

duction," not "mental tests." They determine how *much* an individual can work, how *much* he knows—not *how* he works, *how* he knows. A man's productivity, of course, is what we want to ascertain in everyday life. We do not care how a man comes to use or to acquire his powers; we are content with a mere dynamometric or other record of his prowess. From this aspect, mass experiments must have *some* value. But this aspect cannot properly be called the psychological aspect.

## Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

### A CASE OF URAEMIC APHASIA.

ON January 13th I saw, in consultation with Mr. J. H. Blakeney, of Cheltenham, a gentleman, aged 53, who had been seized on the previous day with loss of the power of speech; when I visited him, this had passed off, and only a little slowness in articulation was noticeable. There was no loss of power on the right side, and the plantar reflex of the right foot was flexor. The knee-jerks on both sides were exaggerated. His pulse was hard; the apex beat was not displaced; urine 1014, acid, haze of albumen, no sugar, deposited a few slender granular casts; eye-sight normal. He was well developed, sparsely nourished, but muscular; not cachectic-looking, and had been a great athlete.

The history was that at the age of 20 he had an attack of acute nephritis; he was ill six weeks, but was supposed to have made a good recovery. Fifteen years ago, however, he was rejected for life insurance on account of the presence of albumen in the urine, and he had had frequent attacks of gout during the last fifteen years. He had a profuse epistaxis eleven years ago. In May, 1909, he was found standing by his dressing-table unable to speak; he vomited and was put to bed; there was no definite hemiplegia, but he said afterwards that his right hand felt numb. He recovered in about a fortnight, but has never since resumed his occupation. In July he had an attack of convulsions, after which he was unconscious for twelve hours. In September he had his second attack of aphasia, with a slight loss of consciousness, lasting for a few hours. Later in the same month he had two attacks of convulsions followed by unconsciousness and violent delirium. In March, 1910, an attack of aphasia with slight unconsciousness was followed by delirium and mental symptoms which lasted six weeks. In September he had another attack of aphasia; in November his pulse became very slow, the rate falling to 26. Early in December there was a slight aphasic attack, and on January 12th of this year another for which I saw him.

Although transient aphasia is mentioned in most textbooks as one of the phenomena occasionally observed in uraemia, it is sufficiently rare to justify me in asking permission to publish these brief notes. Few cases are to be found in looking up standard writers on Bright's disease, but one was published by the late Sir T. Grainger Stewart,<sup>1</sup> in which transient aphasia was associated with facial paralysis and some weakness of the right arm, and there is another in Dr. Samuel West's Lettsomian Lectures (p. 139), in which the patient had recurrent attacks of right hemiplegia with aphasia extending over eight years; there was no albuminuria, but the arteries were thickened, and there were "two small patches of degeneration of the ordinary kind in the right eye." In Mr. Blakeney's case there is no doubt of the presence of chronic renal disease; the uraemia associated is attested by the occurrence of convulsive attacks, and it is noteworthy that the aphasia was not attended by hemiplegia.

Birmingham.

ROBERT SAUNDY, M.D., F.R.C.P.

### TREATMENT OF PERNICIOUS MALARIAL FEVER.

It is well known that red blood corpuscles containing malarial parasites are more easily disintegrated than normal non-infected blood cells. This gives us a clue to the treatment of pernicious cases of fever which one comes across now and again in the tropics, and which are almost invariably so fatal. I refer more particularly to

<sup>1</sup> *Clinical Lectures on Important Symptoms*, Fasciculus II on Albuminuria, p. 107.

cases of the comatose type, resembling in many aspects a bacterial meningitis. These cases present a profound toxæmia associated pathologically with a conglomeration of infected erythrocytes in the cerebral capillaries.

Rogers has been showing for the past two years the value of hypertonic saline solution in cholera. In the treatment of severe malarial conditions we desire, if possible, to produce an effect of another kind, although also by a temporary alteration in the saline content of the plasma. It is one in which the blood plasma is more diluted, giving those red blood corpuscles which are infected a greater opportunity of disintegrating and allowing quinine to act more immediately on the malarial organism.

This can be done by the transfusion of a "hypotonic" saline solution (30 grains to 1 pint). The osmotic pressure within the red blood corpuscles, if the injection has been carried out at the rate of quite 20 ounces in ten minutes, becomes relatively a negative one, and to a certain extent it is selective in that it is accumulative in affecting more readily those cells whose resistive powers have already been weakened by being organismally infected. To take advantage of this alteration it is of course necessary that the patient's circulation contain an effective amount of quinine ready to deal with the organisms, possibly nascent in the plasma, or at any rate more easily reached in the intracellular osmotic ebb and flow. To get this effect it must be borne in mind that rapid introduction of hypotonic saline is necessary, as interaction with the tissue fluids in a very short time diminishes the positive osmotic pressure of the surrounding plasma with regard to the corpuscles *pari passu* with its saline content quickly reapproaching the normal limit, which, considering the amount of blood in the body, can only have tended to produce the laking effect to a small extent.

Although it is unlikely that much actual laking takes place, even in infected erythrocytes, still the very changes occurring in the tension of the plasma must react on the corpuscles, and involve interchange of fluids, which, containing even minute percentages of quinine, must have an effect the reverse of salutary for the invading haemosporidia.

D. M. C. CHURCH,

Gyantse, Thibet.

Captain, I.M.S.

### CONGENITAL ABSENCE OF ONE KIDNEY.

THE extreme rarity of the anatomical condition found in the following case demands in the interests of the profession a brief record.

A. E. S., a married woman, aged 58, was found drowned in the Regent's Canal on December 3rd, 1910. The *post-mortem* examination was made on December 6th. The body was well nourished; neither the loin nor the anterior abdominal wall presented any scar externally. On opening the abdomen there was observed on the right side, and covered by the bowels, a large swelling. This was found to be the right kidney in its normal position. It weighed 11 oz.; the vessels were large and engorged with dark fluid blood; the ureter was slightly larger than normal. From a naked eye inspection the condition of the kidney appeared one of simple hyperplasia. On looking for the left kidney it was nowhere to be seen. There was a flatness of the posterior wall of the abdomen instead of the usual hollow. There were no left renal vessels, no left ureter, and no trace of embryonic remains. The left crus, quadratus, and psoas stood out with no vestige of organ or tissue where the kidney should have been; the left suprarenal was absent. The bladder was normal, but had only one ureteric orifice—namely, that on the right side. The uterus was lying well over towards the right side, with a normal broad ligament attached thereto. On the left side, however, there was a large space which the fist easily occupied. The broad ligament on this side was represented by a narrow fold dipping down deep into the pelvis and rising again, the left ovary being almost on a level with the brim. There were no abnormalities of vulva, vagina, or uterus. The woman had had two children, both of whom are living.

My best thanks are due to Mr. T. W. P. Lawrence, curator, University College Hospital, who, in the presence of two of the visiting staff, laid open the bladder and exposed the single ureteric orifice.

London

J. MAUGHAN

## MIGRAINE AND ERRORS OF REFRACTION.

THE following case may interest, as emphasizing once again the fact that errors of refraction are frequently at the root of migraine and of the visual "zigzags and clouds" which occur in that complaint; also that the correction of the error of refraction will alone suffice to remedy.

On October 12th, 1910, Mrs. K., aged 30, married, four children, youngest 4 years, came to me complaining of migraine, and of seeing "zigzags" before her as she looked up. The headaches and "zigzags" were almost of daily occurrence. She was so impressed by their appearance that she had marked the hours in the days of the past week in which the "zigzags" had made their appearance. She had been suffering from migraine for two years past, and she had consulted an oculist about her eyes about that time ago, who found that she was suffering from granular lids, for which she was treated. The following correction was also ordered, but had not been worn, as she said that the glasses blurred her vision:

$$\begin{array}{rcl} \text{R.} & & \text{L.} \\ +0.25 & & +0.25 \\ +0.5 & \swarrow 25^\circ & +0.5 \swarrow 30^\circ \end{array}$$

Under H and C her retinocopy was:

$$\begin{array}{rcl} \text{R.} & & \text{L.} \\ +0.25 & & -0.25 \\ \times \text{Em.} & & + +0.75 \\ \text{With lenses ...} & = & \frac{1}{2} \\ +0.25 & & -0.5 \\ +0.25 & \swarrow 40^\circ & +1.25 \downarrow 105^\circ \\ \text{Ordered.} & & \\ +0.25 & \swarrow 40^\circ & -0.25 \downarrow 105^\circ \\ & & +1 \end{array}$$

On November 10th she came to me after having worn her glasses for about a month. She was delighted that she had not had a headache or seen a "zigzag," although she had had "washing mornings," which always produced both phenomena. I may add the headaches were always worse on the left side of the head, the left eye being the seat of most error of refraction.

Streatham, S.W.

A. G. CLARKE POCKOCK.

## KALA-AZAR IN MALTA.

I WILL be glad if you will kindly find a space for this communication on a subject which is attracting great attention just now.

Girl, aged 3, ill for seven months, great pallor of skin and mucous membranes; moderate emaciation; fever of a remittent type; no oedema; accessible lymphatic glands very slightly enlarged; no petechiae; spleen can be palpated as a distinct movable, painless tumour reaching down to level of umbilicus; liver does not reach below costal border; bronchial catarrh; diarrhoea of a dysenteric type, tenesmus and mucus slightly tinged with blood.

*Diagnosis.*—Infantile kala-azar, confirmed by microscopical examination of the splenic tissue.

The important feature of this case is the demonstration of Leishman-Donovan bodies in smears from mucous flakes excreted with the faeces.

I believe this is the first time that the examination of excreta of patients suffering from leishmaniasis has been attended with positive results as regards the demonstration of the pathogenic protozoa. The smears were stained by the Giemsa method in the usual way.

I hope this discovery will help to throw a little light on the, as yet, very obscure etiology of the disease. It certainly is something to go by in recommending prophylactic measures.

Malta.

A. CRETEN, M.D., D.P.H., D.T.M.

## A RAPIDLY-FATAL CASE OF SPLENO-MEDULLARY LEUCOCYTHAEMIA.

ACUTE cases of Hodgkin's disease are so decidedly rare that, when met with, it is distinctly desirable they should be placed on record, if only to remind us that such cases may be met with, therefore, I now send you some particulars of a case I recently saw, in consultation with Dr. James Johnson, under whose care the patient was.

Mrs. W., a widow, aged 34, young looking, but rather grey for her years, was very well and active in her occupation of housewife until October 2nd, 1910. So well was she that she said she "never felt better in her life," and it is a fact that between April and August she had gained a stone in weight, and it was about this time that she ran a race with her two younger sisters, both of whom she left behind.

Her widowhood had lasted six years, previous to which she had eleven years' experience of matrimony, which resulted in two children, a boy aged 8, and a girl aged 6. She was always healthy, excepting a little menstrual trouble. On October 2nd she had an influenzal cold, which kept her in bed a day or two. Every one else in the house also had a touch of it. She had never felt well since, and on October 29th she consulted Dr. Johnson. She said she "had not been away for her holiday, and felt thoroughly done up." She also complained of bruises (ecchymoses) about the legs, which she thought had been caused by the child kicking her in bed. She also complained of spots on the neck and upper chest. These were of a purpuric character. Her breathing was rapid, 32, and also her pulse, 120. The temperature was normal, and examination showed the heart and lungs to be quite healthy. Dr. Johnson prescribed a mixture of iron, strychnine, and arsenic, and advised rest. On October 31st he was sent for, and found her lying in an exhausted condition on the sofa, with acute pain in the left abdomen. He sent her to bed. On November 1st she was no better; always of rather a pale complexion, the pallor was more marked. The purpuric spots were larger, and also the bruises. She now, for the first time, complained of enlargement of the abdomen, and Dr. Johnson discovered a greatly enlarged spleen reaching below the umbilicus. One of her eyes was bloodshot, and blood was oozing from the gums. The temperature was not raised. On November 2nd the symptoms were much the same, but both eyes were bloodshot, and there was sickness, the stomach contents being slightly blood-stained; there was also slight epistaxis. On November 3rd the condition had not improved, and on November 4th I saw her in consultation with Dr. Johnson. She was in bed in a half-sitting posture. The face was pale and had an anxious, agitated expression. Respiration was rapid—of the breathless type. The pulse was fast and markedly dicrotous. The lips and teeth were covered with thick dark sordes of dried blood; the tongue, also, was dry and blood-stained. There were several purpuric spots about the root of the neck and the upper chest, and there were several ecchymoses on various parts. The bowels were open; the character of the stools not noted. The urine had been, all through, high-coloured and thick. The heart sounds were quite clear, and also the lung sounds to the extreme bases. There was no haemic murmur. The abdomen was considerably enlarged and hard.

This enlargement was greatly due to the spleen, which could easily be felt extending from under the left ribs and below the umbilicus almost to the right iliac region. The liver also was much enlarged and the edge greatly thickened. Both liver and spleen were very tender. There was no enlargement of the lymphatic glands. The axillary temperature was 102° F.

I could only confirm Dr. Johnson's diagnosis and emphasize his very unfavourable prognosis. On November 5th the respiratory distress was so great that oxygen was given for ten minutes every four hours with much relief. On November 6th she was no better. The sclerotic of both eyes was bright red. She was taking nothing but buttermilk, 2 to 4 pints daily. No material change took place in the symptoms till her death on November 12th. The temperature varied from normal to 101° F. during these last days. She was not the least emaciated, in fact, in very good condition. In addition, I am told, she began to menstruate on November 3rd, and this continued very copiously till her death. If we date the commencement of the attack from the influenza, the total duration of the illness was forty-one days.

A slight review of such medical literature as I possess has discovered records of cases fatal in twenty-seven days, twenty-one days, and even fourteen days, but most of the acute cases are said to be of the lymphatic type, not the spleno-medullary. I am much indebted to Dr. James Johnson of this town for permission to publish these

particulars, and also for the use of his notes of the case before and after I saw her.

Blackpool.

WILLIAM HARDMAN.

### BREECH PRESENTATION WITH PROLAPSED HAND.

I WAS called to see Mrs. W., a primipara aged 24, on November 21st, at 6 p.m. I found a certified midwife in attendance, who said she had been called to the case at 9.30 a.m. that day, when she found the patient in the first stage of labour, the membranes having ruptured forty-eight hours previously. On examining, she diagnosed a breech presentation with a hand prolapsed.

On arrival I found a breech in the second position, with the left hand prolapsed; the os was three parts dilated; the hand was pushed up on to the abdomen. Labour proceeded slowly with fairly good pains till the breech reached the perineum, when, after two hours and the pains losing power, delivery was effected with the blunt hook. The child was stillborn; the mother made a good recovery.

The main point of interest is that, in looking up the authorities, I find no mention made of a breech presentation being complicated with a prolapsed hand, this condition with a vertex being much more frequently met with.

H. WESSEN HUSBANDS, M.R.C.S., L.R.C.P.Lond.

Taunton.

## Reports

ON

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

#### GENERAL CIVIL HOSPITAL, COLOMBO.

A CASE OF PERFORATION IN ENTERIC FEVER, FOLLOWED BY ABSCESS FORMATION: OPERATION AND RECOVERY.

(Reported by LOUIS OBEYSEKERE, L.M.S.Ceylon, House-Physician.)

I AM indebted to Dr. E. Garvin Mack and Mr. A. M. De Silva for permission to report this case. The patient, a man aged about 30 years, was admitted on August 26th, 1910, in a low state, with a history of fever and cough of about ten days' duration and the bowels stated to be relaxed.

#### Condition on Admission.

His temperature was 103°; pulse 140, small and feeble. Examination showed consolidation at the apex of the left lung. The temperature ranged between 101° and 103° for the next four days, and his pulse improved in rate, volume, and tension. On August 29th his blood gave a positive Widal reaction.

#### Progress.

On August 31st his temperature rose to 104°, necessitating frequent spongings. The patient had now become unconscious—at first restless and delirious, and later in a state of stupor. From August 31st to September 4th the fever remained high with but slight morning remissions; the patient continued unconscious; the pulse retained its good qualities, and its rate ranged between 98 and 110 per minute. On the morning of September 5th—twentieth day of illness—the temperature dropped to 98°; the pulse now was 88, full and bounding; the upper part of the abdomen moved with respiration, but the area below the umbilicus was immobile and there was definite rigidity; the respirations were rapid—about 45 to the minute; the liver dullness was wholly obliterated; the general and mental condition of the patient was much worse; there was no vomiting.

#### Perforation.

The diagnosis of perforation was made, and the case was seen by a surgeon, who saw no indication for operation. By evening the temperature had again risen, and the patient's general condition seemed worse. The motions examined after this showed no signs of haemorrhage.

#### Result.

Next morning the respiration was still hurried, and the pulse was 120 and weak. There was bulging in both flanks, and the next day shifting dullness was obtained. Subsequently the patient made a good recovery, with the exception of a right-sided parotitis on the 11th, and a similar condition on the left side on the 16th, both of which subsided under suitable treatment.

#### Sequence.

Fourteen days after the patient was put back on solid food a tumour was noticed in the abdomen just below the umbilicus,

and extending on each side to the outer border of the recti. When the patient was asked to sit up the lower part of the recti did not contract well, showing that there was involvement of these muscles in the tumour.

This tumour was about the size of an adult head, and was hard; deep fluctuation was obtained; the skin over the lower part was red and oedematous; there was tenderness on pressure. A catheter was passed and the tumour was thus proved to have no connexion with the bladder.

Under local anaesthesia a needle was put in and pus drawn off. An incision, 2 in. long, was then made at the outer border of the rectus, and the abscess opened and drained with drainage tubes. The pus was not faeculent. The posterior and the lateral walls of the abscess were composed of coils of small intestine matted together. The patient left hospital shortly afterwards fully recovered.

REMARKS.—It is noteworthy that the patient on no occasion after the perforation had any trouble with his bowels; that no pus was ever passed per rectum; that his temperature remained normal; that the pus in the abscess was not faecal; and that the patient never complained of any pain or discomfort from the presence of the tumour.

## Reports of Societies.

### ROYAL SOCIETY OF MEDICINE.

#### PATHOLOGICAL SECTION.

Tuesday, January 17th, 1911.

Dr. F. W. MOTT, F.R.S., President, in the Chair.

#### Insanity and Cholelithiasis.

DR. J. P. CANDLER concluded, from the study of a large number of statistics, that the incidence of gall stones was greater amongst the insane than the sane, as had been previously asserted by Mr. C. F. Beadles. Possibly the cholelithiasis was related to disintegration of the nervous matter which supplied cholesterol. He did not agree with certain previous writers in regarding cholelithiasis as a grave and frequent menace of carcinoma. Almost all cases of primary carcinoma of the gall bladder were associated with the presence of gall stones, so that there seemed a causal relationship between the conditions, although it was only in a relatively few cases that carcinoma supervened.

#### Protozoa in Yellow Fever.

MR. SEIDELIN demonstrated the presence of minute protozoan-like bodies in the red blood cells of yellow fever. He had found them in nearly every case (Mexican), though not yet in the *Stegomyia*. They took the form of minute chromatin points, which subsequently acquired a small envelope of protoplasm. They might possibly be sufficiently minute to pass through a filter.

#### Complement Fixation.

DR. H. R. DEAN described a series of experiments designed to differentiate the various members of the typhoid and paratyphoid group, and drew the following conclusions:

1. By the use of the complement-fixation method, *B. typhosus*, paratyphoid A, and paratyphoid B can be easily differentiated from one another; by the use of a suitable dilution of serum it is possible to differentiate paratyphoid B from *B. aertrycke*; this series of experiments entirely confirms the classification of Bainbridge.
2. The complement-fixation method affords an extremely delicate and specific means of differentiating between various members of the typhoid and paratyphoid group.
3. Very closely-allied organisms can only be differentiated after experiments sufficiently extensive to ensure a knowledge of the dilutions most suitable to the serum and extracts in use.
4. The group reaction and the degree of relationship between members of the group can be demonstrated by the use of various dilutions of an antiserum in the presence of extracts made from homologous and heterologous strains.
5. Under certain circumstances the degree of relationship can be seen during the course of an experiment by observing the time of onset of haemolysis in the tubes containing the various extracts.
6. The group antibodies can be removed from the serum by a suitably arranged absorption experiment.
7. Excess either of antiserum or of bacterial extract has an unfavourable influence on the fixation of complement.
8. The maximal fixation of complement is obtained when antigen and antibody are present in certain definite proportions.

#### Bacterial Gas producing Power.

DR. W. G. PENFOLD recounted an elaborate series of experiments, showing amongst other results that the colon bacillus could be educated to produce no gas.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

#### Degrees.

THE following degrees have been conferred :

M.D.—D. V. Cow, R. E. G. Gray.  
M.B.—A. C. D. Firth, G. C. Lim, A. Goulston, N. Mutch, A. J. May.  
B.C.—H. W. Barber, A. Goulston, K. I. Singh, P. F. Wilson, H. G. Greaves, N. Mutch, T. W. S. Hills, R. M. R. Thursfield.

#### Tropical Diseases.

The following candidates have been approved for the diploma in Tropical Medicine and Hygiene :

W. A. Anderson, F. V. O. Beit, R. T. St. John Brooks, A. Hutton, I. H. Murray, H. G. S. Webb.

### UNIVERSITY OF EDINBURGH.

#### University Court.

AT the meeting of Edinburgh University Court on January 16th, Dr. A. H. F. Barbour was reappointed University Lecturer on Gynaecology; and Mr. J. W. Dowden, M.B., C.M., F.R.C.S.E., was appointed an additional Examiner in Surgery and Practical Surgery. The gift by Emeritus Professor Crum Brown of a set of the *Zeitschrift für physikalische Chemie*, consisting of 75 volumes, was accepted with thanks.

### UNIVERSITY OF GLASGOW.

#### Statistics of Matriculated Students.

A STATEMENT of the numbers of matriculated students at Glasgow University during the past twenty years has been issued from which it appears that the number of medical students was smaller in 1910 than in 1889, though the total number of students in all faculties was nearly the same in the two years.

Year.	Arts.	Science.	Divinity.	Law.	Medicine.	Total
1889	996	—	95	192	818	2101
1890	998	—	88	197	770	2053
1891	972	—	93	206	820	2091
1892	941	—	89	205	760	1995
1893	780	129	90	193	695	1887
1894	677	119	71	186	618	1671
1895	611	113	61	182	617	1584
1896	571	123	62	225	621	1602
1897	587	112	58	211	565	1533
1898	634	147	54	215	557	1607
1899	654	166	41	213	590	1664
1900	673	160	41	200	584	1658
1901	661	183	51	196	588	1679
1902	687	198	53	191	642	1771
1903	681	238	49	193	604	1765
1904	688	248	51	187	639	1813
1905	684	248	43	208	645	1828
1906	700	274	56	203	626	1859
1907	688	321	59	234	622	1924
1908	695	347	60	214	605	1922
1909	727	428	60	203	602	2020
1910	754	421	56	176	618	2025

It will be seen that in all cases the minimum was reached during the last decade of the nineteenth century, but that there has been a small and irregular increase since. Apparently the rise in the total number of students is mainly due to the remarkable increase in the number in the Science Faculty.

#### "Final Year" Medical Dinner.

Professor Murdoch Cameron presided at the dinner of the final year medical students of Glasgow University, which was held in St. Enoch Station Hotel on January 18th. This dinner is the event of the year, when—as the menu card had it—

Teacher and taught, the plougher and the ploughed,  
The lion and the lamb lie down together.  
Fast fly the hours with laughter, long and loud,  
Song, wine and blether.

This card as usual was an elaborate affair, with photographs, autographs, and numerous apt quotations. Professor Gemmell, who proposed "The Year," gave some interesting reminiscences of the old college.

### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated :

D.P.H.—J. Green, S. M. Green, Blanche M. Z. Johnston, W. W. Mackarell, S. P. Mort, J. F. Whelan.

### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated :

FIRST COLLEGE.—V. M. Patel (Bombay), R. N. Raja (Madras), B. S. Raj (Hyderabad), Mary Lyon-Mercado (Poona), J. Martin, A. M. Burge (Australia), B. S. Agrawal (Bareilly), H. N. Hukku (Agra), G. da Silva (Goa), S. G. Rasul (Abbottabad), B. L. Shome (Calcutta), J. M. R. Hennessy (Bangalore), M. R. Kochhar (Gujrat), D. J. Chand (Bahawalpur), G. R. Vohra (Punjab), R. C. Mitter (India), W. Macleod.

SECOND COLLEGE.—P. L. Manuel (Mauritius), J. Corcoran, J. Remers, C. R. C. Moon.

THIRD COLLEGE.—V. M. Patel (Bombay), J. B. Wilman, J. J. Dyke (Scotland), J. A. Whitla, R. N. Raja (Madras), A. R. Henry (Cape Colony), G. Singh (India), S. G. Rasul (India), J. I. Arnold, W. Brennan, W. S. Durward, J. R. Smith, M. F. A. L'Hoste (Mauritius), M. R. Kochhar (Gujrat).

FINAL.—Dorothea L. Schwabe, D. Cogan, Rose Moskovitch (Poona), E. E. Doyle (Bombay), R. L. Hughes, C. O'Herlihy, J. T. Mackenzie, H. B. Chamberlain (Ontario), D. Murphy, N. Williams (Ceylon), A. J. Crowley, P. C. Benerjee (Calcutta), P. K. K. Naidu (Madras).

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated :

SURGERY.—\*†M. J. A. Des Ligneris, \*†B. W. Loewenberg.  
MEDICINE.—\*†G. J. F. Elphick, \*B. W. Loewenberg, \*F. G. Norbury.  
FORENSIC MEDICINE.—N. S. Adler, J. Ellison, R. G. Maglione.  
MIDWIFERY.—A. J. V. Mathews, H. Rowntree.

\* Section I.

† Section II.

The diploma of the society has been granted to Mr. B. W. Loewenberg.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

VITAL STATISTICS IN ENGLAND AND WALES (1910). WE are indebted to the Registrar-General for the following rates, compiled and published for the convenience of medical officers of health. The figures are provisional and subject to revision.

### ENGLAND AND WALES.

Annual Birth-rates, Death-rates, and the Death-rates from the Principal Epidemic Diseases.

	Annual Rates per 1,000 Living.				Deaths under One Year to 1,000 Births.
	Births.	Deaths.		Principal Epidemic Diseases.	
		Crude.	Cor-rected *		
England and Wales	24.8	13.4	13.4	0.99	106
77 great towns ...	25.0	13.4	14.3	1.23	115
136 small towns ...	23.7	12.4	12.9	0.88	104
England and Wales less the 213 towns	25.0	13.6	12.8	0.74	96

\* The corrected death-rates are the rates which would have been recorded had the age and sex constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901.

### COUNTY OF DURHAM VITAL STATISTICS FOR 1910.

DR. T. EUSTACE HILL, the County Medical Officer of Health of Durham, has produced the chief vital statistics relating to 1910 at an early date. The estimated population of the administrative county was 865,960. The birth-rate was 34.4 per 1,000 of the population. The death-rate from all causes was 15.1 per 1,000, from the principal zymotic diseases 1.62 per 1,000, and from phthisis 0.83 per 1,000. The infantile mortality-rate was 126 per 1,000 births. These rates are all below the mean rates for the ten years 1900-1909, but do not materially differ from those recorded for 1909.

### DURATION OF INFECTION AFTER SCARLET FEVER.

A. G.—It is the usual practice for a medical officer of health to accept the certificate of the medical attendant as to the termination of the period of infection. A rigid adherence to six weeks' isolation of a case of scarlet fever is not commonly required. Regard is had more to the absence of discharge from the ears, throat, or nose in determining the conclusion of the infective period.

A LABORATORY of criminal anthropology has been established in connexion with the prison of Forest in Belgium. Dr. Vervaeck of the Brussels Anthropological Society has been appointed head of the laboratory, in which it is proposed to collect and co-ordinate anthropological observations made on the prisoners.

MAJOR-GENERAL WOOD, Chief of Staff of the United States Army, has, says the *Medical Record*, issued a general order directing all commanding officers throughout the service to use their best efforts to induce all officers and men under their order, and all civilians connected with the army, to submit to vaccination against typhoid fever. The order is not compulsory except under such special conditions as may justify it.

knowledge of the fact that they had in him a wise counsellor, a strong personality, and a nature that was incapable of stooping to anything that looked like trickery or sham. It was difficult for any one to get to know him well, but to those few who were permitted to see the real man there was revealed a strong, simple, and lofty character, which made intimate acquaintance partake of the nature of a privilege. From the day that he obtained his qualifications to the end he worked with but brief holidays. Latterly, indifferent health had its effect on a nature always reserved and sensitive, and now that he has gone very many are conscious of a great loss sustained." It may be added that Dr. James, who was a very hard worker and also a sufferer from insomnia, had an attack of influenza last summer, and since that date had been subject to fits of depression.

WALTER RIDLEY, M.B., M.S., F.R.C.S.,  
NEWCASTLE-UPON-TYNE.

AFTER an extremely trying illness of a few weeks' duration Mr. Walter Ridley died in Newcastle-upon-Tyne on January 13th, 1911, at the comparatively early age of 49, the cause of death being rheumatism and heart disease. His illness was the result of a wetting caught when visiting a patient in the country.

Walter Ridley was born in Newcastle on October 6th, 1861, and received his professional education in Newcastle, Edinburgh and London. He was a distinguished student of the College of Medicine, and took the Master-ship in Surgery of the University of Durham with first-class honours. After passing through the residential and minor outdoor surgical appointments, Mr Ridley was appointed Surgeon to the Royal Infirmary, and subsequently Surgeon in Charge of the Throat and Ear Department, a department to the establishment and development of which he largely contributed. In this special work he was seen at his best. He was a careful diagnostician, and a successful surgeon. There have been few men more genial than Walter Ridley. Of him it may be said he had no enemies. He was a general favourite. In addition to being a good operator, he was fond of outdoor sport, golf in later years being his special recreation.

He will be much missed alike by the medical profession and by the wide circle of friends to whom he had endeared himself. The interment at Elswick Cemetery was attended by a large number of the medical men of the city and district.

BANFIELD TEAGUE VIVIAN, L.S.A.,  
CORNWALL.

MR. BANFIELD VIVIAN died at his residence at Hayle, Cornwall, on January 13th, in the 90th year of his age. There has thus passed away the oldest member of the medical profession in Cornwall, and probably one of the oldest in England.

He was a distinct link with the past, for he was one of the few survivors of the students of Hunter's School of Anatomy, and one of the few medical men who have gone through life with a single qualification—the Licence of the Society of Apothecaries. He received that diploma when 30 years of age, and had thus been a qualified member of the medical profession for sixty years; for about fifty of these he was Medical Officer of the Helston Union. His practice, which was a large one, he acquired partly by his own efforts, partly by inheritance from his father, whose eldest son he was. For many years Dr. Vivian was assisted in his work by a brother, and on the death of the latter some fifteen or sixteen years ago he began to give up practice himself, though he continued to attend until quite a recent period a certain number of his old patients. Despite his age, Dr. Vivian was a familiar personage to the present generation, his tall wiry figure, snow-white hair, and moustache being constantly to be seen in the locality in which he resided, until within the last few months. While still young, Dr. Vivian excelled in sport, held a commission as honorary surgeon to the 1st Cornwall Volunteer Artillery, and often contributed to the success of local festivities by giving fireworks displays. Another hobby was photography, his knowledge of which dated back practically to the very first days of that art. Dr. Vivian, though shy in manner and somewhat brusque with strangers, enjoyed the affection and esteem of all classes. He was never married.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Guillery, sometime Professor in the University of Brussels, member of the Academy of Medicine and of numerous other learned bodies, Belgian and foreign, aged 90; and Professor K. F. Mosler, for many years chief of the Medical Clinic of the University of Greifswald, and author, among many other contributions to medical literature, of the articles on leukaemia, and diseases of the pancreas in Ziemssen's *Cyclopaedia of Medicine*, and of that on animal parasites in Nothnagel's *Handbook*, aged 80.

## The Services.

### SCOTTISH TERRITORIAL RED CROSS BRIGADE.

DURING the half year ending December 31st, 1910, 57 voluntary aid detachments of the Scottish Territorial Red Cross Brigade were formed, and several additional detachments were added during the first fortnight of the present year. Of the 57, 16 were male detachments with a personnel of 567 men, and 41 female with a personnel of 1,243, a total personnel of 1,810 members. Of these detachments, Fifeshire contributes 20 and Perthshire 14. Lanarkshire has only now begun to organize the work. The Duchess of Hamilton held an At Home at Hamilton Palace on January 14th, when Miss Haldane delivered an address; and at Motherwell Lord Hamilton of Dalzell has secured the formation of a working committee. The Duchess of Roxburghe has initiated the movement in Kelso, and Glasgow will now take up the work, a meeting having been called by the Lord Provost for January 31st in the City Chambers to hear explanatory addresses on the scheme. It is expected that during the next six months a very large addition to the Red Cross Brigade will be recorded from all parts of the country.

### THE TERRITORIAL MEDICAL SERVICE.

CAPTAIN F. A. STEPHENS, R.A.M.C., Aston, Birmingham, writes: I have read with interest the letter of Colonel M. D. O'Connor, M.D., R.P., quoted in the *BRITISH MEDICAL JOURNAL* of January 14th, in which he contends that the existing organization of the Territorial Medical Service for the removal of sick and wounded is unnecessary, and that it would be better to leave them, protected by the Geneva Convention, in fixed hospitals within the area of military operations. This is a bitter pill for many of our profession, who have given a great amount of time and trouble to make efficient various units of that service, and I ask his forbearance and yours in drawing attention to a point which may make the swallowing of that pill less unpleasant, or unnecessary.

It is, perhaps, the most important of the considerations which those responsible for the present organization had in view when they designed it, and it is the point above all others which the staff of an army and the commanders of field medical units would keep in view in dealing with the problems of the disposal of sick and wounded during a campaign in this country. I refer to the fact that the Geneva Convention does not protect sick and wounded from being held by an enemy as prisoners of war.

The majority of sick and wounded can be put back into the fighting line in a few weeks or a few days. These are the cases which an enemy would take prisoner, and it is for the saving of these cases from capture to fight again that the existing organization is particularly designed in civilized warfare. This view is borne out by the fact that a similar organization is used by other European Powers who are, presumably, prepared to carry out military operations under Red Cross rules in their own territories.

The point that the chief function of medical as well as of other troops is to defeat the enemy, is one that is sometimes difficult to keep in the foreground.

### TERRITORIAL FORCE.

DIFFICULTIES IN CONNEXION WITH THE MEDICAL ADMINISTRATION AND ORGANIZATION OF THE TERRITORIAL FORCE.

A.M.O. writes: While in the main agreeing with the excellent comments in the article with this title in the *BRITISH MEDICAL JOURNAL* of December 24th, p. 2008, I think it will be wiser to concentrate all our efforts on attaining what is of vital importance to the medical profession, namely:

1. To restore to the A.M.O. his original position as a brigade commander;
2. To give him and his staff officer the same pay and allowance as to combatants;
3. To remove the restrictions as to uniform. The A.M.O. is the only officer condemned to wear silver, and if physician or surgeon to the Sovereign, can only wear his aiguillettes in full dress—that is, only at Court;
4. To work the schools of instruction on the lines best suited to each locality.



## Medical News.

THE late Dr. William Hoffmeister, M.V.O., of Cowes, left estate valued at £4,080.

THE Guardians of the City of London have given their permission for the medical staff at Homerton Infirmary to carry on cancer research work.

THE Corporation of Glasgow has subscribed £100 in aid of the British Section of the International Hygiene Exhibition at Dresden.

THE next examination of candidates for twelve commissions in the Royal Navy Medical Service will be held at the Examination Hall, Victoria Embankment, Thames Embankment, on May 15th and the following days.

AT a meeting of the North of England Obstetrical and Gynaecological Society on January 20th, Dr. J. B. Hellier of Leeds was elected president in succession to Dr. W. K. Walls of Manchester.

AT a meeting of the Eugenics Education Society at the Caxton Hall, Westminster, on Thursday next, at 5.15 p.m., Captain A. J. St. John, Secretary of the Penal Reform League, will read a paper on crime and eugenics in America.

A LEGACY of £4,000 has been left to the hospital at Perpignan with the condition attached that the nursing staff shall not be secularized. The President has issued a decree authorizing the hospital to accept the legacy and to retain the services of nuns as nurses.

A DISCUSSION on surface water supplies for small communities will be opened by Mr. A. P. I. Cotterell, M.Inst.C.E., before the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on February 14th. Dr. Louis C. Parkes will take the chair at 8 p.m.

THE British Institute of Social Service and the Coal Smoke Abatement Society will hold a conference on the smoke evil at 4, Tavistock Square, W.C., on Monday next. The chair will be taken by Sir William Richmond at 5 p.m. Further particulars can be obtained from the Honorary Secretary at the address mentioned.

THE Lettsomian lectures will be delivered before the Medical Society of London by Mr. W. F. Haslam, M.B., F.R.C.S., Surgeon to the Birmingham General Hospital, on February 6th, February 20th, and March 6th, at 9 p.m. on each day. The subject is a review of the operations for stone in the male bladder.

WE are asked to state that the Dermatological Society recently formed in London is to be known as the New Dermatological Society, to avoid confusion with the Dermatological Society of London merged some years ago with the Dermatological Section of the Royal Society of Medicine.

AT the joint meeting of the Illuminating Engineering Society and the Library Association, to be held at the Royal Society of Arts, John Street, Adelphi, on Tuesday next at 8 p.m., the discussion on library lighting, opened at the last meeting, will be resumed; the chair will be taken by the President, Professor Silvanus Thompson.

IN consequence of the fall in the price of india-rubber a general reduction in the price of tyres for motor cars is to be expected. The Continental Tyre and Rubber Company (Great Britain), Limited, announce that they reduced their prices on January 17th, and will supply a price list on application to 102-8, Clerkenwell Road, E.C. Argylls, Limited, also give notice that the price of their cars will be subject to a reduction corresponding to the diminution in the price of tyres.

HIS EXCELLENCY THE EARL OF ABERDEEN, K.T., has consented to act as patron of the twenty-sixth Annual Congress of the Royal Sanitary Institute to be held at Belfast from July 24th till 29th, 1911. The Right Hon. Lord Dunleath, D.L., J.P., has consented to act as president of the congress. A public meeting to make preliminary arrangements for the meeting will be held at the City Hall, Belfast, on Tuesday, January 31st.

FOUR lectures on recent progress in physiological chemistry will be delivered in the Physiological Laboratory, King's College, London, by Dr. Otto Rosenheim, at 4.30 p.m. on January 30th, February 13th, February 27th, and March 13th. The subjects dealt with will be inorganic substances, carbohydrates, fats, proteins, lipoids, the chemistry of colloids and enzymes. The lectures are free to all members of King's College, to all students of medicine, to all internal students of the University of London, and to medical men on presentation of their cards.

## Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the **BRITISH MEDICAL JOURNAL** are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR the **BRITISH MEDICAL JOURNAL** is *Attitology, London*. The telegraphic address of the **BRITISH MEDICAL JOURNAL** is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, **BRITISH MEDICAL JOURNAL**.

2630, Gerrard, **BRITISH MEDICAL ASSOCIATION**.

2634, Gerrard, **MEDICAL SECRETARY**.

Queries, answers, and communications relating to subjects to which special departments of the **BRITISH MEDICAL JOURNAL** are devoted will be found under their respective headings.

### QUERIES.

A.M., M.B. wishes to know the cause and remedy for a condition of the molar teeth in which the outer surface becomes very tender to touch, although the decay is so slight that the dentist can do nothing in the way of filling.

### LETTERS, NOTES, ETC.

MEMBERS who may have answered an advertisement for a medical officer as consultant to a company, replies to be addressed to No. 378, are asked to communicate with this office.

THE response to the application of the secretary of the Medical Missions' Department of the Society for the Propagation of the Gospel in Foreign Parts for medical journals to send to the medical missionaries in the foreign field has been so ready that further copies are not required at present.

### RESINOL AND RESINOL SOAP.

RESINOL is a proprietary ointment largely advertised to the medical profession for the treatment of skin diseases. A pot priced 2s 6d. was found to contain a little over 1 oz.; analysis gave the results recorded below. It is necessary to point out, however, that while exact determinations can be made of such ingredients as bismuth and zinc compounds, it is not possible to separate completely all the constituents of a complex ointment, and especially fatty or waxy constituents of the basis, and the figures must therefore be regarded as near approximations only:

Resorcin	...	...	39 per cent.
Oil of birch tar	...	...	3.0 "
Zinc oxide	...	...	4.7 "
Bismuth subnitrate	...	...	9.7 "
Lanoline	...	...	5.0 "
Maize starch	...	...	10.0 "
Ceresin (?)	...	...	2.0 "
Soft paraffin	...	...	to 100 "

The substance described as "ceresin (?)" was apparently of waxy character but unsaponifiable, and therefore not a true wax; its melting point was too high for ordinary hard paraffin, but agreed with that of ceresin, which is a form of ozokerit or mineral wax.

Resinol Soap is a brown soap, with a slight odour of birch tar oil. Analysis showed it to contain 87.3 per cent. of real anhydrous soap, which was perfectly neutral, with

Soft paraffin	...	...	0.5 per cent.
Bismuth subnitrate	...	...	0.05 "
Zinc oxide	...	...	trace.
Resorcin	...	...	trace.
Lanoline	...	...	trace.
Colouring matter and moisture.	...	...	"

This corresponds to the presence of about three-quarters per cent. of Resinol.

CORRECTION.—The case referred to by Dr. J. J. Stack, in the **JOURNAL** of January 21st, page 180, under the heading, "An unusual aural reflex," was under the care of Dr. Percy Jakins, of London, not "Dr. Percy Jenkins," as incorrectly printed.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Eight lines and under	...	...	0 4 0
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A whole column	...	...	2 13 4
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An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes Restante* letters addressed either in initials or numbers.