

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF PAROXYSMAL HAEMOGLOBINURIA.

A boy aged 13 complained of feeling cold and shivering for several hours. On the next day there was headache and discoloration of the urine. On the third day he came under observation. He was well nourished, of high colour, and complained of slight headache. The pulse (90) was of normal volume and tension; the temperature was normal. The right kidney seemed slightly tender but not enlarged, the left could not be felt. He was passing a normal quantity of deep red-brown urine. He had had two previous attacks of a similar kind two years and three months earlier respectively. The urine on standing deposited much mucus, and became almost clear above and of a dull claret colour. The specific gravity was 1022; it was strongly acid and exhibited on boiling one-sixth albumen. The deposit on microscopical examination showed abundant uric acid crystals, but no red corpuscles or renal casts. Seven days after the onset the urine became normal in colour and entirely free from albumen.

Reading.

E. W. SQUIRE, M.B., B.S.Lond.

ANTISTREPTOCOCCAL SERUM IN APPENDICITIS.

The patient in the following case, a man aged 35, had complained for eighteen months of pain in the abdomen. It was aggravated by food, and pointed towards gastric or duodenal ulcer, for which the case had been treated by three previous medical attendants.

On January 5th, 1913, he was seized at 4.30 a.m. with violent pain in the abdomen and sickness. The abdomen was rigid, the liver dullness absent, and the patient's forehead covered with perspiration. There were also symptoms of collapse. In view of the previous history perforation of a gastric or duodenal ulcer suggested itself.

A surgeon was called in by me, and he thought it possible the mischief was above the umbilicus, and accordingly made his incision above the umbilicus. No trouble being found there, he extended his incision. The mischief was found in the appendix, which had perforated, and had quite a pint of pus lying in its neighbourhood.

The appendix was removed, the pus swabbed out, and drains put in the right flank and end of the incision. The temperature remained high, and reached 101.6° on January 19th. On January 27th fluid was noted in the right pleura. Thinking the fluid would probably become purulent, I arranged with the surgeon to come down and resect a rib. However, by February 1st the fluid had disappeared, but the temperature still remained up, being 101.2° on the evening of that day, and running up to 102.8° at 4 p.m. on February 2nd.

On February 4th his condition was very serious, and the surgeon was of opinion the man would die. On February 5th I gave 10 c.cm. of antistreptococcus serum, and repeated the injection next day. The effect was remarkable, the temperature falling to 97.2° and remaining below normal for fifteen days.

On February 20th the temperature again rose to 99.4°, running up, the next day, to 100.2°, and the chest was filling up with fluid. The serum was immediately used again, with the same favourable result—a gradual drop of the temperature. The patient has since made a complete recovery and has gone away for a change.

Pinner.

H. J. HILDIGE, M.D.

AN antivivisection bill which was recently before the New York State Senate has been thrown out, the judiciary committee refusing to report on it.

THE Greenwich Borough Council has decided to purchase the freehold of the Manor House, Park Place, Greenwich, for £550 for the purpose of a tuberculosis dispensary, and has empowered the Public Health Committee to take steps for its adaptation and equipment.

Reports

ON MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

WOLVERHAMPTON GENERAL HOSPITAL.

HYPERTROPHIED SIGMOID IN A BOY TREATED BY EXCISION.

(By W. F. CHOLMELEY, F.R.C.S.Eng., Honorary Surgeon to the Institution.)

THE following case is of interest, on account of the enormous size of the sigmoid, the age of the patient, and the probable cause of the condition.

The patient, a boy aged 6 years, was admitted on November 13th, 1911, under the care of Dr. Codd, when the following notes were taken: A history to the effect that he had had an imperforate anus at birth, which was successfully operated on; ever since he had been very constipated, the bowels occasionally not being open for three weeks.

State on Admission.

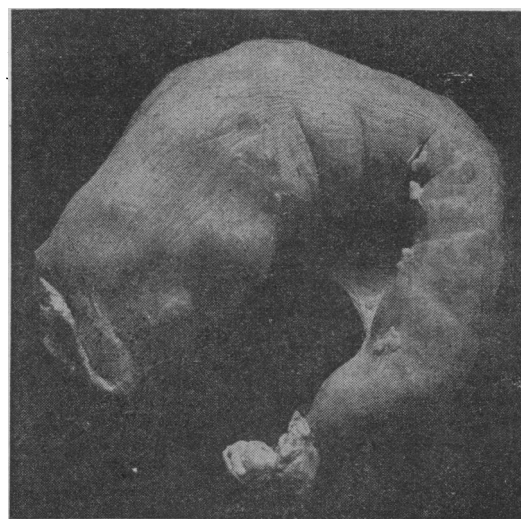
The boy was very pasty in appearance. His abdomen moved well, but showed much distension and visible peristalsis. On pressure the abdomen pitted, and did not regain its normal shape for some time. The rectum was much distended, and full of soft faeces of a doughy consistence.

The boy was ordered a course of enemata, for the most part twice a day, and at the end of twelve days, the abdomen having become much smaller, he was transferred for surgical treatment.

Operation.

The case was looked upon as one of a large dilated colon, and on November 22nd I operated with a view to doing an ileocolostomy.

The abdomen was opened in the left iliac region, and what appeared to be a thin-walled translucent cyst presented in the



wound as soon as the peritoneum was opened. This proved to be thinned and distended bladder, and was emptied by means of a catheter. The caecum and appendix next appeared in the wound, and had to be pushed on one side before the contents of the abdomen could be examined.

Before I could examine the abdomen at all thoroughly the patient became so collapsed that it was evidently too risky to do any more. The abdomen seemed to be almost entirely occupied by an enormously distended and hypertrophied sigmoid, which was full of soft faeces. The wound was rapidly closed and the boy taken back to bed. I decided, before making another attempt, to try to get the bowel more empty and the boy in better condition.

With these objects in view he had daily a simple enema, as well as a dose of castor oil and a mixture containing mag. sulph. It required all this to bring about a good daily action. Urine was passed only once a day. Under this treatment the child improved in health, the abdomen became softer and smaller, and no longer pitted on pressure.

Second Operation.

On January 10th, 1912, the abdomen was again opened, but this time in the middle line below the umbilicus.

The distended bladder again presented in the wound and was found to reach up to the spleen. A catheter was passed, and, after the bladder was empty, a careful examination of the abdominal contents was made and the following found: The sigmoid had pushed the intestines to the left side, including the

District medical officers are appointed in many districts in London at salaries of £85 a year—that is, little over 5s. a day for an hour's attendance at the dispensary with sundry visits thrown in. No allowance is made for a holiday or payment of locumtenent. The panel doctor receives this sum for 250 insured patients.

Only last month the St. Pancras Board of Guardians advertised for a district medical officer at the princely salary of £50 a year; needless to say there was no applicant.

The scarcity of medical men affords a good opportunity of forcing the hands of the guardians and compelling a decent salary. Why not take occasion by the forelock? A request supported by a bold alternative from the district medical officers of each union to their respective boards of guardians would be certain in the present interesting situation of eliciting a favourable response.—I am, etc.,

London, N., April 7th.

J. MORLEY LYNCH.

MEDICAL OFFICERS OF HEALTH (SUPER- ANNUATION) BILL.

An Appeal to School Medical Inspectors and Tuberculosis Officers.

SIR,—In the House of Commons on April 18th there is set down for second reading the Medical Officers of Health (Superannuation) Bill. Medical officers of health, whether whole or part time, are included in the provisions of the bill, which is on a contributory basis. A memorandum on the bill is contained in the April number of *Public Health*, which sets out the strong claims for the superannuation of public health officers.

Medical officers of health are now generally recruited from the ranks of the junior branches of this service—namely, school medical inspectors and tuberculosis officers, of whom there are at least three times as many as of medical officers of health. This means that there will always be the larger proportion of officers remaining in these junior branches or the service, which are paid at a salary ranging from a half to a third of that paid to whole-time medical officers of health.

Since the Insurance Act came to the assistance of general practitioners school medical inspectors are the lowest paid members of the profession. All the arguments in the bill can be urged in the case of school medical inspectors and tuberculosis officers, and the argument contained in the following extract from the memorandum on the bill can be much more powerfully urged in their favour: "Moreover they (medical officers of health) can hardly be classed among highly-paid officials, and have thus little opportunity for saving sufficient from their incomes to enable them to retire when it might be distinctly in the public interest to do so."

My object in writing is to point out that the bill does not include school medical inspectors or tuberculosis officers, and, if possible, to have an amendment incorporated in the bill during the Committee stage to make the words "medical officers of health" include school medical inspectors and tuberculosis officers.

To this end may I ask all who are interested in this matter to write to me without delay saying whether they are in favour of such a course; and to write or interview their member of Parliament urging him to assist the passage of the bill through Parliament?—I am, etc.,

ALEXANDER GRAHAM,

London, E., April 9th.

School Medical Inspector, West Ham.

** The objects of the bill were stated and some of the arguments in favour of its principle were set out in an article published in the *BRITISH MEDICAL JOURNAL* on March 29th, p. 677, where the large part the British Medical Association has taken in promoting this legislation was indicated.

AN addition to its series of health cartoons has recently been made by our contemporary, the *Medical Officer*, which has now published a cartoon setting forth in graphic form the various stages of a fly's development, and the fashion in which it conveys filth to food, and thus disseminates disease. It is an authorized reproduction of one originally issued by the Department of Public Health for Queensland.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on March 19th, Dr. Herringham, the Vice-Chancellor, in the chair.

Recognition of Teachers.

The following have been recognized as teachers of the university in the subjects and at the schools indicated:

Guy's Hospital Medical School.—Dr. Thomas M. Lowry (chemistry).

Westminster Hospital Medical School.—Dr. Oliver K. Williamson (clinical medicine).

Study in Other Universities.

It was resolved to adopt a new regulation, to be numbered 7A, permitting a student, subject to certain conditions, to take subsequently to the passing of the Intermediate Examination, a course of study extending over not more than one year in another university approved for the purpose in lieu of an approved course of study taken in this university. The University of Paris was approved in connexion with the new section.

Bequest to University College.

The University College Committee reported that a legacy of £3,000 had been left to the college by the late Mrs. F. Magrath for the award of an annual scholarship, to be called the Magrath Clinical Scholarship for proficiency in reports of cases at the bedside, to be open to medical students of the college in their fourth year. A resolution was adopted approving the payment of the legacy to University College Hospital.

Professor Arthur Robinson.

Dr. Arthur Robinson, Professor of Anatomy in the University of Edinburgh, and formerly Professor of Anatomy at King's College, has been appointed a Fellow of King's College.

Appointment of Representatives.

Sir William Collins, M.D., M.S., F.R.C.S., has been appointed a governor of Christ's Hospital, Horsham; Mr. E. L. Gowland, M.B., a governor of the Wreight and Gibbs School, Faversham; and Mr. H. B. Wilmot, M.R.C.S., L.R.C.P., has been nominated for reappointment as governor of the Latymer Foundation, Edmonton.

Lectures in Advanced Medical Subjects.

The following lectures will be delivered at the time and place indicated:

St. Bartholomew's Hospital Medical School.—May 1st, 5 p.m., Dr. M. H. Gordon: Sensitized Vaccines. May 8th, 5 p.m., Dr. H. Williamson: Some Factors of Importance in Determining the Significance of Albuminuria in Pregnancy.

University College Hospital Medical School.—May 5th, 5 p.m., Dr. T. R. Elliott: Disease and the Suprarenal Glands.

London Hospital Medical College.—May 19th, 21st, 23rd, 4.30 p.m., Dr. H. M. Turnbull: Physiological and Pathological Changes in the Structure of Arteries and Arterio-sclerosis.

Brompton Hospital for Consumption and Diseases of the Chest.—May 28th, 4.30 p.m.: The Site of Tuberculous Lesions at Different Ages.

The lectures are free, and are addressed to advanced students of the university and others interested in the subjects dealt with.

Advanced Lectures in Physiology.

The following advanced lectures in physiology are to be given during the third term:

Professor A. B. Macallum, F.R.S., eight lectures on surface tension and physiological processes, at the university on Tuesdays at 5 p.m., beginning May 13th.

Dr. S. A. Kinnier Wilson, three lectures on the anatomy, physiology, and pathology of the corpus striatum, at the university.

Mr. F. F. Blackman, eight lectures on the physiology of photosynthesis and respiration in plants, at University College on Wednesdays at 5 p.m., beginning April 23rd.

Professor T. G. Brodie, F.R.S., four lectures on the physiology of absorption, at King's College on Wednesdays at 4.30 p.m., beginning May 21st.

Dr. J. S. Haldane, F.R.S., four lectures on the supposed physical basis of life and mind, at Guy's Hospital on Thursdays at 4 p.m., beginning May 8th.

Dr. H. E. Roaf, eight lectures on the factors concerned in the volume and form changes of cells (growth and movement), at St. Mary's Hospital Medical School on Mondays at 4 p.m., beginning May 5th.

Further information regarding the lectures can be obtained on application to the heads of the laboratories at which they will be delivered.

Gilchrist Studentship.

Miss Maud F. Forrester-Brown, M.B., B.S., of the London School of Medicine for Women, has been appointed to the Gilchrist studentship for women.

University Studentship in Physiology.

A university studentship of £50 for one year in physiology will be awarded to a student qualified to undertake research in physiology, and will be tenable in a physiological laboratory of the university or a school of the university.

Rogers Prize.

The subject of the essay for the Rogers prize for 1914 will be the nature of pyrexia and its relation to micro-organisms. Copies of the regulations can be obtained from the Academic Registrar, and competing essays must be received by April 30th, 1914.

Presentation Day.

The presentation of graduates will take place at the University at 3 p.m. on Wednesday, May 7th. The annual university service will be held in Westminster Abbey on the same day at 6 p.m. when the sermon will be preached by the Right Rev. Bishop Boyd Carpenter. The service is open to all members of the university, who can obtain tickets from Mr. J. Dudley Whyte, 88, Gower Street, W.C., on or before May 1st.

Pass List.*

The following candidates have been approved at the examinations indicated:

SECOND M.B. (Part I).—J. A. M. Alcock, G. E. Archer, K. E. Attenborough, C. D. Banes, E. V. Beaumont, H. J. Bensted, J. A. Birrell, M. N. Bostock, *W. W. Bull, J. F. Bull, A. W. B. Carlless, L. A. Celestin, C. C. Chesterman, *A. H. Clarke, Doris M. Collins, J. D. Constantine, M. C. Cooper, J. M. Courtney, R. Coyte, T. M. Cunningham, D. D. R. Dale, B. G. Dani, T. M. Davies, M. A. B. Demerdash, Hilda M. Denton, E. de Robillard, K. Dykes, T. G. Dykes, Florence M. Edwards, T. S. Evans, G. Fehrsen, E. F. Fernando, W. Fletcher-Barrett, J. L. R. Fortier, A. R. Fuller, W. B. Gabriel, A. Girgis, E. N. Glover, H. M. Gray, R. B. Hawes, N. N. Haysom, T. L. Heath, W. B. Heywood-Waddington, E. B. Hickson, F. G. E. Hill, Mary E. A. Holiday, P. Hughes, J. B. Hume, J. W. Hyatt, T. John-Thomas, V. J. F. Lack, E. H. Lake, H. W. Lewis, N. M. Lewis, R. T. Lewis, A. Lyell-Taylor, F. C. Mason, Cecily M. E. Maude, B. G. Mayer, Gladys M. Miall-Smith, M. W. H. Miles, G. G. Milne, L. C. Moore, G. Moulson, D. C. Norris, R. V. Norton, J. H. Oonvala, Margaret S. Palmer, J. W. G. Phillips, C. V. Pink, H. T. Prys-Jones, W. M. A. Rahman, Mariamne O. Ramsay, S. D. Rhind, H. N. D. Richards, J. A. W. Robinson, K. M. Ross, W. R. Rowlands, M. Schwartz, S. N. Scott, A. Selby-Green, A. Shafeek, C. E. A. Shepherd, R. G. Simpson, G. H. Sims, Lily D. Taylor, F. A. Unwin, R. N. Vakili, L. P. Waghorn, Lotty Welhermann, J. P. Williams, O. Williams, T. P. Williams, A. Williams-Walker, K. M. C. Woodruff, W. Yeoman.

* Awarded a mark of distinction.

SECOND M.B. (Part II).—A. W. Adams, Hannah K. Alton, *I. D. W. J. Andrews, E. B. Barnes, D. A. Blount, C. M. Brophy, F. W. Chamberlain, J. E. Clark, Mabel C. Clark, R. M. Dannatt, E. I. Davies, L. L. ap I. Davies, T. A. Davies, T. R. Davies, H. A. De Morgan, C. I. de Silva, J. R. Dingley, C. W. Ellis, H. H. L. Ellison, I. Feldman, Susan A. Finch, Charlotte I. Fox, O. Gleeson, E. D. Granger, S. A. Hall, F. J. Hallinan, J. W. Heekes, Mary I. Hounsfield, P. Hudson, S. C. W. Iredale, S. W. Isaac, *H. C. Jennings, R. B. John, C. O. H. Jones, J. G. Jones, R. O. H. Jones, S. B. King, F. A. Knott, L. G. Le Blanc, I. H. Lloyd-Williams, E. B. Lovell, H. M. C. Macaulay, O. S. Martin, Adeline M. Matland, B. G. Michelmores, S. Miller, *H. W. L. Molesworth, R. G. Morgan, A. H. Morley, Violet Newmarch, D. C. Ogilvie, B. C. W. Pasco, L. D. Phillips, Mary C. Poonen, C. L. G. Powell, A. E. Richmond, Eveleen B. G. Rivington, T. W. Robbins, G. W. R. Rudkin, J. E. Rusby, E. A. Scott, M. C. Stark, R. G. Sterling, D. C. Thomas, W. L. Thomas, H. Q. F. Thompson, J. E. A. Underwood, G. M. Vevvers, H. J. Wallace, P. H. Wells, G. R. C. Wilson, W. C. S. Wood.

* Distinguished in Anatomy. † Distinguished in Physiology.
‡ Distinguished in Pharmacology.

VICTORIA UNIVERSITY OF MANCHESTER.

MR. J. S. B. STOPFORD, M.B., Ch.B. Manchester, Junior Demonstrator in Anatomy in the University, has been appointed Senior Demonstrator. Mr. Stopford graduated with honours in 1911, and was Dumville Surgical Prizeman for the same year.

UNIVERSITY OF DURHAM.

The following degrees and diplomas were conferred at a meeting of Convocation on March 29th:

M.D.—L. F. Browne, J. G. Campbell, W. H. Edgar, I. Hodgkinson, J. C. Hoyle, H. G. G. Mackenzie, F. W. Melvin, W. R. E. Unthank.
M.D. (for Practitioners of Fifteen Years' Standing).—D. D. Brown, J. G. B. Coleman, W. L. T. Goodridge, A. Johnson, J. S. Robertson, W. B. Stanford, E. R. Thomas, W. S. Willmore.
M.S.—E. C. Braithwaite.
M.B., B.S.—J. S. Arkle, Theonice R. Burrell, W. L. Clements, H. G. Dodd, F. J. H. T. Frere, *C. J. Henderson, W. J. Hickey, C. H. Robson, S. Scott, R. V. Steele.

* M.B. only.

B.Hy.—P. A. Galpin, W. Hudson.
D.P.H.—P. A. Galpin, W. Hudson.

UNIVERSITY OF EDINBURGH.**Honorary Degrees.**

AMONGST those to whom the Senatus Academicus of Edinburgh University has resolved to offer the honorary degree of LL.D. are Emeritus Professor W. S. Greenfield and Dr. W. Allan Jamieson, both of Edinburgh; Dr. John Stewart, of Nova Scotia; Professor J. Arthur Thomson, of Aberdeen; and Professor F. Strassmann, Director of the State Medicine Institute in the University of Berlin.

UNIVERSITY OF GLASGOW.**The Pollock Bequest.**

By the death of the last surviving life-renter the bequest of £10,000 left to the university by the late Dr. Robert Pollock has

fallen due. By the terms of the bequest the income of this sum is to be allotted to the Materia Medica Department to found a lectureship.

Pass List.

The following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B.—Cecilia S. T. Anderson, Janet R. Anderson, W. L. Anderson, *H. S. Banks, *R. A. Barlow, *J. S. K. Boyd, J. L. Brownlie, A. G. Buchanan, W. L. Cassells, J. Connell, R. Craig, *W. C. Davidson, W. E. Elliot, J. Fraser, W. Fraser, *W. Forsyth, A. Glen, J. L. Gregory, J. M. F. Grier, W. M. Howells, D. M. Hunter, Jane K. M. E. Hunter, J. F. Hutton, T. P. Inglis, C. J. Kirk, Mary A. Kirk, P. A. M. Callum, J. M. Ghie, Margaret H. M. Killop, M. H. MacLeod, J. H. Magoveny, W. E. Maitland, W. Montgomery, J. L. R. Philip, Sarah A. J. Rankine, F. M. Robertson, A. W. Russell, J. J. Sinclair, N. I. Sinclair, J. A. Smith, F. A. Steven, G. Taylor, E. G. Y. Thom, A. Walker, J. C. Watt, J. Whiteside, A. M. Young.

FINAL M.B., Ch.B.—A. P. Aitken.

* Passed with distinction in one or more subjects of the examination.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates were approved at the examination held at the end of the recently concluded forty-first session:

*Captain C. A. Gill, *Captain F. P. Connor, Miss C. L. Houlton, M. C. F. Easmon, J. R. Boyd, Miss E. M. Layman, F. W. O'Connor, Miss F. M. Harper, F. C. Doble, Miss J. McDonald, J. D. Birt, W. T. P. Meade-King, J. A. Hamilton, Miss S. O'Flynn, P. G. Beckett, Miss L. S. McLean, A. P. Watkins, J. F. H. Morgan, W. E. Lewis.

* Passed with distinction.

† Indian Medical Service.

‡ Colonial Medical Service.

Medico-Legal.**ACTIONS FOR SLANDER.**

WE learn from the *Liverpool Daily Post* of April 5th that three actions for slander brought by Dr. Agnew of Blundellsands arising out of certain injurious statements affecting him professionally which had been circulated in the locality were settled at the Liverpool Assizes on April 4th, the defendants making a full retraction and apology in open court and agreeing to pay between them damages to the amount of £1,250 and indemnity costs in the form of an order for costs to be taxed as between solicitor and client. Judgement was entered in accordance with these agreed terms. In each action the plaintiff's case was conducted by Messrs. Hempson, acting for the Medical Defence Union.

ERROR IN DISPENSING.

IN a case heard at the Fenton police-court on April 2nd, before the Potteries stipendiary magistrate, in which the prosecutors were the Insurance Committee, the allegation was that pills supplied to an insured person were not in accordance with the prescription of the medical man. The prescription was for pil. ferri gr. 3, manganese peroxide gr. 1, arsenious acid gr. $\frac{1}{2}$. It was admitted on behalf of the defendants that a mistake had been made, but it was stated that this was due to an oversight. The magistrate imposed a fine of £3 and costs. The proceedings were taken under the Sale of Food and Drugs Act.

Public Health

AND

POOR LAW MEDICAL SERVICES.**POOR LAW MEDICAL RELIEF AT BURNLEY.**

THE Local Government Board has addressed a letter to the Burnley Guardians stating that in view of the representations made to it the Board thinks it desirable that the question at issue with regard to the appointment of district medical officers should be deferred for consideration by the new board of guardians, and that in the meantime the temporary arrangements should be continued. The guardians decided to act in accordance with this intimation.

DR. W. B. ORME has been seconded from the Federated Malay States Service to act as Principal Medical Officer at British North Borneo for a period of three years.

To give Germans living abroad every facility to fulfil their military duty at home, German medical men have been appointed to examine young men in the United States, Canada, Norway, Spain, Italy, and Russia, and others have recently been added in Sumatra and Manila.

THE firm of Meister, Lucius, and Brünig completed last January the fiftieth year of its existence, and in commemoration of that fact has published a handsome volume giving some account of its labours in the field of synthetical and other pharmacy during this long period. The great development undergone by the firm is demonstrated by ground plans and other illustrations of its factories at Hoechst-on-Main at early and recent dates.

direction of the Sick Children's Hospital, and with a smile said to me, "They're all up there, and I love every one of them."

It has always been a matter of keen regret to me that so great and grand a man in the profession was not more widely known. There are pigmies in intellect compared to him whose names are known throughout the length and breadth of the land by reason of their writings, but Samson Gemmell seemed to have an aversion to public writing. I remember telling him that I thought of publishing a case we had been discussing, and he remarked: "Be careful what you put in print, for in a few years you may have reason to regret it." I offer this as a possible reason why there is left on record so meagre an account of the magnitude of his life's work, though I do not wish to convey the impression that he was afraid of his convictions—far from that—for Gemmell was essentially a strong man. Nevertheless, it is a thousand pities, and the world is left so much the poorer.

THE LATE DR. CHUNE FLETCHER.

DR. BERNARD MYERS writes: The news of the untimely death of Dr. Chune Fletcher has come as a great shock to his large circle of friends, both lay and professional. It is indeed hard to realize that one so robust looking as was Dr. Fletcher has parted from us and joined the great majority. How deeply he will be regretted is comprehended when we reflect on the sterling manly qualities of one who was not only greatly gifted by Nature physically but who also embodied within himself a remarkable personality, being possessed of a fine intellect, a truly kind heart, and the very essence of courtesy and tact. His knowledge of medicine was thorough, whilst his untiring attention to his patients won for him their heartfelt gratitude and lasting affection. Those of his professional brethren who had the pleasure of his intimate acquaintance will bear me out when I state that Chune Fletcher was the ideal medical man. Dr. Chune Fletcher had done a good deal of most interesting work in medicine, but being of a retiring nature he preferred to use his knowledge quietly in the interest of his patients and for the benefit of his professional brethren. Indeed, I believe that nothing gave him greater pleasure than to lend a helping hand to another medico. Among other subjects that he worked at were the medical treatment of adiposity and also paralysis agitans. He certainly achieved some almost remarkable successes in these complaints. Dr. Fletcher was a born post-prandial speaker. Probably his faculty for saying the right thing at the right time, together with his other qualities, would have ensured him brilliant success at the bar. An old Bart.'s man, he retained his intense interest for his old hospital to the last. To go over Bart.'s with him was almost equivalent to being instructed by one of his delightful dissertations upon the whole history of Bart.'s, Smithfield, and the ancient tournaments.

DR. HENRY WATERS died at his residence, Stanley Road, Bootle, Liverpool, at the early age of 39, on March 29th. He received his medical education at the University of Edinburgh and graduated M.B., C.M. in 1899, and before settling in Bootle had been honorary physician and surgeon to the Berwick-on-Tweed Infirmary. For seven years Dr. Waters had been an active working member of the British Medical Association, and devoted much time and energy to the furtherance of its interests. He had filled the offices of chairman and secretary of the late Bootle Division, and from 1908 to 1911 was the Representative of the Division at Representative Meetings. He was also a member of the late Provisional Medical Committee of the Liverpool Division. It had been painfully evident to many of his colleagues that for some time his health was in an unsatisfactory state, but he persisted in keeping at work until compelled at length to yield late in December last; since then he had been confined to bed. The interment took place on Monday, March 31st, at Longmoor Lane Cemetery, and was attended by a number of the local members of the profession, by whom the late Dr. Waters was held in the highest esteem. He leaves a widow and two children to mourn the loss of husband and father.

DR. HENRY PRESCOTT ROBERTS, late of Ealing, died in a nursing home at Ladbroke Grove, London, on March 16th, aged 66. He was educated at Edinburgh, where he took the M.B. and the L.R.C.S. in 1868 and the M.D. in 1877, and entered the Bombay Medical Service as Assistant Surgeon on April 1st, 1869, becoming Surgeon on July 1st, 1873. His whole service in India was spent in military employment, chiefly in the 9th Bombay Infantry, and during it he served with the Malta-Cyprus contingent in 1878, and in the Afghan war. On December 11th, 1880, he resigned his commission and returned home, and soon after settled in practice in Ealing, where he remained about thirty years. He retired from practice and settled in Hythe about two years ago.

DEPUTY SURGEON-GENERAL JOHN MILLS, Bombay Medical Service, retired, died at Yateley, Hants, on April 1st. He was born in 1831, and got his first commission as assistant surgeon on April 3rd, 1848, becoming surgeon on June 15th, 1864, and surgeon-major on April 3rd, 1868; he retired with a step of honorary rank on January 1st, 1876. In the days when he went to India almost every young medical officer of the Bombay Service had to begin with a tour of duty in the Indian Navy, and he spent his first few years of service afloat. In 1853-55 he was on furlough, and on his return served in the Persian war, being present at the battle of Khushab, and receiving the medal and clasp. After the war he was posted as Superintendent of Vaccination, Southern Division, became civil surgeon of Dharwar in 1861, and in 1862 of Kolhapur, a post which he held for five years, going on leave again in 1867. On his return to India he was appointed medical officer of the 21st Bombay Infantry, then the Marine Battalion, now the 121st Pioneers, and spent the rest of his service in that regiment.

BRIGADE SURGEON CHARLES FREDERICK OLDHAM, Bengal Medical Service, retired, died at Great Bealings, Suffolk, on March 25th, 1913. He was born on January 2nd, 1832, educated at St. George's Hospital, took the M.R.C.S. in 1858 and the L.R.C.P. Edin. in 1859, and entered the Indian Medical Service as Assistant Surgeon on July 27th, 1859. He became Surgeon on July 27th, 1871, Surgeon-Major on July 1st, 1873, Brigade Surgeon on October 24th, 1887, and retired on February 28th, 1890. After joining the service he served for some time in the Aligarh Levy, afterwards the 39th Bengal Native Infantry. In the Sixties he was for some years a civil surgeon in the Punjab, at Gurdaspur and Dalhousie, and afterwards medical officer of Bahawalpur State. In 1875 he was posted to the 1st Gurkhas, at Dharmasala, and spent the rest of his Indian service in that regiment. He took part in the Perak Expedition of 1875-76, gaining the medal and clasp, and in the Afghan war in 1878-79, with the Thal Chotali Field Force, when he received another medal. In 1871 he published a work entitled, *What is Malaria, and why is it most Intense in Hot Climates?*

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Ascherson, the famous botanist of Berlin; Dr. Algernon T. Bristow of Brooklyn, professor and visiting surgeon at the Long Island College Hospital, and editor of the *New York State Journal of Medicine*, age 61; Dr. Luiz da Cunha Feijo, professor of obstetrics and gynaecology in the faculty of medicine, Rio de Janeiro; Dr. Howitz, sometime professor of gynaecology in the University of Copenhagen, aged 84; Dr. Huber of Memmingen, an authority on the history of medicine and author of numerous contributions to the literature of that subject, and also to that of helminthology in which he was a specialist; Dr. T. E. Moret, extraordinary professor of ophthalmology at Buenos Aires; Dr. Prince A. Morrow, a leading dermatologist of New York, aged 66; Dr. O. Pertik, professor of pathological anatomy at Peste; Dr. Max Reiner, lecturer on surgery in the University of Vienna, aged 46; Professor Seeman, director of the Physiologico-Chemical Institute of the Academy of Practical Medicine, Cologne; Dr. Hugh A. Stewart, professor of pathology at Columbia University; and Dr. N. P. Tschutkin, lecturer on histology in the Military Medical Academy, St. Petersburg, aged 45.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

PRIZE DISTRIBUTION AT HASLAR.

THE course for Acting Surgeons, Royal Navy, was brought to a close on March 28th at Haslar, when the prizes were delivered by Surgeon-General Howard Todd, C.B., K.H.S.

The Instructing Medical Officers reported that the young medical officers had been diligent, had shown interest in their work, and had taken advantage of the opportunities afforded them of acquiring the special knowledge necessary. Special commendation was given to Acting Surgeons Malone, Whelan, and Cory for the zeal and ability they had generally displayed.

The Gold Medal was gained by Acting Surgeon A. E. Malone, of Dublin University, who obtained the highest aggregate marks in the London, Greenwich, and Haslar examinations. The Silver Medal was gained by Acting Surgeon H. M. Whelan, of University College, Cardiff, and the London Hospital, who took second place. The group prize for the subjects in which instruction is given at Greenwich was awarded to Acting Surgeon A. E. Malone. The group prizes of the instruction given at Haslar were awarded as follows: Group I: Acting Surgeon H. M. Whelan. Group II: Acting Surgeon R. F. P. Cory (St. Thomas's Hospital).

The order of seniority as determined by the results of the examinations held at London, Greenwich, and Haslar is as follows:

	Marks.		Marks.
1. A. E. Malone, M.B.	... 3,664	6. J. T. D. Higgins, M.B.	... 2,872
2. H. M. Whelan	... 3,502	7. J. G. Boal, M.B.	... 2,860
3. R. F. P. Cory	... 3,467	8. F. S. B. Wickham	... 2,945
4. H. St. C. Colson	... 3,371	9. S. Punch	... 2,833
5. G. A. Finegan	... 3,669		

SANITARY TRAINING OF THE TERRITORIAL FORCE.

MAJOR E. C. FREEMAN, M.D., writes: I am very grateful for a kind and sympathetic review, in the JOURNAL of April 5th last, of an article of mine which has appeared recently in the R.A.M.C. Journal on sanitary training of the Territorial Force. Your reviewer has, however, misread my views on one important point, and I would ask your permission to make the necessary correction, as the matter is a vital one. Nothing was further from my mind than to suggest that "camp sanitation" was not of much value to Territorials. In war, although Territorials will have no tents, they will very frequently have to bivouac in the open; in the early stages of mobilization they will probably be under canvas, and every year during training they are in camp for a fortnight. Disease germs do not distinguish between peace and war or between camps and bivouacs. What I wished to convey was that the sanitary companies of the Territorial Force should not, as at present, confine their training to camp sanitation, but should go on and learn the working of town water supplies, sewage systems, and so forth, because in war the Territorial troops will be frequently quartered in towns, and arrangements will therefore have to be made for a great and sudden influx of population into these places—often after the municipal services have been broken down or seriously injured, and much more than a knowledge of camp sanitation will then be required to cope with these conditions and prevent epidemics. But the sanitary companies should be specialists, and it was about them I wrote. For the rank and file of the Territorial Force, or of any other troops, I would insist on the immense importance of a knowledge of camp sanitation, and for that we have worked in the East Anglian Division for the last five years.

THE total number of students in the universities of Austria in the winter session 1912-13 was 30,591. Of these 6,439 belonged to the faculties of medicine, of whom 420 were women. The total number of medical students matriculated in the medical faculty of Vienna during the past winter was 2,505, of whom 152 were women. In the University of Graz there were 572 students, including 12 women. At Innsbruck the number of medical students was 350, 3 of whom were women. In the German University of Prague there were 572 in the medical faculty, of whom 21 were women. At the Czech University of Prague there were 932 medical students, of whom 51 were women. In the University of Lemberg 629 belonged to the medical faculty, 106 of these being women. At the University of Cracow there were 600 students of medicine, of whom 62 were women. The number of medical students still shows an increase, this tendency being specially notable in the case of women.

Medical News.

THE State Sickness Insurance Committee, at its meeting on April 10th, referred to the Amendments Subcommittee a motion by Dr. Beaton to the effect that any Insurance Act Amendment Act should provide for (1) free choice of doctor whether on or off the panel, (2) a satisfactory income limit for all insured persons, (3) such increase in the number of doctors and representatives of employers on the Insurance Committees as shall prevent the insured persons having a permanent majority on these committees.

MR. JOHN JONES, of Wrexham, has left £50,000 to the Wrexham Infirmary, of which he was vice-president, and has also given for the use of the infirmary Roseneath House and grounds, Wrexham, and the Claremont Hydro-pathic at Rhyl.

WE are asked to state that the offices of the National Medical Guild, to which reference was made last week (p. 729), are at 34, Villiers Street, Strand, London, W.C. The rules of the Guild will be supplied on application to the general secretary.

MESSRS. LEITZ, of Wetzlar and London, have recently celebrated a kind of jubilee by presenting to Professor Ehrlich the 150,000th compound microscope made by them. On an earlier like occasion, the completion of the 100,000th Leitz microscope, they presented the instrument to the late Professor Robert Koch.

AS announced in our advertisement columns, an examination for commissions in the Royal Army Medical Corps will be held on July 23rd next. Applications to compete should be sent in to the Secretary, War Office, by July 14th. Owing to the reduction of the garrison in South Africa it is improbable that more than five commissions will be available.

A CONFERENCE on the feeding of elementary school children, and of those in various philanthropic and other institutions maintained for children of like class, is to be held at the Guildhall on June 30th and July 1st this year. It has been organized by the National Food Reform Association on the same lines as those of the conference on diet and hygiene in public secondary and private schools in May, 1912.

THE spring course of museum demonstrations at the Royal College of Surgeons of England will begin on Monday next at 5 p.m., when Mr. Shattock will demonstrate specimens illustrating hypertrophy. On the two following Mondays he will show specimens illustrating atrophy and lipomata respectively. Professor Keith will give demonstrations on April 18th, 25th, and May 2nd, on acquired deformities of the foot and spine, and on the formation of peritoneal adhesions and bands before and after birth. The demonstrations will be given at 5 p.m. on each day.

THE annual meeting of the Ophthalmological Society of the United Kingdom will be held on April 24th and 25th at the house of the Royal Society of Medicine, 1, Wimpole Street, W. There will be a morning and afternoon session on each day. The morning session on Friday, April 25th, will be given up to a discussion on vascular and other retinal changes in association with general disease, and the afternoon to a demonstration of cases at Moorfields. An exhibition of ophthalmic instruments, etc., will be held during the two days at the house of the Medical Society of London.

THE second list of stewards of the dinner of the Royal Medical Benevolent Fund and Guild, to be held on April 30th, under the chairmanship of H.R.H. Prince Arthur of Connaught, to celebrate the title "Royal" conferred by the King last year, has been issued. It includes the names of Dr. T. Dyke Acland, Professor D. W. Finlay, Lady Godlee, Director-General Sir William Gubbins, K.C.B., Sir Frederic and Lady Hewitt, the Hon. Mrs. Mark Hovell, Dr. H. Macnaughton-Jones, Director-General Sir James Porter, R.N., Dr. S. J. Sharkey, Sir Frederick Treves, Professor Sims Woodhead, and Mr. G. A. Wright.

THE Finsbury Medical Guild celebrated its inauguration at a supper which was held on April 3rd, at the Holborn Restaurant. Fifty members and medical friends were present, and Dr. F. J. Smith was the guest of the evening. Amongst those present as guests were Drs. E. B. Turner, Buttar, Gordon Ward, Gordon Lane, and Whitelaw. The President, Dr. Eber Chambers, was in the chair, and a presentation was made to Dr. W. F. Roe, which took the form of a substantial cheque, in recognition of his services

as honorary secretary to the City Division Provisional Medical Committee. The testimonial was subscribed to by the members of the profession in the City Division, many of whom were present. During the evening songs were contributed by several of the members.

At a special meeting of the Board of Governors of the Leicester Royal Infirmary last week, Mr. C. J. Bond, whose resignation of the office of senior honorary surgeon had been received with much regret, was unanimously elected vice-chairman of the board. In acknowledging the appointment, Mr. Bond said that looking back to 1875, when he became acquainted with the infirmary as a pupil, the points that chiefly struck him were the great growth in the size and work of the institution, and the enormous development of surgical and medical science. He looked forward with hope, although in the immediate future there might be stormy times. The country could not do without hospitals, and it was, therefore, essential that they should be thoroughly efficient and up to date.

WE are requested to state that at a meeting of members of medical unions and other bodies in East and North-East London and the County of Essex held in the City on April 2nd, to "consider the best means of co-ordinating the work and policy of the said unions," a resolution to the following effect was carried with only one dissident: "That in view of the coming representative meeting at Brighton, the British Medical Association be requested to summon a meeting of the chairmen and secretaries of all statutory and provisional Local Medical Committees and all other bodies interested in medical organization, as soon as possible, for the purpose of considering the national organization and consolidation of the entire medical profession."

THE *Journal of the American Medical Association* has collected a number of facts as to deaths in the medical profession of the United States and Canada, and the results are published in the issue of January 4th. During 1912 the deaths of 2,120 American and Canadian doctors were noted in the journal. Estimating the number of doctors in the two countries at 150,000, this figure is equal to an annual death-rate of 14.13 per 1,000. For the ten previous years the death-rates were as follows: 1911, 15.32; 1910, 16.96; 1909, 12.26; 1908, 17.39; 1907, 16.01; 1906, 17.2; 1905, 16.36; 1904, 17.14; 1903, 13.73; 1902, 14.74. The average annual mortality for the period from 1902 to 1912 inclusive was, therefore, 15.93 per 1,000. The age at death varied from 22 to 99, with an average of 60 years and 23 days. The general average of death since 1904 is 59 years, 9 months, and 28 days. The number of years of practice varied from 1 to 76, the average being 33 years 2 months 14 days. The average for the past nine years is 32 years 4 months and 8 days. The following figures show the causes of death: 187 deaths were attributed to general diseases, 264 to diseases of the nervous system, 278 to diseases of the circulatory system, 176 to diseases of the respiratory system, 95 to diseases of the digestive system, 147 to diseases of the genito-urinary system, 334 to senility, 4 to diseases of bones, 36 to suicide, 90 to accident, 12 to homicide, and 4 to other causes. Among the principal assigned causes of death are senility, 334; cerebral haemorrhage, 219; "heart disease," 200; pneumonia, 153; external causes, 138; nephritis, 127; accident, 90; after-operations, 86; tuberculosis, 55; cancer, 38; suicide, 36; appendicitis, 29; angina pectoris, 25; typhoid and arterio-sclerosis, each 24; diabetes, 18; septicaemia, 17; gastritis, 12; anaemia and meningitis, each 11; myocarditis, 10; paresis, mental alienation, embolism, cholelithiasis, and cirrhosis of the liver, each 9; influenza and bronchitis, each 7; intestinal obstruction and peritonitis, each 5; hernia, 4; erysipelas, rheumatism, endocarditis, gastric ulcer, prostatitis, and furunculosis, each 3; malaria, dysentery, alcoholism, pleurisy, anaesthesia, and enteritis, each 2; and pellagra, uncinariasis, drug addiction, locomotor ataxia, mastoiditis, pulmonary oedema, and placenta praevia, each 1. The causes assigned for the 90 deaths from accident were poison, 16; falls, railways, automobiles and animals, each 10; drowning, 9 (4 doctors went down on the *Titanic*); asphyxia and firearms, each 5; burns and street cars, each 4; strangulation, crushing, and freezing, each 2; and sunstroke, 1. The 36 doctors who ended their lives by suicide selected the following methods: Poison and firearms, each 15; asphyxia, 4; strangulation and cutting instruments, each 1. Of the 12 homicides, 11 were due to firearms, and 1 to a crushing injury from a blunt instrument. Of these 5 occurred in feuds or affrays.

Letters, Notes, and Answers.

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.

HYPERTROPHIED PROSTATE.

X. X. asks for suggestions for the treatment, short of enucleation, for enlarged prostate of only few months' duration. The patient is 59, strong, and of steady habits. He has had two very acute attacks presenting the usual symptoms. He is possibly gouty.

ANSWERS.

L.R.C.P.LOND. is referred to the announcement in the BRITISH MEDICAL JOURNAL of December 21st, 1912, p. 1734.

LETTERS, NOTES, ETC.

TOTAL ABSTINENCE—FROM WATER.

DR. JOHN HADDON (Denholm, Hawick, Scotland) writes: I had not studied the physiological action of foods upon me long before I saw that I must also study the effect of drink as well, and I came to the conclusion that a man living rightly as to food should never drink any fluid. It is one thing to be convinced and quite another to act upon one's conviction, but a health conscience is being evolved, and when conscience is at work it sometimes gains the mastery. My efforts to follow the dictates of this new conscience have been sadly interfered with by my medical faith. In 1911 I determined to live as I think I should before going to the annual meeting of the British Medical Association, that I might show myself, living upon no more protein than fruits contain, but my weight was coming down so fast that my faith failed me and I did not succeed in carrying out my intention. Last year, however, I determined to try again, going from home before the date of the annual meeting of that Association, so that I might be away from my scales and pay no attention to my weight, but I could not help seeing the change in my features, which astonished me. The cheek bones became prominent and the skin seemed to have got thinner, but, skeleton-like as I looked, I felt even more fit than I had done at times when I looked stouter, and I persevered, and was able to show myself living on fruit alone. When I got home and found my weight had come down to little over 7 st., I began to relax the stringency of my diet, my medical faith suggesting that that was not heavy enough for a man who once weighed 11 st. 9 lb. Since then, however, I have continued my observations and experiments, and by watching a dog deprived of all food, with water beside it, I am confirmed in my conviction—that we can do without any drink, even when fasting. The subject of this experiment is a deerhound bitch, which had just finished suckling a pup. She gets very fat when suckling, and she had a sort of mange and was scratching herself and making her skin bleed. I had bathed her and failed to cure the irritation by local applications, when I determined to try what effect a fast would have. I tied her up where she could get no food and left a dish of water beside her. She drank water for two or three days, and then she stopped taking any. The skin rapidly improved, she ceased to scratch, and I kept her fasting until she was free from all superfluous fat, but she never touched the water again. The lower animals are guided by instinct, and I knew they fasted from food when ill, but I did not know that they would abstain from water when fasting, and that seems to me a most pregnant fact, which even our physiologists may not know, and which some of them will, I have no doubt, appreciate. I had come to the conclusion, through my observations on the physiological action of foods, that we were, as it were, being drowned through deficient elimination, and I was gratified to hear in the Physiological Section at the last meeting of the British Medical Association that it had been proved by microscopic examination of the brain that the nerve cells were being drowned. They were shown on slides through the lantern, burst, like a ripe gooseberry after a heavy rain, with the nucleus escaping from the cell. Thus, physiologists have confirmed me in my conviction that feeding as he ought a man should never drink, even water.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Eight lines and under	0 4 0
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An average line contains six words.

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NOTE.—It is against the rules of the Post Office to receive *postes restante* letters addressed either in initials or numbers.