

increased blood supply and to the congestion of the parts due to pressure of the enlarging uterus," cases of appendicitis in pregnancy seem to run an unusually rapid course. Though some subside, the majority, if left, seem to go on to suppuration, and the further advanced the pregnancy the more likely this seems to be.

The danger to the mother's life does not cease with the opening of the abscess, for even after drainage of the cavity in the later stages of pregnancy, or in cases where miscarriage has taken place already, a septic salpingitis or endometritis may be set up with a further liability of extension to the peritoneal cavity. As regards the effects upon the fetus, the latter was born dead in 90 per cent. of the cases collected by Abrahams.¹¹ When pus forms in the later months of pregnancy miscarriage almost invariably takes place whether operation be performed or not. Even in cases where no pus is proved to have been present miscarriage or premature labour is more common than is the rule in healthy cases. It is not surprising that an untoward ending of the pregnancy is so frequent when one considers that the enlarged uterus is almost certain to be in contact with the inflamed tissues and to form one wall of the abscess cavity when pus is present.

The answer to the question of whether or not the treatment should be different to that of appendicitis in non-pregnant cases seems to be this: That, upon the whole, operative measures should be accelerated rather than postponed in these pregnancy cases. There are, of course, quite mild cases in which it is better to do nothing active; but in cases of the next degree of severity, where if the patient were not pregnant it might be thought best to wait, the opinion seems to be that operation should be advised on the very ground that the patient is pregnant, particularly in the later months of pregnancy. Doubtless this will not be the opinion of all,¹² but the reasons given for it seem sound; in the first place, owing to the vascularity of the parts, pus is even more likely to occur in these cases than it is in others; in the second place, the prospect as regards the child is so poor in any case that the course followed should be almost exclusively that which is in the greatest interests of the mother; and, in the third place, the emptying of the uterus by spontaneous miscarriage or premature labour is so likely to occur and with it a rending open of a previously localized inflammation, with consequent spread to the general peritoneal cavity, that it is very dangerous to wait.

The foregoing argument gives the answer to the last of the questions that were put above. It is in the last degree undesirable that obstetric measures for terminating the pregnancy artificially should be resorted to for fear of breaking down adhesions that are helping to localize the inflammation.

Pinard¹³ has collected 45 cases of appendicitis complicating pregnancy, the diagnosis being confirmed in 30 by operation or post-mortem examination. He concludes that appendicitis may attack a pregnant woman at the beginning or at any time during pregnancy; that in the majority of cases it causes abortion, the reason for which is that the fetus becomes infected with the *Bacillus coli communis*, this organism being recoverable from its blood; that every type of appendicitis may occur, the severer cases predominating; and that operation should be advised as early as possible, both for the mother's sake and with a view to diminishing the chances of fatal infection of the child by the *Bacillus coli communis*.

If a pregnant woman develops an attack of appendicitis that is in any degree severe, the statistics that are available all indicate that the best chance of saving both the mother and the child is by early operation.

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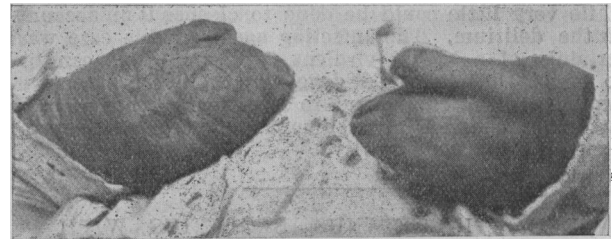
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MEMORANDA:

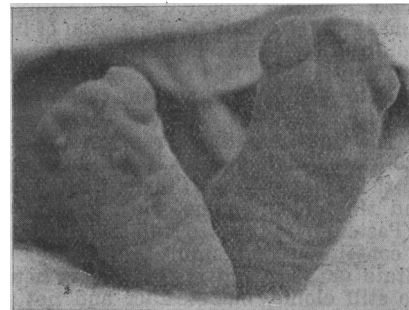
MEDICAL, SURGICAL, OBSTETRICAL:

CASE OF CONGENITAL ABNORMALITY OF HANDS AND FEET.

On January 31st, 1908, Mrs. C., aged 28 years, was delivered of a male child, who survived twelve days. The mother, who had had four children previously, none of whom had any bodily deformity, was healthy, the father likewise was healthy, and there have been no deformities in the family of either parent. The mother asserts she was frightened by a drunken woman in September, 1907, who hit her on the face and chest, knocked her down, and hurt her right arm. She went to the hospital, where the arm was bandaged. Both knees were also hurt through falling. She had complained ever since the fall of itching and swelling of both hands, but the feet were not affected. Of her children one was stillborn at full term, one died at the age of 2½ years from pertussis and bronchopneumonia, and the subject of this note from wasting and convulsions. The two surviving children are both healthy and with no abnormality. The skull was markedly prominent in the frontal region, the anterior fontanelle greatly increased in size—1½ in. wide at the widest part, and open right down to the base of the nose; cleft palate was also present, and the following abnormality of the hands and feet:—*Right Hand*: The last phalanx of the thumb was twisted



inwards, and was ununited to rest of hand; the fore, middle, and ring fingers were united up to the end of last phalanx, and bony union appeared to exist between them; there was one nail, grooved in the centre, for all three fingers; the little finger was united with thick muscle half way up, and by a fold of skin from the base of the last phalanx, which reached to a point ½ in. from the end; this finger had a nail on it. *Left Hand*: The two phalanges of thumbs looked inwards when the hands were crossed on the chest. The three middle fingers were all united together, and there was one nail, grooved in the centre, for all three; the little finger united up to end with muscle, and a fold of skin carried up the side of the



third finger. *Right Foot*: The toes were blended together, and there was distinct cup-shaped hollow from twisting. The fifth and fourth toe nails were united, the third and second distinct, as was that of the great toe. *Left Feet*: The hollow in front of the toes was not so great; all the nails were distinct; there was creasing of the skin in front, and the ends of both great toes were doubled over and on to nails.

York.

A. B. NORTHCOOTE, M.D.

PAROTITIS AS A SEQUELA OF PNEUMONIA.

DR. BURTON ROBINSON'S report in the JOURNAL of April 11th, p. 864, of a case of parotitis following pneumonia prompts me to record a similar case still under my observation. A man, aged 34, developed pneumonia of the left lower lobe with pleurisy on January 8th, 1903, complicated by delirium tremens of a violent character, the heart's action during the attack becoming intermittent and extremely rapid. The temperature fell by lysis, reaching normal on the seventh day. On January 15th he complained of pain, tenderness, and swelling in front of the right tragus. Four leeches were applied and afforded great relief. Next day the swelling had extended deeply behind the ramus of the jaw and downwards along the carotid vessels. There was also complete facial paralysis of the right side. An incision was then made immediately behind the angle of the jaw and sinus forceps introduced, but only a small bead of pus was evacuated. A small drainage tube was inserted, larger sizes being substituted at intervals, which for several days gave exit to large quantities of thick pus and sloughs. On January 21st pus was discharged from the external meatus and a sinus was found at the junction of the cartilaginous with the bony meatus, leading into the deep portion of the gland. This is now closed, but a sinus remains at the site of the incision leading upwards and backwards towards the mastoid. Several small boils in the axilla, buttocks, and lumbar region were subsequently incised. At the present time the facial paralysis remains, and it is probable that the entire gland is destroyed, as no saliva escapes either by the wound or by the duct, and dryness of the right side of the mouth is noticeable. No bacteriological examination of the pus was made, but I was convinced at the time that an extension of infection had occurred from the mouth, which was unusually foul, while very little could be done to cleanse it on account of the delirium. The infecting agent in this case was certainly of a highly virulent type, and there can be no doubt that its rapid development in the extensive ramifications of this gland in a patient already debilitated by an attack of pneumonia might give rise to a toxæmia of extreme gravity.

Patricroft.

J. H. MORT.

TRAUMATIC TETANUS, BEGINNING WITH
CLONIC SPASMS.

J. H., aged 32, a cowman, was first seen on February 19th suffering with a punctured wound, caused by a pitchfork while bedding down cattle. There was a small punctured wound in the front of the right leg at the upper trisection. A probe was passed vertically upwards for 2 in. just beneath the skin. The wound was laid open and dressed with lysol, iodoform, etc. For the next four days the wound was dressed daily and the patient kept absolutely at rest. On February 28th the wound was clean and healthy; but on that day, after I had left him, clonic spasms began, but I was not informed of this till I saw him on March 2nd, when I found the patient periodically convulsed with a peculiar type of clonic spasm in the affected leg. The wound appeared quite healthy, but the slightest mechanical stimulus in the region of the wound elicited a clonic spasm, which appeared to be composed of unbalanced contractions in the extensors and flexors of thighs. Dr. Eaton of Bingham saw the case with me, and we discussed the diagnosis. A vague history only of stiffness in the neck lasting for an hour or two on February 29th and March 2nd was obtainable. On March 3rd the wound was dressed with hydrogen peroxide and tincture of iodine, and a dose of 10 c.cm. antitetanin (Pasteur) was injected into the abdominal wall. A mixture containing potassium bromide gr. xv and chloral hydrate gr. x was given every four hours. The spasms were still clonic, but steadier and not so easily obtained. He had very little rest that night, and on the following day the spasms were apparent in the right gluteal region. Temperature, 99.5°. The dressing was repeated. Morphine gr. $\frac{1}{2}$ hypodermically kept him quiet till the evening, when we injected 30 c.cm. antitetanin—10 c.cm. into lumbar spine (though I am doubtful if this really entered the canal). The spasms were now distinctly tetanic, but still unilateral, and had affected the right lumbar region, causing a peculiar opisthotonos. Chloroform was administered and the seat of injury freely

excised and packed with flowers of sulphur. Morphine gr. $\frac{1}{2}$ was administered. On March 5th the symptoms were much worse and elicited by the very slightest sound or movement. He was taken to Nottingham Hospital under chloroform. The house-surgeon tells me that after this the case got progressively worse and defied all treatment. Chloroform and morphine were constantly administered. The disease became bilateral in a couple of days and the respiration hampered. Death ensued on March 10th. The pathologists at Cambridge report to me that a mouse was injected with scrapings of the wound, but died on the fourth day without symptoms. Microscopically no tetanus bacilli were found. The points in the case which seem deserving of note are: (1) Onset on tenth day; (2) unusual train of symptoms; (3) defiance of antitoxin; (4) known source of infection; (5) sterility of the wound; (6) rapid course after wound was excised; (7) where were the bacilli in the patient?

Bingham.

EDWARD BIGG, M.A., B.C.

AN EARLY CASE OF INTUSSUSCEPTION.

I AM led to report this case, not from its general surgical interest, but from the rather unusual experience of practically being present at the onset of an intussusception. I was visiting a patient, when I was called to see a baby a few doors away which was said to be in a convulsion. The baby, 5 months old, seemed in pain, kicked its legs about, and cried. I examined its chest, and found nothing wrong. I thought I felt an indefinite swelling in the right lumbar region, and made suitable inquiries. The child was well a few minutes before, it had passed a normal motion about half an hour before, and it had not vomited. The thought of an intussusception came into my mind, and as quickly went out. I went away after making a few remarks about teething fits, and said I was to be fetched if the child became worse. In the evening I was told that the child had vomited several times, and had passed slime and blood by the bowel. The swelling in the abdomen was no more definite than in the morning. Nothing could be felt in the rectum, but some bright blood came away on the finger. The child was rapidly getting worse. After consultation with Dr. F. D. Crew I proceeded to run a pint of milk into the bowel under an anaesthetic, but this did not reduce the swelling and caused a good deal of shock. Without further delay the abdomen was opened, and several coils of much-distended intestine escaped. An ileo-caecal intussusception was found, and reduced easily. The bowel for about 2 in. above the ileo caecal valve was so thickened by oedema as to give one the impression of containing a solid body. The child was very collapsed, there was a great difficulty in returning the distended intestine, and the wound was hurriedly closed with salmon-gut sutures, and covered with a collodion dressing. The child vomited frequently for about eighteen hours, when its bowels were moved, and then the vomiting ceased. The stitches were removed on the fourteenth day, and the child made an uninterrupted recovery.

Rushden.

DUDLEY G. GREENFIELD, M.D., F.R.C.S.

REPORTS

ON

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

GREY'S HOSPITAL, PIETERMARITZBURG.

FIVE CASES OF VESICO VAGINAL FISTULA.

(By O. J. CURRIE, M.B., M.R.C.S., Surgeon to the Hospital.)
As cases of vesico-vaginal fistula are now comparatively rare in Europe, an account of these five cases might prove of interest to your readers. Four of the cases were of a very severe type. In all of them the operation described by Kelly (*Operative Gynaecology*, first edition, vol. 1, page 345) was performed, in three with complete success.

CASE 1.—T., a native woman, aged about 30, admitted March 3rd, 1903. Had suffered from vesico-vaginal fistula since her last confinement, about seven years previously. The vaginal walls were hard and cicatricial,

MEDICAL NEWS.

LIEUTENANT-COLONEL FALVEY, R.A.M.C.(ret.) has, on the recommendation of the Duke of Abercorn, been appointed a magistrate for co. Donegal.

KING EDWARD has appointed Dr. Egeberg, Physician in Ordinary to the King of Norway, to be a Commander of the Royal Victorian Order; and King Haakon has conferred the Grand Cross of the Order of St. Olav upon Sir Francis Laking.

THE Royal Mail Steam Packet Company, 18, Moorgate Street, E.C., has arranged that its twin screw ship *Amazon*, 10,000 tons, shall leave Southampton for a sixteen days' cruise to Norwegian fiords on July 31st; the boat will call at Boulogne, Hull, and Leith en route.

THE fifth Welsh medical dinner will be held at the Criterion Restaurant, London, on Friday, May 29th, when the chair will be taken by Mr. Edmund Owen at 7.30 p.m. Further particulars can be obtained from the Honorary Secretary, Mr. J. Howell Evans, M.Ch., F.R.C.S., 25, Berkeley Square, London, W.

THE Société de Pathologie Exotique of Paris, of which Professor Laveran is the President, has, in recognition of his researches, elected Dr. Ian Macdonald of Huelva, Spain, a graduate of the Universities of Edinburgh and Paris, a corresponding member. The membership is confined to seventy.

PROFESSOR DAVID W. FINLAY, M.D., LL.D., F.R.C.P., will preside at a dinner of the Glasgow University Club, London, at the Trocadero on Friday, May 29th. Further particulars can be obtained on application to Mr. W. Craig Henderson, Honorary Secretary, 2, Paper Buildings, Temple, E.C.

A SERIES of post-graduate lectures will be given at the Royal Dental Hospital, Leicester Square, during October and November next. The first lecture will be delivered on October 20th by Dr. Dudley Buxton, who will deal with anaesthetics in relation to dental surgery. Further particulars can be obtained from the Dean.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held at Shrewsbury on Saturday, May 23rd; a discussion on the inspection of dairies and cowsheds will be opened by Dr. T. W. H. Garstang, M.O.H., Bucklow R.D., at 11 a.m. After luncheon at the Crown Hotel members will visit the Shrewsbury sewage farm.

THE King of Italy has conferred upon Dr. Thomas Reid, LL.D., F.F.P.S., Honorary Consulting Oculist to the Western Infirmary and Sick Children's Hospital, Glasgow, the distinction of "Commendatore of the Crown of Italy," in recognition of his merit as an ophthalmic surgeon, and also of his services to the Clinic of Ophthalmology in the University of Turin.

THE annual dinner of the Association of Scottish Medical Diplomates will be held at the Hotel Waldorf, Aldwych, London, W.C., on Tuesday, May 26th, the President, Dr. David Walsh, in the chair. Tickets 10s. 6d. each, exclusive of wine, may be had of the Honorary Secretary, Dr. Arthur Harries, 11, Chandos Street, Cavendish Square, London, W. Ladies are invited, and all holders of Scottish qualifications will be welcomed as visitors.

AT the recent rifle meeting of the London District, Private C. Wirgman, of the London Scottish, won the first prize in Series I of the General's Cups for members of the *Daily Telegraph* Cup teams. We congratulate the victor in this competition, which ranks high in the shooting world, all the more because Private Wirgman in civil life is known as C. W. Wirgman, M.D.Lond., F.R.C.S., and is chief clinical assistant at the Royal London Ophthalmic Hospital. He is also a member of the British Medical Association.

THE annual general meeting of the Medical Defence Union will be held on May 21st at the Medical Institution, Hope Street, Mount Pleasant, Liverpool, at 4.30 p.m. The annual report of the council, together with the balance sheet and accounts as certified by the auditors, will be presented to the members and the usual statutory business as required by the articles of association carried out.

A CONCERT is to be given in the Great Hall of St. Bartholomew's Hospital on May 21st in aid of the fund for the new nurses' home. The programme will be in charge of the orchestra and chorus of the Hospital Musical Society, Sir Charles Santley, Madame Agnes Nicholls, and other well-known musicians lending their assistance. Tickets can be obtained from the Honorary Secretaries of the Society at the Renter's office, price one guinea, half-a-guinea, and five shillings.

THE programme for the summer session at the North-East London Post-Graduate College includes, in addition to the ordinary work of the school, some fourteen special clinical demonstrations, all of which are free to qualified

medical practitioners. The first of these is to be given next Thursday afternoon (May 14th), at 4.30 p.m. Further particulars can be obtained on application to the Dean, at the head quarters of the school, Prince of Wales's General Hospital, Tottenham, N.

ONE of the attractions at the Franco-British Exhibition, to be opened at Shepherd's Bush next week, will be a reproduction of an Irish village, which has been organized by Messrs. D. Brown and Son; the whole of the profits of the village, and everything sold or made in it, will be devoted to the prevention of consumption in Ireland, Mr. Brown, a member of the firm, being secretary of the Ulster Branch of the National Association for the Prevention of Consumption. Demonstrations similar to those given in the itinerant exhibitions organized in Ireland by the Countess of Aberdeen will be given daily in the village hall.

AT Hertford General Infirmary on April 30th, Dr. J. T. Tasker-Evans was presented by a number of persons interested in the institution with a silver tea and coffee service and a cheque for 40 guineas. The tea service bore the following inscription: "Presented to J. T. Tasker-Evans, Esq., M.D., by the governors and friends of the General Infirmary at Hertford on the occasion of his resignation, as a slight token of the high esteem in which he is held, and as a mark of appreciation of services rendered during the past 29 years as Honorary Medical Officer. April 30th, 1908." Dr. Tasker-Evans's connexion with the institution will not entirely cease, as he has been appointed consulting physician.

THE London Motor Garage Co., Limited, which has for some time undertaken to maintain motor cars at an inclusive annual charge, is now prepared to make a similar arrangement, with the addition that the car can be purchased by instalments spread over three years. The car supplied will be a 15-22-h.p. Charron car with a body of any description. The annual charge under the agreement includes every running expense, the supply of a driver, the insurance of the car, and the provision of another car in case of accident or breakdown. At the end of the period the car becomes the property of the hirer. The company has a general form of agreement, but would be willing to meet the wishes of any customer. Inquiries may be addressed to the company, 33-37, Wardour Street, London, W.

AT the annual general meeting of the Association of Medical Men Receiving Resident Patients, over which Dr. David Walsh presided, the honorary secretary, Dr. Hubert Biss, reported that there had been a considerable increase in the number of applications from persons desiring to place resident patients with medical men, and also of medical men wishing to join the organization. The transfer of the secretary's office from Bournemouth to 55, Outer Temple, Strand, London, W.C., had been found advantageous. The amount payable by a new member for the first year was reduced to 1 guinea, the subscription in subsequent years being retained at 5s. The principle that no member should take less than 3 guineas a week for a patient save under exceptional circumstances was reaffirmed.

DR. MEREDITH YOUNG, who was recently appointed Medical Officer of Health for St. Marylebone, was the recipient of several presentations on leaving a similar appointment at Stockport. The staff at the Isolation Hospital presented him with a handsome silver tea-kettle; the staff at the Health Office with a silver inkstand; the North-Western Branch of the Incorporated Society of Medical Officers of Health, for which he had acted as Secretary during five years, with a case of silver dessert knives and forks; and the National School Women's Ambulance Class with a silver penknife, pencil, and pen in case. The Stockport and District Medical Society presented him with a handsome oak roll-top desk at a complimentary dinner given jointly to Mr. B. W. Housman and Dr. Young on their leaving the town. Mr. Housman on this occasion was presented by the Stockport, Macclesfield, and East Cheshire Division of the British Medical Association and the Stockport and District Medical Society with a massive and elegant silver rose-bowl in recognition of the unselfish and valuable work he had done for both societies.

IN response to the desires of a number of school medical officers, arrangements are being made for a short course of lectures and demonstrations on the medical inspection of school children to be given in London during Whit week. Dr. James Kerr, Dr. H. Meredith Richards, Dr. C. J. Thomas, and other experienced medical inspectors have already promised to give addresses, and demonstrations of the details of the actual medical inspection will also be arranged. Further particulars can be obtained from Mr. William A. Lawton, at the offices of the Incorporated Society of Medical Officers of Health, 1, Upper Montague Street, Russell Square, London, W.C.

PARTNERSHIP ARRANGEMENTS.

PARTICEPS writes that he has been approached about taking a third share in a partnership, but does not care to be tied to a third all his life. He also possesses a valuable collection of instruments and books, and wishes to know if these would belong to the partnership.

* * It is usual to stipulate for an increased share after a certain time, to be paid for at an agreed price. Our correspondent's books and instruments would remain his private property unless purchased by the firm.

ASSISTANT LEAVING WITHOUT NOTICE.

T. B. writes that his assistant abruptly left him when ill in bed, without giving any notice. The assistant is now claiming a fortnight's salary due to him. Has he a legal claim to this, and can the principal claim against the assistant for leaving without notice?

* * We are advised that, as leaving without notice is misconduct on the part of the assistant, he could not claim to be paid the salary due to him at the time. The principal might also recover from the assistant damages for loss sustained in consequence of the latter's misconduct.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE following dates of examinations have been announced:

Examinations for the Degree of Bachelor of Medicine:—Thursday, June 18th, to Friday, June 26th. Names to be sent in by 10.30 a.m. on Tuesday, June 2nd.

Examination for the Degree of Master in Surgery:—Thursday, June 25th, et seq. Names to be sent in by 10.30 a.m. on Friday, June 5th.

Examination in Preventive Medicine:—Tuesday, November 17th, Part I. Wednesday, November 18th, Friday, November 20th, Part II. Names to be sent in by 10.30 a.m. on Tuesday, October 27th.

Natural Science Scholarships.

Scholarships in Natural Science are announced at Balliol and Brasenose Colleges. The examination will commence on Tuesday, June 30th.

UNIVERSITY OF CAMBRIDGE.

NEW schedules in Chemistry and Physics have been issued by the Special Board for Medicine which will come into force at the Christmas examination, 1908.

The following degree was conferred on May 1st:

B.C.—C. B. Ticehurst, Joh.

UNIVERSITY OF LONDON.

SPECIAL LECTURES.

THE course of eight lectures to be given by Dr. Leonard Hill and Mr. Martin Flack at the London Hospital Medical College, on some aspects of the physiology of the heart and circulation, will begin at 4.30 p.m. on May 12th, and not as previously announced.

VICTORIA UNIVERSITY OF MANCHESTER.

THE CHAIRS OF MEDICINE.

THE Council of the University having decided on the appointment of a second Professor in the Department of Medicine, one of the Chairs will be devoted to Clinical Medicine and the other to Systematic Medicine. Dr. Graham Steele, now Professor of Medicine in the University and Senior Physician in the Royal Infirmary, will hold the Chair of Clinical Medicine, and Dr. George R. Murray, who until recently held the Heath Professorship of Comparative Pathology in the Durham University, has been appointed Professor of Systematic Medicine. Under the agreement entered into between the University and the Royal Infirmary, Dr. Murray becomes on his appointment a member of the honorary staff of the Royal Infirmary. It is expected that he will undertake the duties of the Chair in the University at the beginning of the next session and at the Infirmary when the new buildings are opened.

ROYAL UNIVERSITY OF IRELAND.

THE usual *Supplement to the University Calendar*, containing the examination papers for 1907, has been issued, and can be obtained at the University Press (Ponsonby and Gibbs).

The following candidates have been approved at the examinations indicated:

THIRD M.B., CH.B., B.A.O.—*G. Cooper, †W. Hamilton, B.A.; †A. V. J. Harrison, *M. C. Irwin, †D. Lynch, *†J. M. McCloy, †J. P. J. McGivern, *†W. Mooney, B.A.; *†C. J. Simpson, *†W. W. D. Thomson, B.A. W. Boyd, F. J. Burke, J. Byrne, F. J. Campbell, J. B. Crawford, P. J. Cullinane, J. J. Denehy, M. G. Devine, E. Doherty, G. S. Glass, B.A.; W. E. Graham, J. L. Jackson, S. P. Kerrigan, B. C. Letts, B. McCullough, B.A.; T. P. McMurray, H. D. Manderson, M. Moloney, H. C. Mulholland, W. M. J. O'Connor, J. O'Sullivan, W. Prendiville, A. E. Rentoul, T. W. Rutledge, G. Sheridan, R. A. Smith, B. Teeger, R. W. Vint, E. F. Ward, T. Wolfe.

* Upper pass.

† Qualified to sit for honours.

FINAL M.B., CH.B., B.A.O.—*D. Barry, *A. R. Boyd, *T. A. Carson, †J. K. P. Clarke, *T. J. Hollins, B.A., *M. F. Huston, *J. G. Johnston, *A. H. Joy, *R. G. Kevin, *T. P. Linehan, †G. H. Martin, T. Arnold, R. N. Berman, W. Bradbury, T. G. Buchanan, R. J. Clarke, Mary Cowhy, B.A., E. H. Flanagan, W. S. Graham, H. J. Grant, P. J. Grogan, B.A., C. H. Kinkaid, R. J. Ledlie, S. Levy, J. C. Macaulay, J. McCausland, B.A., M. McNiff, J. F. Neary, J. F. Neary, J. F. O'Brien, M. Waldron, G. F. White, M. White.

M.D.—J. G. Campbell, W. H. Davis, J. P. Dee, D. J. Keane, T. D. Luke, W. Rice, J. Thompson.

* Upper Pass and entitled to sit for honours in one or other subject of the examination.

† Upper Pass.

UNIVERSITY OF DUBLIN.

THE following degrees were among those conferred at the summer commencements on April 29th:

M.B., CH.B., B.A.O.—T. P. Dowley, L. V. Hunt, W. S. Thacker, M.D.—E. C. Crawford.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia was held at the College on Thursday, April 30th, the President, Sir R. Douglas Powell, in the chair.

On the motion of the President, it was unanimously resolved that a message be sent to the Royal College of Physicians of Edinburgh expressing the sympathy of the sister College with it in the loss it has sustained in the death of its President, Dr. Charles E. Underhill.

Membership.

The following gentlemen were admitted Members of the College: Robert Alexander Chiselm, M.A., M.B.Oxon.; James Clark, M.D.Aberd.; Thomas Bogle Hamilton, M.B.Edin.; Eardley Lancelot Holland, M.D.Lond., L.R.C.P.; James Mackenzie, M.D.Edin.; Alexander Manuel, M.B.Lond., L.R.C.P.; Richard John Morris, M.D.Durh., L.R.C.P.; John Norman Walker, Capt. I.M.S., L.R.C.P.

Licences.

In conjunction with the Royal College of Surgeons, the Licence of the College was granted to 105 gentlemen.

Murchison Scholarship.

A report was received from the examiners, and the scholarship awarded to Edward Leslie Martyn Lobb, a student of Guy's Hospital.

On a motion moved and seconded by the examiners, Drs. Sharkey and Hale White, it was resolved that a committee be appointed to consider by what means the competition for the Murchison Scholarship may be increased.

Drs. Hawkins, Ormerod, Lauriston Shaw, Sharkey, and Hale White were appointed a committee to consider the matter and report to the college.

Fellowship.

On the nomination of the council, the following gentlemen were elected Fellows of the College: Robert Charles Brown, M.B.Lond.; George Ogilvie, M.B.Edin.; Charles Henry Cattle, M.D.Lond.; John Elliott, M.D.Lond.; Guthrie Rankin, M.D.Glasg.; Theodore Fisher, M.D.Lond.; Robert James McLean Buchanan, M.D.Vict.; Arthur Francis Stabb, M.B.Cantab.; William Henry Butler Stoddart, M.D.Lond.; Arthur Latham Ormerod, M.D.Oxon.; Walter Langdon Brown, M.D.Cantab.; Alfred Ernest Russell, M.D.Lond.; Reginald Cecil Bligh Wall, M.D.Oxon.; Thomas Wardrop Griffith, M.D.Aberd.; Leonard Stanley Dudgeon.

Communications.

The following communications were received:

1. From the Secretary of the Royal College of Surgeons, reporting proceedings of their council on April 9th.

2. From the Secretary of the Royal College of Surgeons in Ireland, thanking the college for their letter and resolution of March 20th.

3. From the Registrar of the University of Wales (New Faculty of Medicine), inviting the college to appoint a Representative to serve as a member of the Medical Board. The invitation was accepted, and it was left to the President to appoint a Representative at a future comitia.

4. From the Secretary of the Society of Arts, giving notice of the award of the Swiney Prize, jointly by the society and the college, in January next, for the best published work on medical jurisprudence.

5. From the Board of Trade (Marine Department), thanking the college for their report on beri-beri.

Reports.

The following reports were received:

1. From the Committee of Management, dated March 16th, reporting that the Visitor to the Examinations of the Egyptian Medical School for the year 1907, Mr. Edmund Owen, had duly presented his report, and that, in accordance with the conditions laid down by the Royal Colleges in July, 1905, they had addressed a communication to the Education Department in Egypt in reference to various matters dealt with in the Visitor's report.

The report was adopted.

2. From the Pharmacopoeia Committee suggesting numerous alterations in the forthcoming new edition of the *Pharmacopoeia*.

After a prolonged discussion, in which Drs. Frederick Taylor, Gamgee, Theodore Williams, Hale White, Nestor Tirard, Ewart, and Sir Dyce Duckworth took part, the report was adopted, subject to one or two slight corrections.

The remaining business before the college was postponed until the next comitia.

ROYAL COLLEGE OF SURGEONS IN IRELAND. GENERAL MEETING.

A MEETING of the college will be held on Saturday, May 30th, at 1 o'clock, to receive the annual report of the council.

Election of Officers.

A meeting of the college will also be held on Monday, June 1st, at 1 o'clock, pursuant to the provisions of the charters, to elect a president, vice-president, council, and secretary of the college for the ensuing year.

CONJOINT BOARD IN IRELAND.

SECOND PROFESSIONAL EXAMINATION (April, 1908).—The following candidates have been approved at the examination indicated:

*F. W. Warren, *A. A. Russo, *T. M. Thomson, R. J. Barlee, J. Brereton Barry, D. F. Curran, C. A. Farrell, E. E. Holden, J. T. Hill, A. Kennedy, L. A. Moran, T. J. McDonnell, P. J. O'Reilly.

*Honours.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

BUILDING ON TIPPED REFUSE.

C. J. R.—Section 25 of the Public Health Acts Amendment Act, 1890 (an adoptive Act), provides that "It shall not be lawful to erect a new building on any ground which has been filled up with any matter impregnated with faecal, animal, or vegetable matter, or upon which any such matter has been deposited, unless and until such matter shall have been properly removed by excavation or otherwise, or shall have been rendered or have become innocuous." A very similar requirement is to be found in By-law 9 of the model series of building by-laws of the Local Government Board. Burdon-Sanderson and E. A. Parkes, in a report upon the sanitary condition of Liverpool, stated that experiments having for their object to ascertain what effect lapse of time had upon organic and other matters used to fill up inequalities in the ground, showed that the process of decay in the case of all the most easily destructible matters was completed in about three years. The length of time before a refuse tip would become usable depends upon many diverse conditions. If, for example, there were any quantity of soil, teeming with bacterial life, mixed with the refuse the period of disintegration would be short. On the other hand, if, as is usually the case, the refuse consisted of vegetable matter and burnt, therefore sterile, ashes the tip would not become innocuous for a long time.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ended March 28th and April 4th the deaths from plague in India numbered 6,859 and 9,015 respectively. The sudden increase is more apparent than real, as during the latter week the returns include a fortnight's plague mortality for Bengal instead of a week only.

The mortality occurred as follows: Bombay Presidency, 1,486 and 1,561; Bengal, 2,601 (two weeks); United Provinces, 1,734 and 1,290; Punjab, 2,379 and 2,543; Rajputana, 671 and 583; Central Provinces, 205 and 175; Central India, 21 and 15; Madras Presidency, 80 and 73; Mysore, 98 and 64; Burmah, 156 and 108. During the week ended March 28th, 2 deaths were reported from Kashmir, 7 from the North-West Frontier Province, and 10 from Hyderabad State.

GOLD COAST.

During the weeks ended April 11th, 18th, and 25th the deaths from plague on the Gold Coast numbered 3, 0, and 0. During the week ended April 11th, of the 3 deaths reported, 2 occurred at Accra and 1 at Dodowah.

HONG KONG.

During the week ended April 25th, 29 fresh cases of plague occurred in Hong Kong, with 26 deaths from the disease. The announcement of the recrudescence of plague in Hong Kong for 1908 comes at the usual time of the year at which the disease has appeared during the past fourteen years.

OBITUARY.

HENRY J. PRANGLEY, M.R.C.S., L.R.C.P.,
ANERLEY.

ON April 24th, at an early hour, Dr. Henry J. Prangley gently passed away at his residence, Tudor House, Anerley. He had suffered intermittently for the past year or two, but no one was prepared for the event or suspected its approach. The suddenness of his death has intensified the grief which prevails in the neighbourhood, where he was so justly popular. The cause of his death was atheroma of the coronary arteries with its attendant angina pectoris, and finally heart failure.

Henry John Prangley was born on September 14th, 1857, at Haytesbury, Wilts, where his father practised as a solicitor. His schooldays were spent at St. Nicholas College, Hurstpierpoint. He commenced his medical education with Dr. Willis, of Monmouth, with whom he remained as pupil for two years. He continued his studies at St. Thomas's Hospital, and afterwards became House-Physician to the City of London Hospital for Diseases of the Chest. He played regularly in St. Thomas's football fifteen, and was one of the fifteen which won the Inter-hospital Cup in 1878. At the time of his death he was Honorary Surgeon to the Crystal Palace Football Club.

In July, 1883, the post of Medical Officer to the North Surrey District Schools at Anerley was vacant, and Prangley applied for it. At the time he was only 25 years of age. The early evidence of his professional ability and merit, in the opinion of those most competent to judge, may be found in the fact that his application was supported by nearly every member of the staff of each of the hospitals above mentioned. Their united testimony was such that Prangley was selected out of 70 other candidates for the post, which he continued to hold for the rest of his life. In 1904 he was appointed, by the then School Board for London, Medical Officer to the Anerley Residential Schools for Deaf Boys. At the time of his death he had held for several years the appointment of Medical Officer of Health to the District Council.

He was for fifteen years Honorary Secretary of the East Surrey Division of the British Medical Association, and afterwards of the Norwood Division, which post he only vacated last year, and always took the keenest interest in all the doings of the Association. During his twenty-five years at Anerley his practice grew to be very large. He realized the promise of the early years, and never relaxed the thoroughness which had marked his studies and work in the beginning. A determination to master his subject, the concentration of all his faculties towards the achievement of his purpose characterized the man in everything he put his hand to, and dominated him in his professional work. Every detail must be worked out; nothing, however small, which he himself could usefully provide for must be left to others or to chance. To that end no trouble and thought were too great, no means too trivial. He had a high conception of professional duty. It may truly be written that to him his work was as a religion he professed: its demands were imperious, its obligations inviolable. To the end he sustained that faith; his sufferings in his last years failed to shake it or to tone down its exactions or to excuse away the need of obedience to it.

His social qualities secured for him the goodwill of all in the locality. No one could know him for long and remain a bare acquaintance. Affection followed knowledge, so that in the case of his patients they regarded him not merely as their doctor but as a faithful friend. Such he was to them, and such he became to every one who had the opportunity of associating with him. Their attachments to him endured because his kindness and sympathy were the outcome of a disposition wide in its generosity, strong in its affection, absolute in its sincerity. To-day, through recognition of these qualities, a whole neighbourhood is joined in mourning his untimely end.

The funeral service was held on April 29th at St. Paul's Church, Upper Norwood. The streets from his house were lined with people, while most of those who filled the church after the service there, accompanied on foot the hearse and funeral carriages on the way to Elmer's End Cemetery. There a still large gathering, composed of all