

way. Drank radio-active water as before. Left November 5th. Urine 54 oz., sugar under 1 per cent., specific gravity 1025. Examination, night and morning specimens, showed morning specimen free from sugar.

December 3rd. Returned very well; could walk five or six miles daily, weight increasing, colour quite healthy. Urine 48 oz., specific gravity 1023, sugar mere trace in evening specimen only; drank radium water till end of January, and left free from sugar.

CASE II.

T. W., aged 54 years; seen October 20th, 1910. Bright's disease for at least five years. Urine 64 oz., specific gravity 1006, albumen $\frac{1}{2}$, hyaline casts. Looks very thin and wretchedly ill, frequent vomiting, tension 230 mm. Radium water $\frac{1}{2}$ litre twice daily, 1,000 maché units, increased every two days by 1,000 till 8,000 was reached. After two weeks the dose was increased to $\frac{3}{4}$ litre twice daily. Steady improvement took place, appearance and colour improved, vomiting ceased; the patient expressed himself as feeling much better. Considerable increase in carbonic acid exhalation, and in total nitrogen in urine. Albumen went down to one-half. Tension gradually fell to 160 mm. at the end of six weeks' treatment.

Returned January 24th, 1911. Improvement not quite maintained, but much better than in October. Slight increase in albumen; carbonic acid exhalation decreased. Increase in blood tension to 180 mm. Occasional vomiting. Radium water as before. Now (February 27th) tension 155 mm. Much better in every way.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

A SALIVARY REACTION IN DIABETES MELLITUS.

ON adding a dilute solution of ferric chloride to the saliva of a healthy person one finds a blood-red coloration produced, due to the presence of potassium sulpho-cyanate (KCNS).

When examining persons suffering from lead poisoning in whom the reaction is wanting, I found on using my own saliva as control that if I had been eating anything sweet, such as jam, the reaction was negative in my case also.

Experimentation in the laboratory has confirmed the fact that both lead salts and sugar interfere with the red reaction, the most probable explanation being that the ferric chloride is reduced to a ferrous salt.

If the temporary presence of sugar interfered with the reaction, one naturally thought it possible that the permanent presence of sugar in the system might also prevent the formation of the blood-red colour. With that object I determined to test the salivas of diabetic patients, and in every case I have found the reaction negative provided the test was carefully carried out.

The solution of ferric chloride must be very weak (about 6 to 8 drops of liq. ferri perchlor. to 4 oz. of water), otherwise there is present a certain amount of ferric chloride unreduced which is sufficient to produce the reaction.

Swansea.

G. ARBOUR STEPHENS, M.D. Lond.

GASTRO-INTESTINAL HAEMORRHAGE IN A NEWBORN INFANT.

ON consulting the recent edition of Allbutt's *System of Medicine* I find that "the haemorrhagic disease of newborn children" is spoken of as being "a very rare one." I believe, therefore, that the following short report of a case which I met with recently in private practice will be of some interest.

The child's parents are healthy, and there is no family history of haemophilia. The mother, aged 40, has four healthy children. She had one miscarriage—the pregnancy immediately preceding this one, but apart from this, there is no evidence whatever of syphilis. Her previous labours were normal and easy. On this occasion rupture of the membranes took place at the commencement of labour, and there was also considerable uterine inertia, so that the os was not fully dilated till twenty-four hours afterwards when the child was born without interference. It was an apparently healthy, well-nourished, female child of $7\frac{1}{2}$ lb. weight. Twenty-four hours after birth the child vomited bright red blood, and passed by the bowel considerable quantities of dark red clots. There was no jaundice, neither was there evidence of colicky pain or pain of any kind. There was no abnormal crying, and the abdominal wall was quite soft and relaxed. The abdomen, in fact, appeared to be exceptionally flaccid, for an examination of the bowels with

one finger in the rectum was easily made without an anaesthetic. No tumour or abnormality could be detected. The child took the breast once or twice after these symptoms had started and had occasional intervals of normal sleep, waking up to repeatedly vomit small quantities of bright red blood. The passage by the bowel of very dark red, though not absolutely black, blood also took place every two or three hours, and the child became gradually colder, more pallid, feeble, and pulseless. It died thirty-six hours after the onset of symptoms, death being evidently due to nothing but the severe haemorrhage.

The vomiting of blood in these cases is, I understand, extremely rare. The symptoms, too, would point to two sites of bleeding, one in the stomach and one in the lower part of the bowel. It was impossible to obtain a *post-mortem* examination.

Kingskettle, Fife.

ARTHUR MILLS, M.B., Ch.B.

DIPHThERIA ANTITOXIN BY THE MOUTH.

My partner (Dr. Annie Jackson) and I have been giving antitoxin by the mouth, exclusively, for two years and a half. And in that time we have only lost two cases.

We find that the improvement sets in within six hours. The child suffers no shock. We give the serum after taking the first swab.

Derby.

HELEN M. GREENE, M.D., L.S.A.

NASTIN IN LEPROSY.

I HAVE great pleasure in reporting a case of anaesthetic leprosy which has improved a great deal under nastin treatment. The patient had noticed patches on the cheek, lips, and back thirteen years ago without suspecting it to be leprosy. The hands had lost sensation, and were wasted, having assumed the peculiar leprosy character. The patient's fingers constantly got hurt, and it was to get one of these hurts dressed that the patient came under observation. The patches when noticed were distinctly anaesthetic, with raised and red margins.

The patient was given twelve injections of nastin B0 and twelve of B1, one every week. The margins of the patches after this treatment have altogether disappeared, and the sensation has returned. The patches have faded away; the general health of the patient has greatly improved.

S. G. RANADAY, L.M. and S. Bombay, L.R.C.P.S.,
D.P.H. Edin., D.T.M. Lond.

Thakurdwar, Girgaon.

NUTMEG POISONING.

ON Thursday, March 9th, at 2 p.m. a woman, aged 23, was brought into hospital complaining of severe occipital headache, vertigo, and abdominal pain. She was admitted under Dr. Saundby, to whom I am indebted for permission to publish the case.

State on Admission.—She was restless and excited, complaining constantly of her head. She also had abdominal pain and vertigo. She could not answer any questions then. Her face was slightly flushed, pupils normal, pulse 120. Her abdomen was rather tender, especially over the descending colon, but there was no rigidity. The abdominal pain and headache finally disappeared on the next (Friday) afternoon, but she was very giddy on getting up then.

Her story as then given was as follows: On Thursday morning at seven o'clock she drank one nutmeg ground up in a glass of stout. About four hours later she became so giddy that she went to bed.

About the time she first became giddy an intense headache came on, and abdominal pain, as she said, "Like the wind." Her eyes then became dim, and she remembered nothing more, except the headache, until she found herself in hospital.

The nutmeg was taken as an abortifacient, but had no effect as such.

In the 6 most recently reported cases that I can find the symptoms were much the same as in the above case. In none of them did the drug act as an abortifacient.

K. DOUGLAS WILKINSON, M.B. Birm.

The General Hospital, Birmingham.

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SALVARSAN IN SYPHILIS.

FINDING that various opinions are expressed about the efficacy of "606" in syphilis, I would like to note two cases that I have treated with "606."

1. N. N., Portuguese, aged 34, acquired a primary lesion in 1906. He had no secondary eruptions, and enjoyed fairly good health till the beginning of December, 1910, when he was covered with ulcers with raised, thick, greenish-black, and adherent crusts; the lymphatic glands, such as the epitrochlear, the post-cervical regions, and the one lying in front of the internal condyle of the humerus, were enlarged. Smears taken from these sores have demonstrated the existence of *Spirochaeta pallida*. I at once gave him an injection of 0.5 gram of "606." All the symptoms disappeared in ten days, and the man is actually at work.

2. N. N., a Britisher, aged 38, contracted the primary sore about sixteen years ago; a few weeks elapsed, and a slight syphilitic roseola appeared. He consulted a medical man, and, having been placed under mercurial treatment, the eruptions soon disappeared. He was under treatment for about twelve months. In 1908 he contracted choroiditis, characterized by yellowish-white plaques and dissemination of numerous round and oval spots in the fundus oculi; but after having consulted an oculist and submitted to mercurial treatment he felt well. He was enjoying very good health till December 15th, when he consulted me complaining of oliguria. The specific gravity of the urine was 1032, the amount 29 oz., reaction acid, and sugar (CuO). I examined the blood, and found a diminution in the haemoglobin percentage and red corpuscles, with slight leucocytosis. I placed the patient on a diabetic diet and treatment with no result. I then suspected him to be suffering from syphilitic glycosuria, and I asked him whether he had ever contracted a chancre, and after some pressing he admitted as above. I at once gave him 0.5 gram of "606," and in forty-eight hours the glycosuria disappeared. No *Spirochaeta pallida* could be found in the blood taken from enlarged glands, whereas before the infection they were easily found in the blood from the glands. The man is well and complains of nothing.

I sincerely believe that "606" has a curative power over *Plasmodium malaria*, as Case 1 used to be laid up with malaria twice a week, but since the infection he admits feeling perfectly well.

Naples.

CIARAMELLI ANTHONY, M.D.

ANALGESIA IN LABOUR.

THE results attending the use of a combination of heroin and atropin in the ordinary pains of labour have in my hands been very satisfactory. I have tried scopolamine-morphine without anything like the same result. The treatment is simple, and, so far as my experience goes, absolutely safe. It is suitable for any stage of labour. The effect is immediate and yet durable. It does not interfere with the use of chloroform in delivery, and does not hinder the action of the voluntary muscles. I have not found it diminish the contractile pains, and it does certainly greatly diminish the painfulness of labour.

Heroin hydrochlorate $\frac{1}{2}$ grain with atropin sulphate $\frac{1}{10}$ grain may be given hypodermically in one dose, or, according to the stage of labour, in divided doses.

Those patients on whom this treatment has been used have testified strongly and without solicitation to the relief which it affords.

Palmerston North, New Zealand.

W. C. GREIG, M.D.

TRAUMATIC ANEURYSM OF RADIAL ARTERY IN THE HAND.

MRS. W., aged 33, was cleaning her windows on the morning of May 21st, 1910, when her right hand slipped and a piece of glass at least 3 in. long entered the ulnar border of the hand and made its way deep into the palm. She at once withdrew it and came to see me the same afternoon, when I noticed there was a great amount of swelling in the first dorsal interosseous space, attributed to the glass ploughing its way among the muscle fibres and the extravasation of blood resulting therefrom. As there still might be some pieces of glass remaining in the hand an x-ray photograph was taken, but with a negative

result. I sewed up the cut and applied fomentations to the swelling. In the course of a week the swelling had lessened considerably, so that by June 6th her visits ceased.

On June 17th she came to see me again, as in the interval a large pulsating swelling had developed in the first dorsal interosseous space which on auscultation had a well-marked bruit. Traumatic aneurysm was diagnosed, and the case sent to the Nottingham General Hospital, and operated on by Mr. Morley Willis, Senior Assistant Surgeon, to whom I am much indebted for the following remarks:

The piece of glass which entered the ulnar border of the palmar surface of the hand just distal to the pisiform bone traversed the palm and wounded the radial artery.

Two things are curious: (a) That it should not have damaged the deep palmar arch in its course through the palm. (b) That, entering as it did on the palmar aspect, the injury to the artery and consequent aneurysmal swelling was evident on the dorsal aspect of the first interosseous space. That the arch itself was not wounded appears highly probable, as ligating the radial artery at the wrist (at the pulse) has quite cured the condition.

When last seen, on August 27th—that is, two months after the operation—she was quite well again.

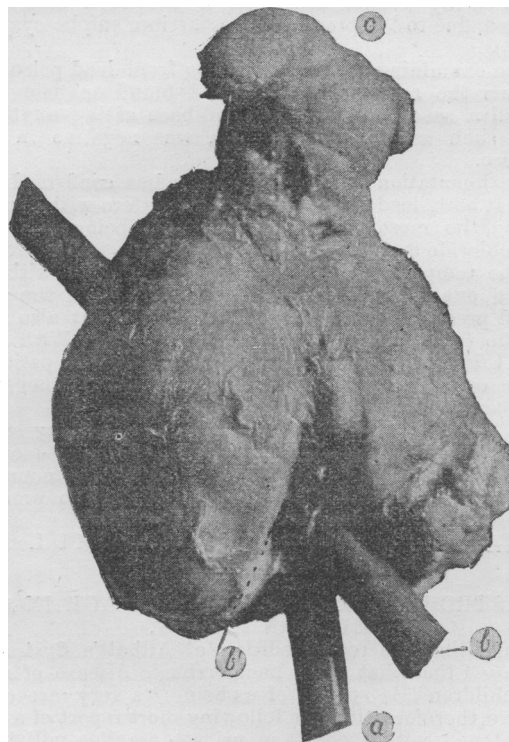
D. MONTAGUE B. SNELL, M.R.C.S., L.R.C.P.

Stapleford, Notts.

PROSTATECTOMY DURING ACUTE RETENTION.¹

MR. C., aged 59, had suffered from prostatic symptoms for four to five years. When only 56 years old he had to be catheterized by Dr. McCandless, of Rathfriland, for relief of acute retention of prostatic origin.

On December 27th, 1909, he again had an attack of complete retention. Dr. McCandless, being unable to pass a catheter, aspirated the bladder. On December 28th the



Prostate, weighing 3½ oz. Interior surface. a, Tube in urethra; b, tube in false passage; b', commencement of false passage; c, "middle lobe." (Actual size.)

patient came to town, and entered a nursing home. When I saw him at 4 p.m., I succeeded with some difficulty, but without using any force, in passing a large gum elastic catheter, and emptied the bladder. At 10 p.m. I again endeavoured to pass the catheter, but failed. I therefore decided to allow the bladder to become distended, when I could open it suprapubically without difficulty. This was done the following morning (December 29th). The prostate, which weighed 3½ oz., was easily removed. Recovery was uneventful. He returned home at the end of three weeks, passing all urine naturally.

¹ Read before the Ulster Branch of the British Medical Association, December 18th, 1910.

The following points are of interest:

1. The early age at which prostatic enlargement was present (56).
2. A complete false passage existed traversing the right lobe. This may have been made by myself. In any case it shows how easily this can be done in a soft prostate.
3. The success attending operation during retention—a time at which a patient will welcome any procedure which promises relief.

I would therefore recommend, when any serious difficulty is experienced in catheterizing these patients, that the operation of prostatectomy should be undertaken without delay.

Belfast.

A. B. MITCHELL, M.B., F.R.C.S.I.

Reports

ON

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

THE EMERY HOSPITAL, ANAND, GUJERAT, INDIA.

FOREIGN BODIES IN THE LARGE INTESTINES.

(By N. JOSEPH RODRIGUES, L.R.C.P. and S. Edin., L.F.P. and S. Glas., L.M.Dub.)

P. L., a coolie woman, aged 30, married, was admitted on December 26th, 1910, suffering from severe pains in the abdomen and back, which she said were caused by "two sticks which had been in her abdomen for the last two months." She stated that the sticks had been introduced per vaginam. Her general condition was satisfactory; she had had only occasional attacks of "ague," to which the natives in these parts attach very little importance. The menstrual history showed irregularity but nothing else of importance.

Shortly after admission an abdominal and uterine examination was made under anaesthesia, but no information was obtained to corroborate the patient's history of her ailments. Two days later I put the patient under anaesthesia again, and made an abdominal examination followed by an examination of the vagina and uterus. As there was some enlargement of the uterus and an offensive sanious discharge, I douched out the vagina and lightly packed it, in the hope that "something" would come away. As the patient was being removed from the table she began to be sick, and during the violent efforts to vomit my attention was called to a prominent point in the region of the left hypochondrium. I came to the conclusion that she most certainly had a foreign body in the abdomen and opened the abdomen by an incision in the middle line about 2 in. long immediately above the umbilicus. On introducing the finger I felt the foreign body, well under the ribs, and brought it up through the incision with the loop of bowel in which it was contained. A small incision through the bowel was all that was necessary, and with gentle manipulation the stick glided through quite easily. The incision in the bowel being treated, the loop was returned to its place. I made a search for the second stick and soon came upon it a little higher up lying in the transverse colon. I removed this stick, and did the same as in the first instance. The abdominal wound was next attended to, and the patient sent back to the wards.

The sticks, which are in my possession, are two pieces of bamboo rounded off and quite smooth. The one I removed first is 6 in. in length and cut short at both ends. The second stick is 5½ in. in length and pointed at one end. They are each ¾ in. in diameter. The patient remained at the hospital twenty-one days, when she was discharged, the abdominal wound having healed by primary union. The patient during her stay had an attack of malarial fever which lasted two days. She was soon put right with quinine.

UNDER the will of the late Miss Sarah Hampson, of Radcliffe, Lancashire, the Manchester Royal Infirmary, Bury Infirmary, Stockport Infirmary, The Children's Hospital, Pendlebury, and the Radcliffe and Whitefield Consumption Fund each receives a bequest of £1,000.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.

Friday, April 7th, 1911.

Dr. FORD ANDERSON, in the Chair.

After-Effects of Appendicitis in the Female.

MR. CHARLES RYALL read a paper on this subject. He said curettage of the uterus could scarcely be described as an eminently scientific method of treating appendicitis in the female. Nevertheless, a very large number of cases were treated in this way, the treatment being directed toward the relief of odd pains, dysmenorrhoea, and other uterine symptoms. What he would describe as tinkering was very frequently resorted to as a means of dealing with symptoms which were due to inflammatory affections of the appendix. Before turning his attention to the mistakes which were perpetrated in this direction, he asked his audience to consider the anatomy of the female pelvis and lower portion of the abdomen. The organs included in the true pelvis were highly sensitive and more or less complex organs. The genital organs were prone to all sorts of pathological conditions. The caecum was supposed to be situated well away from the true pelvis in the right iliac fossa. He had found on the operating table, however, that the position of the caecum varied very greatly. It occupied a much lower position in the female than in the male. He could not say why this was so, but suggested that it might be due to constipation, which was more common in the female than in the male, or to pregnancy, or to corsets and bands holding up heavy skirts. He had seen it lying over the brim of the pelvis, and even situated in the true pelvis. In a number of cases he would therefore describe the caecum as a pelvic organ. With regard to the appendix, this organ was supposed to lie at McBurney's point. Its length varied from 3 in. to 6 in., and its mobility also varied considerably. The mobility did not depend entirely on its length; it depended partly on the length of the mesentery. It was nominally regarded as lying in the right iliac fossa, but his own observations at operations had taught him that it should be regarded as a pelvic organ. In about 50 per cent. of cases, he had found it lying over the pelvic brim, or even peacefully reclining in Douglas's pouch. Mr. Ryall pointed out that when this organ became inflamed, it was capable of communicating its inflammation to the contiguous organs. The organs most frequently affected in this manner were the right Fallopian tube and the right ovary. The effects of a communicated inflammation to the contiguous organs might be various. In the first place, he dealt with catarrhal affections of the appendix. The attack might subside without leaving any evidence behind, or it might give rise to ulceration and subsequent constriction. When the inflammation extended through the various coats and attacked the peritoneal covering of the appendix, Nature usually succeeded in shutting off the spread of the inflammation. A plastic peritonitis resulted, plastic exudation was thrown out and the adjoining coils of intestine, omentum or other organs became adherent to one another and closed in the appendix. If the attack subsided without complication, adhesions might be formed between the various organs, and in the event of the appendix being in contact with the pelvic organs, it became matted together with the tubes, ovaries, or other genital organs. Even when the appendix lay in the right iliac fossa, adhesions implicating the pelvic organs might be formed. In the second place, he dealt with suppurative appendicitis. In this condition the adhesions were more serious. They were denser and produced marked symptoms. The spread of the inflammation might be extensive and might even involve the left uterine appendages. Douglas's pouch was often involved. When the appendix was a true pelvic organ, the uterine appendages on both sides were always implicated. The adhesions might bind down the right ovary, or they might render the ovary adherent to the tube, or they might close up the ostium of the

examination at the house of the employer's doctor was objected to was that he was alleged to have behaved with brutality to applicants whom he examined and to have "treated them like dogs." His Honour Judge Bray, who tried the case, said that there was no foundation for the charge of brutality. It was also alleged that the doctor had improperly examined a workman behind his solicitor's back. This allegation was also found to be untrue. The Court of Appeal affirmed the county court judge. A further point incidentally decided in this case was that the workman cannot insist upon being examined in the presence of his solicitor or his representative. Judge Bray pointed out that what the solicitor could do to protect the applicant during the examination could be equally well done by his medical adviser.

To sum up the result of these cases: The employer's doctor cannot always insist on conducting an examination at his own surgery, but he is justified in refusing to examine a workman in a solicitor's office or in the presence of a solicitor. For the part which he has taken in obtaining definite pronouncements on these points, the profession would appear to be under considerable obligation to Dr. Collicie.

VISION TESTING.

THE Royal Navy demands normal vision in each eye tested separately VR and VL = $\frac{5}{6}$. In the United States navy gun layers must have V = $\frac{5}{6}$ in the sighting eye. The army regulations are not so severe, but even here good vision in one eye is essential. The usual test is Snellen's card at a distance of 20 ft. in a good illumination. This latter is very important, for the ability to read a test line decreases proportionally to the cube root of a diminishing light intensity. It is, therefore, essential to avoid unfairness that a standard artificial illumination be used in testing candidates for the navy. The best results are obtained with a light of between 30 and 50-metre candles. There are two grave objections to the test types in general use. One is that the letters in charts obtained from different firms vary greatly in size. Grow (*Ophthalmology*, January, 1911) collected thirty charts and found that the size of the letters, which should be seen at a given distance, was different in every one. Thus the $\frac{5}{6}$ line, the letters varied from 7.4 mm. square as a minimum to 10.6 mm. square as a maximum. On our own chart they measure 9.5 mm. square. Snellen found that a letter which subtended an angle vertically and horizontally of five minutes (the component lines of the same subtending an angle of one minute) was a fair test of normal visual acuity. This is known as Snellen's principle, and is generally accepted as a standard in all countries. Snellen expressly stated that many people have a greater acuity than this. With good electric illumination nearly every ordinary individual can easily read $\frac{5}{6}$, and a few—very few— $\frac{4}{5}$, or double Snellen's normal. But the question may be at once asked, Should the length of the letters be measured along the chord or tangent of the angle? In America it is usual to strike a mean and use twice the tangent of half the angle of five minutes. For 20 ft. this gives 8.86 mm. as the correct size of the letters. A candidate, then, should be required to read letters of this size at a distance of 20 ft., the letters being Gothic, not block, and clearly printed in black on a white card. The letters should be illuminated by a light of the intensity of 40-metre candles. The second even greater objection to the generally used test types is that the letters can be, and frequently are, memorized. Grow has overcome this fault by printing a square chart of letters, mostly of 8.86 mm. square (for naval purposes the larger letters are of no use), with two or three lines of still smaller print. These are placed behind a board, which has in it a horizontal and a vertical slot. The letters can be slid behind the slots in two directions; thus any possible combination can be shown, and it is impossible for fraud to succeed.

MIDWIFERY FEES.

DR. A. H. HEADLEY HUCKLE (Middle Temple) writes: In the BRITISH MEDICAL JOURNAL for March 11th, 1911, p. 602, is an editorial reply to "J. B. W." asking if a medical practitioner is legally entitled to claim a fee for a confinement for which he had been engaged but for which he was not summoned. With all due deference to the editorial reply, may I make a further reply which may possibly be of interest to the profession generally? Your reply is perfectly correct in that a contract properly entered into, if of a lawful character, cannot be voided, except by the mutual consent of the parties. An action will also lie for breach of such contract. You say that you know of no specific cases recorded, and that generally speaking, it is not the habit of the profession to sue for fees in such cases. As a matter of fact, in an ordinary midwifery booking or agreement no legal contract exists, but merely an informal agreement or promise, or what is termed in law a "naked pact." The rule is, and has been ever since the time of ancient Rome, that a simple contract, that is, word of mouth, or even a written word not under seal, must have a valuable consideration, as opposed to a good consideration to support it. The maxim always having been, "*Ex nudo pacto, non oritur actio*." A contract to be a legal contract, then, must be either a document under seal, or, if a verbal contract, valuable consideration must have passed.

This is seen in the deposit required on a contract to buy a house, or the money demanded when ordering a new motor car, which deposit makes the agreement a legal contract. If the medical practitioner drew, say one shilling, as a "booking fee," the promise to attend would become a legal contract and not a mere pact, and an action would lie if either party broke the contract.

FEE OF LOCUMTENENT.

T. L. W. writes that he was engaged as a locumtenent for the junior partner of a firm of doctors, and at the request of the other partner went down to see him; the engagement was then confirmed, and he was told it would be for three weeks. When subsequently he went to commence his duties he was told he would not be required, as it was found that the senior partner would be able to carry out all the necessary work. He was paid half a week's fee as a compensation, and would like to know if this was equitable or legal.

** Assuming that the circumstances are fully and correctly stated, our correspondent would seem to have been entitled to a week's notice, or one week's fees in lieu of notice.

A CORONER AND POST-MORTEM EXAMINATIONS.

T. writes: I am a house-surgeon to a general hospital. An old man with a fractured femur died after many weeks in hospital, and it was impossible to assign a cause of death. At the inquest I stated this and was censured by the coroner for not communicating with him previously and asking for a post-mortem examination. Was I legally bound so to do? I referred the case to him but without comment.

** There is no obligation on the part of a medical practitioner when reporting a death to the coroner to inform him that he is unable to assign the cause of death, although it is common practice to do so. On a coroner receiving notice of a death he usually sends his officer to make preliminary inquiries, and if the officer sees the medical practitioner in attendance on the deceased during life or called at or after the death, he ascertains whether the cause of death is or is not known. The medical witness summoned to give evidence at the inquest may be asked as to how, in his opinion, the deceased came to his death, and the coroner may, either in his summons for the attendance of such medical witness, or at any time between the issuing of that summons and the end of the inquest, direct the medical witness to make a post-mortem examination of the body. If, as it appears to us, the coroner's preliminary inquiries were incomplete, he should, on holding the inquest and finding the evidence insufficient to assign a cause of death, have directed an examination to be made as provided for by statutory law, instead of censuring our correspondent.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF SENATE.

A MEETING of the Senate was held on March 29th.

Recognition of Teachers.

The following were recognized as teachers in the subjects and at the institutions indicated:

Physiological Laboratory, University of London.—Mr. William Legge Symes (Physiology).

King's College.—Dr. F. S. Locke and Dr. A. W. Sikes (Physiology).

London Hospital Medical College.—Mr. R. J. Howard, Dr. R. Warren, Dr. K. Milne (Clinical Surgery), Dr. O. F. F. Grünbaum (Pharmacology).

London School of Tropical Medicine.—Mr. H. B. G. Newham (Tropical Medicine).

Honours in Psychology for Internal Students.—It was resolved that the examination in psychology for the B.A. Honours Degree in Psychology for internal students (Red Book, September, 1910, pp. 84-86) consist of six papers as follows: Two in general psychology, two in experimental psychology, one in comparative and abnormal psychology, one in essays, and two practical examinations, and that the examination in the subsidiary subject consist of two papers, or one paper and a practical examination if the subject chosen is one wherein a practical examination is desirable.

Emeritus Professor at University College.

The title of Emeritus Professor of Clinical Medicine at University College was conferred on Sir Thomas Barlow, Bart., K.C.V.O., M.D., F.R.S.

BROWN ANIMAL SANATORY INSTITUTION.

The annual report of the Superintendent of the Brown Animal Sanatory Institution stated that 5,485 animals had been treated as out-patients and 688 as in-patients during 1910. The five lectures required under the will of the late

Mr. Brown were delivered by the Superintendent, Mr. F. W. Twort, in the Physiological Laboratory of the University. The first three were on the lepra bacillus and the bacillus of John's disease, the fourth was on tubercle bacilli isolated from man, and the fifth was on some experiments on creatin, etc. The number of bacteriological and pathological examinations carried out in the laboratory on material obtained from the hospital had been greater in 1910 than in the previous year. Various malignant growths, inflammatory products, and other materials had been investigated. Particulars were also given of experiments which had been carried out.

External Examiner in Sociology.

Dr. W. H. R. Rivers, F.R.C.P., F.R.S., was appointed External Examiner in Sociology for the year 1911-12.

Dean of the Faculty of Medicine.

Professor S. H. C. Martin, M.D., F.R.S., has been elected Dean of the Faculty of Medicine for the remainder of the period 1910-12.

Appointment of Representatives.

The following appointments have been made:

Mr. L. V. Cargill, F.R.C.S., Governor of King's College School, Wimbledon.

Mr. F. T. Travers, M.B., B.S., Governor of Maidstone Grammar Schools.

Dr. E. Graham Little, F.R.C.P., Representative of the University at the celebration of the Royal University at Breslau in August, 1911.

Mr. H. B. Wilmot, M.R.C.S., L.R.C.P., has been re-elected a Governor of the Latymer Foundation, Edmonton.

Advanced Lectures in Physiology.

The following advanced lectures in physiology are announced to be given during the third term:

1. Eight lectures on the gases of the blood, by Professor G. A. Buckmaster, M.D., and J. A. Gardner, M.A., F.I.C., in the Physiological Laboratory of the University, on Tuesday, at 5 p.m., beginning on May 9th.

2. Eight lectures on the mechanism of oxidation, by W. M. Bayliss, D.Sc., F.R.S., at University College, on Fridays, at 4.30 p.m., beginning on May 5th.

3. Eight lectures on the secretion of urine, by Professor T. G. Brodie, M.D., F.R.S., at King's College, on Wednesdays, at 4.30 p.m., beginning on May 10th.

4. Four lectures on the secretion of urine, by Dr. J. S. Haldane, F.R.S., at Guy's Hospital, on Thursdays, at 4 p.m.

5. Four lectures on the importance of organic chemistry in relation to physiology, by F. G. Hopkins, M.B., D.Sc., F.R.S., at Guy's Hospital, on Thursdays, at 4 p.m.

6. Four lectures on autolysis, by E. L. Kennaway, M.B., B.Ch., at Guy's Hospital, on Thursdays, at 4 p.m., beginning on June 8th.

Courses (1), (2), and (3) have been recognized by the Senate as courses of advanced lectures which a candidate at the B.Sc. (Honours) Examination in Physiology may name for part of his examination.

Students requiring further information regarding the lectures should address their inquiries to the heads of the laboratories at which they will be delivered. The names are as follows: Professor Waller, F.R.S. (the University), Professor Starling, F.R.S. (University College), Professor Halliburton, F.R.S. (King's College), Dr. M. S. Pembrey (Guy's Hospital).

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 the 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.

KING'S COLLEGE.

Post-Graduate Course of Applied Anatomy.

A post-graduate course of applied anatomy will be given twice in the year during the summer and winter terms in the Anatomy Department of King's College. The class will commence on May 8th at 4.30 p.m., and will meet on Mondays, Tuesdays, and Fridays until the middle of July. The fee for the course is £4 4s.

UNIVERSITY COLLEGE.

Dr. Thomas Lewis will deliver a course of six lectures on the graphic methods of investigating heart disease, on Fridays at 4 p.m., commencing May 5th. The lectures are free to all students and members of the profession on presentation of visiting card.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—*†G. J. F. Elphick, *†J. B. Holmes, *†T. T. O'Callaghan, *†H. L. Tidy, *†G. H. Varley.

MEDICINE.—*†H. H. Budd, *†J. B. Holmes, *†J. E. S. Sheppard-Jones, *†H. L. Tidy.

FORENSIC MEDICINE.—R. E. Laurent, P. McGinnis, H. L. Tidy.

MIDWIFERY.—N. S. Adler, R. E. Laurent, P. McGinnis, H. L. Tidy, G. H. Varley.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. G. J. F. Elphick, J. B. Holmes, T. T. O'Callaghan, and H. L. Tidy.

The Services.

EXAMINATIONS FOR VOLUNTARY AID DETACHMENTS.

At a recent meeting of the Worcester Division of the British Medical Association, the Chairman, Mr. J. Lionel Stretton, brought to notice a communication he had received from the secretary of the Midland Counties Union of Educational Unions. The communication was to the following effect:

Dear Sir,

Your name has been suggested as that of a gentleman who might be prepared to help the work of this Union by undertaking the work of examination in Ambulance Work and in First Aid and in Home Nursing for Voluntary Aid Detachment classes. The fees we are able to offer are small, as we have to meet the cases of small evening classes, and many of them in rural districts. For an examination of a small number of candidates the fee is 10s. 6d.; but where the number of candidates necessitates a longer stay it is 15s. 9d., and for a good-sized class it is 21s.; and we, of course, pay all necessary travelling expenses.

I hope you will be able to render us this service, and shall be glad to hear from you at your earliest convenience.

Yours truly,

(Signed) W. J. HARRIS.

Dr. L. Stretton,
Kidderminster.

Mr. Stretton's reply was as follows:

Dear Sir,

The fee for Ambulance examination is one guinea and travelling expenses.

I do not think any respectable member of the profession will accept less.

Yours truly,

(Signed) J. LIONEL STRETTON.

The Division expressed its full concurrence with the course Mr. Stretton had taken.

It is indeed extraordinary how organizations established for charitable purposes or for the advancement of the public welfare imagine that they are justified in calling upon members of the medical profession to discharge duties of a technical nature for a remuneration which is really an insult. It is easier to understand an appeal to the generosity of the profession to do such work for nothing, though such an appeal would, we think, be unjustified, because, if the work is required for the good of the State, the State should provide reasonable remuneration. It is very well that the profession should have so high a reputation for doing charitable deeds, but when it comes to the organization of the defence of the country against possible invasion it is asked to do a public duty to which a suitable fee should attach.

INDIAN MEDICAL SERVICE.

STUDY LEAVE.

It is notified that an officer of the Indian Medical Service who cannot, on grounds of public convenience, be granted study leave in time to qualify himself while in the rank of Captain for accelerated promotion, shall have the concession of accelerated promotion open to him for a period of four years after his promotion to the rank of Major in the ordinary course. If at any time within these four years he qualifies for accelerated promotion by producing satisfactory evidence of progress in knowledge of Urdu in the terms of the notification above referred to, his promotion will be antecedent and his position in the Army List adjusted accordingly, but he will have no claim to any arrears of pay at the advanced rate.

The Bulgarian Chamber of Deputies has passed a bill providing for the formation of a new Ministry which is to deal with sanitary affairs and with labour. In addition to the administration of the public health service this Ministry is to have under its jurisdiction school doctors, civil hospitals and scientific institutions, veterinary surgeons, pharmacists, Poor Law doctors, those appointed for special service during epidemics, and medical officers to railways.

The third International Congress for the Care of Nurslings will be held in Berlin in September next (11th to 13th). The congress is under the patronage of the German Empress, and the Imperial Chancellor is the President of the Honorary Committee. The General Secretary is Professor Keller, Kaiserin Augusta-Victoria-Haus, Charlottenburg, Berlin. An excursion for members who wish to visit the Hygiene Exhibition at Dresden has been arranged for September 15th.

Medical News.

THE Czar has contributed the sum of £1,000 to the funds of the All-Russian League against Tuberculosis.

AN international homoeopathic congress—the eighth of the quinquennial series—will be held in London this year (July 17th to 22nd).

THE Canadian Association for the Prevention of Tuberculosis will hold its eleventh annual meeting at London, Ontario, on May 18th and 19th.

DR. WILLIAM H. FRETZ (Senior Medical Officer) has been appointed an unofficial member of the Legislative Council of the Presidency of St. Christopher and Nevis.

THE Duke of Northumberland, President, will take the chair at the annual dinner of the Royal Sanitary Institute at the Langham Hotel, London, on Thursday, May 18th.

DR. M. S. PEMBREY will give a lecture at the Royal Sanitary Institute, Buckingham Palace Road, S.W., on the Physiological Principles of Physical Training, on Wednesday, May 3rd, at 5 p.m.

THE annual general meeting of the Medical Defence Union will be held at the Grand Hotel, Brighton, on Thursday, May 18th, at 4.30 p.m., when the annual report of the council for 1910 will be duly presented to members.

DR. LOUIS GABRIEL BARBEAU (Acting Director of the Medical and Health Department) and Hassan Sakir, M.B., have been appointed Nominated Members of the Council of Government of the Colony of Mauritius.

THE annual conversazione of the Medical Society of London will be held on Monday evening, May 15th. The President will receive the visitors at 8.30 p.m. and at 9 p.m. Dr. William Pasteur will deliver the oration; he has chosen for his subject Post-operative Lung Complications.

THE Ingleby Lectures before the University of Birmingham will be delivered this year on Thursdays, May 18th and 25th, at 4 p.m., by Dr. E. F. Bashford, in the Medical Lecture Theatre. The subject selected is Advances in Knowledge of Cancer; the lectures will be illustrated by lantern demonstration.

THE total number of students in the University of Vienna in the last winter semester was 9,922. Of these, 2,106, of whom 96 were women, belonged to the medical faculty. This number does not include 379 students attending special courses; of these, 8 were women.

MR. HENRY BOUTFLOWER, who recently resigned the office of Honorary Surgeon to the Royal Salford Hospital, has been elected an Honorary Consulting Surgeon to that institution. The Board of Management, in recording its sense of the valuable services rendered to the hospital by Mr. Boutflower, stated that it was as long ago as 1870 that he succeeded his father, who had been surgeon to the institution since its foundation in 1827.

AT an exhibition, to be open all day at the Holborn Town Hall on May 9th, the Nurses Missionary League will illustrate various forms of nursing work in the Far East. The proceedings include "A Chinese feast" and "A Japanese reception," and short addresses at intervals by various medical men and women and nurses who have practical experience of work in the East. Tickets can be obtained from Miss H. Y. Richardson, 52, Lower Sloane Street, London, S.W.

THE Metropolitan Public Gardens Association ended last year with a not very satisfactory balance on the right side. Its work is to guard all open spaces from threatened encroachments and to endeavour to secure and lay out suitably for the public benefit any fresh spaces which become available. To its energies Londoners owe directly or indirectly a very large proportion of all the open spaces which do so much to relieve the monotony of endless pavements and streets. It should receive more support. Its head quarters are at 83, Lancaster Gate, W.

ON the eve of his departure from Dartford, where he was medical officer of the union infirmary for some seventeen years, Dr. Richmond Allen was the recipient of a silver salver and an address from a large number of officials of the union and other friends. In making the presentation, the Chairman of the Board of Guardians said that he desired to express the general appreciation both of Dr. Allen's services and of the courtesy and kindness with which they were accompanied. Whenever Dr. Allen had not been in agreement with the guardians the latter had always recognized that he felt it his duty to differ from them in the interests of the efficiency of the institution in his charge. A corresponding presentation was made to Mrs. Allen.

THE presentation of new graduates of the University of London will take place at the university at 3 p.m. on Wednesday, May 10th. At 6 p.m. a service will be held at St. Paul's Cathedral, open to all persons connected with the University of London as recognized teachers or in other ways, to all graduates and undergraduates, and to all regular students of schools of the University. The Chancellor, the Earl of Rosebery, will be present, and seats will be reserved for graduates and undergraduates, who are requested to wear academic dress. Applications for seats, accompanied by a stamped addressed envelope, should be received by Mr. S. Hoyte, 88, Gower Street, W.C., not later than May 3rd. On three previous occasions a service has been held on Presentation Day in Westminster Abbey, but the Abbey will be closed this year for the coronation preparations. The sermon will be preached in St. Paul's Cathedral by the Rev. J. G. Simpson, Canon of St. Paul's.

A QUARTERLY court of the directors of the Society for the Relief of Orphans and Widows of Medical Men was held on April 12th. Dr. Blandford, President, in the chair. Sixteen directors were present. Two gentlemen were elected members of the society. The report and balance-sheet for the year 1910, to be submitted at the annual general meeting, were approved. The invested funds of the society now amount to £100,900. Relief is only granted to the widows and orphans of deceased members. Membership is open to any registered medical practitioner who, at the time of his election, is residing within a twenty-mile radius of Charing Cross. The annual subscription is two guineas; special terms for life membership according to the age of the candidate. Full particulars may be obtained from the Secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W. The annual general meeting will take place on May 17th at 5 p.m.

IT was announced in the BRITISH MEDICAL JOURNAL of November 5th, 1910, that the International Congress of Dermatology and Syphiligraphy will hold its seventh meeting in Rome next September (25th to 29th). The President is Professor Tommaso de Amicis, of Naples, Senator of Italy; the Secretary-General, Dr. Gaetano Ciarocchi, 5, Piazza Grazioli, Rome. The following subjects have been selected for discussion: (1) The influence of the new etiological, diagnostic, and experimental researches on the treatment of syphilis, and the possibility of immunization or of a radical or abortive treatment of the infection. (2) The results of physiotherapy in diseases of the skin. (3) Blastomycosis, sporotrichosis, and their relation to analogous processes. Members who intend to take part in the discussions or to read papers are requested to send a short typewritten abstract of their communications to the Secretary-General before the end of April. A final programme will be published in May. The fee for membership is £1. The Secretary for Great Britain and Ireland, Dr. H. G. Adamson, 9, Weymouth Street, London, W., will be glad to give any further information to members or to those desirous of becoming members.

AT the meeting of the Royal Meteorological Society on April 19th, Mr. W. Marriott read a paper on variations in the English climate during the thirty years 1881-1910. In 1874 the society commenced the organization of a series of "Second Order Stations" at which observations of pressure, temperature, humidity, rainfall, and wind, are made twice a day (at 9 a.m. and 9 p.m.). In addition to these another class of stations termed "Climatological" at which observations are made once a day (at 9 a.m.) was organized in 1880. From an examination of the records for the thirty years he found that the warmest months were August 1889, July 1900, and July 1901; while the coldest months were February 1895, January 1881, and December 1890. During the last fourteen years the temperature in October was above the average except in 1905. The years with the highest mean temperature were 1898, 1893, and 1899, and the years with the lowest temperature were 1892, 1888, and 1887. The month with the highest mean pressure was February 1891, and that with the lowest pressure was March 1909. On the average April was the month with the least rainfall, and October the month with the heaviest rainfall; while June had the least number of days of rain. The wettest months during the thirty years were October 1903 and October 1891, and the driest months were February 1891 and April 1893. The years with the heaviest rainfall were 1903 and 1891, and the years with the least rainfall were 1887 and 1893. The wind diagrams showed that the prevailing winds were from south-west and west, but that in April, May, and June, north-easterly winds were more pronounced than in the other months of the year.