

explanation is that of Neisser and Guerrin, who consider it a leuco-stimulant.

Non-specific antitoxic serums are, then, of great value in eye infections, and their action corresponds probably with the action of normal horse serum, the use of which was advocated by Horder.

Römer's Jequiritol Serum.

Römer employs a serum to counteract the excessive reaction which follows the use of jequiritol for pannus. The serum may be given subcutaneously or locally into the conjunctiva; the former method is preferable. Also, to avoid the occurrence of dacryocystitis from jequiritol, the serum may be instilled into the lacrymal sac before using the drug.

Coley's Fluid.

Cases of sarcoma of the antrum and orbit can be benefited by Coley's fluid containing the toxins of streptococcus and *Bacillus prodigiosus*, and cases treated thus have been recorded by Jack, de Schweinitz, Brandoux, Coley, and Weeks.

Syphilis.

The relation of serum treatment to syphilis of the eye must be mentioned. No antisypilitic serums of any clinical value have been obtained up to the present time. The Wassermann serum test and its modifications have a close relation to the general treatment of syphilis by mercury, etc., in regulating the duration of such treatment.

Sympathetic Ophthalmia.

There is some promise of success in the treatment of this condition by means of serum. Santucci²⁵ has reported some experiments on animals, as the result of which he believes that there is a cytotoxin for the organ of vision which by its appearance may cause the attack of sympathetic ophthalmia. Three series of experiments were carried out:

1. One eye of an animal was enucleated and an emulsion prepared from it, which was injected under the skin and conjunctiva of another animal, A.
2. The serum of the animal A was inoculated into another individual of the same species.
3. One eye of an animal was badly damaged and allowed to shrink, then enucleated, and emulsion injected under the skin and conjunctiva.

Results.—1. After three injections, keratitis, iritis, and three nodules of exudate in the anterior chamber were set up. These gradually disappeared and the eye returned to its normal condition. Another injection was made and the other eye was attacked by similar inflammation. No result followed the subconjunctival injection.

2. Experiment negative.

3. Intense iritis set in after the subconjunctival injection, pointing to the development of an autocytotoxin.

These experiments would show that there is formed in a damaged eye a toxin which is absorbed into the blood stream and gives rise to the formation of antitoxin. If the amount of toxin is small the antitoxin formed can deal with it, but if it is large and the amount of antitoxin formed small an attack of inflammation in the uninjured eye may be caused. If, therefore, an animal be immunized by injecting into it eye emulsion the serum of this animal may be used as a curative agent in cases of sympathetic ophthalmia.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CULTIVATION OF TRYPANOSOMA RHODESIENSE.

YOUR readers might like to hear that *Trypanosoma rhodesiense* is cultivable in a modification of Nicolle's medium. The proliferation is very abundant at 25° to 27° C., and posterior nuclear forms are fairly numerous. I cannot entirely exclude the possibility of contamination with *T. lewisi*, derived from the rats from which the cultures have been made; but *Herpetomonas* forms have not been seen and the characteristic type of *T. lewisi* is not present.

JOHN GORDON THOMSON,
Cryotherapy Department.

Johnston Tropical Laboratory,
University of Liverpool.

CASE OF MORPHINE POISONING.

ON February 3rd Dr. Macdonald, of Leven, reported the accidental administration of $\frac{1}{4}$ gr. morphine suppository for a glycerine one to an infant 4 months old, and mentioned the irrigation of the bowel with Condyl's fluid as part of the treatment adopted. On February 17th Dr. J. Barker Smith commented on this, and urged the value of potassium permanganate in "breaking up morphine, quinine, cinchona salts, and uric acid."

My own experience was as follows: I was called on February 28th last at 7 p.m. to see a male infant of 7 months which could not be roused, and "made a strange noise" in breathing. I found the child comatose, with pinpoint pupils, and shallow, strident respiration.

The mother told me she inserted a glycerine suppository at 2 p.m., and sent the child out in its perambulator. It was sound asleep on its return, and later in the evening she became anxious about its breathing, and was not able to rouse it. I found the suppositories were morphine; 1 gr. in each, put up in a small tin box by a well-known firm, and identical in general appearance with the glycerine.

I had about 4 gr. of potassium permanganate with me, and I injected half of this with some 6 oz. of water into the rectum, which I found empty, and the remainder I dissolved in 4 oz. of water and siphoned into the stomach. I also gave a subcutaneous strychnine injection, and followed up these measures with oxygen, brief immersions in a warm bath every hour, and continued artificial respiration.

At midnight the infant had two attacks of thoracic rigidity and quickly increasing cyanosis, like the initial period in the epileptic fit. By 2 a.m. the general condition had distinctly improved, and the stridor was gone; there were signs of recovering reflexes; a little fluid was expelled from the rectum; it moved its arms about and attempted to cry. Thereafter its recovery was so rapid that by 11 a.m. it appeared quite well, with a normal temperature, and looking bright and alert as usual. Urine had been passed freely, the pupils were normal, and the tongue moist.

Throughout the pulse ran about 90 to 100, and was of good force and volume. It was really weaker twenty-four hours later, and the extremities were inclined to be cold. I noticed frequent oscillatory movements of the lower jaw during the narcotism. The muscular action was never totally relaxed, for the prehensile grasp of the hands was always evident. The reflex sucking effort was among the earliest signs of improvement. The baby, which is breast-fed and just commencing dentition, is very strong and well developed.

Nearly six hours passed between the introduction of the suppository and the beginning of the treatment, and Dr. Macdonald conveys in his note a question as to the relative toxicity of the drug when given per rectum, and, *a fortiori*, my own case suggests the very same question, apart altogether from the value of antidotal measures.

Hungerford, Berks.

WALTER DICKSON, M.D. Edin.

ANAESTHESIA FOR SUBMUCOUS RESECTION OF THE SEPTUM.

THE method that I have found most useful, after trying packing, injecting, and Freer's methods, only to discard them as unsatisfactory or dangerous, is to paint the septum

every two minutes for twenty minutes with a mixture of equal parts of adrenalin (or epinine) and a 10 per cent. solution of cocaine. This gives an excellent anaesthesia, or if, as I more usually prefer, the patient is then given a general anaesthetic in the sitting up position, ensures a practically bloodless operation.

London, W.

MACLEOD YEARSLEY, F.R.C.S.

LARGE VESICAL CALCULUS.

On March 16th, 1911, a phosphatic vesical calculus, weighing $9\frac{1}{2}$ oz., was removed from the bladder of an adult male of 40 years of age. He presented himself at the Victoria Hospital, Bangalore, with a number of sinuses between the umbilicus and symphysis pubis, through one of which the stone in the bladder was felt by a probe. The bladder was opened above the symphysis pubis and the stone extracted. The patient, who was in a very delicate state of health, made an uneventful recovery, and left the hospital on June 8th, 1911. This is the largest vesical calculus removed in this hospital.

Bangalore.

T. V. ARUMUGUM, M.B., C.M.,
Medical Officer.

ŒSOPHAGEAL STRICTURE OBSTRUCTED BY A FOREIGN BODY.

The following case appears worthy of record:

J. C., aged 30, in October, 1908, swallowed by misadventure a solution of caustic soda. This resulted in a fibrous stricture of the œsophagus at the diaphragmatic end. Since then he has suffered from several attacks of complete obstruction, which have been relieved by the passage of bougies. In August, 1911, I passed several bougies, the largest of which was 8 mm. in diameter.



On November 19th, 1911, the man came to me again, complaining of regurgitation of all food and liquids. On this occasion I passed the 8 mm. bougie as before, but on the following day he stated he was no better. On now passing the instrument and withdrawing it I found the foreign body transfixed by and attached to the bougie. It proved to be the heart of a chicken, which, measured from its upper border, was lodged 17 in. from the mouth. The patient was unaware of "anything sticking in his throat," but he informed me that he had taken chicken broth on the evening of November 18th after having had too much beer. A length of the bougie, measuring 5.5 cm. from the lower border of the foreign body, had been passed through the latter into the stomach. The heart measured 3.4 cm. in length and 1.6 cm. in greatest width; 1.7 cm. of its length (the upper half) was perforated, but the lower half was not perforated by the bougie.

The greatest diameter of the part not perforated was 1.5 cm.

The points of interest in the case are:

1. The absence of symptoms (apart from obstruction) from the lodgement of the foreign body, and the fact that the patient was unaware of its presence for three days.
2. The amount of dilatation possible at the seat of stricture, the lower half of the heart (apex downwards) being probably engaged in the stricture.
3. The method of removal.

Burnley.

S. T. BEGGS, M.D., B.Ch.

GASTRO-INTESTINAL HAEMORRHAGE IN A NEWBORN INFANT.

As suggested some time ago in the BRITISH MEDICAL JOURNAL, I send notes of a case of gastro-intestinal haemorrhage in a newborn infant, with recovery, and the treatment adopted.

Mrs. C. was confined at 4 p.m. on September 6th, 1911. The labour was perfectly normal. This was her fourth confinement. The child—a girl—looked strong and healthy, and weighed 8 lb. No family history bearing on the case can be obtained.

At 7 a.m. on September 7th the nurse noticed the baby making a gurgling sound, and found her bringing up clotted lumps, "like liver," and then bright red blood. The bleeding ceased in a few minutes, but returned an hour later, and I was sent for. I found the child blanched and pulseless, the extremities cold, and every symptom of approaching death. The bedclothes and bedding seemed soaked with blood, but the bleeding had ceased. I gave her at once 5 minims of Messrs. Duncan, Flockhart, and Co.'s vaso-constrictine (1 in 1,000), which she retained, and thereafter 2 minims every hour for twelve hours. She brought up a little dark-coloured blood at 12, 3, and 7 p.m. No further blood was vomited. Her general condition improved through the night. On the morning of September 8th she passed a large motion of meconium with a considerable amount of bright red blood. At 3 p.m. she passed another large motion with several small clots and still streaked with bright red blood. After this the motions were for three days tarry, with small clots, but then became quite normal in every way.

The vaso-constrictine was continued at increasing intervals and in reduced doses for twenty-four hours after the last trace of blood appeared in the motions. The diet consisted of iced wine whey till the mother's milk was available. For a week this also was iced, and given in small quantities at frequent intervals. Thereafter she was put to the breast. In two weeks she gained 2 oz. in weight, and in three weeks 6 oz. At four months she weighed 14 lb. 2 oz., and is at the present time a fine healthy child.

Clapham Park, S.W.

A. DINGWALL, M.D.

ANCHORED DRESSINGS.

SOME time ago I recommended the use of the subcutaneous catgut suture for drawing together the skin in closing abdominal incisions. Continued use of this method showed that in a certain proportion of cases there was some oozing of serum from the wound. This moistened the skin along the line of the incision together with the two or three undermost layers of the gauze dressing. In a few of these moist cases a little superficial suppuration occurred and delayed the union of the skin edges for a few days. The infection doubtless came from the skin itself, and trouble of this kind does not seem to occur if the skin remains dry. To prevent the oozing of serum the following plan was adopted.

After the peritoneum has been closed with continuous catgut, three or four silkworm gut sutures are inserted, so as to include skin, fat, and fascia. They are left untied. The fascia is then united with chromic catgut or silk, and the skin edges are drawn together with subcutaneous catgut. The gauze dressing is then folded so as to form a narrow pad a little longer than the wound, about an inch and a half wide, and about three-quarters of an inch thick. This pad is laid over the incision and the silkworm-gut sutures are tied over the pad pretty firmly. Ten or twelve days later the silkworm sutures are cut and removed with the gauze pad. The skin is then seen to be healed and the subcutaneous catgut which united it has been absorbed.

Since this plan was brought into use about a year ago there has been no oozing of serum, no moist dressings, and no delayed healing of the skin. The pressure of the gauze pad tied down with the silkworm sutures keeps the wound dry. The pad also prevents the sutures from cutting into the skin, and it seems to serve this end better than the bits of rubber tubing which are threaded on to silkworm sutures by some surgeons.

Plans of the kind here described¹ are now being used and written about by general surgeons under the name "anchored dressings," and I would add my testimony, after several months' trial, as to the way in which they meet the special case of abdominal incisions. Needless to say, they have the additional advantage of preventing the dressing from shifting.

Manchester.

W. E. FOTHERGILL, M.A., B.Sc., M.D.

¹ BRITISH MEDICAL JOURNAL, February 3rd, 1912

We cannot sufficiently praise the manifold qualities of your head and heart, but suffice it to say that your purity of character, nobleness of mind, and broadness of sympathies have made a home for you in the heart of every Hindu and Mohammedan, rich or poor, young or old. To see you is to love you, and to know you is a pleasure. We bid you adieu, and pray for you a happy voyage home. We shall be fondly looking for the day when we shall welcome you back in our midst.

His loss might well be spoken of as irreparable, but it is hoped that this story of the influence of one medical man upon a large territory in one of the outposts of the British Dominions may lead other medical practitioners to consider the possibility of entering a service in which the highest gifts may be used to the best advantage.

A telegram received by the Church Missionary Society on March 25th, makes the following appeal: "Publish widely Frontier appeals England fill gaps in fighting line." The Church Missionary Society will be glad to hear from any medical men who, imbued with the spirit of Dr. Pennell, would like to follow in his footsteps.

Mr. DEVEREUX MARSHALL writes: Theodore Leighton Pennell and I entered University College, London, as students in October, 1885. He had previously passed the Preliminary Scientific examination of the University of London, and in October of that year he obtained the highest entrance exhibition. We got to know each other within the first few days, and thus commenced a close friendship which lasted unimpaired until the day of his death. His ability to do well in examinations was marvellous. It was seldom that he ever entered for one without coming out at the head of the list. The number of medals and prizes which he obtained could certainly not be held in memory by even his closest friends. Yet, in spite of this, he was not by any means a plodder who obtained distinction solely through hard work at medical subjects. He always had plenty of time for everything, and I never remember his looking pale and worried by overstudy. Physically he was not particularly strong, but the amount of work he could get through was prodigious; yet it never disturbed him, and he was one of those who appeared able to grasp a subject in detail before most of his contemporaries were able to get hold of the bare outlines. He always found time for work outside that which was strictly professional. He was a keen entomologist and botanist, and from the very first took charge of the destinies of the Students' Christian Association, and made it flourish in his day. When about half-way through his student days, he had an eye on the working lads in the Euston Road district, and, with the aid of a few others, started and worked a boys' club and gymnasium, which for years continued to be a counter attraction to the streets for the lads who joined it. For the management of this he was almost entirely responsible, and that at a time when final examinations were looming very large on the horizon. This did not worry Pennell in the least; he went up for them at the earliest possible time and seldom came away without an exhibition or gold medal to show for it, and finally he obtained the gold medal at the M.D. A year later he became an F.R.C.S.

It was impossible to imagine that he could have anything but a distinguished career no matter where he went, but he at once decided that he should spend his life in the mission field, and offered himself to the Church Missionary Society.

His devotion to his mother was remarkable, and I am quite certain that nothing would have induced him to leave her. The solution of this difficulty was found in their both going together to Afghanistan in 1893. There for fifteen years they worked together without either of them ever coming home. At the end of that time he came home for a short time in the summer, and then underwent an operation for the removal of a loose cartilage in his knee. To his great sorrow his mother died quite suddenly, while he was in England. Shortly afterwards he married in India; he returned again about two years later with his wife (who was an M.B. and B.S.Lond.) on sick leave, he having had a most severe attack of enteric fever. I last saw him in the summer of 1910, when he was convalescent, but he bore the traces of the hard life he had lived. There are others who are better able than I am to describe his work in India, and that I will not attempt, but we knew enough

of each other to mutually watch our progress, and many a time have we consulted together by letter on strange cases which we have come across. There are a few men we have all known who have made the world brighter and happier by their lives, examples, and friendship. Pennell was one of those, and his influence for good was fully recognized by the Government of India, by thousands of natives, as well as by his friends in England. The loss of such a man as Pennell is a very serious matter indeed, not only to his intimate friends, but to the world at large.

Dr. S. H. SNELL, of Christchurch, who was a fellow-student of Dr. Pennell's at University College, in the course of a tribute to his memory, writes: In those early days the deeply religious bent of Dr. Pennell's mind was plainly shown, and he formed and took a deep interest in a working boys' club in Tottenham Court Road. A great deal of his spare time and cash were devoted to these objects, while on himself and his clothes he spent little, so that he had the reputation of being a poor man, though this, I understand, was really not the case. In residence as House-Surgeon, etc., in University College Hospital he was very highly respected, though, like all men who are known to be "religious," was subject to a little good-humoured chaff at times. Twenty years passed over our heads. I heard rumours of his magnificent work, saw an occasional letter from his pen, and then appeared his work, more interesting than any novel, *Among the Wild Tribes of the Afghan Frontier*. One day, at a garden party at Guy's Hospital the summer before last, I saw a man, bearded and bronzed and thin, walking with a Parsee lady. We looked and recognized each other. This was Dr. Pennell and his wife, who shared his life's labour with him. A grip of the hand, a ten minutes' eager talk, a promise to meet in a few days, which was accidentally prevented, and now all that is over for ever, and only the memory of pleasant friendship and eager, strenuous student days together remains. That so talented a man, who could have attained to any position in England, should devote his life in such a way is proof of his wonderful faith, and even those of us who cannot share those ideals must reverently admire and respect the unselfish devotion of his life to a great and noble cause.

Dr. WILLIAM HENRY BARNETT, who, like Dr. Pennell, died of septicaemia at Bannu on March 20th, at the age of 32, was in his first period of service in the mission field, where he was the colleague of Dr. Pennell. As a student at St. Bartholomew's Hospital he had a successful career, and made many friends, and at the end of his course he graduated M.B., B.S.Lond. in 1905. He served two appointments before going abroad, first as House-Surgeon at the Macclesfield General Infirmary, and later as House-Physician at the Radcliffe Infirmary, Oxford. He had already done useful work in Bannu, and he will be greatly missed. He married on September 26th, 1910, Miss P. L. Hockin.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.R.—A. H. Richardson, C. A. Dottridge, R. M. Miller.
B.C.—A. H. Richardson, C. A. Dottridge.

UNIVERSITY OF LONDON.

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

THE Council has received the sum of £1,500 from an anonymous donor to clear off the debt upon the building.

The Council also received from Mr. H. M. Phipson the sum of £100 to endow a prize in pharmacology in memory, and to bear the name, of the late Dr. Edith Pochey Phipson.

The Gilchrist Studentship for Women of £100 has been awarded by the University of London to Miss Cicely M. Peake, M.B., B.S.Lond., a former student of the school.

The St. Dunstan's Medical Exhibition, value £60 per annum for three or five years, and the School Scholarship, value £30, will be awarded on the result of an examination to be held on May 28th and following days. Forms of entry must be sent to the Secretary of the School, from whom all particulars can be obtained, before May 20th.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—Part 4: H. G. Bywater, B. J. Doyle, J. J. K. Pentony, R. Rimmer. Part B: G. D. Harding, B. Williams. FINAL.—Part I: Maud E. Batenian, F. A. Belam, R. W. Gemmell, A. V. Glendinning, E. B. Marsh, A. C. Mooney, H. S. Pemberton. Part II: D. H. Clarke, Kate M. Cowe. Part III: Ethel M. Baker, R. C. Crooke, A. A. Dear, I. C. Edwards, T. B. Evans, N. P. Laing, J. Loudon, G. W. Mooney, H. Pierce, H. G. Roberts, J. A. Tobin.

* Second-class honours.

UNIVERSITY OF BIRMINGHAM.

THE following candidates have been approved at the examinations indicated:

D.P.H.—Part I: R. W. Briggs. Part II: E. J. Boome.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

FIRST M.B.—*Elementary Anatomy and Biology, Chemistry and Physics*: R. V. Brew, W. J. H. Brown, A. C. Jap, C. W. Morris, H. A. Newton, A. E. Raine. *Elementary Anatomy and Biology*: J. Brumwell, Dorothy Butcher, Mary R. Campbell, J. A. Charles, G. A. Clark, R. N. Craig, D. E. Hearn, W. A. Hewitson, J. Horsley, R. Hunter, J. K. R. Landells, Phyllis Marriott, C. D. Newman, G. F. Philip, K. I. Shalaby, T. W. Shaw, W. O. F. Sinclair, J. T. Smith, I. Soliman. *Chemistry and Physics*: H. G. B. Dove, L. B. Frere, C. N. Joseph, E. E. D. Lau, R. B. Pirrie, J. D. Proud, W. A. Tweddle. *Elementary Anatomy*: H. Williamson, R. Welch.

SECOND M.B.—*Anatomy and Physiology*: *W. Stott, *C. H. Keay, *W. Herbertson, P. A. Clements, A. F. R. Dove, Mary S. Gordon, L. Magee, G. D. Newton, R. Sells, C. G. Strachan, A. G. Taylor.

* Second-class honours.

Medico-Legal.

CONTRACTS WITH LOCUMTENENTS.

WITH reference to the case briefly recorded, under the heading of "Contract with Locumtenents," at page 650 of our issue for March 16th, the defendant's solicitor and one of the medical agents who gave evidence on behalf of the defendant have both been good enough to supply further information. The case, however, was only of interest so far as it illustrated the working of general principles, so we merely note that whereas the medical agent seems to have regarded himself as testifying to what is the established custom in respect to giving notice to locumtenents, the solicitor regarded him as giving evidence on the specific point of what notice is required when a locumtenent is unable to perform his work through physical incapacity. It was on the latter point that the case eventually turned, the judge holding that a locumtenent engaged for a definite period contracts to perform certain duties day by day, and that if he is unable to perform those duties his engagement *ipso facto* terminates, even when the cause of the inability is illness or injury. On the question of what notice is due to, or by, a locumtenent who is not engaged for a definite period, and who has signed no contract by which the point is covered, the case, as we before indicated, establishes no precedent.

Public Health

FEES FOR CERTIFICATION OF PAUPER LUNATICS FOR ASYLUMS.

J. K.—Our correspondent has not stated his case quite clearly, but we may say that we have not before heard of a magistrate naming such a fee as 5s. as a proper fee for the serious and responsible duty of certifying a lunatic as fit to be removed to an asylum. We believe that the usual fee is a guinea. As our correspondent has certified numerous cases without any definite understanding as to what he might expect to be paid, his only redress would seem to be to appeal to quarter sessions under Section 301 of the Lunacy Act, which is as follows:

301. (1) Any person aggrieved by the refusal of an order by any justice or justices as to any matter within the jurisdiction of a justice or justices under this Part of this Act, may appeal to a court of quarter sessions upon giving to the justice or justices against whom the appeal is made fourteen clear days' notice of appeal.

(2) The determination of the court upon the appeal shall be final.

PUBLIC HEALTH ADMINISTRATION.

SCOTTISH MEDICAL OFFICER.—(1) The provisions of the Public Health Act must be carried out by the local authorities, however irksome they may appear to our correspondent. (2) The cases referred to being, in the opinion of the district medical officer of health and in that of the medical officer of health for the county, typhoid fever, our correspondent should have attended. His diagnosis of cerebro-spinal meningitis may have been open to doubt; the fact of the Widal test being negative does not amount to proof that the disease was not typhoid. (3) As cerebro-spinal meningitis is not listed as a notifiable disease under the Act, our correspondent is not entitled to a fee for notifying this disease. (4) If the district

medical officer of health is willing to provide and pay for a nurse to attend these cases, surely our correspondent would not object to having the services of a nurse.

Medical News.

DR. CARL POSNER, editor of the *Berliner klinische Wochenschrift*, and a well-known specialist in genito-urinary diseases, has had conferred upon him the title of Medical Privy Councillor.

AT a meeting of the Royal Sanitary Institute, at 90, Buckingham Palace Road, on Wednesday, April 24th, Dr. F. W. Mott, F.R.S., will deliver a lecture on Sanitary and Insanity. The President, the Duke of Northumberland, will take the chair at 5.30 p.m.

THE report adopted at the annual meeting of the Royal Dental Hospital of London on March 14th recorded the admission of the institution to the position of a school of the University of London, its recognition for the teaching of chemistry and physics by the Conjoint Board, and the success of the public lectures at the hospital on the care of the teeth instituted last year.

THE report of the 139th anniversary meeting of Leicester Infirmary on March 20th includes a record of the adoption of a resolution recording the gratitude of the governors to Dr. F. M. Pope for the eminent services rendered by him to the institution and the children's hospital in respect both of administration and of attendance on patients. The resolution also asked his acceptance of the post of consulting physician, and expressed a hope that he would continue to take a prominent part in the guidance of the affairs of the joint institutions. Dr. Pope is about to resign his appointment on the active staff after a period of service extending over twenty-six years.

AT the annual meeting of the Chelsea Hospital for Women on March 25th, the President, Viscount Castle-reagh, stated that the rebuilding scheme would now be put into operation. It includes transfer of the institution to a new site not far off, where there will be room for more beds, and for proper accommodation of the nursing staff, and freedom from noise. The new site has been presented to the hospital by Earl Cadogan, while Mr. Dyer Edwards has foregone a mortgage of £4,000 on the present site, so as to allow it to be sold free of incumbrances. The trustees of the Zunz bequest have promised a grant of £10,000 towards the expenses. These it is estimated will amount to about £43,000.

THE fifteenth annual dinner of the Chelsea Clinical Society was held at the Richelieu Hotel, Oxford Street, W., on March 20th, the President, Dr. J. A. Mansell-Moullin, in the chair. The visitors included Professor Einthoven, of Leyden; Dr. A. Waller, F.R.S., Professor of Physiology at the London University; the Mayor of Chelsea, and others. The President, in proposing the toast of "The Chelsea Clinical Society," mentioned that during the year there had been a large accession of membership. The difficulty of securing a place in which to hold meetings had been overcome, thanks to the courtesy of the authorities of St. George's Hospital, who had placed the club rooms at the disposal of the society. He wished to take the opportunity of thanking the medical staff for this privilege and for providing them with clinical cases and placing the laboratories at their disposal. Dr. Theo. B. Hyslop responded in a humorous speech, and commented on the progress the society had made. Discussions of the greatest value were held from time to time, and the attendances had shown a considerable increase. Dr. T. W. Parkinson, who submitted the toast of "Our Guests," referred to Dr. Waller as the father of electro-cardiography, and complimented Professor Einthoven on having brought about its practical application. It was a great pleasure to have visitors from abroad; in medicine they acknowledged no nationality. Professor Einthoven gracefully responded; and Dr. Waller, who was also called upon, remarked that though he had been called the father of electro-cardiology, he felt like a child by the side of Professor Einthoven. He (Dr. Waller) had not dreamed of the instrument being more than a scientific curiosity, or that it would be placed in the hands of doctors in the way it had been. It had been shown, however, that there was a magnificent future before the instrument as a means of clinical investigation. The Mayor of Chelsea and Dr. E. I. Spriggs, on behalf of the Dean of the Faculty of St. George's Hospital, also replied. The toast of "The President and Officers of the Society" was proposed by Dr. Campbell Boyd and acknowledged by the Chairman, by Dr. Allpress Simmons, and by Dr. Ivan Maclean.