

returns, the method adopted by almost all surgeons, only 16 out of 224 being prepared to discuss the desirability of attempting lithotripsy under these conditions.

The fourth question dealt with the treatment of the wound in cases of suprapubic lithotomy. There were 230 replies, as follows:

Complete suture of the bladder and of the abdominal wall without drainage, the urine being normal, 33.

Complete suture of the bladder, suture of the greater part of the abdominal wall with drainage, either by a tube or by gauze above the pubes, 71.

The same with in addition a catheter in the bladder, 9.

Complete suture of the bladder and of the abdominal wall without suprapubic drainage, but with a catheter in the bladder, 5; or with the passage of a catheter at regular intervals, 1.

Partial suture of the bladder and of the abdominal wall with drainage by a tube entirely, 9; by a tube for a time and then by some apparatus, 5; or by a catheter, 1; or by drainage at once by some apparatus, 1.

No suture of the bladder or of the abdominal wall, drainage by a tube entirely, 42; by an apparatus, 18; by a tube for a time and then an apparatus, 24; by a tube and catheter, 1; by pads only, 2.

Suture of bladder to abdominal wall and drainage by a tube, 4; by an apparatus, 1; without either tube or apparatus, 1.

Perineal drainage, 1.

No sutures or drainage, 1.

The chief point of interest in this question is as to suture of the bladder and of the abdominal wall, and whether a drain is used or not. It is evident that there are few surgeons who venture to sew up the bladder and close the abdominal wound without some form of drainage, though there are many who will close the bladder and use a drain to it; while rather more than half the number prefer to use either partial suture or none at all.

Such is the condition of practice for stone in this country at the present time, and though it is always uncertain what changes may take place in the future, it does not seem probable that there will be any great alteration in the immediate future. No doubt, under modern conditions, the lateral operation would yield good results, so far as the mortality of the operation is concerned, if done by surgeons who had fairly frequent opportunities of performing it. But, in addition to those dangers which might be avoided by a skilled operator, there is the possible injury to the ejaculatory ducts, and consequent sterility, which is beyond the control of the surgeon. There does not seem to be any real effort at the present time to displace the suprapubic operation by crushing, nor does it seem likely that any great improvement can be made in the details of the former, so that we may fairly regard the mode of treatment of to-day as likely to continue for some time. I have ventured to bring this subject before this society in the belief that it is good at times to review the methods we adopt. I can only hope that by so doing I have aroused an interest in the past, and have shown that we are indebted to no small extent to the labours of those who have preceded us.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF THE URETHRA FOR LOCOMOTOR ATAXIA.

AFTER the notice on Dr. Jaworski's book, in the JOURNAL of January 21st, 1911, page 142, some observations on this treatment may be of interest. For the past year I have been practising this method after instruction from Dr. Denslow. Dr. Harry Campbell sent me most of the cases, which have reported progress to him from time to time. There have been seven, of one to ten years' standing. One suffering from phthisis after showing decided improvement in tabetic symptoms during February and March, 1910, developed acute phthisis in July and died in September. Six others have all improved, they say, more than under any other treatment. Three may at present be considered clinical cures (Cases 1, 2, and 5).

1. S., aged 39, an incipient case of about a year's standing, with loss of knee-jerks, marked Rombergism, Argyll Robertson pupils, and neurasthenia, with depression; is now apparently well.

2. V., aged 57, a case of nine years' standing, with "pains," advanced ataxia, amblyopia, anaesthesia of feet, and numbness of hands; has practically lost all these symptoms; he can now read without glasses and walk several miles at a stretch without the aid of a stick. Previously to walk a few hundred yards was a task. No longer emaciated.

3. D., aged 46 (ten years), improved considerably in gait, but has not lost his rectal crises.

4. W., complete ptosis of left eyelid, is now partial, and he "feels much better." He had no ataxia.

5. The case of B., aged 42 (ten years), is interesting, for though frankly admitting gonorrhoea and bad stricture, he denies convincingly that he has had syphilis. He was previously laid up for a week or so in nearly every month, with "pains," but since August, when he began treatment, he has not so suffered. His pains during this ten years did not get much worse. He is now practically free, and, like W., feels better, indeed well.

Knee-jerks do not seem to return, nor has the pupi improved noticeably in any case yet treated.

A noteworthy feature has been that urethral dilatation seems to reproduce symptoms at the time, while diminishing them in the interim. Two got violent erections; one does still; the other then had his worst attack, and, save for a few minor erections, did not so suffer again, though they had been of almost daily occurrence.

B. always gets pain down his left leg during treatment. His lightning pains were only in this leg.

I can bear out Dr. Jaworski's advice to "go slow," for I believe rapid dilatation does more harm than good.

The conclusion would seem to be that with an organism vitiated by a syphilitic virus the symptoms of locomotor ataxia can be produced by constant impulses from a peripheral focus of irritation (not necessarily an obvious stricture), and it is conceivable that changes in the cord could be effected by disturbance in the blood supply there, caused by the same or accompanying impulses. Further, cases like those of B. suggest that if the exciting cause (stricture) be sufficiently intense tabes may be produced without the predisposing cause (syphilis). The prevalence of tabes in males seems to favour the foregoing. Sclerosis of the cord was, I take it, made to account for the symptoms and has not been proved to be the primary cause, the whole cause, and the only cause of the symptoms.

I may add that, save in Case S, who was told that he had deranged nerves, no patient has been promised improvement. All were told only that some good results have accrued from the treatment. If they are now hypnotised, they must have hypnotised themselves or one another.

The late histories of syphilitics known to have had stricture might throw some light on this subject.

London, W.

E. T. JENSEN.

TEAR OF THE PERINEUM: ENDOCARDITIS: RECOVERY.

A PATIENT was admitted to the Royal Infirmary, Edinburgh, on October 30th, 1909, with the following history: She was a dairymaid, aged 19, and at 4 a.m. on the same day was attending to her duties in a cowshed and cleaning out a feeding-trough; she was bending down just in front of one of the cows which had its head down eating, when the animal suddenly raised its head and one of its horns struck the girl on the perineum. The girl lost a considerable amount of blood before the arrival of a doctor at 4 p.m., and she was sent to the infirmary, where she arrived at 6 p.m.

There was a complete tear of the perineum, and the recto-vaginal septum was torn through for about one inch. As the wound was not very clean, no attempt was made to repair the perineum at the time. Three weeks after admission the girl had a rigor, felt sick, and the temperature rose suddenly to 104° F.; a soft blowing murmur was discovered over the heart in the mitral area. A diagnosis of endocarditis was made, and, after other remedies had failed, polyvalent antistreptococcal serum was given by the rectum, with the result that the acute symptoms gradually subsided, although for three weeks the girl's condition was very grave. After her recovery from the endocarditis the perineum was repaired, and she left hospital ten weeks after admission, well but with a systolic mitral murmur.

The case is interesting because of the very rare accident which resulted in a complete tear of the perineum. There was no malice on the part of the cow, which was a very quiet animal. The horn struck the perineum directly without first passing through any of the girl's clothes, for there was not a mark of any kind on her garments; and there can be no doubt that the endocarditis was the result of septic infection from the wound in the perineum.

I am indebted to Mr. N. T. Brewis for permission to publish this case.

A. E. TURNBULL, M.B., Ch.B.Edin.,
Late Resident Gynaecologist, Royal Infirmary, Edinburgh.

FOUR CASES OF INFECTIVE PNEUMONIA.

In view of the outbreak last year in this country of plague in pneumonic form, it may be of interest to place on record the following cases:

On March 16th, 1910, A. B., aged 44, went to work in the morning; he had a violent rigor, and had to come home to bed. I saw him about midday, with a temperature of 104.2°, flushed face, quick pulse, rapid breathing, and dry skin; there were no other physical signs. On March 18th he developed signs of pneumonia in the left lung; this did not follow the ordinary course of acute pneumonia. It occurred in varying sized patches all over the lung. On March 21st the other lung became affected in a similar manner; he became very delirious, and died in the early hours of March 24th.

His son, J. B., aged 17, was taken ill on March 30th; he developed the same symptoms of a patchy pneumonia in both lungs, but his temperature never rose above 102.8° F., nor was his illness so acute. He had a sort of crisis on the sixth day, and then very rapidly became convalescent.

E. T., aged 56, sister of A. B., living in the next street, and who nursed him during his illness, was taken ill on April 1st, and developed signs of a patchy pneumonia in the left lung on April 3rd. She seemed better on April 5th; the temperature was lower, the breathing was not so rapid, and the physical signs were abating. On April 6th signs developed in the other lung; she became delirious, and died on April 8th.

R. C., female, aged 21, who was engaged to J. B. and visited him during his illness, was taken ill on April 15th. She was attended by Dr. Williams, who kindly allowed me to see her with him. Her symptoms were exactly the same as in the other three: high temperature, patchy pneumonia, dry skin, furred tongue, etc. She was convalescent on May 1st.

The sputum in all these cases was alike. It was very viscid, transparent, and airless, but had only a very faint suspicion of the rusty colour of pneumonic sputum. Bacteriologically it was reported to contain a few pneumococci, but the predominant organism was a short Gram-negative bacillus morphologically resembling Friedländer's bacillus. A further report by the Lister Institute stated that this organism did not answer to the cultural reactions of Friedländer's bacillus, nor did it resemble any of the more commonly known pathological organisms, but it most closely resembled Grünthal's bacillus, a "coliform" organism.

The medical officer of health had all the rooms thoroughly disinfected, and no further cases occurred.

London, W. PERCY W. SPAULL, M.R.C.S., L.R.C.P., D.P.H.

MIGRAINE AND ERRORS OF REFRACTION.

THE memorandum from Dr. Pocock in the JOURNAL of January 28th is very instructive. Among other things it shows the great value of a minutely careful retinoscopy. During the few years I have worked at refraction it has surprised me to note what immediate and complete relief is obtained by the correction of a very small degree of astigmatism. It is these cases of slight ametropia that give most trouble to the refractionist and that most easily lead to mistakes in prescribing. When, as in Dr. Pocock's case, the ametropia, though slight, is nevertheless unsymmetrical, the resulting distress appears to me always to be greater than in a symmetrical case.

London, N.

A. HOWIE.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH:

PATHOLOGICAL SECTION.

Friday, January 27th, 1911.

Dr. MELSON in the Chair.

Scleroderma.

DR. MELSON showed a case of scleroderma in a girl aged 12. Although conforming to the rarer diffuse variety in its main features, the disease was strictly unilateral in its distribution. In this respect it resembled the earlier condition of the classical case of Eliz. Nicholls, from the later developments of which Addison published the account of the circumscribed form of the disease bearing his name. There was a history of unhygienic surroundings, and a probable taint of both tubercle and rheumatism in the family. The onset was sudden two years ago, and followed by a rapid development of diffused patches of the hide-bound condition, especially upon the face, neck, chest, body, and lower limbs, all strictly of the right side. The main stress of the disease seemed to have expended itself by about the eighth week, to be followed by gradual contraction and progressive general emaciation. Pigmentary changes were very noticeable in the eye-lashes and in the ivory-white centres of some of the patches, with their marginal colourings of various shades and depths, chiefly of a dirty brown hue. The atrophy had fixed the right side of the mouth, giving a corpse-like look to that part of the face. There was thinning of the hair and deformity of the toe-nails, the hand, however, escaping anything approaching a condition of sclerodactyly often observed. Some of the joints, especially the right knee, had become fixed by the contracted, and in places ulcerated, skin. There was little pain or nerve disturbance. The action of the skin had led in places to epidermal accumulations of an offensive nature. The general appearance of the case left no difficulty in the way of diagnosis, but the unilateral distribution and want of general diffusion over the parts affected approximated the condition somewhat to the circumscribed form described by Addison. A tendency to improvement had certainly set in, and this had been helped by good hospital management and injections of "fibrolysin" some months ago. A return home, however, retarded the progress. Further trial of "fibrolysin," with galvanism and tonic régime, was advocated.

Circinate Secondary Syphilides.

DR. DOUGLAS HEATH showed a girl, aged 22, suffering from syphilis. The case was shown on account of the very large amount of circinate eruption present. The circles were very abundant on all parts of the face, but seemed especially prominent over the temples and the angles of the mouth. On the extensor surfaces of both forearms symmetrically were large, dusky red circular areas of a much more pronounced type. These were closely set and intermingled, and were desquamating to a slight degree. At the back of the neck similar prominent circinate syphilides were present. A fading roseola was present on the trunk, and the hair had fallen to a marked degree. A primary sore had been noticed on the vulva a month ago, but it was probable that circinate eruption corresponded with a later period of syphilis than this would seem to indicate. No large papular syphilides that had not gone on to ring formation could be seen.

Erythema Circinatum.

DR. DOUGLAS HEATH also showed a woman, aged 24, in whom a very marked circinate erythema had developed five days previously without evident cause. The eruption covered the whole of the trunk, and was especially prominent on the lower half of the abdomen when the patient was shown. It was also present in a less degree on the upper arms and around the knees or the extensor surfaces. In places where the rash had disappeared the skin was stained purple red in colour, and a few recent

will surely object to Dr. Moore breaking eggs and making omelettes, and even giving them away, provided only that he will not rob his neighbours' henroost to get his eggs.—I am, etc.,

Northwich, March 5th.

HENRY EDWARD GOUGH.

THE CURATIVE INFLUENCE OF ROENTGEN RAYS IN MALARIA.

SIR,—I was much interested in the article by Lieutenant-Colonel Bruce Skinner, M.V.O., R.A.M.C., and Lieutenant H. W. Carson, R.A.M.C., on the above subject in the *BRITISH MEDICAL JOURNAL* of February 25th. The results obtained by them are very remarkable. I would like, however, to point out the possibility of certain fallacies which they may have overlooked.

1. Cases of malaria admitted to hospital and put to bed in comfortable circumstances very often improve spontaneously without any treatment. They may have one or two paroxysms of fever, and then it quite suddenly disappears, and no relapse may occur for ten to twenty days, even though they are not kept in bed all that time. Such cases, however, nearly always relapse sooner or later, and parasites can usually be detected in their blood by careful search during the period of quiescence of the disease. Quinine treatment does not prevent the anaemia from rapidly improving, even where doses of 30 grains daily are administered.

2. Quinine may be given for one or two days, but may not reduce the fever immediately. If a new treatment is given on the third day and the temperature falls, it is not right to attribute the fall to the new treatment. The fall of temperature on the third day was very likely due to the quinine given on the two previous days. Quinine never fails to reduce the number of malarial parasites rapidly, if given in doses of 15 grains or more daily.

I would therefore venture to point out that some of the cases set forth by the above authors as cured by short exposures of Roentgen rays over the spleen may have been cases in which the fever subsided spontaneously; also those cases where the fever subsided after the short exposure to Roentgen rays, and where quinine was given on the previous two days, do not prove that the Roentgen rays, and not the quinine, produced the results. The authors do not state whether or not the parasites could be found in the blood after their treatment, nor do they state how long their patients were kept under observation.

In a case under my observation, after twenty minutes' exposure to Roentgen rays over the spleen, the malarial parasites increased in number in the peripheral blood, and next day a relapse occurred.—I am, etc.,

DAVID THOMSON.

Liverpool School of Tropical Medicine, Feb. 27th.

THE enormous extent of the work of a large assurance company is well shown in the valuation report of the Prudential Assurance Company for the year 1910, recently issued, where it is stated that in the Ordinary Branch the number of life policies in force at the end of the year 1910 was 903,896, assuring with bonus £99,726,566, and producing a premium income of £4,789,686 per year; 762,206 of these policies were effected under the endowment assurance tables, where the sum assured is payable in the lifetime of the policy holder. The life annuities payable are 4,379 in number, and amount to £152,322 a year. The claims of the year amounted to £3,240,957. In the Industrial Branch the number of policies was 18,820,427, and the amount assured £190,837,433. The premiums receivable in respect of these policies amounted to £148,308 a week, or £7,712,016 a year. The average duration of the policies exceeds 11½ years, and the average age of the assured is 33½ years. The claims of the year amounted to £2,805,069. The number of free policies granted during the year to those policy holders of five years' standing and upwards who desired to discontinue their payments was 145,187. A sum exceeding £5,500,000 is provided in respect of free policies granted in lieu of discontinued assurances, for the increase in the sums assured given to industrial policy holders, and also for the concession granted in respect of policy holders attaining the age of 75 whose policies have been in force 25 years. The assets of the company in both branches, as shown in the balance sheet after deducting the amount written off securities are £77,529,226, being an increase of £3,327,525 over those of 1909.

Medical News.

DR. URQUHART, James Murray's Royal Asylum, Perth, has been elected a Corresponding Member of the Société de Psychiatrie of Paris.

MAJOR R. J. BLACKHAM, R.A.M.C., Sanitary Officer of the First Division, Indian Army, was among the recipients of New Year honours; he received the Kais-i-Hind medal of the Second Class.

THE annual general meeting of the Medical Graduates' College and Polyclinic will be held at 22, Chenies Street, London, W.C., on Friday, March 31st, 1911, at 5.15 p.m. The report for 1910 is published in the March number of the *Polyclinic*.

DR. GEORGE M. ROBERTSON, Lecturer on Mental Diseases in the University of Edinburgh and Physician-Superintendent of the Royal Morningside Asylum, Edinburgh, has been elected a Corresponding Member of the Society of Psychiatry of Paris.

THE mother of Dr. A. F. Jackson, of Liverpool, who died of plague at Mukden, where he was on duty at the Mission Hospital, has presented to the Medical College of Mukden the sum of 10,000 dollars received by her from the Chinese Viceroy.

THE eighty-third annual court of the Royal Free Hospital, Gray's Inn Road, will be held at the hospital on Wednesday next at 3.30, when the annual reports and accounts will be presented. The President of the hospital, M.R.H. Princess Christian of Schleswig-Holstein, will take the chair.

WE note that the Giggleswick-in-Craven parish magazine contains a tabular statement relating to zymotic disorders, more especially periods of incubation and quarantine of contacts. The vicar suggests that the page should be cut out and hung up at home by parents. The idea should prove useful.

WEST HAM GENERAL HOSPITAL is in future to be known as the West Ham and Eastern General Hospital. Towards the recent extensions King Edward's Hospital Fund for London at its last distribution meeting made a grant of £5,000; the institution thus starts on its new career free from debt. The in-patients last year numbered 607; the total attendance of out-patients was upwards of 131,000.

THE annual debate of the Chelsea Clinical Society is to take place next Tuesday, March 14th, at the Chelsea Dispensary, commencing at 8.30 p.m. The debate (on colitis) will be opened by Drs. Hale White and Robert Hutchison, and reopened on the following Tuesday, March 21st, by Dr. J. W. Eyre and Mr. Lockhart Mummery. There will be a general discussion each evening. These meetings are open to all members of the medical profession.

THE festival dinner of the Irish Medical Schools' and Graduates' Association will take place on Thursday, March 16th, at the Hotel Cecil, when the President, Sir Charles Cameron, C.B., will take the chair. The guests of the evening will be the Duke of Abercorn, K.G.; Sir Thomas Barlow, President of the Royal College of Physicians of London; and Sir Henry Morris, President of the Royal Society of Medicine.

DR. JOHN SPENCER FERRIS, who has recently retired from practice after some forty-two years' work in Uxbridge, was the recipient on February 27th of a piece of plate and a cheque, the presentation being made to him at a gathering in the Town Hall. The piece of plate—a large silver-gilt flower bowl—bore an inscription stating that it was presented to him by his old friends and patients as a mark of their affection and esteem and in appreciation of the many services rendered by him, and was accompanied by a roll on which was engrossed a list of the donors' names.

THE Nottingham and Notts Association for the Prevention of Consumption has organized a Tuberculosis Exhibition, to be held in the Mechanics' Hall, Nottingham, which will be opened on Monday, March 13th, by His Grace the Duke of Devonshire. It will include the exhibits of the National Association for the Prevention of Consumption and the Women's National Health Association of Ireland, together with many items of local interest. The following have consented to give lectures in connexion with the exhibition during the week: Dr. Philip Boobyer, Dr. Marcus Paterson, Dr. R. W. Philip, Dr. J. D. Slight, Dr. Jane Walker, Dr. Ralph Williams, and Professor Sims Woodhead. Further particulars can be obtained from Dr. O. Kentish Wright, Municipal Sanatorium, Bagthorpe, Nottingham.

IT is announced that the new series for 1911 of *The Crusade*, the monthly organ of the National Committee for

the Prevention of Destitution, is not only to be enlarged, but that any special articles of more than passing importance will be published in the form of a supplement of twelve to sixteen pages. The supplement for January contains a number of articles on unemployment, including one by Mr. Sidney Webb on "Unemployment Insurance." One of Mr. Webb's chief points is that insurance against either sickness or unemployment is in no way preventive, though he admits there would be some advantages "if we could somehow get provided for every person who was so ill as to be unable to go to work both medical treatment and sick pay, and, though this would in no way prevent the occurrence of disease, it would be an enormous boon," and he thinks our aim should be to obtain "such provision as will make the benefits as genuinely curative and as nearly universal as possible." The supplement for February is devoted to the problem of the feeble-minded. A useful summary is given of the conclusions of the Royal Commission on the Feeble-minded, and a series of articles follow with a select bibliography on the subject. In an editorial note the scheme of Poor Law reform advocated by the County Councils Association is accepted only as a basis for compromise, because it contains three things for which the Minority has contended—namely: (1) The transfer of children in institutions to the Education Authority; (2) the unified medical service under the county M.O.H.; and (3) the transfer of the unemployed to a national authority. On the other hand, objection is taken to the scheme because it retains a destitution authority and offers no guarantees for the disappearance of the mixed workhouse. In an article on the proposed new Outdoor Relief Order there is some strong criticism of the proposal of the Departmental Committee that the Prohibitory Order should be more strictly enforced and made universal; the article concludes that if Mr. Burns adopts the proposal he may be able to congratulate himself and his Department on a striking reduction of pauperism, but that "the amount of that reduction will be a more or less exact measure of the increase of suffering and destitution caused by the new Order."

THE twenty-first annual report of the New York State Commission in Lunacy for 1908-09 has, we learn from the *Medical Record*, recently been issued. It states that on September 30th, 1909, the number of registered lunatics in the State of New York in institutions under the supervision of the State Commission in Lunacy was 31,541, of which number 15,107 were males and 16,433 were females. The number of patients to each 100,000 of the population of the State in 1909 was 348.9 among males, 375.5 among females, and 362.3 in the total population, or a ratio of 1 insane male to each 287 males, 1 insane female to each 266 females, and 1 insane of either sex to each 276 of the general population. Of the psychoses, dementia praecox predominated among the total first admissions, general paresis was second, senile insanity was third, and alcoholic psychoses were fourth. The largest absolute number of first admissions was between the ages of 25 and 30, with numbers nearly as large in each of the five-year periods from 20 to 40 years of age. As to the nativity of the patients in 1909, 44.7 per cent. of the male and 48.3 per cent. of the female first admissions were of foreign birth. The most marked difference between the distribution among the several forms of mental disorder of first admissions of native birth and that of first admissions of foreign birth was the excessively high proportion among Irish first admissions of alcoholic and senile psychoses, the great preponderance of senile insanity among the Germans, and the preponderance of dementia praecox among the Russians, Italians, and Austrians. Statistical studies of the etiological factors assigned in the first admissions during the year ending September 30th, 1909, have been considered only on two issues—that of alcohol and that of heredity. Alcoholic habits were recorded in 45.7 per cent. of the male and in 15.7 per cent. of the female first admissions, or in 32 per cent. of the total first admissions. The influence of heredity in the causation of insanity was traced in 61 per cent. of the total first admissions, but of family history it was found impossible to obtain trustworthy accounts, positive or negative, in 23 per cent. of the total number of cases reviewed. One fourth of the deaths occurring during the year 1909 were due to diseases of the nervous system, the most prominent in this group being general paralysis of the insane. The next most prominent cause of death was tuberculosis, and over 55 per cent. of the total deaths due to tuberculosis were among cases of dementia praecox, and over two-thirds of those due to cerebral haemorrhage and apoplexy were cases of psychosis with brain or nervous diseases, cases of dementia praecox, or of old age.

Medico-Legal.

HAS THE ACCOUCHEUR THE RIGHT TO CHOOSE THE NURSE?

A LEGAL point of some professional interest was decided recently (*La Semaine médicale*, 1911, No. 8) by a French court in a manner which seems not only reasonable but is in strict accordance with the public interest. A lady sued her medical attendant for £50 damages on the ground that he had failed to carry out his engagement to attend her in her confinement, thereby causing her much grief and trouble. On the part of the doctor it was shown that he had given her ample notice and held himself at her disposal should she require his services before she had been able to make other arrangements. The reason which led the doctor to decline further attendance was that the patient and her family insisted upon introducing a nurse of whose antecedents and recent engagements the doctor knew nothing, while he was prepared with a nurse whose aseptic status he was able to guarantee. The court dismissed the claim, while the doctor got his fees, with the addition of a franc claimed as damages for the slur cast by the action upon his professional reputation, and the whole of his costs. In view of the universally admitted importance of aseptic purity in all those who have to take part in surgical proceedings, we think no other course was open to the doctor; and although it is not likely that many patients would be so wrong-headed as to bring an action under such circumstances, it is satisfactory to find the French court giving such an unqualified expression of opinion in favour of the medical contention.

WORKMEN'S COMPENSATION ACT.

Choroiditis.

In a case at Edinburgh (December 6th, 1910) it appeared that the claimant had been engaged in "chipping" a boiler on February 10th, 1910, when a splinter from the incrustation struck him on the right eye, causing a scale to grow over the pupil. He was totally incapacitated from work, and the respondents paid him compensation down to June 4th, when they stopped payment on the ground that the claimant had recovered. Counter-actions were then brought, one at the instance of the claimant to have a compensation memorandum recorded, and the other by the respondents to have the compensation ended or diminished. On November 8th, 1910, the case was heard by Sheriff Guy and Dr. George Mackay as medical assessor. This was the first occasion in which a medical assessor has been appointed in such a case in the East of Scotland. The Sheriff held (1) that at the time of the accident the claimant suffered to a certain extent from central choroiditis of the left eye, which was unconnected with the accident; and (2) that as a result of the accidental injury to the claimant's right eye, and having regard to the condition of his left eye, he was partially incapacitated for work when his compensation was stopped on June 4th, and he continued to be partially incapacitated. In coming to this conclusion the Sheriff disregarded any further deterioration in the condition of the left eye since the date of the accident. He therefore ordered the registration of the claimant's memorandum for a reduced amount of compensation, expenses being awarded to neither party.

Failure of an Operation.

It is material to notice that where an operation fails or partially fails the workman may be awarded compensation as for partial injury. In a case at Hanley (October 6th) it appears that an accident happened in February, 1909, when the respondent sustained an injury which necessitated an operation, and an agreement was come to by which he received 17s. 10d. per week. He subsequently did light work—sawing wood—but left this because of fluid on the knee. The question in dispute was whether an operation which followed the accident was completely successful, and whether respondent was still incapacitated for work by reason of the accident. The case had been adjourned from the last court in order that the matter might go before a medical referee. The judge read a report from the medical referee (Dr. Alcock), which stated that respondent had undergone an operation for hernia in the right groin. The deep tissues of the abdominal wall underlying the linear operation scar had failed to unite quite firmly—probably because he tore the stitches by jumping up in bed—and consequently a large hernial gap remained. The left knee was now quite well. Its swelling was, in his opinion, quite independent of the hernia or operation in 1909. The condition of the abdominal wall rendered Shaw unfit for employment involving heavy lifting. He would be best suited for a light job, such as sweeping. The judge stated that the report only left the question of capacity for light work, and that was admitted in this case. In considering the question as to whether compensation ought to be reduced, His Honour asked who was going to take that man in his present state, and with all the liability to pay him compensation if something happened to incapacitate him. His experience was that no one would take the man under such circumstances. In that case it would be impossible, or next to impossible, to obtain light work unless he got it from the Shelton Company. At present the order must be that the application to alter the compensation be refused. If the company were willing to give the respondent light work the difference in the amount of compensation may be arranged between the parties.

sending round any circular; but he may write to his medical and lay friends and tell them of the change, and there can be no objection to his stating that in future his practice will be independent. With regard to the proposed change of address, there would be nothing unusual in placing a small notice under his doorplate, or, as is sometimes done, at the side of his railings, as soon as he pleases, and it can be left there for as long as it may seem useful. Probably the new tenant of the house will desire its removal, and it will surely have done its work after a few months. There ought to be no desire to take advantage of changes of this sort, and of the legitimate announcements which may be made in connexion with them for the purposes of advertisement.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Examinations.

MR. EDWARD TREACHER COLLINS has been appointed Examiner for the Diploma in Ophthalmology for 1911 and 1912.

The Board of Faculty of Medicine has given notice that, in accordance with the provisions of the Statute approved by Convocation on November 15th, 1910, it has added to its regulations a clause providing that no candidate, unless already a registered medical practitioner, shall be admitted to the examination in Medicine, Surgery, and Midwifery, until a period of at least twenty-two months has elapsed from the date of his passing the first examination for those degrees.

Degrees.

Mr. R. C. Wingfield has been approved for the B.M., B.Ch. degree.

UNIVERSITY OF DUBLIN.

THE following was among the degrees at the meeting of the Senate on February 28th:

M.D.—G. C. F. Smyly.

CONJOINT BOARD IN IRELAND.

THE following candidate has been approved at the examinations indicated:

D.P.H. (BOTH PARTS).—R. H. Bremridge.

The Services.

SCOTTISH COMMAND LECTURES.

THE fourth of the series of lectures on the technical training of R.A.M.C. officers in field duties was given in the Carlton Hotel, Edinburgh, on March 2nd, by Major R. J. Ross, General Staff Officer of Scottish Coast Defences. The subject was "Some Principles of Strategy and their Bearing on Medical Service in the Field." Major Ross described the main principles of strategical and tactical operations, and pointed out how medical arrangements must be made to conform to the principles laid down. He illustrated these principles by reference to the campaign of Novara between the Austrians and Sardinians, in which six divisions were engaged on each side; as the British expeditionary force would be composed of six divisions, the illustration was an apt one. He showed the lines of advance, the position of clearing hospitals and hospitals on the lines of communication, and the arrangements for speedy evacuation, which should be the main strategy of the medical service.

On the afternoon of the same day Captain A. M. McLaughlin, R.A.M.C., delivered the fourth of the series of medical lectures in the library of the Military Hospital, the subject being "Sanitary Organization in War." After the lecturer had described the organization of the British Army, Colonel Houston, R.A.M.C., related some valuable experiences in China and South Africa, and a most interesting discussion ensued. These lectures complete the series of four in each course organized for the Scottish Command winter training.

ROYAL COLLEGE OF SURGEONS IN IRELAND OFFICERS' TRAINING CORPS.

THE first annual dinner of the Officers' Training Corps connected with the College of Surgeons was held last week in Dublin, and proved a great success. This corps has been in existence now for about a year, and has been joined by a large body of students. Sir John Lentaigne bore testimony to the great and beneficial change which the formation of the corps had produced in the lives of medical students, and other speakers referred to the important asset which the country would shortly possess in the existence of bodies of medical men trained in military methods.

Obituary.

CHRISTOPHER BENSON, L.R.C.P., M.R.C.S.,

SHIPLEY.

WITH much regret we have to record the death at the comparatively early age of 51 of Mr. Christopher Benson, L.R.C.P.Lond., M.R.C.S Eng., which took place at Shipley on February 17th, where he had been for many years in practice. Mr. Benson began the study of medicine as a student of the Leeds school at about the age of 25, later in life of course than is usual, and from the outset of his curriculum he brought to bear on his work that steady and uniform diligence which he has always manifested through his life. He was a brilliant student, and early in his career he was stricken with a serious malady which at one time threatened his life. This illness and its consequences unquestionably curbed his efforts, and though those who were his patients doubtless derived the benefit of having such a man to attend them, his early devotion to what proved, and was doubtless intended by him to be, a quiet and unambitious sphere of life, stood in the way of his taking that position in his profession to which his abilities would seem to have entitled him. Apart from his professional abilities Benson was a man of general culture and a good linguist, being well versed in French and German literature. He will long be remembered by all who knew him and especially by his teachers and fellow students, as a man of a charming and striking personality with original views on many subjects and with a very keen sense of humour.

Public Health

AND

POOR LAW MEDICAL SERVICES.

CERTIFICATION OF PAUPER LUNATICS FOR ASYLUM.

P. B. asks whether a medical man attending a working-class patient who is certifiable as a pauper lunatic entitled to fill in the necessary form for his removal.

* * Any registered medical practitioner in actual practice is entitled to certify a patient for an asylum as a pauper lunatic, but only if called upon to do so by the justice acting in the case who, by Clause 16 of the Lunacy Act, 1890, has to call to his assistance a medical practitioner, who may or may not be the previous medical attendant of the patient as the justice may think fit. The only fee payable in connexion with such cases is that which the magistrate is empowered to order the guardians to pay for certifying the case on the statutory form.

THE first Congress of French Medical Journalists will be held in Paris on March 23rd. A very large number of well-known men have intimated their intention of being present. Amongst others may be mentioned Professor Landouzy, Dean of the Faculty of Medicine, who will take the chair; MM. Lucas-Championnière, Hallopeau, Ricard, Valude; Professors Poncet, Grasset, Régis, Moure. A number of eminent medical journalists from Latin countries will likewise attend the congress. Among these are MM. Crocq, Coppez et Delsaux, of Brussels; Charles, of Liège; and Merveille, of Chénée; Senators Maragliano, of Genoa, and Mangiagalli, of Milan; Professors Rummo, of Naples; Cattaneo, of Parma; Pires, of Lima; Antonio de Azevedo, of Lisbon; Ricardo Horno Alcorta, of Saragossa; Barbera Marti, of Valencia; Jorge Leyro Diaz, of Buenos Aires; Aristotle Konzis, of Athens. Esperanto will be represented by M. Thawitzner, of Dresden. The following questions are in the programme proposed for discussion: (1) The right of reprinting medical articles (to be introduced with a report by M. Vitoux). (2) The connexion of the medical press with congresses and other manifestations concerning the art and practice of medicine (to be introduced with a report by M. Ausset). (3) The organization of a bureau for immediate relief (to be introduced with a report by M. Duchenne). (4) The usurpation of the title of doctor (to be introduced with a report by M. Dieupart). The general secretary of the congress is Dr. Cabanès, 9, rue de Poissy, Paris. A bureau of information will be open at the Faculty on Wednesday, March 22nd, from two to six o'clock.