duodenum bears to the mesial abdominal watershed formed by the forward projection of the vertebral bodies. Since the perforation, or, to speak more correctly, the rupture of an adhesion, usually occurs to the right of this watershed, the extravasated fluid tends to gravitate towards the right renal well (subhepatic fossa) or to invade the right subphrenic space. In those exceptional cases where the duodenum occupies a mesial position, or even lies a little to the left of the mid-line, the fluid tends to gravitate to the left, into the stomach chamber, and gives rise to an abscess under the left wing of the diaphragm.

Dr. Rolleston conjectures that adhesions may be responsible for the unusual site of the abscess in such cases, and this may well be so, but only, I submit, in so far as they may fix the duodenum in an abnormally leftward position. In other words, it is the slope at the side of the spine, and not the guiding constraint of the adhesions, which directs the infection to right or left as the case may be. In the first case recorded above the duodenal matting was rather extensive, but in the second case mentioned (Dr. Sharkey's) no adhesions were found. In this second case, too, I have a note of the position of the duodenal perforation; it lay nearly in the mid-line and was quite uncovered by the liver.

In the second case, as in the first, the contrast between the anaemic and injected portions of the pleura was evident, the line between the two being at the upper level of the sixth rib in the mid-axilla, so that in both patients the collection could have been evacuated by the lateral transpleural route on resection of portions of the sixth, or, better, seventh rib.

In justice to Dr. Jenkins and my colleague, Mr. Maynard Smith, I must repeat that the description of the most posterior part of the left subphrenic space, quoted by Dr. Rolleston from my address, is theirs and not mine.

REFERENCE.

Lancet, March 26th, 1910.

OPERATION FOR DECOMPRESSION: RECOVERY.

BY

R. W. MULLOCK, M.D.DUB.,

HONORARY MEDICAL OFFICER, SOUTHWOLD COTTAGE HOSPITAL.

THE patient in the following case, a gardener aged 25, was admitted to the Cottage Hospital, Southwold, on June 25th, 1907. His family history was good and his own health had been excellent until April, when headache and dizziness had commenced; he had gradually grown worse.

When admitted his headache was constant, and vomiting, without retching, occurred at intervals. He walked somewhat unsteadily, with feet well apart, and complained of dizziness. His eyesight was unaffected and the pupil reflexes normal. Pulse 46; temperature subnormal. A diagnosis of cerebral tumour was made, and he was treated with mercury and potassium iodide. He gradually became worse. At the end of July his position was as follows:

The headache was extreme, requiring ¼ grain of morphine hypodermically, nightly. Optic neuritis was present in both eyes; he was unable to read, and even pictures looked blurred and indistinct. There was no strabismus, but nystagmus was present on lateral movements of the eyes, in particular when made towards the right. No diplopia. Co-ordination of the right arm was bad; left arm normal; right arm and leg were weaker than left. He was unable to get on his feet, but when assisted to rise his gait was very uncertain and stumbling, with tendency to fall to right side at every few steps. With feet together and eyes shut he swayed to right.

Tumour of the right cerebellum was diagnosed, and on August 5th I removed a portion of bone 2½ in. long and 1½ in. wide over the right cerebellar region, and, as his condition was good, I incised and removed bulging dura mater. No tumour was evident, so I closed the wound without replacing the bone. He stood the operation well and the headache at once disappeared, but there was still slight sickness, considerable inco-ordination of the right arm, and marked diplopia.

On October 4th he could walk without a stick and was much improved, and was discharged.

In August, 1908, he returned to work and obtained a post as head gardener at an hotel in Southwold, which he still holds.

At present (October, 1911) his condition is most satisfactory. His gait, sight, and co-ordination are normal. He has had no headache since the operation nor any bulging at the site of the latter. Nystagmus is still present to a very slight degree when the eyes are moved to the right, and he complains of slight dizziness when his head is dropped backwards (in a barber's chair), but he can work as hard as ever and gives complete satisfaction to his employers.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A RAPID METHOD OF DIAGNOSIS IN MALARIA.*

IT has often been said to me that it is impossible to examine every case of malaria in out-patient practice, owing to the length of time required; but I feel that in order to become thoroughly acquainted with the diseases of any locality this is necessary. The following is a method which I have found useful in practice:

Thick films are made on the slide without even a coverslip, so thick that the blood when allowed to run to one side is seen of a bright red colour. This is rapidly dried and examined directly under a drop of cedar oil and a $\frac{1}{12}$ in. immersion. The drying of this film causes the only delay. In a dry country such as Persia films will dry in the open air without any special treatment in about half a minute. In a damper climate they should be exposed to the sun turned upside down. In damp and cold weather they should be dried gently over a spirit flame. In any case one can begin the examination before the *whole* film is dry, and very often the information got is sufficient before the thicker edge is properly "set."

I have often proved the existence of malaria, verified, of course, by a properly stained slide, in one minute by the watch from the time of drawing blood. The thicker part of the film is best examined first, and from the character of the pigment the species of malarial parasite can, after a very little practice, be diagnosed in most cases with great case, almost as easily as in a wet film. The diffuse and fine dots of tertian, the compact and coarser dots of quartan, and the peculiar arrangement of the pigment in the crescents in tropical malaria are very characteristic, not to mention pigmented leucocytes. They are as well seen as in a wet film, the chief point being to be sure that the pigment is on the same level as the red corpuscles, and disappears totally on focussing up or down. If no characteristic pigment is found in two minutes, the case is most likely not one of malaria; in any case of doubt, of course, the other methods are available, but probably not more than one case in ten of untreated malaria would escape detection.

I do not pretend for a moment that this is a method by which beginners can study malaria, any more than that of Sir Ronald Ross; but it is very rapid and accurate, and one, moreover, which avoids nearly all the pitfalls inseparable from those more commonly used, and, indeed, from Sir Ronald Ross's method, which I have tried. At starting, of course, a student should compare his dry slides with slides carefully stained in the usual way. This gives confidence and is a valuable check to the work.

I have no hesitation in saying that once this method is given a fair trial, it will be found of real use in out-patient work in tropical countries, where stress of work makes every minute of the greatest value.

Chepstow. J. CROFPER, M.D.

A CASE OF HYPOGLOSSAL NUCLEI PARALYSIS.

It has been disputed by some authorities, notably Oppenheim, whether the hypoglossal nucleus gives fibres to the seventh nucleus which supplies the orbicularis oris. Oppenheim takes up a sceptical attitude and thinks that such an innervation constitutes an individual abnormality. The contrary view is held by Howard Tooth and Purves Stewart. Bruggia-Mattenci described a positive case in 1887.

In view of the rarity of such a paralysis the following

* Read at the meeting of the Society of Tropical Medicine and Hygiene, March 19th.

case, shown at the Transvaal Medical Society on December 21st, 1911, may be of interest:

A man, aged 30, with a specific history came to the hospital in November. A few days previously he felt his speech somewhat affected. Swallowing and chewing became embarrassed. In twelve hours these functions were almost entirely lost. There was also some weakness in the legs and an inability to move about. There was never any loss of consciousness and the case was obviously one of thrombosis.

A month later I saw him and found his condition as follows: There was difficulty in eating and speaking. He could not whistle, and constantly drooled from the mouth. The tongue lay flaccid on the floor of the mouth. The whole organ was atrophied, wrinkled longitudinally, showed fibrillar tremors, and could not be protruded. The faradic responses were much diminished, not only in the muscles themselves, but when the current was applied to the nerve above and behind the cornu of the hyoid bone. The fibrillary movements of the tongue made it difficult to measure exactly the qualitative alterations under galvanism of any given muscle. There was definitely a quantitative diminution of response throughout the whole organ. The point of chief interest was that the orbicularis oris clearly participated in the electrical alterations. There was no affection of the other facial muscles. The ocular muscles were all intact, as were all the remaining cranial nerves. There was no affection of the muscles supplied by the descendens hypoglossi. There was some implication of the pyramidal tracts. His gait was spastic, his knee-jerks much increased, and some ankle clonus could be elicited.

On iodides first, and later on iodides with mercury, marked improvement resulted in two months. He now speaks and eats without much difficulty. His tongue is clean and can be protruded beyond the teeth. Drooling has ceased. Although the knee-jerks are still somewhat exaggerated, the ankle clonus has disappeared, and he walks about comfortably with the aid of a stick. It would be justifiable to predict a greater measure of recovery with the process of time.

A. M. MOLL, M.B., Ch.B.Edin.,
Senior Physician, Johannesburg Hospital.

SYPHILITIC REINFECTION.

SECOND attacks of syphilis are fairly common, but until modern methods of diagnosis were employed there were always doubts about the diagnosis. At the present time there appears to be an inclination to attribute the liability to these second attacks to the completeness of the cure, especially when salvarsan has been used. It is for this reason that this case may be of interest.

T. W., aged 28, contracted syphilis in 1909, and for two years seems to have had a thorough course of treatment by injection of mercurial cream. He then asked me whether it was possible to say if he was free from syphilis; to determine this, centrifugalized serum was sent to Haslar, and also his blood was taken and examined at Plymouth Hospital. In both cases a positive Wassermann reaction was returned.

A short time after this I sent for the man and recommended him to have a further course of treatment; he then called my attention to the old scar, and I noted: "Site of old scar has come into prominence" (five weeks previously he had had connexion). He was then placed on hyd. c. creta, gr. iii ter die, but six weeks later the sore had broken down, and appeared suspiciously like a primary sore.

Serum from the sore was collected and examined for spirochaetes by the Chinese ink method. *Spirochaeta pallida* was readily found after half a minute's search.

F. C. B. GITTINGS, M.D.Lond.,
Staff Surgeon, Royal Navy.

A SIMPLE AND IMPROVED POST-OPERATIVE DRESSING.

I READ with interest the articles on "Methods of Dressing Aseptic Wounds" which appeared in the JOURNAL of February 3rd, 1912. The following method, which has been adopted for some time in the Royal Infirmary, Preston, and proved satisfactory, is, I venture to suggest, more comfortable to the patient, and quite as efficient.

Previous to operation the skin is prepared by the iodine method, that is, the application of a 2 per cent. solution of iodine in rectified spirit. After the stitches have been tied the same iodine solution is again applied along the line of incision and adjacent skin. A protective covering of gauze two or three layers thick is fixed at its edges to the skin by collodion or strapping. The dressing is removed on the seventh to tenth day and the stitches taken out, and a third and last application of the iodine solution made, no further dressing being necessary. In many cases, to minimize the exudation of serum and arrest any small bleeding points that may have been overlooked, insertion of one or more deep mattress sutures is useful; these are removed on the second or third day, when a similar protecting dressing is reapplied.

The following appear to me to be the advantages possessed by this method:

(*a*) Simplicity of application.

(*b*) Increased comfort to the patient, as more bulky dressings necessarily cause discomfort and irritation.

(*c*) The production of a dry wound by free ventilation. The serum from the line of incision dries up, and makes a very efficient barrier against micro-organisms.

(*d*) Free exposure of the abdomen, rendering observation more easy.

(*e*) Success of its use as shown by our results being better than those yet obtained by older methods. An extensive trial in various cases has proved itself uniformly satisfactory.

The cutting of the stitches short so as to prevent them coming through the meshes of the gauze renders the dressing more comfortable.

L. T. POOLE, M.B., Ch.B.Edin.,
Resident Surgical Officer, Royal Infirmary, Preston, Lancs.

ETIOLOGY OF ERYTHEMA NODOSUM.

IT may be of interest to those concerned in the study of the pathology of erythema nodosum to record the following case which came under my care at the Queen's Hospital for Children, being one of three admitted within seven days of each other:

A girl aged 12 was admitted with a history of phthisis in both maternal grandparents and of having had an attack of chorea two and a half years previously and an attack of rheumatic fever about eight months afterwards. She was admitted, with a temperature of 102°, on account of morbus cordis and some signs of pleurisy, neither of which proved to be urgent. About twenty-four hours after admission the usual signs of erythema nodosum began to appear on the legs, the temperature being still raised. As I had never had the opportunity of diagnosing a case so early in its course, I thought a blood cultivation might prove interesting, and Dr. Woodforde, who was good enough to make one, reported the presence of a streptococcus which gave all the sugar reactions of *S. salivarius*.

Taking all these facts together, they would appear to militate against the views of those who hold that this disease is a separate infection from rheumatic fever, notwithstanding the tuberculous history.

Ingatestone. SHEFFIELD NEAVE, M.R.C.P.Lond.

CONTINUOUS INHALATION TREATMENT OF PULMONARY TUBERCULOSIS.

READING in the JOURNAL, of April 6th, p. 767, Dr. Lees's very interesting list of cases treated as above, brings to my mind what seemed a very good example of marked and rapid improvement in a patient who consulted me last November. Mr. R., aged about 50, consulted me for a cough which had been troubling him for some months. On examination I found signs typical of pulmonary tuberculosis, dull areas, and crepitant sounds in both lungs. I had his sputum examined at the Clinical Research Laboratory, and a report of "a moderate number of bacilli." He was placed at once on continuous inhalation. In a month's time the laboratory report of his sputum was "no bacilli, but some muco-pus." The cough also greatly improved, and to use his own expression, "he felt a different man to what he had felt for months." A month ago he told me he was feeling very well, and had but little cough. As an isolated case, perhaps this proves little, but in conjunction with Dr. Lees's remarkable list perhaps it is worth reporting.

New Wandsworth, S.W. J. ASHTON, M.B.Lond., M.R.C.S.

Harangue de Maistre Janotus de Bragmardo faicte à Gargantua pour recouvrer les cloches. Of that oration the composer says, "*Il y a dixhuit jours que je suis à matagraboliser cette belle harangue.*" In the glossary it is explained that *matagraboliser* is a "*mot burlesque ayant le sens de se donner beaucoup de mal pour rien, de s'ennuyer et d'ennuyer les autres.*" This glossary is for the enlightenment of Rabelais's countrymen, and the word does not appear in Littré. Balzac, who in the *Contes Drôlatiques* imitated Rabelais, says, in the story called "*Les Joyeusetez du Roy Louis Unze,*" that the Cardinal "*revint horrificquement matagrobolizé.*" In Sir Thomas Urquhart's translation of Rabelais, *matagraboliser* is said to be "a word forged at pleasure, which signifies the studying and writing of vain things." He quotes Duchat as saying that when the creator of Gargantua coined this vocable he had in mind the three words, μάταιος (ineptus), γράφω (scribo), and βάλλω (jacio), making ματαιογραφοβαλίζειν, from which he afterwards formed his French word *matagraboliser. Metagraboulizer* does, indeed, appear in Cotgrave in the French part, but not in the English. It is defined by him to mean "to dunce upon, to puzzle or (too much) beat the brains about." We gather from the *New English Dictionary* that it has to some extent become naturalized as "metagrobolize"—an instance of the deformed transformed. We submit to both our distinguished correspondents that to continue this discussion would "too much beat the brains about" and risk "duncing upon" our readers. We accept Cotgrave's definition, though it differs both from that of Duchat and that of Moland, as it is more polite than either *ineptas scripturas mittere*, or "se donner beaucoup de mal pour rien, s'ennuyer et ennuyer les autres."

MEDICINE AND THE CHURCH.

SIR,—My attention has been called to an article in your issue of March 9th, entitled "Medicine and the Church." I am not concerned with the general argument of the article, but I feel it to be my duty to point out a serious mistake into which you have fallen when referring to our work in Emmanuel Church, Boston. You say, in describing the inception of our effort, that:

> Clergymen were to minister to minds diseased, while for the treatment of any coexisting or underlying bodily complaint the aid of the physician was to be invoked. We believe that this scheme, praiseworthy in its conception, has not been adhered to, the clergymen having embarked on a career of independent practice as healers.

Allow me to say that, in making this latter statement you are quite mistaken, though such a blunder may be pardonable in a writer describing something which is taking place 3,000 miles away. But it ought to be known that what is popularly called the "Emmanuel Movement" has for one of its fundamental ideas the co-operation of physician and minister, a co-operation which, so far from slackening, has become more and more close as time has passed by. Without such medical control, neither my honoured colleague, Dr. Worcester, nor I would undertake the work of trying to help persons suffering from such troubles as neurasthenia or alcoholism. As we are not only students of theology, but lovers of science, we could scarcely retain our self-respect if we ventured to do what your article alleges we are doing—that is, "embark on a career of independent practice as healers."

In conclusion, I would call the attention of your medical readers to the rules which govern our work and which were drawn up by four of the most distinguished physicians of this city. These rules, which are strictly adhered to, may be found in the appendix to the book entitled *The Christian Religion as a Healing Power.*—I am, etc.,

Emmanuel (Episcopal) Church, Boston, U.S.A., March 19th. SAMUEL MCCOMB.

*** We can only express our regret for the mistake, which was founded on statements made in certain American journals, which Dr. McComb's letter shows to have been inaccurate.

THE NEW CELL PROLIFERANT.

SIR,—Mr. C. Walker is mistaken in supposing that the division forms of leucocytes produced by Mr. H. C. Ross are in any way artefacts, or the results of mechanical agency, or "sports." The shape of the typical forms is much too definite, and the structure too regular and specialized, especially as regards the dividing so-called nucleus and the very remarkable arrangement of the granules, to admit of this explanation; and the forms are produced in such numbers and with such certainty that they cannot possibly be "sports." I have studied them with care, and have discussed them with equal care in the *Proceedings of the Royal Society of Medicine*, 1911, vol. v, pages 103–108, and have no doubt whatever that they are dividing leucocytes, and that they are caused to divide by Mr. Ross's methods. Mr. Walker says that he is unable, after trial, to confirm the work. I infer from this only that he has never really seen the typical forms. Such statements are always made regarding every new observation.—I am, etc.,

Liverpool, April 10th. RONALD ROSS.

WE have received a letter from Mr. H. C. Ross in which he declines further correspondence with Dr. Charles Walker, believing that Mr. Walker has not properly repeated his experiments or appreciated the arguments founded on them. Mr. Ross also sends us copies of letters received by him from Mr. Murray, the publisher of his book, with reference to Mr. Walker's refusal to give permission for the reproduction of certain illustrations, but as this matter appears to concern these three gentlemen alone it does not seem necessary to pursue it further.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 11th, Mr. Rickman J. Godlee, President, in the chair.

Presentation to Mr. Burne.

A presentation was made to Mr. R. H. Burne, M.A.Oxon., on his retirement from the office of Assistant Conservator of the Hunterian Museum, in recognition of the able and efficient services rendered by him during a period of twenty years.

Odontological Demonstrations.

Mr. J. F. Colyer was appointed to give three demonstrations on the odontological collection in the Museum.

The John Tomes Prize.

This prize was awarded to Mr. A. Hopewell Smith.

Begley Studentship.

Mr. A. C. Perry, of the London Hospital Medical School, was appointed to this studentship for the ensuing three years.

Honorary Fellow.

Lieutenant-Colonel J. J. Pratt, I.M.S., a member of twenty years' standing, was made a Fellow, in recognition of his valuable services in connexion with hospital administration and surgical work in India.

Recognition of Institutions.

The following institutions were added to those recognized by the Examining Board in England, for instruction in Chemistry and Physics: Maidstone, Technical Institute; Cirencester, The Grammar School.

The following universities were 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.

The course of laboratory instruction in public health given in University College and the City Bacteriological Laboratory, Nottingham, was recognized for the Diploma in Public Health.

International Eugenics Congress.

Mr. G. H. Makins was appointed college delegate to attend the meetings of the International Eugenics Congress to be held at the University of London, July 24th to 30th, 1912.

Child-Study Society.

Mr. C. T. Dent and Sir Alfred Pearce Gould were appointed delegates to attend a conference of the Child-Study Society to be held in the University of London on May 9th, 10th, and 11th.

The National Insurance Act.

The President reported the resolutions adopted at the conference on the National Insurance Act held in the College of Physicians on March 21st, when representatives of the two colleges, of the Society of Apothecaries, and of the medical faculties of the universities in England were present (BRITISH MEDICAL JOURNAL SUPPLEMENT, March 30th, page 356).

ROYAL COLLEGE OF SURGEONS IN IRELAND.

DR. G. JAMESON JOHNSON, Visiting Surgeon to the Royal City of Dublin Hospital, has been elected Professor of Surgery in the vacancy caused by the resignation of Dr. William Stoker.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE (*Part I, Chemistry, and Part II, Physics*).—*A. J. Bado, P. Banbury, *B. E. Barnes, †G. A. Beyers, C. M. Bullpitt, *D. M. Dickson, *A. B. Dummere, †H. J. Ewart, A. A. Fitch, †W. V. Gabe, A. N. Haworth, C. G. Hooper, W. K. T. Hope, *G. H. Howe, C. H. Jenkins, Florence Kerruish, *J. M. M. Marshall, *L. W. Moore, J. W. W. Newsome, R. W. Payne, *D. R. Reynolds, *R. J. Scarr, B. C. W. Simpson, *C. M. Slaughter, E. L. Stephenson, †P. Ward, *H. G. Watters, †G. W. Wheldon, †T. Wilson, *J. Wiseman, †L. H. Woods.

* Passed in Part I only. † Passed in Part II only.

FIRST COLLEGE (*Part III, Elementary Biology*).—A. Arias, P. A. Ashcroft, A. J. Bado, T. B. Bailey, G. A. Beyers, J. R. S. Bowker, A. Bulleid, G. F. Cobb, A. A. K. Conan Doyle, A. V. S. Davies, C. J. C. de Silva, W. R. Dickinson, A. A. H. El-Zeneiny, H. J. Ewart, W. Farquharson, O. F. Fehrsen, A. A. Fitch, M. R. V. Ford, O. Halstead, J. M. Harrison, A. N. Haworth, S. N. Hayes, C. B. Henry, C. G. Hitchcock, H. M. Hobson, G. Hoffmeister, C. E. Hopwood, P. G. Horsburgh, G. H. Howe, J. M. Hughes, Mabel M. Ingram, W. G. Johnston, C. S. J. Kearney, Florence Kerruish, C. H. Laver, E. F. Llarena, J. M. M. Marshall, R. Moser, H. L. Pridham, C. N. Ratcliffe, O. A. L. Roberts, A. H. Samy, R. J. Scarr, D. Stewart, M. T. Talaat, P. Ward, C. J. L. Wells, H. M. Wharry, W. H. White, T. Wilson, W. E. Wilson, T. F. Zerolo.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—J. H. Blackburn, M. Seeraj, R. Prasad, C. F. Pereira, W. G. Bowie, D. C. M. Page, T. D. Renwick, Z. A. Green, N. R. R. Ubhaya, R. V. Clarke, W. A. S. George, E. C. Brooks, J. H. Bain, J. J. Armistead, J. E. Ainsley, T. T. Hoskins, and M. A. White.

SECOND COLLEGE.—Q. Stewart, A. Craig, W Turner, C. L. W. Fleming, C. T. Darwent, E. Annequin, Agnes Rothe, J. T. Brady, G. L. W. Iredale.

THIRD COLLEGE.—G. Hardie, H. E. Rose, C. M. G. Elliott, J. M. Hiddleston, M. McCloskey, A. Sinha, W. Chapman, C. Dolan, T. Hardie.

FINAL.—Florence A. Scott, C. G. Timms, H. J. Browning, J. M. Dalzell, L. E. Davies, W. W. W. Watt, D. J. Neethling, S. D. Large, J. M. R. Hennessy, W. F. Gibb, G. A. Macvea, C. L. Bhatia, J. Hegarty, C. H. Hayton, W. C. Dunscombe.

Medico-Legal.

VISITING MEDICAL OFFICERS OF HOSPITALS AND THE CORONERS ACT, 1887.

DR. R. BOYD ROBSON (Seven Kings, Essex) writes: The establishment of a cottage hospital in the district of Ilford has enabled the practitioners there to realize the gross injustice which it is possible for the above Act to inflict on them. A fortnight ago I was summoned up to the hospital to attend an accident which proved fatal. The cause of death was quite obvious, but for all that I was ordered to make a *post-mortem* examination. That necessitated my going down to the Ilford mortuary, to which the corpse had been transferred, and spending some time there. Subsequently there was the attendance at the inquest and the giving of evidence, and then the finale—not legally entitled to a fee by Art. 22, Coroners Act, 1887—because the case died in a hospital.

It is needless to say that I was astounded to learn that a medical officer connected with an institute, though non-resident at that institute, was regarded under the Act on the same footing as a resident medical officer. I had always considered the Act unjust to residents, but it is doubly so to those general practitioners who gratuitously give their services to a local hospital. It surprises me that up to the present there has been no organized protest against the measure. Probably the reason is that at a general hospital the routine in connexion with a fatal accident has been left entirely to the resident surgeon, without in any way inconveniencing his principal, whether he be a consultant or general practitioner. Further, I gather from the annual report of the Medical Protection Society that in the case of cottage hospitals coroners have been in the habit of allowing fees to doctors who attended fatal accident cases, but have recently been forbidden to do so by the county. I trust action will be taken by the British Medical Association to secure fairer treatment for its members. I did mention my case at a meeting of the Stratford Division of the British Medical Association, and it was unanimously resolved to invite the attention of the Executive to the matter. I also wrote to the member for Romford and received the subjoined reply. From it one can easily judge how forcibly the shabbiness of such treatment of the members of the medical profession strikes members of the laity. If, then, the various Divisions of the British Medical Association were to bring a case such as mine before the notice of local members of Parliament, I am sure the remedy we seek would not be difficult to attain.

Copy of Sir John Bethell's Letter.

Dear Dr. Robson,

I am in receipt of your favour of the 9th inst. giving your experience in connexion with a case at Ilford, and I must say that you have been treated very badly in the matter, and you can assure your medical friends at Ilford that I shall be pleased to support the amendment of the Coroners Act of 1887, so as to enable medical men to make a proper charge for their services in connexion with matters under the Act.

If you would like to see me upon the question at any time I shall be pleased to give you an appointment at the House of Commons.

Yours very truly,
(Signed) JOHN HENRY BETHELL.

House of Commons,
April 11th, 1912.

*** In a leader on Coroner's Law and Death Certification published in the JOURNAL of July 9th, 1910, page 99, attention was drawn, not for the first time, to the recommendation of the Departmental Committee on Death Registration that medical officers of public institutions should be placed on the same footing as other practitioners in regard to fees for giving evidence at inquests and for making *post-mortem* examinations.

The grievance of visiting medical officers of charitable institutions in that they do not receive any remuneration for giving evidence at inquests, and for performing *post-mortem* examinations on patients dying in the institution, was referred to in the memorandum of evidence of the British Medical Association forwarded to the Departmental Committee on Coroner's Law, etc., appointed in 1908, and in the Draft Coroners Bill, prepared by the British Medical Association in 1905, a clause was inserted providing that a registered medical practitioner who has attended at a coroner's inquest in obedience to a summons of the coroner under the Coroners Act, 1887, should be entitled to such remuneration as follows:

(*a*) For every day on which such practitioner so attends to give evidence at an inquest 1 guinea;

(*b*) For making a *post-mortem* examination of the body of the deceased without an analysis of the contents of the stomach or intestines or other part of the body 1 guinea;

Provided that no remuneration shall be paid to a medical practitioner for making a *post-mortem* examination without the previous direction of the coroner.

The question of Coroner's Law and Death Certification is under the consideration of the Parliamentary Subcommittee of the Medico-Political Committee.

Obituary.

WILLIAM OGLE, M.D.OXON., F.R.C.P.LOND.,

LATE SUPERINTENDENT OF STATISTICS, GENERAL REGISTER OFFICE.

DR. WILLIAM OGLE died at his residence in London on April 12th in his 85th year. He was the fourth son of Dr. J. A. Ogle, Regius Professor of Medicine in the University of Oxford. He was educated at Rugby, and went up to Oxford as a scholar of Corpus Christi College, of which he was elected a Fellow on his twenty-first birthday. He at first intended to enter the Church, and went so far as to take deacon's orders, but at an early date abandoned this intention and became a student of St. George's Hospital. He became a member of the Royal College of Physicians of London in 1859, and a Fellow in 1866, and graduated M.D.Oxon. in 1861. He was appointed Lecturer on Physiology in the Medical School of St. George's Hospital, and in 1869 Assistant Physician to the hospital. As a teacher of physiology, a science then in its infancy, he attracted not only students of St. George's School, but many others, who found in his lectures an opportunity not otherwise easily available of becoming acquainted with the rapid progress of the new science. He was beginning to prove equally attractive as a teacher in the out-patient department when, in 1872, he unexpectedly resigned the office of Assistant Physician on the ground of ill-health.

He was for a time Medical Officer of Health for East Hertfordshire, but in 1880 was appointed to the office in which his chief distinction was to be earned; he succeeded Dr. Farr as Superintendent of Statistics in the General Register Office, and perhaps the highest praise which could be given to him was that he was a worthy successor of that distinguished man. Dr. Ogle was responsible for the census reports of 1881 and 1891, and for the Decennial Supplement to the report of the Registrar-General, 1871–1880. His reports in these volumes contain the results of investigations into the mortality of different occupations, and led him to contribute to the *Transactions* of the Royal Medical and Chirurgical Society, of which he

Knight of the Legion of Honour. He served in the ships *Belleisle* and *Simoon* during the China war, 1857–61, and received the medal and two clasps. From 1861 to 1869 he was Senior Medical Officer to the Plymouth Division, Royal Marine Light Infantry, and then until 1872 he was with the Royal Marine Light Infantry at Eastney. After being promoted to the rank of Deputy Inspector-General of Hospitals and Fleets, he served at the Royal Navy Hospital, Bermuda, from 1872 to 1875, and at the Royal Naval Hospital, Plymouth, from 1875 to 1878. In 1882 he was appointed Honorary Surgeon to Queen Victoria, and in June, 1887, on the occasion of the Jubilee, was created K.C.B., having received the C.B. in 1867.

Public Health AND POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL SERVICE AND SUPERANNUATION.

S. S., who is a workhouse and district medical officer about to resign both appointments, asks how the amount of his superannuation is to be calculated.

*** This is mainly ruled by Section 3 of the Act of 1896, which is as follows:

> An officer or servant who has served for ten years but less than eleven years shall be entitled to an annual allowance equal to ten-sixtieths of the average amount of his salary or wages and emoluments during the five years ending on the quarter day which immediately precedes the day on which he ceases to hold his office or employment with an addition of one-sixtieth of such average amount for every additional completed year of service until the completion of a period of service of forty years, when a maximum allowance of forty-sixtieths shall be granted.

It appears that this will enable our correspondent to claim on his salaries and extra fees paid to him by the guardians, except any fees he may have received for certifying lunatics for asylum. The length of service is to be estimated by the number of years he has served in the longer-held appointment of the two.

The Services.

THE ROYAL NAVY MEDICAL SERVICE.

THE course for acting surgeons, Royal Navy, terminated at Haslar on April 16th, when Sir James Porter, K.C.B., etc., Director-General of the Medical Department of the Navy, gave away the prizes and delivered a short address to the newly-entered surgeons, R.N., congratulating them on their diligence and on the good work they had done at Haslar.

The Gold Medal and Admiralty Prize (a surgical dressing case) were gained by Acting Surgeon M. M. Melrose, formerly of Manchester University and Middlesex Hospital, who gained the highest aggregate marks in the London and Haslar examinations.

The Silver Medal and Admiralty Prize were won by Acting Surgeon C. H. Symons, formerly of Charing Cross Hospital, who takes the Second place.

Acting Surgeon G. D. Macintosh was awarded the third Admiralty Prize for being first in the analysis group of subjects taught at Haslar. As this officer entered as a Colonial candidate and elected to sit for qualification only and not for competition at the London examination, he is assigned, in accordance with the regulations, the last place in the seniority list.

The order of seniority as determined by the sum of the marks obtained by each acting surgeon at the London and Haslar examinations is as follows:

	Marks Obtained (Maximum 4,800).
1. Melrose, Malcolm M.	3,661
2. Symons, Cecil H.	3,491
3. Clark, Alfred B., M.B.	3,455
4. Cockrem, Guy B.	3,355
5. Hull, Herbert R. B.	3,313
6. Thatcher, Charles M. R., M.B.	3,312
7. Goodwin, Ernest St. G. S. G., M.B. ...	3,268
8. Fergusson, George D. G.	3,263
9. Barlee, Ronald J.	3,180
10. Macintosh, George D., M.B. (Colonial candidate)	—

DECORATIONS FOR SERVICES AFTER THE ITALIAN EARTHQUAKE.

THE King has granted authority to accept and wear the decorations following conferred upon the following medical officers of the Royal Navy by the King of Italy in recognition of valuable services rendered by them at the time of the earthquake in Southern Italy in 1908:

Commander of the Order of St. Maurice and St. Lazarus.—Deputy Surgeon-General James O'Brien Williams, M.D.

Officer of the Order of St. Maurice and St. Lazarus.—Staff Surgeon P. T. Sutcliffe, M.B., Staff Surgeon Elyston Glorydd Evelyn O'Leary, F.R.C.S.Edin, Staff Surgeon Frederick Mason Mahon, Staff Surgeon John Scarborough Dudding.

Commander of the Order of the Crown of Italy.—Fleet Surgeon Percy Edmund Maitland, Fleet Surgeon Arthur Edward Kelsey, M.B., Fleet Surgeon Edward Henry Hodnet de Courtmacsherry, M.D., Fleet Surgeon William John Colborne.

Officer of the Order of the Crown of Italy.—Staff Surgeon Percival Thomas Nicholls, Staff Surgeon Pierce Leslie Crosbie, F.R.C.S.I., Staff Surgeon Reginald Thompson, Staff Surgeon Robert Kennedy, M.B., Surgeon Hugh Bernard German, Surgeon Frederick George Wilson, M.B., Surgeon Horace Bryden Hill, M.B., Surgeon William Charles Carson.

Medical News.

THE twenty-ninth annual general meeting of the Medical Sickness Annuity and Life Assurance Friendly Society will be held at 11, Chandos Street, Cavendish Square, W., on Thursday, May 9th, at 4.30 p.m.

DR. MILSON RUSSEN RHODES has resigned the honorary secretaryship of the Organization Subcommittee of the National Medical Union. All communications in future should be addressed to the Secretary, National Medical Union, Mr. J. Webster Watts, F.C.A., 5, John Dalton Street, Manchester.

ON Wednesday evening, April 10th, Dr. Langdon Brown, vice-president, in the chair, the third annual award of the Hunterian Society's medal was made to Dr. A. Goulston of Heavitree, Exeter, for his essay on "The Use of Sugar in Heart Disorders." Dr. Goulston, after receiving the medal, read an abstract of his essay.

THE annual meeting of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, April 23rd, 1912, at 4 p.m. A discussion on Alcoholism in the Army and Navy will be opened by the Rev. J. H. Bateson, General Secretary of the Royal Army Temperance Association, India, 1889–1909.

DR. A. B. TIMMS, the old Scottish International, who has for some years been Medical Officer to the Cardiff Board of Guardians, was entertained to dinner last week by a large gathering of friends. Dr. Timms, who is leaving to practise in Surrey, was the recipient of some handsome plate and many other tokens of the esteem in which he is held.

THE adjourned discussion on "The Therapeutic Value of Alcohol" before the Hunterian Society will take place on Wednesday, April 24th, 9 p.m., at the London Institution, Finsbury Circus, E.C. All members of the medical profession are invited to attend. The president (Dr. Hingston Fox) will open the adjourned discussion, summing up the arguments of the speakers on the opening night. It is expected that the following will speak: Sir T. Lauder Brunton, Mr. G. Mansell Moullin, Dr. Stoddart, Dr. E. W. Goodall, Dr. W. Langdon Brown, Dr. Currie. Sir Victor Horsley will reply.

AT the annual meeting of the Norfolk and Norwich Hospital on April 13th, the Chairman stated that the deficit on the year had raised the overdraft at the bank to £7,858, and expressed the opinion that recent legislation had lessened the probability of the greater support necessary for the upkeep of the hospital being obtained. Unless the financial position improved by the middle of the year, the question of closing a ward would have to be considered.

AT the annual meeting of the Metropolitan Hospital Saturday Fund on April 13th it was reported that the sum received during the year amounted to £45,468, of which £34,084 had been distributed, some two-thirds going to general, special, and cottage hospitals, £1,681 to convalescent homes, and £998 to dispensaries. The total receipts for the year were some £3,100 higher than during the previous twelve months. The chairman (Sir Thomas Vezey Strong), among other speakers, expressed some apprehension as to the possible effect of the National Insurance Act on the success of the Fund, and a belief that the voluntary system of hospital administration ought to be preserved to the last, not only because it was good for the patients, but because it ensured efficiency, economy, and sympathetic administration. Finally, a resolution was passed unanimously advising the upholding of the voluntary hospital system, and urging that under the National Insurance Act provision should be made for payment to hospitals for work done on behalf of insured persons.