

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF PEENASH.

HAVING read the report of "A Case of Peenash" in the BRITISH MEDICAL JOURNAL of November 5th, 1910, p. 1441, I wish to draw attention to a very well known and very efficacious method of treatment, to which no reference was made in the article.

In Scheube's *Diseases of Warm Climates* (edition 1903), pp. 446-447, the ravages of the larvae of *Lucilia macellaria* in the human subject are described so clearly that there is no need for further detail. Suffice it to say that in the Northern Argentine, in Paraguay, and in Brazil, such cases as that described are of very frequent occurrence. All the cases that I have seen, however, have been in persons with syphilitic or leprosy lesions of the nose, the odour of which had attracted the fly. I have had many cases, however, of larvae of *Lucilia macellaria* in the ears of perfectly healthy persons with no history of any previous lesion in the ear. Anyone who has seen a bad case of myiasis can understand the ghastliness of the punishment visited upon King Herod (Acts xii, 23), whose bad antecedents warrant one in believing that he was a syphilitic.

A passing reference may be allowed to the *Dermatobia noxialis*, a fly belonging to these Central South American countries. It lays its eggs in the skin of various domestic animals and in man. The larvae that result are single, and each one is contained in a little swelling or boil, which has a small opening in the centre, through which the larva projects its little head. Recently I had a little German child with six of these *Dermatobia* boils or uras (as they are called here and in Brazil) in his scalp. A girl with a syphilitic ulcer of the leg had the skin of the margin of the ulcer honeycombed with "ura" larvae.

The treatment for larvae of *Lucilia macellaria*, and probably for similar larvae attacking the nose and adjoining parts, was given in the *Journal of Tropical Medicine* (I think) towards the end of 1902 by a colleague resident in the Argentine. The treatment is well known to the more intelligent inhabitants of these republics, yet I have not seen it mentioned in any of the books on tropical medicine.

It consists in insufflations of finely powdered calomel into the nose or ear attacked by the larvae. The patient is made to lie down, and the powder blown into the affected cavity. One drachm of powdered calomel is the quantity I generally use. I send the patient home, and bid him come the following day. If the dead larvae have not all dropped out, I wash them out with a nasal douche of simple boric lotion. Where the nasal cavity and the ears are attacked the treatment is infallible. Where the maggots have already eaten their way into the accessory sinuses, of course the treatment becomes more difficult.

The textbooks mention chloroform, oil of turpentine, etc., as useful, and to these may be added kerosene and various tar preparations kept on the "estancias" for curing "maggots" in cattle, and frequently used for the same purpose on the human subject. The advantage of the calomel treatment is that it is absolutely painless, is cleanly, and is, when properly applied, very efficacious. The only disadvantage it may have is from the purgative effect of any small quantity that may pass into the stomach. One leper, whose nose was literally moving—heaving up and down with the movements of the maggots—was treated by this method, sent home, and told to come again. He did not appear for three days. Then he told me that all the maggots had dropped out dead the same night and the following day, but that he had got such severe diarrhoea that he could not come to see me sooner. Probably the calomel did him good; at any rate, the leprosy condition has remained stationary during the year that has intervened, the swelling of the face and hands having markedly diminished.

In cases of infection by *Dermatobia noxialis* also I use the calomel powder. In the case described above of the numerous larvae in the margin of the leg ulcer, I simply dusted on the calomel powder, spread some dry lint over it, and put on a bandage. The following day the larvae were all dead on the lint.

Before I adopted the calomel treatment, and when I used to try by repeated injections or irrigations of other drugs to kill and dislodge the larvae from the nose, the horrible stench of the affected part invariably made me ill. By the calomel treatment hours of most disagreeable work may be avoided, the treatment finished in five minutes, and the patient sent home with the assurance that he will be all right on the morrow.

J. W. LINDSAY, M.B., Ch.B. Aberd.

Belén, Paraguay.

Reports

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

STRATTON UNION WORKHOUSE.

CASE OF SEVERE PUERPERAL FEVER CURED BY ANTI-STREPTOCOCCUS SERUM.

(Reported by DURIE A. CHAMBERLAIN, Deputy Medical Officer.)

The following case seems to me to be of interest owing to the fact that the severe symptoms of puerperal fever abated almost immediately after the injections of anti-streptococcus serum (B. W. and Co.'s puerperal fever serum). The patient, a single woman aged 20, was admitted on July 25th, 1910, for her confinement. Two years previously she had been confined of her first child. For more than two years she had suffered from a vaginal discharge, gonorrhoeal in character, which had resisted treatment. She was still suffering from it when admitted for her second confinement. On September 25th she complained of labour pains, and I made a vaginal examination, but found that labour had not properly commenced. On September 28th she had a quick labour, and a child, which presented in the vertex position, was born. Only the nurse was in attendance, and no vaginal examinations were made. The placenta and membranes were delivered normally.

First Abnormal Symptoms.

The bowels were open on the third day after castor-oil. The temperature was normal until October 2nd, when it rose to 99.4°. On the following day it was 101.6° in the morning and 101.8° in the evening. She did not complain of pain or other symptoms, and there were no physical signs, except a raised pulse, until the early morning of October 4th, when, after passing a restless night, she had a rigor, and the temperature rose to 105.4°. I saw her later in the morning, when I found her extremely ill and complaining of intense headache. There was some abdominal distension, and the pulse was 124.

Diagnosis and Treatment.

I diagnosed puerperal fever, and wired for some antistreptococcus serum (B. W. and Co.'s puerperal fever serum). In the evening I saw her again; the temperature was now 106.4°, and the pulse 132. She still complained of headache, but there was no pain or vomiting; the abdominal distension had increased, and there was some tenderness over the spleen. I injected 25 c.cm. of the serum into the buttock.

Progress.

At 4 a.m. on the next morning the temperature dropped to 102.4° F., and the patient became much less distressed. During the day the temperature kept much the same, but on the following morning it again rose to 105.2° F., with a return of the previous signs and symptoms. I again injected 25 c.cm. of the serum, and in twelve hours' time the temperature dropped to 102° F., falling again next day to 100.5° F. in the morning and 100.8° F. in the evening.

Two days later the temperature was normal, and remained so. The pulse throughout the period of pyrexia was hurried in proportion to the temperature, and at the end became weak and thready. There was a bloody red discharge from the vagina, but it was not offensive. There was no diarrhoea. The remaining treatment consisted of maintaining the strength and giving every four hours douches of mercury perchloride 1 in 2,000.

RESULT.

She made an uninterrupted convalescence and got up from bed three weeks after the temperature became normal. In my opinion the drop of the temperature and the abatement of the symptoms after each injection proves the efficacy of the serum in this case.

I regret that, owing to the difficulties of distance, no examination of the blood was made.

SHIP SURGEONS.

SIR,—As one of the originators of the scheme for the amelioration of the lot of ship surgeons, I cannot allow Dr. Hadfield's letter published in the *JOURNAL* of January 7th to pass unchallenged. In his very able and concise summary of the conditions of surgeons in the mercantile marine published some time last July, he fully admitted the need for reform, but concluded by belittling the efforts of those attempting to bring this about. From his closing paragraph it must have been quite evident to any reader of both communications that Dr. Hadfield had entirely failed to grasp the import of what he termed "the manifesto" of "a warlike committee." His attention was drawn to this fact publicly in the *JOURNAL* by Dr. J. F. Elliott, acting as honorary secretary to the provisional scheme, and also by myself in a personal communication.

Dr. Hadfield's recent communication further emphasizes his original misconception, as I fail to see any clause relative to the "coercing of shipowners" in the proposed improvements made public last July.

It remains to be seen whether the new scheme initiated by the Orient Line will stand the test of time and competition. More especially when the competing company—P. and O.—refused to fall into line with it. Experience in the past has never shown shipowners to be philanthropists in regard to their medical employees any more than any other commercial firm, and there is no reason why this should be expected of them. They are engaged in business and conduct their steamers on business principles which are largely governed by the effect of competition. The new system of payment of fees for services rendered by the surgeons penalizes the Orient Company's ships in so far as P. and O. ships are concerned where services are rendered gratuitously—at any rate in the eyes of the managers.

Either there is room for improvement or there is not. The recent correspondence seems to point to the former, and the sooner this is obtained by universal combination throughout the profession, the better will it be for all concerned, including also the shipowner and travelling public. Attempts on the part of surgeons in individual companies are more or less bound to be abortive. Past experience has already demonstrated this, and shown it to be another example of the need of combined union for the common good.—I am, etc.,

Khartoum, Jan. 28th.

A. VAVASOUR ELDER.

LEAVING THE COFFIN IN THE PORCH.

SIR,—Will you allow me to suggest an important addition to "Funeral Reform," which would be invariably, under all circumstances, to leave the coffin in the porch under the care of the undertaker, and never to take the coffin *inside* the church, whether the deceased died of some infectious illness or not? In summer time it is positively most dangerous to delicate and sensitive people who have to attend the funeral, and would be particularly liable to typhoid symptoms, if decomposition has in the slightest degree commenced. The coffin should be in the care of the undertaker in the porch until the mourners come out of church after the first part of the funeral service. By that means neither the mourners nor the minister could be injured. Whatever be the origin of the custom, it is most unwise from a sanitary point of view under any circumstances or at any time of the year.—I am, etc.,

February 6th.

ESCLAPIUS.

WE have received the two portions of the section-catalogue of E. Leitz (9, Oxford Street, London, W.), which deal with projection apparatus and photomicrographic outfits. The first affords a good example of the finesse with which optical projection is carried out in these days, and the "universal" outfits and massive epidiascopes which are listed must make the modern lecturer, we imagine, feel it something of a strain to live up to them. The photomicrographic section is illustrated by some elaborate apparatus for coaxing a trypanosome into vision, and a feature of one outfit is a camera having the extraordinary extension of 40 inches. A number of specimen photomicrographs are appended, some of them representing magnifications of more than a thousand diameters. The special requirements of medical and analytical work are not forgotten.

Medical News.

DR. FLETCHER BEACH, of Coulsdon, has been elected a corresponding member of the Société de Psychiatrie of Paris.

A CLINICAL meeting of the Hunterian Society will be held in the library of St. Bartholomew's Hospital on Wednesday next at 4 p.m.

At a meeting of the Royal Society on Thursday next Miss M. Robertson will read a paper on the transmission of flagellates living in the blood of certain freshwater fishes.

THE *Saxonia*, of the Cunard Line, started for a short cruise in the Mediterranean and Adriatic last week. The *Carpathia* will leave Liverpool for a similar cruise on March 2nd.

THE executive council of the National League for Physical Education and Improvement has passed a resolution in favour of the compulsory notification of measles.

THE Invalid Children's Aid Association will hold a conference on March 15th, with the object of promoting closer co-operation between the hospitals and nursing homes, having regard in particular to the continued treatment of cases of diseases of the hip and spine.

THE London County Council has decided to extend the period of compulsory notification of cerebro-spinal meningitis for a further period of twelve months from March 13th, 1911. The first notification order came into force on March 12th, 1907.

PROFESSOR ARTHUR KEITH, conservator of the museum of the Royal College of Surgeons of England, will commence a course of six Hunterian lectures on the fossil remains of man, and their bearing on the origin of modern British types, next week. The lectures will be given at the college on the Mondays, Wednesdays, and Fridays in the weeks beginning February 20th and February 27th, at 5 p.m. on each day.

THE Milroy lectures before the Royal College of Physicians of London will be delivered by Dr. A. E. Boycott on March 2nd, 7th, and 9th, the subject selected being ankylostoma infection. Dr. A. F. Hertz, who will give the Goulstonian lectures on March 14th, 16th, and 21st, will deal with the sensibility of the alimentary canal in health and disease. Dr. J. Mitchell Bruce has selected a clinical study of cardio-vascular degeneration for the Lumleian lectures which he will deliver on March 23rd, 28th, and 30th. The Oliver Sharpey lectures, to be delivered on April 4th and 6th by Dr. J. Mackenzie, will deal with heart failure. The hour of the lectures, which will all be delivered at the college, is 5 p.m.

THE next quarterly meeting of the Médico-Psychological Association of Great Britain and Ireland will take place, on the invitation of Dr. Edwin Goodall and the Committee of Visitors, at the Cardiff City Mental Hospital on Thursday next at 2.30 p.m. Papers will be read on the Wasserman reaction in mental disorders by Dr. H. A. Schölberg and Dr. Edwin Goodall, on the production of indigo in the human organism by Dr. R. V. Stanford, on gynaecological conditions coincident with mental disturbances by Mr. E. Tenison Collins, and on metabolism in the insane by Mr. R. E. Mackenzie-Wallis. Members will have the opportunity of inspecting the mental hospital in the morning, and will be entertained at luncheon by the Lord Mayor of Cardiff at 1.15 p.m.

As long ago as 1895 the local authority of Surbiton undertook, on the advice of the Medical Officer of Health, Dr. Owen Coleman, to make special arrangements for the supply of diphtheria antitoxin. In consequence of the circular recently issued by the Local Government Board (*BRITISH MEDICAL JOURNAL*, 1910, vol. ii, p. 485), the authority has now issued to all medical practitioners in the locality a letter stating that the district council has made further arrangements for the convenient supply of antitoxin, and inviting medical men to resort to the use of this remedy on the first suspicion of diphtheria, and to use it also for persons who have been exposed to the infection owing to close and intimate contact with cases of diphtheria. Dr. Coleman states that hitherto antitoxin has been administered prior to the admission of the case to hospital only on rare occasions, and that this means not until the third or fourth day of the illness.

THE winter dinner of the West African Medical Staff took place on January 25th at the Gaiety Restaurant, under the presidency of Dr. Prout, C.M.G., formerly principal medical officer, now of the Liverpool School of Tropical Medicine. There was a very large attendance

of members, both senior and junior. Dr. Darker, in proposing "Prosperity to the West African Medical Staff," compared it to a column on the march along a narrow bush path. While each individual saw little of the others, they were mutually dependent on each other, and had a common objective—the success of the expedition. He foresaw the time when men who had been through the medical curriculum would be more and more in requisition, both at home and abroad, to fill important administrative posts. Medical men had to deal with human beings as they are, and only accept facts about them. He believed that medicine was slowly but certainly forging to the front in public opinion, and that its influence would largely increase, and in this way the prosperity of the West African Medical Staff was assured. Dr. Prout, in proposing "The Visitors," said he was glad to see present two members of the permanent staff of the Colonial Office, for it was of mutual benefit for them to meet under these social conditions, unfettered by the trammels of official papers. He was sure that the members of the staff would give them a hearty welcome if they could only be persuaded to visit the West Coast of Africa. He also coupled with the toast the names of Dr. Low, who had done brilliant work in connexion with tropical research, and Dr. Tulloch, a distinguished colleague from the West Indies. Mr. Strachey, a principal clerk in the Colonial Office, in an interesting speech, gave some examples of old prescriptions containing weird ingredients, and congratulated the staff on not having nowadays to collect the materials themselves. He thanked them for their welcome, and for giving him the opportunity of being present. Drs. Low and Tulloch also suitably replied.

Medico-Legal.

WORKMEN'S COMPENSATION.

Probable Difficulty in Getting Medical Aid.

IN *Neilson v. R. W. Jones and Co.* (Western Mail, January 6th), it appeared that applicant had one of his legs broken at sea, and when the case was first heard there was a conflict of medical testimony as to whether he was permanently injured from following his occupation as a sailor, as, in his case, there was a scar over the fractured ends, which, if again injured and there was not medical aid immediately available, would be a serious matter. Besides that, there was a slight shortening of the limb. His Honour sent the case to the medical referee, whose report was to the effect that the man was not able to resume his work as a sailor. His Honour thought it was fair to say that every person who went to sea was in some danger. It was contended that the injury did not make the applicant more liable to accident. All that it did, in the opinion of some of the doctors, was to render him liable to serious consequences if he met with another accident and was hurt in the same place. His Honour adopted that view, and found for the respondents, but gave a declaration of liability to protect the applicant in case of further injury. Having regard to the respondents succeeding on the question of permanent incapacity, and to the fact that the applicant was entitled to a declaration, he ordered each side to pay its own costs.

Procedure before a Medical Referee.

An entirely novel point, which cannot fail to interest medical referees, was raised in a case heard at Bolton County Court on December 14th, 1910. His Honour having sent a case to a medical referee, the employers claimed the right to take witnesses (including medical witnesses), together with counsel and solicitor, before the referee, and conduct a species of trial before him. This contention was based upon one of the compensation rules, which provides that the referee shall "consider any statements that may be made or submitted by either party." Judge Bradbury, however, refused the application, saying that the rule meant that the parties themselves might attend before the referee in person and make statements to him, whether verbal or written, but not that they might call persons to give viva-voce evidence on their behalf. His construction of the rules and his opinion of the desirable practice was that witnesses should not give evidence before the referee. He expressed a wish, however, that the matter might be considered by a higher tribunal and gave leave to appeal.

Accident or Disease of the Lung.

In a case at Salford (December 19th, 1910) a widow asked for an award against the Ship Canal Company. It appears that her late husband was injured by falling from a plank. He was unable to work again until January, 1909, when he was given a lighter job, which he kept until October. He was then taken ill again, and died at the infirmary. A medical witness said death was due to malignant growth brought on by a laceration of the left lung in the accident, but Dr. Hay, who made the post-mortem examination, said the growth was brought on by natural causes. A third doctor who attended Harrison at the

time of the accident said there were no symptoms which led him to believe the lungs were injured. The judge said there was a good deal of obscurity about the origin of this kind of growth, but in this case he was satisfied that there was no connexion between the accident and death. His decision, therefore, was in favour of respondents. The Ship Canal Company did not ask for costs.

Necessity for Accuracy in Hospital Memoranda.

Doctors who are consulted in relation to accidents must needs take particular care in relation to the entries which they make concerning them. In a case at Nottingham (December 14th, 1910) it appeared that on December 10th, 1909, a man twisted the muscles of his back when lifting a case of yarn weighing 3 cwt. He alleged that he could do no work since the accident. Since March 2nd, 1910, the pain in his back had frequently compelled him to stay in bed all day. He was seen by a doctor at the Nottingham General Hospital, who (when giving evidence) admitted having made the following entry in the hospital book: "Sciatica through injury." Cross-examined, this witness said that the only record of his diagnosis—the hospital book—had been lost. He doubted that the entry was "Sciatica through injury," but said that he might have written, "Sciatica. Query injury," which was a very common thing. Harry Foster, whom applicant assisted in the packing room at Messrs. Wilson's works, said that five or six months before the alleged accident the applicant complained to him of pains in his back. On behalf of the employers it was submitted that the applicant had suffered from sciatica for a considerable time, and he disputed that an accident had taken place. Buckley having been examined by Dr. Anderson (who sat with the judge as medical assessor), the judge said he was advised by the medical assessor that the man had suffered from the effects of an accident, but was now able to do light work. He, therefore, made an order for payment of 15s. a week from March 5th, 1910, to date, and 7s. 6d. a week subsequently on the understanding that the defendants found him some light piecework to do.

Strangulated Hernia.

In Roxburghshire Sheriff Court, Sheriff Baillie has issued an interlocutor in an action brought under the Workmen's Compensation Act by Helen Walker, housekeeper, against Thomas and William Murray, farmers, Mervinslaw, in which the claimant asked the court to award her compensation for the death of her father, James Walker, who was farm steward in the service of the respondents. In support of the claim it was stated that in April last deceased suffered from rupture while driving a sow from a neighbouring farm to Mervinslaw. The rupture became strangulated, an operation was performed, and Walker died six hours afterwards. He had been treated for rupture at home in December, 1908, and underwent an operation in Edinburgh Royal Infirmary in January, 1909; respondents submitted to the court that the rupture and strangulation in April were not the consequences of an accident, but were simply occurrences in the course of the disease which might take place at any time. Sheriff Baillie found it not proved that Walker met with an accident on his way home with the sow, and that the claimant was not entitled to compensation.

The Attendance of Doctors at County Courts.

When taking his seat at Durham, at 11.30 a.m. on December 15th, 1910, Judge O'Connor asked if there were any medical gentlemen present, and, receiving an answer in the affirmative, said, "I think it is a great pity that medical gentlemen should be brought to this court at 10 o'clock. It is perfectly certain that they cannot be called upon for some time, and a doctor might be seeing his patients for an hour or an hour and a half. It will be better to let doctors know that they need not attend much before 12 o'clock, at any rate on the Monday." As a matter of fact, there is hardly a county court in England or Wales where a similar rule might not be made. It nearly always happens that the first two hours of the day are taken up with judgement summonses or other business, which postpones the hearing of contested cases.

Alleged Malingering.

In a Stockton case (Newcastle, December 20th) it appeared the applicant was a rivet heater. While at his work in November, 1909, he was injured, and in consequence of his injuries he suffered pains in the back and stomach. He received compensation until February, 1910, when it was stopped. He now applied for a renewal of compensation on the ground that he could not go back to work. Two doctors (Dr. Hughes and Dr. Cameron) said they had examined the applicant, who was well nourished and in excellent health. In their view there was nothing the matter with him. When he went to Dr. Hughes's surgery he commenced to howl before either of them touched him, and he walked along the floor very slowly, and with apparent difficulty, as if in the greatest agony. He stated that he could not raise his arms higher than his chest, but when he was pulling on his shirt after his examination he forgot himself for the moment, and shot his right arm straight up over his head. Then later, when he was leaving the surgery, he almost crawled to the door, but when he got into the street they watched him, and saw him walk away with quite a drum and fife swing. Witnesses were both certain that the applicant was malingering. The application was refused.

Western Necropolis of Glasgow were attended by large congregations. His death removes from the east end of Glasgow perhaps its best known personality. He was much loved for his simplicity of character, for his strict adherence to principle, for his devotion to his church, as well as for his innumerable acts of kindness and generosity which his large practice constantly called from him.

He is survived by his wife, five daughters, and two sons, who are both members of the medical profession.

ALFRED WILLIAM FREDERICK STREET, D.S.O.,
LIEUTENANT-COLONEL, I.M.S. (RETIRED).

To the many friends of the late Lieutenant-Colonel A. W. F. Street, D.S.O., the news of his sudden death at his residence, Norsey Manor, Billericay, at the comparatively early age of 58, will have come as a shock and caused deep regret that a life of such activity and usefulness should, seemingly prematurely, have closed.

The eldest son of the late Rev. B. Street, vicar of Barnetby-le-Wold, Lincolnshire, Lieutenant-Colonel Street entered as a student at St. George's Hospital, where he subsequently gained the Brackenbury Prize in 1872. Qualifying in 1876, he for some time held an appointment at the Royal Free Hospital, Gray's Inn Road, entering the Indian Medical Service in October, 1877. After going through the usual course at the Royal Victoria Hospital, Netley, he proceeded to India, where he saw much active service. Early in his career he took part in the Afghan war of 1878-80, being present at the action of the Helmund, July 14th, 1880, battle of Maiwand, defence of Kandahar, and the battle of September 1st. For this he was mentioned in dispatches and received the medal and clasp. At a later period he was actively engaged in the Burmese Expedition of 1886-7, for which he was again mentioned in dispatches, received the medal and clasp, and was gazetted D.S.O. The greater portion of his service was, however, spent in civil employ, and in this he displayed the same zeal and self-abnegation which was characteristic of him in his military work. From 1887 until his retirement he acted as a Deputy Sanitary Commissioner under the Government of Bombay; he saw a great deal of famine duty, and was in sanitary charge of a very large tract of country. In 1898 he took a very active part in the suppression of plague in Bombay itself.

Of strong physique and very active habits, which enabled him to take a prominent part, during such periods of relaxation as he permitted himself, in field sports, Lieutenant-Colonel Street maintained the best traditions of the Indian Medical Service. When he retired in 1902 it was not to leave off work, but to participate in the strenuous business of a city firm. Whether there or in his country home in Essex, he showed the same dislike to being idle which had characterized him throughout. His death came with startling suddenness. After a very busy week in London he spent the morning of January 28th in the hunting field, from which he returned more than usually tired. The following day, Sunday, he did not feel well enough to get up, but there was nothing apparently in his condition to cause any particular anxiety. On attempting to rise in the evening he collapsed, coma supervened, and at 8 o'clock the following morning he passed away, death being due to cerebral haemorrhage.

Such are the main features of his career, but to his friends some further tribute to his character seems essential. Perhaps its chief characteristic was thoroughness and devotion to duty. He had a high ideal of duty, both in public and private life, and pursued it unwaveringly. Of a reserved nature, hating display, and modest about himself, anything which savoured of self-seeking was abhorrent to him. To those who knew him intimately the sense of personal loss is great, for they felt the warmth of his friendship and appreciated it highly.

Lieutenant-Colonel Street married, in 1884, Helen, only daughter of the late Rev. E. M. Weigall, vicar of Frodingham, Lincolnshire, by whom he had one son and three daughters, for whom, as for his widow, great sympathy will be felt in their sudden bereavement.

The funeral took place at Barnetby, Lincolnshire, on February 2nd, a memorial service being held at the same time in the parish church at Billericay, Essex, where he had lived, which testified to the great respect and affection with which he was regarded in the neighbourhood.

AFTER a long illness, Dr. T. J. FORDYCE MESSER, of Helensburgh, died on January 28th, at the age of nearly 70 years. He was born in Edinburgh and graduated there, afterwards practising in Penicuik, before settling in Helensburgh, where he succeeded Dr. Skene over forty years ago. For a quarter of a century he was medical officer for the burgh, but retired from active work eight years ago. He was deeply interested in the Volunteer movement and was a member of the Midlothian Yeomanry while in Penicuik, becoming Company Sergeant-Major. He took a commission in the combatant ranks of the local artillery volunteers in Helensburgh, and became Major in the Renfrew and Dumbarton Artillery. He was also for many years a member of the local school board. He leaves a widow and grown-up family.

ANOTHER very promising member of the profession has met his death abroad while doing his duty. ARTHUR FRANK JACKSON died of cholera at Moukden, where he was attached to the Mission Hospital. Dr. Jackson, who was only 26 years of age, was a Cambridge graduate who had done a large part of his clinical work at the Liverpool Royal Infirmary, where his sterling qualities and genial disposition had made him very popular with all who came in contact with him. As a boy he was educated at the Merchant Taylors' School, Crosby. It was only in last September that he sailed for China, taking up his duties in November. There seemed then every prospect of a successful career, as he was just the man for the post; physically above the average, his mental attainments, and, above all, his earnestness, specially fitted him for his calling.

WE regret to have to record the death of Dr. J. E. MORRIS of Bishop's Stortford, at the age of 65. He was the son of Mr. Henry Morris, surgeon, of Gosberton, Lincs., was educated at Epsom College, and studied medicine at St. Thomas's Hospital. He took the diplomas of M.R.C.S. Eng. and L.S.A. in 1870, in which year he went to Bishop's Stortford as assistant to the late Mr. Scarr, and on his death succeeded him in practice. In 1885 he took the degree of M.D. Durh. In July last he resigned the post of Medical Officer of the Bishop's Stortford Union, which he had held for thirty-nine years, and on his retirement the guardians expressed their regret on his having to give up a post he had so long held, and expressed the hope that he would long be spared to live in the district. Dr. Morris was some years ago a member of the old Light Horse, was an expert horseman and an enthusiastic huntsman, being a conspicuous figure at the meets of the Puckeridge hounds. Dr. Morris was President of the Cambridge and Huntingdon Branch of the British Medical Association in 1895 and delivered the presidential address before the Branch at its meeting that year at Bishop's Stortford. Dr. Morris leaves two sons and one daughter, the latter and also the eldest son being members of the medical profession, while the younger son holds the diploma of L.D.S.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Nagel, Director of the Physiological Institute in the University of Rostock, aged 40; Dr. Eustache, sometime Professor of Obstetrics at Lille; Dr. Lustgarten, a well-known dermatologist of New York, formerly assistant to Professor Kaposi at Vienna, aged 51; Dr. M. Cienfuegos, Professor of Ophthalmology in the Medical Faculty of Santiago, Chile; and Dr. Giuseppe Albini, for many years Professor of Physiology at Naples, in his 84th year.

A BELGIAN Society of Physiotherapy was formally constituted at a meeting held at Brussels on January 29th. Dr. R. Verhoogen, Professor of Internal Pathology in the University of Brussels, has been elected the first President.

DR. E. MCCONNELL has been appointed subconvenor of the Health Committee of Glasgow Town Council in room of Mr. W. F. Anderson; and the Medical Officer of Health and Chief Sanitary Inspector have been appointed the officers of the local authority for the regulations made by the Local Government Board under the Housing and Town Planning Act, 1909.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Proposed Laboratory for Experimental Psychology.

It is proposed to build a laboratory for experimental psychology on a site adjacent to the proposed new building for the department of physiology. Plans have been drawn up for a building which includes lecture room and class-rooms, etc., at a cost of £3,700. At the present time "about forty students use the dilapidated cottage which does duty as a laboratory, and there is every probability of a considerable increase in their number in the near future."

Conferment of Degrees.

The following degrees have been conferred:

M.D.—W. R. Higgins.

M.B.—T. R. H. Blake, C. Lillingston, G. Walker.

B.C.—T. R. H. Blake, J. P. H. Davies, R. H. P. Hick, H. B. Richmond, W. B. Wood.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on January 25th.

Recognition of Teacher.

Dr. A. F. Hertz was recognized as a teacher of neurology at Guy's Hospital Medical School.

Appointment of Representatives.

Dr. A. D. Waller, F.R.S., was appointed representative of the university on the governing body of the Imperial College of Science and Technology, vice the Right Hon. Sir Henry Roscoe, F.R.S., resigned. Other appointments are: Dr. Frederick Taylor to represent the university on the General Medical Council; Dr. H. R. Kenwood to represent the university in respect of University College at the Congress of the Royal Sanitary Institute in Belfast in July, 1911.

Department of the Professor of Protozoology.

The Senate accorded its thanks to the authorities of the Lister Institute of Preventive Medicine for a contribution of £100 a year which they have made to the salary of the assistant to the professor of protozoology.

CONJOINT BOARD IN ENGLAND.

At a meeting of the Comitia of the Royal College of Physicians of London on January 26th and of the Council of the Royal College of Surgeons of England on February 9th, diplomas of L.R.C.P. and M.R.C.S. were conferred respectively on the following candidates (including one lady, Miss Pearl Jane Sproule, M.B., of Toronto University) who have passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Examining Board in England, and have conformed to the by-laws, namely:

J. Bamforth, A. M. Barlow, H. C. Bazett, T. Beaton, J. J. Black, W. P. Bonner, T. R. Bowen, G. F. Bradley, T. W. Byrne, W. T. Chaning-Pearce, T. Cock, W. L. Coward, H. J. M. Cursetjee, G. de H. Dawson, H. Dearden, J. E. Dewar, W. J. Edgar, C. D. Faulkner, H. Flecker, A. D. Gardner, A. C. Gemmell, L. S. M. Habich, A. A. Henderson, T. B. Hickley, G. R. Hind, G. James, H. C. Jamieson, A. C. Johnson, T. W. J. Johnson, R. F. Jones, G. A. E. Kelman, R. Y. Kenny, C. G. Kirkpatrick, W. B. Laird, H. V. Lamb, H. D. Lander, P. S. B. Langton, A. C. C. Lawrence, B. H. C. Lea-Wilson, L. F. G. Lewis, J. R. Liddell, S. Marle, O. de B. Marsh, E. P. Martin, K. P. Mathur, J. W. E. Mendis, J. Morley, M. W. Morrison, N. Mutch, A. P. Nicolle, H. L. Paddon, K. G. Pandolai, H. C. G. Pedler, C. A. Pereira, A. Pfeiffer, D. D. Pincock, J. Powell, E. Prall, T. S. S. Rajan, H. M. Rashbrook, W. A. Reynolds, W. Scarsbrick, *D. Scurlock, F. R. B. Skrimshire, V. E. Somerset, †Pearl J. Sproule, G. N. Stathers, B. S. Taylor, D. C. Thompson, A. H. Todd, S. Van Someren Boyd, J. E. P. Watts, F. Wells, E. T. Willans, R. J. Wooster.

* M.R.C.S. granted on January 12th, 1911.

† Under the Medical Act, 1876.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on February 9th, Mr. H. T. Butlin, President, in the chair.

The late Mr. Henry Power.

The following resolution was passed by the Council.

The Council do hereby record their deep regret at the death of Mr. Henry Power, who for eleven years was a member, and devoted to the service of the College. He was highly esteemed, not only for his professional attainments but for personal qualities which won for him the respect and affection of all who knew him. The Council also desire to express their very sincere sympathy with Mrs. Power and members of her family in the loss which they have sustained.

Diplomas.

Diplomas of membership were granted to seventy-four candidates found qualified at the recent examination. Diplomas in Public Health of the two colleges were granted to twenty-one candidates found qualified by both colleges.

Vacation Dissection.

The following resolution recognizing dissections performed during the vacation months of April and September was adopted:

That, as recommended by the Court of Examiners, Clause 2, Subsection II. and Clause 5, Subsection III, Section III, of the Regulations for the Diploma of Fellow, namely: "Of having dissected at a recognized medical school or schools for a period of not less than eighteen months during the ordinary sessions or terms," be altered by the omission of the words "during the ordinary sessions or terms," and by the addition of the following note: "(Dissections during the regular vacations will be accepted, provided the certificate shows that they have been performed under the superintendence of an authorized teacher in a medical school.)"

Diploma in the Diseases and Hygiene of the Tropics.

The following regulations and syllabus in connexion with the above were adopted:

1. That a diploma in Diseases and Hygiene of the Tropics be granted by the Royal Colleges after an examination conducted under the superintendence of the Conjoint Board.
2. That one examiner in Bacteriology and one examiner in the Diseases and Hygiene of the Tropics, including Surgery, be appointed by each of the Royal Colleges.
3. That the following regulations and syllabus be adopted:

REGULATIONS FOR OBTAINING THE DIPLOMA IN THE DISEASES AND HYGIENE OF THE TROPICS.

- I. The examination will be held in the months of April and October.
- II. The examination will comprise (a) written questions, (b) oral questions, (c) practical laboratory work, (d) clinical work.
- III. The fee for each admission to the examination is £9 9s.
- IV. Candidates must give 14 days' notice in writing to the Secretary, at the Examination Hall, and produce at the same time the necessary certificates of study.
- V. Candidates must produce evidence of being in possession of a registrable qualification in medicine, surgery, and midwifery, and of having attended, subsequently to obtaining such registrable qualification:

1. Practical instruction in bacteriology, parasitology, medical zoology, and haematology in a laboratory recognized for this purpose during not less than six months.
2. Instruction in hygiene applicable to tropical countries.
3. The clinical practice of a hospital recognized for the study of tropical diseases during not less than six months.

VI. Graduates in medicine or surgery of Indian, Colonial, and foreign universities recognized by the Examining Board in England, but whose degrees are not registrable in this country, may enter for the examination for the diploma in the diseases and hygiene of the tropics on fulfilling the same conditions in regard to study. In such cases it must be understood that the diploma, if obtained, will not be registrable under the Medical Acts.

The above conditions of study may be modified at the discretion of the Committee of Management in the cases of a candidate (a) who has been employed in foreign or colonial medical service; (b) who has been engaged in public professional or teaching work in tropical countries; (c) who has been engaged in original investigation in tropical countries.

SYLLABUS OF THE EXAMINATION.

1. The methods of investigation of organs, tissues, blood, faeces, urine, bacteria, helminths and protozoa.

The characters and life-history of bacteria, helminths, protozoa, fungi, arthropoda, and other disease carriers.

2. The etiology, pathology, distribution, symptoms, diagnosis, prevention and treatment of diseases of tropical countries, including:

- (a) Diseases due to bacteria, protozoa, helminths and mycotic
- (b) Diseases of uncertain etiology.
- (c) Diseases due to foods and those due to ticks, insects, scorpions, poisonous snakes and fish.
- (d) Ophthalmic diseases.
- (e) Skin diseases.
- (f) Native poisons and poisoned wounds.

3. Surgery in relation to tropical disease.

4. Hygiene of the Tropics:—Personal, domestic, municipal, port and ship hygiene. Climates. Acclimatization. Water-supply and its protection. Purification of water and simple tests for potability. Food and clothing in relation to health and disease. Removal and disposal of waste matter and excreta. Sewerage and drainage. Disposal of the dead. Soil and its drainage. Reclamation of swamps and low-lying lands. Prevention and abolition of insect-breeding places.

Hygiene in relation to dwellings, buildings, towns, villages, transport, and public gatherings.

General construction and sanitation of markets, slaughter-houses, stables, cowsheds, hospitals, asylums, and jails. Sanitation of plantations.

Disinfection. Prevention and control of disease. Vaccination and preventive inoculation.

Central Midwives Board.

Mr. C. H. Golding-Bird was reappointed to represent the College on this Board.

Bradshaw Lecturer.

Mr. R. Clement Lucas was appointed Bradshaw Lecturer for the ensuing year.

Donation.

A vote of thanks was passed to the Royal Society of Medicine for the donation of a series of pelves formerly belonging to the Obstetrical Society.

Diplomas in Public Health.

Diplomas in Public Health were conferred (in conjunction with the Royal College of Physicians) upon the following twenty-one candidates, namely:

S. C. Adam, C. J. E. Bennett, H. Boulton, Major, I.M.S., H. M. Brown, P. N. Cave, R. A. Clapham, A. Dawson, Captain, R.A.M.C., K. C. Dube, J. H. Jones, *Charlotte A. King, J. FitzGerald Martin, Captain, R.A.M.C., L. Pick, A. M. Pryce, T. E. Pryce.

N. E. H. Scott, Captain, I.M.S., S. F. St.G. Steadman, S. J. Steward, C. H. Straton, Captain, R.A.M.C., *May Thomson, S. A. Tucker, C. W. Vining.

* Under the Medical Act of 1876.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business of the College, held on Friday, February 3rd, the President admitted the following registered medical practitioners as licentiates in midwifery:

John Joseph Cameron, L.R.C.P. Lond., M.R.C.S. Eng., 1908;
Humphrey Bede Oxenham, M.B. Univ. Sydney, 1908.

CONJOINT BOARD IN IRELAND.

Sessional Examinations, January, 1911.

The following is a list of successful candidates as undernoted:

FIRST PROFESSIONAL EXAMINATION.—J. A. Cunningham, L. Gilligan, M. Keogh, A. P. Reilly, A. B. Soady, H. J. Villiers, P. W. Walshe.
SECOND PROFESSIONAL EXAMINATION.—P. Ashe, J. B. Barry, J. Crowley, E. G. Foley, T. Gray, C. Hennessy, E. Harnett, G. W. Jackson, J. T. McConkey, D. McEntire, H. V. O'Donoghue, A. F. I. Paterson, P. Rowan, J. Sandys.

THIRD PROFESSIONAL EXAMINATION.—W. I. Adams, Miss M. F. Ahern, F. C. Fisher, J. P. Fitzpatrick, R. M. Gordon, J. M. Horan, W. J. P. Lillis, F. J. McCarthy, B. Malaher, J. G. O'Mahony, A. A. O'Connor, C. Petit, J. Roche-Kelly, G. A. Shiel, J. C. Sproule, R. A. Wright.

Final Professional Examination.

The following is the list of successful candidates at the examination held in February, 1911:

J. J. Barry, G. E. Beggs, W. S. Coffey, C. E. Drennan, J. P. Egan, G. J. M. Fraser, J. J. Foran, J. Gormley, P. Grace, R. H. Hodges, D. J. Hurley, F. M. Kirwan, H. M. E. H. McAdoo, J. C. McMullin, J. H. O'Neill, C. H. Oliver, H. K. Sparrow, T. M. Thomson, N. T. Williams, E. C. Wallace, F. W. Warren.

Diploma in Public Health.

The following is the list of successful candidates at the examination for this diploma, held on February 11th:

G. K. Aubrey, Captain C. A. J. A. Balck, R.A.M.C., F. J. A. Beringer, Lieutenant-Colonel L. J. Blandford, R.A.M.C., K. McGahey, F. C. Mann, J. I. Moore.

UNIVERSITY COLLEGE, CORK.

UNIVERSITY COLLEGE, CORK—better known, perhaps, as Queen's College in the medical world—has made quite a record entry this year; 181 new students have signed the roll this session as compared with 102 last year. The number last year is believed to be the largest new entry ever known in the history of the college, and this year nearly doubles it. The total number of students in the college altogether in 1900-1 was 171, thus the new entry is, so far, 10 more than the total number of students ten years ago. The full number entered for all faculties is, so far, 376. The highest number ever known was in the session 1881-2, when there were 402 students in the college. The large number in that year was due to the fact that many entered to secure the last advantages of the Queen's University, which was then disappearing. Otherwise the highest number known was 348, which was in 1882-3, a continuation of the state of affairs in the previous year. The present numbers will, no doubt, exceed the record of 402 when the final lists are made up in July.

APOTHECARIES' HALL OF IRELAND.

The following is a list of the successful candidates at the final examination, January, 1911:

MIDWIFERY.—J. L. Bocarrow, L. N. Denslow, H. Hutchinson, F. Muller-Fonseca, Mrs. M. Neary.
MEDICINE.—Miss M. L. Batho, J. L. Bocarrow, Miss A. M. Headwards, J. B. O'Donoghue.
SURGERY.—Miss M. L. Batho, J. L. Bocarrow, Miss G. Ghosh, Miss A. M. Headwards, H. Hutchinson, G. M. Mayberry, F. Muller-Fonseca.
COMPLETED EXAMINATION.—Miss M. L. Batho, J. L. Bocarrow, Miss G. Ghosh, Miss A. M. Headwards, G. M. Mayberry, F. Muller-Fonseca.

We learn from the *New York Medical Journal* that the second annual statistical statement recently issued by the (American) National Association for the Study and Prevention of Tuberculosis shows that in 1910 nearly £3,000,000 were spent in the fight against tuberculosis, as against £1,600,000 in 1909. The largest item of expenditure in 1910 was for treatment in hospitals and sanatoriums, £2,275,300 having been spent in that way. Anti-tuberculosis associations spent £152,100 and dispensaries £177,800. Special municipal and State expenditures amounted in the aggregate to £350,000. Of the total amount expended, 62.6 per cent. came from public appropriations. New York State heads the list in respect of money spent with a total expenditure of £849,000. Pennsylvania comes second with a total expenditure of £420,800. Expenditures of other States are as follows: Massachusetts, £303,600; Colorado, £167,200; Ohio, £129,900; Connecticut, £101,200; New Mexico, £100,200; Illinois, £90,600; California, £80,800; New Jersey, £77,140.

Letters, Notes, and Answers.

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.

ROSACEAE asks for suggestions for the treatment of a case of chronic osteo-arthritis of the wrist. Iodine, iodides, and guaiacol carbonate have all been used without success.

X. Y. Z. asks for advice in the treatment of a young woman who suffered five years ago from chlorosis, and has had amenorrhoea ever since; otherwise she enjoys good health. Ergot and aloes and the usual tonics have failed. Our correspondent asks whether *Senecio aureus* (ragwort) would be likely to be of value.

FIRST AID BY SCHOOL MEDICAL OFFICER.

S. M. O.—A whole-time school medical officer, whose engagement contract contains no clause as to treatment further than such laid down by the regulations of the department, while engaged in routine examination of the scholars is called to an accident in the playground. He finds a fracture of the arm, renders first aid and sends the child home with a note to the parents advising that the family doctor be called in at once. Is first aid sufficient, or should he have set the fracture?

** "S. M. O." appears to have acted correctly.

PETROL DUTY.

REBATE has made a claim for repayment of one half of the tax on petrol used by him, but is refused on the ground that the petrol had not been subject to duty, having in fact been supplied from stocks imported before the imposition of the duty. He inquires whether he has any claim against the person who supplied the spirit.

** If our correspondent paid the price that was asked for the petrol without a guarantee that the duty had been paid he has no remedy.

INCOME TAX.

WRONGLY TAXED, after giving to the Surveyor of Taxes notice of objection to an assessment as soon as he was able (though after the prescribed twenty-one days), has heard nothing further, but has received a demand note for the full duty charged from the collector of taxes.

** Our correspondent should return the demand note to the collector, informing him that he is in communication with the surveyor. It will be as well to address a protest also to the surveyor.

ANSWERS.

FASTIDIOUS.—No notice can be taken of anonymous communications.

G. R. G.—Buenos Aires is a healthy town; the climate is good and quite suitable to young children. There is a plentiful supply of fresh milk.

DR. J. BATTERSBY (Nottingham) writes to ask if "Aden" (BRITISH MEDICAL JOURNAL, February 4th, p. 288) has tried liquor sodii ethylatis.

DIET IN DIABETES.

D.P.H.—Macaroni and vermicelli contain a considerable amount of starch; according to the tables published by Schall and Heisler, their carbohydrate content is 72.5 per cent., differing, therefore, very slightly from the best wheat flour (73.6 per cent.).

FLAT FOOT.

PES writes, in reply to "A. D. P. D.": For a few pence a cobbler will fasten to the sole of the shoe a leathern pad, bevelled in accordance with the surgeon's instructions.

AN UNUSUAL AURAL REFLEX.

DR. A. W. STIRLING (Atlanta, Georgia) writes: It would be a pity that your readers should be left with the idea that a cough is an almost unknown symptom of irritation of the aural canal. I have seen it in a number of cases follow upon the introduction of a speculum, and I think it is a well-recognized phenomenon.

INDUCTION OF ABORTION FOR HYPEREMESIS GRAVIDARUM.

SIX MONTHS.—Abortion is no prophylactic against the recurrence of hyperemesis unless it is accompanied by attention to any individual factors, gastric, uterine or other, in the case. The literature will be found in a paper by Merle, *De l'avortement forcé dans les vomissements incoercibles graves, l'Obstétrique*, 1900, v, 230-252.

DIABETIC GANGRENE.

W. H.—The pain of which the patient complains is doubtless due to neuritis, and, having regard to the patient's age and condition, will probably best be treated by hypodermic injections of morphine. The question of the desirability of the amputation of the gangrenous toe should be considered, as it is not a serious operation and may give relief. In these cases the diet should not be absolutely strict, but the patient should be upon a definite limited amount of starchy food, such as, for example, one roll of Brusson Jeune bread daily,