

Late Secondary and Tertiary Syphilis.—One or two injections of salvarsan are given according to the nature of the case, our aim being to clear up the lesions as quickly as possible. When discharged to duty, these cases are, as a rule, recommended for further courses of mercurial and iodide treatment.

Latent Syphilis.—Salvarsan is not recommended as a routine treatment in cases of latent syphilis. Its use here should be restricted mainly to early latent cases, and cases where previous treatment has been slight.

From our results so far at Haslar, we are of opinion that salvarsan, with or without mercury, is indicated in every case of syphilis with active signs of the disease, provided no contraindications are present.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE INGUINAL OPERATION FOR THE RADICAL CURE OF FEMORAL HERNIA.

I HAVE read with considerable interest Mr. Morton's paper in the issue of the BRITISH MEDICAL JOURNAL of February 24th on the inguinal operation for the radical cure of femoral hernia. I have practised this operation for the last seven years, and it has always been a matter of some surprise to me that the operation should receive such scant attention in textbooks of operative surgery.

In addition to being the only anatomical method, it is also the only one successful in closing the upper end of the crural canal, and it is the only method which gives an adequate view of the neck of the sac and its contents in cases of strangulation.

My experience has been very much the same as that of Mr. Morton. Out of 30 cases, 11 were for radical cure and 19 to relieve strangulation. The large number of these cases that come to the surgeon for the relief of strangulation as compared with those that came for a radical cure is due, I believe, to the fact that a femoral hernia does not, as a rule, reach a large size, and does not give much inconvenience until strangulation occurs.

I am not able to speak with any certainty of the after-results of the operation, because, so far, I have not gone into the matter, many of my cases having only been done a year or two. I would, however, advocate this operation as a routine in all cases of strangulation. The incision I employ is a curved one, beginning over the pubic spine, passing downwards and outwards an inch below Poupart's ligament, and then upwards, to cross that ligament at the junction of its outer and middle thirds. A flap of skin and fascia, convex downwards, is then dissected up, exposing the hernial sac and the aponeurosis of the external oblique. The sac is now separated from surrounding structures, and opened. An incision is now made through the aponeurosis of the external oblique; in the male the cord is hooked upwards and inwards; the fascia transversalis is now divided, and the peritoneum exposed. I now incise the peritoneum, so that a good view is obtained of the bowel, both limbs of the herniated loop can be seen, and their condition ascertained. Gimbernat's ligament may be divided from above, as Mr. Fagge suggests, but I find that in a large number of cases the ring can be stretched by the finger from above. The bowel is now drawn up from below, examined and replaced in the abdominal cavity; the sac also is drawn up above Poupart's ligament and cut off; after ligation any opening left in the peritoneum is stitched up, the operation being finished very much in the manner Mr. Morton describes.

The advantages of this method of operating consist in a good view of the parts concerned, easy access to the constricting agent; while any operation on the bowel, such as resection or the stitching up of a perforation, is a much more simple matter with the increased space at one's command. It was frequently a difficult matter to draw the bowel far enough down below Poupart's ligament to examine the site of constriction when operating by other methods, while the bowel stood some risk of being damaged in the process; and should damaged bowel slip back into the peritoneal cavity—a contingency which I have experienced—it can be rescued at once.

Oxford.

EDMUND C. BEYERS, F.R.C.S.

ANENCEPHALOUS MONSTERS.

MR. RONALD KIRKNESS records a case of anencephalous monster in the BRITISH MEDICAL JOURNAL of September 30th, 1911, page 755, which, in many particulars, is so like two cases I have recently met with that I am induced to send some particulars from my notebook.

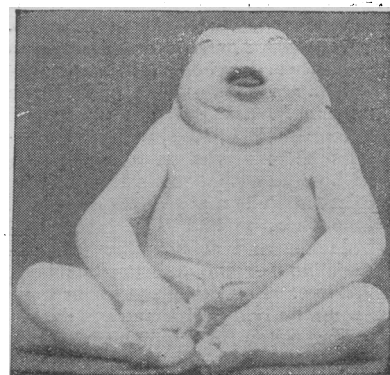
The mother of the monster shown in the photograph was confined at the end of August, 1911. It was her fourth labour. The first two confinements were normal and healthy boys were born. The third labour produced a dead fetus, with abundance of liquor amnii. After the early months of her fourth pregnancy she rapidly increased in size, and became distended to such a degree that her friends felt certain she would bring forth twins. Labour commenced at the end of the eighth month. After several hours of weak pains I ruptured the membranes and at once there was an escape of an excessive quantity of amniotic fluid. In various vessels I collected and measured five quarts, but at least another quart must have escaped on the floor. The monster had been dead a few days.

The photograph, which was kindly taken by our house-surgeon at the Children's Hospital, shows the absence of cerebrum and of neck. The cervical vertebrae were wanting, the base of the skull being rigidly fixed into the dorsal vertebrae and the sternum. There was also a spina bifida in the dorsal region.

The other case, born six months ago, was the result of a third pregnancy. The first child, a girl, was normal in every way. The second labour occurred at the seventh month and was a placenta praevia, with dead fetus. The third labour was normal, except there was more than the usual amount of liquor amnii. The fetus was exceedingly well developed in body and limbs, but had an absence of frontal region of skull, and almost an absence of parietal region. She made no sounds and did not seem inclined for food. She lived in this state for two months. The mother of this monster has a narrow and high palate. I am inclined to ask the readers of the JOURNAL if this disaster is more frequently met with than formerly. During the year and a half I was house-surgeon to the Women's Hospital, and attended about 1,500 labours, I did not meet with a case. I am told by a member of the staff that cases of monsters are often met with now amongst the hospital patients.

Brighton.

GEORGE MORGAN, F.R.C.S. Edin.



CYST OF ABERRANT BILE DUCTS.

As cyst of the accessory bile ducts is of uncommon occurrence, the notes of the following case may be of interest.

On November 26th I was called to a man, aged 68, who had been taken suddenly ill. On my arrival he was *in articulo mortis* and expired in a few seconds. On inquiring from his relatives concerning his previous history I learnt that he had not been medically attended for over forty years, but that when 20 years of age he had suffered from some indefinite stomach trouble. He had never lived abroad.

Two days later I made a *post-mortem* examination. The body was that of an elderly man of spare physique. The cranial contents were normal. The lungs were healthy but showed sclerosis in parts; the bronchial glands were enlarged and darkened with carbonaceous particles. The heart was atrophied and exhibited fibrous and fatty degeneration.

On opening the abdomen there presented a swelling the size of a large orange. It occupied the fissure of the suspensory ligament and projected beyond the anterior edge of the liver. The swelling was globular and smooth, and was adherent to the left and quadrate lobes and to the

stomach. It was enucleated with a little difficulty, and on closer examination it appeared to be a tense cyst with thick walls. On opening it a tenacious bile-stained mucoid fluid escaped; the wall of the cyst exhibited calcareous plates. It was apparently of long standing, as inspissated bile could be scraped from the cyst wall. The liver and gall bladder were normal; the latter and its ducts had no connexion with the cyst. The other abdominal viscera were healthy.

The cyst did not present any of the characteristics of hydatids; there were no daughter cysts and no scolices or hooklets—further, the contents in consistency were quite different from those of echinococcal origin. The wall of the cyst did not exhibit any lamination. It appears to have originated in the accessory bile ducts, which are occasionally found at the left end of the transverse fissure, and the fact that the contents of the cyst were of the nature of inspissated bile suggests that cystic dilatation of one of these abnormal ducts, with retention of its secretion, is the causative factor in its production.

Wolverhampton. W. MACALISTER BROWN, M.B., Ch.B.

DOUBLE CEREBRAL HAEMORRHAGE IN A YOUNG MAN.

THE following case presents some unusual features, and is, I think, worth recording.

E. R., a railway-ticket collector, aged 21, was admitted into the Hampstead General Hospital on the evening of September 24th, 1911, in a state of coma.

His history was as follows: Four years previously he had been in St. George's Hospital for six weeks with acute nephritis and marked oedema of face and ankles, etc. Since then he had been quite well, save for occasional headaches and scanty flow of urine. For three weeks before he became unconscious he had been blind in his right eye. For the twenty-four hours preceding this state of coma he had performed his duties in the ordinary way, and had taken his meals well. On the day of admission he went out for a walk at 2.45 p.m., and at 4 p.m. he complained of numbness in his left hand and arm, and then immediately fell down insensible.

On admission, four hours afterwards, he presented the appearance of one deeply comatose. The face was clammy and bluish, the breathing slow and slightly stertorous, and mucous rattling in his throat most evident. The pulse was slow and full, equal at both wrists, registering 190 mm. Hg on the Riva-Rocci sphygmomanometer. The heart sounds were very distinct and pounding in character; the apex beat was half an inch outside the nipple line in the sixth interspace. The lungs showed medium crepitations at both bases. The pupils were equal, very contracted, and did not react to light. The tongue was very foul and coated with brownish fur. The breath was quite inodorous; he had vomited twice since the seizure, some reddish material, probably some ingested fruit. The bladder was full. No convulsions had been noticed, but he had a curious habit of lifting his left arm and hand, scratching and beating his left cheek persistently. On the left side the knee-jerk was much exaggerated, with marked ankle-clonus and extensor plantar response. On the right side the knee-jerk was rather sluggish; there was no ankle-clonus, and the extensor plantar response was not so distinct. The limbs were not flaccid, but offered a good deal of resistance to flexion, etc.; they were not wasted. He drew up his legs and moved his arms occasionally. Urine was passed involuntarily, but not faeces. The urine was almost solid with albumen, no sugar, no acetone. He was very cyanosed on admission, and showed some twitchings of the left hand. There was well-marked albuminuric retinitis in both eyes, most marked in the right. Treatment was directed towards what was supposed to be a state of uraemic coma. Hot packs, venesection to 16 oz., stomach lavage, subcutaneous saline, and 1 oz. magnesium sulphate by stomach tube were administered, but the state of coma became deeper and he died twenty-four hours after admission. The temperature on admission was 95° F., and steadily rose till it became 106° F. half an hour after death.

Necropsy.

Brain soft, superficial vessels injected, and basal arteries very atheromatous. Membranes appeared normal. The left cerebral hemisphere showed definite bulging. On

section there was an extensive haemorrhage on the left side, apparently caused by rupture of one of the anterior ganglionic branches of the left middle cerebral artery, the structure of the brain was destroyed, and the effused blood had broken through into the left lateral ventricle. On the right side of the brain was a small circumscribed haemorrhage the size of a walnut situated in the immediate neighbourhood of the lenticular nucleus and involving the genu of the internal capsule. The ruptured vessel was not identified. The right lateral ventricle was free from blood, as also was the fourth ventricle. The right kidney was minute and granular, with capsule adherent; the left large and granular, with thickened vessels. The heart was of the much hypertrophied renal type. The lungs were oedematous.

ANDREW J. SHINNIE, M.B., Ch.B.,
Late House-Physician.

SUBPHRENIC ABSCESS PRESENTING UNUSUAL FEATURES.

ON September 24th, 1911, I was called to see Mrs. B., aged 55, who was the mother of six children (youngest aged 14). She was a stout but active woman, who, having always enjoyed excellent health, had never required a doctor. Two years before I saw her she sustained a fall, and, although able to perform her usual household duties, she had never "felt the same" since.

She complained of pain in the right hypochondrium, with frequent and painful micturition. An indefinite swelling, painful on deep pressure, could be made out, and on vaginal examination the right side of the pelvis was found to be occupied by a smooth, soft mass about the size of an orange. The temperature and the pulse were normal, the bowels regular, and digestion good. She emphatically refused operative measures and expressed considerable surprise at the presence of any lump, which had never given her trouble. On October 1st the patient expressed herself as feeling very well and with great glee remarked that the swelling in her side had disappeared. On vaginal examination the swelling was found to be less definite and the mass, which was less marked, was somewhat difficult to reach.

On October 5th, as the patient, freed from all pain and frequency of micturition, had resumed her household work, I ceased my professional attendance.

On November 27th a recurrence of symptoms, attributed by the patient to getting wet on November 25th, led to a request for my resumed attendance. I found the patient looking very ill and unable, owing to pain in the lower part of the abdomen, to either sit or stand upright; the temperature was 99.8°, and the pulse 110. On November 29th the temperature was 100° and the pulse 120, and there was acute general abdominal pain. This was completely relieved by hypodermic injections of morphine, so that on December 1st the patient was improved and comfortable. On December 4th the temperature was subnormal, and the pulse 120 and feeble. There was persistent vomiting and cold, clammy sweat. The vomiting continued, and on December 9th was faecal. The abdomen was distended and tympanitic, and there had been no action of the bowels for seven days. The patient complained of neither pain nor tenderness. In consultation with a colleague the same pelvic condition, though increased in extent, was found as had been discerned in September. A small quantity of pus was passed by the vagina.

The autopsy revealed:

1. A collection of pus in the pelvis, iliac fossa, and Douglas's pouch.
2. That the caecum was greatly distended.
3. That the appendix was fixed by firm adhesions.
4. Recent diffused peritonitis with extensive lymph flakes and intestinal adhesions.
5. That the uterus was normal in size and the ovaries atrophied (caseating areas).
6. On the posterior wall of the duodenum a gangrenous patch of the size of a shilling piece with a perforation of half this diameter.

Undoubtedly this duodenal ulcer, which had given rise to none of the characteristic symptoms—at no time had the patient suffered from any form of dyspepsia or passed blood by the mouth or bowel—was the source of the septic condition which culminated in the death of the patient.

Woking.

GEO. F. VINCENT, F.R.C.S.Ed.

than to a remote one, and such a course as I suggest would have inestimable advantages, not only in our present crisis but in view of a certain proposition which I shall soon have the honour of laying before the Association.

The possibilities before the profession just now are immense, for good or for evil, according to our ability to seize the moment, and every step which will still further our present remarkable unanimity is worth taking. I intend to propose a resolution at my next Divisional meeting framed with a view to the appointment of "travelling members," such as I have suggested.—I am, etc.,

Wembley, N.W., Feb. 20th.

JOSEPH H. CHURCHILL.

THE PROFESSION AND THE POLITICIANS.

MR. WILFRID TRAVERS, A.R.I.B.A., writes from 33, Old Queen Street, Westminster, S.W., to deny, so far as affects himself and Lieutenant MacKinnon, the following statements in Dr. Beckett-Overy's letters published in the issues of the JOURNAL of March 9th and March 23rd: (1) That the Queen's Hall meeting was at any rate partly organized in the Hammersmith Constitutional Club. (2) That the stewards were obtained under the same auspices, and one, a well-known Unionist worker in Hammersmith, was specially told off to mark Sir Victor Horsley.

Dr. Beckett-Overy, to whom Mr. Travers has shown a copy of his letter, writes to say that he had no intention of attacking Mr. Travers in any way, and regrets that Mr. Travers should feel that he has any cause for complaint.

Universities and Colleges.

UNIVERSITY OF DURHAM.

THE following candidates have been approved in the subjects indicated:

THIRD M.B.—*All Subjects*: *F. J. Nattrass, *W. K. Russell, W. Bell, G. A. Berkeley-Cole, R. P. Ninnis, S. Thompson. *Public Health, Medical Jurisprudence, Pathology, and Elementary Bacteriology*: R. E. Bell, L. H. W. Iredale, R. L. Kitching, S. E. Murray, J. L. Pringle, J. S. Soutter, H. J. Shanley, G. E. Stephenson.

* Second-class honours.

Degrees.

The following were among the degrees and diplomas conferred at a meeting of Convocation on March 30th:

M.D.—G. R. East, M. S. Paterson, H. W. Sykes.
M.D. (for Practitioners of Fifteen Years' Standing).—S. R. Lister, J. L. Thomas, L. A. Winter, H. de C. Woodcock.
M.B.—E. C. Abraham, R. G. Badenoch, S. P. Benson, F. E. Chapman, J. W. Craven, R. C. H. Francis, L. E. S. Gellé, J. K. J. Haworth, E. Kidd, W. G. Lidderdale, C. Mearns, J. A. C. Scott, W. A. Slater, R. W. Smith.
B.S.—E. C. Abraham, S. P. Redson, F. E. Chapman, J. W. Craven, L. E. S. Gellé, J. K. J. Haworth, E. Kidd, W. G. Lidderdale, C. Mearns, J. A. C. Scott, W. A. Slater, R. W. Smith, T. R. West.
B.Hy.—C. R. Wilkins.
D.P.H.—A. E. L. Wear, C. R. Wilkins.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—*Part I. Inorganic Chemistry and Physics*: J. H. Albinson, R. Colley, Eva L. Glasier, J. Holker, B. L. Lloyd, F. C. Ormerod, J. A. Panton, Nesta H. Perry, Nora H. Schuster, J. B. Wild, J. C. Williams. *Part II. Biology*: J. Brooks, J. D. Byrd, Kathleen L. Cass, R. Colley, Eva L. Glasier, J. Holker, Alice M. A. Holt, B. L. Lloyd, R. L. Newell, F. C. Ormerod, J. A. Panton, Nesta H. Perry, Dorothy Potts, Nora H. Schuster, W. Stanfield, L. Walton, J. B. Wild, J. C. Williams.
SECOND M.B., CH.B.—W. S. Booth, J. E. Brooks, N. H. Davison, S. G. J. Dowling, J. G. McKinley, J. F. O'Grady, J. R. Slack.
THIRD M.B., CH. (General Pathology and Morbid Anatomy).—Ada L. Bentz, F. C. Bentz, H. C. Duffy, C. W. Fort, H. S. Gerrard, R. B. Gorst, W. L. Nicholson, H. A. Sandiford, P. K. Tomlinson, C. H. Whittall, S. A. Winstanley, H. C. Wright.
D.P.H. (Both Parts).—R. J. Batty, Albert Hilton, G. Y. Wong.

UNIVERSITY OF ABERDEEN.

THE following were among the degrees and diplomas conferred at a meeting of the Senate on March 28th:

M.D.—*A. Low, M.A., *A. G. Stewart, M.A., †C. D. S. Agassiz, †W. W. Jameson, M.A., †J. R. Mackenzie, †J. Rennie, R. Eager.
* Highest honours for thesis. † Honours for thesis.
† Commendation for thesis.

M.B., CH.B.—*A. F. Legge, *R. R. M. Porter, M.A., *H. R. Souper, M.A., *G. Stuart, M.A., B. G. Beveridge, H. G. Bruce, J. Chalmers, A. Duguid, N. A. Duncan, J. G. Elder, H. T. Finlayson, Margaret B. Forgan, M.A., A. P. Gray, W. Henderson, W. P. Hogg,

W. W. Ingram, G. M. McGillivray, N. Macphail, A. C. Macrae, R. G. Martyn, R. W. S. Murray, W. P. Philip, D. O. Riddel, C. M. Stephen.

* Second-class honours.

D.P.H.—W. Allan, H. Duguid.

On the same occasion the degree of LL.D. *Honoris Causa* was conferred on William Leslie Mackenzie, M.A., M.D. Aberdeen, Medical Member of the Local Government Board of Scotland.

QUEEN'S UNIVERSITY OF BELFAST.

THE following candidates have been approved at the examinations indicated:

FIRST M.B.—*Chemistry*: G. V. Allen, W. Bryars, A. G. Campbell, G. Chesney, C. D. Crawford, A. C. Dickey, Grace M. English, F. Ewart, E. Freeman, H. E. Hall, J. A. Harbison, W. J. Harvey, J. H. B. Hogg, R. N. B. McCord, N. McCullough, J. P. McGinley, A. G. McKee, B. W. McKinney, M. McMenamin, F. McSorley, P. J. McSorley, H. E. Magee, D. Mitchell, Elizabeth M. Moore, W. Napier, J. O'Kane, Charlotte Pedlow, Margaret S. Purce, C. A. W. Ramsay, R. J. Rea, J. Scott, R. L. Sinclair, Mary G. Thompson, N. C. L. B. Tweedie, E. S. G. K. Vance, J. H. Vance, T. Wallace, D. R. Wheeler, F. H. Whyte. *Physics*: W. Bryars, A. G. Campbell, G. Chesney, C. D. Crawford, A. C. Dickey, Grace M. English, F. Ewart, E. Freeman, H. E. Hall, Mary E. Henry, J. H. B. Hogg, R. N. B. McCord, N. McCullough, J. P. McGinley, B. W. McKinney, M. McMenamin, F. McSorley, P. J. McSorley, H. E. Magee, A. J. Millar, D. Mitchell, W. Napier, J. O'Kane, Charlotte Pedlow, W. H. Pedlow, Margaret S. Purce, C. A. W. Ramsay, R. J. Rea, W. Sanderson, J. Scott, R. L. Sinclair, Mary G. Thompson, E. S. G. K. Vance, J. H. Vance, J. J. Walker, T. Wallace, D. R. Wheeler, F. H. Whyte. *Dontology*: A. C. Taggart, N. C. L. B. Tweedie. *Botany*: D. Corry, W. J. Harvey, Mary E. Henry, A. G. McKee, H. Moore, J. P. Smyth, A. C. Taggart, N. C. L. B. Tweedie.
SECOND M.B.—*All Subjects*: W. K. Campbell, A. E. M. Carleton, R. Condy, F. J. Devlin, W. W. Dickson, M. Gilligan, G. Gordon, W. H. Hardy, D. Jamison, E. A. Mallon, W. T. McCurry, J. McKay, T. B. McKee, F. McKibbin, R. C. McMillan, T. P. McQuaid, J. C. Robb, J. S. Savage, A. F. L. Shields, F. G. Smyth, J. K. Stewart, R. F. Walker, J. Warwick, J. C. Wilson, E. H. Wilson. *Anatomy* only: J. M. Smith, S. A. D. Montgomery. *Physiology* only: H. D. Graves.
THIRD M.B.—*All Subjects*: S. Acheson, T. M. Adamson, W. W. Allison, S. R. Armstrong, W. W. Blair, J. McK. Ferguson, W. Gault, H. M. Jackson, W. S. Lynd, S. McComb, V. C. Montgomery, W. M. O'Farrell, S. E. Picken, J. H. Porter, R. S. Ross, H. A. Skillen, W. J. Smyth, Martha J. M. Stewart, E. W. Mann, A. G. Mitchell. *Pathology* only: H. P. Hall. *Pathology, Medical Jurisprudence and Hygiene*: V. H. Magee.
FINAL M.B., B.Ch., B.A.O.—J. L. Brown, F. Carson, P. A. Clearkin, T. D. Graham, W. Megaw, E. Morrison, S. I. Turkington, D. V. S. Willis, J. A. L. Wilson, W. Wilson.
D.P.H. (Both Parts).—T. A. Adams, M.B., H. Black, M.B., E. H. Condy, M.B., J. McCloy, M.B., S. K. McKee, M.B.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON. A COMMITTEE was held on Monday, April 1st, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

President's Address.

The President, in delivering the annual address, referred to the Royal honours and distinctions which had been conferred on Fellows, Members, and Licentiates of the College during the past year. He mentioned the medals and scholarships which had been awarded, and gave a brief review of the lectures which had been delivered, referring especially to the Harveian oration by Dr. C. Theodore Williams. He considered the financial condition of the College, and detailed the bequests which had been given to the College. Among the important subjects which had occupied the attention of the committee, he laid stress on the relation of the London University to the College, and on the discussions which had taken place in reference to the Insurance Act. He mentioned that Mr. F. G. Hallett had obtained permission to proceed to America in order to explain the system and organization of the examinations of the Royal Colleges to the medical authorities of that country. The President then read short obituary notices of Fellows of the College who had died during the past twelve months: Samuel Jones Gee, George Fielding Blandford, Frederick William Favy, John Hughlings Jackson, William Richard Huggard, John Alfred Coutts, Sir Samuel Wilks, Edmond Faurel Trevelyan, Cecil Yates Biss, and Sir William Henry Allchin.

Vote of Thanks to the President.

Sir William S. Church proposed a vote of thanks to the President for his address and for the manner in which he had conducted the work of the College during the past year; this was seconded by the Treasurer (Sir Dyce Duckworth) and carried by acclamation. Sir Thomas Barlow thanked the College and vacated the chair.

Re-election of President.

The election of President then took place, and Sir Thomas Barlow was re-elected by an almost unanimous vote. The Senior Censor (Dr. J. Mitchell Bruce) delivered to the President the insignia of office, and the President gave his faith to the College and thanked the Fellows for the honour they had done him by again electing him.

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 1st and March 14th.

2. From the Royal Sanitary Institute, asking the College to appoint delegates to a congress at York on July 29th next. The invitation was accepted.

3. From the Committee of the International Congress of Hygiene and Demography, to be held at Washington in September next, asking the College to take part in the congress. The request was granted.

4. From the Secretary of the International Historical Congress, to be held in London next year, asking the College to nominate a representative on the General Committee of Organization. The Harveian Librarian (Dr. Norman Moore) was appointed.

5. From the President of the Royal Society, asking the College to nominate a representative who shall take part in the celebration of the 250th anniversary of the society to be held July 16th to 19th next. The President consented to represent the College.

6. From the Secretary of the Bicentenary Festival of the Medical School, Trinity College, Dublin, asking the College to send two representatives to the festival to be held July 4th to 6th next. The nomination was postponed until the next Comitia.

Sir George H. Savage was appointed a representative of the College on the Committee of Management of the Chelsea Physic Garden, in place of Sir William Allchin, deceased.

Reports.

A report dated March 19th, was received and adopted from the Committee of Management. The report recommended:

1. That the following institutions which had been visited by members of the Committee and reported as fulfilling the requirements of the Board, be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics:—Maidstone: Technical Institute. Cirencester: The Grammar School.

2. That the following universities be added to the list of foreign universities whose graduates are exempted from the first and second examinations of the Board under the conditions of paragraph IV Section III of the regulations: Tulane University of Louisiana; Howard University, Washington.

3. That the course of laboratory instruction in public health given at University College and the City Bacteriological Laboratory, Nottingham, be recognized for the diploma in public health.

Insurance Act.

A report from the Insurance Act Committee, appointed at the last Comitia was received and adopted. The report was as follows:

I. At the first meeting (February 7th), in response to a letter from a similar Committee of the College of Surgeons, it was resolved to send delegates to confer with delegates from the Committee of the College of Surgeons. [A meeting of these delegates was held on February 13th, at which the discussion chiefly centered upon the advisability of conferring with other bodies.]

II. At the second meeting of the Committee, held on February 20th, a letter from the Society of Apothecaries having been read which expressed their desire to meet the Royal Colleges in conference, it was resolved, subject to the approval of the College of Surgeons, to call a conference of the Committees of the College of Physicians, College of Surgeons, and Society of Apothecaries.

III. A conference of these three bodies was therefore held at the College on March 5th, at which 33 representatives attended, and it was decided to invite the Medical Faculties of the Universities of England and Wales to send each a representative to the next conference.

IV. A second conference was held at the College on March 21st, at which were present Representatives of the Medical Faculties of the Universities, of the College of Physicians, of the College of Surgeons, and of the Society of Apothecaries (40 in all); and the following resolutions were passed:

1. That it be recommended to the constituent bodies of this Conference that they sanction its formation as a Joint Committee for watching the interests of the medical profession in regard to the Insurance Act, and considering alternative methods of attaining the objects of the medical portion of the Act
2. That an "Agenda Committee" be formed, to consist of ten members of the Conference, resident in London; the Presidents of the two Colleges, the Master of the Society of Apothecaries, and the Registrar of the College of Physicians (as Secretary), being *ex officio* members thereof, and the nomination of the remaining members being left in the hands of the two Presidents.
3. That a resolution in the following terms be sent to the public press:

That this Conference, in which are represented the Medical Faculties of the Universities of England and Wales, the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries, recognizes that there is a remarkable unanimity of opinion within the medical profession as to the attitude which its members should adopt towards the working of the National Insurance Act of 1911.

This Conference desires to place on record its general approval of the principles which inspire that attitude, and while conscious that there is some difference of opinion with regard to details, expresses its willingness to support the demand that these principles should be recognized by those who are responsible for the administration of the Act before medical practitioners consent to work under it.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—*W. G. Fraser, *J. Leach, *P. McGinnis.
 MEDICINE.—*H. Cox, *J. Leach, *M. J. E. R. Le Dentu, †G. Meyer.
 R. A. Robinson.
 FORENSIC MEDICINE.—W. G. Fraser, J. Leach.
 MIDWIFERY.—W. G. Fraser, W. C. Himely, J. Leach.
 * Section I. † Section II.

The diploma of the Society has been granted to Messrs. W. G. Fraser, J. Leach, M. J. E. R. Le Dentu, and G. Meyer.

Obituary.

RICHARD ARTHUR PRICHARD, M.R.C.S.Eng.,
 L.R.C.P.EDIN., J.P.,

EX-PRESIDENT, NORTH WALES BRANCH, CONWAY.

ONE of the most prominent public men, and a well-known practitioner in North Wales, passed away on Monday, March 11th, in the person of Mr. Richard Arthur Prichard, Conway.

He was born sixty-eight years ago at Pwllheli, in South Carnarvonshire, and educated at the Bottwnog Grammar School. After serving an apprenticeship with Mr. Robert Roberts, of Portmadoc, an eminent surgeon in his day, he entered as a student at the Dublin School of Medicine, and qualified as M.R.C.S.Eng. and L.R.C.P.EDIN. in 1867. Shortly afterwards he commenced practice at Conway, where he soon established a reputation as a successful practitioner, and became a prominent citizen of that ancient borough. He was one of the few surviving members of the old corporation of Conway under King Edward the First's Charter, and when the first reformed corporation was elected he headed the poll as Councillor. For several years he had been an Alderman, and six times held the office of Mayor and Constable of the Castle. In 1885 he was placed on the Commission of the Peace for Carnarvonshire, and was one of the oldest, most valued, and regular members of the Bench. Since its formation twenty-four years ago, Mr. Arthur Prichard had been a member of the Carnarvonshire County Council, and in 1909 he was elected Chairman of that body. Advantage was taken of this occasion to recognize his good work in the public service, and he was presented with a handsome motor car.

He held the appointments of Medical Officer to the Conway Union and Workhouse, Surgeon to the Police, Medical Referee under the Workmen's Compensation Act, and was at one time District Surgeon to the Carnarvonshire and Anglesey Infirmary. He took a keen interest in the Volunteer movement. For many years he held a commission in the 2nd (afterwards the 3rd) Volunteer Battalion of the Royal Welsh Fusiliers, and for the greater part of that time he acted as Mess President, a position which he filled with great credit and satisfaction. He retired with the rank of Surgeon-Colonel, and was given the Volunteer Officer's Decoration.

In the North Wales Branch of the British Medical Association he took a prominent part. At the time of his death he was the oldest member. In 1884 he filled the Presidential chair, and for many years had been a member of the Branch Council, where his sound judgement and business tact were invaluable. In the next annual meeting of the Association in Liverpool he had been appointed one of the vice-presidents of the Navy, Army, and Ambulance Section. In Freemasonry he was a Past Master of the St. Trillo Lodge, and a Past Principal of the Conovum Chapter, and had held high rank both in the Provincial Grand Lodge and Grand Chapter of North Wales.

He was a zealous Churchman, had served the office of churchwarden, and taken a deep interest in the restoration of the old parish church. In politics he was a staunch Conservative, and was the Chairman of the local Constitutional Club, but he never allowed politics to interfere with his work for the welfare of the borough and its inhabitants.

Mr. Arthur Prichard was a marked personality—a personality winning, attractive, and affectionate, full of good nature, sympathy, and kindness. His presence in the sick room was always welcome, and probably no man was ever more loved by his patients, rich and poor alike. His charity, always dispensed in a quiet unostentatious manner, knew no bounds. For over forty years he gave

of his best, and his death leaves a gap which will ever remain in the memory of the present generation.

He was laid to rest at St. Agnes's Cemetery, Conway, on March 15th, amid manifestations of general grief. The funeral was attended by representatives of all the public bodies, and it was with difficulty that the route to the parish church, where the first portion of the service was held, could be kept clear, so anxious were the inhabitants of the whole district to pay their last tribute of respect to their old doctor.

Mr. Arthur Prichard was a widower, his wife having predeceased him by a few years. Though he leaves no near relatives, yet he leaves a host of friends to mourn his loss, and his memory will ever be blessed by the poor of Conway, who have lost in him a true, sympathetic, and helpful friend.

THE LATE SIR WILLIAM ALLCHIN.—"R.A.M.C." writes from the other side of the world: Your recent obituary notice of Sir William Allchin contains a pleasing reference, by an old Westminster man, which I am sure many would endorse. Allchin emphatically hated second-hand methods of acquiring knowledge; he encouraged students to exercise observation and reason, and to let memory occupy a secondary place. He had a certain caustic but at the same time genial humour, and, although I do not believe he ever maliciously "sat on" a student in his life—for he was the kindest of men—he had a peculiarly expressive manner, which the present writer knows to his cost, of showing his appreciation of textbook erudition in the wards. That Allchin's principle was essentially sound no reasonable person can doubt, and if more widely followed it would go some way towards replacing an infinity of useless facts by a certain quantity of useful knowledge.

THE LATE DR. T. L. PENNELL.—At the request of members of University College, London, of which, as stated last week, Dr. Pennell was a distinguished student, a memorial service was held on March 28th at St. Pancras Church. University College was represented by the Provost (Dr. T. Gregory Foster) and the Secretary (Mr. Walter W. Seton); University College Hospital Medical School by the Dean (Mr. Raymond Johnson); the Church Missionary Society by the Rev. Cyril Bardsley; the Society for the Propagation of the Gospel by the Rev. Canon Robinson; and the University College Christian Association by the President (Mr. F. Rowan), and the Secretary (Mr. R. T. Elworthy).

Medico-Legal.

NOTIFICATION OF BIRTHS ACT.

THERE seems, as the magistrate at the Thames Police Court said when hearing a case brought by the Stepney Borough Council, to be some friction caused by the way in which the Notification of Births Act is administered in that borough. Dr. Harry Roberts, of Mile End, who was summoned for failing to notify the birth of a child on January 8th until February 23rd, pleaded that there had been remissness on the part of the public health department of the borough in supplying cards for notification. He pointed out that under the Act the council was bound to supply stamped cards. The magistrate, while, as we have noted, observing that friction had arisen, said that it was clear that the defendant's attention had been called to the matter and imposed a penalty of 7s. and 23s. costs, and added that he hoped the friction would now stop. The medical officer of health seems to have admitted that he had received 280 cards out of a total of 310 supplied to Dr. Roberts.

INFORMATION TO CORONERS.

DR. J. C. BHUTTACHARI.—(1) A medical man, one of whose patients has died as the result not of a natural disease, but of an injury, has fulfilled his legal duty when he has either (a) refused to give a certificate, or (b) given a certificate making the primary cause of death perfectly clear. (2) When the case is one in which it is known that an inquest will have to be held, it is sometimes a convenience to all parties to send information to the coroner of the occurrence, but there is no statutory obligation to do so. (3) No one has a right to complain of the omission to send information not required by law to be supplied, and a coroner who desires to secure that the medical man in his district shall give such information is likely to defeat his object by public animadversions on the subject.

Public Health

AND

POOR LAW MEDICAL SERVICES.

SUPERANNUATION.

R. R. asks: (1) Whether he "can claim superannuation on his vaccination fees." (2) Being medical officer for a workhouse and a district, whether he can "claim superannuation for the former and retain the latter," the two appointments "going together," but with separate salaries.

* * (1) Public vaccinators cannot claim superannuation under the Act of 1896. (2) As the two appointments in question are described as "going together," we much question whether our correspondent would be able to resign one and to claim superannuation thereon while still holding the other; even if this could be arranged, he would in the future be under the disadvantage of having to submit to his superannuation allowance being lessened by the amount of salary he might receive so long as he continued to hold any office under the guardians.

Medical News.

At the meeting of the Medico-Legal Society to be held at 11, Chandos Street, W., on Tuesday, April 16th, at 8.30 p.m., Dr. F. J. Smith will read a paper on the law and practice of *post-mortem* examination.

At a well-attended meeting of medical men of Wimbledon and district on March 29th it was decided, on the motion of Dr. Powell Evans, seconded by Dr. Cowie, to form a Division of the British Medical Association for the district, and Dr. E. A. Purcell, 44, Queen's Road, Wimbledon, was appointed Secretary *pro tem*.

ARGYLLS, LIMITED, inform us that they have received from San Julian, Patagonia, a letter stating that an Argyll car, standard colonial type, in use there is giving every satisfaction, being well suited to the trying conditions of the country.

DR. WILLIAM SLINGSBY MANN of Edgbaston was presented recently by a number of friends with a cheque, a bicycle, and an illuminated address testifying to their regret at his approaching departure from the town and to the esteem which he has gained during his forty-eight years' work therein. For many years Dr. Mann served as honorary secretary to the Midland Medical Society, and for upwards of twenty years was honorary surgeon to the Birmingham Lying-in Charity, to which he is now consulting surgeon.

AN interesting lecture on "The Ideal Garden City of the Future" was delivered by Dr. A. Herbert Hart at the Caxton Hall, Westminster, on March 28th in connexion with the third annual Simple Life and Healthy Food Conference and Exhibition. The ideal site for a garden city was, he said, London itself, but a transformed London, with a limited radius of twelve miles from Charing Cross, encircled by a wide road and a belt of forest land. This "national circumferential fringe or breathing space" would form the city lungs, and beyond it would be the garden city proper, the residential portion of London, the land within the twelve mile radius being reserved for factories, offices, etc., each constructed on sound hygienic principles. Without the garden city would be a chain of garden suburbs extending from Harrow to Eton, and gradually spreading throughout England. The lecturer declared that the only real antidote to the horrible evils of the slums, and the only real cure for the submerged tenth, lay in some such system of garden cities, where the poorest people could live a healthy outdoor life amid decent surroundings. The need for garden cities in all parts of England, he concluded, was all the more imperative inasmuch as they provided a means of checking infant mortality, the death-rate amongst the children in garden cities showing a drop of 10 per cent. as compared with the mortality in other places.

THE annual meeting of the National Hospital for the Paralysed and Epileptic (Albany Memorial), Queen Square, Bloomsbury, was held on March 29th at Devonshire House, Piccadilly. Sir Frederick Macmillan was in the chair, and amongst those present were the Duchess of Albany, the Duke of Devonshire, the Dean of Canterbury, Sir William Baillie-Hamilton, Dr. Buzzard, Dr. Turner, Dr. Ormerod, Mr. Reginald Lucas, and Mr. Arnold Royle. The Chairman presented the annual report, in which it was stated that 1,254 in-patients and 7,281 out-patients had been

treated at the hospital during the past year, whilst the total receipts amounted to £16,419, as against the £14,454 received in 1910. There still remained, however, a deficit of £1,266. An important addition had been made to the hospital during the last twelve months in the form of a complete equipment of the gymnasium and physical exercise ward, an improvement rendered possible by the Jubilee Fund. The adoption of the report was moved by the Dean of Canterbury, who commented upon the wonderful advance made in recent years with regard to the treatment of obscure nervous disorders, and deplored the fact that there were at present as many as 120 patients waiting for admission into the hospital, who, owing to lack of space, might have to wait a considerable period and so lose all chance of permanent improvement. Mrs. Archibald MacKirdy (Olive Christian Malvery), who seconded the motion, spoke of the blessing the hospital proved to people who had never known the meaning of the words peace and comfort, and said that such institutions helped to show the poor that their sufferings were really cared for by their more fortunate brethren. The report having been adopted, Lord Strathcona and Mount Royal was unanimously re-elected President, and Sir William Baillie-Hamilton, Mr. Reginald Lucas, and Mr. Arnold Royle were re-elected to the Board of Management. The Duke of Devonshire, in responding to a vote of thanks for the use of his house, remarked that the time was coming when much of the money now devoted to charitable purposes would be at the disposal of others than its owners, but he felt that the system of maintaining hospitals and charitable institutions by voluntary contributions was so deeply ingrained in the national character that the present generation, at any rate, would not allow it to fail. If the work was not done by voluntary contributions it would have to be done by the State; and without wishing to say anything to the discredit of the State, his hearers might take it from one who had sat in the House of Commons, and had had some experience of the Treasury, that work done by voluntary effort and private contribution was infinitely better done than by public money worked by public officials.

AT a meeting of the Eugenics Education Society at the Grafton Galleries, on March 21st, a discussion on "Nature and Nurture" was opened by Mr. E. J. Liddbetter. Mr. Liddbetter contended that efficiency was primarily a question of inheritance, and environment did not create, but merely developed and supplemented such qualities as already existed. Defective stock was constitutionally incapable of improvement, no matter what the opportunities given. So much was this the case that response to external influences must ultimately come to be regarded as the test of good stock. What was really needed for the moral and physical well-being of the race was the prevention of the constant intermingling of good and bad stock by marriage, whereby Nature's tendency to extinguish the latter was frustrated. Defects, far from being weeded out by the introduction of good blood, seemed to derive from it fresh strength to perpetuate; and a healthy and normal family might be vitiated by a single ill considered marriage with a member of an abnormal one. Speaking generally, it might be said that among the working classes no selective force was in operation; in the great majority of cases they drifted into marriage in the same way that they drifted through life. It might be sufficient to say that ordinary sanction to a marriage was a far more effective instrument than a public control of the right to marry would prove, and that if mothers and matchmakers could be persuaded that in marriage social status counted for a good deal, something might be done towards helping the right selection. Major Darwin, who presided over the meeting, remarked that there were many changes in environment intended to be beneficial which would not have the desired result, as, for instance, those which threw an extra weight upon the well-to-do for the support of the poorer classes. Nevertheless, there were some which all eugenicists would like pushed forward with the utmost force, especially such as were intended to give a good start in life to the young, and which would in consequence prevent thousands of unfortunate and aimless marriages. The strict adherence to eugenic principles with regard to marriage, however, was strongly deprecated by a medical man who spoke. He pointed out that if a careful examination of the pedigree on either side became a necessary preliminary of marriage, that institution would speedily die a natural death. Disease was a natural inheritance from which mankind could never hope to be entirely free; but happily nature had a merciful way of eliminating the unfit, and they would do well to trust more fully to her time-honoured methods of preserving the efficiency of the human race.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

D. R. asks whether any ill effects, such as eye strain, nystagmus, or headache, have been traced to watching cinematographs.

MEDICO recovering from acute rheumatism would like to hear from others of the best watering place (inland or otherwise) to go to at the end of April or beginning of May.

H. A. P. asks for advice in the treatment of a patient, aged 64, who is troubled with an offensive sour smell from the scrotal region. It is noticeable only in winter, and appears to be aggravated by the heat of thick trousers and drawers. It does not develop in tropical climates. It is not modified by scrubbing with coal-tar soap and powdering with boric acid.

PRACTICE ON PASSENGER SHIPS.

M.D.—In principle there would seem nothing in the circumstance of life on board ship to differentiate medical work there performed from corresponding work on shore. On shore a medical man is legally entitled to treat any one who seeks his services; but ethically it is usually considered improper for a medical man who finds himself temporarily resident in a small community to undertake medical work except in consultation. The person officially responsible in medical respects for every one on board ship is the ship's medical officer. Hence if a passenger applies for treatment to a medical man who happens to be a passenger likewise, the right course would seem to be to decline to afford it except in consultation. Strict adherence to ordinary principles would seem all the more desirable because quarantine authorities would accept no statement as to the health or death of a passenger from any one but the ship's medical officer.

"DEAD FINGERS."

C. F. would be glad to hear of any suggestion for the treatment of the following case: A nursemaid, aged 23, robust and otherwise quite healthy, suffers from periodical attacks of vascular spasm in the fingers of each hand. The thumbs are not affected, and there is a distinct line of demarcation across the back of the hands where affected just above the knuckles. The fingers are affected in variable numbers—one, two, or three at a time. The attack comes on suddenly; the affected fingers become dead white, cold, and senseless, and feel heavy to her. It may last five minutes or two hours. On the return of the circulation a hyperaemic blush extends down the fingers, accompanied by a tingling sensation and sweating. She may get as many as five attacks in the day. She is more liable to it on cold days, but is not necessarily free in the summer. Also if she goes out insufficiently protected in a cold wind the front of her chest may become similarly affected.

AN EARLY CASE OF SYPHILITIC INFECTION.

MR. JAMES H. THOMSON, M.B. (Southport) writes: A married woman with five children, aged 34, was probably infected with syphilis last May. She did not seek any advice until the following November, when on examination she was found to have the following manifestations: Mucous patches inside mouth, ulcers of the fauces, a diffuse rash simulating erythema multiforme, iritis of right eye, enlarged lymphatics, husky voice, scanty hair falling out rapidly, pains in the bones, and well-marked tremor of hands. She was treated in the usual manner, and commenced to improve rapidly. She received the usual careful instructions as regards the infective character of the disease. On March 9th this year I was called in to see the youngest child, a female aged 2 years, and found a large primary syphilitic sore on the mucous side of the right labia majora. The superficial lymphatic glands