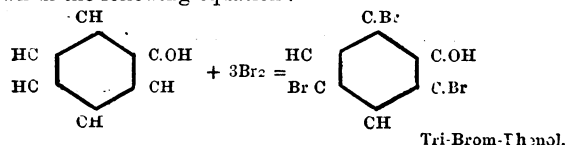


(D.) *The germicidal powers of the halogen derivatives of the phenols.*

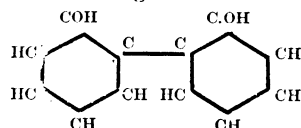
Chlorine and bromine combine directly with phenols, forming halogen substitution products in which the halogen has replaced some of the hydrogen atoms of the benzene nucleus. This is shown in the following equation:—



Mono-, di-, tetra- and penta-substitution products also exist.

Although these compounds are very insoluble in water, Bechhold and Ehrlich (1906. Zeitschr. f. Physiol. Chem. Hoppe-Seyler 47, p. 173) have determined their inhibitory powers upon the growth of *B. diphtheria*. They found that inhibitory power increased as the number of halogen atoms introduced into the benzene ring became greater. Thus as an inhibitor penta-brom-phenol was 100 times as efficient as phenol.

They also showed that halogen derivatives of ortho-bi-phenol



possessed great inhibiting power. Thus the tetra-brom-derivative was 500 times as efficient as phenol.

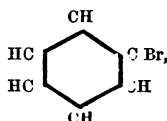
O-biphenol and its isomers are contained in some proprietary disinfectants.

Some of the halogen derivatives of phenol and cresol dissolved in glycerin or sodium hydroxide have been employed for disinfecting purposes, but these are not ideal media.

Attempts have been made to emulsify some of these halogen compounds, but the experiments up to the present have not been successful.

To obtain these substances in a form suitable for germicidal purposes is of importance because according to Bechhold and Ehrlich's work they are not extremely poisonous to the higher animals. For example, the fatal dose by subcutaneous injection for mice of tetra-brom-ortho-cresol is 0.44 gms. for 1000 gms. body weight.

Some experiments have also been carried out with a view to the emulsification of brom-benzene—



a liquid very insoluble in water. Unlike phenol and cresol, however, it does not dissolve soft-soap or castor-oil soap but forms with them yellow pastes of a non-homogeneous character. These pastes mix with water, forming white emulsions which are very unstable. No determinations of germicidal power have been made.

(To be continued.)

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### BREECH PRESENTATION IN THREE SUCCESSIVE LABOURS.

I WAS sent for on May 21st to a woman, aged 32, in labour of her third child. I found the os about two-thirds dilated and the breech presenting, dorso-anterior position, and could make out that the sex was female. The labour progressed after rupture of membranes, and the child was born alive and was of good size and vigorous.

On inquiry I found that she had had breech presentations in both her previous labours. The first, four years ago, had to be terminated by aid of instruments, the infant, a male, being born alive. In her second labour, when she was attended by my son, Dr. C. H. T. Ilott, the presentation was also breech, and the infant, a female, was living.

As in my experience and reading such a sequence of breech presentations is unknown, I thought it well to place its occurrence on record. It is also rather remarkable that all three children were born alive.

The mother was strong, well built, and healthy.

Bromley, Kent.

HERBERT J. ILOTT, M.D.

### DELAYED UNCONSCIOUSNESS AFTER CHEST INJURY.

THE following case may be interesting in connexion with Dr. Forsyth's article on coma in the JOURNAL of May 11th. In a fight between two boys, one about 11 years of age received three blows near the apex of the heart. The teacher, seeing him look sickly, asked him to see the doctor and go home. As I was out a boy came with a message, and, judging from the usual run of such cases, I told the boy to tell him to lie down for an hour, and if he was not better to let me know. About half an hour later the teacher came, and I visited the boy. Then he was in deep coma, from which it was impossible to arouse him, and had Cheyne-Stokes breathing, with a weak irregular heart, but no lung trouble. The cornea reflex was abolished, the pupils slightly dilated, the retina pale and anaemic (ophthalmoscope), and the muscles limp. After about an hour of artificial breathing and gentle massage of the heart there was a sign of cornea reflex and crying, or, perhaps more correctly, sobbing, and complaint of pain at the apex of the heart. There was a return to consciousness very gradually, and information was obtained later on as to the nature of the assault. On the third day the temperature was 102°, and there was dullness over the left apex and base. In a day or two he was well. I confess to having suspected haemorrhage, but the heart sounds, when established, were clear, and I could find no heart or lung friction sounds.

The usual effect of a stunning blow subsides with rest. When I broke two ribs I lay on my back for an hour, and was again well; but for symptoms of such severity to come on about two hours after an injury one must search physiology for a cause.

London, W.C.

J. REID, M.D.

## Reports

ON

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

#### THE GENERAL HOSPITAL, MYSORE, SOUTH INDIA.

##### MOTOR APHASIA DUE TO MALARIA.

(By S. SUBBA RAO, B.A., M.B. Madras, M.R.C.S. Eng., Assistant Surgeon.)

PURE motor aphasia, or subcortical motor aphasia, as Déjerine calls it, is a rare occurrence, and aphasia due to malarial parasites forming an embolus and blocking the artery supplying Broca's convolution is rarer still, even in places where malarial fevers abound. Therefore I venture to report the following interesting and instructive case:

A young lad, aged 19, was admitted on February 26th with the complaint that he had lost the power of speech, and with the following history: On the previous evening he had had a rigor, vomited, and fell down unconscious. The unconsciousness lasted for about two hours, and he had fever. After he regained consciousness it was found that he was unable to speak.

On admission the temperature was 99.4°. The heart, lungs, liver, spleen, urine, etc., were all normal; he could not speak, nor was he able to put out his tongue fully, but he had no agaphia. He wrote answers to all my questions in an intelligent manner. Towards the evening of February 26th his temperature went up to 102.4°. On February 27th it was normal. On the evening of February 28th he again had a rigor, and the temperature shot up to 105°. Microscopic examination of the blood revealed the presence of malignant tertian parasites in abundance—three or four in each field. Now and again I came across a red corpuscle with two rings in it.

Hypodermic injections of quinine were given on February 28th and 29th, and the fever did not recur. On February 29th he regained the power of speech as suddenly as he had lost it. He was given quinine by the mouth for a week more, and was discharged with the advice that he should take 10 grains of quinine once a week for three months. He has had no recurrence.

## Obituary.

C. J. ALLAN, M.B., C.M.,  
LASSWADE.

THERE died at Lasswade, Midlothian, on May 15th, Dr. Charles J. Allan, M.A., who had been for forty-five years in practice in the district, and whose demise has caused a deep sense of personal loss to a large circle of patients and friends. Dr. Allan matriculated at Marischal College, Aberdeen, in 1856, at the age of 16 years, and after a highly distinguished undergraduate course was, in 1860, capped M.A. with honours. The prizes awarded him included first prize in Senior Mathematics, second prize in Natural Philosophy, Brown's, and the Boxill prize for distinction in Mathematics. In 1861 he entered the Medical School of Edinburgh, and after an equally brilliant course there, graduated M.B., C.M. in 1867. Thereafter he settled in practice in Lasswade, where his great skill as a physician, and his excellent qualities of heart secured him the confidence of the public. The energy with which he threw himself into the fight with the virulent epidemic of small-pox in 1871-72 attracted widespread notice. He was appointed parochial medical officer to part of the Cockpen parish, and subsequently to part of the parish of Lasswade, as well as M.O.H. for the burghs of Bonnyrigg and Lasswade. He was also for a long period associated with the local Volunteers, 5th Battalion, Royal Scots, retiring with the rank of Surgeon-Lieutenant-Colonel, and in other ways actively supported whatever movements he esteemed to be for the good of the community or the country.

When Dr. Allan resigned his parish appointments last month the parish councils of Cockpen and Lasswade with other public bodies took steps to recognize in tangible form the esteem in which the community held him. They were unfortunately forced to defer consideration of the form their appreciation was to take by the lamentable occurrence of his death.

Dr. Allan had a unique personality. The promise his career as a student gave was in the amplest fashion fulfilled in after-years. He was a student to the end and his knowledge especially of languages was wide. Apart from the classics, which he had studied in his youth, he was intimately acquainted with French and Spanish, and could converse with ease in Swedish and Gaelic. He took much interest in the educational reforms of the last fifty years, and served for twenty-seven years on the Cockpen School Board, acting as chairman of the board for two terms.

It was in the practice of his profession, however, that he attained his chiefest glory. His sympathy, his self denial and kindness to the poor are proverbial in the district. His whole professional life was a realization of the highest function a medical man is called to—the practice of healing for healing's sake.

At his funeral to the Lasswade Churchyard on May 18th the Parish Councils of Lasswade and Cockpen, the Town Councils of Bonnyrigg and Lasswade, and the Cockpen School Board were officially represented, while the attendance of the general public was large. He is survived by a widow, to whom the sympathy of the people goes out in unstinted measure.

WILLIAM F. N. O'LOUGHLIN, L.R.C.P. AND S.IREL,  
SURGEON TO THE "TITANIC."

DR. WILLIAM FRANCIS NORMAN O'LOUGHLIN, who lost his life at the post of duty in the sinking of the *Titanic*, was a native of co. Cork. He was a distinguished student of the Catholic University of Ireland, and in 1869 completed his course at the Cecilia Street School, Dublin. He took the Licence of the Royal College of Surgeons in Ireland in 1870 and of the King's and Queen's College of Physicians in Ireland in 1871. He also obtained the Licence in Midwifery of the Coombe Hospital, Dublin. For a short time Dr. O'Loughlin acted as Dispensary Medical Officer in Ireland, but a year or two after receiving his medical qualifications he entered the service of the White Star Line, in which he remained ever since, a period of over forty years. Had Dr. O'Loughlin survived there is little doubt that he would have received a medical degree from the new National University.

In the University College Chapel, St. Stephen's Green, Dublin, last week, his memory was honoured by a Solemn

Requiem Mass. As already stated, a movement has been set on foot in New York to promote a memorial to his memory, and it is suggested that funds should be raised for the endowment of a pathological laboratory for St. Vincent's Hospital, New York, an institution of which he was a generous supporter, and to which he had sent many patients in his capacity of Physician in the service of the White Star Line.

JAMES HILL GIBSON, M.D., M.Ch., R.U.I.

DR. J. H. GIBSON died at his residence, Parkstone, Dorset, on May 14th. He was born near Omagh, co. Tyrone, on May 7th, 1856, and had thus just completed his 56th year. He was educated at the Belfast Seminary and Royal Academical Institution, matriculating in the old Queen's University in 1874. He had a most successful career at Queen's College, Belfast, gaining prizes every year in almost every subject, becoming Senior Scholar in Medicine, and carrying off the Coulter Exhibition in the Royal Hospital. He graduated M.D. in December, 1878, with the highest honours, securing the gold medal—at that time the blue riband of the medical curriculum.

Shortly afterwards he was appointed Assistant Resident Medical Officer to the Whitechapel Infirmary. A little later he entered on practice in Maida Vale, and was appointed Medical Officer for the St. John's Wood District of St. Marylebone. He also acted as Assistant Surgeon to the Western Ophthalmic Hospital, was Surgeon to the Volunteer Artillery, and took an active part in the foundation of the Mary Wardell Convalescent Home.

Some seven years ago failing health obliged him to retire from active practice, and he settled at Parkstone, Dorset, devoting himself to eye work, in which he was remarkably successful. A chill caught in February resulted in tonsillitis and double pneumonia. Pernicious anaemia supervened, and he succumbed.

A man of wide and varied reading, he possessed the pen of a ready writer, and many of his letters in the lay press on subjects of popular interest were widely read and extensively quoted. A charming personality, a faithful friend, and a cultured gentleman, his remains were laid to rest in the picturesque churchyard of Longfleet, Poole, amidst many tokens of sorrow, and in the presence of several former colleagues who had journeyed from London to pay the last tribute of respect to a highly-valued confrère.

DR. THOMAS EDMUND STUART died in Bath on April 28th at the age of 48. He had been in failing health for a considerable period, and on that account had given up practice at Leamington, where he had settled shortly after the return of the troops from the South African war. At the beginning of that war he went out to South Africa as a civil surgeon, and after taking part in the earlier operations contracted typhoid fever and was invalided home. On his recovery he went out a second time, and being again invalided home, was then placed in charge first of the dépôt and Military Hospital at Perth and then of the Military Hospital at Edinburgh Castle. On the creation of the Territorial Forces he joined the R.A.M.C.(T.) as Major, and at the time of his death was attached to the Essex and Suffolk Royal Garrison Artillery. His interest in the auxiliary forces commenced in early life, and in addition to the Queen's medal and four clasps for South Africa he held the Volunteer long service medal.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B.—A. E. Rayner, M. W. Baker.  
B.C.—A. E. Rayner.  
M.A. (*Honoris Causa*).—Robert Charles Brown, M.B.Lond. (1861),  
F.R.C.S.Eng. (1862), F.R.C.P.Lond. (1908).

### UNIVERSITY OF LONDON.

#### LONDON SCHOOL OF MEDICINE FOR WOMEN.

The Vice-Chancellor of the University of London, Sir William Collins, M.D., will present the prizes on Friday, June 7th, at 4 p.m. Mrs. Garrett Anderson, M.D., president of the school, will be in the chair.

## Public Health.

### LOW BEDROOMS.

DR. THOS. E. FRANCIS, M.O.H. (Llanelli), writes: I beg to draw attention to the fact that the Local Government Board are prepared to sanction by-laws which can only be described as retrograde under Section 23 of the Public Health Acts Amendment Act, with respect to the height of rooms intended to be used for human habitation. The Board's model by-laws allow the walls of bedrooms to be only 5 ft. high in part, if the height from the floor to the ceiling over not less than two-thirds of the area of the floor be not less than 8 ft. When it is remembered that it is the outside (or window) wall that would probably be 5 ft. high, internal measurement, while the outside height, owing to the sloping roof, would be little above 4 ft., it will be seen that it is almost impossible to have the top of the window, unless dormer windows are constructed, more than 3 ft. above the bedroom floor. Thus a man could not look out straight through his bedroom window without going on his knees and then bending his back. The difficulties of ventilation also with such low windows would be insuperable. It is not likely that dormer windows would be constructed, because the idea of this loose by-law is to cheapen construction, while the cost of a large dormer window would be almost equal to the amount saved over a bedroom of satisfactory height throughout. If houses constructed under this by-law become numerous, the public health movement and the conquest of tuberculosis would be delayed at least twenty-five years.

## Medical News.

A BENEFACTOR who desires to remain anonymous has sent to the King's College Hospital Removal Fund a cheque for £30,000, together with an intimation that another £20,000 will follow from him, and that £2,500 is to be used in the building of the new premises for the medical school of the institution.

THE matinee to be given at the St. James's Theatre on Thursday, June 6th, in aid of the British Medical Benevolent Fund Guild, will, through the kindness of certain persons who have secured a number of the cheaper seats for their use, be attended by many beneficiaries of the Fund and of the Guild who live in or near London. We are asked to state that only a few stalls now remain unlet.

TWO courses of instruction for practitioners are to be given at St. Bartholomew's Hospital this summer at a time when other lectures and classes are in abeyance and comparatively few ordinary students will be in attendance. In addition to classes in medicine, surgery, gynaecology, and the various special departments, the technique of gastric analysis, blood examination, remedial exercises, and vaccine treatment will also be taught. Each course will last a fortnight, the first beginning on July 16th, the second on September 3rd. Those joining the classes will be made honorary members of the students' union and have the use of the rooms of the Abernethian Club.

THE Mission to Lepers in India and the East, which already provides for some 4,000 male and female lepers, and also for over 550 untainted children removed from infected parents, is making arrangements to extend its operations to Arabia and Persia. The greater part of its beneficent work for "the dead people," as the Siamese call lepers, has hitherto been done in India, though it also maintains a certain number of asylums in China and Korea. Altogether it owns fifty asylums, and aids in the support and management of some thirty others. The London offices of the fund are at 33, Henrietta Street, W.C.

A SUCCESSFUL Festival Dinner in aid of the King Edward VII Memorial Fund for the provision of a new nurses' home at the Royal Portsmouth Hospital was held in the Banqueting Room at the Portsmouth Town Hall on May 21st. The Mayor (Sir Scott Foster) presided, and £750 was raised, which, with the sum previously collected, brought the total to £4,963 13s. 7d. There still remains £500 to be collected in order to secure the promised gift of £2,000 from an anonymous donor for the completion of the fund. It is not anticipated that there will be much difficulty in doing this. The Mayor referred to recent legislation which might affect the position of the hospital, and to those who advocated the municipalization of the institution, but he believed that the hospital was more economically and better administered under the present system than it would be by the Town Council. He suggested that there should be a round table conference of hospital officials, the Town Council, and the Board of Guardians; he thought that the result of such a meeting would be to keep the institution on its present voluntary basis.

## 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.

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.

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.

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 *Articulate, 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.

EUSTACHIUS writes: What is the prognosis in a case of tinnitus aurium in a man aged 62, coming on gradually during the last two years? There is some deafness in the ear affected. There is no history of syphilis nor of alcoholism, but there is inherited gout. There is a condition of chronic posterior nasal catarrh which nothing will remove. What is the prognosis as to relief and as to the deafness? Treatment of different kinds has been applied, but without relief.

### VALUE OF DEATH VACANCY.

"TENAX" inquires as to the value of a practice (death vacancy in hands of a locum tenens for two months) in a manufacturing town of 30,000 inhabitants, its average earnings for the last three years being £1,050?

\*\* At the present time it is very difficult to give any reliable estimate of the value of a practice. Before the Insurance Act such a practice might have been worth a year's purchase, but in the case of death vacancies it is difficult to estimate practice values unless fully informed as to local conditions. The data furnished by our correspondent are insufficient.

### ANSWERS.

DR. J. E. MIDDLEMISS (Cudworth, Yorks.) writes: "Psycho-analysis" is probably acquainted with Brill's translation of Freud's work, *Selected Papers on Hysteria and other Psychoneuroses*, which gives a first-hand account of the Freudian theory and procedure; if not, I shall be happy to lend him the copy which I have in my possession. He adds that there is also a very instructive exposition of Freud's method by Dr. Barnard Hart of Long Grove Asylum, Epsom, in one of the recent issues of the *Journal of Mental Science*, and that he has been much indebted to Dr. Hart for much assistance in the study of the subject.

### ADMINISTRATION OF ARSENIC.

P. M. writes in reply to "L. H.": In the quantities sometimes prescribed, the action of arsenic should be narrowly watched. Any intestinal pain or conjunctivitis is a signal for a reduction. So administered it may be continued for months, but 2 minims of Fowler's solution three times a day must be considered a large dose for a child of 6.

### DECOCTION OF COMFREY.

DR. NORMAN H. JOY (Bradfield).—Through the kindness of Dr. C. J. Macalister we have received from Messrs. Clay and Abraham, chemists, 87, Bold Street, Liverpool, the following formula for a decoction of comfrey: Take of comfrey root in coarse powder 2 oz., of water 25 oz.; boil slowly for fifteen minutes, strain, and make up to 16 fluid ounces. The addition of a small quantity of allantoin to the infusion (for example, 5 grains previously dissolved in half an ounce of boiling-water) makes it more efficacious.

### NURSING PROBATIONERS.

HOUNSLOW.—(1) Married women separated from their husbands through no fault of their own are sometimes admitted to hospitals as probationers if otherwise suitable, but in the large London hospitals there are more candidates than vacancies, so that they would probably not be selected. (2) A selected probationer would have to enter at the time fixed at the respective hospitals for the commencement of training. (3) A recent certificate as to fitness would have to be obtained