Barr, Exeter; J. H. Beattie, Corpus; C. M. Burrell, University; E. W. Carrington, Keble; J. C. Davies, New; C. Dean, Trinity; R. C. Fairbairn, Exeter; R. A. D. Gillis, St. John's; D. B. I. Hallett, University; R. S. A. Heathcote, New; H. S. Knowlton, Keble; G. A. Maling, Exeter; E. K. Mather, Exeter; Hon. P. A. Methuen, New; J. C. Moulton, Magdalen; A. L. Pearce-Gould, Christ Church; T. L. Price, Keble; N. D. Pringle, Lincoln; M. O. Raven, Trinity; F. C. Reynolds, New; A. S. Robinson, Exeter; E. R. Speyer, New; G. B. Tarring, Merton; F. J. Tear, non coll.; T. O. Thompson, St. John's; B. H. Walker, Queen's; W. W. Waller, New.

UNIVERSITY OF CAMBRIDGE.

PROFESSOR WILLIAM OSLER, M.D. F.R.S., will deliver the Linacre Lecture on Wednesday, May 6th, at 5 p.m., in the New Museum. Subject: Thomas Linacre, his Life and Works.

SANITARY SCIENCE EXAMINATION.

The following candidates have satisfied the examiners in both parts of the examination:

W. Anderson, A. W. G. Bagshawe (Gonv. and Cai.), A. Beeley, J. M. Bernstein, J. Bruuton, W. J. Corbett, W. F. Corfield, R. M. Courtauld (Pemb.), A. M. Jukes, S. J. Killen, H. C. T. Langdon (Gonv and Cai.) F. T. C. Linton, T. C. Lucas (Clare), J. F. Macdonald, A. Mathieson, Mabel L. Ramsay, C. D. Rankin, T. S. Ross, Sophia Seekings, E. P. Sewell (Pemb.), D. Stiell, T. Strain, T. W. Wade, W. N. Walker.

UNIVERSITY OF LONDON.

Presentation Day Service in Westminster Abbey.

THE service in Westminster Abbey for members of the university on presentation day last year was well attended, and in response to a request the Dean of Westminster has arranged that a special service shall be held in the Abbey on presentation day this year, Wednesday, May 6th, at 6 p.m.; the sermon will be preached by the Bishop of Birmingham. Further particulars can be obtained by sending stamped addressed envelope to the honorary secretaries of the Westminster Abbey Service Committee, University College, Gower Street, W.C.

SPECIAL LECTURES.

The course of lectures on inheritance in its physiological and pathological aspects will be continued on May 6th and 13th at 4.30 p.m., in the Physiological Theatre of the London Hospital Medical College, when Mr. G. P. Mudge will further expound his views on Mendelian inheritance.

The course of eight lectures on the structure and functions of the central nervous system to be given by Mr. W. Page May, M.D., D.Sc., in the Physiological Department of University College, will begin on May 13th at 5 p.m. and not as previously announced.

UNIVERSITY OF GLASGOW.

COMMEMORATION DAY.

THE biennially recurring event known as Commemoration Day was held on April 22nd, Principal MacAlister, Vice-Chancellor, presiding. The proceedings took place in the Bute Hall, which, in spite of its large size, was well filled by representatives of the academic and civic life of the city. The company also included delegates from the sister universities of Edinburgh and St. Andrews, and from University College, Dundee, the first of these being Sir William Turner.

The customary oration in honour of the memory of some distinguished son of the university was devoted to a review of the work and the life of Lord Kelvin, and was appropriately delivered by Professor Gray, who succeeded Lord Kelvin in the chair of Natural Philosophy.

On the conclusion of the oration a number of honorary degrees were conferred, the recipients in each case being introduced by the Dean of the Faculty immediately concerned. Six Doctorates in the Faculty of Divinity were conferred, among those thus honoured being M. C. Lucien Gautier, a former Professor of a Theological Faculty at Lausanne, and well known in connexion with Old Testament studies; and the Rev. J. Estlin Carpenter, Principal of Manchester New College, London; the rest were all well-known Scottish clerics. In the Faculty of Law nine honorary degrees were conferred,

the recipients being G. T. Beilby, F.R.S., Head of the Glasgow and West of Scotland Technical College; Colonel David Bruce, C.B., F.R.S., J. J. Dobbie, D.Sc., F.R.S., Director of the Scottish Museum; R. Kidston, F.R.S., well known in connexion with paleophytiology; D. M'Cowan, for many years Treasurer of Glasgow Royal Infirmary; Dr. J. C. M'Vail; Neil Munro, an author and journalist prominent in connexion with what has been called the Celtic Revival; the Right Hon. C. S. Parker, P.C., who has rendered distinguished services to Secondary Education in Scotland; and J. S. Templeton, an old student of the university and a Glasgow man, prominent in connexion with all branches of public progress.

Speaking of Colonel Bruce, Professor Cloag said:

"A graduate of Edinburgh University, Colonel Bruce has had a distinguished career in the Royal Army Medical Corps, and rendered eminent services to the nation in the Egyptian and South African campaigns. But his services have been not only to his country, but to humanity. To his discovery, at great personal risk and by untiring labour, of the microbe which forms the inducing cause of Malta fever, and to the researches to which that discovery led, the naval and military population of Malta owe their present immunity from a disease which has been the bane of the island for centuries. Similar work in Africa has resulted in extending our knowledge of the causes which produce the dreaded tsetse fly disease of South Africa, and the epidemic sleeping sickness of Uganda. Work of this kind, requiring all the courage of the soldier, all the patience and acumen of the man of science, renders him amply entitled to any honour which a university can bestow."

The tribute of the same speaker to Dr. M'Vail was as follows:

"A graduate of the University of St. Andrews and a former Examiner in Medical Jurisprudence and Public Health in this University, Dr. M'Vail holds the highest position in that important department of modern civil administration—the care of public health. For eighteen years County Medical Officer of Health for Stirling and Dumbarton, he has been President of the Incorporated Society of Medical Officers of Health of Great Britain, of the Incorporated Sanitary Association of Great Britain, and of the Glasgow and West of Scotland Branch of the British Medical Association. In 1906 he delivered with acceptance the Lane Lectures in Cooper Medical College, San Francisco, and next year acted as Medical Investigator to the Royal Commission on the Poor Law. His published works, dealing with broad questions of State medicine and sanitary science, are recognized as authoritative in these important subjects."

ROYAL UNIVERSITY OF IRELAND.

The following candidates have been approved at the examination indicated:

Second M.B., B.Ch., B.A.O.—*H. L. Barneville, *W. K. Calwell, *F. Crooks, *S. R. Foster, *R. J. McConnell, *L. P. Mulligan, *W. Wilson, M. J. Black, J. L. Brown, D. Calwell, P. E. Carroll, P. A. Clearkin, P. Cotter, J. F. Craig, A. J. Dempsey, L. Doyle, F. H. Duke, D. J. Foley, H. A. Gillespie, T. D. Graham, H. P. Hannigan, R. Harrington, J. Horan, M. J. Horgan, B.A., N. L. Joynt, I. P. Kelly, J. L. Kilbride, Jane L. Law, H. H. C. Lynch, P. McCartan, D. I. MacClancy, H. T. S. McClintock, L. J. E. McHugh, D. McSparron, W. M. Millar, E. Morison, Mary A. Murphy, D. O'Brien, W. O'Brien, P. J. O'Grady, J. Patrick, J. H. Porter, A. E. H. Reid, T. G. Rothwell, J. J. Ryan, S. I. Turkington, P. W. White, S. J. Yeates.

* Upper Pass.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved at the examinations indicated:

Surgery.—*†E. M. Adam, O. C. Andrews, *A. J. K. Brayton, *J. Brierley, *A. C. J. Elwin, *†F. S. Hawks, *H. E. Middlebrooke, *†L. G. Powell, *†J. V. Steward, *N. C. Wallace.

Medicine.—*†A. J. K. Brayton, †W. J. G. Grayton, *F. S. Hawks, *†J. K. A. Helm, J. Jones, *J. M. Murray, †C. S. Ormsby, *†P. D. Pickles, *†S. Speelman, *H. B. Waller.

Forensic Medicine.—A. J. K. Brayton, W. C. D'eath, J. K. A. Helm, J. Jones, J. M. Murray, C. S. Ormsby, F. H. P. Wills

The Diploma has been granted to Messrs. A. J. C. Elwin, J. Jones, C. S. Ormsby, P. D. Pickles, L. G. Powell, S. Speelman, and J. V. Stewart.

* Section I. *† Sections I and II.

HOSPITAL AND DISPENSARY MANAGEMENT.

TENBY COTTAGE HOSPITAL.

The annual meeting of the governors of the Tenby Cottage Hospital was held on February 1st. The committee reported that during 1907, 80 in-patients had been received, as compared with 40 in the preceding year, and an annual average of 44 for the past ten years. The income was £390, a decrease of £10 as compared with the previous year, and the expenditure amounted to £416, an increase of £76. The balance in hand at the close of the year was £5 9s. Mr. Clement J. Williams had generously contributed £24, the cost of extra nursing assistance during the year. The report and accounts were adopted. It was unanimously decided to elect Mr. Thomas Jones one of the employees at the Tenby railway station, to a life governorship in recognition of services rendered to the hospital in the last four years.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

DIPHTHERIA IN BEDALE (YORKS.).

The prevalence of diphtheria in the rural district of Bedale, in the North Riding, was the subject of investigation by Dr. F. St. George Mivart, on behalf of the Local Government Board, at the end of last year. In the report giving the result of his inquiries Dr. Mivart makes the very grave statement that delay had occurred in the dispatch to the Local Government Board of the copy of a special report of the medical officer of health owing to the rural district council having taken the unusual course of requiring their medical officer to "amend" his report. Such action on the part of a responsible body is very much to be deprecated, and steps ought to be taken to prevent its recurrence not only in Bedale but elsewhere. The population of the rural disirict is about 6,500, and during the twelve months ending September, 1907, there occurred 110 cases of diphtheria, of which number 75 were notified during the second six months. The mortality was said to be low, though the actual number of deaths is not stated. The low mortality was attributed by Dr. F. R. Eddison, M.O.H., to the employment of antitoxin, of which in 1906 the use, whenever it was judged necessary, was sanctioned by the district council. It appears probable that the mild type of the disease and the rapidity with which in most cases it responded to the administration of antitoxin, contributed to a prolongation of the outbreak. The indifference, too, of parents to the isolation of infected children seems to have been a considerable factor in keeping the epidemic alive. Among the measures taken to prevent the spread of the disease, recourse was not had to bacteriological examinations for the purpose of ascertaining the existence of otherwise unrecognizable cases. The responsibility for this neglect must not, however, be laid upon Dr. Eddison, who, when he suggested that arrangements should be made for making the examinations, only met with rebuff at the hands of the district council. Dr. Mivart points out that the spread of diphtheria is undoubtedly favoured in areas wherein houses, themselves ill-ventilated, are set close together without proper circulation of air all around them, upon ground saturated with wet and with decomposing organic matter. There is ample evidence in the report of the existence of these unsatisfactory conditions in Bedale, and if the members of the district council have any sense of responsibility they will without delay carry out the very proper and reasonable recommendations of the Board's inspector.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Herefordshire Combined District.—The report of the Medical Officer, Dr. Herbert Jones, relates to a population estimated at Midsummer, 1907, as 51,308, scattered in six rural districts with an average of 0.13 persons per acre. The corrected death-rate was 13.4, being lowest in Ledbury, 10, and highest in Hereford, 15.4. The birth-rate per 1,000 of population was 20.5, or 5.6 per 1,000 lower than the average in rural districts of England and Wales. When estimated, however, on the number of married women in the area between the ages 15 and 45 the birth-rate seems to be above the average in other parts of the country. When estimated on the same lines the illegitimate birth-rate seems likewise higher than usual. The infantile mortality-rate was 90, or 4 less than the average of the preceding ten years, and 16 less than the rate for rural England and Wales last year. Particulars were obtained as to the feeding of 242 of the children born, and showed that 83 per cent. of these were being breast-fed. Dr. Jones ascribes this high proportion to the influence of the village nurses, but they in their turn may be safely assumed to have been influenced by the course of lectures on the subject which we observe Dr. Jones gave last summer. In his covering letter to his authority he draws attention to the work of the village nurses, expressing a wish that their services might be rendered more directly available for public health purposes. The phthisis death-rate was 0.72, or 5 per cent. of the deaths from all causes. Dore and Westley were responsible for an undue proportion of these deaths. It is considered the phthisis-rate would be lessened if cottages were better protected from damp, and to this end sections 23, 25, and 34 of the Public Health Amendments Act, 1907, might well be adopted. Good would also probably result from treating a selected number of cases in an institution. The cowsheds and dairies of the district require more continuous inspection. Particulars are also included as to Bromyard Urban District, which covers 194 acres of land and has a population of 1,712. Its birth-rate, general death-rate, and infant mortality-rate were all materially higher than those of the general district in which it stands, being respectively 28 per 1,000, 16.3 per 1,000, and 113 per 1,000.

An institution of industrial hygiene has recently been founded at Frankfort. Among the members of the council is Professor Ehrlich.

Perhaps his most important records were those upon the sensory nerves of the peritoneum. It was characteristic of the man that he at once realized the full import of his observations, and the following extract from his introductory address at the first meeting of the International Society of Surgeons, held at Brussels in 1905, is well worth quoting:

If the author's opinion on abdominal pains proves right, and is generally accepted, it will bring about a better understanding of the symptomatology of abdominal illnesses. He is of opinion that the sensation of pain in the abdomen never issues directly from the viscera, but is produced by an irritation, proceeding from these organs, of cerebro-spinal nerves in the parietal serosa and subserosa in a mechanical, chemical, or infectious —toxins or microbes—way. From this we may draw a conclusion already confirmed by experience: a peritonitis in the centre of the abdomen—namely, below the colon, above the pelvis, behind the omentum, and between different portions of the small intestine—may spread over a vast portion of the serosa and seriously affect the wall of the small intestine before it gives any local symptoms. The same is true with regard to every case of peritonitis that does not affect, or at least very little, the parietal serosa.

As a recognition of his researches Lennander was made a member of the Swedish Academy of Science—a highly coveted honour; and at the centenary of the Royal College of Surgeons in 1900, an honorary F.R.C.S.; while Edinburgh conferred upon him her Doctorship of Laws, and numerous societies made him honorary member.

There are many who will remember his visit to the Ipswich meeting of the British Medical Association in 1900, when he took part in the discussions, and read a paper describing a new operation for "incontinentia ani." Although he then made an exceedingly good impression upon those who came in contact with him, he was not at his best, as he had just been laid up, and had hardly recovered. It was at Upsala, and in his own operating theatre, that one came to know the man fully. Of medium height and figure, his head first caught the eye, and called forth admiration of its massive powerfulness. Brusque in manner, and careful of words, he lacked the polish of the Swede, and reminded one somewhat of the Norwegian type of Scot; yet the testimony of his patients—and that, after all, is the best—showed that he never lacked kindliness and consideration. "He understands suffering," said the simple peasants of the Upsala *län*, "because he himself suffers." During his operations the man came out of his shell. To watch him was to know that he loved his work; to hear his instructions to his assistants was to perceive the good comradeship with which he regarded them and the care he took in their progress and welfare. To see him as he sat placidly in his favourite chair listening to the notes of the case taken by the student was a lesson in expressions. Now he would question the accuracy of the student's description, and slowly get up and examine the patient from this particular aspect. Now he would flash out some pertinent inquiry as to some fact omitted, and then, with the utmost attention to detail, would take the single student slowly but incisively through the principles involved in the case. He was a good teacher, and his clinic was always well attended.

Lennander had the advantage of working under ideal conditions. There can be little doubt that the charm of the natural surroundings largely influences a man's trend of thought. Upsala lies in the middle of a large plain, but in itself is one of Nature's beauty spots. Whether it is approached by the Upsala river, by way of the picturesque Malar Sea, or by rail, its lovely gardens and wooded hills, its grim old castle, and its fine university, stamp it as a place for contemplative thought. "To think freely is great, to think right is greater," says the inscription over the large hall of Upsala University; and Lennander spent his life in close touch with his comrades Hammarsten, Pétren, Öhrvall, Dahlgren, and others, who lived to carry out these ideas. Consequently we find Lennander stopping his surgical work only to think and write and plan.

The new wing of the Upsala Hospital stands as a monument of his care in detail, and of his full appreciation of the advances made elsewhere. No one can visit the building without feeling the impress of the man who left no stone unturned in order to avoid mistakes in construction and furnishing, and who achieved the end he aimed at.

He is best known to the world by his works on acute peritonitis and peritoneal innervation, but he also wrote on tracheotomy in croup, the relations between croup and diphtheria, operations for myoma and diseases of the bile passages, the treatment of perforated gastric and duodenal ulcers, surgical measures in nephritis and local anaesthesia, and contributed to German and English-American textbooks and encyclopaedias.

That, like all of us, Lennander had his faults, is only to say that he was human. But they were not many, and they are easily forgotten as we think how, in spite of physical drawbacks, he earned the admiration of his own people and the gratitude of the whole medical world for his personal contributions to operative surgery.

He leaves an aged mother to mourn his loss.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Robert Luedeking, Dean of the Medical Department of Washington University, St. Louis; Dr. Barthélemy de Nabias, Professor in the Medical School of Bordeaux; Dr. Franz von Leydig, a former Assistant of Kölliker, and sometime Professor of Anatomy at Halle and afterwards at Bonn, aged 67; and Dr. Leo Ragosin, President of the Medical Department of the Russian Ministry of the Interior, in his 61st year.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE TERRITORIAL FORCE.

THE medical units in the Western Command are to be located as follows: At Manchester, three field ambulances and one general hospital; at Liverpool, two field ambulances and one general hospital; at St. Helens, Blackpool, and Kendal, three sections and one field ambulance; at Chester and Hereford, each one cavalry field ambulance; at Cardiff, one field ambulance and one general hospital; and at Swansea and Ebbw Vale, each one field ambulance.

In the April issue of the *Monthly Army List* an outline of the organization of the Territorial Force is given, with the commands of the United Kingdom.

The *London Gazette* of April 17th publishes the names of the battalions of militia which are to be disbanded.

A Special Army Order, dated April 23rd, has been issued dealing with the transfer of certain units of the Royal Army Medical Corps (Volunteers) to the Territorial Force. An Order in Council, which is appended to the Army Order, points out that in the schedule accompanying it the particular units to be transferred are specified, and the names are given by which they will be known in future. The schedule also states the particular county associations to which the units will belong.

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTION OF MEDICAL FEES.

IN discussing this matter last August (BRITISH MEDICAL JOURNAL, 1907, vol. ii, p. 556) reference was made to the Regulating Act 13 George III, cap. 63, which was attributed to the year 1772; the date should be 1773. We reproduce two extracts from the Act which will be of interest to officers of the Indian Medical Service.

(Sec. 24) provides that "No person holding a civil or a miltary office under the Crown shall accept any donation or gratuity."

(Sec. 25) makes the following exception: "Provided always, and be it further enacted by the authority aforesaid, that nothing herein contained shall extend or be constructed to extend, to prohibit or prevent any person or persons who shall carry on or exercise the profession of a counsellor at law, a physician, or a surgeon, or being a chaplain, from accepting, taking or receiving any fees, gratuities, or rewards in the way of their profession."

As will be seen, this proviso distinctly reserves to Government medical officers the *right* to private practice, and that it is not a mere privilege or concession at the goodwill of the Government for the time being.

ROYAL ARMY MEDICAL CORPS.

As will be seen by a reference to the advertisement columns, an examination of candidates for not less than thirty commissions in the Royal Army Medical Corps will be held on July 28th and following days. Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity if such deduction will bring them within the age limit. Applications to compete should be made to the Secretary, War Office, London, S.W., not later than July 20th, on which date the list will be closed. Candidates will be required to be in London from July 27th.