

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

EPITHELIOMA OF THE AURICLE.

J. B., aged 86, first seen by me on August 7th, 1910, stated that about four years earlier he had noticed a small wart on the outer edge of his left ear. There was no pain, but the ear felt warm and he got into the habit of rubbing the ear. In March, 1910, he had an attack of eczema of the ear for which he tried several lotions and ointments without effecting a cure. When he showed me the ear the left auricle was thicker than the right and was covered with a layer of scales which were easily detached. The wart was present on the outer margin of the helix on a level with the antitragus as in Fig. 1. The eczematous condition



Fig. 1.

yielded to a lotion of silver nitrate (10 grains to 1 fl. oz.) in spirit of nitrous ether. When I saw the patient again on March 10th, 1911, the ear showed a typical fungating epitheliomatous ulcer occupying the middle third of the pinna as in Fig. 2. It extended to within half an inch of the attachment of the auricle into the skull. It had



Fig. 2.

perforated the auricle and the perforation admitted the point of a pair of dressing forceps. The discharge, which was very fetid, filled the meatus and the patient complained of burning pain in the ear. There were no enlarged glands in the neck or on the anterior surface of the parotid gland, no emaciation or cachexia, and no loss of appetite. A piece of the growth examined microscopically exhibited the characters of squamous epithelioma.

At the request of the patient and his relatives, and on account of his advanced age and absence of glandular enlargement, I removed the growth locally. The meatus was syringed out and the auricle and meatus were painted with iodine. The incision was made through healthy tissue half an inch wide of the disease. It was carried down to the attachment of the auricle to the skull. The amount of tissue removed was a little larger than half a crown. Owing to the mobility of the part the edges of the incision could be brought together without tension and also fixed to the attachment of the auricle to the skull. Plugs of wool were kept in the meatus for twelve days when healing was complete.

This case is interesting because epithelioma of the auricle is uncommon. The irritation produced by his constant rubbing of the wart probably led to a change into epithelioma.

KARL F. SONNTAG, M.B., Ch.B. Edin.

West Wemyss, Fife.

ANOTHER ARSENIC COMPOUND FOR SYPHILIS (HYDRARSAN).

In connexion with the "606" controversy may I say that somewhat remarkable results have been found in Dublin to follow the use, in cases of syphilis, of a mixture or compound of a salt of arsenic with phenyl dimethyl-iso-pyrazolon and mercuric perchloride combined with potassium iodide.

For convenience sake the compound is colloquially termed "hydrarsan." What may be its exact chemical composition after reaction has taken place between the four salts of the compound I will not dare to say, but it appears to have an extraordinarily potent effect on the manifestations of syphilis. Its characteristic seems to be that an apparent cure is effected after a few doses, but that a recrudescence or relapse occurs if the remedy be not persevered in.

As concerns dosage, quite moderate amounts appear sufficient—say, in each dose:

Phenazonum	...	...	...	gr. 10
Mercuric perchloride	...	...	...	gr. 5
Arsenic chloride	...	...	...	gr. 1/10
Potassium iodide	...	...	...	gr. 5

It is best given in solution, and I have used with it tincture of cinchona, which possibly augments the action.

I think Dr. Marshall has demonstrated that the benefits of "606" are not notably greater than such as may follow from a combination of recognized specifics like mercury and potassium iodide combined with arsenic and a salt of the salicylic series.

J. C. McWALTER, M.A., F.R.F.P. and S.Glasg.

Dublin.

Reports

ON

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

STATION HOSPITAL, PORT LOKKO, WEST AFRICA.*

A CASE OF ACUTE YELLOW ATROPHY OF THE LIVER.

THE patient in the following case, a private in the West African Regiment, was admitted to hospital on October 25th. His age was 21, and he had been one and two-twelfth years in the service. On admission he complained of constipation and pain over the region of the liver. He was very jaundiced and his urine deeply coloured with bile. He was given calomel gr. iv in the morning, and mist. alb. ʒij in the evening. He was placed on milk diet. Evening temperature 102°; bowels moved twice during the day.

Progress.

October 26th. Morning temperature 97.8°. Bowels moved three times during the night. Stools light coloured. Patient felt better. Liver less tender. On palpation it was found to be slightly enlarged. He was given a mixture of sod. bicarb. gr. x to the ounce; dose ʒj t.d.s. Evening temperature 98.6°.

October 26th. Calomel and mist. alb. repeated. Temperature normal. Mist. sod. bicarb. continued. Jaundice slightly improving. Patient dull and lethargic.

October 30th. Temperature normal. Calomel and mist. alb. repeated. Jaundice improving. There has been much trouble in persuading the patient to take his milk, and on several occasions he has managed to obtain other patients' food.

November 4th. Morning temperature normal. The patient is improving slowly. The area of liver dullness is diminishing. Evening temperature 99.8°.

November 5th. Morning temperature normal. The patient had severe diarrhoea during the night, so he was given the following astringent mixture: Tr. catechu, ac. sulph. dil., sp. chlorof. Evening temperature 99.8°.

November 6th. Morning temperature normal. Astringent mixture continued, which checked the diarrhoea. The jaundice remains unchanged. Evening temperature 99.2°.

November 7th. Morning temperature 98°. Tr. nucis vom. mv ad ʒj added to the sod. bicarb. mixture. The diarrhoea has ceased, so the astringent mixture is discontinued.

November 9th. Case taken over from Captain Parsons, R.A.M.C., by Captain J. B. Clarke, R.A.M.C.

November 10th. Treatment continued. Morning temperature 99.2°. The patient was discovered by the wardmaster to be eating raw flour, which he had obtained in some unknown manner. He later complained of abdominal pain, and his temperature rose to 103.8°. He had a little diarrhoea, and particles of undigested flour could be seen in the stools.

November 11th. Morning temperature 98°. The patient was very low, and jaundice more marked. Marked tenderness over liver area, and dullness diminishing. Evening temperature 97.8°.

November 12th. Morning temperature subnormal. During the day the patient had violent diarrhoea, and became very collapsed. He was given brandy and strychnine. Hot bricks were put to his feet, and he was covered with blankets. Evening temperature 99.6°.

November 13th. Morning temperature 97.2°. The patient was very low and comatose. Stools passed under him. Strychnine given hypodermically. During the day a little brandy and milk got down his throat.

November 14th. The patient never rallied, and died at 12.15 a.m.

Post-mortem Examination.

A post-mortem examination performed at 8 a.m. Rigor mortis well marked. Capsule of liver wrinkled. Substance intensely yellow, and in places semi-fluid. Gall bladder half full of yellow bile. No obstruction in the ducts could be detected. Pancreas normal. All the tissues of body deeply dyed with bile. Other organs normal.

* A report prepared by J. B. Clarke, Captain, R.A.M.C., and forwarded as a case worth recording, on account of its comparative rarity, by Captain N. E. Harding.

discussed, and modern experience has made some recasting of old-established theories imperative.

The importance of the "missed" case and the "carrier" case in spreading an epidemic is only now becoming adequately realized. Anything which helps a disease to spread, as it were, in the dark, must handicap us immensely in our efforts to fight it, for every one knows how hard it is to eradicate those weeds which spread underground. Now, I maintain that this is just what our present half-and-half system of vaccination tends to do.

Dr. Cameron concludes his letter by an appeal to our sympathies on behalf of the unvaccinated child who might be attacked by small-pox. One of the "hard lessons" I have had to learn by practical experience is that the danger to the unvaccinated child, even in the presence of an epidemic of small-pox, provided modern preventive measures are efficiently carried out, has been somewhat exaggerated. It is not fair to quote the experience of times when the disease was left to burn itself out, much as measles still is. In uncivilized and semicivilized countries universal vaccination must still remain the best thing to be done. But in Leicester, at any rate, the unvaccinated child has not, so far, suffered to anything like the extent that was predicted. In the last epidemic, that of 1904, out of a total of 321 persons attacked, there were only six cases of unvaccinated infants under 1 year of age, one of which proved fatal. In the previous epidemic, out of 394 cases there were four cases of unvaccinated infants, two of which proved fatal. But I suggest that a majority of the cases which have occurred in Leicester have been infected by once-vaccinated persons rather than by those who have never been vaccinated, the reason being that the latter have usually been at once recognized and isolated.

Another point I wish to make is that, apart from infants or very young children, childhood is a period when small-pox is not so fatal as later in life, so that children, apart from the very young, even though they have never been vaccinated, run no more risk of a fatal attack than elderly people, though the latter have been vaccinated in infancy. In proof of this I submit the following figures: In Leicester, during the last two epidemics, there were 278 cases in unvaccinated children between the ages of 5 and 20 years, ten of which proved fatal, equal to a case mortality of 3.6 per cent., and there were 97 cases of vaccinated men and women above the age of 40, five of which proved fatal, equal to a case mortality of 5.1 per cent. So that there is really no more reason to be alarmed for the safety of unvaccinated children, should they contract small-pox, than that of once-vaccinated adults above the age of 40. I doubt if this fact is sufficiently appreciated.

On the ground of protecting the individual there is really not much more to be said in favour of compulsory infantile vaccination than of compulsory adult revaccination; and as we have never had the latter we need not be very concerned if we have to abandon the former.—I am, etc.,

C. KILLICK MILLARD,
Medical Officer of Health.

Leicester, June 10th.

CHRONIC INTESTINAL STASIS.

SIR.—Mr. Harold Chapple, in answer to my letter of May 6th, has been good enough to amplify his article of April 22nd, and to work out the mortality of cases of intestinal stasis treated by colectomy or ileo-sigmoidostomy by Mr. Arbuthnot Lane at Guy's Hospital, since June, 1908.

Would it be too much to ask Mr. Chapple if he could carry his researches still further, and show the immediate and ultimate mortality for colectomy alone from the first case operated on up to the end of last year? Some of the successful cases recorded in his article date back to 1904.

The operation of ileo-sigmoidostomy (when performed in the absence of acute obstruction) is admittedly one which possesses a very low mortality. When cases of ileo-sigmoidostomy are grouped with cases of colectomy, and a combined mortality worked out, the actual mortality of colectomy is in danger of being rendered obscure. As an instance of this Mr. Chapple mentions that Mr. Lane has operated on 26 cases in private for the above complaint, and that he has excised the large bowel in 12 of these. Two of these latter cases died. This gives a colectomy

mortality of 16.6 per cent. Mr. Chapple (excluding 1 fatal case on whom a caecostomy had previously been performed) arrives at a combined mortality of under 4 per cent.

In his final paragraph, Mr. Chapple expresses an opinion that the mortality of colectomy will in the future be "reduced almost to a vanishing point" by the systematic use of fomentations to prevent suppuration in the wound, which he states has been a source of trouble in the past and caused a fatal result in 3 cases. In his concluding sentence he seems to have lost sight of this "troublesome suppuration" when he states that adhesions "form the only source of anxiety or risk in case of colectomy."—I am, etc.,

London, W., June 7th.

C. GORDON WATSON.

TREATMENT OF PNEUMONIA.

SIR.—In the BRITISH MEDICAL JOURNAL of June 10th Sir James Barr and Dr. Frank M. Pope both refer to the increase of mortality from pneumonia in recent years. But it is quite evident that both ignore the treatment I described at the last Annual Meeting, and which was quite sufficiently set forth in your issue of November 19th, 1910. It is possible that "they do not read the papers," but if they will run through your report of date above mentioned and note that at present I have treated 27 cases without one death, and in some instances with abortion of the disease, they will feel it, I think, to be their duty to try this simple method of combating a disease which is making terrible inroads where national life is rich with thought and energy and generally.

May I appeal to any who may have already accumulated sufficient data to give reports at the Annual Meeting or elsewhere, that so many cases may be accumulated by various workers, unblackened by a single fatality, that the treatment may be fairly launched on a long-suffering world, to the glory of the Great Giver of a priceless remedy and the incalculable benefit of the race?—I am, etc.,

London, N., June 12th.

ARTHUR J. MATHISON.

CROYDON UNION APPOINTMENT.

SIR.—Will you kindly allow me to correct a slight printer's error that occurred in the paragraph dealing with the Croydon Union appointment in the JOURNAL of June 10th? Dr. Simonds Gooding—not Gording—"played the game" in such a splendid manner that the least one can do is to see that his good work is accurately recorded.—I am, etc.,

Croydon, June 14th.

E. H. WILLOCK,
Honorary Secretary Croydon Division.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on May 17th.

Recognition of Teachers.

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

London Hospital Medical School.—Mr. Francis S. Kidd (Clinical Surgery).

King's College Hospital Medical School.—Mr. Percy B. Ridge.

Lecturers in Physiology.

Professor A. B. Macallum, F.R.S., Toronto, has been added to the panel of university lecturers in physiology.

Semon Lectureship and Medal in Laryngology.

The Academic Council reported an offer received from Sir Felix Semon, K.C.V.O., M.D., to transfer to the university for the foundation of a lectureship and medal in laryngology the sum of £1,040 presented to him by the British laryngologists on his retirement from practice. The benefaction was accepted upon the conditions offered, and the grateful thanks of the Senate was voted to the donor.

The Senate—Appointment and Resignation.

Mr. H. J. Waring, M.S., F.R.C.S., has been appointed the representative of the Faculty of Medicine on the Senate for the

remainder of the period 1909-13 in place of Professor E. H. Starling, M.D., F.R.S., resigned.

Appointment of Representatives.

Dr. Thomas Buzzard, F.R.C.P., has been appointed a governor of the Westminster Hospital Medical School.

Dr. S. L. Box has been nominated for appointment as the Representative of the university on the Ealing Education Committee.

A.K. Travelling Fellowships.

It was reported that at a meeting of the trustees on April 27th Mr. Ivor Back, M.A., M.B., B.C.Camb., F.R.C.S., assistant surgeon to St. George's Hospital, had been elected to an A.K. Travelling Fellowship.

UNIVERSITY COLLEGE.

The University College Committee reported the receipt from Mr. Carnegie of a donation of £5,000 towards the building and equipment of the Medical Sciences Institute of the college, the physiology section of which was opened two years ago.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following candidates have been approved at the examinations indicated:

FIRST FELLOWSHIP.—J. S. Bookless, A. E. Brown, H. Bullock, L. Cook, M. Corry, Eleanor Davies-Colley, G. D. East, I. Fahmy-El-Minyawi, A. R. Finn, W. E. Gallie, W. Gemmill, A. Gibson, B. G. Goodwin, A. L. F. Gould, J. Gow, S. L. Graham, J. N. J. Hartley, D. W. Hewitt, A. E. Iles, H. Lee, C. MacKenzie, A. F. Maclure, F. D. Marsh, H. L. Meyer, M. G. O'Malley, R. Pearce, A. E. Quine, L. N. Reece, C. G. Shaw, A. J. E. Smith, B. W. Smith, W. A. Sneath, F. G. N. Stephens, J. W. Stretton, M. L. Treston, W. H. Trethowan, T. B. Vaile, G. H. L. Whale.

GRANT MEDICAL COLLEGE, BOMBAY.

A NOTE issued by the Bombay Government contains criticisms passed on the colleges affiliated to the Bombay University by the committee of the syndicate appointed to inspect them. The committee, in dealing with the Grant Medical College, raised the question of the conditions of appointment of the principal and professors, and once more objects to a system which makes it possible that a successful principal should be suddenly diverted from the teaching branch of his profession to some other sphere of service, and the blame for what is described as an anomaly is put on the system of confining all the higher appointments to members of the Indian Medical Service. The Government reply that, in view of the qualifications which are demanded by such posts, it considers that they are most likely to be found among officers of the Indian Medical Service.

Public Health

AND

POOR LAW MEDICAL SERVICES.

APPOINTMENTS OF MEDICAL OFFICERS OF HEALTH, SCHOOL MEDICAL OFFICERS, AND ASSISTANT MEDICAL INSPECTORS OF SCHOOL CHILDREN.

THE Local Government Board for England and Wales, after consultation with the Board of Education, has issued a circular letter, dated June 7th, 1911, to County Councils with regard to the appointment by County Councils of medical officers of health and school medical officers and their assistants. The Board recalls that in its Memorandum of December, 1910,¹ it had, in conjunction with the Board of Education, expressed the view that it was desirable to co-ordinate the two services by the appointment of the same officer in both capacities. In the great majority of counties this has been done. The Board also recommends the appointment as assistant medical inspectors of school children of medical officers of health appointed by district councils. In this way the services of an officer who gives his whole time to work of a public health character may be secured, and travelling and establishment expenses reduced, so that the Education Committee may expect to attract a man of greater experience for the medical inspector of school children, since its conjunction with the work of medical officer of health opens a wider field to his ambition. The circular continues as follows:

But the chief object that the Board have in view in advocating such combined appointments is the better co-ordination of the two services, which come into touch with one another at many points. The reports they receive show them that in some cases

friction arises from the separation of the offices, and in others delays which may prove detrimental to the public health. Both the medical officer of health and the school medical officer have power in certain circumstances to advise the closure of schools, and instances in which the opinions of the two officers have been in conflict have come before the Board. A medical man holding both offices and discovering in the course of his medical inspection an undetected case of infectious disease can, as medical officer of health, follow up the case, and may thus be able to prevent an outbreak. If communication with another officer is necessary the delay involved, even if there is cordial co-operation between them, may have unfortunate results.

The chief argument which the Board have heard against this combination of offices is that difficulties may arise where the two different authorities can command the time of the same officer, since they might both require his services at the same time. The Board have not found that this difficulty occurs in practice to any appreciable extent, though in many counties the medical officer of health to the district council is already engaged as assistant medical inspector of school children in the work of school inspection. On the other hand, it appears to them that the arrangement might form a useful link between the county and the local authority.

In order to facilitate this combination of offices the Board now make it a practice of requesting local authorities to make the appointment of their medical officer of health to July 31st, the date to which the Board of Education approve of arrangements made for the medical inspection of school children, and they trust that County Education Committees, when they find it necessary to make an alteration in their arrangements for the medical inspection of school children, will consider the practicability of appointing as assistant medical inspector of school children an officer who will also be appointed as medical officer of health for a combination of districts in the county, and will give his whole time to the work of the two offices.

THE "POOR LAW MEDICAL OFFICER."

We have received the first number of the *Poor Law Medical Officer*, which is the official monthly circular of the Poor Law Medical Officers' Association of England and Wales. It is issued as a monthly supplement to the *Medical Officer*, and is edited by Major Greenwood, M.D., LL.B., D.P.H., Barrister-at-Law. In the introductory editorial, a short sketch is given of the history of the Poor Law Medical Officers' Association, and stress is laid on the need felt by the council of that association for "a better medium of communication between the executive and its constituent members," it being considered that a "journal of this kind might prove a remedy." Emphasis is laid on the fact that many Poor Law medical officers are not satisfied with the medical recommendations of the late Royal Commission on the Poor Laws, or with "the insidious proposal, not obscurely threatened by a Government department, to abolish as far as possible all part-time medical services." It is urged that this proposal is not one that threatens only the welfare of Poor Law medical officers, but that "it strikes at the prosperity of nearly all the general practitioners of the country." Some complaint is made that the British Medical Association "does not offer much encouragement, as there is no real Poor Law Committee within its organization." And, further, it is suggested that the recent circular issued to the Divisions by the Poor Law Reform Committee, on which it is asserted that "Poor Law medical officers are conspicuous by their absence," did not "even remotely" consider the special interest of the Poor Law medical officers. It may be pointed out that these statements now require some modification. The Special Poor Law Reform Committee of the British Medical Association was originally appointed to consider all matters affecting the profession arising under the report of the Poor Law Commission, but it very soon became evident that the matter of the most pressing importance which admitted of no delay was that of State Sickness Insurance suggested in the Commission report as one of the most potent means of reducing pauperism. This was bound for the time being to overshadow every other question. At the last meeting of the Council, however, a special committee was formed to deal with State Sickness Insurance and the original committee, of which Dr. Greenwood and several other district medical officers are members, will now be free to devote its time to other matters not directly connected with State insurance, but perhaps more closely affecting the Poor Law Medical Service. The rest of the journal contains a considerable amount of information on medico-political matters of interest, not only to Poor Law medical officers, but to part-time medical officers of health and the rest of the profession, and in wishing every success to the endeavour by this means to strengthen the organization of the Poor Law medical officers we may express the confident hope that there may continue to be the heartiest co-operation between the Poor Law Medical Officers' Association and the British Medical Association.

MESSRS. BURROUGHS, WELLCOME AND COMPANY have opened at 54, Wigmore Street, premises intended not for the receipt or dispatch of orders, but to afford medical men an opportunity of examining the firm's products at their leisure. The place is excellently arranged; journals and works of reference are available, and provision is made for medical men to write their letters or meet their colleagues at this permanent exhibition room.

¹ SUPPLEMENT, 1910, vol. ii, p. 466.

senior minister of that church, and one of the Deans of the Chapel Royal.

A very impressive memorial service was held in St. Cuthbert's Parish Church on Wednesday afternoon, June 7th, when there was a large gathering of members of the Royal College of Physicians and the staff of the Royal Infirmary, of the medical profession, of the Kirk Session of St. Cuthbert's, and the public. He was buried in the family vault of Longside Old Church, Aberdeenshire, on Thursday, June 8th. He rests from his labours, and his works will long follow him, and his friends long miss a man of rare charm of manner, absolute uprightness, and outstanding ability.

Sir THOMAS R. FRASER writes:

To every one interested in the advance of medicine and its progress on a scientific basis—not only in the United Kingdom but throughout much of the civilized world—the death of Dr. Alexander Bruce will be realized as a grievous loss and even as a disaster.

For many years he has been closely associated with this advance. He has largely contributed to it by his writings and original investigations, especially on the subject of the pathology and symptomatology of the nervous system, in which subject he has gained the place of one of the leading authorities. His descriptions of the minute structure of the brain and spinal cord have materially simplified the explanation of previously obscure symptoms of disease, and his recently published translation of Oppenheim's *Text-book of Nervous Diseases* affords an example of his unflagging devotion to work, sustained during the difficulties of failing health.

It is not, however, to this aspect of the loss sustained by the medical profession that I wish to make reference, but rather to Dr. Bruce's qualities as a man, a teacher, and a physician. A long friendship, dating from the very beginnings of his professional life, a continuous association with him in several official capacities—when, for instance, as a student he was my class assistant; as a young and highly-distinguished graduate, resident in my wards in the Royal Infirmary, and then Assistant Physician attached to the same wards; and, subsequently, a colleague teacher of clinical medicine and examiner in that subject and a co-official medical adviser to a public company—have placed me in an exceptional position to make at least a few observations on these aspects of Dr. Bruce's life and work.

The many opportunities afforded during this long period of time enabled me fully to realize Dr. Bruce's admirable qualities of character and disposition. He was always a steadfast and most amiable associate. His capability for work was untiring, and the nature of it exceptionally good. In times of relaxation he was an agreeable companion, witty and fond of a good story, in which, when he was the narrator, scintillations of Aberdonian humour lightened his otherwise grave manner of speech. This combination of gravity with humour formed a characteristic of Dr. Bruce. The gravity of manner was, no doubt, inborn in the man, and it gave weight to his remarks. It constituted one of his attractions as a teacher, commanding the attention of his hearers and conveying to them something of the high importance which he attached to his subject matter. Few men, indeed, excelled him as a clinical teacher. He was a master in his exposition of the intricate symptoms of an obscure case of brain or other nervous disease, clear in his summary of its essential features, and suggestive in his comments.

It was not remarkable, therefore, that these personal qualities as well as his knowledge derived from the close observation of cases of disease and from his original and elaborate investigations, should have gained the confidence of the practitioners of medicine whom he had trained. For many years his advice was much in request at the bedside and in the consulting room. As a physician, he was most thorough in his examination of patients, and convincing in the reasons for his opinion; and withal so considerate towards his fellow practitioners and so kindly towards patients that he became one of the most popular of physicians, whose assistance was required not only in Scotland and elsewhere in the United Kingdom but on occasions even abroad.

In the midst of these exacting occupations his health began to fail a few months ago. To the great disappointment of his friends, complete relaxation from work and

residence in the South of England did not succeed in restoring his energies. He sustained a physically depressing illness with much courage. His mental faculties, fortunately, remained but little affected, so that almost to the end he was able to continue part of his official work.

The inevitable termination, however, has at length been reached. The recollection of his lovable qualities, high aims, and great services to his profession will long be treasured by his friends.

DEPUTY SURGEON-GENERAL WILLIAM PEYTON PARTRIDGE, late of the Indian Medical Service, died at Beckenham on May 27th, at the age of 80. He became a member of the Royal College of Surgeons in 1853, and entered the Bombay Medical Department as an assistant surgeon July 3rd, 1854, becoming Deputy Surgeon-General February 7th, 1885, in which year he retired from the service. He took part in the Persian Expedition in 1856-7, being present at the landing at Hallilah Bay and at the bombardment and capture of Bushire and Mohumrah, for which he received a medal with clasp. During the Indian Mutiny in 1858-9 he served against the rebels in the Thur and Parkur districts, and was at the engagement at Nuggur Parkur. In the Abyssinian war in 1867-8 he had medical charge of the hospital ship *Star of India*, receiving a medal.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Surgeon-General Villaret, one of the most distinguished medical officers of the Prussian Army, aged 64; Dr. Heinrich Braun, Professor of Surgery in the University of Goettingen, and one of the leading surgeons of Germany, aged 64; Dr. Brossard, Professor of Internal Pathology in the Medical School of Poitiers; Dr. Arthur Fallot, Professor of Hygiene and Forensic Medicine in the Medical Faculty of Marseilles; Dr. Karl Henig, Professor of Obstetrics, Gynaecology, and Diseases of Children in the University of Leipzig, aged 86; Dr. Hermann Knapp, for many years one of the foremost ophthalmic surgeons of New York, aged 80; and Dr. Dastat, of Mons, formerly President of the Belgian Ophthalmological Society, who recently celebrated the fiftieth anniversary of his graduation.

The Services.

HEALTH OF THE BRITISH ARMY IN INDIA.

A LEAFLET showing the remarkable standard of health attained in 1910 among European troops in India has recently been distributed in barracks. Such a course, we believe, is unprecedented, but so is the remarkable improvement in the health of the army which has taken place. The continuance of the improvement must in part depend upon the hearty co-operation of all ranks, and the facts contained in the leaflet are of a character to appeal to every one, and therefore to bring about the desired state of things.

Note on the Improvement in Health of the British Army in India.

His Excellency the Commander-in-Chief in India draws the attention of all ranks to the notable reduction in disease prevalence, mortality, and invaliding in the European Army of India during the year 1910.

The returns are peculiarly good, and constitute a record under all headings. They are extremely encouraging and show what can be done and has been done by attention to sanitary rules. The results obtained are a credit to all concerned, and His Excellency hopes that the figures will be an encouragement to both officers and men to continue the attention and care in regard to all sanitary details which has evidently been the case during the past year.

In 1910, the average number of men constantly sick was but 2,314 in all India, this being 566 fewer than in 1909, or the maintenance of more than half a battalion of infantry out of hospital. The admissions to hospital throughout all India were 10,910 fewer than in 1909. The death-rate per 1,000 men in 1910 was only 4.66 as compared with 6.25 in 1909 and 15.4 ten years ago. Enteric fever cases in 1910 were but 335 with 46 deaths, as compared with 636 cases and 113 deaths in 1909 and as many as 970 cases with 289 deaths ten years ago. The malaria cases were 5,000 fewer in 1910 than in 1909, and the venereal cases were 700 fewer than in 1909. The invaliding, too, has been much reduced, the actual figures being only 482 men sent home in 1910, as compared with 534 in 1909. Ten years ago as many as 2,026 men were sent home unfit owing to sickness. The reduction in the enteric fever prevalence alone means a saving of 67 lives in 1910 as compared with 1909, and

of 243 as compared with ten years ago. The reduction in the total deaths from all cases means a saving of exactly 600 lives in 1910, as compared with ten years ago, or nearly a battalion of infantry or a full-strength cavalry regiment.

Year.	Average Strength.	Average Number Constantly Sick.	Ratios per 1,000.			
			Admissions.	Deaths.	Invalids Sent Home.	Constantly Sick.
1894-1903	65,896	5,374	1,312	17.13	32.22	81.2
1904 ...	70,413	4,023	897	11.28	35.5	57.1
1905 ...	70,994	3,721	833	10.38	21.2	52.4
1906 ...	70,193	3,612	871	10.43	28.3	51.4
1907 ...	69,332	3,215	756	8.18	25.4	46.3
1908* ...	68,528	3,139	836	9.09†	15.6	45.8
1909 ...	71,556	2,880	716	6.25	9.06	40.26
1910 ...	71,500	2,314	577	4.66	7.77	31.93

* An exceptionally bad year for malarial fevers.

† Of these, 35 were caused by cholera, otherwise 1908 would have been a record year.

F. W. TREVOR, Surgeon-General,
P.M.O., H.M.'s Forces in India.

REGIMENTAL MEDICAL EXERCISE.

A REGIMENTAL medical exercise for R.A.M.C. officers of the regular and territorial forces was held at Kirkcaldy under the supervision of Colonel Woodhouse, Principal Medical Officer of the Scottish Command. Assisting him on the directing staff were Lieutenant-Colonel Yarr, R.A.M.C., Major Erskine, R.A.M.C., Major McMiching, D.S.O., Staff Officer, Lowland Division, and Major Hare, Staff Officer, Highland Division. The exercise was divided into two periods, each of three days, the first for regular officers and Territorial Highland Division officers, and the second for regulars and officers of Lowland Division Territorial units. During the three days medical schemes were worked out on the ground from Falkland and Markinch to Aberdour and Rosyth, each evening being devoted to lectures by the P.M.O. and Colonel Yarr.

ACCOMMODATION FOR GLASGOW R.A.M.C. TERRITORIALS.

THE result of further negotiations with the War Office regarding the provision of head quarters, drill hall, wagon sheds, and stores for the Glasgow units of the R.A.M.C. (T.F.) was reported to the Glasgow Territorial Force Association last week. Owing to the cost of preparing the originally selected site at Yorkhill another part of the same ground has been suggested, which will in some measure meet the War Office objections to the heavy expense involved, and the proposal has been approved by the A.M.O.

Medical News.

A CREMATORIUM was opened at Dresden on May 20th.

A FIRST AID SOCIETY has been founded in Constantinople.

THE annual meeting of the Durham University Medical Graduates' Association will take place at 11, Chandos Street, W., to-day (Saturday, June 17th), at 6 p.m., and the members will dine together at the Imperial Restaurant, Regent Street, at 7.30 p.m. The charge for the dinner is 7s. 6d., exclusive of wine. Further particulars can be obtained from the Honorary Secretary, Mr. Bryden Glendinning, F.R.C.S., 7, Devonshire Place, W.

THE annual general meeting of the Poor Law Medical Officers' Association of England and Wales will be held on Thursday, July 6th, at 3 p.m., at 429, Strand, London. Surgeon-General Evatt, C.B., the President, will be in the chair, and after the annual business has been transacted, the meeting will be open for discussion of Poor Law medical subjects. A paper entitled, "The National Insurance Bill and the Poor Law Medical Service," will be read by Major Greenwood, M.D., LL.B., Barrister-at-Law. All medical men interested in Poor Law professional subjects are invited to be present. The usual annual dinner will not take place this year.

A DINNER will take place on Monday, June 26th, at the Connaught Rooms, of the officers of the Royal Army Medical Corps of the 1st and 2nd London Divisions of the Territorial Force, Colonel P. B. Giles, Administrative Medical Officer, 1st London Division, in the chair. Notices have been forwarded to all the officers concerned, and it is hoped that not only will every officer on the active list

make a point of being present, but that many of those *à la suite* of the general hospitals and sanitary service will also attend. A number of distinguished guests have accepted invitations to be present, and it is hoped that several of the medical officers attached to Colonial troops on duty at the Coronation will also attend. Further information and tickets (10s. 6d. each) can be obtained on application to the honorary secretary to the Dinner Committee, Major E. M. Callender, 47, Connaught Square, Hyde Park, W.

THE British Hospitals Association, of whose meeting anent the National Insurance Bill an account appeared in the SUPPLEMENT last week, was formed last year for the purpose of affording facilities for the consideration and discussion of matters connected with hospital administration, and to take measures to further any decisions reached. Included in its objects are the holding of an annual conference and arrangements for the reading and discussion and publication of papers concerning hospital management in general. The first conference was held in Glasgow last September, and arrangements are now in progress for holding a second conference next September in Manchester. All those connected with the active administration of hospitals either as trustees, members of committee, or executive officers, are eligible for membership on payment of an annual subscription of half a guinea. This membership it is desired to increase as far as possible, for the expenses incurred by the association one way and another are very considerable. The honorary treasurer is Mr. Conrad W. Thies, of the Royal Free Hospital, who will be glad to receive applications for membership.

THE staff and friends of the West London Hospital and its Post-Graduate College held a well-attended dinner on May 18th, under the chairmanship of Dr. A. P. Beddard, who proposed the toast to the joint institutions. It was acknowledged on behalf of the hospital by Mr. Samuel Bewsher, one of its constant supporters, and for many years a conspicuous representative of public life in the neighbourhood in which the hospital lies. After making a very handsome acknowledgement of the value of the school to the hospital, he justly claimed that the hospital in its turn had rendered a service to medicine in throwing open its wards for post-graduate work. On this account he called upon old students of the school and all other medical men to make the financial needs of the hospital known, and more especially to support the Coronation dinner which is to take place on June 29th at the Garden Club, White City, under the presidency of the Duke of Abercorn. On behalf of the college the toast was acknowledged by its dean, Mr. L. A. Bidwell, who briefly traced the progress of this, the oldest post-graduate institution in London, and gave reason for believing that the attendance of post-graduates this year will reach as many as 250. The toast to the visitors, proposed by Mr. Swinford Edwards, met with acknowledgement from Dr. J. A. Macdonald, the news of whose election to the General Medical Council had just been made public. In the course of the evening Dr. Beddard mentioned the Insurance Bill, and said that if the medical profession failed to unite, it would only have itself to blame for the consequences.

A BANQUET of the Brussels Medical Graduates' Association was held at the Garden Club of the Coronation Exhibition on June 8th, when about twenty members and guests were present. Among those present were Mr. Bruce-Joy, R.H.A., Colonel Hesketh, Mr. Kirby, F.S.A., and several ladies. The President, Dr. Francis Edwards, after the usual loyal toasts, read a letter from Dr. Samuel West regretting his inability to be present, and then gave the toast of "The Brussels Medical Graduates' Association." The Honorary Secretary, Dr. Arthur Haydon, in responding, said that a very successful annual meeting and banquet was held in the Kaiserhoff Restaurant of the Brussels Exhibition last August; this was the first time the association had ever held a meeting abroad. While in Brussels he had an interview with Professor Rommelaere, the president of the university, and was greatly pleased to hear that not only had all the recommendations of the council of the Brussels Medical Graduates' Association in 1908 been carried out by the senate, but the same reforms had been adopted in other departments of the university, such as engineering and natural science. Two other banquets had been held last year, one at the Trocadero and the other at the Garden Club. Dr. Major Greenwood, in proposing the toast of "The President," referred to his work as secretary for five years, in addition to being a member of the council for some time; he also made some reference to the National Insurance Bill as it affected the profession.