

next, and the leg last; whereas if the pressure be on the internal capsule the leg would be likely to suffer first, the arm next, and the face last, if at all. But in reality no very definite information is forthcoming as to the production of hemiplegia in this way through pressure on the internal capsule. Where the crus is to be held responsible for the paralysis we may reasonably expect involvement of the third nerve, with as a consequence crossed paralysis, in which ptosis, external strabismus, and the other manifestations which result from paralysis of the oculo-motor nerve are present on the side of the abscess, while paralysis of the face and limbs obtains on the contralateral side.

A further analysis of the hemiparesis may enable us to determine some spasticity or increased tonus of the muscles of the affected limbs, which contrasts with the hypotonic condition to be expected in the muscles in cerebellar hemiparesis, and while the increase of the knee-jerk may differ in no way from that which is met with in cerebellar abscess, it may be possible to evoke ankle clonus, or to elicit a plantar reflex of the extensor type, either or both of which would stamp the hemiplegia as of cerebral rather than of cerebellar origin. As a cerebellar abscess, like an intracerebellar tumour, is not characterized by affection of cranial nerves, it follows that when, as sometimes happens, the third nerve is affected, owing to involvement of the crus, we may take this as positive evidence strongly in support of the temporo-sphenoidal lobe as being the seat of the mischief and not the cerebellum.

#### *Dilated and Stable Pupil.*

Apart from the defect of the pupil which may obtain in conjunction with the other manifestations of paralysis of the third nerve, it has been repeatedly observed that the pupil on the side corresponding to a temporo-sphenoidal abscess has been dilated and stabile, so that there is little doubt that this is a valuable sign in the localization of intracranial abscess. It cannot, however, be said that such a condition of things never obtains in the case of abscess of the cerebellum, for Griffith has recorded a case of abscess of the right lobe of the cerebellum in a boy in whom the right pupil was widely dilated. Both pupils were, however, large in this case, and the knee-jerks were abolished, so that there was evidently marked increase of intracranial pressure, and the defect was evidently a secondary consequence of the abscess rather than a direct result of the cerebellar disease.

#### *Reflexes.*

With or without definite hemiplegia, the reflexes may be altered on the contralateral side in the way that has been already described, but in addition to this special attention must be directed to the abdominal reflexes, which may be abolished or diminished on the side contralateral to an abscess of the temporal lobe.

#### *The Value of Negative Points.*

In attempting to come to a definite conclusion in a matter that often presents so many difficulties it becomes important that we should pay almost as much attention to negative as to positive points. It thus follows that when in a given patient we are in search of an abscess of which there is evidence from the general symptomatology which characterizes intracranial suppuration irrespective of its precise seat, we must allow certain negative points to favour the temporo-sphenoidal lobe as opposed to the cerebellum, and vice versa. Thus it is that complete absence of vertigo or other evidences of disturbances of co-ordination, and the absence of nystagmus, must be allowed their proper place in our deliberations, and must be regarded as favouring the probability that the abscess is in the temporo-sphenoidal lobe and not in the cerebellum. Great care is, however, necessary in making a proper use of such negatives, for, as has already been said, it is often extraordinary how few indications of disturbance of cerebellar function may obtain, in spite of the presence of an abscess in the organ. From the cerebellar standpoint the absence of aphasia is to be regarded as a negative point in favour of an abscess in this organ, as opposed to the cerebrum, but we cannot forget that it is only when an abscess exists in the left side of the brain in right-handed individuals that such disturbances of speech are to be expected, and moreover, that but a limited region of the temporal lobe is concerned with speech processes, so

that a considerable area of the brain may be involved in this region, even on the left side, without aphasia resulting.

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## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### GOUNDON.

I REPORT this case, as it is probably the first recorded for Nyasaland (British Central Africa), and because of the interest which attaches to its history.

The patient, a girl aged about 14, daughter of a local chief of the Yao tribe, her mother being also a Yao, was sent to me on April 21st by the Mission authorities from Domasi, ten miles from Zomba. Her history was that about a month ago, on waking in the morning, a fly went up one of her nostrils. She compressed the nostril, and on releasing it the fly flew out. A week after this there came a discharge of blood from both nostrils accompanied with about ten "worms," described as being nearly half an inch in length, of a whitish colour and black at one end. The bleeding continued for a day or two longer and then ceased; there was no pus. After this she became aware of a pain over the bones of the nose, later a swelling became apparent, though there was no commensurate increase of pain. She stated that the swelling was gradually growing larger.

The condition was diagnosed as goundon, the nose having an expanded appearance about its middle, giving a false sense of flatness. Externally there was no inflammation or signs of any having previously occurred, the skin being quite natural and not adherent to the bony structure beneath. There was no tenderness; at the situations of the nasal processes of the superior maxillae small exostoses about the size of a pea, though more or less of oval outline, directed downwards and outwards, smooth and symmetrical, were felt on both sides. On examining through the external nares ulceration was observed on both sides of the septum, extending to the sides of the nostrils, but situated chiefly in the mucous membrane covering the upper lateral cartilages. It could not be said that there was a discharge; the nostrils were moist and the ulcers were covered with soft crusts. There was a rather disagreeable odour noticed during examination. The nasal ducts were patent, there was no epiphora. The sense of smell was impaired to a slight degree only. The patient was otherwise in good health.

This tallies with Macleod's theory of the causation of this disease, and more or less with descriptions of it. There is no reason to believe that the history given by the girl is otherwise than true, though the statements as to length of time must not be taken too literally. The information regarding the larvae was volunteered before any questioning referring to them. The patient stated she had never had yaws, and there were no such lesions.

The fly is said to have been a small one, and not either the *A. luteola* or *Bengalia depressa*, both of which are to be found in this Protectorate, and are familiar to my servant, who acted as interpreter. Whether the fly went in to deposit its larvae, or whether the larvae were discharged by the pressure exerted by the patient, as mentioned above, I do not know, but it is a matter familiar to all that a fly full of larvae requires very little pressure to expel them.

Slides were prepared from scrapings from the nose and stained with thionin blue, carbol-fuchsin, and Gram's iodine. The organisms observed in these were cocci, and could be termed streptococci, though the chains were not long—not more than five or six in a row. They retained the stain with Gram's. These were the only organisms observed.

J. O. SHIRCORE, M.B. Edin.,  
 Medical Officer.

Zomba.

## ANASARCA IN AN INFANT.

CONSIDERABLE interest has been of late years exhibited in the question of the excretion of common salt from the body. This fact, supported by Vidal's contention that a saltless diet is best in cases of renal disease, is ample excuse for recording the following case.

A boy, aged 10 days, a first baby, presented an appearance of marked anasarca. The arms and legs were much swollen, the skin shining. One eye was completely closed by oedema, and the palpebral fissure on the other side was a mere slit. The skin on the trunk also was distended and pitted on pressure. The umbilical scar was healing nicely. There was no throat trouble, cervical adenitis, or cough. The child was apparently comfortable, did not cry much, and took its food fairly well. The bowels were regular, and he passed water freely.

The history was that the confinement had been uneventful; the mother only having a slight show of milk the baby was bottle-fed on the third day. On the sixth day compliments were passed on its admirable progress. On the eighth, suspicions were entertained that all was not well, and on the tenth I was sent for.

There being no evidence of acute trouble due to chill or infection, for example, diphtheria, or of secondary trouble due to heart lesion (nor did the appearance suggest such), a diagnosis of congenital renal inadequacy was made, and a very guarded prognosis given to the father. He was instructed regarding constant warmth, wrapping in cotton-wool, etc., and also in the preparation of a mixture of barley water, milk, and cream. Hereupon he demanded: "And what about the salt, doctor?" "What salt?" "The salt in the bottle. The nurse always puts salt in the bottle." "You mean sugar." "No, salt, see here's the packet." This was news to me. I have heard of nurses prescribing many weird concoctions, but not salt for a newborn baby. I elicited that the nurse, who came morning and evening, prepared a sufficiency of food for the day, leaving it conveniently placed for the mother to administer when alone. Each time a quantity of salt was added by the nurse, but the amount could not be determined. Stringent orders were given that the food must be made as advised, and a placebo was sent. All attempts to obtain a specimen of urine not unnaturally failed, as the mother was not in a fit condition to arrange mackintoshes and carefully watch the child. During the next two days the rate of swelling diminished, and during the next two there was marked subsidence; when the infant was seventeen days old he presented a pitiable appearance, a mere skeleton with loose hanging skin. Mother and child were then sent to relatives in the country, and at the end of the sixth week the child appeared well and flourishing.

Apparently there can only be one explanation of the case. The absence of any of the usual causes of anasarca, coupled with the speedy recovery without any definite treatment except the cessation of salt administration, point conclusively to the salt having been the cause of the trouble.

Manchester, S.

JOHN D'EWART, M.B.Lond., M.R.C.S.

## TREATMENT OF SUPPURATIVE OTITIS.

I PUBLISH the following case as it is a fair example of the benefit that may often be derived from a very simple and safe operation. Last year I had occasion to perform several otiectomies for the cure of suppurative otitis, and in every case a good result was obtained.

A man aged about 40 had suffered from an infected middle ear (right) for several years, and had been under the care of a well-known specialist. His chief complaint was "stone deafness" on the right side, with a distressing sensation of "deadness" on the same side of the head as well. Both these conditions had continued for some years. He could not hear a watch or fork at meatus. I told him that clearing out the middle ear had improved the hearing in many such cases, and had not infrequently relieved troublesome symptoms referable to the ear disease (one such, vertigo, reported in the BRITISH MEDICAL JOURNAL in 1908). Accordingly I cleared out the middle ear through the meatus in October, 1909, with little or no discomfort after the first few hours. The patient, an officer in the army, was able to resume duty at the other end of the country in two days after the operation.

I saw him again for the first time last week. He

assured me he had lost the unpleasant feelings that had so long troubled him, and he could now hear conversation with the right ear, though carried on in a low voice. He could hear the watch at about 3 in. from the right ear.

London, W.

FAULDER WHITE.

## Reports

ON

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

ROYAL NAVAL HOSPITAL, YOKOHAMA.

SOAMIN IN VIRULENT SYPHILIS: A STRIKING CASE.

(By THOS. D. HALAHAN, F.R.C.S. Edin.,  
Fleet Surgeon, R.N.)

A. B., aged 32, was admitted on April 27th, 1909, suffering from three chancres (non-indurated) and from suppurating inguinal glands. He complained also of headache, facial neuralgia, and pains in the limbs. His temperature was raised at night (100-101°). The chancres were contracted from a Chinese woman, appeared about three weeks after contraction, and had been present about three weeks.

The glands were removed under ether on May 9th, and the wound readily healed. Owing to the sores proving intractable, and the long history of incubation, the patient was placed on mercury; still up to May 18th there was no definite indication of syphilis as regards glands, induration, rash, or otherwise. On May 18th he suddenly developed severe periostitis of the sternum, ribs, clavicles, and the spines of the scapulae; this was followed by a severe pustular eruption, muscular rheumatism, and an aggravation of the neuralgia. The patient developed also deep ulceration of the pharynx and left tonsil, and could hardly swallow food of any kind. On May 25th his hips, ankles, and knees became swollen and painful. On June 7th he was seized with sudden dyspnoea due to pericarditis, a well marked to-and-fro rub being present; there was no recognizable effusion. The rub disappeared in a week, recurred, and then again disappeared. At the end of June he developed rupial sores on the face and a few on the trunk and limbs.

Treatment was most difficult. The varied means adopted for dealing with the formidable local manifestations need not be detailed here; the real difficulty was constitutional treatment. Mercury, even in small inunctions, and combined with internal administration of quinine, salivated him at once, and potassium iodide just as promptly produced coryza and a facial eruption. At last it was determined to try soamin, and the effect was remarkable, though not at first. He was given 8 grains on alternate days by intramuscular injection. The evening temperature came down to normal (from 101°) after three injections, but not much change took place in his symptoms until he had been given 60 grains. Then the patient, who had been racked with rheumatism, neuralgia, and the irritation of the rupial sores, who could hardly stir hand or foot on account of the periostitis, and could barely swallow sufficient food on account of the ulcers in his throat, suddenly began to mend. The rupial sores healed; the rheumatism, neuralgia, and periostitis disappeared; and the ulcers on tonsil and pharynx healed. The soamin was continued up to 100 grains, and in August a second course of 100 grains was commenced. The patient was discharged on August 23rd, being then free from all symptoms except slight alopecia and two ulcers on the arms not quite healed.

The extraordinary virulence of the infection and the striking result obtained with soamin seem to make the case worth reporting. Writing on December 19th, 1909, the patient stated he was then free from symptoms. It should be added that during the latter part of the soamin course he was getting potassium iodide also in 20-grain doses four times daily; whether this contributed to the result I cannot say, but the point is worth noting; and also that the soamin enabled the patient to take potassium iodide, which he could not tolerate at all previously.

The circulation of the petition papers requires organization; but the "Universal Service Petition" is in no sense a permanent body, and it is hoped that the work will be accomplished by voluntary effort in a period to be estimated in weeks.

The work is supported by numerous members of the existing patriotic organizations, and it has to-day received the official blessing of the "National Service League," of which Lord Roberts is president.

In each parish and village the doctor is the man who is in touch with every individual. He is, therefore, the man to initiate a movement springing from a popular desire, and it is hoped that a very large number of medical men will communicate with the secretary of the Universal Service Petition, 109, Victoria Street, London, S.W., who will furnish information and a scheme for the circulation of the petition papers.—I am, etc.,

ERNEST WAGGETT.

Universal Service Petition, 109, Victoria Street,  
Westminster, London, S.W., Feb. 19th.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.B.—Alfred Joseph Clark, King's; Oswald Kentish Wright, Christ's; Edward Mellanby, Emm.  
B.C.—Oswald Kentish Wright, Christ's.

#### *Research Work in Parasitology.*

An appeal is being made by Professor Nuttall for funds for the purpose of purchasing a site and for building, equipping, and conducting a field laboratory on the outskirts of Cambridge. The laboratory will be mainly for the study of protozoal and parasitic diseases. The laboratory and the funds collected will become the property of the University.

Already the sum of £988 has been collected; £1,000 has been promised when the fund reaches £6,000. The Government of Cape Colony has also placed the sum of £500 at the disposal of Professor Nuttall for the purpose of investigating East Coast fever. Copies of the appeal and particulars of the work already done and in contemplation may be obtained from Professor Nuttall, Medical School, Cambridge.

### NATIONAL UNIVERSITY OF IRELAND.

#### UNIVERSITY COLLEGE, CORK.

##### *Allocation of Balance of Fee Fund.*

In pursuance of the Universities Act, the balance of £14,044 of the Fee Fund, mentioned in Subsection 2 of Section 122 of the Local Government (Ireland) Act, 1898, has been already made available, and the details of the allocation of the balance, £2,365, of the sum £2,681 assigned to the credit of Cork University College. The following are the purposes for which the expenditure of the balance is authorized: The provision of additions to the equipment for the pathological department, £600; provision of new arts class rooms and rooms for lady students, £1,000; the purchase of bookcases for the college library and the erection of a staircase within, £250; the purchasing and binding of books for the college library, £200; the provision of furniture and fittings for the college workshop, £250; the provision of equipment for the physiological department, £50.

##### *Compensation of Lecturers and Professors.*

The University Committee of the Privy Council of Ireland has had before it appeals from the decision of the Joint Committee of the Dublin and Belfast Commissioners repudiating compensation to medical lecturers who had been attached to the Queen's College, Cork. The following gentlemen in their capacities as lecturers lost office when the Royal University was supplanted by that named the National University. The appellants were Dr. A. W. Sandford, Lecturer in Ophthalmology; Dr. A. E. Moore, Lecturer in Pathology; and Dr. P. T. O'Sullivan, Lecturer in Medical Jurisprudence.

The cases were presented by Serjeant Moriarty, who argued that the charter of the university defined the examiner to be an officer. These gentlemen formed a constitutional part of the board of examiners which framed the course of university studies. It could but be said that the board of examiners were not persons engaged in the business of the university. He insisted that the examiners were in every respect the same as Fellows, and pointed out that similar officers in Belfast Queen's College had been remunerated. Even charwomen had received compensation.

Witnesses having been called in support of the appellants, the Lord Chancellor announced that the Committee were of opinion that no case had been sustained, and therefore the appeals of Dr. Sandford, Dr. Moore, and Dr. O'Sullivan were dismissed.

The cases of Professors Pearson and Hartog were then taken. They petitioned for an increase of compensation awarded to them by the Joint Universities Committee, which they regarded as totally inadequate. The same counsel appeared in support of

the claims of these gentlemen. The Lord Chancellor announced the decision that in neither case was there ground for interfering with the compensation already fixed; the appeals were dismissed.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

#### *Examination for Fellowship.*

THE examination for the Fellowship is divided into two parts—namely, the Primary (Anatomy, Physiology, and Histology) and the Final (Surgery, Surgical Anatomy, and Pathology). The examinations are held three times in each year in the months of March, July, and November. Examinations at any other time will not be granted under any circumstances.

## Obituary.

SIR CHARLES HAYES MARRIOTT, M.D., F.R.C.S.,  
D.L., J.P.

#### CONSULTING SURGEON TO THE LEICESTER INFIRMARY.

SIR CHARLES MARRIOTT died at his residence, Kibworth Harcourt, Leicestershire, on February 14th, and by his decease Leicester and Leicestershire have lost the senior member of our profession, and an eminent surgeon.

Charles Hayes Marriott was born at Kibworth in 1834. The son of John Marriott, M.R.C.S., he was educated at Uppingham School. On leaving there he was articled to Mr. Nash of Northampton, and probably attended the practice of the county hospital there. After three years' apprenticeship he proceeded to University College, London, where he had the great advantages of residing in the house of the late Sir William Jenner, and of receiving his personal tuition. From this distinguished master Charles Marriott acquired not only an unusual amount of scientific and medical knowledge, but, as he himself often stated, he also derived a real love of his profession, habits of method and extreme punctuality, and a devotion to duty, thus laying the foundation of that professional success which came later to him in such large measure. Not content, as most students then were, to take only the College and Hall, nothing less than the highest qualifications both in medicine and surgery would content Charles Marriott, and having obtained the above qualifications, he became M.B.Lond. in 1859, F.R.C.S.Eng. the same year, and finally M.D.Lond. in 1863. Having acted as Physician's Assistant at University College Hospital, he determined to return to his native county, and obtained the House-Surgeoncy of the Leicester Infirmary, his connexion with which institution was only to be severed by his death fifty years later. Leicester, like Leeds, has a tradition of surgery. Thomas Paget, jun., son of T. Paget, sen., was still a surgeon at the infirmary when Marriott became House-Surgeon, and his colleagues were T. Macaulay and T. W. Benfield, all Fellows of the Royal College and able surgeons.

After two years' service as House-Surgeon, Charles Marriott started in practice in the town, and was elected surgeon to the infirmary in 1861. In a comparatively short time he obtained a good practice, and before long became recognized as the foremost surgeon of the district. Never giving up general practice, he, as his excellent medical degrees fully entitled him to be, was called into consultation almost as frequently in medical as in surgical cases, and few country practitioners can ever have had to deal with the amount of work that for many years fell to his share. In these days of motor cars, when a surgeon can put a nurse, a portable operating table, and half a dozen bags full of surgical appliances into his tonneau, and race away to an operation or accident twenty miles away in a time measured by minutes rather than hours, it is difficult fully to realize the stress and strain which a very busy country surgeon underwent in the early Sixties, and Marriott was never a robust man. Subject to "chills" at not infrequent intervals, which impaired his vitality and produced a perceptible condition of anaemia, he would rise from his bed after what to most men would have been a very insufficient time for recuperation, and resume his responsible and arduous work.

His connexion with the British Medical Association began early in his life. It is not quite certain at what date he joined the Midland Branch, but he was elected on the General Council of the Association in 1874, and must have been a member for some time at that date. He was a fairly constant attendant at meetings of the Branch, and

and Khiree; he was several times mentioned in dispatches, and received a medal. He was also in the Afghan war in 1879, receiving a medal, and with the Akha Expedition in 1883-4. He was made a C.B. in 1907, in connexion with the fiftieth anniversary of the Indian Mutiny. He became a member of the Royal College of Surgeons in 1854, and obtained the degree of M.D. of the University of St. Andrews in 1878.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are: Dr. W. Frank Haehnlen, Professor of Obstetrics in the Medico-Chirurgical College of Philadelphia, aged 50; Dr. Filippo Cerasi, founder and editor of the *Gazzetta Medica di Roma*; Dr. A. Serratosa, Professor of Symptomatology in the Medical Faculty of Montevideo; Dr. C. Gioffredi, Lecturer on Therapeutics and Experimental Pharmacology in the University of Naples; Dr. Franz Windscheid, Professor of Neurology in the University of Leipzig, aged 48; Dr. Emanuel Zaufal, head of the Otological Clinic of the University of Prague, aged 73; and Dr. Sergei Botkin, Physician-in-Ordinary to the Czar of Russia, a son of the famous physician of that name, aged 51.

WITH reference to the notice of the death of Dr. Muskett published in our issue of October 30th, 1909, p. 1310, we are informed that probate for his will was taken out at £15,000, and that the amount to be distributed among the charities mentioned is the interest on £1,000, the first seven hospitals receiving interest on £100 each, and the remaining six interest on £50 each.

## Medico-Legal.

### WORKMEN'S COMPENSATION.

#### *Pneumonia.*

THE case *Langley v. Reeve*, heard in the Court of Appeal on February 9th, by the Master of the Rolls and Lord Justices Moulton and Buckley, was an appeal by the employers from the County Court, Lowestoft, which had made an award in favour of the dependents of the applicant workman. It was admitted that the workman, who was employed to watch smacks and other vessels at Lowestoft, died of acute pneumonia after a short illness. There was no evidence of an accident except deceased's statement that he thought he must have strained himself by hauling a rope, or jumping from one smack to another. There were three questions to consider—whether the statements made by the deceased were evidence; whether, if they were, they were real evidence of an accident having happened; and whether there was evidence of pneumonia resulting from the accident. The County Court judge, finding himself in a difficult position with regard to the medical evidence, which was conflicting, called in a medical referee as assessor, who formed an opinion adverse to the claim, but the County Court judge nevertheless found in favour of the dependents. After argument, the Court of Appeal allowed the appeal on the ground that there was no evidence of any accident arising out of and in the course of the man's employment.

### RECOVERY OF CHARGES.

DISGUSTED writes that an agent of an insurance company left a message at his house, requesting him to call and see a man who had met with an accident. He attended the man for six weeks, and he wishes to know who is liable to pay his fees.

\*\* If our correspondent could prove that the agent was authorized by the company to call in a doctor, the company would be liable to pay, but not otherwise. A medical practitioner should never undertake such a case without having a guarantee in writing from some responsible party for his charges. If urgency makes prompt attendance at the time necessary, a guarantee should be obtained immediately afterwards.

## The Services.

### ARMY NURSING SERVICE.

THE Secretary of the War Office announces that Miss E. H. Becher, R.R.C., Principal Matron, Queen Alexandra's Imperial Military Nursing Service, has been selected to succeed Miss C. H. Keer, R.R.C., as Matron-in-Chief at the War Office when the latter vacates that appointment on April 5th next.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

### REPORTS OF MEDICAL OFFICERS OF HEALTH.

*Metropolitan Borough of Wandsworth.*—The infantile mortality-rate in Wandsworth in 1908 was only 98 per 1,000 births, a very considerable improvement upon that recorded in 1898, which was 142 per 1,000. This satisfactory condition is no doubt due in a large degree to the employment by the Borough Council since 1905 of women inspectors. Of the 7,331 children born during 1908 nearly 2,000 were visited by these officers. Although the visits were almost wholly confined to the poorer classes, the deaths among these 2,000 children numbered only 66. The number of mothers giving food, which means bread sop or biscuit, in addition to the breast was found to be much less than formerly, and the use of farinaceous food is on the decrease, while the use of boat bottles is largely on the increase. As many as 80 per cent. of the 2,000 children visited were wholly breast-fed. These results should be gratifying not only to the medical officer of health, Dr. Caldwell Smith, but to the inhabitants of the borough generally, and the members of the Borough Council will be well advised if they place at the disposal of the health department the assistance necessary for developing its work in the direction indicated above.

## Medical News.

A WOMEN'S medical college is to be opened at Odessa in August next.

A MOTOR ambulance brougham is being made for the Corporation of Glasgow by Argylls, Limited.

DR. J. MULVANY, who has been a member of the Portsmouth Town Council for eighteen years, was elected an Alderman by the Council at its meeting last week.

SIR JAMES CRICHTON-BROWNE, F.R.S., will preside at the annual dinner of the London School of Clinical Medicine (Post-graduate), at Princes' Restaurant, on March 15th.

THE London County Council on February 22nd decided to increase the salary of Dr. C. J. Thomas, Assistant Medical Officer in the Education Department, from £700 to £750 a year, rising by one increment to £800. It was stated that during the last seven years Dr. Thomas had done work of first-class quality and of an original nature, requiring a capacity of a specially high order.

SURGEON CHARLES F. STOKES has been appointed Surgeon-General of the United States Navy and Chief of the Bureau of Medicine and Surgery, in succession to Surgeon-General P. M. Rixey, who retired on February 4th after thirty-six years' active service. Surgeon-General Stokes, who entered the service on February 1st, 1889, will have the rank of Rear-Admiral.

THE annual banquet of the Institute of Brewing was held on February 18th at the Criterion Restaurant, and among the guests were Sir William Ramsay, Lord Justice Fletcher Moulton, Sir Edward Thorpe, Professor H. E. Armstrong, and Sir Nathaniel Highmore. Lord Justice Fletcher Moulton, in proposing the toast of "The Institute," referred to the valuable work done by the institutes formed by some of the great industries, in which the selfish policy of trade secrets was abandoned, and the results of science were applied to promoting progress. He regarded the Institute of Brewing as second to none in that respect, but of their product he spoke as an outsider, having scarcely ever tasted beer in his life. The application of science to brewing really began with Pasteur's studies of fermentation, and it was, therefore, within the lifetime of some of those present that the whole of the results had been obtained. One of the results—the increasing production of light beers—was of great importance to the nation, and was a most important auxiliary to the growth of moderation. It was only the ignorant who could suppose that the application of science to brewing was to increase adulteration; its real effects were the substitution of economy for waste and of certainty for chance. The President, Mr. H. H. Riley Smith, having replied, Mr. Edwyn Barclay, the retiring President, referred to an extensive course of experiments about to be undertaken jointly by that institute, the Pasteur Institute, and the German Institute of Brewing, with a view to determining the real nutritive value of different beers in comparison with other articles of diet.