

unfortunately the veterinary surgeon who was in attendance was unable to give any accurate information on this point.

Still it appears almost certain that the man derived the infection directly from the "ulcers" in the horse's mouth, so that the case resembles the one investigated by Bouley in 1863, and reported by him at the time to the French Academy of Medicine. Bouley was then engaged in experimenting on the possibility of transmitting diseases of the horse to other animals by inoculation. His horse had pustules in the mouth but no eruption elsewhere, and at first he described the condition as an "aphthous stomatitis." By inoculation of the matter from the pustules he produced "true pustules of cow-pox," from which he subsequently inoculated an infant of 11 months. Bouley afterwards recognized that the condition in his horse was not an aphthous stomatitis, but that it was one of the possible local manifestations of the same horse disease as was dealt with by Jenner and Loy, and shown by the latter to be a constitutional disease.

I am indebted to Dr. W. M. C. Wanklyn for permission to publish the notes of F. K.

PRIMARY PNEUMOCOCCIC PERITONITIS.

By ANDREW SMITH, M.D. EDIN.,
WHICKHAM, DURHAM.

I WISH to thank Dr. Archibald Cuff for his excellent paper on Primary Pneumococcic Peritonitis in the JOURNAL of April 18th, and to supplement it by two cases that have come under my own observation.

CASE I.—A girl, aged 8 years, was suddenly taken ill during the night with severe abdominal pain, prostration, and restlessness. When I saw her next morning she looked flushed, had somewhat hurried breathing, and looked ill. Abdominal pain was evidently severe and definitely located in the right inguinal region, there was marked tenderness and rigidity, and she lay with the thigh flexed. The temperature was 103° and pulse quick. The general aspect was, however, most suggestive of pneumonia, and the chest was carefully examined without result. Next day the condition was much the same and I felt very anxious, still suspecting pneumonia, but fearing to allow an acute appendicitis, which it entirely resembled, to go wrong without the chance of operation. Early next morning, still finding no physical signs of pneumonia and the patient obviously getting worse, I sent her to hospital with a diagnosis of acute appendicitis, stating in my letter that I had endeavoured to eliminate all other possible conditions, including pneumonia. Two days later I received a note from the hospital surgeon, stating that his diagnosis was pneumonia, though even then the physical signs were very indefinite; two days later they became more pronounced and the patient was removed to the medical wards. The following week I saw the patient in hospital and was surprised to find her still very ill, with high temperature, and still almost wholly complaining of abdominal symptoms; the abdomen was now somewhat distended. There had been something of a crisis, but the temperature speedily rose again and continued high but very irregular. An extension of pneumonia to the left lung was suspected, but there were no physical signs, and the temperature was essentially a pus temperature. Empyema was negatived after use of the exploring needle. Things went on much in the same way for several days more, the abdomen increasing in size, when the surgeon under whose care I originally sent her was asked to see her again. By abdominal incision he evacuated, as he described it, "not pints, but gallons of pus pneumococcal in origin." Recovery was speedy and complete.

I do not doubt that a true pneumonia did exist in this case, but I feel equally certain that the peritoneum was also attacked from the very beginning of the illness, and in any case there was a genuine pneumococcic peritonitis.

CASE II.—Not long afterwards a child 4 years old, a relative of my own, was taken ill during the night with severe abdominal pain, again definitely located in the right inguinal region. When the doctor saw her next day he recognized the seriousness of the attack, and from the situation of the pain with tenderness and rigidity he suspected acute appendicitis, and called in a surgeon, who reserved his judgement, and advised against operation. Two days later I was asked to see her, and on entering the room I was struck by her appearance; it seemed so typical of pneumonia—flushed cheeks, hurried breathing, and herpetic eruption on the lips; there was an occasional short cough. The pain complained of was entirely abdominal in the right inguinal region, where there was marked tenderness and resistance and sense of fulness.

Thorough examination of the chest failed to discover definite signs of pneumonia, though I satisfied myself that over a small area near the base the respiratory sounds were not quite pure. The temperature was high and the pulse quick. I saw her again on the eighth day of illness, when she looked much better, and the temperature was 99°. This certainly looked like a definite pneumonic crisis, but there were no further physical signs of pneumonia to be elicited on examination of the chest and the abdominal symptoms and signs persisted. The temperature rose again the same night; it continued to be irregular and the abdomen increased in size and fluid formed. We again had a surgeon to see her, some of the abdominal fluid was removed by an exploring needle and found to be a pure culture of the pneumococcus. The abdomen was incised and drained and the patient made a speedy and complete recovery.

Here, again, I think there can be no doubt that the peritoneum was attacked from the very beginning; I think the right lung was also invaded, but that view was not supported by the other doctors who examined her and not by the doctor under whose care she was throughout and who gave her the most devoted and anxious attention. In both these cases the general aspect was most striking, being so characteristic of ordinary pneumonia, including the herpetic rash in one case. The imperfect crisis is also worth noting, especially in the second case, if the peritoneum was alone attacked.

I am rather surprised at the bad prognosis which Dr. Cuff gives in these cases. Both my cases did very well, though they looked very ill before operation. Simple incision and drainage relieved them at once, and they recovered without untoward symptoms, just as does empyema when it follows pneumonia. I can scarcely believe that they are nearly as dangerous as septic peritonitis.

The great point, however, is that cases of primary pneumococcic peritonitis occur, and that we cannot afford to ignore them. Though in all cases of peritonitis one must still make every effort to discover a probable local origin—a centre of infection—it is well to keep this possible origin in mind.

I do not know what significance is to be placed on the fact that in both my cases the symptoms were located in the right inguinal region long before the peritonitis became generalized.

MEMORANDA : MEDICAL, SURGICAL, OBSTETRICAL.

CASE OF CHLORODYNE POISONING.

I was called to Mrs. T. B., aged 50, wife of a coal-heaver, at 7.30 a.m. on April 25th. She was said to have been found lying on the floor of the day room "stiff and cold." There was a bottle in the room containing 3ss of liquid having the odour and appearance of chlorodyne; there was also a diluted mixture of the same in a teacup. The patient's breath smelt of chloroform, the skin was of an ashy grey tint, the pupils were equal, moderately contracted, and did not react to light. She answered questions when spoken to loudly. The pulse was regular and of fair volume. Zinc sulphate 3j was given without result, oil. ricini 3j, and also a teacupful of strong coffee and liq. strychn. $\frac{1}{4}$ iv by mouth. At 9.30 the patient could not be roused, and the tint of the skin was greyer. There had been no emesis nor any action of bowels. A pint of urine was drawn off by catheter to prevent involuntary micturition. The pulse was regular and of good volume; there was slight conjunctival reflex, but she was quite unconscious except for an occasional opening of eyes. Liq. strychninae $\frac{1}{4}$ iv was injected under the skin, and the stomach washed out. At 11.30 solution of potassium permanganate (gr. v in $\frac{1}{4}$ iv of water) was poured into the stomach and retained there for half an hour, when it was removed by a second washing out, and half a pint of strong coffee was given through tube. An enema of brandy (3ss in water $\frac{1}{4}$ iv) was given and retained. The pulse at 12.30 was still good, 128. About 3 p.m. the patient recovered consciousness sufficiently to recognize her daughter and to drink some tea.

She stated that she had been taking chlorodyne "for years" for sleeplessness. She is in the habit of drinking strong tea without milk at all three meals, and eats little. Farningham.

T. F. HUGH SMITH.

HYDATID OF THE HEART.

ON April 4th, 1908, I was called to see a lady, aged 29, who had been taken suddenly ill that morning. I had not attended her previously. She had enjoyed fairly good health, but her doctor, who lived at a distance, had been seeing her recently for digestive trouble, and in the light of the subsequent history it is interesting to note that great irregularity of the heart's action had been noticed. She was in her usual health at 7.30 a.m., but on her sister visiting her an hour later she was unable to speak, though able to understand what was said to her. She subsequently got up and went to the lavatory but had to be helped back to bed. Her sister left the room for a few minutes and on her return found that Miss C. had fallen out of bed and was unconscious. She was lifted into bed and shortly afterwards vomited. I saw her at 10.30 a.m. She was completely unconscious, breathing stertorously and foaming at the mouth, the face pale and sweating, the lower limbs rigidly extended, the arms flexed and rigid, but there were no signs of paralysis. Pulse, 60. The heart sounds could not be well heard owing to the noisy respiration, but no valvular murmurs were detected. When I saw her later in the day there was not much alteration in the symptoms, the respiration became of the Cheyne-Stokes character and she died at 10.15 the same evening without recovering consciousness. *Post mortem* the heart was found markedly enlarged, and the pericardium universally adherent. On the surface of the left ventricle there was a projection the size of a Tangerine orange with two smaller prominences nearer the apex. On opening these they were found to be hydatid tumours; they were caseating, and filled with numerous daughter cysts of all sizes. On opening the heart a small patch of recent ulceration was found on the outer wall of the left ventricle leading into the larger hydatid tumour and on slight pressure small hydatid cysts could be extruded into the cavity of the left ventricle. The valves were healthy.

The symptoms prior to death were evidently caused by one of these cysts or perhaps some of the caseous material being washed by the circulation into one of the larger cerebral arteries. The brain appeared perfectly healthy, and the embolus, though looked for, could not be discovered. There were several hydatid tumours in the liver, the largest about the size of a walnut, and these, like those in the heart, were full of small daughter cysts and were also caseating. All the other organs were healthy.

As regards the probable origin of infection in this case it is interesting to note that in the house where Miss C. had been living up to a year ago five or six dogs had been kept, some of them being allowed to sleep in the bedroom.

Bromley, Kent.

H. B. SEDDON, M.R.C.S., L.R.C.P.

MUMPS.

THE notes of Drs. Higgs and Maidlow, in which the testicle and not the parotid was attacked, lead me to record three cases which occurred in this district in the spring of 1907, during an epidemic of "mumps." The epidemic was practically confined to our historic Glen of Imaal, a glen shut in completely with a circle of mountains, and nearly isolated from the other parts of the country. The three patients were young adults.

CASE I.—In the first of the three cases under notice, the testicle was the only part of the body affected; never at any time did the patient complain of pain or swelling of the parotid. The swelling was very painful, large, and felt tense; the temperature went as high as 105° F.; delirium was very marked, and the greatest difficulty was experienced in keeping the patient quiet. It was only on the fourth day that it struck me as likely that the orchitis was in some way connected with the mumps, but I was not sure. The attack passed off about the seventh day, leaving the patient very weak for some time.

CASE II.—I was called in by another medical man to see a case of a similar nature in which he experienced the same difficulty of diagnosis. The symptoms were similar and alarming, as in the first. This patient also recovered, but remained weak for a considerable time I understand.

CASE III.—This patient was a brother of Case I; delirium was very severe, with complete prostration and much difficulty in getting the patient quiet (very like delirium tremens). About the seventh day he also began to recover, but had a long convalescence.

In all three, anything venereal, or of the nature of an injury, may with certainty be excluded.

I examined the patients lately—that is, twelve months after the attacks—and in each case found marked atrophy of the testicle to about one-third the size of the sound one.

Textbooks of medicine in most cases do not refer to the condition at all, and then only in a casual way in those that do. In Musser's *Medical Diagnosis*, at p. 284, there is a slight reference, and the only other reference I could find among many books is in Osler's *Medicine*, from which I take the name "parotid orchitis," thus:

The orchitis may develop before the parotitis, or, in rare instances, may be the only manifestation of the infection (orchitis parotidea).

The point in the cases to which I would draw attention, apart from the fact of the parotid not being affected at all, is the marked and violent delirium and the after-occurrence of atrophy.

Kiltegan, co. Wicklow.

FREDERICK WALSH, L.R.C.P.E.

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

CITY OF BELFAST INFECTIOUS DISEASES HOSPITAL, PURDYSBURN.

ISOLATION OF THE BACILLUS TYPHOUS FROM THE SPINAL FLUID OF A CASE OF TYPHOID WITH CEREBRO-SPINAL SYMPTOMS.

(Reported by ERNEST H. M. MILLIGAN, M.B.R.U.I., L.R.C.P. and S.I., Resident Medical Officer.)

A MAN, aged 37, was admitted to hospital on August 23rd, 1907. Ten days earlier, while at work, he became ill with severe pain in the head and had to go home to bed. The following day he had severe vomiting and became delirious. The headache and delirium lasted with slight intermission till admission.

On admission he was pretty sensible and had no headache, but complained of seeing double. Temperature, 103.4°; pulse, 104. There was slight purulent conjunctivitis and internal strabismus of the right eye. There were dried up herpetic vesicles about the lips. The mouth was very foul and the tongue covered with thick white fur. The neck was rigid and tender. Kernig's sign was present. The glands, posterior cervical, axillary, and inguinal, were shotty and enlarged. The abdomen was slightly tympanitic and the spleen palpable. The heart's apex beat was at the nipple line; a systolic murmur heard over precordium with maximum at the pulmonary area. The lungs were normal. The next day the temperature was 100.8° in the morning and 101.8° in the evening. The pulse was 88. The patient was delirious at times, but otherwise as before.

On August 25th the temperature was 98.4° in the morning and 99° in the evening. The pulse was 108. Delirium was still present, with tremor of lips and tongue. The hands were tremulous and picking at the bedclothes. The reaction of the pupils to light was sluggish, and there was occasional twitching of the facial muscles. The skin was slightly icteric.

On August 26th the temperature was 100° and the pulse 124. Delirium was still present, and there was continuous twitching of the muscles of the face, trunk, and limbs, and purposeless movements of the arms and legs; the eyeballs were constantly rolled from side to side. Strabismus was still present and the right pupil was larger than the left. A fresh crop of herpes had appeared about the lips. Towards the afternoon bubbling rales were heard and the respiration increased in frequency and the patient died at 4.30 p.m. Lumbar puncture was performed *post mortem* and the fluid examined by Dr. W. J. Wilson, Queen's College Laboratory, who found the *Bacillus typhosus* to be present in pure culture.

On August 25th an opacnic index with the meningococcus was estimated by Dr. Houston and the index was normal. On August 26th the blood gave a positive Widal reaction with the *Bacillus typhosus*.

MEDICAL NEWS.

MR. R. BLEMELL-POLLARD has been appointed secretary to the Income Tax Reduction League, the central office of which is at Guildhall Annexe, E.C.

DR. MARC ARMAND RUFFER, C.M.G., President of the Egyptian Maritime Sanitary and Quarantine Council, has received the Royal permission to accept the insignia of Commander of the Order of the Crown of Italy, conferred upon him by the King of Italy in recognition of valuable services rendered by him.

A CIRCULAR letter signed by Lord Goschen (Chairman of Council, Queen Victoria's Jubilee Institute of Nurses), the Chairman of the Executive Committee of the Association for Promoting the Training and Supply of Midwives, the Chairman of the Executive Committee of the Rural Midwives' Association, the Honorary Secretary of the Home for Mothers and Babies, Woolwich, and the President of the Midwives' Institute, has been issued to county councils asking them to take into consideration the desirability of obtaining Parliamentary power to incur expenditure when necessary to ensure a due provision of midwives in each county, in co-operation with or supplementary to existing nursing and other associations. The signatories believe that in many areas the year 1910 will bring great difficulty unless prompt action is taken. Further particulars on the subject can be obtained from Miss Wilson, 12, Buckingham Street, Strand, London, W.C.

WE have received a communication from the Honorary Secretaries of King's Hospital Fund of London, enclosing a copy of a letter from Lord Mount-Stephen to its president, the Prince of Wales. The purport of the letter is to offer the fund a number of railway shares, which, on the basis of the dividends paid for many years past, Lord Mount-Stephen estimates will mean an addition of some £7,000 to the annual income of the King's Hospital Fund, and bring it up to some £60,000. Lord Mount-Stephen further suggests that an effort should be made to collect at once a further sum of £300,000 for investment purposes, as the capital income of the fund would then stand at about £75,000. With this assured income behind it, the fund would have no difficulty, he thinks, in collecting yearly from other sources a sufficient sum to ensure the annual distribution of the £150,000 which His Majesty the King, when he established the fund, mentioned as the goal to be reached. The annual report of the fund has also been issued this week, but contains no important statement which has not already been noted in these columns. It may be remarked, however, that of the total fixed income of the fund from invested capital as it at present stands about half is due to donations in the past by Lord Mount-Stephen himself.

The Flag was published last week for the Union Jack Club by the *Daily Mail*, and nobody but the Club is to get any profit out of it. The Union Jack Club was opened by the King last July. It has a house near Waterloo Station where soldiers and sailors are provided with the conveniences of a club, and, more than many offer to their members, for there are over two hundred bedrooms. In the first nine months of its existence it was used by over sixteen thousand sailors, over twenty-two thousand soldiers, and over three thousand marines; though practically self-supporting it is embarrassed by its own success, for the number of applications for bedrooms is in excess of the supply, and the Committee wish to build 150 more. The buyer of *The Flag* will have the satisfaction of knowing that his shilling goes intact to the fund for the purpose. He will also have the satisfaction of getting good value for his money—a poem by Mr. Meredith, a continuation of Shakespeare by Mr. Kipling, a gibe at physical culture systems by Mr. Pett Ridge, a very excellent short story of Sir William Gilbert's gallant adventure involving a question of bank notes, a shcr; but very apposite illustration of feminine psychology by Sir Conan Doyle, a drawing-room charade by Mr. W. W. Jacobs, and a number of special plates including three photographs by the Queen, and many drawings in colours and black and white by the principal illustrators of the day. It should be added that the Committee has the ambition to start Union Jack Clubs in all the chief ports and towns on the model of the club in London but on a smaller scale.

ARMY AND NAVY MALE NURSES' CO-OPERATION.—Her Royal Highness Princess Henry of Battenberg opened a novel sale at the Caxton Hall on May 22nd, which was organized to raise funds for the Army and Navy Male Nurses' Co-operation. The sale lasted two days, and

the poor flocked from all quarters. A very substantial sum was realized. The Co-operation is in full working order. Every month the demand for nurses is becoming greater, and the only drawback to the scheme is the want of funds to equip a residential home where the men can lodge in between their cases. It is for this reason the committee is appealing for support. There is no doubt that in a short time the Co-operation will be self-supporting, as the men pay a percentage on their earnings, and when the home is started they will pay for their residence there. We commend the scheme to the public as an enterprise of distinctly patriotic character.

THE FRENCH HOSPITAL.—The fortieth annual banquet of the French Hospital was held at the Hotel Cecil on May 16th. The chair was occupied by M. Paul Cambon, the French Ambassador, supported by the Lord Mayor, the two Sheriffs, many members of the Diplomatic Body and of the medical profession. There were altogether about 300 persons present, and the subscriptions to the funds of the hospital amounted to £4 300. The Ambassador proposed the usual loyal toasts, which were drank with enthusiasm. He then proposed the toast of "The Corps Diplomatique, the Lord Mayor, and the Corps Médical" in most felicitous terms. Dr. George Ogilvie, the Senior Physician, replied in French in his usual felicitous style on behalf of the medical and surgical staff. We are sorry that considerations of space prevent us reporting the speech at full length. The following extract will show its general tenor. Speaking of the medical profession, he said: "Nous sommes un corps uni, et si quelquefois nous ne sommes pas tous d'accord, nos différences d'opinion s'évanouissent comme un léger nuage d'un beau jour d'été, sous l'influence d'un doux zéphyr. Nous faisons tout ce que nous pouvons pour nos chers malades, et nous reconnaissions tous, médecins et chirurgiens, que, si c'est la curiosité des malades qui fait le savant, c'est l'amour des malades qui fait le médecin. Messieurs, il est inutile de vous dire que tout l'art de la médecine ne consiste pas à écrire une ordonnance, ou à faire une opération. Nous avons à l'hôpital bien des malades dont la guérison est assurée, par le repos, le bien-être, et une bonne nourriture, et leur guérison est accélérée par le plaisir qu'ils ont à entendre parler, autour d'eux, leur large maternelle—quelque imperfairement que ce soit."

STATE CHILDREN'S ASSOCIATION.—The annual general meeting of the State Children's Association was held on May 26th, under the presidency of the Earl of Lytton. The Chairman, in his introductory speech, referred to the large number of children supported at the present time out of the rates; 11,602 of these were in barrack schools, and over 23,000 were still in workhouses throughout the country. Their association opposed the placing of children in barrack schools and workhouses, and recommended boarding out, the establishment of small certified and scattered homes, emigration in certain cases, training ships, and trade training schools. There had been a slight decrease during the past year in the number of children placed in barrack schools, while in the number of those placed in scattered homes there had been an increase of nearly two thousand; but there had been an increase during the same period in the number of children admitted to the workhouses. The aim of their association was to abolish the workhouse system with reference to children. A large number of guardians throughout the country were endeavouring to send the children out of the workhouse to be placed in scattered homes, and up to the present seventy unions had either established or were establishing scattered homes. Mrs. S. A. Barnett, the honorary secretary, in giving an account of the year's work, said the association was trying to bring home to guardians that family life was the best life for children. Since the report of the Poor-law Schools Commission in 1896, she had understood that matters had altered a good deal for the better in large schools, and on a recent visit to a barrack school she found no ophthalmia, no ringworm, no feeble-minded children to be the butt of the healthy ones. There still remained, however, the same dull monotony, the same huge dining halls and the entire absence of joy in the faces of the children. All this she hoped would be done away with in time. Lord Edmund Talbot, M.P., spoke with reference to the probation system and said that the association had a very large share in placing that measure on the statute book; while Mr. Pembroke Stephens, K.C., referred to the drawbacks of village communities. Mr. George Toulmin, M.P., and Sir Albert Spicer, M.P., having spoken on the boarding out of Poor-law children and the Children's Bill respectively, the proceedings terminated with a vote of thanks to the chairman.

SCHOOLMASTER'S RESPONSIBILITY FOR FEES.

AN action of some interest was tried recently in Clerkenwell County Court, the defendant being the principal of a school, and the plaintiff a medical man who at his request had attended one of his pupils. The guardian of the latter was resident in Paris, and on being informed of the boy's illness replied, "Spare no expense. Have everything necessary." The boy's illness was very serious, but he recovered. A nurse had been in attendance, and her bill being sent on by the principal, the guardian paid it forthwith, but took no notice of applications subsequently made for payment of the medical man's bill. The principal of the school would not pay the bill himself, and when giving evidence said that he disclaimed responsibility. When the doctor first came he told him that the boy had a guardian in Paris, and that he (the principal) must communicate with him. The Judge said that a school principal was in a peculiar position. If a boy living with him was taken ill he was bound to call in assistance, but he could rid himself of further responsibility by giving full notice to the doctor that he would not be responsible for any future attendance. But to make such a notice a valid defence it must be quite clear that the doctor had agreed to accept some one else, and in this instance he was not satisfied that this was the case. Judgement, therefore, must be for the plaintiff.

MEDICAL FEES AT INQUESTS.

"MEDICAL PRACTITIONER," residing in Hertfordshire, writes to ask whether he is not entitled to more than £2 2s. for making a *post-mortem* examination and attending an inquest, also an adjourned inquest, and giving evidence. He thinks also he ought to be allowed his expenses for travelling from Southampton, as he was taking a holiday there when the adjournment took place. He then wrote a letter to the coroner, expressing his views, and suggesting that if the coroner himself had no power to pay more than the two guineas he would forward his letter to the public authorities having control of such matters. This the coroner did, enclosing the letter sent, to the county council of Hertfordshire, and received the following reply from the Clerk of the Peace: "I am directed by the Hertfordshire County Council to advert to your letter of the 7th inst., and in reply thereto to inform you that the fees paid to the medical witnesses are fixed by the Coroners Act, 1887, Sec. 22, and there is no power to increase the same. I am to return you herewith Dr. H.'s letter."

. By the section of the Act above referred to, the medical fee allowed in this case is 2 guineas, and there is no mention of travelling or other expenses. In the majority of counties the bare travelling expenses are paid to witnesses living over two miles from where the inquest is held and compelled to attend, but this is paid under a schedule of fees and allowances made by the county or municipal authorities, as they may think fit. In the present case our correspondent went to Southampton doubtless with a knowledge of the date of the adjournment, and the journey from his residence was to suit his own convenience. We do not think that under the circumstances he can make any claim for travelling expenses, supposing they were allowable. Any number of adjournments are all considered as one inquest, no extra fee to the medical witness for attendance being allowable under the Coroners Act.

Medico-Ethical.

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

MEDICAL ADVERTISING.

A CORRESPONDENT sends a cutting from the *Penistone Stocksbridge Hoyland Express* for May 16th, which contains the portrait and notice of a doctor who has recently taken up his residence at a village in the district. It is said that "his extensive experience will inspire confidence with those who seek his advice"; that he has "an attractive personality"; that "he will become as popular at _____ as he has been with the patients at the hospitals at which he has practised"; and that he "served in the Boer war."

Such notices are, of course, objectionable from a professional point of view, and if responsibility for them could be brought home to the practitioner concerned his conduct would be open to grave censure.

A DISCLAIMER.

DR. G. NIXON BIGGS (London, S.W.) desires to state that the notice which appeared in the *Daily Telegraph* of May 26th with regard to a recent appointment received by him was inserted without his knowledge or consent.

POPULAR HEALTH LECTURES.

T. O. H.—The delivery of popular lectures on personal hygiene and public health has been so general throughout the country that it may be said to be sanctioned by custom. In a relatively small number of cases exception has been taken to these lectures, sometimes on account of the subject but more often because of the way in which they were advertised, and we think that any lecturer should be careful, in giving his consent, to make it a condition that he shall see the proposed form of advertisement so that he may be able to prevent the publication of anything which would be likely to offend professional opinion. The opportunity afforded to a medical officer of health to address the public on some subject included under "public health" is one of which, we think, he may properly take advantage to teach those lessons which the medical profession has much at heart and thereby be doing good service to his profession while he is endeavouring to enlighten the public.

PATIENTS AND PRACTITIONERS.

INQUIRER asks: A. was called to a new patient, but before he got there B. was summoned and was in attendance when A. arrived. Should B. retain the case or hand it over to A.?

. As A. had not attended the case before and as the patient apparently sent for both he should be left to decide which of them should continue in attendance, but the practitioner who is not chosen is entitled to be paid for his visit.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

In consequence of a report by the Special Board for Medicine it has been decided to change the dates of the Third M.B., Part II, from April and December to June and December. The Board is of opinion that hardship is experienced by candidates, especially in the case of failure at the examination, owing to the unequal intervals between the examinations under the present system. The December examination will, therefore, remain as at present, but the first examination next year will be held in the Easter term on the last Tuesday but one before the end of the term.

Mr. Shipley, M.A., of Christ's College, has been reappointed the representative of the university on the Council of the Marine Biological Association.

Professor Liveing has announced his intention of resigning the Professorship of Chemistry on June 20th next. The council of the senate has recommended that the degree of Doctor of Science be conferred upon him.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

Medical Entrance Scholarship and Exhibitions.

ELECTIONS will take place in September to the following Medical Entrance Scholarship and Exhibitions:

Bucknill Scholarship, value 135 guineas, entitling the holder to the Intermediate Medical Course (including Part II of the Preliminary Scientific) at University College, and the Final M.B., B.S., at the University College Hospital Medical School.

Two exhibitions of the value of 55 guineas each, entitling the holder to the Intermediate Medical Course (including Part II of the Preliminary Scientific) at University College.

Next week will be foundation week. The new athletic ground will be opened by the Vice-Chancellor of the University of London on Wednesday, June 3rd, when the annual athletic sports will be held, and Lady Collins will distribute the prizes. On Thursday, at 8.30 p.m., Mr. J. Lewis Paton, high master of Manchester Grammar School, and formerly head master of University College School, will deliver the foundation oration on the University and the Working Classes, and afterwards the President, Mr. S. J. Willcox, will receive the guests of the Union Society. On Friday the annual smoking concert for the benefit of University College Hospital will be held at Holborn Restaurant at 8.30 p.m. The tickets of admission on these several occasions can be obtained on application, stating the date of period of study, to Mr. P. V. Thomas, Honorary Secretary of the Union Society at the College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

On May 21st the president and council of the Royal College of Surgeons of England entertained at dinner among others Viscount Selby, Lord Aldenham, Mr. Justice Phillimore, Mr. Justice Eve, Sir R. Douglass Powell, Sir William Church, Sir William Collins, M.P.; Sir William Matthews, Sir James Reid, Sir Mackenzie Chalmers, Sir Philip Magnus, M.P.; the Master of the Apothecaries Society, Sir Thomas Crosby; Dr. James Porter, C.B., Director-General of the Medical Department of the Royal Navy; Sir Alfred Keogh, K.C.B., Director-General of the Army Medical Service; Sir Herbert Ellis, K.C.B., late Director-General of the Medical Department of the Royal Navy; Sir Thomas Smith, Mr. Thomas Bryant, Sir John Tweedy, Sir William Bennett. The members of the council present were Mr. Mayo Robson, Mr. H. T. Butlin,

Mr. Pearce Gould, Mr. R. C. Lucas, Mr. J. H. Morgan, Mr. H. H. Clutton, Mr. C. M. Moullin, Mr. Clinton Dent, Mr. G. H. Makins, Mr. Frederic Eve, Mr. Anthony Bowby, Mr. Harrison Cripps, Mr. Bruce Clarke, Mr. F. G. Hallett, Mr. Victor Piarr, Mr. Arthur Keith, and Mr. S. F. Cowell were also among the guests.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.
At a meeting on May 18th, the following were elected Fellows: L. F. Bianchi, W. H. O. Garde, Staff Surgeon, R.N.; J. L. Gilks, D. J. H. Hamman, W. C. Horton, J. Jardine, J. B. Lockerbie, G. McNeill, D. M. Ross, C. W. Smith, and R. H. Swindells.

The Batingate Medal and Books have been awarded this year to Lucy M. Mair of Edinburgh.

ROYAL UNIVERSITY OF IRELAND.
At a meeting of the Senate on May 14th, Dr. J. M. Meanan was appointed an Examiner in Medical Jurisprudence and Hygiene.

A resolution was unanimously adopted urging upon the Government the claims to favourable consideration of the Secretaries, the Fellows, the Curator, the Chief Clerk, and the other members of the staff of the university.

On the motion of Lord Killarmin, seconded by the Earl of Rosse, it was agreed unanimously:

That in the judgement of the Senate the sums proposed to be allotted for the new universities and their constituent colleges for buildings and maintenance are entirely inadequate.

The following degrees were conferred:

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

M.B., B.Ch., B.A.O.—R. G. Kevin, A. H. Joy, J. G. Johnston, M. F. Huston, T. J. Hollins, B.A., D. Barry, A. R. Boyd, T. A. Carson, J. K. P. Clarke, T. P. Luichau, G. H. Martin, T. Arnold, R. N. Berman, W. Bradbury, T. G. Buchanan, E. J. Clarke, Mary Cowby, B.A., E. H. Flanigan, W. S. Graham, H. J. Grant, P. J. Grogan, R. G. C. M. Kinkead, 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. P. White, M. White.

The following gentlemen have been awarded exhibitions in connexion with the recently completed Honours Examination: H. L. Barniville, Catholic University School of Medicine, First Class Exhibition, £25, for the Second Examination in Medicine; W. K. Calwell, Queen's College, Belfast, Second Class Exhibition, £15, for the Second Examination in Medicine; W. W. D. Thomson, B.A., Queen's College, Belfast, First Class Exhibition, £30, at the Third Examination in Medicine; W. Mooney, B.A., Catholic University School of Medicine, Second Class Exhibition, £20, at the Third Examination in Medicine; R. G. Kevin, Exhibition of £21 in the Medicine Group of the Final M.B., B.Ch., B.A.O. Examination; A. H. Joy, Exhibition of £21 in the Surgery Group of the same examination; J. G. Johnstone, Exhibition of £21 in the Midwifery Group of the same examination. The latter three gentlemen are all students of Queen's College, Belfast.

SOCIETY OF APOTHECARIES OF LONDON.
The following candidates have been approved at the examinations indicated:

SURGERY.—H. R. Coombes, †L. G. H. Furber, †E. Lakowski, †G. R. McCowen, †G. Rollason.

MEDICINE.—†E. Lakowski, †G. R. McCowen, †J. M. Murray, *B. Robertson, †H. F. Wright.

FORENSIC MEDICINE.—E. Lakowski, G. R. McCowen.

MIDWIFERY.—E. Lakowski, G. R. McCowen, J. G. Morgan, S. K. Poole.

* Section I. † Sections I and II. † Section II.
The diploma of the Society has been granted to Messrs. L. G. H. Furber, E. Lakowski, G. R. McCowen, and G. Rollason.

OBITUARY.

JOHN COOPER TERRY, M.D., M.R.C.P., J.P.,
CONSULTING PHYSICIAN, MARGARET STREET HOSPITAL FOR
CONSUMPTION.

Dr. JOHN COOPER TERRY, whose death occurred on May 1st, was a man who in the course of a long life played many parts, and in all of them upheld the dignity of the profession to which he belonged and added to the esteem in which it is held by laymen. Though his career proved eminently successful, Dr. Terry started life in unpromising circumstances, and what he won was the outcome almost entirely of his own good qualities. A cadet of an old Yorkshire family, and left an orphan at a very early age, he was brought up by his grandfather, whose means were very limited. Thanks, however, to young Terry's own industry and steadiness he was able to obtain a good general education, and at length to find himself in a position to commence a medical career; and it was at a somewhat later age than usual that he began formal work as a medical undergraduate in Scotland. These initial difficulties

overcome, his progress was rapid, and after the due periods of study at Edinburgh and Glasgow he took the degree of M.D. at St. Andrews in 1845. Meantime he had seen something of life abroad, and he again travelled for a short time when a full-fledged M.D. In less than a year he married the only daughter of the late Mr. Kirton, of Canwick House, Lincoln, a step which in all respects exercised an auspicious influence on his career. Terry did not settle down forthwith in England, but, accompanied by his young wife, went abroad again. He took up his quarters in South Africa, in what was then the newly-founded colony of Natal. There he added to his general attainments by studying law and gaining admission as a qualified advocate in the High Court of Natal, then administered by the somewhat famous Judge Cloete. Terry must thus have been one of the first to effect the now sufficiently common combination of law and medicine. Life in Natal, however, was in those days none too peaceful; there was a constant danger of Zulu inroads, and when, after some five years, a child had been born to him, and he had gained a wide experience of men and affairs, Terry returned home and settled down near his wife's relations in Lincoln. There he quickly won an enviable position in the esteem of his new fellow-townsmen and professional colleagues. Each of the principal medical institutions in the town welcomed him in turn, and long before his career in Lincoln ended he had become Senior Physician to the County Asylum, to the Lunatic Asylum, the General Dispensary, and the Penitent Females' Home. But he possessed other qualities than those which are necessary to success in medicine, and for the exercise of these likewise found scope and leisure. A man of broad views and experience and ready sympathy with ideals and ambitions, he possessed the happy faculty of being able to couch the views of himself and those who sought his assistance in particularly lucid terms; he was, in fact, a singularly attractive and convincing speaker, so it is not remarkable that before he had been many years in Lincoln a place was found for him on the Municipal Council, and later on served an exceedingly popular term of office as Mayor of the city. He was also placed on the Commission of the Peace, and was picked out by the authorities for the important post of Visiting Justice at the County Gaol. The success with which he met in all directions at Lincoln would have satisfied most men, but Dr. Terry had won his position there at a comparatively early age, and being anxious to get still closer into touch with the scientific and political thought of the day, he moved to London in the early Seventies. The new career which he then started was naturally of a less prominent kind than that which preceded it, but nevertheless was one of success. He had already been admitted a member of the Royal College of Physicians, and before he had been long in London he joined the staff of the Metropolitan Free Hospital and of the Westminster General Dispensary. His principal work in the metropolis, however, was connected with the Margaret Street Hospital for Consumption, with the affairs of which he preserved unbroken connexion for the long period of thirty-five years. After holding office as Visiting Physician for five years he became Senior Physician, and as such remained until his retirement some two years ago on appointment as Consulting Physician. When what may be called his third career came to an end Dr. Terry was a man of advanced age, but his interest in life and in all the questions of the day—political, social, and scientific—remained undiminished. Nor did his faculties in any way fail him, and up to the time of his death, which came after a painless illness of a few hours' duration, he remained as interesting a companion as theretofore. His wife predeceased him by eleven years.

CUTHBERT TAUNTON RAIKES, B.A., M.B., B.Ch. OXON.,
M.R.C.S., L.R.C.P.

The news of the tragic death, at the age of 28, of Dr. C. T. Raikes, Resident Medical Officer to the Government Hospital, Singapore, has been received with the deepest regret by his many friends in England. His death was due to plague, contracted some three months after his arrival in Singapore whilst making a *post-mortem* examination.

Raikes was educated at Marlborough College and Trinity College, Oxford, and completed his medical

training at St. Bartholomew's Hospital. He served for several years in the yeomanry, and was a distinguished hockey player, being captain of the Oxford XI, and also playing for Wales in international matches. After holding the appointment of House-Surgeon to the Royal Berkshire Infirmary, Reading, he obtained the post which he was holding at the time of his death. He only left England for Singapore early in January of this year.

His absolute frankness and unfailing cheerfulness will live in the memory of all who now mourn the untimely death of a loyal friend and a true servant to his profession and his country.

THE LATE MR. FOWKE—The funeral service and interment of Mr. Francis Fowke, Secretary to the British Medical Association from 1871 to 1902, took place on the afternoon of May 22nd in the picturesque churchyard at Albrighton, near Wolverhampton, where his father and other members of the family also lie buried. Owing to the difficulty of reaching Albrighton, many old friends who would have wished to be present were prevented from attending. The service was conducted by a cousin of the deceased, the Rev. William Warner, M.A., of Christ Church, Oxford, and Examining Chaplain to the Bishop of Ely. There were gathered at the graveside Miss Fowke (sister), Mrs. Warner, Mr. George Bond, Miss Bond, and Miss Cleavely, an old servant of the family, who had been Mr. Fowke's constant and faithful attendant during his last illness. The Council of the Association was represented by Professor J. T. J. Morrison, and there were also present Professor Saundby and Dr. Langley Browne, past chairmen of Council, Mr. Guy Elliston, General Secretary of the Association, and Mr. E. A. Taylor, representing the office staff. The coffin bore the inscription :

FRANCIS FOWKE,
BORN 8TH OCTOBER, 1839,
DIED 19TH MAY, 1908.

There were a large number of floral tributes, including one from the Chairman and Members of Council "as a mark of esteem for long and faithful service," and one from those members of the head office staff who had worked under Mr. Fowke.

THE LATE DR. CULLINGWORTH—Dr. F. R. HUMPHREYS writes: As honorary secretary to the Midwives Bill Committee I was closely associated with Dr. Cullingworth for nine years. Numerous bills with innumerable clauses had to be drafted during that time, and it was a continual source of admiration to all of us to observe the wonderful command of English which Dr. Cullingworth possessed. The facility and clearness of his language surpassed that of any of the many who took a hand in framing the clauses. After a time, when he took up the construction of a clause we all put our pens down and talked about something else. The exact value to be attached to the words and the avoidance of doubt as to their precise meaning made his phraseology most valuable. The barrister who drafted so many of the bills, Mr. T. Almond Hind, has likewise quite recently passed away.

WILLIAM VERNON, M.R.C.S., L.R.C.P. Edin., died at Bath after a long and painful illness bravely borne. In his younger days he held a commission in the army abroad. He then studied medicine, and held the post of Medical Officer to Framlingham College, during which time he was Surgeon-Captain in the Suffolk Regiment. He afterwards practised at Ditton, near Bath, and later at Weston-super-Mare. Dr. Vernon was a Knight of Grace of the Order of St. John of Jerusalem, and Deputy Commissioner, Southern and Western District, St. John Ambulance Brigade until 1903. Of commanding appearance, fearless in character, capable and thorough in his work, he was always excellent company and most hospitable. He will be greatly missed by his friends.

Dr. THEODORE DUKA, who died recently at Bournemouth in his 83rd year, was by birth a Hungarian. In early life he took an active part in the political and military life of his native country. In 1848 and 1849 he was personal aide-de-camp to General Arthur Görgey, commander of the

7th Army Corps in the Hungarian National Army, and at the battle of Komoró on April 26th, 1849, he received the decoration of the Order of Valour. When the Hungarian forces finally surrendered to the Russians at Villágos on August 13th, 1849, Dr. Duka became a prisoner of war. He succeeded, however, in effecting his escape, and reached London in 1850. Having decided to enter the medical profession he studied at St. George's Hospital, and in 1853 he was admitted a Member of the Royal College of Surgeons of England, of which he became a Fellow in 1866. In 1899 the University of Buda-Pesth conferred on him the honorary degree of M.D. He took the degree of M.D. at St. Andrews in 1853. In 1854 he became a medical officer of the Bengal Army, and in 1856 he was stationed at Monghyr, where he remained through the Mutiny. He retired from the service in 1877 with the military rank of lieutenant colonel, and finally settled in London. He was for some years a member of the council of the Royal Asiatic Society, and he was a Fellow of the Hungarian Academy of Sciences of Budapest. In 1883 the Emperor-King Francis Joseph conferred upon him the Order of the Iron Crown. Dr. Duka was the author of a Life of his countryman, Alexander Csoma de Körös, the earliest student of the Tibetan language, and he promoted in this country the movement which led to the erection of a memorial at Budapest to Semelweiss, the pioneer of antiseptic midwifery, of whom he wrote a Life. He was President of the Tropical Section of the Eighth International Congress of Hygiene and Demography in 1894.

SURGEON-GENERAL WILLIAM SILVER OLIVER, M.D., late of the Army Medical Department, died on April 27th, at Farnborough Park, at the age of 72. He was an M.D. of Halifax, Nova Scotia, and entered the service as an Assistant Surgeon September 15th, 1857, becoming Surgeon, February 3rd, 1872; Surgeon-Major, March 1st, 1873; Brigade Surgeon, August 23rd, 1882; and Honorary Deputy Surgeon-General on retirement, May 1st, 1883. His war record is as follows: Indian Mutiny, 1858—Campaign in Rohilkund: actions of Bugawalla and Nugena, relief of Moradabad, action on the Dojura, assault and capture of Bareilly, attack, bombardment, and relief of Shabjehanpore, capture of fort Bunnal, pursuit of the enemy to the left bank of the Goomtee, destruction of the fort of Mahomdee, attack on and destruction of Shahabad, action of Bungkagong. Campaign in Oude—Actions of Pusgaon and Rissolpore, attack and capture of fort Mittowlie, and actions at Mehundee and Biswah (mentioned in dispatches; medal).

BRIGADE SURGEON GEORGE SACKVILLE SUTHERLAND, M.D., died in London on May 19th. He entered the Bengal Medical Department as Assistant Surgeon, August 4th, 1857, and became Brigade Surgeon December 7th, 1884. He served in the Crimean campaign in 1855-6 with the Turkish contingent in Turkey, and in the Crimea after the fall of Sebastopol (Turkish medal, and 5th class of the order of the Medjidie). He was also in the Indian Mutiny campaign in 1858-9, and was present at the final capture of Lucknow and in operations in Oude (medal with clasp).

DEATHS IN THE PROFESSION ABROAD—Among the members of the medical profession in foreign countries who have recently died are Dr. Sigmund Vidor, Ophthalmic Surgeon to the Stephanie Children's Hospital at Buda-Pesth, aged 72; Dr. Chamberland, Sub-Director of the Pasteur Institute, well known as a collaborator of Pasteur, and author of papers on anthrax and antianthrax vaccination, drinking water and epidemic diseases and other subjects; Dr. A. A. Baer, of Berlin, Medical Superintendent of Prisons, Berlin, and author of numerous writings on the hygiene of prisons, on criminals and their punishment, on alcohol in relation to crime, etc., aged 74; Dr. J. B. Levrey, formerly Senator for the Department of the Haute-Saône; Dr. Giano Cattaneo, of Varese, a well-known Italian dermatologist; Professor Oscar Langendorff, Director of the Physiological Institute of the University of Rostock, aged 55; Dr. G. Guldberg, Professor of Anatomy in the University of Christiania, aged 54; Dr. Riechétillo, Privatdozent in Dermatology and Syphilis in the University of Moscow; and Dr. G. Lorenzo Basetti, of Parma, for many years a prominent member of the Italian Chamber of Deputies.