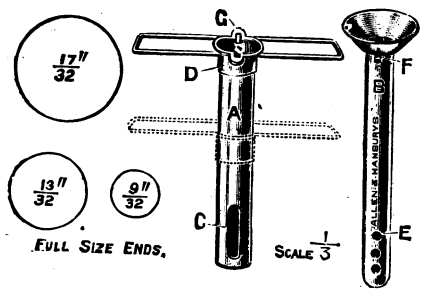
A DRAINAGE TUBE FOR SUPRAPUBIC CYSTOTOMY, LIVER ABSCESS, AND ABDOMINAL CYSTS.

By LAWRIE McGAVIN, F.R.C.S.Eng.,
SURGEON TO THE SEAMEN'S HOSPITAL.

CERTAIN recent cases of prostatectomy and the drainage of cystic cavities have suggested to me that an improvement might be effected in the pattern of drainage tube commonly in use, more especially for the former operation. The points in which this tube appears to me to be defective are the following; (*a*) There is no arrangement by which the length of the tube can be accommodated to the depth of the cavity; thus, in small contracted bladders its deep end frequently rests upon the trigone, or upon the wound made in removal of the prostate; it thus gives rise to continued oozing, discomfort, and delayed healing, while the upper end tends to sink into the dressings and allows of their becoming soaked if for any reason the Sprengel's pump becomes blocked or ceases momentarily to act. (*b*) The holes in the deep end are, as a rule, made much too small, and so are easily blocked by muco-pus or clot. (*c*) The deep end of the tube being closed, it is impossible to wash out the bladder without removing the tube; if removed early in the case it is often difficult to replace, especially in patients who are markedly obese. The tube depicted in the diagram has been made for me by Messrs. Allen and Hanbury, and will, I believe, be found a great improvement on the usual pattern. It consists of an outer tube (A) and an inner (B). The former is open at its deep end, and this



end has a vertical gap (C) on either side for the last inch of its length. The upper end is provided with a flat flange carrying two lugs by which it can be gripped by the finger and thumb, and in each of these lugs is a slot (G). Round the outer tube is fitted an automatic spring collar (D), carrying wire arms on either side; these arms rest on the abdominal wall, where they can be fixed by a narrow piece of strapping. The outer tube can thus be drawn out or pushed in through the collar, which grips it sufficiently tightly to permit of any desired length of tube being used in the bladder.

The inner tube (B), which fits the outer loosely, has three holes (E) on either side of its deep end, which correspond, when in position, to the vertical gaps (C) in the outer tube already mentioned; accuracy of position is ensured by the presence of two small studs (F) which fit into the slots in the flange of the outer tube. The inner tube is provided with the usual wine-filler mouth, and its deep extremity is closed by a smoothly rounded end. It is thus possible to remove the inner tube without disturbing the wound, and through the outer to wash out shreds, clots, and muco-pus, which frequently remain in the bladder for some time when the ordinary tube is used. The apparatus is made in three sizes, so as to allow of the narrowing down of the wound to a comparatively small diameter before the application of an Irving's drain, which, although excellent in its way, yet causes considerable maceration of the skin if used throughout the case. In association with Sprengel's pump I believe and hope that these tubes will prove of much assistance to surgeons and conduce to the greater comfort of patients.

They may also be utilized for draining liver abscesses; for this purpose the tube of the largest diameter may be made of any desired length and a trocar of suitable size may be fitted to it. The two being driven into the abscess cavity, the drainage tube is left *in situ*, and will be found to overcome the common difficulty of kinking where rubber tube is used.

In cases of pancreatic and hydatid cyst they are also useful; in the former case they may be employed through a purse-string suture, the cyst wall being then attached to the abdominal wall, while in the latter they may be introduced after evacuation of the contents and removal of the membrane.

Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

MANIPULATIVE TREATMENT OF LOOSE CARTILAGE OF THE KNEE-JOINT.

IN the course of conversation with a friend it transpired that some years before he had been troubled with loose cartilage in one knee-joint, and from his description of how he was afflicted there could be no doubt of the diagnosis. At the time he had the usual medical treatment, with no benefit. Finally, influenced by advertisement and recommendation of a then prominent Rugby football player, who had been similarly affected and cured by a bonesetter, my friend went to consult the same individual. The knee was subjected to severe and painful manipulation, and for some time afterwards was much swollen. But the ultimate result was so far satisfactory in that he had no more attacks of the severe pain, etc., which previously used to occur when "locking" took place in the knee-joint.

The remarkable and noteworthy feature about that knee now is that it can be hyper-extended. This was another result of the manipulation, so that when "locking" disappeared hyper-extension stepped in. Thinking this over, the only conclusion I could arrive at was that the hyper-extension and the cure were both the result of the posterior crucial ligament having been ruptured by the forcible manipulation, leaving only one crucial ligament intact, and at the same time doing away with the possibility of the loose body "locking" at any time between the two crucial ligaments. I have not had the opportunity of verifying this theory on the cadaver, but, if it be correct, the treatment may be useful where operative measures are objected to.

I must also state that the knee I have been describing is, in spite of this liability to hyper-extension, in all respects as good as the other, whether for walking, running, jumping, kicking, or kneeling.

Bradford. EDGAR WM. SHARP, M.B.Glasg.

TETANUS OCCURRING AFTER SURGICAL OPERATIONS.

MR. W. G. RICHARDSON published in the JOURNAL of April 17th, 1909, a paper on Tetanus occurring after Surgical Operations. I regret to have another case to add to those recounted in that paper and in subsequent letters from other surgeons. The case, however, differs in one important respect—namely, no catgut was used, the ligatures employed being silk and silkworm gut.

L. S., aged 60, Hindu, male, farmer, was admitted to the Civil Hospital, Belgaum, on June 22nd, 1909, suffering from digestive troubles associated with a ventral hernia half-way between the navel and the infrasternal notch. This hernia was easily reduced by the hospital assistant on duty. On June 26th the Mayo operation for radical cure was performed. At the operation boiled rubber gloves were used by my assistant and myself. Silk was used for the deeper parts of the wound, and silkworm gut for the skin.

After the operation there was some trouble with his lungs. On June 29th he complained of "burning pain" in the abdomen, and this lasted throughout. On July 8th, as abdominal pain was worse, the site of operation was examined. The wound was united, but under the union fluctuation was felt. On pushing in a probe a little thin fluid exuded. No complication being suspected, tetanus least of all, this was not particularly examined. On July 9th the abdominal pain was very severe—"like labour pains," the patient said. The wound was opened up and one of the deep silk sutures removed. On

July 10th it was noticed that he could not open his mouth freely, and that his abdominal walls were rigid. The symptoms rapidly increased, and he died at 10 p.m. on July 11th.

When the diagnosis of tetanus was made some of the fluid from the reopened wound was sent to the Bombay Bacteriological Laboratory, but the tetanus bacillus was not found in it.

J. B. SMITH, M.B., M.Ch.,
Lieutenant-Colonel, I.M.S.

Poona.

SIX CONSECUTIVE CASES OF PNEUMONIA SUGGESTING INFECTION.

THE following notes of six cases of pneumonia seem to me to have certain points sufficiently interesting to deserve record. They all occurred within a radius of one mile in an isolated district of the Shetland mainland. In a scattered district like this a radius of one mile represents a very limited population. Three of the cases occurred in neighbouring houses and two in the same house. No case of pneumonia had occurred anywhere in the neighbourhood for two years previously, and the sudden appearance of six cases in rapid sequence, and at no great distance from each other, certainly suggests the idea of infection. In only one case, namely C., was there any history of exposure.

A., aged 27, took ill November 20th, 1910.
B., aged 46, took ill December 6th; distant one mile from and probable, but not definite, communication with A.
C., aged 39, took ill December 18th; distant one mile from and had regular intercourse with B.
D., aged 72, took ill January 3rd; distant fifty yards from and had regular intercourse with C.
E., aged 4, took ill January 12th; same house as D.
F., aged 42, took ill February 4th; distant one mile from and in regular communication with A.

In all six cases the onset was sudden, the physical signs were those of acute lobar pneumonia, and the sputum was distinctly bloody.

With the exception of B., who died on the seventh day, and E., who recovered by crisis on the fifth day, all the others recovered by crisis on the eighth or ninth day.

Shetland. T. LOVATT, M.B.

RHEUMATOID ARTHRITIS.

THE article by Dr. J. Charlton Briscoe in the JOURNAL of March 11th, p. 544, on rheumatoid arthritis and its treatment by phosphoric acid or phosphates, is very suggestive. At present it is held by many that acute rheumatism, toxic arthritis, and rheumatoid arthritis are three distinct diseases, and their treatment respectively sodium salicylate, removal of the cause, and tonics. If a case of arthritis responds to sodium salicylate, the diagnosis of acute rheumatism is said to be confirmed, especially if there are evidences of endocarditis; but if it does not, and especially if the smaller joints are affected, the heart apparently normal, and the onset has been less acute, then a diagnosis of rheumatoid arthritis is frequently made.

Many cases of so-called rheumatoid arthritis have recovered completely after removal of some septic process, and then perhaps the diagnosis has been altered to that of toxic arthritis; but is not the difference between these three conditions one rather of degree than of kind? It is now practically admitted that the symptoms of each condition are probably all due to infection by micro-organisms, and in some cases the micro-organism has been isolated; but there must also be some other factor at work, as Dr. Briscoe points out, and this may be either the variety or virulence of the micro-organisms or their toxins or the duration of the infection. It is also conceivable that these infections may cause bio-chemical changes in the blood.

Sir James Barr has stated that in acute rheumatism there is an excess of lime salts in the blood, and now Dr. Briscoe is formulating a similar theory with regard to rheumatoid arthritis. In certain cases of both diseases a decalcifying agent such as phosphoric acid has been used with success. Sir James Barr also advocates the use of red meat in acute rheumatism, and withholds milk because of its lime contents, and a similar diet might be equally useful in rheumatoid arthritis. Red meat is usually allowed in this condition and milk also, but it might be better to withhold the milk as in the case of acute rheumatism. Certainly in the few cases of acute rheumatism which I have been able to treat by this method, the results have been very satisfactory.

It is significant that the administration of thyroid has been followed by success in some cases, and may it not be by its known influence on calcium metabolism and the consequent alteration in the constituents of the blood?

Buxton. FLORENCE THEOBALDS.

MEASLES: PNEUMONIA: SURGICAL EMPHYSEMA.

A BOY, N. C., aged 10, contracted a severe form of measles, and quickly developed pneumonia. He was intensely ill for a fortnight, with dusky hue, temperature 102° to 104°, pulse 130 to 150, respirations 60. Sleep and appetite were poor and cough troublesome. His tongue was a little moist nearly all the time, and was beginning to clean. On the morning of the fourteenth day the boy's temperature was normal for the first time, and his colour was a little brighter. That afternoon surgical emphysema suddenly began to appear, first in the neck, spreading to the chest, face, abdomen, and scrotum. It began on the left side, but presently extended to the right, where finally it was worse, as the boy habitually lay on his right side (which was the more affected by the pneumonia). There was some tenderness above the left clavicle. Improvement in the general condition and in the lungs, however, appeared to continue, the temperature remained about normal, and pulse and respiration began to slow down. Forty-eight hours after the first appearance of the emphysema the boy fell asleep, lying on his left side. About two hours later "there was a noise in his throat," and he suddenly became pallid and died. No necropsy was allowed, so that I can only guess that the cause of the unusual emphysema was an ulcer of the larynx or trachea, perhaps in the nature of a bedsore, which ruptured into the cervical cellular tissue. The sudden death may have been due to syncope or possibly to another ulcer perforating within the chest and leading to compression. There was no sign of pneumothorax a few hours previously.

Hampstead. E. CLAUDE TAYLOR, M.S., M.D.Lond.

THE ADMINISTRATION OF ETHYL CHLORIDE BY AN OPEN METHOD.

IT must, I think, be conceded that if a safe and efficient "open" method is available for the administration of an anaesthetic, such a method is far preferable to one which involves the breathing and rebreathing from a closed bag of vitiated air with, to a greater or less extent, its attendant cyanosis and respiratory embarrassment.

For some five years I have administered ethyl chloride by a Rendle's inhaler made of celluloid. This inhaler, without any flannel lining, but of course perforated for the free admission of air at the end, I have fitted with a rubber facepiece for closer apposition. Ethyl chloride is sprayed on to a sponge (freshly wrung out of hot water) and the mask applied at once. The quantity of ethyl chloride used is, of course, rather more than in the usual closed method. Thus, while 5 c.cm. is an average dose (according to Burton and Boyle) for an adult, where the anaesthetic is given by the closed method, I usually give 7 or 8 c.cm. with the Rendle's mask to an adult. For children of 7 to 12 years I give 5 c.cm.

I have given ethyl chloride by the above method to between 300 and 400 cases, and by the closed method (by Luke's or similar inhaler) to about 300 cases. Of course, these numbers are far too small to warrant any dogmatic conclusions, but the cyanosis and subsequent discomfort is certainly much less in administration by the open method. Children are not so readily frightened by the apparatus and there is less struggling. I believe the open method to be much the safer of the two, and in my limited experience I have never met with a dangerous symptom in using it. The same cannot be said for the closed method.

My cases have been mostly children and young adults. The anaesthesia required has been of short duration (for example, removal of enlarged tonsils and adenoids, and other minor operations requiring only a short anaesthesia), but for such a type of operations the dose mentioned has been sufficient. The anaesthesia may safely and easily be

prolonged by removing the mask and spraying a further amount of anaesthetic on the sponge.

JAMES A. MILNE, M D.Lond., D.P.H.,
London, E. Assistant Medical Officer of Dr. Barnardo's Homes.

POISONING BY SALTPETRE.

CASES of poisoning by saltpetre are rare and are usually accidental owing to the large dose which is necessary to cause toxic effects.

In the following case the patient sent her child for a pennyworth of salts (that is, magnesium sulphate) to a grocer's shop. The shopman misapprehended the child's order and gave saltpetre, part of which the patient took that night, and almost fainted afterwards. The remainder —the greater portion of the powder—she took the next forenoon, and shortly afterwards was seized with pain in the stomach and back, and vomited more than two pints of bright red-coloured fluid. When I visited her, shortly after 2 p.m., she was in a state of collapse; the pulse was feeble and irregular—about 56 per minute—and the skin was cold. There was no sign of inflammation or corrosion of the tongue and mucous membrane of the mouth and throat. I prescribed brandy and ice, and to relieve the thirst barley water in small quantities. To arrest the haemorrhage from the stomach, 15 grains of gallic acid with 5 grains of Dover's powder was administered. She was visited again between 4 and 5 p m., when I learnt that she had vomited during my absence. The white of two eggs was rejected, and as there was a return of the collapse, the white of one egg with brandy was prescribed. She was also prescribed some olive oil as a demulcent, and I requested that the vomited matter should be kept for my inspection.

On calling again at 6 p m. I was informed that she had vomited several times, and the washhand basin was half-filled with dark-coloured fluid like coffee grounds, but in larger clots. Though weak, the skin was warm, and she had no pain. She was still thirsty, and had not passed urine. The tongue was dry and the pupils dilated. The fluid subsequently vomited became darker but evidently contained blood, and oil floated on the surface. A dose of castor oil was administered, which was at once rejected, and I gave liq. ergotae ʒj in water as an astringent.

On my next visit, between 9 and 10 p.m., I was pleased to learn that no further vomiting had occurred, and she had rallied and felt better. Though weak for some days afterwards, she was able to leave her bed in about a week, and made a satisfactory recovery.

Glasgow. WILLIAM A. CASKIE, M.D.

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

LONDON TEMPERANCE HOSPITAL.

DOUBLE EMPYEMA IN A CHILD: OPERATION: RECOVERY.

(Under the care of Dr. PORTER PARKINSON.)

[Reported by WILLIAM EDMOND, L.R.C.P.Lond., F.R.C.S.Eng., Resident Medical Officer.]

G. L., aged 5 years, was admitted on January 31st suffering from whooping-cough and bronchopneumonia. The mother stated that the child, who had been under treatment for whooping-cough, had become much worse during the last two days, had been feverish, and complained of pains in the chest.

On admission the child looked extremely ill. The face and lips were cyanosed, the pupils dilated, tongue dry and furred; temperature 103°, pulse 110, respirations 58; there were patches of consolidation with bronchial breathing and crepitation at the base of both lungs.

On February 6th the pneumonic condition at the base of the lungs still persisted, and there were moist râles over the upper lobes. The child was taking nourishment well, but the pulse-rate was as high as 176 and the respirations 70; the temperature had not risen beyond 102°

On February 10th the percussion note at the right base was quite dull, and the vocal resonance over this area markedly diminished. The pulse-rate had reached 188 and the temperature 102.4°. An exploratory puncture showed the presence of a collection of pus at the right base. Since the child's condition was so grave a general anaesthetic was contraindicated, and it was decided to use a local anaesthetic of eucain 2½ per cent. solution with adrenalin. The child was allowed to sit up on the operating table, and inhalations of oxygen were given throughout the operation. The subcutaneous tissue over the eighth rib was infiltrated, and the needle was then pushed deeper until the rib was reached. Another injection was then made into the intercostal spaces above and below. In four minutes' time the anaesthesia was complete and the operation proceeded. An incision 3 in. long was made down to the rib. The periosteum, which was found to be partly stripped by the infiltration, was easily elevated, and 1½ in. of bone removed by forceps. On incising the pleura about 6 oz. of pus escaped. No attempt was made to swab out the cavity. Two large tubes were introduced, and the patient, who did not appear to have been much inconvenienced by the operation, was put back to bed. The temperature during the next twenty-four hours came down to 99.8°, respirations 42, pulse 160. There was free drainage through the tube.

The child's general condition improved during the next three days, but then the temperature gradually rose. The consolidation at the left base, which had persisted throughout, increased, and on February 17th, seven days after the operation, an exploratory puncture at the left base showed the presence of pus on that side. The opening in the right pleura was sealed up with rubber before the second resection was performed. No oxygen was given on this occasion. As before, the operation was done under local anaesthesia, and 4 oz. of pus were evacuated. On the night after the operation the temperature rose to 105°, but was reduced to 103° by hot sponging. On the third day the child was taken out in his cot into the open, and from that time had an uneventful convalescence.

It is interesting to note that no urgent dyspnoea followed the opening of the second abscess. After the airtight rubber compress was removed from the opening on the right side, the respirations rose from 54 to 60, and the pulse, which had been 164, rose to 168. The absence of dyspnoea may be accounted for by the fact that both collections of pus appeared to be shut off from the pleural cavity, and no adhesions were broken down.

The percentage mortality in cases of bronchopneumonia after whooping cough in children of this age is extremely high, and when the pneumonia is complicated by the presence of pus in both pleurae, the prognosis must necessarily be extremely grave. Fortunately, throughout his illness the child took nourishment well, which is always a favourable sign.

Apart from the administration of oxygen on a few occasions when the child showed a tendency to become more cyanosed, the drug which appeared to do most good was caffeine salicylate, which was given in 2 grain doses every four hours. The use of this drug is warmly advocated by Dr. Porter Parkinson, who in his large experience of the treatment of pneumonia in children has found it to be the most efficacious of all cardiac tonics.

Except in infants whose ribs are soft and yielding, it is, I think, advisable to resect a portion of rib in order to give exit to the large flakes of lymph which line the walls of the abscess cavity. Though it may be possible to force a fairly large drainage tube through an intercostal space, the after-treatment is more difficult, and the necessary changing of the tube more painful. In this case a general anaesthetic was not permissible on account of the patient's condition, nor do I think it wise to use a general anaesthetic for a resection. With a proper knowledge of the methods of inducing local anaesthesia, it is quite possible to resect a piece of rib and incise the pleura without the patient experiencing any acute pain. Apart from the actual dangers during the administration of a general anaesthetic, the after-effects may seriously handicap the patient's chances of recovery. Sluss, in his book *Emergency Surgery*, says:

> It is a grave error to give chloroform, for it is more than likely to hasten the patient's death. It is rare in such a case that any form of general anaesthesia is safe, still it may be necessary with the excessively timorous.

Nauheim baths the most effective method of giving an overworked heart comparative rest. I have patients leading active, useful lives to-day who spent years of invalidity until they had a course of Nauheim baths. I should, in conclusion, like to point out that, apart from one hour's rest a day, I do not confine my Nauheim cases to bed while they are under the treatment, and hence the good results cannot be due to the rest in bed.—I am, etc.,

Woking, April 29th. R. THORNE THORNE.

CHRONIC TRAUMATIC MASTITIS.

SIR,—I have just been reading Mr. Cheatle's paper in the JOURNAL of March 4th on Chronic Traumatic Mastitis, and note with interest the connexion Mr. Cheatle shows to exist, in some cases at least, between the wearing of badly-made corsets and cancer of the breast. I would just like to say that in the course of fourteen years' practice among African natives, both here and in Nyasaland, I do not remember to have seen a single case of cancer of the breast in a native. I have seen cancer in other regions, but never in the breast. As hardly any native women wear corsets, I have often wondered whether any connexion would eventually be proved between corsets and cancer.—I am, etc.,

Lovedale, South Africa, April 8th. NEIL MACVICAR, M.D.

ORIGIN OF THE VERTEBRATES.

SIR,—During the period of nearly three months which has elapsed since the appearance of your leader on the origin of the vertebrates, I have been engaged, in conformity with the general advice conveyed by that article, in a careful perusal, in the first place, of Dr. Gaskell's remarkable book, and subsequently in following up the train of thought and speculation his work necessarily excites.

Here a preliminary thought presents itself. Is it not surprising that none of your readers, with ample leisure at their disposal, should have anticipated me in some reference to the subject of this letter? Are we to blame for this silence the specialization Dr. Gaskell speaks of in his introduction, the fact that every investigator in our time is confined more and more to one department of science?

This seems to be the great defect of our modern medicine; what else but some such want of sympathy with general conceptions could account for the fact that Dr. Gaskell's theory has already gone over fourteen years without professional recognition? For medical men should have been the first to perceive its value. Is not the participation of the nervous system—it is to the nervous system that Dr. Gaskell, who here receives the weighty support of Professor Starling, turns for his chief argument—more and more evident to-day in every general disturbance of health? Have not the diseases of the central nervous system undergone a markedly, almost an alarming, increase within the last two decades? And is not this branch of medicine the most abstruse, the least understood, and the most defectively expounded?

Dr. Gaskell's theory throws a welcome ray of light over this and its neighbouring sections of pathology. It suggests explanations of many anomalies of growth and development, shows how much more than what has already been achieved may be expected from the study of the vestigial organs and the ductless glands, and admits of a rational description of the structure and functions of the cerebro-spinal tract and its secretion.*

One of the chief objections urged against Dr. Gaskell's position is that his theory entails the necessity of creating a new digestive tube in an already highly-organized animal. But Dr. Gaskell justly holds that the difficulty in this case is no greater than that lightly overcome by his opponents in forming a new air-absorbing respiratory organ from one previously aquatic in its functions. He thinks, to convey his own expression, that the evidence is stronger in favour of the vertebrate alimentary canal being formed from a pre-existing respiratory chamber than that an alimentary canal should have taken on a respiratory function in its anterior end (see discussion at the Linnean Society).

From the letter quoted at the head of the opening pages of the *Origin of Vertebrates*, Professor Huxley's interest seems to have been aroused in the fortunes of the new hypothesis. This fact alone should commend Dr. Gaskell's book to every student of biology, and especially, as I have implied, to that student of the science medical men know as the pathologist.—I am, etc.,

Nice, April 17th. A. W. GILCHRIST, M.D.

* At the recent discussion, referred to in your article, at the Linnean Society on this theory of the origin of the vertebrates, Professor Dendy expressed the opinion that the choroid plexuses possessed a gill-like character and probably formed a respiratory organ for the brain. Dr. Gaskell was apparently justified in regarding this view as somewhat novel and fanciful. He and Professor Starling could have added that most modern physiologists, at least in France (see Milian, *Le liquide cephalo-rachidien*), look upon the choroid plexuses as a ductless gland principally concerned with the ependyma in secreting the cerebro-spinal fluid.

PHYSICIAN OR SURGEON?

SIR,—As a general practitioner I have been interested by Mr. Howlett's letter in your issue of April 22nd (p. 967). I cannot see any reason why a physician should not inject salvarsan; by no stretch of imagination can one call it a surgical operation, any more so than tapping the chest or lumbar puncture. I have always failed to see the justice of the restrictions which have been placed on the practice of the physicians in Hull, whilst the surgeons have been allowed to indulge in medical practice, and even in pharmacy. If any distinction is to be made in practice, surely it should be applied to the surgeons as well as the physicians.—I am, etc.,

Beverley, April 25th. H. L. MUNRO, M.D.Edin.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Degrees.

THE following degrees have been conferred:

M.D.—P. Hall-Smith, N. Wilson, B. Halley-Stewart.
M.B., B.C.—F. G. Caley.

Examinations.

The following candidates have been approved at the examination indicated:

SECOND M.B., B.C. (*Part II*).—H. A. Bell, B. K. T. Collins, H. P. Dawson, H. V. Deakin, H. Hartridge, T. J. H. Hoskin, H. A. Lucas, R. K. Merson, H. A. Richards, C. J. Scholtz, J. E. Sharp, A. G. G. Thompson, H. A. Williams, H. G. Wiltshire.

UNIVERSITY OF GLASGOW.

THE following were among the degrees conferred at a meeting of the Senate on April 24th:

M.D.—J. M'Clure, J. M'Kay, G. W. Milne.
CH.M.—J. R. Kerr.
M.B., CH.B.—*D. T. C. Frew, *W. MacMurray, †J. Gibson, †J. F. Smith, †A. S. Wilson, †J. W. Anderson, †J. T. Brown, J. B. Alexander, D. Arbuckle, Agnes B. Auchencloss, C. Averill, Christina Barrowman, Marie A. A. Beard, A. H. Brown, J. Buchanan, D. Downie, R. Findlay, T. L. Fleming, T. S. Fleming, H. Forrest, T. L. Fraser, A. Garvie, A. S. Hannay, W. Johnstone, J. D. Mackinnon, S. A. MacPhee, G. H. M'Robert, J. P. M'Vey, M. Manson, F. W. Martin, R. S. Miller, J. Mowat, H. L. Neil, A. Poole, A. S. Richmond, Barbara G. Rutherfurd, J. L. Scott, W. Sneddon, J. Stewart, J. T. W. Stewart, T. L. G. Stewart, Barbara Sutherland, A. G. Waddell, J. D. Walker, A. G. S. Wallace, J. Williamson, G. J. Wilson, F. H. Young, J. Young.
* With honours. † With commendation.
B.SC. (*in Public Health*).—J. C. Middleton.

On the same occasion the Bellahouston Gold Medal for eminent merit in a thesis for the M.D. was handed to Dr. W. B. M. Martin, and the Asher Asher Gold Medal in Laryngology and Rhinology to Mr. W. C. Davidson.

UNIVERSITY OF DUBLIN.

THE following were among the degrees conferred at a meeting of the Senate on Tuesday, April 21st:

M.D.—W. Hutcheson, C. W. Laird, R. E. Lee, A. A. Louw, D. M. Moffatt.
M.B., CH.B., B.A.O.—W. E. Adam, J. Beckett, R. E. Dunn, W. L. English, J. Gardiner, J. H. C. Grene, H. H. James, E. F. Lawson, M. M'Knight, C. O'Brien, J. G. Ronaldson, W. A. Taylor.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly Comitia was held at the College on Thursday, April 27th, the President, Sir Thomas Barlow, in the chair.

Membership.

The following were admitted Members of the College:

Laurence Ball, M.B.Lond. (London); George Denne Franklin, M.B.Camb., L.R.C.P., Capt. I.M.S.; George Alexander Gibson, M.D.Edin., F.R.C.P.Edin. (Edinburgh); Thomas Wm. James

Johnson, M.B.New Zealand, L.R.C.P. (London); Frederic Percival Mackie, F.R.C.S., L.R.C.P., Capt. I.M.S. (London); Albert Ernest Naish, M.B.Camb., L.R.C.P. (Sheffield); Miss Dossibai Rustomji Cowasji Patell, L.R.C.P. (London); Alfred Ellington Stansfeld, M.B.Camb. (London); William Whiteman Carlton Topley, M.B.Camb., L.R.C.P. (London).

Licences.

The Licence of the College was granted to eighty-three gentlemen.

Fellowship.

The following Members, on the nomination of the Council, were elected Fellows of the College:

Peverell Smythe Hichens, M.D.Oxf. (Northampton); Frederick Stephen Palmer, M.D.Durh. (London); Charles Gabriel Seligmann, M.D.Lond. (London); Herbert Williamson, M.B.Camb. (London); John Alexander Nixon, M.B.Camb. (Bristol); Horatio George Adamson, M.D.Lond. (London); Eric Danvers Macnamara, M.D.Camb. (London); Harold Theodore Thompson, M.D.Camb. (London).

The following registered medical practitioners, not Members of the College, nominated by the Council as especially eligible, were also elected:

Edward Granville Browne, M.B.Camb., F.B.A. (Cambridge); Sir David Bruce, C.B., M.B.Edin., F.R.S., R.A.M.C.

Communications.

The following communications were received:

1. From the Secretary of the Royal College of Surgeons, reporting proceedings of the Council of that College on February 9th, March 9th, and April 6th.
2. From the Home Office (dated March 2nd), *re* the labelling of patent medicines. The question was referred to the Censors Board to consider and report on at a future Comitia.
3. From the Clerk of the Privy Council (dated March 23rd), as to an International Congress on Thalasso-Therapeutics. No steps were taken in the matter.
4. From the Secretary of the National Association for the Prevention of Consumption as to the International Tuberculosis Congress at Rome in September next. It was left to the President to nominate delegates to represent the College.
5. From the Master of the Apothecaries Society (dated March 30th), intimating that the Society would apply for power to issue diplomas in Public Health and in Tropical Medicine, and expressing the hope that the College will not oppose this application. A reply was sent to the effect that the College, understanding that such diplomas would be restricted to the diplomates of the Society, did not at present propose to take any steps to oppose the application.
6. From the Royal Statistical Society (dated March 29th), as to a "definition of still-births." It was left to the Board of Management to nominate a small subcommittee to deal with the question.

General Medical Council.

Dr. Norman Moore, whose term of office had expired, was re elected as the representative of the College on the General Council of Medical Education and Registration.

University of London.

On the nomination of the Council, Dr. Frederick Taylor, whose period of office had expired, was re-elected as the representative of the College upon the Senate of the University of London.

Lister Institute.

Dr. F. W. Andrewes, who retired by rotation, was re-elected as the representative of the College upon the Council of the Lister Institute of Preventive Medicine.

Acute Poliomyelitis and Polioencephalitis.

Dr. F. E. Batten moved: "That in view of the infectivity of acute poliomyelitis and polioencephalitis, its annual occurrence in London, and the crippling effect of the disease upon children and others, the College do recommend to the London County Council that poliomyelitis and polioencephalitis be included among the notifiable diseases, in order to diminish and, if possible, eliminate its incidence on the population. This was seconded by Dr. Farquhar Buzzard and carried.

Reports.

The quarterly report of the College Finance Committee, and the quarterly report of the examiners for the licence on the results of the January examinations were received.

Library.

Books and other publications presented to the library during the past quarter were received, and thanks returned to the donors.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved in the examinations indicated:

FIRST COLLEGE.—F. Halden, R. M'Gregor, J. Walker.
SECOND COLLEGE.—J. F. Bourke, R. J. Croxford, J. V. Duffy, W. C. Holburn, Violet M. Tracey, W. N. P. Williams.
THIRD COLLEGE.—Chuni Lal Bhatia, Diwan Jai Chand, J. M. Coplans, G. A. Hodges, Rona Lockhart, F. R. Lucas, Tonur Sekharan Nair, J. Scott, Balwant Singh, Kul Want.
FINAL.—A. B. Bateman, Framroze Limji Bhajiwalla, Bhalchandra Shivram Bhandarkar, Dhunjibhoy Bomanji Cama, Rastamji Ratanji Dadina, D. L. Hutton, J. M'Cusker, J. M'Manus, G. da Silva, J. A. Smith, H. F. Williams.

Obituary.

SAMUEL KNAGGS, M.R.C.S., L.S.A.,

CONSULTING SURGEON, HUDDERSFIELD INFIRMARY.

THERE passed away on April 23rd, at the age of 82, Mr. Samuel Knaggs, who, during a long professional life in Huddersfield, had earned the respect and esteem of all men.

He was born at Clapham Common, was apprenticed to a practitioner in Huntingdonshire, became a medical student at Guy's Hospital, and took the diplomas of M.R.C.S.Eng. and L.S.A.Lond. in 1850. He began practice in Huddersfield shortly afterwards, and was appointed Surgeon to the Huddersfield Infirmary in 1864. This office he retained until 1899, when he was appointed Consulting Surgeon. He was for a time one of the District Medical Officer of the union and for many years surgeon to the police. He took an active part in the establishment of the Victoria Sick Poor Nurses' Association in Huddersfield in 1897, was for several years Vice-Chairman of its committee and always took a deep interest in its work.

He was President of the Yorkshire Branch of the British Medical Association in 1884, and in that capacity delivered an address on Evidences of and Indications for Progress in Medicine in Surgery.[1] In it he dealt, among other subjects, with the antiseptic system of surgery, and when the date is remembered we may find in it good grounds for the opinion that he was a surgeon of sound judgement who thought for himself, ready to study new doctrines, but to accept them only when he had fully considered the facts and arguments on which they rested. Soon after settling at Huddersfield he wrote a book on *Unsoundness of Mind considered in relation to the Question of Responsibility for Criminal Acts*, and later a short work, entitled *Common Sense versus Homoeopathy*. Quite recently he published a pamphlet on socialism, to which he was strongly opposed, and he was the author also of essays on religious subjects. He was a man of deep religious convictions, a member of the Church of England who took a deep interest in its work, and in the days of his activity himself an active worker.

Mr. Knaggs retired from practice only a few years ago, and though he never, we believe, served any municipal office, took an active share in all good works in Huddersfield. He was fond of music and a supporter of the local choral society, and was known also as a chess player. Mr. Knaggs celebrated his golden wedding some seven years ago, but the death of his wife two years afterwards saddened his later years, though he was able to take pride in his sons, of whom two are members of his own profession —Mr. Lawford Knaggs, Surgeon to the Leeds General Infirmary and Professor of Surgery to the University of Leeds, and Mr. F. H. Knaggs, Ophthalmic and Aural Surgeon to the Huddersfield Infirmary.

Mr. Knaggs was justly held in high esteem by his colleagues in Huddersfield. He had been twice President of the Huddersfield Medical Society, and on completion of his fiftieth year of membership was elected an honorary member. Last year, on the occasion of the memorial service held on the death of King Edward VII, he headed the procession of medical men who walked from the Infirmary to the Town Hall, and afterwards to the Parish Church.

DR. C. A. OLIVER, of Philadelphia, died on April 8th. He was a voluminous writer on ophthalmic subjects, but he is best known in England as one of the editors of a *System of Ophthalmology*, in four volumes, usually known as *Norris and Oliver's System*. He was for some years associated as co-editor (with Mr. Sydney Stephenson) of *The Ophthalmoscope*, one of the best known journals of ophthalmology published in England. The cause of death was uraemia.

THE death at Eastbourne is announced of Surgeon-General WILLIAM BURNS BEATSON, M.D., late of the Indian Medical Service, at the age of 86. He entered the Bengal Medical Department in June, 1852, and became Surgeon-General in December, 1883, in which year he retired from the service. He served in the Burmese war in 1853,

[1] BRITISH MEDICAL JOURNAL, 1884, vol. ii, p. 56.

receiving a medal with clasp. He entered Guy's Hospital as a student, and after qualifying in 1846 had medical charge of an East India passenger ship, in which he made three voyages round the Cape of Good Hope. He served in India, chiefly in civil employ, for about twenty-five years, and obtained promotion in the administrative grade. He held several appointments at Nagpore, including those of Superintendent of the Lunatic Asylum, Medical Officer of the Central Gaol, and Principal of the School of Medicine. He was the author of *The Indian Medical Service, Past and Present*, and contributed various papers on medical and surgical subjects in the Indian journals. He was a M.R.C.S Eng., F.R.C.S.Eng., M.R.C.P.Lond., and M.D. of St. Andrews University.

Public Health

AUSTRALIAN MEAT.

IN the Report of the Medical Officer of Health, City of London, issued on March 28th, there is a note on the importation of Australian meat, in which an abstract is given of the recommendations of the Commonwealth Government in regard to the uniformity of standard of carcass meat for export. The conditions also are detailed under which briskets excised from carcasses affected with parasitic nodules may be allowed to be exported. The recommendations are, briefly, as follows: In the case of a carcass otherwise free from disease, such briskets as are shown by searching examination to be free from nodules shall be approved for canning for export. Where, however, three or four nodules only have been found, although the brisket might reasonably be approved after removal of the affected part, "we consider that, as a matter of policy, it may be advisable, in view of the present ferment of opinion in Great Britain, that none of these briskets should be allowed to be treated for export. The position in this regard should, however, be reviewed in twelve months." All briskets shall be "boned and sliced under the control and supervision of the inspecting officer." The opinion is further expressed that there is no difficulty, with proper inspection, in removing all nodules from the finely-sliced briskets; that although the nodules might be confused with tuberculous lesions by inexperienced inspectors, they are of much less importance, as they are mainly objectionable owing to their unsightliness; and that, finally, there would be no danger to man from their presence in meat. These recommendations uphold the view which we advocated in our earlier references[1] to this subject, but they display a slight tendency to ignore the economic point of view that canned *Onchocerca*, howsoever little dangerous, is not the equivalent of canned meat.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Hunslet Rural District.—Based on an estimated population of 7,294 persons, the birth-rate was 27.0 per 1,000, the death-rate from all causes 12.9 per 1,000, and the infantile mortality rate was equal to 69 per 1,000 births. Measles was present in epidemic form during four months of the year, and was chiefly confined to the children attending the infant departments of certain schools, some of which were closed. Dr. Buck considers that the benefit to be derived from closing schools for measles is exceedingly doubtful except as a means of saving the grant. When discussing the question of tuberculosis he asserts that compulsory notification of the disease is urgently necessary. He advises that all efforts should be concentrated on prevention rather than on curative methods, inasmuch as in the latter many years of constant treatment are necessary to obtain a small percentage of successes, whilst in the former advanced cases should be isolated and cease to be a source of infection, and the others should be so educated by a short stay in a sanatorium that they would cease to be a danger either to themselves or to those around them.

[1] BRITISH MEDICAL JOURNAL, December 3rd, 1910, p. 1796; February 18th, 1911, p. 385.

THE summer course of lectures at the Hospital for Sick Children, Great Ormond Street, will begin on Thursday next, when Mr. H. Stansfield Collier will give a lecture on the diagnosis of surgical abdominal diseases of childhood. On May 18th Dr. Batten will give a demonstration on selected medical cases. The lectures, which are given each Thursday at 4 p.m., are open free to medical practitioners.

THE report to be submitted at the annual meeting of the Factory Girls' Country Holiday Fund next Wednesday shows that the number of girls annually assisted to take a week's or a fortnight's holiday in the country has risen from 38 in the year 1888 to 4,865 last year. A week's holiday costs 15s., and about a third of the total sum required each year is now being contributed by the girls themselves. Last year's work left but a very small balance in hand, so any donations will be especially welcomed by the Honorary Treasurer, H. Rendell, Esq., 51, Gordon Square, W.C.

Medical News.

WE are informed that the exhibition illustrative of nursing work in the Far East, which is being organized by the Nurses' Missionary League, is to take place at the Holborn Town Hall on Wednesday, May 10th, and not on Tuesday, May 9th, as previously stated in these columns.

THE Glasgow University Club, London, will dine at the Trocadero Restaurant, Piccadilly Circus, on Friday, May 26th, at 7.30 p.m., under the chairmanship of Professor John M. Thomson, LL.D., F.R.S., of King's College, London. Further particulars can be obtained from Mr. W. Craig Henderson, 2, Paper Buildings, Temple, E.C.

THE Gresham Professor of Physic, Dr. F. M. Sandwith, will give four lectures at the City of London School, Victoria Embankment, on May 16th, 17th, 18th, and 19th, at 6 p.m. on each day. The first two lectures will deal with measles, the third with the black death, and the fourth with the plague of to-day. The lectures are free to the public.

THE annual meeting of the Invalid Children's Aid Association will be held, by kind permission of Sir Edwin Durning-Lawrence, M P., at 13, Carlton House Terrace, S.W., on Friday, May 19th, at 3 p.m. Sir Edwin Durning-Lawrence will preside, and the Archdeacon of St. Albans, Mrs. Kendal, Miss Broadbent, Mr. Edmund Owen, and Mr. Silas Hocking will be among the speakers.

THE Surgical Section of the Royal Society of Medicine will hold a meeting in the rooms of the Medical Society of London, 11, Chandos Street, W., on Tuesday next, at 5 p.m., at which there will be a demonstration of cases of cleft palate operated on by various methods. A debate on the subject will be opened by Mr. Arbuthnot Lane, and among those who intend to demonstrate cases or take part in the debate are Dr. Ulrich (Copenhagen), Mr. A. W. Murray (Liverpool), Mr. Harold J. Stiles (Edinburgh), Mr. Edmund Owen, Mr. Douglas Drew, Mr. F. F. Burghard, Mr. G. E. Waugh, Mr. Barrington Ward, and Mr. T. H. Kellock.

AT the annual meeting of the members of the Royal Institute, held on May 1st, the Duke of Northumberland, president, in the chair, the annual report of the committee of visitors for the year 1910, testifying to the continued prosperity and efficient management of the institution, was read and adopted, and the report of the Davy Faraday Research Laboratory of the Royal Institute, which accompanied it, was also read. Thirty-nine new members were elected, and 61 lectures and 17 evening discourses were delivered in 1910. The books and pamphlets presented amounted to about 239 volumes, making, with 604 volumes (including periodicals bound) purchased by the managers, a total of 843 volumes added to the library in the year. The Duke of Northumberland was re-elected president, Sir James Crichton-Browne treasurer, and Sir William Crookes secretary. Among the managers elected were Dr. J. Mitchell Bruce, Dr. Donald Hood, and Sir Francis Laking.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on April 21st, 1911. The accounts presented showed that the exceptionally favourable experience of January and February had extended into March, and the records of the society for the first quarter of the present year showed more new entrants than had ever before been obtained in the same period; at the same time the sickness claims received have been fewer and of shorter duration than usual. The most important matter considered by the committee was the report and balance sheet for the year 1910, to be presented to the members at the annual general meeting to be held at the rooms of the Medical Society of London on May 18th at 4.30. The business of the year was very good and added considerably to the financial strength of the society. The number of members on December 31st last was 2,923, and during the year the funds rose from £233,376 to £241,532, although no less than £14,631 has been paid to the members as sickness benefits, and cash bonus amounting to £766 have been received by those members who reached the age of 65. A few verbal alterations in the rules are suggested by the committee, but it is satisfactory to note that, although the growth of the society's business has been rapid and continuous, yet during the whole twenty-eight years it has been in operation very few real alterations in the rules have been found necessary. An occasional slight adjustment has been sufficient to remove any difficulties that have arisen. Prospectuses and all further particulars on application to Mr. F. Addiscott, secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.