

kick; in either case I consider that it was inflicted after death. There was no bleeding from ears, nose, or mouth, and no orbital haemorrhage. The necropsy took place eighteen hours after death, and, needless to say, was done with extreme care.

Necropsy.

The body is that of a well-nourished and apparently healthy woman. Rigor mortis well marked. Recent bruise on extensor surface of the left forearm; old burn on dorsum of right hand; old scratch on dorsum of left hand; small bruise on ulnar surface of right forearm; old scar over right breast. Hypostasis well marked. Signs of incipient putrefaction in right iliac region and round umbilicus. No injury to scalp or face. No blood in ears, mouth, or nose. Mouth and throat normal. No glandular enlargement.

Skull.—No sign of fracture. Meninges normal. No meningeal haemorrhage. Cerebrum, cerebellum, pons, and medulla normal. No signs of concussion.

Thorax.—On removing sternum the great vessels and upper part of pericardium were found to be covered by a thymus gland $2\frac{3}{4}$ in. long, 2 in. wide, and weighing $1\frac{1}{2}$ oz. Pericardial and pleural cavities normal; no adhesions and no haemorrhage. Heart—muscle healthy, valves healthy; weight, $8\frac{1}{2}$ oz. Aorta and great vessels, normal. Lungs, normal.

Abdomen.—Peritoneal cavity, normal; no haemorrhage. Liver, normal, 64 oz. Spleen, normal, no rupture, $6\frac{1}{2}$ oz. Pancreas, normal. Kidneys, normal; capsules strip readily. Suprarenals, normal. Uterus and appendages, normal; not menstruating. Bladder, normal. Stomach, no disease; contained half-digested food. Intestines, lymphoid tissue seemed to be rather prominent, otherwise normal.

This autopsy well agreed with the past history of the woman, who seems to have been exceptionally healthy. She had two children, both healthy.

The only conclusion which I could come to, having heard all the evidence, was that the woman died from excitement, mental and physical, causing heart failure; the persistent thymus being in some way a predisposing factor.

The thymus gland seems to reach its maximum size at two years, at which time its weight is about 200 grains (400 grains would be an exceptional weight). The gland generally maintains its size from the second to the eighth year, from which time it gradually atrophies, becoming practically non-existent by the time adult life is reached.

For some time the association between an abnormal persistence of this gland and sudden death, induced by trivial causes, has been recognized. Cases are reported by Fowler of death during the administration of a hypodermic injection, death during an examination with the aid of a spatula, death during light anaesthesia, death during bathing, and death from a superficial burn by a hot-water bottle. In all of the cases mentioned a persistent thymus was found.

In the case which I report an emotion—namely, fear, together with some physical exertion—seems to have determined the fatal result, without any actual violence.

How the gland can have such an adverse influence upon an otherwise healthy body is difficult to conceive.

It is easy to theorize upon the subject; to give an anatomical explanation and say that the close relationship of the gland to the trachea, vagi, and great vessels, affords a clue to the situation; or, again, to give a physiological explanation and say that an internal secretion, which produces a sudden fall of blood pressure, is the determining factor.

A mechanical explanation seems totally inadequate in such a case as I have recorded; and should the persistence of the gland be a danger to those who are its unfortunate possessors, I am inclined to think that the explanation is more likely to be found in the physiology, than in the anatomy, of the gland.

I have been told by an eminent authority on anatomy that the condition of persistent thymus is not altogether uncommon in the female sex. It does not seem to me, however, that this fact in any way negatives the possibility of its malign action in certain cases. In one way it lends support to the idea, as these rather obscure cases of sudden death are far more common in women than in men. Mitral stenosis is a common defect, but it is only in a small proportion of cases that it leads to sudden death.

In conclusion, whatever cause may be allotted to the case in question, I think that the subject of sudden death associated with persistence of the thymus gland—quite apart from the condition known as status lymphaticus—is worthy of the attention of those skilled in medical jurisprudence.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMATIC RUPTURE OF SPLEEN.

E. V., aged 11, was admitted into the South Devon and East Cornwall Hospital, Plymouth, at 10 p.m. on June 22nd, with a history of having jumped from a low wall ten hours previously, missed his footing, and fallen with his belly on a large stone placed across the gutter in a country road.

He appeared in considerable pain, and his abdomen was very hard and rigid, so that nothing could be made out by palpation. There was a superficial abrasion over the left hypochondrium. The pulse was 120, rapid and running; temperature 98°. There was slight dullness in the left flank.

Twelve hours after the accident I opened the abdomen in the middle line above the umbilicus, when some dark liquid blood escaped, and on exploring with the fingers in the splenic region blood could be felt flowing. The left rectus was divided transversely half-way across, to give more room, and the spleen was brought up without much difficulty. It was torn nearly across, its whole surface lacerated, so that suturing or plugging appeared equally futile; it was bleeding freely. The pedicle was clamped, the organ cut away, and the stump transfixed and ligatured. The effused blood was rapidly removed, as far as possible, and the wound closed. No injury to other organs was apparent.

The boy recovered satisfactorily and went out in a month. A blood count by Dr. Pethybridge on his departure showed: Reds 5,200,000, whites 7,400, haemoglobin 70 per cent. I saw him a week or so ago—quite well, to all appearance.

The point of interest was the very little on which to base a diagnosis—practically only the skin abrasion and the slight dullness. He complained of general abdominal pain, and, though the spleen was thought to have been ruptured, the abdominal rigidity only permitted some "catastrophe" to be inferred with absolute certainty. Delay in operation might have been followed by a different result, as the haemorrhage must have gone on steadily.

C. E. RUSSEL RENDLE, F.R.C.S. Edin.,

Assistant Surgeon, South Devon and East Cornwall Hospital.

EUCAIN AND ADRENALIN AS AN ADJUNCT TO GENERAL ANAESTHESIA IN OPERATIONS FOR HAEMORRHOIDS.

THE necessity for complete relaxation of the sphincter in these cases requires the administration of general anaesthetics to a dangerous degree, and demands very constant watchfulness on the part of the anaesthetist, in order to maintain this condition during the whole period of the operation. To paralyse the sphincter without rupturing some of its fibres entails a good deal of force and some judgement. Without an anaesthetist who has had a good deal of experience in this variety of operation, much embarrassment to the operator may occur, owing to the contraction of the sphincter preventing a clear exposure of the area of operation, especially if the requisite dilatation of this muscle has not been procured.

In doing some operations for interno-external piles under eucain I noticed the great ease with which the sphincter could be dilated, and that it remained quite patulous during the operation. It occurred to me that the use of this drug would be of great assistance if combined with general anaesthesia, and I have lately tried it; 10 c.cm. of Barker's solution is injected into the external sphincter on each side of the median raphe, the needle being inserted in the middle line and pushed into the muscle in an outward direction. This is done fifteen minutes before the general anaesthetic is commenced, and by the time the patient is under, the sphincter will be found quite paralysed. It has been found possible to complete the operation under very light anaesthesia—such a degree, in fact, as would be quite useless without previous injection of eucain and adrenalin.

I have been much struck by the comparative absence of pain after the operation—due, I presume, to absence of bruising and tearing of the sphincter. The lessened amount of anaesthetic which is inhaled by the patient

must also contribute to a more rapid return to his normal condition and lessen the anxiety which must occur to both operator and anaesthetist, especially when dealing with private patients.

F. J. W. PORTER, Major, R.A.M.C.

Colchester.

POISONING BY CYLLIN IN AN INFANT.

On August 21st, 1908, an infant of 13 months was admitted into Wrexham Infirmary, having drunk, about twenty minutes before admission, a certain quantity of cyllin. The exact amount taken is unknown, but, according to the infant's mother, it was not much. The mother had been using it for disinfecting some articles used by her husband, who had just been removed from the house with typhoid fever, and, having left the bottle of cyllin on the chair, the child had got hold of it when her back was turned.

On admission the infant was quite unconscious, both conjunctival reflexes absent, the pupils equal, but slightly dilated. There was a strong odour of cyllin in the breath and slight corrosion of the lips. The face was very pallid. Voluntary movements were absent. Apomorphine $\frac{1}{10}$ grain was injected hypodermically, and the stomach tube introduced. The stomach was washed out with warm water. The tube being withdrawn, the infant vomited; the vomited matter looked like undigested food, but smelling strongly of cyllin. The respirations became very slow, cyanosis became very marked, both lips and ears being quite livid. Simultaneously the pulse was becoming feebler and more irregular, till almost impalpable. The respirations had almost ceased, and the heart's action was almost arrested; $\frac{1}{4}$ grain of strychnine was given hypodermically, and artificial respiration applied. After five minutes the respirations improved, the lips became redder, and the pulse stronger. Vomiting recurred. The stomach tube was again introduced, and the organ washed out with warm albumen water. The cyanosis, dyspnoea, cardiac irregularity reappeared, so that the tube was withdrawn, and artificial respiration again started. In a short time the heart recovered, and the respirations improved, but artificial respiration had to be kept up for three hours to prevent relapse, by which time the infant began to open its eyes, make voluntary movements, and show signs of consciousness. For the next three days the pulse was rapid, the temperature 100.6° , and the infant was kept on milk and soup. After this it regained its normal state.

ADAM N. ROBERTSON,
Junior House-Surgeon, Albert Dock Hospital.

ADHESION OF SOFT PALATE TO NASOPHARYNX.

Two children, aged 6 and 11 respectively, were sent to me by the medical inspector of schools, with a note stating that they were suffering from "adenoids." From the appearance of the children I quite agreed with the diagnosis. Neither of them could breathe through the nostrils, and both had every sign of the "adenoid face."

I had them up for operation next morning. On examination under anaesthesia not a trace of adenoids was found. There was not even thickening over the pterygoids. What I did find was a complete adhesion between the naso-pharynx and the soft palate. I tried to get a Gottstein curette up behind the soft palate, but could not force a passage. Ultimately I broke down the adhesions with my finger and made a clean sweep. The haemorrhage was considerable, but the result was eminently satisfactory. The sensation conveyed to the finger was very similar to that by an adherent placenta. Neither of the children had any enlargement of the tonsils. I have had many "nose and throat" cases, but have never before met with any condition such as I have described.

I have looked up all my textbooks, and not one of them mentions a case of the soft palate and posterior nares being adherent. The cause of the condition is not clear, but it occurred to me that it was probably congenital.

Birmingham. F. J. VINCENT HALL, M.B., Ch.B., etc.

Reports

ON

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

ROYAL VICTORIA INFIRMARY, NEWCASTLE-ON-TYNE.

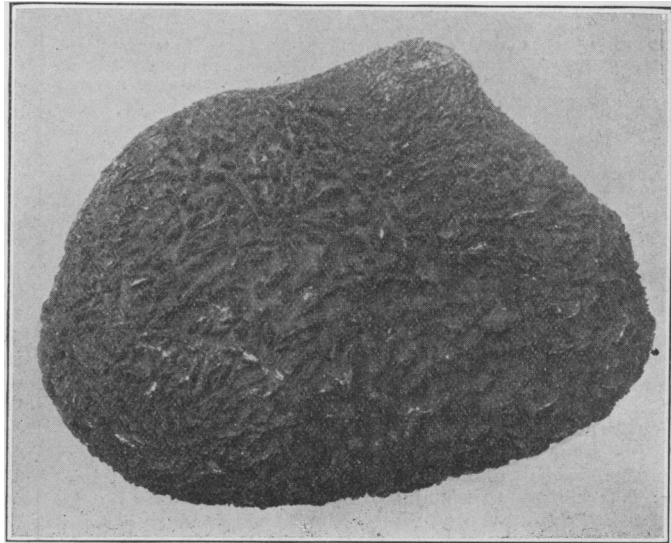
REMOVAL OF LARGE RENAL CALCULUS: RECOVERY.

(By H. BRUNTON ANGUS, M.S., F.R.C.S., Honorary Surgeon.)

J. T., aged 56, a miner, was admitted under my care on July 14th, 1908, complaining of pain in the right loin.

History and Diagnosis.

For six years on several occasions he had had pains in the "small of the back," not confined to either side. A year before admission the pain became localized in the right loin, radiating into the right iliac region, and sometimes shooting down to the right testicle. It was so bad that it doubled him up, and sweat stood in drops on



his forehead; vomiting occurred during two attacks. For twelve months also there had been frequency of micturition, but he had never noticed blood in the urine. Twenty-six years ago he passed a piece of gravel the size of a pea. A radiograph showed the presence of a large calculus in the right loin.

Operation.

On July 17th, 1908, the ordinary oblique incision between the last rib and the iliac crest was made and the right kidney exposed. The pelvis of the kidney was seen to be distended, and a hard body could be felt through the wall. The pelvis was incised in the direction of the ureter and the calculus removed. The pelvis of the kidney was greatly hypertrophied to accommodate the stone; the kidney was little enlarged and seemed quite healthy. A purse-string of medium catgut was passed round the opening in the pelvis, keeping outside the cavity, and tied tightly. The wound was drained with rubber tube and the parietes united with interrupted catgut sutures, silkworm gut being used for the skin.

Subsequent Progress.

The wound healed without any leakage of urine, and the man got quite well.

Specimen.

The stone, reddish-brown and rough, is suggestive of oxalate of lime, but as it has not been sectioned I cannot give the composition. It weighs $6\frac{3}{4}$ oz., is rounded, and comes to a conical point where it projected into the ureter. As the size is unusual, I should like to hear if there is any calculus of larger size removed from the same situation in the museums of our British hospitals. It is interesting to notice that the kidney was not disorganized, but the pelvis had evidently grown with the stone which it accommodated, and urine must have passed all the time.

they had taken to give effect to the recommendation of the Council of May 30th, 1907, that students should be required to produce evidence of having received practical instruction in the administration of anaesthetics. The reply of the Royal College of Surgeons of England to this circular was published in the *BRITISH MEDICAL JOURNAL* of December 26th, 1908, p. 1901. It was to the effect that the desirability of making instruction in the administration of anaesthetics a compulsory part of the medical curriculum was recognized by the Council of the College in 1901, and that in December of that year, in conjunction with the Royal College of Physicians, a regulation was adopted requiring any candidate before admission to the final examination to produce a certificate "of having received, at a recognized medical school and hospital, instruction in the administration of anaesthetics to the satisfaction of his teachers." It was added that questions on the subject are from time to time put to candidates by the examiners of the College.

In reply to a question by Mr. Bramsdon, the Home Secretary stated on December 14th that the General Medical Council did not see its way to support legislation to make practical training in the use of anaesthetics a compulsory part of medical education, but it was communicating with the various licensing bodies as to how far they have given effect to the Council's recommendations on the subject. On December 17th Mr. Bramsdon further asked the Home Secretary whether he would endeavour to obtain by means of an additional column in the next Coroners' Annual Return, the number of cases of death from anaesthesia upon which inquests have been held throughout the country, and whether he would further endeavour to obtain the number of deaths from the same cause reported to coroners in respect of which no inquests had been held. Mr. Gladstone replied that the forms for the next return had already been issued, but he said he would consider whether a special return can be called for. There the matter remains at present. We think, however, that a case has been made out for a comprehensive inquiry into the whole subject by a body competent to deal with it from every aspect, and trained to sift facts and weigh evidence. For this purpose it should include anaesthetists, general physicians and surgeons, coroners and lawyers.

Medical News.

UNDER the will of the late Mr. John Hodgson of Blackpool, the Victoria Hospital in that town and the Foxton Dispensary receive respectively £1,000 and £200.

At a meeting of the Society for the Study of Inebriety to be held at 11, Chandos Street, London, W., on Tuesday, January 12th, at 4 p.m., Professor Arthur R. Cushny, F.R.S., will open a discussion on the action of alcohol.

THE King has been pleased to approve the appointment of Mr. H. H. Clutton, F.R.C.S., to the consulting staff of the Convalescent Home for Officers of His Majesty's Navy and Army, Osborne, Isle of Wight, as from Dec. 23rd, 1908.

At the meeting of the Society of Chemical Industry at Burlington House, Piccadilly, W., on Monday next, at 8 p.m., Drs. S. B. Schryver and R. Lessing will read a paper on a physico-chemical method for comparing the antiseptic value of disinfectants.

DR. DUNDAS GRANT was recently presented by the amateur orchestra, which now numbers upwards of sixty members, including many members of the medical profession, of which he is the founder, with a conductor's desk. At the same time a silver rose-bowl was presented to Mrs. Dundas Grant.

At a meeting of the Nottingham Medico-Chirurgical Society in December a resolution was passed expressive of its appreciation of the public services rendered by Dr. F. R. Mutch, who has long been an Alderman of the city of Nottingham, and recently laid down the office of Chairman of the Health Committee, after filling it with marked success for some eight or nine years. At one time Dr. Mutch was President of the Midland Branch of the British Medical Association.

THE St. Pancras School for Mothers, after a brief closure, reopened its doors on December 16th, 1908, at 37, Charlton Street, Somers Town. Little more than eighteen months have passed since this enterprise, with the assistance of Dr. Sykes, was started as a kind of *goutte de lait*, but the rapid success of the work and its growth in hardly anticipated directions necessitated the provision of roomier

quarters. It is now a centre for health work of all characters, but the prenatal and postnatal care of the child is still its main object.

SOME important additions to the Macclesfield Isolation Hospital were declared open on December 9th, 1908, a feature of the proceedings being a distribution to those present of an account of all the work in connexion with isolation at Macclesfield since the year 1873. This had been drawn up by the present medical officer of health, Dr. J. H. Marsh, and in a series of paragraphs, each covering a period of two or three years, recorded everything done in this connexion by Dr. Marsh's predecessors in office and himself. As it stands the account throws an interesting light on the work which active medical officers of health have to perform, and the difficulties with which they may have to contend. The end of the story is that the locality now has at its command a building capable of accommodating fifty beds (including twelve for patients suffering from small-pox) and thoroughly equipped for its work in every respect. Dr. Marsh is to be congratulated on his successful completion of the task, and on the fact that the value alike of the possession of adequate means for dealing with infectious diseases, and of his own services, seems to be freely recognized in the area in which he works.

THE yearly report of the National Sanitary Department of the Cuban Republic is practically a summary of the monthly *Informe Mensual*, but it is a model of what such a publication should be, and indeed there can be few documents of this nature with a greater elaboration of statistics. The past year is of importance in the annals of the island as the first in which all the sanitary services passed into the exclusive control of the National Board of Health instead of being in large part under local management, and consequently inadequately equipped and trained. Had the National organization been in force at the time of the outbreak of yellow fever in Cienfuegos in August last, it is probable that the disease would have been more quickly mastered. Altogether, during the year, there were 168 cases of yellow fever in the island, of which 56 proved fatal, but only 6 cases occurred in Havana. For the statistician there are some points of interest in the report. Both in the case of white and coloured parents there is always, curiously enough, a marked preponderance of male over female children among legitimate births, while in illegitimate births there is a preponderance of female over male in the coloured people, persistent throughout the years apparently, and in the whites, though not an actual preponderance of females, a much lessened proportion of males, the numbers being nearly equal—34,810 males to 33,927 females. But it is noteworthy that in the statistics of the sex of stillborn children (it is to be regretted that no record of this nature is kept in England) there is a large preponderance of males—337, as against 240 females. The total mortality has increased during the past year, rising from slightly over 30,000 to 34,000; the annual death-rate being 16.99, which cannot be said to be high. The least healthy months were June and July, with 3,620 and 3,920 deaths respectively; the most healthy November and December, with 2,142 and 2,228.

MEDICAL SICKNESS AND ACCIDENT SOCIETY. — The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on December 18th, 1908; Dr. de Havilland Hall in the chair. The accounts presented showed that the growth of the society was still satisfactory, the number of new entrants during the year being exceptionally large. The question of the investment of the large funds of the society once more occupied the attention of the committee, and it was resolved that the plan hitherto adopted of keeping one-half on liquid—that is, Stock Exchange—securities, and the other half in advances to local bodies and other similar more permanent forms of investment, should be continued. The forthcoming valuation of the business was discussed, and it was resolved that the calculations should be made upon the same tables of mortality and sickness experience and at the same rates of interest as on previous occasions. The sickness experienced during the autumn of 1908 has been exceptionally light; but several additions have been made to the list of chronic cases—that is, of members who are not likely ever to be able to resume professional work, and will accordingly in all probability draw the society's half pay, usually 104 guineas a year, until the limiting age of 65. This is a risk almost peculiar to the business of this society, and at each valuation a substantial special reserve is made in respect of it. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.

M.D. in Pathology,—O. C. Gruner (University Medal), University of Leeds.

M.D. in Midwifery and Diseases of Women.—F. Alcock, Guy's Hospital; D. H. de Souza, D.Sc., University College Hospital; R. A. Hendry (University Medal), University of Liverpool; Ethel F. Iredell, B.A., London (Royal Free Hospital) School of Medicine for Women; C. A. L. Mayer, Guy's Hospital; A. Randle, University College Hospital.

M.D. in State Medicine.—Barbara Tchaykovsky, B.Sc., London (Royal Free Hospital) School of Medicine for Women and University College.

M.D. in Tropical Medicine.—H. R. Nutt, St. Mary's Hospital and London School of Tropical Medicine; O. Marriott, Guy's Hospital and London School of Tropical Medicine.

M.S.—W. R. Battye, B.Sc., University College Hospital and St. Bartholomew's Hospital; A. J. Blaxland, University College Hospital; C. A. Moore, University College Bristol and London Hospital; H. J. Nightingale (University Medal), St. Thomas's Hospital; *H. B. Whitehouse, St. Thomas's Hospital and University of Birmingham.

* Obtained the number of marks qualifying for the University Medal.

UNIVERSITY OF LEEDS. FACULTY OF MEDICINE.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH B. Part I.—W. T. Hessel, A. Riley, C. G. K. Sharpe, and A. E. Taylor.

Part II.—H. Vallow.

The degree of M.B., Ch.B. has been conferred on Mr. Vallow, and the diploma in Public Health awarded to Captain H. C. R. Hime, M.B., Ch.B. Victoria.

THE NEW IRISH NATIONAL UNIVERSITY.

At the first meeting of the Senate of the National University held last week, the Right Rev. William Walsh, D.D., Roman Catholic Archbishop of Dublin, was unanimously elected Chancellor.

UNIVERSITY OF DUBLIN.

At the close of the Michaelmas term on Saturday, December 19th, 1908, the Senate of Dublin University met in the Examination Hall, Trinity College, and duly installed the Right Hon. Viscount Iveagh, K.P., as Chancellor, in succession to the late Earl of Rosse.

The following degrees were conferred at the same meeting:

M.B., Ch.B., B.A.O.—R. J. Attridge, J. C. Baker, J. F. Clarke, G. Halpin, G. A. Jackson, N. P. Jewell, G. Knapp, G. G. Mecredy, G. A. Nicholson, T. Ryan, F. N. Smartt, H. V. Stanley, H. S. Sugars, A. S. M. Winder.

M.D.—J. J. Abraham, R. Bailey, H. English, G. Halpin, D. F. Hunter, G. F. W. Leech.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.

DR. F. W. MOTT, F.R.S., senior physician to Charing Cross Hospital, presided at the prize distribution on December 18th, 1908. The report presented by the Dean, Mr. F. C. Wallis, F.R.C.S., referred with regret to Lord Kilmorey's resignation of the chairmanship of the hospital and to the death of Dr. Montague Murray. Dr. William Hunter had succeeded to the post of physician, and Dr. R. C. Jewesbury had been appointed assistant physician. Dr. Routh had been succeeded as Chairman of the School Committee by Dr. F. W. Mott. Owing to the able management of the secretaries of the Students' Club, particularly Mr. D. P. Williams, the long-wanted alterations in the club-room had been carried out. The prizes were presented by Mr. J. H. Morgan, consulting surgeon to the hospital. The Epsom Scholarship was won by Mr. A. M. Jones, the Huxley Scholarship by Mr. E. A. Sutton, the Governors' Clinical Gold Medal by Mr. T. W. Jones, and the Universities Scholarships by Mr. C. W. Shepherd and Mr. W. R. Thomas.

Mr. Morgan afterwards delivered an address to the students and their friends, expressing his congratulations on the successes which had been won in the examinations during the year and on the success of the Students' Club. He discussed the value of a small hospital as compared with a large hospital from the point of view of medical training. He said that he was not infrequently asked by parents to what school they should send their sons, and he found that it was the general impression that the larger the hospital the better the opportunity for learning. That he ventured to doubt. Six cases well studied and carefully noted were of more instructive value than sixty of which the student could have only a cursory knowledge. It was not the rare and obscure cases that they would have to deal with in private practice; what would serve them best was an intimate acquaintance with the more common types of disease. Once students had entered the wards or out-patient rooms as clerks or dressers they would largely have to instruct themselves. Careful note-taking was valuable, because it not only induced the habit of accurate observation, but it also impressed a case upon the mind in a way that nothing else could. It was once his fortune to gain a prize for a series of notes of cases, and though it was many years ago, every case was vividly recalled to his mind when he read the notes. If they had any facility for drawing, they should cultivate and make use of it in their notes—there was nothing which gave a better power of estimating size and proportion so useful alike to the physician and the surgeon. It used to be thought necessary for any one who sought to follow the higher lines of medical work to study at a German university or school, but so good and so practical was the teaching, and so great the experience to be gained at home, that in general it was better not to go abroad, except, perhaps, for special work.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following gentlemen have been approved at the twenty-eighth sessional examination:

*Captain H. R. Dutton, I.M.S., *Captain H. E. Stanger Leathes, I.M.S., *J. Macgregor Smith, *W. H. Thresher, *H. B. Kent, *Captain H. C. Brown, I.M.S., *T. H. Suffer, *H. S. Coghill, A. Copland, S. R. Shirgaokar, *J. G. Copland, A. G. Payne, P. Stallard, S. A. McClintock, *P. F. Foran, *S. C. G. Fox, *O. G. F. Luhn, *T. H. Dugon, Miss E. Shephard, W. C. Hossack, Captain A. Spitteler, I.M.S., A. Tröndle, *S. MacLaine, J. A. Browne, O. Marriott, *E. Slack.

* With distinction. † Colonial Service.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

Surgery.—*D. F. Dobson, *J. M. Fische, *W. N. Pickles, *A. F. Reardon.

Medicine.—*H. W. B. Danaher, *D. F. Dobson, *J. M. Fische, *J. S. H. Lewis, *H. A. Parker, *W. N. Pickles, *S. H. Watton, *R. P. Wyld.

Forensic Medicine.—A. H. C. Dawes, D. F. Dobson, J. M. Fische, W. N. Pickles, H. T. Roberts.

Midwifery.—D. F. Dobson, J. M. Fische, J. B. Moore, W. N. Pickles, G. G. Rigby, J. W. Williams.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. D. F. Dobson, H. A. Parker, and A. F. Reardon.

Contract Practice.

FRIENDLY SOCIETIES AND MEDICAL CONTRACT RATES.

SIR,—Letters appear periodically in your columns referring to the remuneration received by club doctors, but nothing is done to remedy the grievance.

Perhaps the following facts about the financial position of the leading Friendly Societies may interest those who are paid by the same societies 4s. per annum for adults and 2s. per annum for juveniles.

	Capital.	£	s.	d.
Manchester Unity of Oddfellows	13,822,043	6	11	
Ancient Order of Foresters	7,696,269	11	5	
National Deposit Friendly Society	874,820	17	4	
Rational Associated Friendly Society	600,000	0	0	
Grand United Order of Oddfellows	1,446,063	17	0	
Independent Order of Rechabites	2,018,635	0	0	
Loyal Order of Ancient Shepherds, Ashton				
Unity	1,024,827	0	0	
United Ancient Order of Druids	310,000	0	0	
National United Order of Oddfellows	400,000	0	0	
Order of Druids	188,360	0	0	

These figures refer to 1908, and show that ten societies have between them a total capital of over twenty-eight million pounds. From the paper in which this statement appeared I quote the following:

The registered friendly society usually provides a medical benefit, by which skilled medical attendance and medicine is secured to the members at about the same cost as in a collecting (insurance) company is paid for the collection of the contributions.

From this it seems that our skilled services are valued at the same rate as the unskilled work of a collector of pence.

Some years ago, when I held an appointment as colliery surgeon, my assistant was once invited to "have a drink" with a club patient. Upon his declining the offer, this is what the collier said: "Ah! you're too proud to drink with me, but you're nowt but my servant, my b—servant"; and that, I think, exactly describes the position of affairs.

We, who have spent much time and money in getting qualified, are practically in a degrading bondage to the very men who themselves are always insisting on a fair wage, and we tamely submit, instead of taking a leaf out of their book, and by united action forcing them to come to our terms.

Is it not possible to get every medical man to promise not to accept club work excepting upon such terms as may be agreed to by a central committee? Surely those who do not hold club appointments could be brought to see that indirectly they would also benefit by supporting such a resolution, even if no higher motive would influence them.

So far as I can ascertain, the only reason why all club doctors do not strike for adequate pay is that they fear their colleagues or opponents would step in and take their appointments, which implies that our standard of conduct is considerably lower than that of the working man.

Is this really so? I doubt it, and believe that the majority of our members would be loyal.

Could not the experiment be tried—say in one Division—of sending circulars or postcards to every medical man in the district to ascertain how many would give their support?—I am, etc.,

South Brent.

F. W. STYLE.

Obituary.

GRIFFITH GRIFFITHS, L.R.C.P.EDIN.,
M.R.C.S.ENG., J.P.,
PONTARDAWE.

WE regret to announce the death of Dr. Griffith Griffiths, J.P., of Pontardawe, which occurred at his residence on December 17th, 1908, after a long illness. Dr. Griffiths was born in January, 1840, at Alltwen, Swansea Valley, the son of an independent minister—the Rev. Philip Griffiths, a man of marked individuality and the possessor of great influence in his sphere and time. After several years spent at the village school he went to the Normal College, Swansea, at that time the most noted secondary school in Wales, whose head master, Dr. Evan Davies, admittedly, apart from the success of the school, did more towards educational reform in Wales than any other man of his time. From school, as was then the custom, Griffiths was apprenticed to the late Mr. John Paddon, M.B.Lond., at Swansea, who at the time was Surgeon to Vivian's copper works, and conducted also a large private practice. In 1859 Griffiths entered at University College Hospital, and whilst there obtained the gold medal in *materia medica* in 1861, and the first silver medal in midwifery in 1862. In 1864 he became M.R.C.S.Eng. and shortly afterwards L.R.C.P.EDIN. At University College he had as fellow student Sir John Williams, and the strong friendship which then sprung up was known to have lasted throughout subsequent years. Before leaving London Griffiths served for a short time as house-physician to the Brompton Hospital for Consumption; he returned to Wales and settled in practice in Pontardawe, and soon after through a death vacancy succeeded to all the district public appointments as well as to an extensive private practice. He was a neat and pains-taking surgeon and was much in request as an accoucheur. From his early manhood he was troubled more or less with winter cough; latterly this became aggravated and the usual complications supervened. From these he died on December 17th, leaving a widow and an only child, now married to Dr. O. Evans, who for some years had done much of his professional work.

A few years ago Dr. Griffiths was made a Magistrate for Glamorganshire, and until his health failed took a keen interest in petty sessional work. He was always very good company, and had a memory well stored with folklore and Welsh literature. In his younger days he was very fond of music, and devoted much time and labour to Welsh choir singing; it was the pride of his life to talk of the gold watch and chain presented to him by his father's congregation for his successful efforts with the chapel choir. At the Pontardawe Board of Guardians on December 17th, 1908, Mr. Herbert Lloyd feelingly referred to the death of Dr. Griffiths, and moved a vote of condolence with the family; the vote was adopted in silence.

WE regret to have to record the death, at Beyrout, on November 22nd, 1908, of JOHN WORTABET, M.D., in the 82nd year of his age. He was for many years Professor of Anatomy at the Medical College and Physician to the Hospital of the Knights of St. John in that city. He published some years ago an Arabic version of *Gray's Anatomy* for medical students in Syria and Egypt. He was also the author of several medical works in that language and the writer of a number of articles on plague, leprosy, and allied subjects in the British medical magazines. Dr. Wortabet was the recipient of the Order of the Medjidieh and of the Knights of St. John in recognition of his professional services. His death is mourned by three daughters and three sons, who survive him, two of the latter being members of the profession. His loss will be felt also by a large circle of friends, amongst whom are many of his former pupils.

Dr. JUSTIN LEMAISTRE, who died recently, was for many years Professor of Anatomy in the Medical School of Limoges, and a leading practitioner of that town. He was *interne* of the Paris hospitals, and took the degree of Doctor of Medicine in 1875. He was the author of writings on external oesophagotomy in children, peritonillar abscess, and on the air of Limoges and its porcelain factories. He was the first to describe *perilèche*, a con-

tagious disease of the mouth occurring in children caused by the *Streptococcus plicatilis*, which lives in wells, and is transmitted to the lips by unclean drinking vessels. This discovery was published in 1886.

DEPUTY INSPECTOR-GENERAL WILLIAM SPENCER LIGHT-FOOT, R.N. (retired), died on December 14th, 1908. His commissions were thus dated: Surgeon, March 31st, 1880; Staff Surgeon, March 31st, 1892; Fleet Surgeon, March 31st, 1896; and Deputy-Inspector-General of Hospitals and Fleets on retirement from the service, June 9th, 1904. He was surgeon of the *Decoy* at the bombardment of the Alexandria Forts in 1882, receiving a medal with clasp and the Khedive's bronze star; he was also in the operations near Suakin, in the Eastern Soudan, in 1884, receiving an additional clasp.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Bela Weiss, of Vienna, sometime editor of the *Wiener medizinische Presse*, who had earned a high reputation by his writings on general subjects, aged 70; Dr. Eloi Dudo, Deputy Professor of Anatomy in the Medical Faculty of Bordeaux, and a surgeon of considerable reputation; Dr. Felizet, Surgeon to the Paris Hospitals and General Secretary of the Paris Surgical Society; Dr. Joffroy, Professor of Clinical Mental Pathology and Diseases of the Encephalon at the Paris Medical Faculty; Dr. Benjamin Anger, formerly Surgeon to the Paris Hospitals and *professeur agrégé* of the Faculty of Medicine; Dr. Alejandro San Martín y Satrustegui, Professor of Clinical Surgery in the Central University, Madrid; Dr. Vincenzo Brigidi, formerly Professor of Morbid Anatomy in the University of Genoa, and author of numerous monographs on pathological subjects, aged 70; Dr. Theodore Jules Ernest Hamy, Professor of Anthropology at the Paris Museum of National History, Member of the Paris Academy of Medicine, and author of a treatise on human pathology and of numerous works on anthropology, aged 66; Dr. Georg von Rindfleisch, Professor of Pathology in the University of Wurzburg, author of a *Textbook of Morbid Histology*, *Elements of Pathology*, and smaller works on tuberculosis and scrofulosis, in his 72nd year; Dr. Ferdinand Jouvenel, Director of the Sanatorium at Montigny en Ostrevant, founded a few years ago under the auspices of the Ligue du Nord contre la Tuberculose, a post for which he was selected by Professor Calmette; Dr. Andrew J. McCosh, a prominent surgeon of New York, aged 50; and Professor J. Schnadel, Director of the First Ophthalmological Clinic of the University of Vienna, aged 66.

Public Health

AND

POOR-LAW MEDICAL SERVICES.

EXAMINATION OF FOREIGN MEAT.

REGULATIONS made by the Local Government Board under the Public Health (Regulations as to Food) Act, 1907, subjecting certain kinds of imported meat intended for consumption in this country to more stringent examination, came into force on January 1st. The Board, being very properly desirous of securing uniformity in the administration of the regulations at the various ports of entry, has issued a circular to all the port sanitary authorities and certain borough and district councils containing advice as to the manner of procedure to be adopted under particular circumstances. Imported pork in portions less than the entire carcass may now be detained by the Customs officer for examination by the medical officer of health unless the package containing the consignments is accompanied by a certificate from a competent authority in the place of origin that the pig at the time of slaughter was free from disease, and that the dressing, preparing, and packing of the carcass has been carried out properly and with a view to the prevention of danger to the public health if the meat is used as an article of food. A schedule of official certificates which will be accepted by the Board is in course of preparation. Where the presence of tuberculosis is discovered in pigs imported whole the medical officer of health is advised to condemn the whole carcass as unfit for human consumption in accordance with the recommendation of the Royal Commission on Tuberculosis, 1896. It is very certain that the work of the sanitary officials concerned in the administration of these regulations will be very great, so that it is not at all surprising to find that the Local Government Board anticipate the necessity for appointing assistant officers, who, it is needless to say, should be specially trained for the work they will be required to perform.