

Dr. A. E. Russell, who has already been quoted as the most recent supporter of the cardio-inhibitory theory of epileptic seizures, interprets these attacks in the following way:

A sudden depression of the normal vasomotor tone in the splanchnic area leads to a rapid accumulation of blood in the capacious vessels of that region. If only momentary in duration the result is merely the sudden sinking at the pit of the stomach. If of longer duration this preliminary sensation or aura is succeeded by a faint. . . . The dreamy mental state and the fear of impending death may be due to the vascular depression, which must of necessity affect the brain. If consciousness is lost it shows that the vascular depression has reached a point incompatible with consciousness, and that this is the missing link connecting it with epilepsy.

The position of these seizures in the periodic phenomena allied to epilepsy therefore depends upon the view taken of the nature of epileptic attacks. Russell regards the whole series, from simple syncopal attacks or faints up to epilepsy, as primarily of vasomotor origin. He favours the doctrine that such symptoms are signs of "a vasomotor ataxia," a condition in which the vascular mechanism is unable to adjust itself to strain. Whether this is the true explanation of a remarkable series of phenomena is a point upon which it is difficult to offer an opinion. The theory just expressed certainly brings a train of not dissimilar periodic seizures into line.

Epilepsy, however, seems to me to be primarily so much a cerebral or psychical disorder that I hesitate to classify it along with faints and syncope as a disease of the vasomotor mechanism. Many of the features of the borderland conditions just described are not psychical, but seem to be the consequences of functional disturbances of the lower centres in the medulla oblongata. I would also emphasize the fact, already referred to in the first lecture, that the convulsive element is only one feature of epilepsy. True epilepsy is always accompanied by some psychical alteration, apart from symptoms of a psychasthenic kind. I am not aware that the epileptoid conditions just described ever present any tendency to mental impairment or dementia.

Sleep Phenomena.

The physiological condition underlying sleep is especially favourable for the development of epileptic attacks. It was shown in the first lecture that the few hours after falling off to sleep are the hours most favourable for the occurrence of epileptic fits. In consequence of this there is in many cases of epilepsy a striking regularity in the periodicity of the attacks, a fit occurring at or about the same hour on each occasion. This period of deepest sleep is also a favourable time for certain sleep symptoms which appear to be upon the borderline of epilepsy—namely, night terrors in the adult. Night terrors are common in neurotic children, but their significance is merely that of an unstable nervous system. Their occurrence in adults, or their continuance from childhood into adult life, is of greater significance, and may raise the question of their epileptic character in some cases. They usually reveal themselves in the utterance of loud piercing screams, sometimes a single scream, at other times more frequently repeated. Their chief characteristic is that, having occurred at some time during the first few hours after falling off to sleep, they do not occur again during the same night. They have been known to recur every night for many months in succession; on the other hand, they may recur only at long intervals. In most cases the sufferer is entirely unaware of their occurrence, except in those cases in which sleep-walking also occurs, where the patient awakes and finds that something unusual has taken place.

I have known cases in which the attack has been associated with a dream, but these are more likely to be cases of epilepsy.

Sleep-talking and sleep-walking either replace or may be associated with nocturnal screaming. Adult patients subject to these and similar sleep symptoms sometimes present the stigmata, both structural and psychical, which are characteristic of epilepsy. In all there is a well-marked neuropathic heredity. It is well known, however, that attacks in which a patient may wake suddenly from sleep in a state of nervous fear, apprehension, or panic are of temporary occurrence, and indicate a state of nervous stress or strain, induced by overwork or anxiety, and

not infrequently excited by some gastric or intestinal disorder.

I wish, however, to point out that sleep symptoms are found from time to time in persons of highly nervous temperament, which should be regarded as symptoms of importance and should be classed as phenomena upon the borderline of epilepsy.

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- ⁷ Buzzard and Allen, *Review of Neurology*, vol. iii, p. 453.
- ⁸ Donath, *Deut. Zeitsch. Nerven.*, 1907, p. 232.
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- ¹² Hill, L., *Cerebral Circulation*, 1898, p. 124.
- ¹³ Campbell, A. W., *Localisation of Cerebral Function*, Cambridge, 1905.
- ¹⁴ Sir William Gowers, *The Borderland of Epilepsy*, London, 1907.
- ¹⁵ Janet, *Major Symptoms of Hysteria*.
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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RUPTURE OF BOTH QUADRICEPS EXTENSOR CRURIS TENDONS.

THE two cases of rupture of both quadriceps extensors reported by Drs. Chichester and J. Wallace Milne in the *BRITISH MEDICAL JOURNAL* of November 6th, 1909, p. 1343, and January 22nd, 1910, p. 199, have interested me very much and brought to my mind a similar case which I had in August, 1904.

J. H., aged 60, a coal salesman, slipped while carrying a bag of coals from his lorry to the cellar. He fell forwards, losing all power in his right leg. He tried to get up by putting his left beneath him; this also gave way, so that both legs were completely powerless beneath the knee. He was carried home, and I found both quadriceps tendons ruptured, leaving large gaps above the patellae.

Horseshoe-shaped strips of plaster were applied to bring down the ruptured ends of the tendons, and long splints applied to both legs. The legs were kept rigid for six weeks, when splints and plaster were removed and passive movement and massage applied for four weeks more.

After removing the splints large pads were placed behind the knees for several hours daily, leaving the legs and feet without support, so that their weight assisted considerably in producing flexion of the knee-joints, and in a short time he was able to take walking exercise.

He made an excellent recovery and resumed work twenty-four weeks from the time of the accident. He does not follow his former occupation, but is employed at the present time as coal shedman, and his legs never give him any trouble whatever, although he experiences many heavy lifts in the performance of his duties.

Arbroath, N.B.

RICHARD KELLY.

PARACENTESIS OF THE PLEURA.

I HAVE read with interest the abstract of the paper by H. Hochhaus on "Puncture of the Pleura," which appeared in the *EPITOME OF THE BRITISH MEDICAL JOURNAL* for January 29th, but so far as the details are given, I am inclined to think that they are less convenient than the method which I first used while resident medical officer at Brompton Hospital, and have been in the habit of employing for the last twenty-eight years.

I described and demonstrated this method before the Medical Society of London (*Proceedings*, vi, 304), but the account published at the time was incomplete, and from the paper now under notice I am led to think that a short description may be useful. Given a sterile trocar and surgically clean skins of surgeon and patient, the apparatus prevents any possible infection from without, or any unintentional introduction of air or liquid. It is also in several respects easier to handle than that referred to by H. Hochhaus or any of those I have seen used or described.

For the indispensable purpose of removing any obstruction in the cannula with the minimum of interference to the operation, I selected a trocar designed and made by Matthews which certainly seems to me much more convenient than that described by Hochhaus. This trocar or

needle is furnished with a blunt probe co-axial with the cannula passing through a stuffing box, while the draw-off tube is affixed to the side. Normally the handle of this probe projects through the stuffing box, and leaves an unobstructed lumen in the cannula. On any obstruction occurring, the probe, without any dismantling of apparatus or interference with the operation, is simply pushed forward into the cannula and withdrawn. If this is ineffective, a momentary suction can be applied as described below. The trocar or needle is also provided with a sheath, which, when the pleura has been entered, is pushed forward to present a blunt and harmless end to the expanding lung.

The charging of the apparatus with antiseptic liquid is effected by an exhausted bottle, and the actual withdrawal of fluid from the patient by a siphon tube, the aspirator bottle and the siphon tube being connected to each other and to the trocar by a three-way cock. By this means the trocar or the siphon tube can be filled, the trocar subjected to the sole action of the siphon tube, or a strong suction applied momentarily for clearing the cannula by merely turning the handle of the stopcock in the appropriate direction. All the parts of the apparatus are readily taken apart and put together, and can be sterilized by boiling.

By either substituting a water manometer for the vacuum bottle or by connecting it to a T-piece on any suitable part of the system, variations of pressure can be followed.

To prevent trouble resulting from coughing, the manometer is furnished with a mercury valve similar in construction to the mercury thermostat. The normal pressure of air in the system passes to the water manometer through two small orifices. On any sudden rise of pressure, such as occurs on coughing, one orifice is stopped by a rise of mercury in the valve.

The use of a manometer is, of course, quite needless in the majority of cases, but for special purposes—for example, observation of expansile power of the lung, or in very chronic cases—it may be desirable, and this automatic contrivance for preventing the interruption which coughing sets up is the most useful I have met. By adding a wash bottle to work under slight pressure, the apparatus can be used equally well for evacuation or for injection of the pleura, the bladder, or any other organ containing, or intended to contain, liquid.

A matter of much importance alluded to in H. Hochhaus's paper is the question of when to operate if fever is present. Over-delay under such a condition exhausts the patient, and the removal of quite a moderate quantity of fluid is followed by subsidence of the fever. The operation, too, can be rendered so painless now by the use of cocaine or its substitutes—all of which were unknown when I first operated—that no patient is likely to be alarmed if a second paracentesis should be deemed advisable.

London.

FREDERICK J. HICKS.

TWO UNUSUALLY SITUATED CHANCRES.

THE following two cases are considered worthy of recording on account of their similarity and the somewhat unusual situation at which infection took place. In both cases the sores on admission were hidden in the pubic hair, which leads us to conclude that each originated in a hair follicle.

Private, R.M.L.I., aged 25, was admitted to the sick list on December 21st, 1908, with a sore situated in the middle line of the abdomen, half way between the umbilicus and the symphysis pubis. He stated that it began as a pimple, which he scratched repeatedly until it became a raw surface. On admission the sore had ragged edges and there was a large amount of surrounding induration; there was also a bubo in the right inguinal region. A scraping of the surface was taken and stained with Giemsa's stain and *Treponema pallidum* demonstrated in appreciable numbers. He was placed on continuous treatment for syphilis, intramuscular injections of mercurial cream being employed. On March 20th he developed secondary symptoms, consisting of a well marked rash and "snail track" ulcers on the fauces. Later he developed an ulcer on the right leg, of typical serpiginous character.

Stoker Petty Officer aged 39, was admitted to the list on September 1st, 1909, with an unhealthy pustular sore

in the right inguinal region. The underlying lymphatic glands were enlarged, indurated, and tender. Since the sore did not react to treatment, but continued to spread and had a sloughing base, syphilis was suspected. A scraping was taken and stained with Giemsa, and *Treponema pallidum* found. In this case the patient was very definite in his statement that there had been no abrasion of the skin previous to the appearance, a few days before admission, of what he described as a "boil." The sore healed rapidly when he was treated with intramuscular injections of mercurial cream. A secondary syphilitic rash appeared four weeks after the case came under observation.

L. KILROY,

Staff Surgeon, Royal Navy.

G. P. ADSHEAD,

Surgeon, Royal Navy.

A PATIENT'S ACCOUNT OF THE CRISIS OF LOBAR PNEUMONIA.

I WAS called on October 21st, 1909, to see a woman, aged 36, who presented well-marked signs of left lobar pneumonia. The illness had begun two days previously with a rigor and general malaise. She was extremely thin and had been in ill health for some months. The attack was severe, accompanied by much pain, and the condition of the heart caused much anxiety. She passed the crisis on the night of October 25th, the temperature falling from 101° to 98°. The resulting depression was severe, and at about 9 a.m. on October 26th her husband came to tell me she was dying, as she was unconscious and had no control over the bladder or rectum. I went at once and found her in a very serious condition, the surface cold, the pupils dilated, and the pulse only 64. Hot brandy and milk was given freely and hot bottles applied to the feet, and in about twenty minutes she seemed to revive, though her condition was very serious. She recovered slowly; the chest cleared well, but there was a good deal of pain and swelling in the left knee and ankle, due, I suppose, to pneumococcal infection of these joints.

The patient herself gave me a much clearer account of her feelings during the crisis than I have ever received, and as it is rarely one can get such an intelligible story of subjective sensations, I requested her to write it down. The following is her account:

After tossing about in bed for a week, with a feeling that my left lung was burning, coughing incessantly, and suffering acute pain in my side, I began to feel weaker, and on the seventh day I felt something really serious was about to happen, and told my husband what to do with the children and home in case I died before morning. Then came a night of intense heat and restlessness. I was frequently delirious and my eyes seemed drawn to the ceiling, which I imagined to be the clouds which were waving to and fro always. In the early morning I felt the fire in my lungs had suddenly gone out and hot vapour was pouring in all directions in my chest almost choking me and making me gasp from time to time. Then I began to sweat profusely, and everything began to fade from my sight and grow dark. At this time the heat was unbearable, and I began to fall as it were from the clouds. As I fell I began to get cold, until I seemed to be far below the earth's surface in a large cave which was dark, cold, and very damp. . . . I knew I was dying and was quite ready to go. Next I remember my husband asking how I was, but I could not speak neither could I see. . . . Soon after this I heard some one sobbing violently, then again a little later I heard some one breathing hard, which I thought was a large dog and wondered why it was there; this was the doctor, who had been hastily summoned and who had just entered the room. Then I heard some one calling loudly, which disturbed me as I had been praying for rest and sleep all night long, and I felt I had just got the most perfect peace and rest it is possible to have when somebody called me by name and asked me if I could hear, and I replied "Yes," and from that time I slowly recovered.

OSCAR B. TRUMPER, M.B., B.Ch.(Vict.),

Aston, Birmingham.

F.R.C.S.E.

THE Mission to Lepers in India and the East has received an urgent appeal from the native state of Hyderabad for assistance in building an asylum near Nizamabad. There are said to be 2,000 cases of leprosy within forty miles of that town; the bakers were recently expelled from the town itself, as the disease was rife among them, and the mission doctors discovered cases among the butchers. A local Hindu merchant has offered a site and a substantial contribution towards the cost of the building. The organizing secretary of the Mission is Mr. John Jackson, 33, Henrietta Street, Strand, W.C.

In the same number Dr. Cooper writes:

(b) Indigents; that is, those who have ordinarily not enough to live on . . . I would fix the wage limit of this class at £1 a week. Any one earning on an average less than this . . . is, in my opinion, quite unable to pay anything towards the cost of medical attendance. . . .

Nine-tenths of my patients earn from 15s. to 18s. a week, making a little more in harvest, but losing time whenever the weather is unfavourable. Yet they pay me, and pay well, and readily. And Dr. Cooper would sweep them all, and with them all the agricultural workmen, in to the arms of the Poor Law.

Is the publication of such opinions as these going to help the general practitioner? I doubt it.

Surely it is not too much to ask that when a man is about to put out such ideas in the organ of the profession he should take the trouble to inquire what the effect may be on his poorer colleagues.—I am, etc.,

New Romney, March 22nd.

HENRY HICK.

CONSULTANT, GENERAL PRACTITIONER, OR HALF-AND-HALF?

SIR,—“Est Modus in Rebus” (March 26th, p. 785) has dealt with the above subject in a personal manner. I have no intention to continue the discussion on those lines. My object was to offer a suggestion which I thought, if adopted, would benefit the public as well as our profession.—I am, etc.,

March 28th.

ENQUIRER.

“ON SALE OR RETURN.”

SIR,—In reference to Dr. Robert Saundby's protest, anent the copy of the February number of *Rivista Italiana di Neuropatologia*, etc., sent to him, and to which was gummed a slip, whereon was written, “Celui qui ne nous renvoie pas cette livraison restera abonné pour toute l'année 1910,” my recollection is the Irish courts some years ago decided, in an action for the recovery of the subscription under similar circumstances, that if the recipient of the paper opened and read it he was liable for payment for it; otherwise the recipient could, if he chose, request the sender to have the periodical removed, and, on failure to do so, could sue for storage of it. By following these lines, I think Dr. Saundby will find that the receipt of Professor G. d'Abundo's publication would cease, and that he will be in no way responsible for its delivery to him or liable for its return.—I am, etc.,

Brighton, March 21st.

R. HILL SHAW.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE Board of Faculty of Medicine has co-opted as one of its members Dr. John S. Fairbairn, of Magdalen College and St. Thomas's Hospital; he will hold office for two years from May 1st, 1910.

THE VICTORIA UNIVERSITY OF MANCHESTER.

Address by the Vice-Chancellor.

THE Vice-Chancellor of the Manchester University, Dr. Hopkinson, on March 23rd conferred a number of degrees in medicine in the council chamber of the university.

In the course of his address, he said he was sorry to say that Mr. F. A. Southam's term of office at the Royal Infirmary would soon terminate, and he was resigning his appointment as professor of clinical surgery in the university. He was sure Mr. Southam would continue to display that warm interest in the medical school that had so distinguished his career as professor. An announcement would soon be made as to the appointment of his successor.

The authorities of the university were remodelling the curriculum for medical degrees, and more opportunities for the working out of the practical side of the students' training were to be given. They were making the preliminary training point more directly to practical utility, and the special courses in chemistry would be found eminently suitable for those who would have to use chemistry in their future work.

In the course of further remarks he expressed great regret at the fact that for want of funds the splendid new building of the St. Mary's hospitals had to stand idle. It was to be deplored both in the interests of the sick and of medical education.

Referring to post-graduate work, he said there were three branches to which special attention might be directed. The first was what he might call psychological medicine, and proposals would be laid before the university for special diplomas in this subject. It was also most desirable to have one or two fellowships for special research in particular

branches of medicine. Admirable work was already being done on the subject of cancer, and he would like to see research made possible in other branches of medicine. In a third branch, too, he hoped there would soon be further developments—namely, medicine as applied to certain industrial pursuits and trades. He thought much might be done to prevent the deterioration of the race in the great industrial centres. Just as Liverpool had taken a leading part in the subject of tropical medicine, so he hoped that Manchester University, in conjunction with the public health department, might do some useful work in the matter of industrial medicine, or medicine as applied to various trades and industries and to factory hygiene.

Examinations.

The following candidates have been approved at the examinations indicated:

SECOND M.B. AND CH.B. (*Anatomy and Physiology*).—W. Barnes, W. L. Cox, W. C. C. Easton, R. B. Gorst, G. B. Horrocks, A. H. Macklin, H. Sheldon.

THIRD M.B. AND CH.B. (*General Pathology and Morbid Anatomy*).—O. R. Allison, B. Herald, *A. H. Holmes, L. W. Howlett, W. H. Laslett, N. Matthews, F. Oppenheimer, S. Rawlinson, G. E. Sawdon, R. P. Stewart, G. Whitehead.

FINAL M.B. AND CH.B. (*Forensic Medicine and Toxicology*).—A. E. Ainscow, R. Briercliffe, C. Davies, H. A. Dunkerley, E. R. Eatock, Gertrude H. Geller, P. S. Green, H. Heathcote, R. C. Hutchinson, W. Howarth Parkinson, W. Hoyle Parkinson, A. Reid, J. B. Scott, W. A. Sneath, J. P. Stallard, J. Walker, Charlotte E. Warner.

FINAL M.B. AND CH.B. (*Medicine, Surgery, and Obstetrics*).—G. M. Benton, C. G. Brentnall, E. A. Jackson, †N. T. K. Jordon, C. Pimblett, A. Porter, W. W. Stacey, A. C. Turner.

D.P.H.—J. Allen, W. Bradley, D. Fenton, W. J. Hoyten, R. A. Needham, Capt. I.M.S., R. T. Turner.

* With distinction.

† Second class honours.

UNIVERSITY OF LEEDS.

Appointments.

THE following have been appointed External Examiners in the Faculty of Medicine:

In *Anatomy*.—Professor Fawcett of University of Bristol.

In *Physiology*.—Professor W. D. Halliburton of King's College, London.

In *Materia Medica and Pharmacy, Pharmacology, and Therapeutics*.—Professor A. R. Cushny, University College, London.

In *Pathology and Bacteriology*.—Professor G. Sims Woodhead of Cambridge.

In *Forensic Medicine*.—Dr. F. J. Smith of the London Hospital.

In *Public Health*.—Dr. H. T. Bulstrode, Medical Inspector of the Local Government Board.

In *Medicine and Mental Diseases*.—Dr. L. E. Shaw of Guy's Hospital.

In *Surgery*.—Mr. L. A. Dunn of Guy's Hospital.

In *Obstetrics and Gynaecology*.—Dr. J. S. Fairbairn of St. Thomas's Hospital.

Examinations.

The following candidates have been approved at the examination indicated:

SECOND M.B., Ch.B. (*Anatomy and Physiology*).—H. Angel, J. H. Blackburn, L. Ferguson, G. W. L. Kirk, F. H. Kitson, G. P. Mellis, J. C. Metcalfe, M. Peto, S. Samuel, H. W. Symons.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

SECOND M.B. (*Anatomy, Physiology, and Materia Medica*).—J. S. Arkle, R. E. Bell, H. G. Dodd, W. A. Elliott, F. J. H. T. Frere, S. E. Murray, W. S. Murray, C. H. Robson, S. Scott, H. J. Shanley.

* Second-class honours.

UNIVERSITY OF DUBLIN.

Regulations for Degrees.

THE Board of Trinity College, Dublin, has adopted the following resolutions:

1. That no students or graduates of any other university (excluding Oxford and Cambridge) should be allowed to take the B.A., unless they have kept at least two academic years at Trinity College, Dublin.
2. That no student should be allowed to take any of the degrees in medicine, surgery, and midwifery, unless he has attended at least three years of the prescribed curriculum in the School of Physic, Trinity College.
3. That any student who is a Bachelor or Master of Arts of a university recognized by the Board and Council should be allowed credit for the two Freshmen years and the Final Freshman Examination; and that such student should be allowed to have his name placed on the college books as a rising Junior Sophister, upon payment of the final fee of the Senior Freshman year. If it should appear that any such student has not studied, as part of the approved courses in the university at which he has graduated, any of the compulsory subjects for the Final Freshman Examination, then the Senior Lecturer should have power to require such student to pass a qualifying examination in such subjects.
4. That the following universities should be recognized under the foregoing rule—namely, the Universities of Aberdeen, Birmingham, Edinburgh, Glasgow, Leeds, Liverpool, London, Manchester, St. Andrews, Sheffield, Wales.

UNIVERSITY OF ABERDEEN.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—W. H. Brodie, *F. F. Brown, T. G. Brown, J. T. Cameron, A. W. H. Cheyne, R. E. Dastur, W. J. Ewen, W. M. Fowler, A. R. Fraser, C. M. Geddie, G. A. C. Gordon, A. M. Gray, S. Henry, R. Munro, J. M. H. Reid, G. W. Riddell, F. Ritchie, J. F. W. Sandison, E. Tawse, J. Wood.

SECOND M.B., CH.B.—D. S. Badenoch, W. F. Beattie, H. G. Bruce, M. M. Cruikshank, Elizabeth M. Edwards, H. T. Finlayson, Margaret R. Forgan, A. P. Gray, F. Griffith, W. Henderson, W. P. Hogg, W. W. Ingram, *A. F. Legge, N. MacPhail, R. G. Martyn, **R. M. Porter, J. Shaw, H. R. Souper, *C. M. Stephen, **G. Stuart.

THIRD M.B., CH.B.—J. B. Anderson, A. M. Brown, C. C. Chance, R. J. Creighton, *J. Davidson, *R. M. Easton, J. Fettes, C. H. Glass, W. E. Glover, G. Leggat, A. C. Macrae, J. M. Mitchell, J. R. Murray, **H. J. Rae, P. Reid, D. O. Riddell, A. Smith, W. G. Thomson.

FINAL M.B., CH.B.—H. Brayshaw, A. J. W. Calder, N. J. Calder, J. P. Cameron, R. M. Chance, C. Clyne, E. W. H. Cruikshank, C. E. Greeson, T. C. Halley, R. Kellas, C. M'Kerrow, A. Mitchell, A. D. Reid, W. J. Reid, **R. Richards, H. E. Shortt, C. F. Simpson, R. Sinclair, W. Smith, D. J. S. Stephen, A. W. Webster, S. G. Trail.

* With distinction. ** With much distinction.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—*H. R. L. Allott, †S. Danziger, *J. A. Laughton, †C. P. A. de L. Pereira, *L. M. Potter, †C. Pyper, †E. Renouf, †R. Rowlands, †G. F. Wilson.

MEDICINE.—†K. Baylis, *M. Graves, †A. W. Hansell, †A. Y. Massey, †C. P. A. de L. Pereira, †G. F. Wilson.

FORENSIC MEDICINE.—A. W. Hansell.

MIDWIFERY.—H. R. L. Allott, E. G. Brisco-Owen, L. M. Potter.

* Section I. † Section II. ‡ Section I and II.

The diploma of the society has been granted to Messrs. S. Danziger, A. W. Hansell, C. P. A. de L. Pereira, and G. F. Wilson.

The Services.

ROYAL ARMY MEDICAL CORPS (TERRITORIALS).

CONFERENCE OF MEDICAL OFFICERS OF THE
WEST RIDING DIVISION.

A WELL-ATTENDED conference of the medical officers of the West Riding Divisional Area Territorial Force was held at Harewood Barracks, Leeds, on March 19th. The chair was taken by Major-General G. M. Bullock, C.B., commanding the West Riding Division, who, in opening the proceedings, dwelt upon the necessity for strict sanitary precautions in camp and the field. His experience had shown him that the maintenance of proper conditions saved life by reducing preventable disease. After Colonel de B. Birch, C.B., had briefly explained that the object of the conference was to introduce uniform methods of sanitation into the camps of the Division, Lieutenant-Colonel A. Wear made a statement of the work carried on by the R.A.M.C.T. School of Instruction in Leeds, of which he is the commandant.

Major W. H. S. Nickerson, V.C., R.A.M.C., Sanitary Specialist, Northern Command, sketched the need for the organization of a sanitary service. He pointed out that the general officer commanding the Division was responsible for sanitation in the Division as a whole, his advisers being the administrative medical officer and the sanitary officer of the Division. The duties of the medical officer attached to a regiment were partly executive, consisting of the care of the sick and taking command of the sanitary squad and men for water duties, and partly advisory as sanitary adviser of the officer commanding the unit, who was responsible for its sanitation and for loyal support being given by all ranks to the advice of the medical officer. The medical officer with a unit was also directly responsible to the administrative medical officer of the division under whom he acted. The sanitary organization of a regiment consists of one non-commissioned officer and eight men (one per company), who will be trained by the medical officer attached in their sanitary duties; they acted as sanitary police and not as scavengers. They should report themselves every morning to the medical officer, who would tell them off to their respective duties—one to visit the cookhouse, another the latrines, the refuse destructors, ablution places, etc., report anything defective, and see that the work of the fatigue parties was properly carried out. The medical officer would then make his inspection, and thereupon make such representations in writing to the officer commanding the unit as might be required. In the same way the medical officer would supervise the work of the men of the Royal Army Medical Corps attached to the unit for water duties.

The duties of the men of the sanitary squad were to choose places, under the instructions of their company commanders, whenever a halt permitted time for the men to relieve themselves, and should see that all excreta were covered up by the men themselves. These precautions had all been acted upon in the regular army with most beneficial results. The men of the sanitary squad should wear an arm brassard inscribed "S. P." (sanitary police), and should be trained in their duties before going to camp. The sanitary organization of an army during war was next reviewed, consisting of R.A.M.C. sanitary sections, squads, and watermen, their distribution on the lines of communication, and duties.

Major J. R. Kaye, R.A.M.C.T., Sanitary Officer, West Riding Division, gave a summary of the statistics of modern wars, showing that five men fell through sickness to one from wounds, and how this had been reversed to one from death from disease to three from wounds in more recent instances.

After some observations by Honorary Colonel J. E. Eddison, Dr. Myers Coplans demonstrated his precipitation process for providing larger quantities than hitherto possible of drinking water for troops in the field—a process now under trial at the School of Sanitation, Aldershot.

There was also a demonstration of sanitary appliances such as would be used in the field, of refuse destructors, etc., constructed in the grounds of the barracks under Captain H. S. Roch, R.A.M.C., adjutant of the school, together with methods in operation of purifying water, Griffith heat exchange purifier, stationary type (specially lent by the Director-General Army Medical Service), a filter water cart, and hand filter pump. The medical equipment of a section of a field ambulance and of a battalion of infantry were also on view.

THE TERRITORIAL FORCE RESERVE.

A SPECIAL Army Order has been issued announcing that the King has been pleased to approve the creation of the Territorial Force Reserve. This reserve forms part of the Territorial Reserve to be constituted in accordance with the provisions of Section VII (6) of the Territorial and Reserve Forces Act. The formation of other branches of the Territorial Reserve is contemplated at an early date, and regulations will be published later.

INDIAN MEDICAL SERVICE.

In the abstract of the minutes of the General Medical Council published in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of March 12th, 1910, p. 98, the list of diplomas of the successful candidates for the Indian Medical Service should have been given as follows: Conjoint Board of England 4, Conjoint Board of Scotland 2, University of Durham 1, University of London 2, University of Manchester 1, University of Edinburgh 3, Royal University of Ireland 2. The two successful candidates who held degrees from the University of London also held diplomas from the Conjoint Board of England, and are included under both heads.

Public Health

AND

POOR LAW MEDICAL SERVICES.

FEES FOR CERTIFICATION OF WORKHOUSE
LUNATICS.

C. S. W., a workhouse medical officer, asks whether he is entitled to a fee of 2s. 6d. each for certifying lunatics remaining under his care in the workhouse; also whether he is entitled to any fee for "signing up a lunatic for the workhouse."

* No workhouse medical officer can claim any fee for certifying any case to remain in the workhouse. If, however, at any time he should be called on to certify any workhouse case for removal to asylum, he could claim the fee usually allowed—namely, one guinea.

DISEASES AND ACCIDENTS OF CHILDBIRTH.

ENQUIRER writes: In the tables sent out to medical officers of health for the purpose of the annual report one group of deaths is termed "diseases and accidents of childbirth." Does this apply to the mother or to the child, or to both?

* To the mother only. In the supplement to *Public Health* for February, 1901, detailed information is given with respect to Table IV of the Local Government Board.

Medico-Legal.

A DEATH FROM HYDROPHOBIA.

AN inquest was held at Hackney Coroner's Court on March 26th on the body of George Edgar Seaman, aged 24, an ex-soldier of the Norfolk Regiment, who died from hydrophobia. It appeared from the evidence that Seaman, when stationed at Gibraltar, was bitten by a mad dog. He and another man who was bitten at the same time were sent to the Pasteur Institute at Paris in September. Seaman's comrade died within a month, but he came home, and no symptoms of hydrophobia displayed themselves until a week before, when he complained of pain in the elbow of the arm which was bitten. The pain spread to the shoulder, and then to the back of the neck. On March 28th Seaman's condition became desperate, and the next day he had to be removed to the Hackney Infirmary. Dr. John Joseph Gordon, Medical Superintendent of the Infirmary, said Seaman was a man of splendid physique, and had been medically examined and passed for the City Police. After his admission to the hospital it was decided to give him a hot bath. He was put into the bath, but jumped out like a cat. When he was about to be put into the bath a second time he jumped out again and became very violent. The mere mention of water started him into a terrible fright and it took the efforts of several attendants to restrain him. The mention of water and a draught from the door brought on a spasm. During all his terrible suffering Seaman was quite sensible and was able to give a collected and rational account of his illness and the treatment he had received in Paris. During the night his condition became worse. He was unable to breathe and he prayed the doctor to cut his throat so that air could be got into his respiratory organs. Morphine was injected in order to quieten him, but his condition was hopeless from the time he was admitted. A post-mortem examination was made, but nothing was found except a little inflammation of the brain and kidneys. From the symptoms Dr. Gordon concluded that Seaman died from hydrophobia. The jury returned a verdict of "Death from hydrophobia and from accidental causes."

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, except when so stated.

THE OPINION OF A MEDICAL PRACTITIONER ON DISEASES IN HORSES.

W. C. R.—There can be no objection to an expert ophthalmologist giving an opinion as to the state of a horse's eye, and even, if necessary, appearing as a witness in litigation on the subject, although he might quite reasonably decline to pit his opinion against that of an equally competent veterinary expert.

THE COURTESY CALL.

QUERCUS, if he has called upon his professional neighbours, could not be expected to recognize those who do not return his call unless he had made their acquaintance at his visit, but as medical practitioners are unfortunately remiss about returning calls and answering letters, he should not "cut" any one he already knows merely because he has not returned the call.

Obituary.

JAMES ALLAN COUTTS, M.D.,

FORMERLY OF WATERFOOT.

WE regret to record the death on March 23rd at Southport of Dr. J. A. Coutts, late of Waterfoot, near Manchester. He had suffered for a number of years from paroxysms of tachycardia, occurring at irregular intervals, and traceable probably to an attack of rheumatic fever, as dilatation of the heart ultimately ensued and compelled him to give up work about eighteen months ago.

James Allan Coutts was born on August 30th, 1844, at Kincardine O'Neil, Aberdeenshire, and educated at Aberdeen University, where, after a brilliant career, he graduated M.B. and C.M. with highest academical honours in 1867, proceeding to the M.D. degree in 1871. He immediately entered on general practice at Banchory, Kincardineshire, but went to Rossendale in 1875 and settled at Waterfoot, where he succeeded to the practice formerly held by the late Dr. James Ross, of Manchester. Here he carried on for thirty-three years an extensive and varied practice; by his skill, geniality, and devotion to work gained the entire confidence of a large clientèle,

and his opinion was much esteemed by his brother practitioners.

Dr. Coutts took little part in public affairs, but found time, in the midst of a busy practice, to keep well abreast of modern professional and scientific knowledge. His bright, cheery manner, kindness of heart, and wide knowledge and experience made him an ideal family medical adviser, and much regret was felt when failing health obliged him to relinquish work. His predominant characteristic was devotion to duty and a determination to do the best that lay in his power for his patients; and he may be said to have given his life to his work, as a prudent self-regard would have counselled a far earlier retirement. He was a member of the British Medical Association, Surgeon to the Post Office and Police, Honorary Associate of the Order of St. John of Jerusalem in England, and Examiner for the St. John Ambulance Association. His favourite recreations were travel and reading.

The funeral took place on March 26th at the Rawten-stall Cemetery, and was numerous attended by old friends and patients.

He leaves a widow, three sons, and two daughters to mourn his loss. His eldest son, Dr. J. A. Coutts, jun., is carrying on his father's practice.

Medical News.

THE Society of Medical Officers of Health, at its meeting on March 11th, adopted a resolution expressing the opinion that the enactment of the quinquennial enumeration of the population is essential to the promotion of the public health. The resolution does not necessarily mean that a full census should be taken in 1916 or other corresponding date, the opinion being that a simple enumeration of the population (sex and age) would be sufficient to furnish those checks of intercensal estimates of population which are necessary to make the national vital statistics accurate and reliable.

At a meeting of the council of the new Association of Medical Officers of Health on March 24th, at the Holborn Restaurant, with Dr. Crookshank in the chair, a cordial vote of thanks was passed to the Poor Law Medical Officers' Association for its resolution, and appreciation of the proposed action of other bodies was expressed. It was reported by the Chairman and Dr. Gough that the Richmond and Altrincham Divisions of the British Medical Association had passed resolutions instructing their representatives at the next Representative Meeting to press for the rescission of Minute 234, and that other Divisions were considering the matter. It was agreed to hold a general meeting in London during the Annual Meeting of the British Medical Association, and that the meeting should be followed by a dinner, to which influential guests would be invited. The Honorary Secretary (Dr. Bellios) reported that at the last meeting of the Home Counties Branch of the Society of Medical Officers of Health, Dr. Crookshank had been nominated for the presidency of the society, in succession to Dr. Cooper Patten, and it was unanimously agreed that steps be at once taken to support Dr. Crookshank at the election, which would take place at 1, Upper Montague Street, Russell Square, on April 8th, at 5 p.m.

A MEETING of the Pellagra Investigation Committee was held on March 14th, Sir Lauder Brunton in the chair. It was resolved that Dr. Sambon be instructed to proceed at once to Italy. The money actually in hand amounts only to one-fifth of the minimum sum required, but the committee hopes to be able to secure such sums as have been offered conditionally, and for that purpose formed amongst themselves a guarantee fund, which was liberally subscribed to. The donations so far received are: Lord Pirrie, K.P., £5; Sir Charles MacLaren, M.P., £1 1s.; Henry Bubb, Esq., £20; the Countess Caesaresco, £5 5s.; Jeyes Sanitary Compound Company, £20; the Hon. Mrs. Blyth, £1 1s.; the Sanitas Company, £10 10s.; Arthur F. Levita, Esq., £10 10s.; London School of Tropical Medicine, £10; Liverpool School of Tropical Medicine, £10 10s.; Messrs. Oppenheimer, Sons, and Co., £5 5s.; F. G. Lawson, Esq., £1 1s.; Albert Profumo, Esq., £2 2s.; Thomas Holloway, Esq., £1 1s.; W. H. Lever, Esq., £5; G. A. Tonge, Esq., £5; Harry W. Birks, Esq., £1 1s.; B. L. Hue Williams, Esq., £2 2s.; J. B. Hurry, Esq., £2 2s. Captain Siler, United States Army, is a member of the Field Commission, and two assistants, Messrs. Baldini and Amoroso, were appointed to accompany Dr. Sambon. The Field Commission left on March 19th.