

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF METASTATIC GONORRHOEAL CONJUNCTIVITIS.

F. G., sailor, white, 30 years of age, single, came to the hospital with swollen and inflamed conjunctivae, and with a urethral discharge.

His family history was negative. He had followed the sea practically all his life. He drinks whisky, and uses tobacco to excess. He has always been healthy until about five years ago, when he was sick in bed with articular rheumatism. He had trouble with his eyes also at this time, and he had a specific urethritis.

At this time the eyes did not discharge much, but his trouble lasted two months, and evidently resembled his present attack.

Two or three years ago he again had a specific Neisserian urethritis, and in six months a similar "rheumatic" attack, followed in about one month by ocular trouble. He says his physician called the eye condition at that time "rheumatic ulcers," and the eyes were washed twice a day, and drops were instilled to dilate the pupils. The joints involved were the knees and joints of the right great-toe, as at present.

About two weeks before admission to the hospital for the present attack he had again specific urethritis. In about one week he complained of "rheumatic" pains and swelling of the feet, so that he could not walk. Two days before admission his eyes became inflamed and a small amount of watery discharge appeared.

The left eye pains when winking. He says he first noticed the urethral discharge by heat and pain on urination two days before admission. The right great-toe has lately caused him much trouble. Tongue coated. Marked injection of conjunctivae. Much pain caused him on examining left eye. Small amount of watery discharge from this eye, and at the inner canthus a purulent accumulation is seen. Right pupil slightly dilated. Left does not react well. Abdomen tympanic. Right great-toe swollen and tender. Smear from eyes negative for gonococci.

He was sent to the venereal ward for treatment of his urethra. This was cured in about fourteen days.

Vision, March 28th, 1910: Right eye = $\frac{1}{2}$; left eye = $\frac{3}{5}$. Left eye, catarrhal conjunctivitis, ciliary injection, and punctate keratitis. Iris thickened and discoloured.

Diagnosis: Kerato-irido-cyclitis.

March 13th, 1910.—O.D. = $\frac{1}{2}$; O.S. = $\frac{1}{5}$. Fields somewhat contracted for light.

March 29th, 1910.—O.S. better; O.D. similarly involved for three days.

April 6th, 1910.—Anterior chamber very deep. Cornea punctured and fluid spurted out. The bacteriological report shows xerosis bacillus present (probably from the conjunctiva). Another slide negative.

April 10th, 1910.—The patient improved greatly under hot packs and salicylates, and saturated solution of boric acid and drops of atropin solution (4 grains to 1 oz.) in the eyes.

Similar cases to this have responded readily to treatment of the urethral discharge, eliminative treatment, including hot packs, and the administration hypodermically of half-billion doses of antigenococcal bacterins. Such cases are liable to relapses with each recurrent attack of the Neisserian infection. It is supposed a toxin from the disease travels through the lymph channels, affects the serous membrane of the joints, and sets up the iritis.

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Assistant Chief Resident Physician,
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PUERPERAL ECLAMPSIA COMPLICATED BY GASTRIC HAEMORRHAGE.

Mrs. H., aged 26, primipara, well nourished, had always enjoyed good health. All through the pregnancy she suffered considerably from sickness, associated with troublesome cough. The legs began to swell towards the

end of the sixth month of gestation, but the urine examined at the time was found to be quite free of albumen. She was not seen again till the middle of the eighth month, when the swelling of the legs had increased considerably, and there was dimness of vision in the mornings, headaches, and severe pain in the epigastrium, which she put down to indigestion. The urine contained a large amount of albumen. She was ordered to bed and dieted, but diarrhoea set in, and seemed to start labour two days later. Labour pains had been present twelve hours when the first fit occurred, and the os being fully dilated forceps were applied, and a living child delivered fairly easily, as it was not quite eight months' gestation. The first fit occurred at 1.30 p.m. An hour later the patient was fully conscious, and the after-birth had come away. The patient was left an hour after delivery, and within five minutes of my leaving she had another fit, at 3 p.m. At 4 p.m. she had a third fit. As soon as she had recovered she was given 1 drachm of compound jalap powder and 20 grains of potassium bromide and chloral hydrate by the rectum, this injection being repeated every two hours. A fourth fit occurred at 5 p.m. One-sixth of a grain of pilocarpine nitrate was injected hypodermically; it acted very well, and in half an hour the patient was perspiring most profusely.

The fifth fit occurred at 8 p.m., and the sixth at 9 p.m. Chloroform inhalations used continuously did not prevent the seventh fit, which occurred at 11 p.m. She was now transfused with a quart of saline subcutaneously, and kept under chloroform while it was running in, as she was very restless and irritable. One-tenth of a grain of pilocarpine also given acted very well. At 1.30 a.m. she had the eighth and last fit, which was very severe; pulse 132 and axillary temperature 101.5° F. By the morning she had had some good sleep, took barley water and milk, the bowels had been well opened, and she had passed urine. She still complained of epigastric pain.

On the second day, after some milk and rusk for breakfast, she vomited dark altered blood, and this continued at intervals through the day, diluted as it was with a large amount of gastric juice, it amounted to at least three quarts in the twenty-four hours. She was kept on salines per rectum, only a little ice being allowed by mouth. On the third day vomiting had stopped, but frequent small tarry motions were passed. Pulse 124. Temperature in the evening 100° F.

Afterwards she had no more epigastric pain. She was allowed out of bed at the end of four weeks. The eye symptoms had quite cleared up.

The points of interest in this case are:

1. What was the cause of the gastric haemorrhage? Was it due to an ulcer, as the pain in the epigastrium might suggest, or was it due to sudden relief of intra-abdominal pressure caused by delivery? I formed the opinion at the time that there was an ulcer present, and treated the patient for such.

2. Transfusion of saline seems to be the treatment for these cases, and my regret is that I did not employ it earlier. (See case recorded in BRITISH MEDICAL JOURNAL for January 14th, 1911.)

3. Eclampsia does recur in subsequent pregnancies, I believe fairly frequently, and so in this case being such a bad one, I advised against a further pregnancy.

Swanage. W. A. REES, M.D., F.R.C.S.

MULTIPLE PREGNANCY WITH CONVULSIONS DURING LABOUR.

ON December 10th, 1910, I was summoned to attend Mrs. D., a multipara aged 32. On my arrival I found her in labour, which had then lasted an hour. She almost immediately gave birth to a child, which had presented by the breech. I then found that the uterus contained two other children, the lower of whom was presenting by the vertex, with an unruptured bag of membranes. The pains continued, but were very weak. Half an hour after the birth of the first child the patient had an epileptiform convulsion, the tonic stage lasting a minute and the clonic stage rather less. I decided to rupture the membranes and apply forceps, and easily delivered the second child. The patient then had another convulsion, which was easily controlled by the administration of chloroform. The third child presented by the breech and was born without

difficulty. The mother again had a convulsive seizure, which was again controlled with chloroform. Two placentae were delivered half an hour after the birth of the third child.

There was considerable haemorrhage, but not more than might have been expected after such distension of the uterine walls and consequent atony. Two injections of ernutin and continued massage were successful in arresting this and getting fair contraction of the uterus. The patient had no more fits, and made an uninterrupted recovery, the temperature never rising above 99.8°. The children all survived, and continue to do well.

The patient had a large ventral hernia, and subsequent inquiry into her past history revealed the fact that five years previously she had undergone ventral fixation of the uterus for prolapse. Unfortunately I had no opportunity of examining the urine previous to labour, but a catheter specimen taken afterwards contained a trace of albumen; this entirely disappeared by the sixth day.

The occurrence of the convulsions is interesting, and, as they can hardly have been eclamptic in nature, were possibly due to the fixed position of the uterus. The patient's previous confinements were quite normal, and she has never suffered from fits of any description previous to this.

FREDERICK J. C. BLACKMORE, M.R.C.S., L.R.C.P.
Hereford.

Reports

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

BLAENAVON COTTAGE HOSPITAL.

EXTENSIVE FRACTURE OF SKULL.

(By A. H. JAMES, M.D. Edin., Senior Surgeon.)

R. L., a collier, aged 47, received injuries in a coalpit by a fall of roof at 11 a.m. He was brought into hospital at 2 p.m.

He was suffering from a severe horseshoe-shaped scalp wound, which, except at its base, was completely torn off from the skull at the top of the head. It measured 12½ in. The skull was uninjured. Haemorrhage from the left ear indicated fractured base. There was a lacerated wound posteriorly over the occipital bone, a fissured fracture of the skull 3 in. in length, and a lacerated wound of the scalp over the right eye extending through the upper eyelid along the zygoma backwards to the ear. On raising the flap it was found that the patient had a depressed comminuted fracture involving the frontal, parietal, and temporal bones. His back was severely bruised and cut; he complained of great pain in the right chest when breathing.

The patient took the anaesthetic badly. His pupils were pin-point; pulse weak and irregular, and breathing caused great anxiety. I considered that the best method of raising the depressed fracture was by trephining above over the frontal bone, so as to raise the pieces *en bloc*, in preference to raising them piecemeal, thereby giving them a better chance of keeping in their respective positions.

An icebag was applied to the head; purgatives were given freely. As no action resulted, an enema was given on the second morning; afterwards the purgative acted satisfactorily. On the second morning it was found that the patient was suffering from traumatic pleurisy over the sixth, seventh, and eighth ribs on the right side. On the fifth day he suffered from retention of urine for thirty-six hours, and a catheter had to be used. Haemorrhage from the ear continued until the fifth day. On the third day facial paralysis developed on the left side and the left pupil became very dilated. For the first ten days the patient seemed to have great difficulty in swallowing and all his slop diet had to be given him with his head reclining to the right side. Stitches were removed on the ninth day, the parts having healed by first intention, except the posterior wound over the occiput, which

suppulated. On the ninth evening he developed a sharp, continuous, pneumonic cough, due to hypostatic congestion. The temperature, which had varied from 99° to 100°, was 101°. The icebag was removed, the patient raised in bed, and brandy (3 ss) given every four hours. A mixture, containing digitalis tincture $\frac{m}{vii}$ and vinum ipecac. $\frac{m}{xii}$, was given at 10 p.m., 2 a.m., and 6 a.m. each night until the congestion passed off on the thirteenth day. He became very delirious, especially at night, from the ninth day, and on the fourteenth day the delirium was replaced by illusions, especially in the evenings. These gradually became less severe, and on the eighteenth day his mind was quite clear. The patient appears to be making a rapid and perfect recovery, but the facial paralysis and dilatation of the pupil on the left side remain.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF SURGERY.

Tuesday, March 14th, 1911.

MR. RICKMAN J. GODLEE, President, in the Chair.

Traumatic Myositis Ossificans.

MR. MAKINS, in a paper on myositis ossificans of traumatic origin, said this condition was more frequent than had been supposed; 233 cases were recently collected from German army records. His paper dealt with two typical, and a few collateral, cases. The injury was usually single; although multiple or repeated traumata were alleged as causes, the determining factor was generally of greater severity. The masses most frequently were found in the quadriceps or brachialis, muscles arising from flat, plane surface of bone. Histologically they were of the cancellous type, without marrow, and embedded in fibrous tissue; the muscle proper was unaffected, and the process was in no sense a myositis. He believed they had little in common with the ossification of tendons, of which "rider's bone" was an example, or with the osseous plates met with in the fascial planes about joints in certain conditions, but were due to detachment of periosteal fibres. It was possible that there was some individual peculiarity of the tissues comparable with that "ossific diathesis" alleged in the occurrence of exuberant callus. The point he wished to emphasize was that with rest the tendency was towards reabsorption. Skiagrams illustrated the gradual disappearance of bony deposits, even of considerable size. Mr. BOWLEY described two cases affecting the elbow region, in one of which there was no blow, but severe wrenching of the muscles, whilst in the other there was a dislocation. In both the bone disappeared with rest. Most cases were met with in young people. Mr. GODLEE described a case due to a kick upon the thigh. Speaking of two others that had been operated upon by him, he said the results confirmed the opinion that they should be left alone for at least a year. At the same time operation might be necessary to remedy limitation of movement, and in most cases had at any rate done no harm. He exhibited several bones from museums at late or intermediate stages of absorption. He deprecated the use of the term "myositis." Mr. HEATH exhibited a specimen removed in a similar case, to permit free flexion of the knee, which had been seriously hampered by a mass in the quadriceps. Mr. SYMONDS referred to two cases affecting the soleus muscle, in one of which operation was performed, and was not a complete success. Some were certainly the results of sprains. Mr. CARLING exhibited radiograms of two cases.

Congenital Diverticulum of the Bladder.

MR. BERRY detailed the history of a large congenital diverticulum of the bladder operated upon at the age of 21. The interesting feature of the case was that the left ureter entered the sac $2\frac{1}{2}$ in. from the bladder proper. There was no case precisely like it in the literature. Mr. JOLY exhibited the specimen, and described a case very similar to that of Mr. Berry, except that the ureter

namely, a certificate from a medical officer of health of continuous practical training for not less than three months.

As regards the standard of the health visitor's examination, a gentleman who prepares many candidates for it writes to me: "The standard is not high enough." This is a frank admission from one who ought to be thankful for the same. He also writes: "Exceedingly short courses of more or less disjointed lectures are accepted as sufficient training. This is wrong, as it tends to produce mere cramming."

Whilst I prefer my woman inspector to have a midwife's certificate as an additional qualification, it appeals to me to find that midwives, with perhaps only three months' training in that subject, are allowed to sit for the examination of health visitor without any further preparation whatever. A three years' hospital-trained nurse is permitted to do the same, and no training in public health work nor any attendance at lectures is required, although her knowledge of infants may be meagre and of the homes of the poor *nil*.

Professor Bostock Hill deems a woman sanitary inspector to be "an anachronism." My opinion is that her utility is only *beginning* to be generally recognized, and for properly trained ones there are good prospects in proportion to the rapidity with which local authorities recognize the great benefits arising from their work under the supervision of the medical officer of health. The professor appears to think that a knowledge of plumbing and drainpipes is also an anachronism, and cannot be included in what he terms "the true meaning of hygienic effort." I maintain, however, that "plumbing and drainpipes" are, and will continue to be, worthy of study by sanitary inspectors, both male and female, so important is the part these things take in domestic life.

Dr. Bostock Hill is wrong in thinking that I wish a woman to supersede a man inspector in my department. I want to get one properly trained to do the work that either her male colleagues cannot do at all, because of their sex, or that for cognate reasons they cannot do half so well. Work amongst lying-in mothers and their infants is only a portion of a woman inspector's work, albeit an important one. I may add that none of my inspectors wears uniform.

Dr. Parkes admits that in practice the duties of women sanitary inspectors differ from those of men. Why, then, does he not urge his institute to hold examinations for them quite distinct from those for men? I agree with paragraph 4 of his letter, provided the letters "in" precede "differently." Reference to Dr. Parkes's letter will make my meaning clear.

I observe also the final statement of Dr. Parkes's letter, that women who have passed the institute's examination for health visitor are no good as sanitary inspectors of a public health department. Local authorities and medical officers of health will kindly note this opinion, for it answers "the question of importance" asked in my first letter to your JOURNAL—namely, "whether the holder of such a certificate is quite the person a medical officer of health could conscientiously recommend." The answer, as will be observed, is in the negative.—I am, etc.,

SIDNEY C. LAWRENCE,
M.O.H. of Edmonton.

London, N. S., March 19th.

QUALIFIED OPTICIANS.

SIR,—Arguments suffer in common with a good many other things in this life—they do not improve with age. They soon outlive their energy, then they are apt to degenerate. After having served their purpose, wholly or in part, it is best to leave them. With some signs of the vigour of youth still remaining, they are apt to be more helpful in effecting their purpose than when stimulated ineffectually in their declining days, they cease to exist amid scenes which are not peaceful. I do not, therefore, propose to reply to the spirited rejoinder of my friend, Dr. Seymour Taylor, to my last "contribution," save to remark that I am sure that the position which he has assumed in this matter, although entirely untenable from the point of view which I have sought to inculcate, has nevertheless been based upon perfect good faith.—I am, etc.,

London, W., March 17th.

PERCY DUNN.

. This discussion may now cease.

TUBERCULIN AND TUBERCULIN DISPENSARIES.
Dr. R. W. PHILIP (Edinburgh) writes to make a correction of errors of fact as follows:

My attitude towards tuberculin has again been completely misrepresented. Can I do more than say that ever since receiving the first supply of tuberculin from Professor Koch in 1890 I have made regular use of tuberculin, in one form or another, both for diagnosis and treatment, in a great variety of tuberculous cases? There is a further statement in the same letter to the effect that I "claim that the fall of the death-rate from pulmonary tuberculosis in Edinburgh is due to the anti-tuberculosis dispensary in Edinburgh." That this is a misrepresentation of my position in several ways will be clearly seen if you will allow me to quote the *ipsissima verba* of the reference (vide lecture before the International Congress at Washington, 1908). After comparing the mortality from pulmonary tuberculosis in London and in Edinburgh for a period of twenty years (1887-1906), I go on to say:

The curves are interesting in both cases. They illustrate sufficiently what has been frequently pointed out—namely, the steady improvement in relation to tuberculosis which is in progress in many centres.

In the case of Edinburgh, I think, without straining the point, the curve affords sufficient evidence of the influence exercised on tuberculosis by the institution of organized and co-ordinated effort. In addition to less definite agencies, there has occurred in Edinburgh from 1887 onwards the gradual evolution of an antituberculosis scheme, including the dispensary, with its system of domiciliary visitation, etc., the sanatorium, the hospital for advanced cases, the working colony, and, finally, compulsory notification.

The charts show how, from 1887 onwards, the mortality from tuberculosis has fallen progressively. The Edinburgh fall during the latter ten years is especially striking. It is quite out of proportion to that of the precedent ten years, and remarkably more rapid than that shown in the London curve. It seems fair to associate this to some degree with the development of the completer organization.

Dr. JOHN B. HAWES (Boston, U.S.A.) writes to inform us that there have been at least three tuberculin dispensaries at work in the United States for the past five or six years—namely, at the Johns Hopkins Hospital under Dr. Louis Hamman, in New York under Dr. James Miller, and in Boston, at the Massachusetts General Hospital, under his own care. He continues as follows:

Such dispensaries are intended not to replace, but to supplement, the work of the sanatorium, the patients being treated with tuberculin and kept under observation during the interval before they can be sent to an institution, and, of still more importance, after they have been discharged from the hospital and are going back to their regular work.

The use of tuberculin in dispensary patients, where it is in careful and skilled hands, has met with distinct success. I have yet to hear of any instance where any unfavourable incidents have occurred which could be attributed to the fact that the patients were not under strict supervision of the sanatorium all the time. My own work at the Massachusetts General Hospital has been under the constant supervision of Dr. Edward L. Trudeau of Saranac Lake, who has watched this experiment with interest. He has provided me with tuberculin (bouillon filtrate) and his invaluable advice.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE electors to the Radcliffe Travelling Fellowship have reported to the Vice-Chancellor that they have elected Mr. E. P. Poulton, B.M., Balliol College.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.B.—A. E. Stansfeld.

M.C.—S. Gordon.

M.B., B.C.—G. G. Bulter, J. H. Crofton, W. H. Hodgson, J. B.

Ronaldson, C. J. Stocker, W. W. C. Topley, W. E. Wallis.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on February 22nd.

Physiological Laboratory.

Sir Lauder Brunton was re-elected Chairman of the Physiological Laboratory Committee for 1911, and Dr. A. D. Waller and Dr. Mears were re-elected respectively Director and Treasurer of the Physiological Laboratory for 1911.

The annual report of the Physiological Laboratory Committee

was presented. Under the head of general and physical physiology the report stated that the two committees appointed by the British Association, under the chairmanship of Dr. Waller, to investigate respectively the action of anaesthetics on animals and electromotive phenomena in plants, had continued their work during the year. In the department of experimental psychology Miss G. W. Martyn, B.Sc., continued her research on fatigue, having supplemented her laboratory experiments by experiments on children in elementary and secondary schools and on college students. The department of chemical physiology initiated in 1905 had worked very satisfactorily under the supervision of Mr. J. A. Gardner, M.A. Under the direction of Dr. F. L. Golla there had been started during the year a department of chemical pathology and pharmacology, which was working in close touch with St. George's Hospital.

Appointments.

Professor H. C. Maudsley, M.D., F.R.C.S., has been appointed as representative of the university at the ninth session of the Australasian Medical Congress to be held at Sydney, N.S.W., in September, 1911.

The Principal (Dr. H. A. Miers) and Dr. A. D. Waller have been reappointed governors of the Imperial College of Science and Technology for 1911-15, and Dr. J. F. Nicholson was reappointed a governor of Hymers College, Hull.

University Studentship in Physiology.

A university studentship in physiology, of the value of £50 for one year, will be awarded to a student qualified to undertake research in physiology, and will be tenable in a physiological laboratory of the university or of a school of the university. Applications must be received by the Principal on or before May 31st, 1911.

INTER-COLLEGiate SCHOLARSHIPS BOARD.

THE London Inter-Collegiate Scholarships Board announces that an examination will be held on May 9th for eighteen entrance scholarships and exhibitions of an aggregate total value of about £1,500, open to men and women, and tenable in the Faculties of Arts, Science, and Engineering of University College, King's College, and the East London College.

Particulars and entry forms may be obtained from the Secretary of the Board, Mr. A. E. G. Attoe, University College, W.C.

UNIVERSITY OF EDINBURGH.

University Court.

AT a meeting on March 13th, a letter from the treasurer of the Crum Brown Presentation Fund was read, intimating that the contributors had resolved to hand over to the University Court for the purpose of awarding annually a silver medal in the Chemistry Department the surplus on the fund, amounting to £39 6s. 3d. The Court accepted the donation with thanks.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST FELLOWSHIP.—E. Connell, C. Cooper, H. A. S. Deane, T. W. Harley, Captain I.M.S., A. Humphreys, J. C. Khambatta, T. J. R. Maguire, and J. C. Sproule.

FINAL FELLOWSHIP.—L. L. Cassidy, R. V. Slattery.

Medico-Legal.

LIBELS ON A MEDICAL PRACTITIONER.

AT Trowbridge, Ellen Chapman, cook, residing near Devizes, was charged on a warrant with publishing a defamatory libel on Dr. James Pearse, one of the surgeons to the Cottage Hospital, and also Medical Officer of Health. The prosecution was undertaken by the Medical Defence Union, and Mr. Walter Taylor of Bristol informed the bench that the libels had been going on for the last two or three years. In 1904 defendant was treated at the Trowbridge Hospital by Dr. Wise. The defendant appeared to be suffering from some hallucination concerning Dr. Pearse, and in 1909 commenced to send letters and postcards to the rector, Mrs. Bond, wife of Dr. Bond, and prominent tradesmen, making allegations against Dr. Pearse as to his conduct to her in hospital.

Giving evidence on oath, Dr. Pearse said he had never seen the woman before that day, and had never attended her. When asked if she had any questions to ask Dr. Pearse, defendant said he was a liar.

Sergeant Read, of Market Lavington, spoke to arresting the defendant in Bristol on Tuesday night. Some months ago he told her if she did not stop sending the postcards she would get herself into serious trouble. She then said Dr. Pearse was a brute, and had tried to murder her when she was in the hospital.

On oath, the defendant gave an account of what she alleged took place in the hospital, from the consequences of which she

said she had suffered ever since. She did not deny writing the postcards, and declared that every word written was true.

The defendant was committed for trial at Wilts assizes.

QUESTION OF ASSISTANCE AT POST-MORTEM EXAMINATIONS.

BEFORE giving evidence in a case at Deptford Coroner's Court on March 21st Dr. Burney, Divisional Surgeon of Police, said: Before taking the oath I would like to make a protest against the annoyance and indignity to which the medical men of this district are subjected in making *post-mortem* examinations at this mortuary. Before making an autopsy in this case I was informed by the mortuary-keeper that he had been forbidden by the Deptford Borough Council, his employers, to assist in even the most menial duties in an examination. I have performed *post-mortem* examinations in all parts of London during the past fifteen years, but I have never yet experienced the annoyance and indignity to which I was subjected when making the examination in this case.

The Coroner: You received no assistance from the mortuary-keeper? The Doctor: None whatever. I take it that the doctor is not supposed to do the toilet of the dead. Up to the present case I have always had the assistance of the keeper.

The Coroner: I quite sympathize with you in your difficulty. You have to make your examination and determine the cause of death in order to give it in evidence, and I consider that no obstacles should be placed in your way. In all the other districts the mortuary-keeper gives his assistance, in washing the body, etc., but the Deptford Borough Council have forbidden the present keeper to follow the custom in view of the fact that his predecessor met his death by blood poisoning, which he contracted from a corpse suffering from this malady. Substantial damages had been won by the widow, and the council had decided not to risk another such fatality. I should suggest that the medical men of the district should make a representation to the Deptford Council on this subject.

WORKMEN'S COMPENSATION.

Delay in Submitting to Medical Examination.

IN Boyle v. Gibb and Son (*Scotsman*, February 26th) the Court of Session had before it the case of a workman who on May 11th, 1910, was asked to submit himself for examination, but it was not until August 1st that his agents undertook that he would do so. The Lord Justice Clerk said that where an employer intimated that he was prepared to pay compensation under the Act, and called upon the workman to submit himself to medical examination, any unnecessary delay on the part of the workman in submitting himself to medical examination would cut him off from compensation during the delay. The Court accordingly refused to allow compensation for the period in question.

Accident to a Diseased Man.

In Hart v. Swan, Hunter and Richardson (Newcastle, February 25th) a claim was made by John Evans, a holder up, who received an injury through over-reaching himself while sitting astride a plank at his work in August, 1910. A few weeks after the accident he was operated upon at the Royal Infirmary, and the operation appeared to be successful. Shortly after, however, the man was found to be tuberculous, and the injury restarted in an aggravated form. Counsel for the applicant cited the decision of the Lords, who held that if something happened to a man whilst at work, however diseased he might be, it was an accident within the meaning of the Act. Medical evidence was given to the effect that the applicant was suffering from tuberculosis and from two hernias which, it was admitted, might conceivably have existed before the accident. His Honour agreed that there were elements in the case which pointed to an accident, but having regard to his conscience he could not say that the injuries were due to such an accident. The application was accordingly dismissed.

A CORRESPONDENT who has been requested by large employers of labour to act as their medical adviser in cases for compensation, especially those such as are likely to go into court, asks what would be a suitable scale of fees.

* * * Our correspondent would probably find the scale of fees provided by the Home Office for medical referees under the Workmen's Compensation Act a good guide.

COMMISSION.

A LEGAL correspondent writes: The proposal embodied in the circular recently commented on in the BRITISH MEDICAL JOURNAL appears to come dangerously near an offence under the Prevention of Corruption Act, 1906. Section 1 (1) of that Act (taking the material part) provides that "If any person corruptly . . . offers any . . . consideration to any agent as an inducement . . . for doing . . . any act in relation to the principal's affairs or business or for showing . . . favour . . . to any person in relation to his principal's affairs or business . . . he shall be guilty of a misdemeanour." The expression "agent" as used in the Act includes "any person employed by or acting for another." The terms of the circular appear to amount to an offer of a bribe to the doctor (who is the agent) to induce him to persuade the customer (that is the principal) to show favour to the corset maker. The *fact* of a law officer is necessary before proceedings can be taken under the Act.

Medical News.

DR. E. S. YONGE, Physician to the Manchester Hospital for Consumption and Diseases of the Throat, has been appointed English representative in connexion with the Hay Fever Department of the Scientific Section of the International Hygienic Exhibition to be held at Dresden.

THE net proceeds of the concert given on February 5th by the Vienna Medical Orchestra for the benefit of the family of the late Dr. Richard Franz, whose case was referred to in a leading article published in the BRITISH MEDICAL JOURNAL of March 18th, was about £326.

MR. H. M. HOLT, M.R.C.S., L.S.A., D.P.H., of Malton, has been admitted an Honorary Associate of the Order of the Hospital of St. John of Jerusalem in England, in recognition of services rendered in connexion with its ambulance department.

UNDER the will of the late Mr. Joseph Thomas of Haverfordwest the University College of Wales receives £1,000 for the foundation of a scholarship, a corresponding sum going to the Pembroke and Haverfordwest Infirmary for the maintenance of a bed.

ARRANGEMENTS have been made for lectures on tropical subjects to be delivered to nurses at the London School of Tropical Medicine, Royal Albert Dock, E. Any qualified nurse may attend the course, whether she intends proceeding abroad or not. Further information may be obtained from the Matron, Seamen's Hospital, Albert Dock, E.

THE fifth International Congress on Thalassotherapy will be held at Kolberg next June (5th to 8th). The Congress is under the patronage of the Grand Duke of Mecklenburg-Schwerin. Communications relative to the Congress should be addressed to Dr. Kaminer, 9 Potsdamer Strasse 1346, Berlin, W.

IN his Harveian Lecture before the society of that name, at 8.30 p.m., on March 30th, Mr. C. B. Lockwood will deal with fractures of the patella and their surgical treatment. The society meets at the Stafford Rooms, Tichborne Street, W.

THE number of medical students in the universities of Austria in the winter semester 1910-11 was 5,319, of whom 247 were women. They were distributed among the several universities as follows: Vienna, 2,410; Innsbruck, 274; Graz, 449; Prague (German), 400; Prague (Czech), 801; Lemberg, 429; Cracow, 559.

ASSOCIATIONS for the prevention of tuberculosis have been formed in Cuba, Porto Rico, and Trinidad. In Cuba (says the *Medical Record*) the deaths from tuberculosis are more than 40,000 a year, a figure which is relatively nearly three times as high as that in the United States. In Porto Rico the disease annually causes more than 6,000 deaths among one million inhabitants. The conditions in other islands of the West Indies are said to be even worse.

DR. AND MRS. M. J. NOLAN were the recipients, on March 13th, of a number of handsome gifts from the officers and staff of Down Asylum, of which Dr. Nolan has been medical superintendent for the past seventeen years. The occasion was their silver wedding; the gifts included a silver salver and cigarette box, and a pair of antique Sheffield plate candelabra.

AT the annual meeting of the Warneford Hospital, Leamington, Dr. Thursfield, in replying to a vote of thanks to the medical, surgical, and orthopaedic staff for their services, stated that that would be the last occasion on which he would appear at the annual meeting as an active member of the staff of the hospital. On ceasing to be honorary physician after twenty-nine years' service, Dr. Thursfield has been elected honorary consulting physician, and will thus retain his connexion with the hospital, and be able to serve it on committees and in other ways.

THE dean and staff of the Post-Graduate College, West London Hospital, held a reception on Wednesday, March 15th, which was attended by a large number of medical men from various parts of London. There was an excellent exhibition of pathological objects by Drs. Bernstein, Hare, and Elworthy, a demonstration by Drs. Bernstein and Elworthy, and a lighter kind of entertainment of music and bioscope. The consultation rooms of the out-patient department were appropriately transformed into refreshment rooms. There was an exhibition also of drugs, surgical and other instruments, etc. The Post-Graduate College is to be congratulated on its methods of providing means for social as well as scientific entertainment of its members and their friends. In these days of hurry and continuous endeavour opportunities afforded to the busy practitioner to converse on social and other topics with his colleagues are all too few.

The Services.

ROYAL ARMY MEDICAL CORPS.

A COMPETITION for not fewer than twenty commissions in the Royal Army Medical Corps will be held on July 26th next and following days. Applications to compete should be addressed to the Secretary, War Office, not later than July 17th. The presence of candidates will be required in London from July 24th.

INDIAN MEDICAL SERVICE.

IN a communication from an officer in the Madras branch of the Indian Medical Service we are informed that the annual dinner of the branch which should recently have taken place was abandoned at the last moment owing to a feeling among those responsible for the arrangements that the conditions essential to a successful dinner did not exist. The position indicated is regarded by our correspondent as a by-product of the treatment now extended towards the Indian Medical Service by the Government.

R.A.M.C. (T.F.), GLASGOW.

UNDER the auspices of the Lowland Mounted Brigade Field Ambulance, the last of a series of lectures for officers and non-commissioned officers was delivered in the head-quarters at 17, Royal Terrace on March 7th by Lieutenant-Colonel Gordon Hall, R.A.M.C., who dealt with "Tactical Dispositions for Mobile Medical Units." He dwelt on the necessity for a knowledge of tactics, in order that the medical units might be manœuvred to best advantage. During the southern manoeuvres the position of a force was on more than one occasion given away by the appearance of the ambulance wagons with their large white covers; a knowledge of the tactical dispositions and their importance on the part of the medical officers would have rendered such a premature disclosure of the plan of operations unnecessary. The various mobile units, their main purposes, and their general dispositions in advance, retreat, attack, and defence were described and illustrated by apt examples from recent campaigns. At the close of the lecture Major Erskine, R.A.M.C., Staff Officer to the A.M.O., Lowland Division, opened an interesting discussion; and Colonel Hall, after replying, was accorded hearty thanks for his lecture.

FIRST SOUTH MIDLAND AMBULANCE SWIMMING CLUB.

THE annual meeting and concert of the First South Midland Field Ambulance Swimming Club was held on March 17th. Lieutenant-Colonel C. Howkins presided over a large company, and amongst others present were Captain F. A. Stephens, Captain G. Craig, Lieutenants Sturrock, McCall, Boedicker, and E. J. Boome (Honorary Secretary). The Chairman congratulated the swimming club on its prosperous condition, and expressed the hope that every effort would be made by men who were not good swimmers to become so before the proposed camp at Towyn Bay in August. The Rev. F. Gillingham, Vicar of Holy Trinity, Bordesley, a well-known Essex cricketer, presented certificates for proficiency in swimming; he said he was glad to hear that the club had seventy members, and warmly praised the Territorial movement. The concert which followed was most successful, and a thoroughly enjoyable evening was spent.

Public Health AND POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting of this association was held at 34, Copthall Avenue, E.C., on March 16th. Dr. D. B. Balding presided.

Shoreditch Guardians.

The Honorary Secretary reported that in the matter of the claim of the district medical officers of St. Leonard, Shoreditch, to have their salaries increased on account of increase of work, the Local Government Board had written to the guardians of that parish stating that, in its opinion, some of the salaries were inadequate, and that it was to be hoped that the guardians would see their way to remedy this "in the interests of good administration." There did not seem much prospect of the guardians following this advice, so that it remained to be seen whether the Local Government Board had the power to compel an increase of salary under such circumstances. The Honorary Secretary and Dr. Napper reported that they had attended on behalf of the association the last meeting of the Poor Law conference, and that their recommendations as to Poor Law medical reform had been adopted by that conference with some slight modifications. The Honorary Secretary had also sent a copy of the same to the Local Government Board, with a request that they might be laid before the departmental committee now sitting.

Effect of Old Age Pension Act.

Several letters were considered by the council from country members complaining of the addition to the work of the district medical officer without any extra remuneration, caused by the recent Old Age Pension Acts. In many cases orders were given for attendance on old age pensioners who in the past had been accustomed to pay a private doctor. Before the passing of the Pension Acts the relatives had been willing to assist the pensioners, but now they held aloof, and the burden fell on the district medical officer. The chairman pointed out that it was illegal to place old age pensioners on the permanent list of the district medical officer, and that a special order must be granted in each case. But it was clear that under the present system in many cases these pensioners would have to receive Poor Law medical relief.

Relief Orders and Private Practitioners.

A complaint was received from a private doctor that his certificate was refused by the guardians in the case of a poor patient, who was applying for relief; so that his patient had to be visited by the district medical officer. While recognizing that in some cases this might be a grievance the council felt that there can be no doubt that the guardians were fully justified in their requirement. It was necessary, both for administrative reasons and to safeguard the public purse, that all applicants for relief should at the discretion of the guardians be certified by their own medical officers.

Periodical Publication.

The council then considered a matter that had more than once come before it previously—namely, the need of a closer communication between the executive of the association and the members generally throughout the country. The honorary secretary reported that the editor of the *Medical Officer* had offered to publish monthly a supplement of eight columns for the association similar to the *Jennerian* that was published in the same journal for the Public Vaccinators' Association. After some discussion, it was decided to authorize the honorary secretary to accept the terms offered, subject to some slight modification.

"FIT FOR HUMAN HABITATION."

J. H. G.—It would be impossible to lay down any definite rules to guide a medical officer of health in deciding as to whether any particular house is unfit for human habitation. A house can rarely be condemned on account of a single adverse condition. A sanitary authority expects to be guided by its trained officer in assessing the value of a combination of conditions, which individually might be more or less trivial, but collectively would warrant condemnation. With the exception of the qualified prohibition of back-to-back houses, there is nothing in the Housing, Town Planning, etc., Act, 1909, to guide a medical officer of health in deciding whether a house is "in all respects reasonably fit for human habitation." The grounds for condemnation have been left to the individual judgement of the medical officer of health.

Obituary.

DR. ALOYSIUS O. J. KELLY, a well known physician of Philadelphia, died after a short illness on February 23rd in the 41st year of his age. He was professor in the Woman's Medical College of Pennsylvania, and also held the chair of the theory and practice of medicine in the University of Vermont. Since 1906 he had been editor of the *American Journal of the Medical Sciences*. Dr. Kelly was the author of a treatise on the practice of medicine and was co-editor with Dr. J. H. Musser of a *System of Therapeutics*.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Edward Gamaliel Janeway, sometime Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, New York, one of the leading clinicians in the United States, aged 69; Dr. F. A. Sutor, Professor of Clinical Surgery at Lima, Peru, aged 36; Dr. Friedrich Ernst, sometime Professor and Director of the Medical Polyclinic of the University of Zurich, aged 82; Dr. C. von Cauwenbergh, Professor of Obstetrics and Gynaecology in the Medical Faculty of Ghent; Dr. W. F. Sprimon, of Moscow, founder and for thirty years editor of the *Medizinische obosrjenie* (Medical Review); Dr. Innocencio Felix Louis Orfila, the oldest *professeur agrégé* of the Paris Faculty of Medicine, nephew of the famous toxicologist, and author of a monograph on the elimination of poisons, and of lectures on toxicology, aged 84; and Dr. Alexis Chavanne, Physician to the Lyons hospitals, and a former Deputy for the Rhône department.

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.**PRESCRIPTION OF GLASSES.**

R. writes: I have recently seen a lady aged 25, who had not previously worn glasses. She has mixed astigmatism, and, on testing each eye separately, the following were found to be the correcting lenses:

Right: $\times 3$ Sp. — 4.5 cyl. ax. 160.
Left: $\times 0.5$ Sp. — 2.75 cyl. ax. 60.

This combination, however, gives rise to diplopia, the image in the right eye appearing immediately above that in the left. Should I advise the patient to wear the correcting lenses for some weeks, in the hope of the diplopia disappearing, or should I proceed to correct the diplopia with a prism?

* * It is impossible to give a definite answer without knowing a good deal more about the case. The diplopia may be due to the glasses being wrongly centred. Then there is the question as to whether there is any imbalance of the extra-ocular muscles when no glasses are worn. It would be necessary to know what the vision is of the two eyes with and without the glasses. If everything is quite correct and there is no muscle error, it would be quite wrong to use prisms, and the discomfort would be likely to disappear with continued use of the glasses. If, however, there is a muscle error, prisms may do some good, or possibly some operation may be required. To advise on such a case without being in full possession of the facts, and particularly without seeing the patient, would not be possible.

PETROL DUTY.

"SPIRIT" refers to a published statement that a customs duty of 3d. per gallon and an excise duty of 3d. per gallon have been imposed on motor spirit, and inquires whether the proper rebate to medical men should not therefore be 3d. instead of 1½d. per gallon.

* * The customs and excise duties are alternative duties, the former on spirit imported and the latter on spirit manufactured in the country. The proper rebate is 1½d. per gallon.

INCOME TAX.

I. T. inquires (1) whether reduction in income tax may be claimed for accident and sick insurance, and (2) whether in the case of a person residing in his own house the rental value must be added to his other income for assessment, and what deduction, if any, may be claimed in such case.

* * (1) No allowance is made for sick insurance, but an allowance is made for accident insurance to the extent that the premium covers the risk of death. (2) No addition to his return for assessment of profits is required in regard to the rental value of a house owned and occupied by the practitioner, but a proper proportion (not exceeding two-thirds) of the rental value as assessed to income tax may be deducted from the gross receipts as a professional expense under the head of rent. In making a claim for "abatement" or assessment at the lower rate of income-tax, however, the full assessed value on which tax is paid under Schedule A must be shown separately as income from property.

OPERATION FOR DISPLACEABLE PATELLA.

CANTOR writes: A young woman is liable to occasional outward displacement of patella. This brings her to the ground, and is followed by pain and swelling of the joint, lasting some days. She has had it many years, and it is a constant source of anxiety. It has been proposed to split the patellar tendon and pass the outer half of the tendon over the inner half, and fix this outer piece to the front of the tibia inside the still attached inner half. I wish to know, does the transplanted tendon always take root in its new situation, and is this operation really a successful way of dealing with the displacement of the patella, and are any special risks or detrimental sequelae ever met with after this operation?

ANSWERS.**GENERAL PSORIASIS.**

DR. H. J. THORP (Ipswich) writes, in reply to "Senex," to suggest the following ointment: R. Hyd. am. chlor., gr. xv; liq. carb. deterg. (Wright), 3j; vaselin. alb., 1 oz. R. Salicin, gr. xx, t.d.s.

TEST FOR OCCULT BLOOD.

R.—Weber's test is performed in the following manner: A small quantity of faeces, if not already liquid, is diluted with water and rubbed up in a mortar with 1 to 2 c.cm. of glacial acetic acid. 5 to 10 c.cm. of this mixture are then extracted