

(Elliott); and there is probably no exhaustion of these glands in haemorrhage.

Atropin is valuable in checking the loss of fluid and heat by sweating; while brandy and ether are excellent cardiac stimulants, provided the haemorrhage has been stopped and *suprarenin* has not been given.

Collapse due to Toxaemias.—The elimination of these is strongly indicated. We need not discuss the methods beyond saying that the copious administration of fluids is essential, and that *suprarenin* is contraindicated, since vaso-dilatation is to be desired in order to promote excretion.

Drugs.

Strychnine is exceedingly valuable during and after operations on toxic subjects. For it possesses a power of restoring the paths of conduction across the pressor synapses in such patients. This is well illustrated in Chart 52.

CURATIVE.

With the limited time at our disposal we propose to consider very briefly some sudden deaths under operation. These are to be strictly differentiated from respiratory failure due to the anaesthetic, where the prompt performance of artificial respiration and the administration of cardiac stimulants are practically always successful. We refer in particular to those cases where anaesthesia is not primarily responsible for this contingency, and will confine our remarks to such illustrative instances as exophthalmic goitre, status lymphaticus, prostatectomy, and respiratory failure in increased subtentorial pressure.

Exophthalmic Goitre.—We believe that sudden death in these cases is due to rapid pressor fatigue, followed by an equally powerful depressor stimulus, and consequent inhibition of the heart. The indications are cessation of the stimulus and injection of strychnine to restore the pressor paths and stimulate the heart; after the restoration of the pressor paths by strychnine, stimulation of the skin by cloths wrung out in hot water, etc.; the immediate adoption of artificial respiration combined with indirect cardiac massage is advised, etc. We would emphasize the importance of not applying any stimulus until after the administration of strychnine. These recommendations are based on theoretical deductions only.

Status Lymphaticus.—The characteristic clinical features of sudden death in these cases are sudden pallor, wide dilatation of the pupils, and cessation of respiration in inspiration. In unfavourable cases the pupils assume an intermediate size and remain thus fixed. These phenomena are due in the first instance to a powerful sympathetic stimulus, dominated subsequently by the direct vagus inhibition of the heart. The indications are—cessation of the stimulus; artificial respiration combined with indirect cardiac massage at once*; strychnine, to stimulate the heart and reopen the pressor synapses; atropin, to inhibit the vagus and stimulate the higher centres; powerful peripheral stimuli—for example, hot cloths, dilatation of the sphincter ani—after the injection of strychnine. We have had many opportunities to put these principles into practice, and have never had any failures with this routine.

Enucleation of the Prostate.—Sudden deaths in these cases have been already referred to. The improbability of recovery accentuates the importance of prevention by nerve blocking.

In *respiratory failure*, from increased subtentorial pressure, we should not hesitate (on the strength of the views expressed in Lecture I) to practise lumbar puncture combined with venesection as a temporary measure until operation could be performed.

The treatment of *progressive collapse from the depressor stage of shock* is twofold: (1) To treat the cause. Here the administration of strychnine during and after operation is of paramount importance. We are quite unable to agree with those who condemn this drug; such a condemnation we feel to be based on an inaccurate recognition of the pathology of shock. Morphine after operation is indicated for reasons we have given. (2) Further treatment is directed towards the alleviation of symptoms due to collapse and its sequelae, and does not come into the scope of the present lecture. We may state, however, that *adrenalin* is contraindicated in our opinion. For Elliott

has shown injections of this drug to excite secretion from the adrenals; and these are probably already exhausted in shock. Thus their recovery by rest, rather than their further activity, is to be desired.

In conclusion, Mr. President, Fellows, and Members of the College, we both thank you heartily for your kind attention, and ask your indulgence for what may appear a summary dismissal of some of the important points in this study. But time has been our enemy. However, we hope to have convinced you that surgeons should cease to rely on a high blood pressure as an indication of the absence of shock, or on a low one as necessarily symptomatic of its presence. And if you hold that we have in any degree contributed towards the elucidation of the mechanism of shock, or that we have adduced strong evidence in support of the plea for the adoption of nerve blocking as a means of controlling shock (particularly in toxæmic children), we shall be amply repaid.

Finally, should this research incur the accusation of a strong advocacy for the use of spinal anaesthesia in suitable cases, this accusation we will gladly accept.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DEATH AFTER SALVARSAN.

AN athletic man, aged 23, developed a non-ulcerating chancre for which he entered a nursing home, where two intravenous injections of 0.6 salvarsan were given with an interval of a week. There was no pyrexia after the first injection nor any ill effect. After the second, within forty-eight hours there were pyrexia and aching of legs. He returned home. At 7.30 p.m., when in bed, the temperature was 101.6° F. in the axilla; there was no perspiration. The next morning he was seen walking in his room in a dazed state, muttering gibberish, and dribbling from the mouth. An hour later he could talk distinctly though with difficulty, yet was unable to account for his earlier state. The temperature was 97.6° F. There was a punctate red rash on the chest and abdomen and he was sweating. At 6 p.m. he was still sweating; the temperature was 98° F.; he was seen in an epileptiform fit. The following morning there was another fit, and more followed; he was unable to swallow; respiration was rapid; fit followed fit till only the eyes and depressors of the jaw retained power to contract, and he died from respiratory failure. The breath became so faecal, though there had been no constipation, that it was thought an involuntary action of the bowels had occurred. There was no involuntary action. Urine was retained, about 10 oz. of urine being withdrawn by catheter. There was profuse secretion of mucus in the upper airway. He was unconscious for twenty hours.

W. CAMPBELL M'DONNELL, M.R.C.S., L.R.C.P.
London, N.

ETHYL CHLORIDE SPRAYING IN VENEREAL SORES.

THE following experiences of the curative action of spraying with ethyl chloride on venereal sores may prove of interest. It is more especially valuable in the services, as it accelerates considerably healing of the chancre, thus limiting bubo formation. The time spent in hospital is thus reduced by about 50 per cent. in average cases.

The method employed is as follows: The ulcer is well dried and cleansed with dry cotton-wool and well frozen three times in succession with the ethyl chloride spray, until the surface of the ulcer is quite white, like hoar frost. It is more effectual to warm the ethyl chloride glass tube in a tumbler of warm water before applying it, as a better spray results. Dry iodoform and dry gauze are then applied. This is repeated daily until cure results.

This method is superior to the local use of pure carbolic acid. I have not found it valuable in commencing phagedæna in a chancre, but when active phagedæna has been prevented by pure nitric acid, free exposure and baths, it will then accelerate healing. It is not painful, and requires little experience.

It is superior in my experience to x-rays, which I have utilized and have published the results in the BRITISH

* The value of cardiac massage is demonstrated by tracings in animals.

MEDICAL JOURNAL (1909, vol. i, p. 464). I have not tried hot air, which is well spoken of and should prove valuable. I have been in the habit of applying ethyl chloride to some 15 or 20 venereal sores every morning for the past two months, and it is a distinct advance on dressings with mercury perchloride and lotio nigra, whether with or without iodoform. The patient is allowed up from noon to 6 p.m. after the first two applications, and then all day if exercise is not taken; this limits buboes. The cost is slight, as the price of a tube of ethyl chloride is about 2s. 6d., and will suffice for 15 patients for two days. This is roughly a penny a day each. After two or three days a healthy healing ulcer results, and small ulcers do not usually develop into large ones as with some other methods.

I do not say that the method is applicable to every chancre, but it is valuable in the majority. I would like to learn whether freezing kills the *Spirochaeta pallida* as effectually as it does Ducrey's bacillus, the cause of non-infective (soft) chancre, and the pus organisms so favourable to the extension and growth of venereal sores.

H. C. FRENCH,
Major, R.A.M.C.

Malta.

MINERS' NYSTAGMUS.

IT seems to me that the cause of this condition is a necessity for movement of the eye in order to be able to see with the fovea. I have shown that the fovea is blind when there is no visual purple in it, and this diffusion of the visual purple into the fovea is caused either by light falling on an adjacent portion of the retina containing rods or by movement of the eye. In the conditions usually obtaining in a mine sufficient light does not fall upon adjacent portions of the retina, and so the eye is in continual movement. It is easy to see how the repetition of this unnatural movement may cause nystagmus. I should be glad to hear from workers on the subject how this explanation of nystagmus on my theory of vision agrees with the facts observed by them, also whether the arrangement of the light in accordance with the above suggestion is beneficial.

The Institute of Physiology,
University College, London.

F. W. EDRIDGE-GREEN.

ABDOMINAL ANGINA.

THE importance of the rather puzzling condition called "abdominal angina" is my apology for placing on record one other case that seems to suggest the view that such a condition is more frequently met with than understood.

At the present time I have a male patient, aged 55, suffering from typical angina pectoris; sometimes, however, instead of the pain being related to the heart it is limited to the umbilical region, the patient imagining that he has a pain in his stomach. Occasionally the patient has severe pain of neuralgic type in the rectum.

I have no doubt that the rectal and abdominal pains are related to the anginal condition, as the attacks are much less severe since the blood pressure has fallen from 190 to 150, and are at all times relieved by amyl nitrite.

Bournemouth.

WILLIAM JOHNSON SMITH, M.D.

THE TREATMENT OF GLEET BY IONIZATION.

I WOULD like to describe a simple means for the ionic treatment of gleet, which I have lately found most efficacious. I went to many electric instrument makers hoping to find suitable applicators, but could procure an instrument for the anterior urethra only. As chronic gleet springs especially from the posterior urethra, something beyond a short straight instrument is required. It is only needful to procure a stout zinc wire some nine inches long, and bend it to catheter shape, a loop being made at its proximal end. A soft rubber catheter is perforated by a sharp punch here and there for a few inches at its distal end, or for about seven inches if the entire urethra is to be acted on. One perforation is made at the proximal end. Into this perforation the zinc rod is pushed as far as the loop. The positive pole of a galvanic battery is connected with the loop, and the negative applied to the suprapubic or other skin area by means of a moistened pad. The solution used (usually zinc or alum sulphate) is made to flow slowly through the catheter, and the apparatus is complete in action. An expensive battery is not required; a few Leclanché cells will do.

London, E.C.

JAMES MACMUNN.

Reports

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

MANCHESTER ROYAL INFIRMARY.

CASE OF RETROGRADE INTUSSUSCEPTION OF THE ILEUM ASSOCIATED WITH MECKEL'S DIVERTICULUM.

(By W. H. KAUNTZE, B.A., M.B., Ch.B.Vict., House-Surgeon.)

THE patient in the following case, a boy aged 10 years, was brought to the infirmary on February 20th, with a history to the effect that he had been taken ill suddenly two and a half days before with acute abdominal pain and vomiting, and that both had persisted up till the time of admission. The patient began to vomit soon after the onset of pain, and this continued throughout, being at one time, according to the parent's statement, faecal. The pain was first of all situated round the umbilicus, and later settled down in the hypogastric region. The bowels had not been opened for four days, although enemata and purgatives had been given freely. No blood or mucus was passed per rectum throughout the illness. It was also stated that, though the patient had never been a very strong boy, he had had very fair health except for occasional attacks of colic. These attacks came on at intervals varying from four to six weeks. They were usually associated with diarrhoea, and the pain was relieved by defaecation.

Condition on Admission.—The general aspect was typical of acute intestinal obstruction in an advanced stage. The eyes were sunken, the cheeks fallen in, and the skin yellowish-grey. The patient was much wasted. Pain was localized in the lower part of the abdomen, principally on the right side, but there was a good deal of tenderness in the left iliac fossa. The abdomen was greatly distended, and the outline of coils of intestine could be plainly observed. The umbilicus was everted.

On palpation the abdomen was extremely tense, though there was little true muscular rigidity. In the right iliac fossa, a mass could be distinctly felt, which was fairly definitely limited, extending upwards to the level of the umbilicus, backwards into the right flank and inwards to within an inch of the middle line. The mass gave a distinct fluid thrill and was dull on percussion. There was also dullness in both flanks, which moved when the patient's position was changed, and indicated free fluid in the peritoneal cavity. The abdomen elsewhere gave a tympanic note.

A rectal examination was made. This showed a soft but solid mass in the recto-vesical pouch of peritoneum, and at one point of the mass the tip of the finger could be introduced into a small depression apparently at the apex of this mass. During the course of the examination the patient vomited two or three times. The vomit showed no faecal characters, but contained much mucus, and some material, resembling coffee grounds, which was changed blood.

The temperature was 100.8° F., and the pulse 136.

Operation.—Mr. Rayner, under whom the case was admitted, decided that an immediate operation was necessary. A general anaesthetic was administered, and the abdomen opened by a vertical incision, 3 in. long, just to the right of the middle line, and going through the lower part of the right rectus muscle. When the peritoneum was opened a quantity of turbid fluid escaped. The gut was distended and paralysed, and dark purple in colour. Lying in the pelvis a large intussusception was discovered, and with some difficulty brought out of the abdominal wound. It was then seen that it was a retrograde enteric intussusception, involving the last 2½ ft. of small intestine, the neck being situated 1 in. from the ileo-caecal valve. The small intestine for a foot above the intussusception showed small patches of gangrene. The whole intussusception, together with the gangrenous piece of ileum, was excised, leaving an inch of ileum attached to the caecum.

As the child's condition was so bad as to contraindicate any prolongation of the operation, and as, furthermore, the gut was so distended and inert as to make it impossible to suture it, a Paul's tube was ligatured into each end of the severed gut. About 1½ pints of faecal material were drained away at the time, and the wound was then closed temporarily with a view to establishing an anastomosis forty-eight hours later.

As soon as the patient had recovered from the anaesthetic, salines alternating with nutrient enemata were administered through the tube leading into the large gut. The patient was also allowed liquid food by mouth (beef tea and Benger's food).

Result.—Unfortunately some sixteen hours after the operation the patient, though apparently doing well up till then, suddenly showed signs of collapse, and, despite all treatment, died four hours later. Permission for a post-mortem examination could not be obtained.

decided unanimously that the appeal must be granted and the order set aside. The facts to which attention had been directed did not of themselves show that there had been maintenance, but only that maintenance might be inferred as a *prima facie* conclusion. Hence the issue of an order was not justified by them. It was very likely that when the memorandum and articles of association relating to the society were examined it would be found that no offence of maintenance had been made out.

SECRET REMEDIES.

At the North London Police Court on May 8th the Excise authorities proceeded against John James Huggins and George Douglas Buchanan, who had traded as Jap and Co. at Isledon Road, Holloway, for selling dutiable medicines—namely, Jap's Pills and Jap's Balm—unstamped and without a licence. The case was before the court some weeks ago (BRITISH MEDICAL JOURNAL, April 27th, p. 985) and dismissed on the technical objection that the defendants had been jointly summoned, though then Mr. Hedderwick, the magistrate, offered to deal with the matter by imposing one penalty only on Mr. Huggins. The latter objected, as he could not come to any arrangement with his co-defendant. The circumstances were then fully reported. Now both the defendants, through Mr. C. H. Nash, their solicitor, pleaded guilty, and Mr. Hedderwick ordered each defendant to pay £15, or one month's imprisonment.

Alice Dane, a general shop keeper, of Isledon Road, Holloway, was ordered to pay 4s. costs for exposing these medicines for sale without a licence and unstamped. In this case no conviction was recorded.

PUBLIC VACCINATORS NOT ENTITLED TO SUPERANNUATION.

THE question has often been asked, Are public vaccinators entitled to superannuation under the Poor Law Officers' Superannuation Act, 1896?

Until April 30th this question had not been tested in the law courts. On that day an action was brought in the Chancery Division by Dr. Lawson of Avebury, Marlborough, against the guardians of the Marlborough Union, claiming superannuation allowance on his vaccination emoluments. In September, 1911, he resigned his appointments as district medical officer and public vaccinator on account of permanent bodily infirmity. After legal arguments on the import of various enactments, Mr. Justice Neville held that the plaintiff as public vaccinator was not a person in the employ of the defendants within the meaning of the Act of 1896. Under his contract with them for the office of public vaccinator he was in the position of a person who had contracted with them to render certain services for certain payments, and was not a person who had entered into an engagement of service. He was, therefore, not entitled to include his fees as public vaccinator as part of the emoluments on which the amount of his superannuation allowance ought to be calculated.

The parties then agreed that the superannuation allowance of the plaintiff as district medical officer at £37 17s. 6d., should commence from October 1st, 1911, and that there should be no order as to costs.

POLICE CALLS: UNQUALIFIED DENTISTS.

RUCHAN-NESS (Scotland).—(1) The police are not entitled to free verbal reports on accidents, sudden deaths, etc. The procedure in connexion with sudden deaths is that the Procurator-Fiscal calls for a report, the fee for such being one guinea. We would recommend our correspondent to refuse information relating to accidents unless asked for in writing, when he should draw up a report for which a fee would be paid. (2) The usual fee for emergency calls by the police is 5s., with double fees at night; but our correspondent must remember that, if called to see a case by a police constable, the local authority may repudiate liability and leave him to recover his fee from the constable. It is a better plan to have an arrangement with the chief constable as to the fees to be paid in cases of emergency. (3) Unqualified dentists adopt various devices to advertise themselves, such as "artificial teeth supplied," "painless dentistry," and also "dental surgery." The Dentists Act, 1878, states that "a person shall not be entitled to take or use the name or title of 'dentist' (either alone or in combination with any other word or words), or of 'dental practitioner,' or any name, title, addition, or description implying that he is registered under this Act." "Any person who . . . not being registered under this Act, takes or uses any such name, title, addition, or description as aforesaid, shall be liable on summary conviction to a fine not exceeding twenty pounds, provided that nothing in this section shall apply to legally qualified medical practitioners." Our correspondent might communicate with the Secretary of the British Dental Association, 19, Hanover Square, London, W.

AT a meeting of the Medical Society of London, on May 13th, the following officers were elected for the ensuing year: President, Sir Watson Cheyne, F.R.S.; Vice-Presidents, Sir David Ferrier, F.R.S., Dr. William Ewart, Dr. Percy Lush, and Mr. A. E. Barker; Treasurer, Sir John Tweedy; Librarian, Dr. A. F. Voelcker; General Honorary Secretaries, Mr. Edred Corrier and Dr. R. A. Young; Honorary Secretary for Foreign Correspondence, Dr. F. Parkes Weber. A council of twenty members was also appointed.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—A. Goulston.

M.B.—J. M. Smith.

B.C.—R. J. B. Leney, R. A. Ramsay.

UNIVERSITY OF LONDON.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

Courses and Bursaries for Dental Students.

THE school has received a gift of money for the foundation of bursaries for dental students, and the following course in dentistry has been arranged in conjunction with the National Dental Hospital.

The courses are full courses for women students for the study of dentistry, and in preparation for the Licence in Dental Surgery of the Royal College of Surgeons of England. They will be given at the London School of Medicine for Women and the National Dental Hospital, Great Portland Street, W.

The course is arranged to cover five years:

First and Second Years.—Chemistry, Physics, and Mechanical Dentistry.

Third Year.—Anatomy, Physiology, and Special Dental Courses.

Fourth and Fifth Years.—Courses in Medicine and Surgery, General Hospital Course, Dental Hospital Course.

The combined fees at the London School of Medicine for Women and the National Dental Hospital are £180, if paid in one sum on beginning the course, or £191, if paid in three annual instalments.

The Council of the London School of Medicine for Women will award annually (until further notice) an "Agnes Guthrie" Bursary of the value of £60 to a student fulfilling the required conditions who enters for the full dental course. The first award will be made at the end of September, 1912, for the course beginning in October, 1912. Candidates for the bursary are required to send in applications on or before September 15th, 1912, to the Secretary and Warden, from whom a prospectus of the school and all particulars can be obtained.

UNIVERSITY OF EDINBURGH.

THE following are the numbers of matriculated students of medicine in the University of Edinburgh from 1889 to 1911: 1889-90, 2,003; 1897-8, 1,405; 1900-1, 1,364; 1907-8, 1,487; 1908-9, 1,440; 1909-10, 1,377; 1910-11, 1,374.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on Thursday, May 9th, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

Admission of Fellows.

The following Members who had been elected at the previous comitia were admitted to the Fellowship:

William Bain, M.D.Durh., Harrogate; Edward John Cave, M.D. Lond., Bath; Robert Briggs Wild, M.D.Lond., Manchester; Henry John Davis, M.B.Camb., London; John Roger Charles, M.D.Camb., Clifton, Bristol; Frank Charles Shrubsall, M.D. Camb., London; Arthur John Jex-Blake, M.B.Oxon., London; Charles Scott Sherrington, M.D.Camb., F.R.S., Liverpool.

Diploma in Tropical Medicine.

The following gentlemen who had passed the requisite examination were, in conjunction with the Royal College of Surgeons of England, recommended for the diploma in Tropical Medicine:

Solimser Azmy, L.R.C.P. and M.R.C.S.; Henry Robert Brown (Major I.M.S.), L.R.C.P. and S.Edin., and L.R.C.P. and S.Glasg.; Ardeshir Koyaji Contractor, L.R.C.P., M.R.C.S., M.B.Lond.; William Alfred Murray, M.B., C.M.Aberd.; Denis Joseph FitzGerald O'Donoghue (Capt. R.A.M.C.), L.R.C.P. and S.I.; James Charles Stewart Oxley (Capt. I.M.S.), L.R.C.P. and M.R.C.S., F.R.C.S.Edin.; Reginald Oliver Sibley, L.R.C.P. and M.R.C.S., M.B.Lond.; Satyendra Nath Rey, M.B.Calcutta, F.R.C.S.Edin.

Report.

A report was received from the representative of the College on the Medical Board of the University of Wales (Dr. F. T. Roberts). The President then dissolved the comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on May 9th, Mr. R. J. Godlee, President, in the chair.

Grant of Diplomas.

Diplomas of Membership were granted to ninety-five candidates found qualified at the recent examinations.

Diplomas in Tropical Medicine were granted jointly with the Royal College of Physicians to eight candidates found qualified.

Jacksonian Prize.

The prize for 1911 was not awarded.

The subject for 1913 is: The Malformations of the Small Intestine, their Mode of Origin, the Morbid Conditions which Arise from them, and their Treatment. The prize is open to Fellows and Members of the College only.

Donations to the College.

On behalf of Dr. R. C. Priestley, Sir Alfred Pearce Gould presented a lithotomy knife used by the late Sir William Fergusson.

Professor Weliaminoff of St. Petersburg, Honorary Fellow of the College, presented to the library twenty-one volumes of the journal, *Archives de Chirurgie*, of which he is editor; two volumes on the Finsen treatment, and one volume on syphilis of joints.

Proposed Memorial to the late Lord Lister.

A letter was read from Sir Archibald Geikie, K.C.B., President of the Royal Society, with reference to a proposed memorial to the late Lord Lister.

The Council agreed to act with the Royal Society, and to nominate representatives to serve on its behalf in connexion with a conjoint project, the character of which is to be hereafter determined.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.
At a meeting on May 14th the following candidates were admitted to the Fellowship:

G. Blair, A. Burton, A. Croll, C. H. Evans, G. A. Hicks, F. E. Jardine, K. B. Kanga, H. Kramer, H. R. Lawrence, M. E. Mackay, J. McPherson, A. P. Mitchell, J. B. de W. Molony, J. I. Parer, G. R. Petersen, D. Rodger, B. P. Sabawala, L. P. Stephen, G. H. Urquhart, E. A. Walker, and N. Wood-Hill.

On the same occasion the Bathgate Medal and Microscope in *Materia Medica* was awarded to Rachel Mary Barclay, and the Ivison Macadam Memorial Prize in Chemistry to Frank Bertram Macaskie.

CONJOINT BOARD IN ENGLAND.

At meetings on April 25th and May 9th respectively the licence of the Royal College of Physicians and the diploma of membership of the Royal College of Surgeons were conferred on the following candidates:

E. S. Abraham, R. B. Adams, C. Aldis, J. A. Andrews, D. G. Arthur, T. E. Banister, F. S. Bedale, T. I. Bennett, A. H. Birks, A. B. H. Bridges, D. S. Bryan-Brown, R. E. R. Burn, F. W. Campbell, P. N. Cave, D. G. Cherrington, P. E. Christofferson, J. W. H. Chun, A. J. Clarke, J. J. Clarke, C. J. W. Clayton, C. F. Constant, H. J. Couchman, W. A. Curry, W. E. S. Digby, H. A. Douglas, B. J. C. Douty, G. E. Dyas, W. H. Eggar, J. V. Fiddian, C. E. Freeman, C. A. R. Gatley, W. S. George, H. M. Gilbertson, P. W. Green, G. H. C. St. G. Griffiths, A. S. Hahn, *J. W. B. Hanington, L. P. Harris, A. K. Haywood, E. H. Heaton, R. Hodson, J. F. Holmes, A. Jones, R. S. Kennedy, W. S. Lacey, S. Lal, E. A. LeMaistre, A. R. N. MacGillycuddy, R. W. Meller, L. Milton, J. Morris, H. J. S. Morton, E. J. Nangle, V. E. Negus, G. Nelson, F. C. Newman, C. J. Nicholson, R. G. Oram, C. J. B. Pasley, C. L. Pattison, M. Pern, T. H. Phillips, H. Platt, E. G. T. Poynder, T. B. B. Price, J. P. Quigley, M. Radford, H. T. Retallack-Moloney, W. G. Reynolds, G. F. Rigden, L. C. Rivett, F. H. Robbins, H. H. Robinson, E. A. Runting, E. A. Saunders, W. G. Shaw, E. Smeed, G. Stanger, H. F. Stephens, R. P. Stewart, A. Stokes, J. S. Strachan, R. Swyer, C. R. Taylor, W. F. Thompson, A. C. Tibbits, E. A. Tozer, P. Verdon, W. P. Vicary, A. L. J. Vischer, L. C. Walker, R. O. Ward, J. G. Watson, P. Whitehead, F. St. B. Wickham, H. A. Woodruff.

* M.R.C.S. diploma granted April 11th.

LIVERPOOL SCHOOL OF TROPICAL MEDICINE.

An advanced course of instruction will be held during the summer term beginning on June 1st, and ending on June 29th. The course comprises: (a) Entomology, Professor R. Newstead; (b) Helminthology, Dr. J. W. W. Stephens; (c) Parasitology, Dr. H. B. Fantham. The fee for the full course is 4 guineas. A certificate will be given at the end to students approved by the professional subcommittee. A detailed prospectus can be obtained on application to Mr. Alan Milne, Secretary of the School, B 10, Exchange Buildings, Liverpool.

Obituary.**GEORGE MACKERN, M.D.,**

FORMERLY VISITING PHYSICIAN TO BRITISH HOSPITAL,
BUENOS AIRES.

The announcement of the death of Dr. George Mackern has caused much regret among a very large circle of friends, as well as those who remember him at Guy's Hospital some five-and-thirty years ago. He had a successful career as a student in the medical school of that hospital, and was House-Physician to the late Dr. Hilton Fagge. He took the diploma of M.R.C.S.Eng. in 1876, graduated M.B.Lond. with first-class honours in 1879, and took the degree of M.D. in the same university in the following year.

Soon after completing his appointment at Guy's Hospital he went out to the Argentine, and for the greater part of his professional life he practised as a physician at Buenos Aires. He took a particular interest in the diseases of the respiratory system, but for some time before retiring from practice he had more and more limited himself to the diseases of the larynx. He held for long the appointment of Visiting Physician to the British Hospital, Buenos Aires, and was a very well known and highly respected

practitioner in a great and growing city. We are indebted to his friend and fellow student, Dr. J. F. Briscoe, of Alton, Hants, for the following appreciation:

It was at the close of the Seventies, when George Mackern was House-Physician, that I, being another of the residents, was thrown into contact with him; it was the perilous period to the hospital when the old type of nurse was to be deposed for the new nurse of to-day. Many of us now living remember the noise and disturbance that arose one morning among the students of the hospital, when a stately woman in modern nursing garb sailed down the Colonnade into the heart of the hospital. We who knew George Mackern can imagine he was not of the crowd, for he had a soul for music, and very much objected to what musicians call a noise.

Refined and gentle by nature and handsome in outward appearance, Mackern was a student of no mean professional culture. As a follower of the late Drs. Moxon and Hilton Fagge, he became a figure of some importance in the clinical wards of the hospital, held in high respect and regard by the students. He possessed a thorough knowledge of harmony and could readily detect a bad note. Thus he was a good percussor and auscultator at the bedside, often assisting the juniors who were defective in practical acoustics. He seemed to gauge the vibrations of the musical scale as easily as a book is read. His best stethoscope was his unaided ear, and it was only for decency and appearance that he applied a piece of wood between himself and the patient's chest. And, although the binaural stethoscope was just coming into fashion, he seemed to appreciate the new appliance more as a baton of office than as an instrument of precision. I write these few lines of one to whom I was indebted for kindly sympathy, right heartily and with as sincere a regard for him personally as I had for his refined pianoforte rendering of Beethoven, Mendelssohn, or Chopin.

WILLIAM TAYLOR, M.D., M.R.C.S.,

CONSULTING SURGEON TO THE CARDIFF INFIRMARY.

We regret to learn of the death and burial at sea of Dr. William Taylor, one of the oldest medical practitioners in South Wales. He was born at Jedburgh, in Scotland, eighty-two years ago, and migrated at the age of 6 years to Cardiff. He was apprenticed to the late Dr. Evans; he afterwards entered Edinburgh University, and graduated in 1856. He was appointed House-Surgeon to Cardiff Infirmary in the same year, subsequently filling almost every appointment in those days possible on the honorary staff. He enjoyed a great reputation as a brilliant surgeon, and was made Consulting Surgeon to the institution on his retirement from practice some fifteen years ago. He was the first medical man to use chloroform in Cardiff, and described with great relish the horror of his colleagues at a proceeding they regarded as risky.

But it was as a public man that Dr. Taylor will be best remembered. He did work on the library and educational committees, and was Mayor of Cardiff in 1877. For some years past he had been chairman of the licensing bench, and was a regular attendant at Llandaff Police Court. He was at the time of his death Chairman of the Cardiff Gas Works, a very large and flourishing concern, and his election to that post in 1908 is evidence of the wonderful alertness and business acumen he retained. His memory was accurate to the smallest detail, and he well remembered events as early as the opening of the Taff Vale Railway in 1840. He was at one time Surgeon-Colonel in the Volunteers, and for many years Medical Officer to Cardiff Post Office. Dr. Taylor leaves four sons and one daughter; his son, Dr. Arthur Taylor, succeeded him in practice some years ago. The voyage on which Dr. Taylor died was undertaken to allow him to recuperate after an operation he underwent recently.

A memorial service at St. John's Church on Saturday last was attended by representatives of practically every section of the public and of the numerous bodies with which he was connected.

THE fourth Congress of Physical Education will be held in Rome at the same time as a series of gymnastic displays in June next (21st to 24th). The previous Congresses were held in Paris, Liège, and Brussels. Excursions and festivities are being organized for the occasion.

Medical News.

A UNIVERSITY with faculties of Medicine, Law, Engineering, Agriculture, Commerce, Pedagogy, and Political Science is to be established at Bangkok, the capital of Siam.

UNDER the will of the late Mrs. Cadwalladr, of Swansea, the General and Eye Hospital in that town receives a bequest of £2,000.

AN examination for twelve commissions in the Indian Medical Service will be held in London on July 22nd and the five following days. Further particulars and forms of application can be obtained from the Military Secretary, India Office, S.W.

AMONG those expected to speak at the annual meeting of the Children's Country Holiday Fund at the Whitehall Rooms next Tuesday afternoon are Mr. Austen Chamberlain and Mr. Pett Ridge. The chair will be taken by Princess Victoria of Schleswig-Holstein.

THE Ingleby Lecture of the University of Birmingham will be given this year by Mr. J. Furneaux Jordan, Surgeon to the Birmingham Hospital for Women and the Maternity Hospital, in the medical lecture theatre, at 4 p.m., on Thursday next, May 23rd. The subject of the lecture is puerperal infection.

AT a meeting of the Medico-Legal Society at 11, Chandos Street, London, W., on Tuesday next at 8.30 p.m., Mr. W. Wynn Westcott, M.B., will contribute a note on the burning of a newborn child, and Mr. D. H. Pettit will read a paper on the distinction between accident and disease under the Workmen's Compensation Act.

A GOOD many charities in Nottingham benefit under the will of the late Mrs. Elizabeth Greaves, whose will has recently been proved. Among them are the General Hospital, the Dispensary, Nottingham and Midland Eye Infirmary, and the Samaritan Hospital for Women, each of which is entitled to one-ninth share of her residuary estate. This appears to be about £40,000.

A REUTER'S telegram announces that Yuan Shih-kai has sent a letter to Dr. Gray, surgeon to the English Charitable Hospital, Peking, thanking him for the services rendered to the wounded during the night of the riots at the end of February, when the soldiers in Peking looted and burned many parts of the city. Accompanying the letter was a donation of 500 dollars to the hospital.

THE next general meeting of the Medico-Psychological Association of Great Britain and Ireland will take place at 11, Chandos Street, London, W., on Tuesday, May 21st, when the president, Dr. W. R. Dawson, will take the chair at 5.15 p.m. The discussion on Dr. Bernard Hart's paper on a case of double personality will be resumed, and papers will be read by Dr. Robert Jones on the classification of dementia, and by Dr. J. F. Briscoe on appendicitis in asylums.

THE annual dinner in London of the officers of the Indian Medical Service will be held on Thursday, June 13th, at the Hôtel Cecil at 7.45 p.m. Further particulars can be obtained from Lieutenant-Colonel P. J. Freyer, 27, Harley Street, W. Sir Alexander Christison, Bart., will preside at the annual Edinburgh dinner of officers of the Indian Medical Service, to take place at the Caledonian United Service Club, Edinburgh, on Friday, May 31st.

THE one hundred and thirtieth Harveian Festival will be held in the hall of the Royal College of Physicians on Friday, May 31st. The Society will meet at 6.45 p.m., when the president, Dr. Charles Watson MacGillivray, will give the Harveian Oration on "Some Memories of Old Harveians, with Notes on their Orations." Dinner will follow at 7.30. Every Harveian is requested to let the secretaries know, by letter, whether he means to attend the festival.

THE annual conversazione of the Medical Society of London will be held on Monday next. At 9 p.m. Mr. J. Bland-Sutton will deliver the annual oration, the subject selected being fertilization in relation to pathology. During the evening Sir Thomas Boor Crosby, Lord Mayor of London, will be admitted an honorary fellow of the society. There will be an exhibition illustrating the history of the society and some of the society's bibliographical treasures will be shown.

IT is announced that the President of the United States has chosen a successor to his aide-de-camp, Major Butt, who went down with the *Titanic*, from the Army Medical Corps. This officer is Surgeon-Major Thomas L. Rhoades, who has been in charge of the Walter Reed Hospital, Washington, and is said to be the first military medical officer ever selected to discharge the duties of aide-de-camp to the President.

ONE of the subjects dealt with at the May meeting of the Council of the National Federation of Ophthalmic Opticians, held at the Crown Hotel, Newcastle-upon-Tyne, was a proposal put forward by Mr. R. E. Heppell, of Gateshead, that the Federation "institute an examination of a practical kind and at a nominal fee." There seemed, he added, to be no hope of the two examining bodies—the Worshipful Company of Spectacle Makers and the British Optical Association—coming together, and consequently little or no progress could be made with the movement for opticians obtaining what they desired—namely, State recognition. Mr. E. Beaumont said that the West Riding Optical Society was strongly against the institution of another examination; and Mr. Thomas Aikenhead, President of the Scottish Optical Association, said he was instructed to vote against the resolution. Mr. J. C. Kidd, President of the Federation, also spoke against the resolution, as did Mr. A. Hershberg, Manchester and North of England Optical Society. Those in favour of the proposal included Mr. L. Moreton Parry, Honorary Secretary to the Liverpool and North Wales Optical Society, and Mr. J. C. Peacock, Past-President of the Northern Counties Optical Society. When a vote was taken, the Chairman announced that Mr. Heppell's resolution had been lost by a majority of one. The annual conference of the Federation will be held in Manchester on July 10th and 11th, and it is expected that the Lord Mayor of Manchester will give the conference an official welcome. It was announced that Dr. William Ettles, of London, would deliver an address on the system to be followed in examining the eyes, and Professor Haldane Gee, of Manchester, on the physical and chemical actions of sight.

A FAMILIAR poster depicts Father Neptune in mid-ocean sending healthy breezes from the Bank of England to Shepherd's Bush. This is only a pictorial way of conveying the fact that the Central London Railway, which has hitherto been ventilated on an exhaust system, has now adopted a new method by which the air supplied to its thirteen miles of tunnel is purified and mixed with ozone. At the invitation of the directors of Ozonair, Limited, a number of journalists and others recently had the opportunity of inspecting this arrangement. To re-ventilate an underground railway represents a constructional work of no small magnitude. A separate plant has had to be installed at each station, and to be so disposed as to fit in with the pre-existing conditions, which vary all along the line. The incoming air above-ground is drawn by an electric fan through special filtering screens, which are kept moistened and free the air from floating matter and from certain gases. The slight admixture of ozone is obtained from an ozone-generating apparatus, consisting of a series of mica plates and sheets of metallic gauze, the latter connected with a small transformer delivering alternating current. The cooled and ozonized air is then distributed, some of it to the booking-halls and lavatories, but in its main volume to the tunnels. It is conducted down the shafts by means of large sheet-metal conduits to a number of air outlets placed at a height of 7 ft. above the platforms. A larger air outlet is placed in the tunnel 40 ft. beyond the end of the platform, so that the trains by suction carry the freshened air from station to station. The amount of ozonized air pumped into the railway every day is stated to be eighty millions of cubic feet, and the concentration of ozone on the platforms is usually one part in about two millions. At a luncheon after the press inspection Dr. Leonard Hill sounded the praises of ozone, which, he said, relieved atmospheric monotony, neutralized unpleasant smells, and gave to the air a slightly stimulating value for the respiratory tract and the nerve endings. It was stated that after some months of use the railway officials declared themselves to be very well satisfied with the arrangement, and that it was appreciated by the public. The importance of the ventilation of tube railways from the point of view of the health of the community may be judged from the estimate that there are seldom fewer than 4,000 persons, and at certain times of the day as many as 10,000, on the Central London system alone.

The Services.

ROYAL NAVY MEDICAL SERVICE.

In the list of prizes gained by acting surgeons of the Royal Navy at the termination of the course at Haslar on April 16th, published in the JOURNAL of April 20th, page 931, the following corrections are to be made: Surgeon Alfred B. Clark, M.B., gained the Admiralty Prize for the Naval hygiene group of subjects; Surgeon C. H. Symons gained the Silver Medal, but not the Admiralty Prize, as stated.