

very much to the view that it represents some adverse effect produced on the red corpuscles while they are actually in the circulation. It will be noted that this granulation showed no signs of diminishing at any time, which accords with the probability that the formation of toxin by the parasites was equally undiminished.

To summarize, the anaemia resembled very closely that ordinarily accompanying chlorosis and showed no signs of being due to haemorrhage. It may be classed as a septic or, better, toxic anaemia, the essential haemolytic lesion being probably aplasia of the marrow.

The eosinophile leucocytosis is interesting and certainly depends on the need for such cells in the immediate vicinity of the parasites. Their presence in such situations has been noted in this and many other allied parasitic diseases, notably trichiniasis.

It has been observed also that when the parasite is well encysted or calcified the eosinophilia disappears. Eosinophile cells have never been regarded as phagocytic in the same way as polymorphs. Is it not very probable that they are chemical phagocytes—that is, neutralize or destroy adverse chemical substances—among which the toxins of parasites may well have a place? It is also at least credible that this power resides in the granules. It has been observed that in the exudate from tick bites in the horse, in which animal the eosinophile granules are particularly large, cells are found in which only one or two granules remain. This may well point to the fact that the rest have been used up and have ceased to be demonstrable by ordinary staining methods.

Now if the output of eosinophile cells was adequate, the toxin would presumably be neutralized before it could do harm, and the anaemia would not occur, and such cases would not seek medical treatment. If at the same time the parasites were speedily so surrounded by impermeable tissue that the toxin did not reach the circulation, there would be no further stimulus to eosinophile leucocytosis. On this hypothesis may be explained the absence of this sign in many cases of infection by parasites which usually give rise to it. On the other hand, the toxæmia might be so intense that eosinophile production was paralysed or exhausted. Eosinophile leucocytosis is, in fact, on a par with polymorphonuclear leucocytosis, which is absent in cases of walled-off abscess and in pneumonias without reaction. The one is excited by the toxins of bacteria, drugs, etc., the other by those of parasites in many cases. The apparent anomalies in the occurrence of eosinophilia are due not to erratic natural laws, but to a lack of information as to the formation and absorption of the toxins which call it into existence.

THE OVA.

The eggs are oval in shape, as a rule; not infrequently the greatest diameter is midway between the two poles, but is, as a rule, towards one end. They are sometimes asymmetrical, as seen under the microscope, and this, perhaps, is due to their lying on one side. The proportion of length to breadth varies very considerably. Measurements of a large number gave an average length of 137μ , with an average breadth of 71.7μ . This is twice as large as the egg of *Bothriocephalus latus*, which in some ways resembles that of *Distoma hepaticum*. The maximum length was 156μ , the minimum 118μ , the maximum breadth 91μ , the minimum 62μ .

The colour of the egg varies from a light yellow to dark brown, they stain very deeply with iodine, but hardly at all with aniline dyes.

At one end of the egg is a cap or lid from $30-40\mu$ in diameter. This is not always very obvious; it may sometimes be demonstrated by tapping the cover-glass, but this usually cracks the egg in some other place. Within the egg are a number of spherical bodies known as the yolk granules. Some of these are $20-30\mu$ in diameter, and possess smaller granules in their interior, the latter arranged in a rosette. The smallest yolk granules measure $4-6\mu$, and appear to consist of two concentric spheres. Both varieties stain slightly with methylene blue, and appear to rest in a nearly homogeneous material, which fills the egg. Towards one end is an area known as the germ area; by the division of its cells the miracidium is formed. The yolk granules disappear, and are said to provide nourishment for the growing embryo. Their comparatively elaborate structure is worthy of note. No stage

beyond that of the faint appearance of a germ area is seen in the faeces except after incubation, which may be carried out in an incubator in winter, or without in summer. It may be months before the miracidia develop. The writer has not been able to see it, although the ova have changed a good deal in colour and even lost their lids.

A résumé of bibliography is given in the following:

R. Leuckart: *Die menschl. Parasit.*, vol. II. R. Blanchard, *Traité de zoolog. med.*, vol. I. E. Brumpt, *Précis de parasitologie*, 1910. T. S. Cobbold, *Parasites*, 1879.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN EPIDEMIC OF INFECTIOUS JAUNDICE.

An epidemic of jaundice has been under my observation for over three months in a village of 300 inhabitants. A brook running through the place receives some sewage from kitchens, but there are no closets emptying into it. The soil is a mixture of clay and gravel. The first case that came under my notice was in the middle of November last year, and there have been some 25 cases since, and fresh cases still crop up. The ages of patients vary from 2 years to—in one case—60 years, and when one member of a family is affected almost invariably the other children in the house contract the disease in a week. The school-mistress, aged 18 years, was ill in January. The symptoms were much the same in all, though the temperature varied a little; there was yellow staining all over the skin and conjunctiva, the urine was dark with bile, the stools of the usual clay-like appearance, and there was constipation, sickness and general malaise, inability to take food, particularly fatty substances, rise of temperature, constant pain over the liver, headache, and loss of flesh and muscular strength. The treatment consisted in keeping the patients warm in bed, light food, and magnesia and cascara as medicine. So far they have all recovered.

The cases are not entirely limited to the village described, for recently in my own village, which is three miles distant, there has been an outbreak in a family. The first patient was a girl aged 8, who had consorted with children from the village first infected, and subsequently two small children in the same family fell ill. Can all these cases be an instance of an outbreak of the febrile and infective jaundice recorded by Weil of Heidelberg in 1886, and described under the title of Weil's disease in Allbutt and Rolleston's *System of Medicine*?

T. F. VAISEY,

Winslow.

Medical Officer of Health, Winslow.

CONTINUOUS ANTISEPTIC INHALATION IN PULMONARY CONSUMPTION.

DR. PEREIRA has spoken of giving a patient a respirator saturated with an antiseptic. If 4 or 6 drops are put in the respirator every hour or two, it is not saturated. A woman, 30 years old, has been under my care since February, 1908. From that time till December, 1909, she suffered from cough, profuse expectoration, night sweats, diarrhoea, and three attacks of haemoptysis, one of which nearly proved fatal. The emaciation was extreme. We expected an early termination; as the friends said, "It would be a happy release." During this time (almost two years) I had relieved her symptoms as they occurred with medicine. In December, 1909, I saw a paper by Dr. David Lees in the JOURNAL. I applied the treatment as he recommends it; the effect has been remarkable. She has not required a dose of medicine in 1910. Cough was relieved, sputum diminished, there has been no attack of haemoptysis. General condition so much improved that she can bear to be taken out considerable distances in a chair without fatigue. She has taken sufficient antiseptic solution during these fifteen months to have either poisoned or bled her to death, that is, if the treatment properly used can have such deleterious effects. I have treated several cases in the slums of the town, and they have invariably been much relieved. Sufficient time has not elapsed to pronounce them cured, but they are all in a fair way of recovery.

Rochdale.

W. J. HODGSON, M.D.

MAJOR GEORGE LAMB, M.D. GLAS., ETC.,

I.M.S., BENGAL.

MAJOR GEORGE LAMB, Indian Medical Service, Director of the Pasteur Institute at Kasauli, died in Edinburgh on April 13th, at the early age of 42. He was buried in the Dean Cemetery of Edinburgh on Good Friday. He had been living in Edinburgh for some time, and meant soon to return to India, but some months ago it became manifest that he was stricken with a mortal malady, and a brilliant career was thus prematurely cut short.

Major Lamb was educated at the University of Glasgow, where in 1890 he took the degrees of M.B., C.M. with high commendation, and the degree of M.D. (with honours) and the Bellahouston gold medal in 1902. Soon after entering the Indian Medical Service he became a member of the band of workers associated with Sir Almroth Wright in the researches which have done so much to elucidate the pathology and further the scientific treatment of various infective processes. After going to India he early made his mark by researches on Mediterranean fever as it occurs in the East, and on relapsing fever. Thus it came about that during most of his period of service he was successively appointed to important posts in connexion with scientific inquiries suggested by the Government of India. He was at the head of the laboratory for the investigation of snake poison, and became one of the chief living authorities on the subject. The greatest work of his life, however, was as a member of the Commission for the Investigation of Plague in India. When the labours of the committee were approaching a close, Major Lamb was placed in charge of the Pasteur Institute at Kasauli, where he initiated important modifications in the treatment of hydrophobia. His contributions to scientific literature were numerous. There may be noted, "On the Actions of Snake Venoms" in the *Scientific Memoirs by Officers of the Medical and Sanitation Departments of the Government of India*, 1902-3, and "Observations on Spirillum Fever as Seen in the Monkey" in the same series of publications.

To great originality of mind and indefatigable industry there was joined in Major Lamb a charming personality, whose frankness and cheeriness made friends for him wherever he went, and many in all parts of the world will mourn the premature termination of a career which, even as it stands, was rich in attainment as very few careers are.

WITH reference to the obituary notice of Lieutenant-Colonel SIMPSON POWELL, published on April 8th, p. 849, a correspondent writes: He was of a most retiring disposition, reserved, and slow of speech; but courteous to everyone, and warm-hearted. As a military doctor he was in the front rank. Moreover, at the Louise Margaret Hospital at Aldershot he did a great deal of excellent gynaecological surgery; in this, as in everything he did, he was painstaking and careful to the last degree. Besides his professional work he had a good deal of knowledge of the peoples and arts, and his knowledge of natural history generally, and of botany in particular, was very considerable. I think it may be said that in him were united the finest qualities of two professions—of the doctor and the soldier. His death in his prime will be sorely felt.

Universities and Colleges.

UNIVERSITY OF OXFORD.

DR. ERNEST MALLAM, Litchfield Lecturer in Medicine, has been elected a member of the Committee for the Nomination of Examiners in Medicine, vice Dr. Collier, resigned.

Dr. Reginald Wall and Dr. Theodore Acland have been co-opted as members of the Board of the Faculty of Medicine for the further statutable period of two years.

UNIVERSITY OF LONDON.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

Prize Distribution.—Lady Minto has consented to present the prizes and certificates on Wednesday, June 14th, at 4 p.m. Mrs. Garrett Anderson, M.D., will preside.

Council and Committee.—Mr. F. D. Acland, M.P., has joined the council of the school, and Mrs. Bryant, D.Sc., Miss A. C.

Freeman, and Mr. G. P. Mudge have become members of the school committee.

Scholarship.—The Bostock Scholarship, given by the Reid Trustees, of the value of £60 a year, tenable for two or four years at the London (Royal Free Hospital) School of Medicine for Women, will be awarded on the result of an examination to be held by the University of London, beginning June 5th, 1911. All particulars can be obtained on application to the secretary of the school, 8, Hunter Street, W.C.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

A BALLOT for admission to the Fellowship held on April 7th resulted in Dr. G. E. Nesbitt being declared duly elected.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE, PART IV (*Practical Pharmacy*).—F. Balkwill, R. S. de C. Bennett, A. V. Boyall, A. Bulleid, T. C. Butler, H. G. Crawford, R. Curle, A. C. L. d'Arifat, J. Dotto, S. E. Y. Elliott, J. C. Ellis, A. G. Evans, H. H. Fairfax, M. A. Farr, C. M. Forster, B. Fowle, A. J. Frädersdorf, E. M. Grace, A. Green, S. M. Hattersley, W. G. Helsby, R. A. Holmes, W. S. Hyde, H. G. G. Jeffreys, W. B. Jepson, C. Kennedy, G. S. Marshall, R. H. Miller, G. W. Mitchell, C. J. Nicholson, J. Owen, R. C. Parry, M. G. Pettigrew, R. C. Poyser, G. L. Preston, S. O. Rashbrook, N. A. Scott, R. Sherman, J. G. Smith, G. Stanger, W. H. A. D. Sutton, D. P. Thomas, P. J. Watkin, W. C. Whitworth, J. H. Wilkinson, R. W. Willcocks, J. E. S. Wilson, M. A. K. Wood, H. E. P. Yorke.

SECOND COLLEGE (*Anatomy and Physiology*).—W. H. Alderton, C. P. S. Allingham, A. D. Anderson, C. V. Aserappa, O. Baier, M. E. Bakry, M. H. Barton, A. C. O. Brown, S. Caplan, T. H. Cresswell, D. L. Davies, R. M. de Mowbray, C. K. G. Dick, A. J. Drew, S. E. Elphick, M. D. Evans, S. S. Greaves, E. R. G. Greville, F. H. Guppy, T. W. Hancock, W. R. H. Haddy, C. L. Herklots, H. G. Hockridge, W. E. Ison, F. E. Johnson, T. C. Kidner, F. W. Lawson, H. Mather, E. C. Matson, C. H. Medlock, N. M. Mehta, A. L. Miller, A. V. Moberly, H. N. Morgan, L. E. Napier, H. F. Overend, C. F. Pedley, G. S. Phillips, S. V. P. Pill, J. Precopoulos, D. Ram, H. Rimington, A. R. Sami, E. H. S. Scarr, F. Sykes, T. R. Troughton, J. B. Valdaya, V. C. W. Vickers, G. W. Watson, G. H. D. Webb, R. Williams, S. Wilson, A. K. S. Wyborn.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—W. H. Wray, F. A. V. Denning, S. N. Toulmin, P. Milnes, Q. Stewart, A. F. Readdle, C. E. S. Runciman, T. S. Nair, and B. Singh.

SECOND COLLEGE.—B. S. Raj, R. Kaushosh, C. M. G. Elliott, A. I. Clark, *G. Hardie, R. Dorset, A. C. Fleming, C. Cosgrove, C. Dolan, and K. R. Mehta.

THIRD COLLEGE.—W. Ainsley, W. C. Davis, R. C. Mitter, R. S. Agrawal, A. B. Bull, C. H. N. Baker, E. M. Marcar, Mary Lyon-Mercado, A. F. D'Souza, H. C. Sutton, B. L. Shome, G. R. Vohra, J. N. Clark, O. C. Bose, W. P. Over, J. P. Carroll, L. C. Mascarenhas, J. G. Lessey, Kathleen Wall, and R. Trotter.

FINAL.—C. A. O'Driscoll, J. J. Dykes, N. K. Wilson, R. G. Walker, W. Ashworth, R. S. Agrawal, D. A. Macpherson, C. Malikarjunarao, W. F. G. Scott, and R. Parry.

* With distinction.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—G. A. Campbell, J. V. Coghlan, W. J. Dunlop, B. Glasson, S. E. Gordon, D. Kelly, W. G. McConnell, G. M. Moffat, J. O'Brien, D. V. O'Connor, R. O'C. Redmond, J. Ryan, H. B. Wright.

SECOND COLLEGE.—*R. A. Austin, *M. Shipsey, *R. P. Weldon, J. Cohen, B. J. Cusack, J. D. Hamilton, F. J. S. Kennedy, M. P. Lee, A. C. McQuaide, F. P. B. McTavish, W. Morrow, D. Mullin, W. B. Sullivan.

* With honours.

The Services.

INDEPENDENT MEDICAL PRACTITIONERS IN INDIA.

AT the meeting of the Imperial Legislative Council at Calcutta on March 17th the Honourable Surgeon-General Lukis, C.S.I., Director-General of the Indian Medical Service, delivered the following speech:

"Mr. President, with your permission I wish to say a few words on the subject of the encouragement of independent medical practitioners in India. What I propose to do to-day is to point out to the Council the various steps which the Government has already taken to improve the position of those gentlemen, and also to indicate the lines on which they might, if they chose to do so, help themselves. I wish it to be clearly understood that I am not to be regarded in this respect either as the mouthpiece of Government or as holding a brief for the Indian Medical Service. I speak merely as one who has been a teacher of medicine in this country for twelve years, and whose interest in the progress of medical science in India and

Medical News.

At the meeting of the Medico-Legal Society on Tuesday next at 11, Chandos Street, W., Dr. F. J. Waldo, Coroner for the City of London and the Borough of Southwark, will read a paper on the ancient office of coroner, at 8.30 p.m.

The Royal College of Physicians of Edinburgh has appealed to the Court of Session from the decision of the Lord Lyon King of Arms that he has jurisdiction to adjudicate on the plea of precedence made by the Royal College of Surgeons of Edinburgh.

At the meeting of the Illuminating Engineering Society at the Society of Arts, Adelphi, on Monday next, at 8 p.m., papers on the ratio of light to illumination will be read by Mr. Haydn T. Harrison, and on the effect of wall papers upon illumination by Mr. P. J. Waldram.

Mr. FREDERICK J. FLOWER, M.R.C.S.E., L.S.A., has, after forty-five years' service as Poor Law Medical Officer, resigned his post of Medical Officer and Public Vaccinator of the Warminster Workhouse and Warminster and Cowley districts of the Warminster Union, which appointment he has held since October, 1881.

The Medical Section of the Royal Society of Medicine will hold a discussion on "The After-History of Cases of Albuminuria occurring in Adolescence," to be opened by Dr. J. F. Goodhart, on Tuesday next, at 5.30 p.m., at 15, Cavendish Square, W. Among those who intend to take part in the discussion are Dr. West, Dr. Tirard, Dr. Saundby, Dr. Clement Dukes, Dr. Herringham, Dr. Collier, Dr. Hale White, Dr. Armstrong, Dr. Garrod.

A SERIES of demonstrations of specimens in the museum will be given in the theatre of the Royal College of Surgeons of England during April and May by Professor Keith and Mr. Shattock. Professor Keith will deal with: (1) Spina bifida; (2) meningocele and other congenital deformities of the brain and membranes; (3) hydrocephaly, microcephaly, and oxycephaly. Mr. Shattock will demonstrate: (1) Actinomycosis, leprosy, etc.; (2) the biology of malignant growths; (3) diseases of voluntary muscle, cartilage, bursae. Professor Keith's three demonstrations will be given on Fridays at 5 p.m., beginning April 21st. Mr. Shattock's three demonstrations will be given on Mondays at 5 p.m., beginning on April 24th.

THE seventh South African Civil Surgeons' dinner will take place on Thursday, June 1st, at the Imperial Restaurant, Regent Street, W., when Mr. G. L. Cheate, C.B., will take the chair at 7.45 p.m. Field-Marshal Lord Kitchener will be the principal guest, and the Honorary Secretaries, Mr. C. Gordon Watson and Mr. F. E. Fremantle, express the hope that all those who served as civil surgeons or dressers in the South African war will make a special effort to attend this dinner and give a warm welcome to their former Commander-in-Chief. Notices will be issued to all on the honorary secretaries' list by the end of April. Those who do not receive such intimation are asked to communicate with one of the honorary secretaries at 123, Harley Street, W.

THE second biennial congress of the Far Eastern Association of Tropical Medicine will be held in Hong Kong next year from January 20th to January 27th. The association, formed to promote the science and art of tropical medicine in the Far East, is international. Its president is Dr. J. Mitford Atkinson, principal civil medical officer of Hong Kong. Its vice-presidents are Dr. W. G. Ellis (Straits Settlements), Dr. J. de Haan (Java), Dr. Victor G. Heiser (Philippine Islands), Dr. H. Campbell Highet (Siam), Dr. Neil Macleod (Shanghai), Sir Allan Perry (Ceylon), Professor G. Shibiyama (Japan), Dr. J. Staby (Tsingtau), and Professor Yersin (French Indo-China). It is proposed to classify the papers so as to give, as far as possible, a day to each of the following: (1) Protozoology, helminthology; (2) cholera, plague, leprosy, tuberculosis; (3) tropical fevers, including malaria, beri-beri, dysentery; (4) surgery, obstetrics, infantile diseases; (5) climate, hygiene, sanitation. The circular issued by Dr. Francis Clark of Hong Kong, Secretary-Treasurer-General, states that the average temperature in Hong Kong during the month of January is about 62° F., while its range may extend from 80° F. on a warm day to 40° F. during a cold night, so that visitors from more tropical regions should provide themselves with warm clothing. He adds that a suitable social programme will be arranged for the entertainment of visitors, and that the subscription to the association, 10s. 6d. (6 dollars Hong Kong currency), is now due, and that no further subscription will be required until 1913.

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.

J. D. asks advice as to the treatment of a perineal hernia in an old woman. It bulges the perineum on the right side, and causes considerable discomfort, especially at stool.

TEACHING OF VOLUNTARY AID DETACHMENTS.

D. B. asks for a small book on (1) military surgery and (2) military nursing or hospitals, in connexion with the teaching of a voluntary aid organization.

* * "D. B." will probably find all that he wants to know for voluntary aid instruction in *Royal Army Medical Corps Training*, a new edition of which is, we understand, in the press (Wyman and Sons; approximate cost, 1s.); *First Aid to Injured and Sick*, by Warwick and Tunstall (J. Wright and Sons, Limited, 1903; 2s. 6d., paper covers 1s.); and *Military Nursing*, by Major and Mrs. Hassard (H. Frowde, Hodder and Stoughton, 1910; 3s. 6d.) might also be consulted. If "D. B." wished to go more deeply into military surgery he might look at *Gunshot Wounds* by Major Spencer (H. Frowde, Hodder and Stoughton, 1908; 5s.). There is also an advanced manual on military surgery, *Wounds in War*, by Colonel Stevenson (Longmans, Green, and Co., 1910; 16s. net.). The management and control of military hospital establishments will be found in *Regulations for the Army Medical Service* (Wyman and Sons, 1906; price 6d.); and the duties of each appointment are detailed in *Standing Orders, Royal Army Medical Corps* (Wyman and Sons, 1907; price 1s.).

MATERNAL SYPHILIS.

R. C. writes: A woman married at the age of 21, and subsequently had three abortions at the third, fourth and eighth month respectively; the cause presumably specific. The husband then died. She developed no other symptoms, and received no treatment. Now, after five years' widowhood, she proposes to marry again. She is 31 and apparently in perfect health. Does the second husband run any risk—that is, if syphilis was the cause of the abortions?

* * Syphilis is by no means the only cause of repeated abortion. When our correspondent, then, writes of the abortions as being "presumably specific," we infer that he has other sources of information at command, such as the state of health of the first husband, which he has not communicated to us. Such information might have materially assisted in forming an opinion on the point submitted. Assuming a syphilitic origin for the abortions, there are three views currently held as to the relations existing between a mother and her tainted offspring. One, which has attracted renewed attention of late in certain quarters, is that no mother can conceive with such offspring without the previous incurrance of syphilis by herself. Another is that a previously healthy woman may conceive with a tainted fetus from a syphilitic partner, but in such a case she becomes herself affected from the fetus, by "return shock" through the placenta (syphilis by conception). A third view, and one more widely held, perhaps, than any of the others, is that a mother may bear a succession of syphilitic infants without becoming affected herself, and, indeed, may gain immunity to the disease from the absorption of products generated by the fetus in utero. Of course, those who hold either of the first two of these views would regard the incurrance of syphilis by the second husband in our correspondent's case as a more probable, or rather possible, event than those who uphold the third. But we would place ordinary experience before any other considerations, either theoretical or proven, and are of opinion that the contraction of syphilis from an apparently healthy woman, with no evidence of syphilis against her beyond the fact of the three successive abortions, must be so extremely exceptional an event that any risk thereof might fairly be discounted.

ANSWERS.

DR. BLAICKIE (Edinburgh) thinks "Hæmorrhage" will find *Practical Nursing for Male Nurses in the Royal Army Medical Corps and Other Forces*, by Major E. M. and A. R. Hassard (Oxford Medical Publications, 3s. 6d.), a most suitable book for the purpose for which he requires it.