

tube was passed through the stricture, and the patient was fed in this manner. As she increased rapidly in weight, while her general state of nutrition was very good, I operated on her on June 25th, 1909.

A skin flap, 2 in. deep and about 5 in. in length, was cut from the front of the neck, extending horizontally from a vertical line to the left of the larynx over the anterior and right lateral aspect of the neck. The flap was reflected up to its base. The larynx was displaced forwards and to the right, and the upper portion of the oesophagus for 3 in. of its length was freely exposed.

The growth, which was very dense, was found to involve the upper 2 in. of the oesophagus. There were two small shot-like infected glands; these were removed. The oesophagus was divided transversely above and below the growth, which was carefully dissected from the posterior surface of the larynx and from the arytenoid muscle, as the mucous membrane covering this structure was swollen and oedematous.

The flap of skin was then folded in the form of a tube of about the diameter of the oesophagus. Its upper margin was connected by multiple sutures to the lower limit of the pharynx, while its lower margin was sewn to the divided edge of the oesophagus. It was also attached to the larynx at the upper aperture. Owing to the fact that the patient was unable to swallow her saliva, it became necessary to perform tracheotomy a few hours after the operation. A tube was passed through the pharynx and the oesophagus, and through this she was fed.

After some weeks the tube was removed. It was then found that she was unable to swallow fluids, and that even her saliva dribbled from her mouth. The propinquity of the aperture of the larynx to that of the skin of the oesophagus and the fact of the skin of the oesophagus being attached to the upper aperture were apparently responsible for this. These circumstances also rendered it impossible for the patient to wear one of Symonds's funnel-shaped tubes.

As time went on she acquired the habit of swallowing her saliva, but remained permanently unable to obtain sufficient food by the natural passage. For this purpose she employed a tube, which was passed into the oesophagus over the small remaining area of attachment of the skin flap. Her general condition was good, and she was well nourished. For a considerable time there was no indication of any recurrence. Radium and x rays were employed at intervals with the object of obviating any return of the growth.

In spite of the precautions of an extensive operation and subsequent treatment by radium, an indurated mass appeared in the neck in the vicinity of the operation and discharged itself externally, leaving a sinus. Through this aperture, about the end of December, a sudden profuse hæmorrhage took place, resulting in the death of the patient.

The *post-mortem* examination showed that this growth had recurred in a small area in the left side of the neck, and that it had invaded the carotid artery, whose wall gave way in consequence. The area of oesophagus made by skin did not differ in appearance from the adjacent portion of normal oesophagus, with which it had become continuous. It is reasonable to suppose that if the primary growth had been removed at an earlier period the patient would probably not have had any recurrence; also that an oesophagus made of skin can perform the function of a normal oesophagus, providing it is not in too close proximity to the upper aperture of the larynx.

At a meeting of the Illuminating Engineering Society, to be held at the house of the Royal Society of Arts, John Street, Adelphi, on January 16th, a discussion on library lighting will be opened by Mr. J. Duff Brown (Islington Public Libraries) and Mr. S. L. Jast (Croydon Public Libraries). Professor S. P. Thompson, F.R.S., will take the chair at 8 p.m.

At a sessional meeting of the Royal Sanitary Institute to be held at the Town Hall, Bradford, on Friday, February 3rd, a discussion on school clinics will be opened by Dr. L. A. Williams, Medical Superintendent, Bradford Education Authority. Earlier in the day a visit will be paid to the open-air school, Thackley, and on Saturday morning visits will be paid to the school clinic and the municipal dairy at Heaton.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CALCIFICATION OF PLEURA AND EMPYEMA.

THE following case is a somewhat remarkable one and worth recording. Its etiology is very obscure.

John W., aged 59 years, was admitted to the hospital complaining of a "heat in the stomach" and headache. He looked ill and had a temperature of 102.6° and a pulse of 126. He had been in the hospital two weeks before with symptoms which were diagnosed as gastritis—namely, epigastric pain and vomiting, with furred tongue. It was then noted that there was wooden dullness in the left axilla, and this was ascribed to old thickened pleura, but there was no cough, nor history of chest trouble, nor any pain over the dull area. On admission, there was an elastic fluctuating swelling in the left axilla, and the glands and lymphatics above were enlarged. The patient first noticed the swelling the day before. The skin was not discoloured. The vocal resonance was almost absent and the breath sounds feeble all over the left axilla, but there were no adventitious sounds. The abscess was opened under local anaesthesia and 4 oz. of greenish pus evacuated. No micro-organisms were found on bacteriological examination. Two days after it was noticed that the left side was hardly moving; there was absolute dullness in the left axilla and no breath sounds. There was still no pain complained of and the discharge was moderate only. This state of affairs lasted for some considerable time, the temperature remaining normal for three weeks. Then there was swelling of the feet and frequency of micturition, but the urine contained no albumen. Then the temperature began to rise again at night (100° to 101° occasionally). The patient was averse to a general anaesthetic, but was at last persuaded. An incision was made, and the third and fourth ribs found to be necrosed. On cutting away the necrosed portions a discharging sinus was discovered, and on opening this hard, firm, calcified pleura was come upon. Three interspaces were examined, and the calcified pleura found to extend into each. The patient took the anaesthetic very badly; the breathing became bad and further operative procedure had to be abandoned. Six weeks afterwards a portion of the calcified pleura in the fourth space showed signs of yielding, and was removed without an anaesthetic. The visceral pleura could then be easily seen moving with the respiration and communicating the heart's impulse. It was covered with thick granulations. There was a constant discharge from this opening for a month. It came from above, between the lung and the bony casing of the pleura. This casing was about $\frac{1}{4}$ in. thick, and as difficult to drill as bone, but not quite so brittle. At the end of this time the patient was found to be going downhill, and although his condition did not warrant an attempt to remove the whole pleura, it was thought that if a wedge-shaped piece were cut out and two or more ribs resected, the hollow which existed between visceral and parietal pleura would fill up. An incision was accordingly made in the line of the old wound and extending upwards to the second space and downwards to the fifth space. Cross incisions were made above and below, and the flaps retracted. The flaps took everything down to the ribs. There was a good deal of fibrous tissue above and around the granulations, and it was difficult to remove this from the ribs. Considerable portions of the third, fourth, and fifth ribs were resected. The fourth and fifth were soft, and exuded pus when cut through with bone forceps. The enormously thickened and calcified pleura was cut into, and a portion the full length of the incision excised. It was $\frac{1}{2}$ in. thick by measurement. The flaps were sutured back in position with silkworm gut sutures. The wound healed well considering there were portions of it over which a purulent discharge was constantly passing, and he was out of bed in a week. Before the operation there had been swelling of wrists and ankles which, with the clubbed fingers, suggested the onset of pulmonary osteo-arthritis. This diminished considerably after the operation.

Three weeks after a piece of calcified pleura which was getting loose was cut through and removed. It measured $1\frac{1}{2}$ in. by 1 in. Four days later, at his own request, he was allowed to go home. At that time the thickening of wrists, ankles, etc., had returned, and was increasing.

Three and a half weeks later he was again admitted. The thickening of the wrists had extended to the forearms, which were now much larger than the upper arm. Next day a piece of the pleura, $2\frac{1}{2}$ in. by $1\frac{1}{2}$ in. by $\frac{1}{2}$ in. was removed. It had been working loose. The following day another piece was removed, and three days later two pieces, one 2 in. by 2 in. and the other $2\frac{1}{2}$ in. by $2\frac{1}{2}$ in. The patient became flushed, and his face began to swell, his nose being noticeably thickened. The swelling of ankles and wrists was now most marked. His evening temperature averaged 100.2° , and the morning normal or subnormal. He began to talk strangely at night, and then became delirious, at first at night and then in the day, for two days, during which time he was almost unmanageable. His mental condition then returned to normal all in one day. He was very thin and ill-looking about this time. He then began to mend slowly and put on flesh. In the next six months he gained a stone in weight. There was still an open wound, with the visceral pleura and its cover of granulation exposed, but the discharge was lessening. The edges of large fixed fragments of the pleura could be felt with the finger, and one piece, about 3 in. square, was wedged in close to the costal margin, and beneath the cartilages of the sixth, seventh, eighth, and ninth ribs, running into the lower part of the axilla from before backwards. It was now thirteen and a half months since his first admission. The following is a quotation taken from a note made about this time:

"The most remarkable feature of this case is the great change which has taken place in the wrists, ankles, and face. The features of the face have broadened considerably, and there is a malar flush and some oedema. There is also oedema of hands, wrists, and forearms (lower part), and considerable thickening of the joints and fingers. The fingers are large and the ends of the fingers thick and somewhat spatulate, with very convex nails. The feet, ankles, and legs show similar changes—oedema, enlargement of joints (including knees), and thickening of toes, with convexity of toe-nails."

Owing to these changes and the long-continued suppuration, amyloid disease was anticipated, and it was resolved to operate and remove the remaining portions of the pleura.

In this operation the line of incision commenced near the vertebral border of the scapula over the sixth rib, was brought down to the upper border of the tenth rib, and thence curved upwards to the discharging wound in the mid-axilla. The incision went through everything down to the ribs. This large flap was then raised. The muscles were pale, and scarcely a drop of blood exuded when they were cut through. The periosteum was removed from the ribs, and ribs 9, 8, 7, and 6 excised. Nos. 3, 4, and 5 had previously been removed. The calcified pleura thus uncovered was removed. It was about 3 in. by 3 in. by $\frac{1}{2}$ in. On passing the finger high up towards the apex of the lung the lower end of another piece could be felt. This was grasped with lion forceps and detached with some difficulty, and then another long piece about $2\frac{1}{2}$ in. by $\frac{1}{2}$ in. By this time the whole of the bony case covering the anterior portion of the lung had been stripped off to the very apex. Posteriorly on exploring with the finger the pleura was found to be thickened and fibrous, but not calcified, and adherent to the lung. The edge of this was pared and the granulations curetted away from the visceral pleura. When the whole was thoroughly clean the large fleshy flap was allowed to come in contact with it and sutured in position. A drainage tube was stitched in below. The flap was sutured in layers with catgut sutures. He complained of very little pain and slept four hours that night. The subsequent events may be stated briefly. The flap did not unite well in front. As before mentioned, it was pale and bloodless at the operation. In spite of this he made a good recovery, and one noticeable feature following the removal of all the diseased material was the rapid disappearance of the swelling of the joints (ankles and

wrists especially), never to return. He had two attacks of diarrhoea, one while in the hospital and one after he went home. They lasted about a week each. Now, one year and ten months after his first admission, he looks well and is fairly active, but still has a discharge from the left side, and there is still visceral pleura to be seen; but the side has fallen in, and it seems not improbable that it will slowly granulate up and the skin grow over it. Considering the age of this patient, 59, and the chapter of events, his recovery and present condition is almost as remarkable as the nature of the case.

W. SIDNEY SWEET, B.Sc., M.D., B.S.Lond.,
Late Medical Superintendent and Resident Surgeon, Gympie
Hospital, Queensland.

HEREDITARY TENDENCY TO DEFECTIVE SIGHT IN MALES ONLY OF A FAMILY.

THE following is an account of a family suffering from defective sight, this condition affecting the men only of the family, and apparently being transmitted by the women of the family to their sons.

I know this family in a social and not in a medical way, and therefore cannot, unfortunately, give the actual conditions of the eyes, but can describe the conditions from ordinary observation only. I have described those who were considered to have nothing wrong with their sight as "of apparently normal sight," but not having examined them I cannot actually state that their sight was normal, but it seemed quite good enough for ordinary purposes.

First Generation.—Captain A. B. (myopia and strabismus), married a lady of apparently normal sight. They had a son and a daughter.

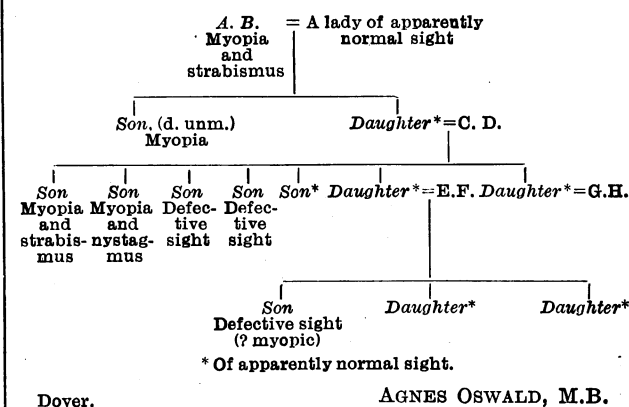
Second Generation.—The son was myopic; he died unmarried. The daughter, of apparently normal sight, married Captain C. D., of apparently normal sight. They had five sons and two daughters.

Third Generation.—All these five sons, except one, were debarred from entering the army owing to defective sight. The eldest son has myopia and strabismus; the second son has myopia and nystagmus. The third and fourth have defective sight. The youngest son alone had sufficiently good sight to pass the "medical" for the army. The two daughters have both apparently normal sight. They are both married; the younger has no children. The elder daughter married E. F., of apparently normal sight, and has one son and two daughters.

Fourth Generation.—The son has defective sight—myopia, I believe. The two daughters have apparently normal sight.

This history seems to tell of a condition which is transmitted by both males and females of a family to the males only; and, leaving the mother and maternal grandmother unaffected, has appeared again in the fourth generation.

The following table will show clearly the transmission of defective sight through four generations.



THE late Dr. George Ackroyd, of London, left estate valued at £33,556.

skill possessed in dealing with his patient's case according to its merits.

4. The whole of the correspondence may be claimed to have been read, but what is read is perhaps not all understood fully at the time, and may be better understood on demonstration than mere reading.

5. It is wiser to limit oneself in such an investigation to facts and statistics, instead of provisos and new themes of controversy. Every one has not the facility, nor provision either, for obtaining journals such as the *Ophthalmic Record* of Chicago for a whole year, awaiting Lieutenant-Colonel Smith's reply in some particular number to be published without giving us the number and date of that publication.

6. In advocating the eclectic method, which has been greatly approved of from the verdict given by authorities, I do not make any claim on Lieutenant-Colonel Smith's technique, nor the instruments devised for the purpose. I only claim what is my own. At the same time, I can only once more refer to my articles in the June and October issues of the *Ophthalmoscope* for careful perusal, in order to show that the provisos and other things strictly and rigidly laid down by Lieutenant-Colonel Smith have not been found necessary in the hands of other skilful surgeons, and yet success might attend the operation if careful diagnosis be made early and the case be treated at the time of operation in accordance with its merits. An "unmutilated pupil" is acknowledged to be the ideal operation with expression of the lens in its capsule both as regards appearance and after-results. If an unmutilated pupil be inadmissible at the time of operation, iridectomy is done, and iridectomy can often be dispensed with under certain conditions I have mentioned in my work, and those are to be diagnosed at the time of operation only.

The average ophthalmic surgeon in performing the eclectic method is safe in doing so in the interests of his patient and his reputation, since even skilful operators who have either seen Smith operate or have followed his technique, *with or without* his tuition, have reported unfavourably of his method both on account of accidents, appearance, and after-results. Those results have been reported and upon them a verdict given.

It is possible for some men to achieve much after performing 500 or 1,000 extractions or expressions of the lens by capsulotomy or non-capsulotomy, while others would fail to acquire the same results after performing five, ten, or fifteen, or even twenty thousand. As said of the poet, so of the ophthalmic surgeon, who is born and not made; and those who are not born but made can only achieve skill, delicacy of touch, and all the requirements which go towards success in every sense by very careful observation and prolonged apprenticeship.

I trust that your correspondent on her return from India to this country will be able to give us fresh results and statistics which might cause us to say that she has achieved greater things than her master.—I am, etc.,

London, W., Dec. 24th, 1910.

G. H. FINK, I.M.S. (ret.).

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

Degrees.

THE following were among the degrees conferred at a graduation ceremony on December 21st, 1910:

M.D.—D. C. Henry, R. T. Herdman, G. W. R. Skene.
M.S.—M. A. Ansari, B.A. (India).
M.B., CH.B.—E. G. Anderson, A. E. C. Beausoleil, B. J. W. Bennetts, G. Burnet, L. D. Callander, T. F. Craig, W. A. Dunn, L. E. Eden, A. C. England, J. Erlank, T. R. Evans, A. J. Ewing, M.A., Annie G. Fergus, A. Galletly, F. P. Gibson, M. E. Goode, R. Govan, M.A., M. Greenberg, J. D. Gunn, B.A., C. C. Iles, Hannah M. Irving, B.Sc., A. B. Jamieson, C. A. Keegan, T. D. Kennedy, M.A., W. D. Kirkwood, E. W. Lawrence, See Foon Lee (China), R. C. Lowther, D. J. M'Affee, W. V. Macaskie, J. D. M'Ewen, M.A., Marian Macintyre, D. J. McLaren, Elizabeth Macleod, A. M. Masters, D. B. Maunsell, H. M. Mills, S. N. Mokand, F. L. Moore, C. C. Murray, K. A. Rao (India), E. W. Richards, W. R. Ridley, T. R. Sandeman, Charlotte D. Schaeffer, S. C. Sen (India), J. W. Seuter, J. C. Simpson, A. N. Smith, N. W. Stevens, J. Stevenson, D. E. Stoddart, J. B. Stott, G. Sutherland, B. C. Tennent, D. L. Theron, P. H. du Toit, C. Y. Wong (China), N. C. Young.

On the same occasion diplomas in Tropical Medicine were handed to W. H. Forsyth, Captain, R.A.M.C., E. C. C. Maunsell, Captain, I.M.S., and A. Watson; and the Stark Scholarship in Clinical Medicine was handed to D. M. Lyon, M.B., Ch.B.

Examinations.

The following candidates have been approved in the subjects indicated:

FIRST M.B., CH.B.—R. C. L. Batchelor, M.A., B. B. Benison, H. B. Binks, E. P. Caw, F. C. Chandler, W. A. Coats, J. Dunlop, J. D. Evans, B.Sc., E. M. Ferney, H. J. Foote, H. C. Fox, B. E. Gibson, D. C. Graham, J. C. Gunn, E. Jamieson, M.A., W. D. Kierlander, G. M. Levack, A. J. M'Ivor, J. B. P. M'Laren, A. O. Marshall, D. J. Max, F. G. Milne, W. Murdoch, J. C. Neil, Inez E. M. Pender, R. Power, J. O. Reid, F. W. H. Renton, Maung Sett, J. C. Sinclair, Jyotiprakash Sircar, B.Sc., A. H. D. Smith, H. S. Smith, L. J. Spence, J. S. Taylor, A. A. Watson, H. D. Welply, J. A. C. Williams, D. G. Wishart, E. W. N. Wooler.

SECOND M.B., CH.B. (*Anatomy*).—W. R. Addis, E. Allan, J. C. Anderson, B. P. Anderson, L. J. Baeza, I. J. Balkin, W. Bird, G. A. Borthwick, W. A. Bowie, H. Boyle, A. Bremner, H. J. Brink, A. B. Brook, H. A. Brookes, F. R. Brown, E. M. Brown, M.A., W. T. Brown, W. E. Bullock, B.Sc., R. E. Cameron, S. M. F. Cesari, W. K. Chalmers, G. W. Christie, T. W. Clarke, F. A. Correa, A. Cowe, G. Cromie, B.A., Laura K. Davies, C. L. Doid, D. A. Donald, C. Dundee, W. B. H. Dundee, A. J. Dunlop, B. V. Dunn, G. K. Edwards, Isabella Elphinstone, F. G. Foster, A. S. Fry, A. S. Glynn, A. Grant, H. P. Haddow, J. N. J. Hartley, H. B. L. Henderson, R. A. Hepple, H. C. Hindod, S. Honeyman, K. Hussain, T. D. Inch, Florence E. Inglis, L. F. E. Jeffcoat, I. J. Khaw, F. J. Kirkness, D. A. Laird, W. A. Lethem, R. B. Llewellyn, J. B. Low, G. H. Lunan, J. N. McIntosh, D. M'Kelvey, Bessie R. MacKenzie, E. L. MacKenzie, H. A. Macmillan, Rosanna E. Macmillan, J. T. H. Macmill, D. Martin, G. E. Martin, M.A., A. D. Maxwell, S. C. Mitra, J. B. Mitton, H. M. Moir, R. Montgomery, A. J. M. C. Morrison, W. K. Morrison, K. P. Panikkar, W. Parker, A. E. S. P. Pattison, E. Percival, T. Pullar, M.A., A. Rahman, G. Rankine, K. G. Rao, B.A., J. W. van Reenen, J. K. Reid, D. L. Robertson, D. S. Robertson, M.A., W. J. Robertson, M. S. Ross, C. Scales, L. R. Sharples, A. C. Shaw, H. K. Shaw, A. F. Sinclair, R. A. Stark, E. T. A. Stedford, Isabella Stenhouse, F. G. Thatcher, W. St. Clair Thwaites, M. C. Turiansky, M. A. Wajid, Joseph Walker, J. H. Ward, D. G. Watson, H. W. Wier, G. Williams, H. W. Wilson, W. G. Wyllie, M. G. Ba Yin, J. A. Young.

SECOND M.B., CH.B. (*Physiology*).—A. J. T. Allison, S. K. Basu, A. Cameron, D. Campbell, M.A., W. S. H. Campbell, S. C. Chatterjee, T. W. J. Childs, J. H. Cumming, J. W. Darling, Laura K. Davies, W. Duguid, K. D. Falconer, A. S. Glynn, R. W. R. Jones, Margaretta J. Keers, Margaret N. MacCallum, Celia M. C. MacNeil, A. C. Mann, S. L. Mitra, S. C. Mitra, R. H. H. Newton, B.A., K. P. Panikkar, A. Rahman, C. D. Rogers, J. A. N. Scott, S. W. H. Stuart, H. Tren, G. T. van der Vijver, M. G. Ba Yin, J. S. Crichton.

SECOND M.B., CH.B. (*Practical Materia Medica*).—C. W. Aikman, B. H. Alexander, H. F. Armour, D. C. Barron, M.A., P. W. Caruthers, A. Cohen, K. C. Crosbie, J. M. Donnan, C. E. Dukes, D. O. Fairweather, E. S. Hawkes, F. W. Hird, J. H. G. Hunter, T. W. Jackson, S. G. Krieger, S. J. A. Laubscher, B. L. Lloyd, Rosanna E. Macmillan, Jean M. M'Ninn, M.A., Clare R. Patton, L. J. D. Pawan, H. A. Bippiner, J. S. du Toit, J. B. Young.

THIRD M.B., CH.B.—W. H. Armistead, T. C. Britton, D. L. Brown, A. N. Craig, F. E. Crew, G. M. Elliot, R. Grant, M.A., J. A. Henderson, N. L. Lochrane, J. W. M'Kinney, C. de C. Martin, C. A. Mason, H. G. Parker, Bindeshwari Prasad, S. D. Reid, C. M. Rout, E. St. J. Seely, R. K. Shaw, R. S. Stevenson, M. Teitelmann, G. ap Thomas, A. H. Towers.

FINAL (*Midwifery*).—J. D. M. Claassens, E. S. Craig, W. E. Fitzgerald, A. Greenwald, S. Hodgkinson, R. H. S. Langeveldt, R. M'Adoo, J. M. Murray, L. H. Skene, R. B. M. Yates.

FINAL (*Medicine and Surgery*).—T. Caul, B. J. O. Hoare, M. J. Hofmeyr, B.A., J. R. M'Gregor, Lucy M. Muir, J. M. Murray, A. Simpson.

FINAL (*All Subjects*).—E. Anderson, A. E. C. Beausoleil, B. J. W. Bennetts, G. Burnet, L. D. Callander, T. F. Craig, W. A. Dunn, L. T. Eden, A. C. England, J. Erlank, T. R. Evans, A. J. Ewing, M.A., Annie G. Fergus, A. Galletly, F. P. Gibson, M. E. Goode, R. Govan, M.A., M. Greenberg, J. D. Gunn, B.A., C. C. Iles, Hannah M. Irving, B.Sc., A. B. Jamieson, C. A. Keegan, T. D. Kennedy, M.A., W. D. Kirkwood, E. W. Lawrence, S. F. Lee, R. C. Lowther, D. J. M'Affee, W. V. Macaskie, J. D. M'Ewen, M.A., Marion Macintyre, D. J. McLaren, Elizabeth Macleod, A. M. Masters, D. B. Maunsell, H. M. Mills, S. N. Mokund, F. L. Moore, C. C. Murray, K. A. Rao, E. W. Richards, W. R. Ridley, Charlotte D. Schaeffer, S. C. Sen, J. W. Senter, J. C. Simpson, A. N. Smith, N. W. Stevens, J. Stevenson, J. B. Stott, G. Sutherland, B. C. Tennent, D. L. Theron, P. H. du Toit, C. Y. Wong, N. C. Young.

M.D. (*Clinical Examination*).—F. Armstrong, G. S. Blandy, W. L. Burgess, M. Carthew, G. L. Cawkwell, F. W. Cragg (Captain, I.M.S.), I. D. Dickson, W. H. Dickinson, G. H. Garnett, A. W. Gill, W. T. Graham, A. G. M. Grant, A. G. Hamilton, J. Henderson, A. E. Hodgson, G. R. Inglis, A. M. Jones, W. B. Logan, P. Macdiarmid, H. D. MacPhail, R. C. MacQueen, T. H. R. Mathewson, John D. de W. Molony, J. A. Mortimer, A. C. Norman, Julia L. Pringle, A. N. Robertson, D. G. Robertson, John M. Scott, F. Shannon, G. W. R. Skene, G. W. Smith, H. H. Thorburn, W. S. Watson, T. Welsh, J. D. Wilson, M.A.

UNIVERSITY OF LEEDS.

Degrees.

THE following were among the degrees conferred at a Congregation on December 22nd, 1910:

M.B., CH.B.—J. P. Brown, W. S. Hart, H. N. Ingham, * J. P. Musson, C. G. K. Sharpe, * B. A. Slowcombe, * G. V. Stockdale,

* Second class honours.

Examinations.

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B. (*Anatomy and Physiology*).—L. H. Butler, W. A. Drake, J. C. Gillies, H. R. Knowles, P. K. Merron, H. Sinson, H. L. Taylor, C. Ward.

THIRD M.B., CH.B.—PART I (*Pathology and Forensic Medicine and Public Health*).—F. Wigglesworth, B. W. F. Wood.

FINAL D.P.H.—P. W. Ashmore, W. M. Hitchins, J. H. Mason.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on December 14th, 1910.

Recognition of Teachers.

The following teachers were recognized as teachers of the University in the subjects indicated:

Guy's Hospital Medical School.—Mr. William Mayhew Mollison (Aural Surgery), Mr. Philip Turner (Clinical Surgery).

University College Hospital Medical School.—Dr. Hugh Morriston Davies (Clinical Surgery), Dr. Thomas Renton Elliott (Clinical Medicine), Dr. Archibald Montague Henry Gray (Dermatology).

Hospital for Consumption.—Dr. James Dundas Grant (Aural Surgery and Laryngology).

Lectures in the Physiological Laboratory.

A course of lectures on "Gaseous Exchanges taking place in the Blood" will be given by G. A. Buckmaster, M.D., and J. A. Gardner, M.A., F.I.C., on Tuesdays, at 5 p.m., during the third term. The lectures are addressed to advanced students of the University and to others interested in physiology. The course has been recognized as a course of advanced lectures which a candidate for the B.Sc. (Honours) Examination in Physiology may name for part of his examination. Any member of a London school of medicine, whether an undergraduate of the University or not, is entitled to admission to this course.

Advanced Lectures in Physiology.

The following courses of advanced lectures in physiology will be given during the second term:

1. Eight lectures on "Hydrolysis and Enzyme Action," by H. E. Armstrong, F.R.S., and E. Frankland Armstrong, D.Sc., in the Chemistry Lecture Theatre, City and Guilds College, Exhibition Road, S.W., on Tuesdays, beginning February 7th, at 5 p.m.

2. Eight lectures on "Physiological Significance of Amines," by H. H. Dale, M.D., at University College, on Fridays, at 4.30 p.m., beginning on January 20th.

3. Four lectures on "Recent Progress in Physiological Chemistry," by Otto Rosenheim, Ph.D., at King's College, on Mondays, January 30th, February 13th, February 27th, and March 13th.

4. Eight lectures on "The Physiology of the Embryo and the Newly-Born," by M. S. Pembrey, M.D., in the Physiological Theatre, Guy's Hospital, at 4 p.m., on Thursdays, beginning January 19th.

5. Eight lectures on "Coagulation of the Blood, Muscle, and Milk," by John Mellanby, M.D., at St. Thomas's Hospital, on Wednesdays, at 4.30 p.m., beginning on January 18th.

Courses 1, 2, 4, and 5 have been recognized by the Senate as courses of advanced lectures which a candidate for the B.Sc. (Honours) examination in physiology may name for part of his examination.

Lectures by the Professor of Protozoology.

A course of twenty-one lectures on "The Protozoa" will be given at the Lister Institute of Preventive Medicine, Chelsea, by Professor E. A. Minchin, M.A., Professor of Protozoology in the university, on Mondays, Wednesdays, and Fridays during the second term, at 5 p.m., beginning on January 16th. Each lecture will, when possible, be followed by exhibits of microscopical preparations illustrative of the subject of the lecture.

The course is intended to provide instruction (a) to students passed the intermediate stage—that is, to those preparing for the B.Sc. examination, pass, or honours, or those taking "protozoa" as a special subject for the B.Sc. examination—or to those preparing a thesis upon the group for the D.Sc. degree; (b) for medical men and others interested in the practical aspects of protozoology. The course is open free (1) to all members of the university; (2) to all medical men or registered medical students; (3) to other persons on application to the Academic Registrar.

Advanced Lectures in Zoology.

A course of three lectures on "The Comparative Anatomy of the Vertebrate Ear" will be given by Mr. R. H. Burne, M.A., at the Royal College of Surgeons, Lincoln's Inn Fields, W.C., on Thursdays, January 19th, 26th, and February 2nd, at 5 p.m.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The Fellowship.

THE following gentlemen have been admitted to the Fellowship:

R. Alcock, A. G. Banks, H. C. Buckley, Captain I.M.S., G. A. Carter, W. Dykes, N. E. Gibbs, C. L. Isaac, A. I. Mader, C. W. F. Melville, Captain I.M.S., A. A. W. Petrie, R. Y. Stones, H. B. Thomson, L. E. B. Ward, W. J. A. Webster.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates were approved at the examination held at the end of the thirty-fourth session:

† H. G. S. Webb, Captain I.M.S.; † J. H. Murray, Captain I.M.S.; † R. St. John Brooks; † H. C. Keates, Captain I.M.S.; † F. V. O. Beit, Captain I.M.S.; † W. M. Anderson, Captain I.M.S.; † L. E. Gilbert, Captain I.M.S.; † J. Donnelly; † W. G. Watt; † C. A. Lane, Major I.M.S.; † A. J. Smith; † C. S. Thompson; † K. B. Allan, H.G. Parrie; † L. B. Pooth, Miss N. G. Cotton; † G. Rollason, Miss I. Kahn; † W. A. Ryan, F. T. Wills, B. S. Roper; † J. F. W. Ward.

† Passed with distinction. * Colonial Medical Service.

Medico-Legal.

WORKMEN'S COMPENSATION ACT, 1906.

Injured Workman and Medical Examination.

THIS was a stated case in the Court of Session, Edinburgh, on December 24th, 1910, before Lord Justice Clerk and Lords Dundas, Ardwall, and Salvesen, under the Workmen's Compensation Act, 1906, in an arbitration in which the appellant, David Morgan, High Blantyre, claimed an award of compensation from the respondents, Wm. Dixon (Limited), Blantyre Colliery, in respect to an injury to his left foot, which injury was alleged to have been sustained while he was employed by the respondents as an underground driver on June 3rd, 1910. After the petition for an award of compensation had been presented, the respondents required the appellant to submit himself for examination by a medical practitioner provided and paid by them under Section 4 of the First Schedule of the Act. The appellant, however, refused to submit to such an examination unless upon condition that his own medical attendant should be present throughout the examination. The respondents refused to accede to this condition, and contended that the appellant's refusal to submit himself to medical examination unless on the condition specified amounted to obstruction in terms of the section referred to. They lodged a minute in the arbitration craving the court to sist the application until the appellant submitted himself for medical examination in terms of the statute. Parties were heard on the minute and it was conceded in argument that there was no special circumstance in the appellant's case which called for the presence of his medical attendant at the examination, his contention being that it was the right of the workman in every case, without alleging any special reason, to have his medical attendant present at the examination, and to refuse to submit to examination unless and until the employers consented thereto. Sheriff-Substitute Thomson, the Arbitrator, while willing to consider any special grounds which might be expedient that the appellant's medical attendant should be present, held that the appellant's contention was not well founded, and he accordingly granted the crave of the minute, and sisted the application.

The division upheld the judgement of the sheriff-substitute and found the respondents entitled to expenses, their view being that, apart from any special circumstances in a particular case, a workman was not entitled to have his own doctor present throughout the examination by the medical practitioner on behalf of the employers in terms of Section 4, and that the refusal of the appellant to submit to examination unless his own doctor was allowed to be present amounted, in the circumstances of this case, to a refusal in terms of Section 4. The Lord Justice Clerk said that parties on both sides had stated that this was a question which they desired to be settled, and he took it that the appellant was the representative of the whole class of workmen in the desire to have the question determined whether under Section 4 a workman was entitled, as matter of right, to refuse to submit himself for examination by a medical practitioner provided and paid by the employer unless his own medical man were present. His lordship had no hesitation or difficulty in deciding that a workman was not so entitled. The purpose of the examination by the employer was the legitimate and proper purpose that he, through one who might as a man of skill give him an opinion of the man's then condition, consider whether he would go to arbitration or agree to give reasonable compensation to the man who was injured. The employer was entitled to have that examination made, without being interfered with by anybody, by a properly qualified medical practitioner. If his lordship thought that any case previously decided had determined the point now maintained by the appellant he should consider that the case required to be dealt with by a full bench. But in none of the cases quoted was such an abstract decision given. In the present case the circumstances stated by the sheriff-substitute indicated that this was not a reasonable refusal.

Lord Ardwall, who concurred, said that if the question in the case was decided in favour of the appellant it would mean that a workman in all cases had an absolute right to refuse to be examined unless his own medical man were present. It appeared to his lordship that it was out of the question that any such rule should be laid down. There might be cases in which it was exceedingly proper that a workman should have his own medical man present. One could imagine dozens of such cases where, for example, the workman might be subject to an affection of the heart, or something of that kind. Special circumstances must always be taken into account.

Lords Dundas and Salvesen concurred.

Heart Disease or Accident.

IN a case lately tried it appeared that the deceased was a man aged 40, and the contention was that on July 24th, 1910, his death was caused by the strain of pushing full tubs of coal operating upon a condition of body (dilated heart and aneurysm of the aorta) which was such as to render the strain fatal. A post-mortem examination had been held, and it had been found that the whole of the deceased's organs were sound, with the exception of the heart. Medical witnesses were called to say that the condition of the heart was such that the strain of pushing the tubs was responsible for the deceased's death in the particular way in which it happened. The applicant's solicitor relied on *Clover Clayton and Co. v. Hughes*, heard in the House of Lords in March, 1910. In that case a

phases of an obscure nervous case. His contributions to the medical societies were few but valuable.

Dr. McQuitty seemed to touch nothing he did not succeed in. He enjoyed his life; in summer he always took a good holiday, and he had visited most parts of Europe and some of America; he was particularly fond of Switzerland, and knew it well. He had musical tastes of a high order, and more than one church organist has been indebted to him not merely for medical advice but also for relief of work during church service. His personal characteristics gained him hosts of friends, both amongst the profession and the public; he was quiet and unassuming, but, if wrong or jobbery were suspected, an outspoken opposition soon developed.

His death is a serious loss to the Medical School and to the province; the regret is keen in every one, especially as it is but too clear that his strenuous and unremitting labour must have been the primary cause of his death at the age of 48. Dr. McQuitty was unmarried. Much sympathy is felt with his sister and two brothers.

SIDNEY J. RODERICK, M.B., C.M.,
LLANELLY.

It is with great regret that we record the death of Dr. Sidney J. Roderick, which occurred on December 12th at his residence, Vauxhall, Llanelly, Carmarthenshire, in his forty-sixth year. Dr. Roderick was educated at Marlborough and Edinburgh University, where he had a successful career. He graduated M.B. and C.M. in 1887.

At an early age he acquired the extensive practice of his uncle, the late Dr. Buckley, of Bradbury Hall, Llanelly.



Dr. Roderick was Medical Officer of Health for the Llanelly urban area, Certifying Factory Surgeon, Medical Inspector of Schools, Medical Officer to the Police and various industrial concerns in the town, and was engaged in private practice.

His death in the prime of life is felt as a severe blow both by his fellow practitioners and the members of his Division of the British Medical Association, and by the public. By all who knew him he was regarded as the soul of honour, and as being always actuated by the highest motives. Whatever he did or said was always accepted as the result of deliberate and conscientious effort by one who rarely changed his mind after arriving at a conclusion.

Of a retiring and reserved disposition, Dr. Roderick avoided publicity and loathed public applause. He delighted in the shaded nooks of professional life, away from the public gaze, and in such spots only was his work to be

seen; had it been exposed to the public gaze in direct sunshine and nurtured by push and tact it would, in comparison, have dwarfed much work that has arrested public attention. He was a patient investigator, with a gift for research; he was one of the pioneers of x-ray and of opsonic work in South Wales, and latterly of radio-therapy, of which latter material he had a valuable supply.

Dr. Roderick was a valuable and faithful member of his Division, but, although allowing himself to be nominated to any committee of which he always gave of his best, he declined every official position. The outstanding features in the character of this lovable man were a gentleness of disposition, a kindness of heart that knew no bounds, and an unflinching courtesy even to the poorest, and these sufficed to make probably the most beloved and respected man in his native town, where his sweet influence will live for many generations.

He leaves a widow and two children to mourn his loss.

Contract Medical Practice.

G. E. L. asks: Does the 4s. or 5s. annual subscription that members of all clubs pay for medical and surgical attendance include consultations with other medical men?

. The answer to this question must depend on the terms of the contract. We are informed that there is usually no written contract, and practitioners of special experience to whom we have referred the matter state that it is not usual for a club doctor to charge a fee for consultation.

Medical News.

THE second Hunterian Society lecture will be delivered at the London Institution, Finsbury Circus, E.C., on Wednesday, January 11th, at 8.30 p.m., by Mr. D'Arcy Power; the subject will be loose cartilages and the results of their surgical treatment. All members of the medical profession are invited to attend.

THE next meeting of the Westminster Division will be held at the Criterion Restaurant on Thursday, January 12th. Dinner will be held at 7.30 p.m. Dr. Goodall, Honorary Secretary of the Metropolitan Counties Branch, will read a paper entitled, "On Some Points Connected with the Serum Treatment of Diphtheria." All members of the Association are invited to attend.

A MEETING of the Hampstead Division will be held in the Central Library, Arkwright Road, N.W., on Friday, January 13th, at 4.30 p.m. A paper on State Sickness and Invalidity Insurance will be read by Dr. Rowland Fothergill.

THE fifth annual dinner of past and present students of the Royal London Ophthalmic Hospital will take place at the Imperial Restaurant, Regent Street, on Wednesday, February 8th, when Mr. Priestley Smith, will take the chair at 7.43 p.m. Each student is entitled to introduce two guests. Tickets (10s. 6d. each, exclusive of wine) may be obtained from either of the honorary secretaries, Mr. Arnold Lawson, 12, Harley Street, and Mr. J. Herbert Parsons, 54, Queen Anne Street, London, W.

AT the request of the Military Education Committee of the University of London, the Principal has issued invitations to universities and colleges providing contingents of the senior division of the Officers' Training Corps to appoint representatives to a conference to be held at an early date to consider various questions relating to discipline and organization in the contingents.

THE next meeting of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, January 10th, at 4 p.m., when the President, Dr. T. B. Hyslop, will open a discussion on the influence of parental alcoholism on the physique and ability of offspring.

The customary course of post-graduate lecture at the Hospital for Sick Children, Great Ormond Street, W.C., will be given this session. The first lecture will be by Mr. Corner, on January 12th, on the functions and diseases of the vermiform appendix, and the second by Dr. Thursfield, on January 19th, on purpura, at 4 p.m. on each day. These lectures are free to all practitioners. In addition there are special post-graduate courses at the hospital for which fees are charged.