

Operation.

The usual incision about 2 in. in length over the region of the appendix was made. On opening the peritoneum, a pint or more of light-brown colloid material escaped. The incision was then prolonged downwards and towards the middle line. On examination, it was found that no definite wall enclosed this colloid mass. It was loosely adherent to the caecum, the ascending colon, and to the coils of small intestines in the immediate neighbourhood. The appendix was almost totally disintegrated, and what remained of that structure readily came away when it was examined. Both ovaries were normal. The colloid material was washed out as far as possible, and the abdominal incision closed.

Up to the time of writing (March 26th) the patient has made an uninterrupted recovery.

Memoranda :**MEDICAL, SURGICAL, OBSTETRICAL.****A CASE OF BEZOLD'S DISEASE.**

THE case of Bezold's disease reported recently in the JOURNAL,¹ in which the injection of antistaphylococcic serum was followed by recovery, reminds me of the improvement that followed the use of antistreptococcic serum in the case of F. H., reported some years ago in the BRITISH MEDICAL JOURNAL.

Last July I was asked by Mr. G. P. Field to see a lady who complained of recent severe pain in the right ear and upper part of the neck. She had had occasional discharge from the right ear, but "took little notice of it." There was swelling of the right side of the face and neck, some tenderness over the mastoid, and great tenderness in the upper part of the neck. There was a small perforation in the right membrana tympani and a small quantity of slightly offensive discharge in the meatus. The temperature ranged from 101° to 102.5° F.

Looking upon the condition as one of blocked middle ear relieving itself by way of the mastoid, I opened the mastoid on August 3rd, and found it to be softened and perforated. It was thoroughly gouged out. At the same time I removed the remains of the membrane and a mass of granulations from the middle ear. No other drainage than that through the mastoid wound and the meatus was provided, though I thought I might have to do so. The after-progress of the case was satisfactory, but the healing process was somewhat prolonged. In the third week some paresis of the facial nerve was noticeable, which gradually passed off. The tenderness in swelling of the neck and face subsided slowly, and from time to time pain was complained of. For this reason I reopened the mastoid wound soon after it first closed. This gave relief. The wound was not kept open by artificial means. When I saw the patient at Christmas the mastoid region and neck were normal in appearance and not tender. The middle ear was dry and sweet, and the hearing decidedly better than before the operation. This patient was, subsequent to the operation, under the care of Drs. A. H. Bindloss, S. H. A. Lambert, and C. M. Pennefather.

My experience of Bezold's disease has led me to think it one of the most dangerous complications of an infected ear. Serums may help sometimes, but in how many cases have they not failed! The important prophylaxis is to cure middle-ear infection as soon as possible, and to remove any possibility of a blocked middle ear.

London.

FAULDER WHITE.

PNEUMOTHORAX IN THE APPARENTLY HEALTHY.

A RECENT case of pneumothorax in the apparently healthy will serve further to illustrate the subject discussed in the interesting paper by Drs. Barclay Ness and George A. Allan in the JOURNAL of March 26th, p. 744.

A young clerk of good physique, aged 22, had stayed at home for a few days on account of an ordinary "cold," but had recovered, and for several days had resumed his work. He was going to the station on the morning of February 4th, and walking rather sharply to overtake a friend, when

he suddenly felt a severe pain in the left side of his chest and a tightness of breathing. He was able to go to town, but returned early owing to shortness of breath and incessant cough.

I found him looking pale, with an anxious expression, and distressed in his breathing. He complained of pain in the left chest, and especially in the neighbourhood of the clavicle. The pulse was 100 and small, the temperature normal. Typical signs of pneumothorax were present—immobility of the left side of the chest, tympanitic percussion, absence of breath sounds, loss of vocal resonance and fremitus, and the characteristic tinkling sounds. The heart was pushed over to the right, and was inaudible in its normal position.

He was put to bed with a firm bandage round the chest, and had practically no other treatment. He was kept six weeks in bed, during which time the lung gradually expanded and the heart returned to its normal position. The chest remained resonant throughout, and there was no evidence of any effusion. The temperature never exceeded 99° F. The cough soon abated, and there was never any sputum obtainable for bacteriological examination. At the end of seven weeks he had entirely recovered and had put on flesh, and no abnormality of any kind could be found in the lung.

There had been no previous strain nor injury, and with the exception of one or two rather protracted "colds" during the past winter he had always enjoyed good health, and had suffered from no illness of any importance. There was no family history of tubercle.

Croydon.

HERBERT C. MALE, M.D.

PREGNANCY WITH PERFECT HYMEN.

It is well known that pregnancy may be found where there has been neither penetration of the vagina nor rupture of the hymen. At the same time the cases on which those conclusions are based are so difficult to trace that it seems desirable to place authentic instances on record.

Within the past year I was consulted with regard to a young woman of good family, aged 19 years, who complained of a variety of symptoms which eventually suggested pregnancy. She absolutely denied intercourse, and offered to subject herself to any examination.

In consultation with an obstetrician of considerable experience a thorough examination was made, which elicited two facts: the girl was pregnant between five and six months and the hymen was absolutely intact. In fact, all the appearances of the vagina were such as would warrant one, ordinarily, in certifying her as a *virgo intacta*.

After some time the patient confessed to certain incidents which made the case tolerably clear. She had been lodging in the house of a married man, with whom some degree of contact had taken place, but apparently there never had been penetration, and both of the parties absolutely relied on this as negating the possibility of impregnation.

Most of the recorded cases of pregnancy with intact hymen seem to have been dependent on some elastic condition of that membrane, which permitted penetration without rupture. The conditions existing in the present instance, where the vaginal inlet was extremely constricted, even for a virgin, were such that rupture would almost certainly have taken place if penetration had been accomplished.

One or two medico-legal questions suggest themselves in such a case as this. Could this pregnant, but not penetrated, female be properly described as a "virgin" by a medical man on oath? Further, does such a case constitute rape, assuming that the intercourse was resisted? As we know, there need not be penetration of the vagina to constitute rape, but only some degree of penetration of the vulva. Yet how can this be proved? It is obvious that this girl may have become impregnated by the fecundating fluid without penetration even of the vulva.

The subject is unsavoury, yet is one of pressing importance, for by the custom of the British law every medical practitioner is supposed to be an expert on matters of such vital moment as these, and they are increasing in frequency every day.

J. C. MCWALTER, M.D. BRUX., M.A.,

Barrister-at-Law.

Dublin.

¹ BRITISH MEDICAL JOURNAL, 1909, ii, p. 1747.

otherwise my name must be omitted from all their descriptions. They replied that they would omit my name from their catalogue and advertisements. I also said that in any case I would on no consideration whatever authorize more than one firm as a manufacturer of any instrument designed by me.

That a great injustice is done to at least two parties by this state of affairs is clear. The question arises as to whether it can be remedied. If the instrument makers themselves would agree to be agents for one another I believe there would not be any great difficulty. Incidentally I must dissociate myself entirely from any responsibility as to design, measurement, material or method of manufacture in the case of any instrument or appliance bearing my name unless it is made by the firm which I may employ in the first instance. Inasmuch as a scheme is now being tested which, if the results are good, will be worked up into a practical form, I am anxious that this question should be raised and if possible fully ventilated.

This letter is entirely disinterested.—I am, etc.,

April 28th.

G. H. COLT.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting of this association was held at 34, Copthall Avenue, E.C., on April 28th.

There were present: Surgeon-General Evatt (President), Dr. Balding (Royston), Dr. Drury (Halifax), Dr. Holder (Hull), Dr. Gidley Moore (Ongar), Dr. Napper (Cranleigh), Dr. Toogood (London), Dr. Withers Green (London).

The Honorary Secretary said that Dr. Drury had arranged for the annual meeting of the association to take place at Halifax on June 29th. The Mayor of Halifax would open the conference at the Town Hall, the Mayor and Mayoress would entertain the members at afternoon tea, and had accepted the invitation of the association to the annual dinner in the evening. The council decided that invitations should be sent to all members of the Poor Law Medical Service in England and Wales.

The Honorary Secretary reported that the answers to the questions submitted to the outdoor Poor Law Medical Service had been analysed by himself and Dr. Withers Green, with the following results:

1. *Are you in favour of the abolition of boards of guardians throughout England and Wales?*—To this question 37 per cent. of the answers were in the affirmative and 59 per cent. in the negative.

2. *What authority would you propose to set up?*—To this question 12 per cent. of the answers were in favour of an *ad hoc* authority, 22 per cent. for a statutory committee of the county council, and only 3 per cent. in favour of the abolition of any special Poor Law authority. N.B.—Only the answers of those who wished for the abolition of the guardians were counted with regard to this question.

3. *Should any difference be made between medical and other public relief, beyond the disenfranchisement in the case of the former?*—77 per cent. of the answers were in the negative, 8 per cent. in the affirmative.

4. *Should there be any "test" or "deterrent," such as the present medical order, to regulate the granting of medical relief to poor applicants? Or should the latter be permitted to claim public assistance subject to no other liability than having to pay the cost of the same if proved to be in a position to do so?*—83 per cent. were in favour of a test, 11 per cent. opposed to it.

5. *Are you in favour of a public assistance medical scheme based on provident dispensaries, subsidised by the State, and contract practice generally?*—83 per cent. of the answers were opposed to this, and 12 per cent. in favour.

6. *Are you in favour of a public medical service based on an amalgamation of the present Poor Law medical service with the sanitary medical service?*—60 per cent. were opposed to this, and 33 per cent. in favour.

7. *Do you approve of the district medical officer being made relieving officer, so far as medical relief is concerned?*—76 per cent. opposed to it; 22 per cent. in favour.

8. *Are you in favour of "whole-time" or "part-time" appointments in any reformed public assistance medical service?*—17 per cent. were in favour of "whole-time" appointments; 71 per cent. were in favour of "part-time" appointments.

9. *Are you in favour of a reform of the present Poor Law system, or would you prefer a "break-up"?*—11 per cent. in favour of a "break-up"; 82 per cent. in favour of a "reform."

10. *Do you think that a "unified medical service" that attended to all poor applicants, with no other test or deterrent than the liability to be compelled later to pay the cost, would or would not be dangerous to the interests of all general practitioners in poor districts?*—Answers in the affirmative were 90 per cent.; in the negative 6 per cent.

This analysis was approved by the Council, and it was decided that resolutions framed on these answers should be submitted to the general meeting at Halifax in June, and if carried there, should again be brought forward for confirmation at the meeting in London during the British Medical Association week in July next.

PRESERVATION OF BODIES IN MORTUARIES.

ALTHOUGH the Local Government Board has power, under Section 141 of the Public Health Act, 1875, to require a local authority to provide a public mortuary, there is a serious lack of these buildings in many parts of England and Wales. Even where they are provided, little care has been taken in many instances to secure freedom from objectionable or even dangerous features, though in some parts of London and in many large towns suitably arranged and well-fitted mortuaries have been provided, and in the City of London Mortuary in Golden Lane there has been installed an apparatus for preserving bodies. It was designed by Dr. G. de Richter, of the Public Health Department of the city of Brussels, and consists of an oblong iron box, a portion of the top and sides being glazed. The body rests upon a wire litter. Beneath the body is a second chamber, in which are placed linen cloths, automatically kept moist with a saturated solution of formic aldehyde. The formaldehyde vapour is propelled into the upper chamber and is kept in circulation by fans worked by a small electric motor. The Medical Officer of Health (Dr. W. Collingridge) reported last year that the body of an unknown man who had been drowned was brought to the City Mortuary on March 10th, when a *post-mortem* examination was made; a week later it was placed in the apparatus, where it remained for seven weeks. It was then removed to the mortuary, and was for many weeks in perfect condition for identification. The highest recorded temperature during the later period was 73° F. Some such method as that described for the preservation of dead bodies should be available in the mortuary of every large town.

NOTIFICATION BY MEDICAL OFFICER OF HEALTH.

M.O.H.—(1) When a medical officer of health attends or is called in to a patient suffering from a notifiable infectious disease he is entitled to the statutory fee of 1s. or 2s. 6d., even though the certificate of notification is sent to himself as medical officer of health. (2) When a medical officer of health sees a patient of another medical practitioner with a view to ascertaining whether a suspected case is notifiable, and it is considered to be notifiable, the medical officer of health is entitled to a fee for notifying the case to himself; but we believe that it is not the custom for medical officers of health to claim a fee under such circumstances. (3) When a medical officer of health, on the request of the inspector of nuisances, or of a school teacher, or of a ratepayer, sees a patient with a view to deciding whether the patient is suffering from a notifiable disease, the medical officer of health is entitled to the statutory fee in the event of his notifying the case. Some medical officers of health claim a fee in the circumstances narrated; others do not make any claim.

CERTIFICATION OF LUNATICS FOR ASYLUM.

M.O. asks whether, in the event of one of his private patients becoming insane and fit for an asylum, it is necessary for such patient (who, not being a pauper, will yet be unable to pay the full charges of the asylum) to be certified by the district medical officer, as, if so, he considers such necessity places the medical attendant in a very invidious position.

* * In such cases as our correspondent describes it rests with the magistrate who acts in the case to select the practitioner to certify to the insanity of the patient and fitness for asylum; the magistrate may select either the district medical officer or any private medical practitioner.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Degrees.

The following degrees have been conferred:

M.D.—G. F. S. Bailey, Caius; H. C. Cameron, Joh.; A. H. Miller, Trin.; W. O. Pitt, Emm.; J. L. Tuckett, Trin.
M.B., B.C.—L. Colledge, Caius; P. K. Gilroy, Selwyn; T. R. Glynn, Clare; E. N. Russell, Trin.; R. Svensson, Caius.
B.C.—C. B. Heald, Caius.

Examinations.

The following candidates have been approved at the examinations indicated:

D.P.H. (Both Parts).—J. H. Acheson, J. B. Alexander, W. Angus, G. A. Auden, M. N. Balsara, H. P. W. Barrow, Major R.A.M.C., C. H. Bowle-Evans, Major I.M.S., A. H. G. Burton, C. E. A. Coldcutt, C. H. Cox, Barbara M. Cunningham, J. F. D'Mello, H. H. B. Follett, T. H. Gloster, Captain I.M.S., F. A. L. Hammond, Major I.M.S., R. F. Johnson, A. T. Mackenzie, A. J. Malcolm, H. H. Marshall, A. T. Nankivell, W. K. Parbury, A. G. Peters, B. A. I. Peters, G. H. Stewart, Captain I.M.S., A. E. Tannex, O. K. Wright.

The next examinations for the M.B., B.C. degrees will be held as follows:

First M.B.—June 13th.
Second M.B.—June 13th.
Third M.B., Part I.—June 16th.
Third M.B., Part II.—June 21st.

UNIVERSITY OF LONDON. KING'S COLLEGE.

Special Lectures in Physiology.

A SHORT course of lectures on the relationship of the brain to voice will be delivered by Professor F. W. Mott, F.R.S., in the Physiological Laboratory, King's College, on Monday afternoons, May 23rd, May 30th, and June 6th, at 4.30 p.m. The lectures are free to all members of King's College, all students in medical schools, all internal students of the University, and to medical men on presentation of their cards.

UNIVERSITY COLLEGE.

The first of a course of eight lectures on the chief animal and vegetable pigments will be delivered by Dr. S. B. Schryver this day (Friday) in the Physiological Institute at 5 p.m., and will be continued on each Friday during May and June. The lectures are open to all students of the University, and also to all qualified medical men.

UNIVERSITY OF SHEFFIELD.

Anatomical Department.

MR. ALEXANDER WILSON, M.B., Ch.B.Aberd., has been appointed Demonstrator in Anatomy, in succession to Mr. A. Garrick Wilson, who has been appointed Tutor in Surgery.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia was held at the College on Thursday, April 28th, the President, Sir Thomas Barlow, in the chair.

Membership.

The following gentlemen were admitted Members of the College: David Henriques de Souza, M.D.Lond., L.R.C.P.; Thomas Renton Elliott, M.D.Camb.; David Barty King, M.D.Edin.; Henry Fairley Marris, L.R.C.P.; Geoffrey Eugene Oates, M.B.Lond.; Sydney Arthur Owen, M.B.Camb., L.R.C.P.; William Trethowan Rowe, M.D.Lond., L.R.C.P.; Reginald Vaughan Solly, M.D.Lond., L.R.C.P.; Rawdon Augustus Veale, M.B.Lond., L.R.C.P.

Licence.

The Licence of the College was granted to ninety gentlemen.

Fellowship.

On the nomination of the Council the following gentlemen were elected Fellows of the College: Otto Jackson Kauffmann, M.D.Lond.; Charles Hubert Roberts, M.D.Lond.; Edward Arthur Saunders, M.B.Oxon.; Francis Edward Fremantle, M.B.Oxon.; Robert Dawson Rudolph, M.D.Edin.; Lewis Albert Smith, M.D.Lond.; Frederick Craven Moore, M.D.Vict.; John Charlton Briscoe, M.D.Lond.; David Forsyth, M.D.Lond.; William Henry Willcox, M.D.Lond.; Arthur Frederick Hertz, M.D.Oxon.; Conrad Meredyth Hinds Howell, M.D.Oxon.

Communications.

The following communications were received: (1) From the Secretary of the Royal College of Surgeons reporting proceedings of the Council on April 14th. (2) From the Clerk to the Trustees of the London Parochial Charities, dated April 7th, concerning the appointment, on new terms, of a representative of the College upon the Committee of Management of the Chelsea Physic Garden. Sir William Allchin explained the relations of the College with the Garden, and showed how under the new scheme the College would have a representative upon the Committee of Management, to serve for a term of four years, instead of sharing a similar representation alternately with the Society of Apothecaries. He then moved:

That the altered scheme of the Charity Commissioners in respect to the Chelsea Physic Garden be approved, and its provisions given effect to so far as relates to this College.

This was seconded by the Second Censor and carried.

Librarian.

On the nomination of the Library Committee, Dr. Norman Moore was elected Librarian of the College.

Reports.

The following reports were received:

1. From the Committee of Management, dated March 22nd, stating: (a) "The Committee of Management have considered the recommendations of the General Medical Council which were referred to them by the Royal Colleges, and particularly that recommendation which relates to a compulsory interval of two years between the second and the final examinations. The committee beg to point out that the Regulations of the Conjoint Board have, since the establishment of the Conjoint scheme, required an interval of two years between these examinations,

but that in the Regulations the two years have been interpreted to mean two winter and two summer sessions." "In view of the Recommendations of the General Medical Council, the Committee of Management now recommend that the Regulation be altered so as to require an interval of twenty-four months between the two examinations." (b) "The committee also recommend that the Bedford College for Women, which has been visited by a member of the committee, be added to the list of institutions recognized by the Board for instruction in chemistry, physics, and biology." Both recommendations were adopted.

2. The quarterly report of the Finance Committee and the quarterly report of the Examiners for the Licence on the results of the January examinations were received.

Obituary.

CHARLES BAGGE PLOWRIGHT, M.D.,

CONSULTING SURGEON TO THE WEST NORFOLK AND LYNN HOSPITAL.

WE regret to record the death of Dr. C. B. Plowright, of King's Lynn, which took place on April 24th.

Charles Bagge Plowright was born at King's Lynn on April 3rd, 1849, and was apprenticed to the late Dr. John Lowe, Surgeon-Apothecary to the Prince of Wales and Surgeon to the West Norfolk and Lynn Hospital. As his apprentice Plowright in October, 1865, became a pupil of that institution; he afterwards studied at Anderson's College, Glasgow, and was a dresser under Professor Lister, who was then introducing the antiseptic system of treatment at the Royal Infirmary. Plowright took the diplomas of M.R.C.S.Eng. and L.R.C.P.Edin. in 1870, and after serving as House-Surgeon to the West Norfolk and Lynn Hospital he settled in practice in King's Lynn. He was appointed Medical Officer of Health for the Freebridge Lynn Rural District over thirty years ago, and in this capacity did much excellent work; his reports were admirable, complete, and suggestive. He was Surgeon to the West Norfolk and Lynn Hospital for many years, and was appointed Consulting Surgeon on ceasing to serve on the active staff. He was a magistrate for the borough of Lynn, and took a keen interest in education, being at one time a member of the Lynn Technical Education Committee and a director, afterwards vice-chairman, of the Girls' High School; he was also a governor of the Lynn Grammar School. Dr. Plowright had a high reputation as a skilful and careful surgeon, and had an extensive practice throughout West Norfolk, from which he only retired a few weeks ago.

It was, however, as an authority on fungi that Dr. Plowright was best known; his reputation on this subject was, indeed, European. He was a corresponding member of the Italian Cryptological and of the French Mycological Societies, as well as of the Scottish Cryptological Society. He began the study of the subject when a boy of 14 or 15 years, and while still house-surgeon published a treatise on *Sphaeriacei Britannici*. At various times he contributed numerous papers on his favourite subject, both to the botanical and the medical press. From 1890 to 1894 he was Professor of Comparative Anatomy in the Royal College of Surgeons of England, and a report of his course of lectures on the action of fungi on the human body was published in the BRITISH MEDICAL JOURNAL in 1893.

Plowright began by working on British field fungi, and in 1872 contributed a list of 800 Norfolk fungi to the Norfolk and Norwich Naturalists' Society, of which he was subsequently president. Later he was led on to the study of parasitic fungi producing disease in plants, a subject upon which he became an acknowledged authority. In 1891 he was the first to advocate the use in this country as a remedy against potato disease of the Bordeaux mixture then extensively used in France as a preventive of mildew on vines and tomatoes. In the previous year he had published a monograph on *The British Uridenaeae and Ustilaginaceae*. Dr. Plowright was also much interested in archaeology, and wrote papers on neolithic man in West Norfolk, on native dye plants used by our ancestors, on the archaeology of woad and the process by which its blue colour was extracted, and on the origin of the apothecaries' symbols for the scruple, drachm, and ounce. He made an interesting collection of neolithic and palaeolithic implements, which he presented to the

Lynn Museum. He also made a very extensive collection of *Pyrenomyces*, which, with the rest of his herbarium, has been acquired by the Birmingham University.

Dr. Plowright was a man of whom the profession of this country may well be proud. A thoroughly competent and skilful practitioner of medicine, he brought to the study of his favourite department of science—a department which touches animal pathology at many points—the all-important qualities of perseverance, exactness, and insight. He had a true conception of the functions and responsibilities of science, and dreaded slapdash slipshod work; indeed, it may be said with truth that the modest estimate he put on his own researches stood in the way of the recognition he deserved, and it might have been well for the cause of science itself had he been a little less modest and more insistent. However this may be, he was a man for whose scientific temper of mind every one who had even had a slight acquaintance with him must have conceived the highest respect.

Dr. Plowright leaves a widow, a son who is now surgeon to the West Norfolk and Lynn Hospital, and a daughter who is the wife of Mr. T. Petch, Mycologist to the Government of Ceylon. The funeral took place at North Wootton Parish Churchyard on April 27th, and was attended by, among others, the Mayor of Lynn, the Chairman and other representatives of the Lynn, Downham, and Freebridge Lynn Boards of Guardians, and of the Lynn Education Committee, and by numerous friends.

FRANCIS R. S. GAMAN, M.R.C.S., L.R.C.P.,

CAISTOR.

It is with much regret we announce the death of Dr. Francis R. S. Gaman, on April 9th.

He was the third son of the late Dr. J. Gaman of Hambledon, Hampshire. Left an orphan at a very early age, he was elected a Foundation Scholar of Epsom College, and eventually he won a six years' Scholarship at University College, London. He obtained the diplomas of M.R.C.S. and L.R.C.P. in 1894. After acting as assistant to the late Dr. Cameron of Caistor, Lincolnshire, he took over his practice in 1898. In the same year he was appointed Medical Officer of Health to the Caistor Council, and Medical Officer to the Workhouse and No. 1 District.

During his fourteen years' residence in Caistor, Dr. Gaman, who was a member of the British Medical Association, by his geniality, good fellowship, and devotion to his professional duties, had endeared himself to everyone who knew him, and was one of the most popular and beloved men in the neighbourhood. He was a staunch Churchman, being at the time of his death acting warden and a member of the church choir. He was a true friend of the poor, by whom he is much missed. He was captain of the Caistor Cricket Club, and joined in all the local recreation sports. As a Conservative he took much interest in politics, and was vice-president of the Caistor Unionist Association. Besides the appointments mentioned, he was surgeon to the Great Central Railway officials, the Post Office, the police, the Druids Lodge, and several others. He was associated with every good movement in the town, and had a wonderful influence for good, especially with young people. Six weeks previous to his death he was apparently in the best of health; but having felt symptoms of some internal complaint, he consulted specialists, who advised an operation. He faced the ordeal bravely, and was bright and cheerful to the end, without a word of complaint. He went to London and a preliminary operation was performed, from which he made an excellent recovery; but the second operation proving far more serious than was anticipated, he gradually sank and died five days later. No more fitting tribute to his memory could possibly have been paid than was shown by the attendance at his funeral on April 13th at Clixby, Caistor. All business was suspended in the town, and the esteem in which he was held was evidenced by the universal sorrow at the loss of a true friend and citizen who had passed away in the prime of his life at the age of 40. Much sympathy is felt for his widow and four young children—three daughters, and one son just a year old.

DR. ALONZO HENRY STOCKER died on April 24th at his residence, Craigweil Aldwick, Sussex, in his 81st year. Dr. Stocker, who was for many years one of the best known specialists in lunacy, held the following qualifications: M.D. St. Andrews 1855, M.R.C.S. Eng. 1852, M.R.C.P. Lond. 1862, and L.S.A. 1851. He had a distinguished career at the London Hospital, where, as a student, he won the gold medals for surgery, midwifery, chemistry, anatomy and physiology, materia medica and therapeutics, and also the silver prize (senior prize) for botany and forensic medicine. He was awarded the first honorary certificate for medicine, and the surgical gold medal presented by the governors of the London Hospital for attention to the patients of that institution. He also won the second prize in botany awarded by the Apothecaries' Society of London. In 1852, at the age of 22, he became medical superintendent of Grove Hall Asylum, Bow, at that time the largest private asylum in the country. Later he became proprietor of Peckham House, Peckham, and Northumberland House, Finsbury Park. He was a life governor of Bethlem Royal Hospital, and a member of many medical societies. He retired from active work about ten years ago.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are M. Nestor Gréhaut, Professor of General Physiology in the Museum of Natural History, member of the Academy of Medicine, and author of numerous writings on the poisons of the air, the gases of the blood, carbon oxide, alcoholism, etc.; Dr. Henri Ricard, representative of the Côte d'Or in the French Senate; Dr. C. Botez, Professor of Surgical Pathology in the Medical Faculty of Jassy; and M. Jules Hennequin, a well-known surgeon of Paris.

Medico-Legal.

WORKMEN'S COMPENSATION.

Medical Referees as Witnesses.

IN the *East Anglian Evening Star* there is a report of a case under the Workmen's Compensation Act which is interesting. The report states that an employer applied to the county court at Woodbridge for a reduction of a compensation order made by consent in the case of a man who some time previously "strained the muscles on the side of his back" when lifting sacks of corn into a wagon. Compensation at the rate of 7s. 6d. a week was paid from January 1st, 1909, and the employer sought relief on the ground that the man was not now incapacitated for work. Counsel for the employer called a medical witness, who stated that he could not find any evidence of injury; if there was any incapacity it was due to the respondent's age (59); at this time of life injury was likely to be more difficult to detect and take longer to cure. For the respondent three medical men were called, who testified that the man was not able to do full labourer's work; though there were no definite objective signs they were strongly of opinion that the case was a genuine one. His Honour referred to the difficulty he was in having regard to the fact that the medical witness for the employer was also a medical referee; as he had given evidence in the case, the court was deprived of his services as referee. Counsel for respondent argued that no case had been made out for altering the allowance.

A hasty reading of the learned judge's remarks on local practitioners might lead to the conclusion that they contained some animadversions on these gentlemen, but the fact that His Honour decided to send the case to a medical referee shows that their opinions were given just consideration. As to the propriety of medical referees giving evidence, it may be observed that it would be very difficult for the holders of these appointments, who are usually in active practice, to avoid giving evidence in court. Inconvenience is rarely caused by this, as there are generally several medical referees attached to each county court district; in addition, the regulations made by the Secretary of State apparently contemplate special circumstances under which referees outside the district may be called upon to act. The emoluments of these posts are so insignificant that there is no inducement for men to refuse cases merely because they are likely to be the subject of an arbitration under the Act. In cases where the medical referee has given evidence as an ordinary medical witness it is, we believe, the usual practice for the judge specifically to exclude that particular referee when he has determined to make a reference.

THE second International Conference for the Study of Cancer will be held in Paris this year from October 1st to the 5th. Communications relative to the conference should be addressed to Dr. Ledoux-Lebard, 22, Rue Clément Marot, Paris. In the matter of official languages the congress will conform to the rules of international congresses.

Medical News.

THE dinner of the Royal Sanitary Institute will be held at the Langham Hotel, Portland Place, W., on May 25th, at 7 for 7.30 p.m.

THE French Minister of Justice has introduced into the Chamber of Deputies a law, to be enforced by severe penalties, against procuring, or inciting to procure abortion.

THE friends and patients of Dr. Barclay, of Granton-on-Spey, have presented him with a handsome four-cylinder motor car, together with a cheque for £250. At the same time Mrs. Barclay was presented with a silver salver.

AT a dinner in aid of the Royal Blind Pension Society on April 26th, it was stated that there were now 1,315 pensioners on the books, of whom some 500 were above 60 years of age, while 49 were 80 years old and upwards, and 1 aged 94. The latter had been in receipt of a pension for forty-six years.

IT has been proposed to found a guild for members of the medical profession in this country somewhat on the lines of the French Société de St. Luc, St. Côme et St. Damien. Gentlemen in sympathy with the idea are asked to communicate with Surgeon-General Maunsell, 29, Broughton Road, Thornton Heath, Surrey.

THE Secretary of State for the Colonies has approved the proposal that in future the Principal Civil Medical Officer of Ceylon shall be an official member of the Legislative Council. The late Sir W. R. Kynsey, C.M.G., acted at one time as an official member, the late Drs. P. D. Anthonisz and W. G. Rockwood were unofficial members for five and nine years respectively, and Dr. W. G. Vandort was an unofficial member recently for a short period.

AT a meeting of the council of the Association of Medical Officers of Health, the treasurer (Dr. Gibb Smith) reported that many new members had joined, and it was resolved to recommend those members who were also members of the British Medical Association to take steps to arrange that the Representative of the Division to which each belonged should support the motion of which notice has been given by the Salford Division as to "medical appointments in public medical services in general" (SUPPLEMENT, April 23rd, 1910, p. 174).

THE foundation stone of the Barnato Memorial Hospital in connexion with the Cancer Charity of the Middlesex Hospital is to be laid by the Princess of Wales on July 14th. So far the ground has only been cleared, and a building contract has not been given out, but plans for a red brick building in Renaissance style have been passed, and it is anticipated that ample progress will have been made before the date mentioned. Of the £250,000 available, one-fifth is to be spent on building, and the rest invested as an endowment.

AT a meeting of the Royal Society on April 28th Professor Swale Vincent read a paper on the chromophil tissues and the adrenal medulla. He gave an account of the gross anatomy and histology of the chromophil tissues in mammals, and especially in the dog. Descriptions and drawings of the groups of cells in the sympathetic ganglia and of the chromophil bodies in other regions were furnished, and comparisons were made between their structure and that of the adrenal medulla. An extract of the abdominal chromophil body of the dog had precisely the same powerful effect upon the blood pressure as an extract made from the medulla of the adrenal. There seemed no reason why the hypothesis that all the chromophil cells had an internal secretion might not be admitted, though this process was more completely elaborated in the larger chromophil bodies and in the adrenal medulla.

AN extra dinner of the Brussels Medical Graduates' Association was held at the Trocadero Restaurant on April 29th, and was attended by thirty-three members and their guests. The President (Dr. Paramore), in giving the toast of "The Visitors," referred to the work which had been carried out by Dr. Griffith when President of the Medical Defence Union, coupling with the toast also the names of Dr. Ogle and Dr. Wickham. Dr. Griffith, in responding, said that he was frequently called upon to arbitrate in disputes which occurred in difficult cases in the country, and, as a rule, with success. The toast of "The Brussels Medical Graduates' Association" was proposed by Dr. Ogle. In responding, Dr. Arthur Haydon, the Honorary Secretary, said that this dinner had been organized in order to consider plans for holding the annual meeting and dinner this year at Brussels in the Brussels Exhibition of 1910, probably in August, when Professor

Rommelaere, the president of the university, would be invited to meet the British graduates. There were now about 800 British graduates of the University of Brussels in all parts of the world, and the number was steadily increasing. An annual meeting in Brussels would no doubt draw the attention of His Majesty the King of the Belgians to the existence of this association and the work it was doing for the university; as Her Majesty the Queen of the Belgians was a lady doctor it might hope that Their Majesties would become patrons of the association. As a result of his visit to Brussels last year to advocate certain reforms with regard to the admission of certain candidates for the degree, all these had since been carried out by the university. The number of colonial and foreign members was increasing rapidly. Dr. Wickham proposed the health of "The President," who suitably responded.

THE proposal to provide a working-class sanatorium for Middlesex appears to be making satisfactory progress. The suggestion is that the buildings should be of simple character and that the total cost should not exceed £100 a bed. The cost of maintenance, it is estimated, should not be more than 25s. weekly for each patient, and only those would be admitted whose maintenance is guaranteed either privately or by local authorities or other bodies. Sir R. Douglas Powell, in an address at a recent meeting in favour of the scheme, expressed his approval of the suggestion that the cost should not be over £100 a bed, and that those admitted should not be paupers; these should be dealt with by the Poor Law, the sanatorium should be for workmen, and there should be no element of charity. There should be a wing for advanced cases which too often had insufficient care, skill, and help given to them. Arrangements must also be made for the care of the wives and families of working men when the wage earner was being treated in sanatoriums. To this end the working class should be induced to take their share in the expenses. To cope with the ravages of phthisis in England and to provide four months' treatment for each patient 20,000 beds were necessary; this would involve a capital expense of something like a quarter of a million, while the annual cost of keeping the patients and allowing £1 a week to their families would be another quarter of a million. By co-ordinating various funds that were wasted annually it should be possible to treat the working man and provide his family with funds. Hundreds of thousands of pounds were frittered away by benefit societies and sick funds, and if these could be saved and devoted to the end which the meeting had in view great good would be done. Several large contributions towards the scheme have been promised, but it is proposed to endeavour to collect the main portion of the sum necessary by 5s. subscriptions.

THE forty-second annual banquet of the French Hospital was held at the Hotel Cecil on March 30th, under the presidency of M. Paul Cambon, the French Ambassador. He was supported by many members of the Corps Diplomatique, by the two Sheriffs of the City of London—the Lord Mayor was unfortunately unable to be present—by almost all of the members of the medical staff, and about 280 subscribers. The treasurer announced subscriptions to the amount of £3,700. Since the last annual banquet a new wing has been added and the interior of the whole hospital has been greatly improved. A new operating theatre has been constructed, with the addition of a room for the administration of anaesthetics, and another room for the sterilization of the surgical instruments. The corridors and staircases have all been lined with white tiles and the wards have been thoroughly brought up to date. Altogether about £5,000 has been spent, and the committee and staff are to be congratulated upon the way in which the work has been carried out. The hospital in London, together with its convalescent home at Brighton, which contains seventy beds, is a striking monument to the sympathy which exists between the two nations. After the toasts of "The President of the French Republic" and "The King" had been duly honoured, the Ambassador proposed the toast of "The Corps Diplomatique, the Sheriffs of the City of London, and the Medical Staff." In referring to the founders of the hospital, His Excellency spoke in feeling and sympathetic terms of the work done by the late Dr. Vintras. Dr. George Ogilvie, the senior physician, who spoke in French, replied on behalf of his colleagues. After referring to the additions and improvements in the hospital, he went on to express his conviction that the doctor must not only have knowledge of his art, but sympathy with the patient he has to treat. The motto of the French Hospital was "Caritas et patria." Dr. Ogilvie concluded by saying he was confident that the good feeling which existed between France and Great Britain would increase and last long after the present generation has passed away.