

In the series are two examples of extreme conditions. In one case (Fig. 10) the stomach is contracted into a narrow thick-walled tube extending from oesophagus to pylorus, with a small thin-walled fundus to the left of the oesophageal opening. In the other case the stomach is wholly distended, with only a slight constriction near the pylorus (Fig. 11).

In any consideration of the form of the stomach, its position and connexions must always be regarded as of fundamental importance in determining its shape.

The chief alterations of form occur in the pyloric half and along the greater curvature.

Two main causes, in my opinion, are responsible for the form of the stomach and its variations. The less important factor is the relation of the organ to the vertebral column and the structures which lie in front of it—diaphragm, aorta, etc. The projection forwards of these structures may have an influence in producing lateral dumb-bell-like dilatations, with the pyloric vestibule as an isthmus between them.

The more important factor is to be found in the mechanical supports of the stomach. The organ is slung from two main attachments—on the one hand by the diaphragmatic connexions of the oesophagus; on the other hand by the connexion with the liver of the pylorus and the first part of the duodenum. It is obvious that these two points are only relatively fixed. Both undergo changes in position along with the movements of the diaphragm, and the position of the second point is influenced by the position and size of the liver. An oblique line (shown as a dotted line in the figures) may be drawn between these two points. This line may be regarded as fairly constant in position. It is obvious that any change in its obliquity will affect not only the position but also the shape of the stomach. Along this line the stomach sags. There are few alterations of importance in the form of the concave lesser curvature, whereas alterations, dilatations and constrictions, commonly occur along the more mobile and plastic greater curvature.

An hour-glass contraction of the stomach is not necessarily pathological. Indeed, it is the form most commonly found in the dissecting room.

Fig. 12 shows the outline of the normal stomach in a black line (A A), with the several varieties in dotted lines (1, 2, 3, 4).

A NOTE ON THE SHAPE OF THE NORMAL EMPTY STOMACH.

By J. S. B. STOPFORD, M.B., CH.B.,

SENIOR DEMONSTRATOR OF ANATOMY, UNIVERSITY OF MANCHESTER.

[WITH SPECIAL PLATE.]

WHILST performing an autopsy on an elderly woman who had died from malignant disease of the ovary only a few hours previously, I had the good fortune to find the excellent example of an empty stomach figured in the plate facing page 1203, which conforms precisely to what the radiographers tell us is the real shape of the stomach in the living, but is so rarely seen in this characteristic form in the dead body.

The viscus was tubular, except for one dilatation, and its outline corresponded exactly with the J shape described by Barclay¹ and Hertz.² This dilatation, which was roughly cone-shaped, was situated at the summit of the vertical cardiac portion and obviously represented the fundus. The vertical portion of the organ *in situ* corresponded with the description of Hertz,² but I should like to draw particular attention to the direction of rather more than the terminal inch of the pyloric portion, not only because it cannot possibly be understood or appreciated from a photograph, but also because certain writers have expressed their inability to understand the relationship of the stomach to the liver if the radiographers are correct. The alteration in direction of this part of the "horizontal" limb was very marked as it passed backwards, upwards, and to the right to come into relation with the visceral surface of the liver. Great difficulty has been experienced in understanding how the recurved portion of the J reached the gastric area of the liver; and in order to believe and realize the shape and position of the stomach as seen by the radiographers, it has to be more or less presumed that

the terminal portion of the "horizontal" limb must be directed backwards, upwards, and to the right to reach the liver when the stomach is empty. On this account it is interesting and instructing to find that this was found in a case illustrating what the radiographers have shown to be the empty stomach.

The photograph shows clearly the very oblique oesophageal entrance and the incisura cardiaca between the oesophagus and the fundus.

The recent advances in radiography have revolutionized our ideas of the anatomy of the stomach, and attention is no longer paid to the "sac-like" and distorted specimens seen in the dissecting-room, as it has been repeatedly proved that they are untrustworthy and unreliable; but I consider this specimen worthy of attention, because it illustrates so well the outline of the normal empty stomach as demonstrated by the Roentgen rays.

The normal stomach is subject to the greatest variation, as is evidenced by the numerous descriptions published by anatomists; and it is only since the advent of radiography that correct differences in shape have been realized between the empty, the partially full, and the full stomach.

It is generally admitted now that a correct knowledge of the anatomy of the normal stomach can be acquired only by supplementing what is learnt in the dissecting-room by what is seen in x-ray examinations; but for reasons which have been explained many times of late it is rare to be able actually to handle a normal empty stomach that conforms to the radiographer's ideal.

REFERENCES.

¹ Barclay, *Medical Chronicle*, January, 1913. ² Hertz, *BRITISH MEDICAL JOURNAL*, September 23rd, 1912.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TETANUS SUCCESSFULLY TREATED BY ANTITETANIC SERUM.

W. T., aged 30, was admitted into the Epping Workhouse Infirmary on the evening of April 22nd, suffering from tetanus. His body was absolutely rigid, the head immovable, the hands tightly clenched, the forearms pressing the chest, and the legs straight; the mouth could be opened about $\frac{1}{2}$ in.

He had a recent wound on the head, and a foul wound of old standing on the left shin. The history was that he had felt his jaws stiff for several days, and when walking suddenly fell down, and was unable to move. The police found him on the ground. His only complaints were of great and constant thirst, and the painful rigidity of his limbs. He could swallow liquids easily.

He was given 100 c.cm. antitetanic serum on April 23rd; this appeared to relieve his jaws somewhat. After another 100 c.cm. on April 25th he could open his mouth to half an inch, and the fingers and forearms became movable. After a third injection of 100 c.cm. on April 27th he could move his head, open his mouth with ease, move his arms, and bend his knees, the latter with difficulty; the rigidity of the back remained as before. He now developed an erythematous rash all over the abdomen, and when this disappeared on May 4th I gave him 60 c.cm., and within twenty-four hours he could move his legs comfortably and turn in his bed without assistance. All through he had no opisthotonos and very few spasms. The temperature never exceeded 99°. His further progress was uneventful. The injections were made in the anterior abdominal walls, 50 c.cm. on each side.

C. E. DENNING,

Medical Officer, Epping Workhouse Infirmary.

THE VALUE OF EMETINE IN LIVER ABSCESS.

The patient in the following case, a woman aged 40, with a history of alcoholism, had a severe attack of dysentery about a year ago, and this had continued off and on in the form of diarrhoea up to the time I saw her. There was a clear history of excessive drink. About four months ago she had started getting high fever with rigors, and later on this fever abated a little and was unattended with

rigors. About the end of this period she was seen by Dr. A., who on three occasions aspirated her liver and removed large quantities of pus mixed with blood (30 oz., 29 oz., and 21 oz.). But the pus continued to collect, and the patient was getting weaker, so it was suggested that the abscess should be opened up, but the patient being unwilling to submit to such an operation I was consulted on March 13th this year. I found her extremely weak, anaemic, and emaciated, with enlargement of the liver extending almost to the umbilicus in the median line and about 6 in. below the right costal arch in the right mammary line. The swelling due to enlargement of the liver was quite distinct and visible. She had severe throbbing pain in the region of the liver, and was unable to lie on that side. She was having five liquid yellow motions daily without any gripping pain, and the fever ranged between 99.8° in the morning and 103° in the evening. It was distinctly of hectic type, and she had hectic flush on the malar bones. She was not even able to sit or move in bed. She had nausea, and was unable to take her food. I prescribed $\frac{1}{4}$ grain of emetine dissolved in distilled water to be taken thrice a day.

Within a week the temperature came to normal and remained normal; the diarrhoea stopped, and the pain in the hepatic region diminished. The swelling gradually began to diminish, and in a month the liver returned to its normal dimension; pain completely ceased, she was able to walk and had an appetite; anaemia disappeared, and she began to gain weight. She had altogether 21 grains of emetine.

During the treatment I noticed two things: First she had oedema of the face and feet, most probably due to excessive work being thrown upon the kidneys as a result of absorption of pus; it was relieved by diuretic and digitalis. Secondly, anaemia increased, most probably owing to the haemolytic effect of the pus absorbed. This was treated by haematogen.

My object in publishing the case is, first, to impress upon medical men that emetine is efficacious even when suppuration has already taken place, and second, that it is equally efficacious when given by the mouth.

S. MALLANNAH, M.D., D.P.H.,

Bacteriologist to H.H. the Nizam's Government,
Hyderabad, Deccan.

TREATMENT OF PUERPERAL ECLAMPSIA.

I AM much interested in the article on page 70 of the *Epitome of Current Medical Literature* (JOURNAL, May 3rd, 1913) on the condition of the kidneys in eclampsia. Zinsser states that the convulsions are regarded as the signs of oedema of the brain. It would thus appear to be more rational to aim at the treatment of the oedema than of the defect of the kidney. Such a theory is in accordance with what physiologists teach us, namely, that our nerve cells are being drowned by the failure of the elimination of fluid from the system, and I had the opportunity of seeing a case treated on that theory, which recovered, as the consultant said she "had no right to do." The treatment by very small frequent doses of potassium bitartrate caused increased diuresis, and the patient improved. That drug was stopped and the symptoms again increased. Slight jaundice being noticed, the urine was found to contain leucine and tyrosin, and on the theory that acute yellow atrophy of the liver was present, a very grave prognosis was given. The treatment by potassium bitartrate was resumed, diuresis again occurred to a remarkable extent, and the symptoms of eclampsia simultaneously subsided. The patient made an excellent recovery, and is still alive. Such a case seems to support Zinsser's rational treatment.

Hawick.

JOHN HADDON, M.D.

PAROXYSMAL HAEMOGLOBINURIA.

DR. E. W. SQUIRE informs us that a case which was recorded at page 768 of our issue for April 12th as one of paroxysmal haemoglobinuria has turned out to be a case of haematuria, but that the cause of the condition has not yet been discovered.

THE late Sir H. R. Swanzy, M.D., of Dublin, left personal estate in the United Kingdom valued at £12,487.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

LONDON HOSPITAL.

CASE OF PERFORATING WOUND OF OESOPHAGUS AND AORTA
BY FISH BONE.

(By CHARLES JOSEPH TAYLOR, M.A., B.M., B.Ch.Oxon.,
M.R.C.S., L.R.C.P.)

[Under the care of Dr. WARNER.]

A YOUNG woman, aged 22, by trade a box maker, presented herself in the receiving-room at 3 p.m. on February 14th, 1913.

History.

She stated that on February 9th she was eating some fish, when something seemed to stick in her throat. She tried to vomit, but could not. She then felt an uncomfortable sensation as of something sticking in her stomach; this persisted from that time onward up to her coming to hospital. She had been unable to swallow anything but slops since February 9th. On the evening of February 13th the feeling of discomfort gave way to a heavy choking sensation, accompanied by a strong desire to vomit with inability to do so. The stifling feeling prevented her from lying down; she could not sleep, and there was great discomfort in breathing, as she felt as if there was a weight on her chest. Inquiry into her previous health elicited the fact that on and off for four years she had suffered from "indigestion"—vague discomfort after meals with flatulence and a desire to vomit, though she never actually vomited.

Progress.

Whilst waiting in the receiving-room she suddenly vomited about two pints of bright red arterial blood. Her pulse became thready, and its rate rose to 160 per minute. She was somewhat blanched and very frightened. She was at once admitted to Dr. Warner's wards. By the time she had been put to bed her condition was much improved. The pulse was rapid, 116, but the volume and tension were fairly good. She was quite comfortable, and said she felt better than she had done all the week. Her colour had returned, and she was lying quite quietly. Examination showed her to be a well-developed and well-nourished young woman, with no physical signs of disease either in the abdomen, heart, or lungs.

Her condition remained the same till 4.30 a.m. on February 15th, when she again vomited about one and a half pints of bright red blood. She was given a hypodermic injection of morphine sulphate $\frac{1}{4}$ grain, and went to sleep. When seen about 11 a.m. the pulse was 116 and the temperature 100° F. She was cheerful, and made no complaint of pain or discomfort. At 12.20 p.m. she had another copious bright-red haematemesis—about two pints—which was followed in a quarter of an hour by another, after which she rapidly became collapsed. An attempt was made to transfuse saline solution intravenously, but death ensued within ten minutes.

Autopsy.

For the following notes of the autopsy I am indebted to Dr. Turnbull, Director of the Pathological Institute.

On *post-mortem* examination, forty-eight hours after death, it was found that a portion of a fish bone 2 cm. long and in shape resembling an arrow-head was projecting into the oesophagus through a ragged wound in the anterior wall immediately below the level of the bifurcation of the trachea. The perforation measured 0.5 cm. in diameter. There was a ragged, shallow wound in the descending thoracic aorta at the site of the obliterated ductus arteriosus. There was an abscess cavity containing brown purulent fluid in the areolar tissue between the perforations in the oesophagus and the aorta. Some red blood clot was found in the stomach, the lining membrane of which was in a state of mucous catarrh. There was melaena throughout the small and large intestines.

Remarks.

Apart from the rarity of the condition, the most interesting point in connexion with the case is the long latent

other paragraphs, to the time during which the defendant was working for the plaintiff, but to the whole of the rest of his life. Hence the action would be dismissed with costs.

In the course of his judgement Mr. Justice Sargant expressed the opinion that the case had been very fairly fought by both sides.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred :

M.B.—E. Calvert, J. B. Pulling.
B.C.—F. S. Bedale.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated :

THIRD M.B.—F. E. Daunt, P. V. Early, *A. Goodwin, †A. L. Moreton (University Medal), *D. E. Morley, †W. L. Webb, E. Bach, Helen P. Barnes, A. B. Cardew, J. H. Cobb, H. S. Colson, G. Covell, L. G. Crossmann, G. R. Dobrashian, J. A. Edmond, A. R. Elliott, A. L. Fitzmaurice, F. R. Fletcher, G. T. Foster-Smith, C. R. Harrison, R. F. Hebbert, R. G. Hill, H. W. Hills, R. L. Horton, Charlotte G. Judge, S. Keith, F. H. Kelly, C. D. Killpack, J. D. Lyle, G. R. Lynch, G. S. Miller, P. J. Montgomery, Edith M. N. Moss, W. D. Owen, G. H. Pearson, H. R. Prentice, G. F. Rigden, W. Robinson, J. A. Ryle, W. Salisbury, F. Sanders, W. B. Sanders, A. R. Sharrod, A. J. E. Smith, Margaret E. E. Smith, W. H. D. Smith, W. C. Spackman, Mary A. van Ingen, E. W. Wade, J. R. M. Whigham, N. T. Whitehead, T. D. Williams, A. Wilson, W. W. Wood.

* Distinguished in Medicine.

† Distinguished in Pathology.

‡ Distinguished in Surgery.

§ Distinguished in Midwifery and Diseases of Women.

§ Obtained the number of marks qualifying for the University Medal.

Group I only.—H. Davies, S. F. Dudley, C. E. A. Goddard, P. H. Henson, M. Hocken, S. G. Papadopoulos, H. C. Rook, E. A. Tozer, V. D. C. Wakeford, H. B. Walker.

Group II only.—R. Creasy, Henrietta F. Davies, J. P. Davies, R. D. Davy, W. H. Jones, W. J. T. Kimber, P. S. B. Langton, Margaret J. McNery, L. A. Martin, G. Matthews, L. N. Reece, A. D. Rope, D. Ross, E. W. Whiting.

UNIVERSITY OF MANCHESTER.

RESIGNATION OF THE VICE-CHANCELLOR.

THE annual meeting of the Court of the University of Manchester was held on May 28th, the Chancellor, Lord Morley, presiding.

ANNUAL REPORT.

The Vice-Chancellor in presenting his annual report drew special attention to the fact that the number of students remained about steady. The actual increase on the year was three, but progress was indicated because the number of those who had taken honours and the full courses was larger than formerly. There had been a perceptible growth in the number of medical students. For some time there had been some anxiety on this point, but the arrangements made for medical education were now well recognized, and the number of students was increasing. The decision to admit women to the medical courses had proved successful, and the facilities now offered to women students were second to none in the kingdom. In the faculty of technology there had also been an increase, and he was satisfied that the arrangements made between the university and the School of Technology would be immensely helpful to both. With regard to the question of the superannuation of the teaching staff, the Board of Education had received most sympathetically the suggestions made by the university, and the Vice-Chancellor hoped that within the next few weeks an excellent scheme would be adopted which would allow of much elasticity to each university.

Number of Students.

The report showed that the number of students during the past session was as follows: All faculties, except medicine and technology, including 320 women students, 1,092. Faculty of Medicine, including 32 women students, 372. Faculty of Technology, including 2 women students, 246. This is a total of 1,710, or, allowing for 47 who have entered in both science and medicine, 1,663. In addition there are 201 persons attending evening classes, about 200 attending lectures on railway economics, and about 200 in courses in law and economics at the Bankers' Institute. In the Faculty of Medicine 134 were working for the degree examinations, 7 for the University of London, 10 for other universities, 2 for the F.R.C.S., 29 for the English Conjoint examination, 3 for the Scottish Triple qualification, 3 for the diploma in Psychological Medicine, 3 for the degree in Dentistry, 48 for the diploma in Dentistry of the Manchester University, and 15 for the diploma in Dentistry of the Royal Colleges of Surgeons and Physicians. Also 41 were working in special departments, namely, Medical, 5; Pharmaceutical, 5; and Public Health, 31.

Appointments in the Faculty of Medicine.

The report noted that A. Donald, M.D., M.R.C.P., had been appointed Professor of Gynaecology and Obstetrics, in succession to the late Sir William Sinclair, and W. K. Walls,

M.B., Lecturer in Clinical Obstetrics and Gynaecology; A. E. Boycott, B.Sc., M.A., M.D., of Guy's Hospital, had been appointed Professor of Pathology, in succession to Professor Lorrain Smith, who had resigned on being appointed Professor of Pathology in the University of Edinburgh; Dr. E. S. Reynolds had been appointed Professor of Clinical Medicine, in succession to Dr. Judson Bury, whose professorship ceased on his retirement from the staff of the Manchester Royal Infirmary. Dr. William Sellers, Coroner for Salford, had been appointed Professor of Forensic Medicine, in succession to the late Dr. Dixon Mann; Dr. C. P. Lapage had succeeded Dr. Hutton as Lecturer in Diseases of Children, and Dr. G. H. Lancashire had succeeded Dr. Brooke as Lecturer in Skin Diseases.

HONORARY DEGREES.

The Court approved of the conferment of the following honorary degrees: LL.D., Mr. Jesse Haworth; Litt.D., Mr. T. E. Page and Mr. M. E. Sadler; M.Sc., Mr. R. W. Williamson. The conferment of the degree of D.Sc. on Professor Perkin for special distinction in chemical research was endorsed.

PROPOSED DIPLOMA IN OPHTHALMOLOGY.

Professor Elliot Smith moved the adoption of an ordinance instituting a diploma in ophthalmology. Dr. F. Shaw drew attention to the resolution recently passed by convocation in opposition to the ordinance; it was felt, he said, that it was not desirable, after a course of only six months, to confer a diploma which might give the public an erroneous idea of the amount of knowledge and experience of the holders. This was the first time a diploma had been proposed for a clinical subject, and if it were passed, the court could not logically refuse to give diplomas in all other clinical subjects. He moved, as an amendment, that the proposal be referred back. This was seconded by Mr. C. T. Needham, M.P., and carried.

RESIGNATION OF THE VICE-CHANCELLOR.

Sir Alfred Hopkinson then asked permission to withdraw while the court considered the letter which he had sent to the Chancellor, in which he begged to resign his position as Vice-Chancellor.

The Chancellor then read the letter, which stated that, having been engaged for over fifteen years continuously in the work of the university, Sir Alfred Hopkinson felt that the time had come when he should resign. He did so not for reasons of health nor from any desire to retire from active life, but simply because he believed that there was a period in the history of an institution when change was desirable and when a new administrative head might bring in fresh vigour and exercise a stronger influence than one who had held office so long as he had. While certain questions were pending, such as the position of the university with regard to Government grants and its relations to the Board of Education, it was impossible for him to take this step, but most of these questions were now settled, and the relations between the university and the city, county, and local authorities were of the most friendly character. During his tenure of office new buildings had been erected at a cost of £190,000, exclusive of the Whitworth Hall, for which Mr. Christie had provided, and all this sum of money, with the exception of a few hundreds, had been actually paid. No debts had been accumulated, and for some years the annual expenditure had not exceeded the income. The special problems that presented themselves at the time of his appointment and the reorganization of the university had now been dealt with, and he thought the moment now opportune for putting into new hands the new development work which the university would undertake. In conclusion, he thanked the Court for the kindness and generous support it had given him ever since his appointment.

After reading the letter, Lord Morley expressed his personal feeling of regret at the decision of Sir Alfred Hopkinson and the gratitude of the Court for the fidelity with which he had discharged his duties. Sir F. Forbes Adam then moved the following resolution:

The Court has heard with regret the intimation of the resignation of the Vice-Chancellor, and begs to express the earnest hope that in the interests of the university he will see his way to reconsider it.

This was seconded by Professor Weiss and supported by Sir William Mather and Lord Morley, and adopted unanimously with applause.

At a meeting of the Council on June 4th, however, it was announced that a letter had been received from Sir A. Hopkinson stating that he must adhere to his resolution, and desired to retire not later than October next. He will, however, retain the Christie Chair of Law in the university.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—†E. L. Jones, †E. M. Morris, *T. B. Paul, *C. G. Waddington.

MEDICINE.—*S. H. Andrews, *P. R. Cross, †A. C. Dickson, †T. H. W. Idris, †E. L. Jones, *W. R. Sadler.

FORENSIC MEDICINE.—S. H. Andrews, P. R. Cross, E. L. Jones, A. Y. Massey, W. R. Sadler.

MIDWIFERY.—D. T. Corke, W. H. Edmunds, E. L. Jones.

* Section I. † Section II.

The Diploma of the Society has been granted to Messrs. A. C. Dickson, W. H. Edmunds, E. L. Jones, and E. M. Morris.

Obituary.

THE death took place on May 16th of Dr. JAMES WILLETT, of Stockton Heath, a medical man who at the time of his death was one of the few Lancashire survivors of the old-fashioned type of country doctor. Dr. Willett, who became L.S.A. in 1857 and M.R.C.S. in 1862, was born and bred in the neighbourhood in which he practised, and was at one time medical officer of health for the area. He had given up practice for a good many years, but his personal qualities were such that he retained the trust and affection of his neighbours despite this fact and his advancing years. Until lately he was a member of the Warrington and Widnes Division of the British Medical Association, and the large gathering which attended his funeral on May 21st included a deputation from this body, as well as other members of the medical profession.

LIEUTENANT-COLONEL RICHARD CRAIG, late R.A.M.C., who died on May 5th, at the age of 67, was the son of the late Richard Craig of the Bank of Ireland. He took the diplomas of L.R.C.P. and L.R.C.S.Irel. in 1866, entered the service in March, 1868; was promoted to surgeon in March, 1873; and surgeon-major in 1880, retiring in January, 1892, with the rank of lieutenant-colonel. He served as senior medical officer of the Third Brigade with the Burmese expedition of 1886-88, and was awarded the medal with two clasps.

Public Health

AND

POOR LAW MEDICAL SERVICES.

BURNLEY GUARDIANS AND THEIR MEDICAL APPOINTMENTS.

THE position in the Burnley district has been from time to time recorded. The medical officers of the Burnley Union, acting on the advice of the Burnley Division of the Association, and after many attempts at negotiation with the Burnley Guardians, resigned their appointments some months ago as a protest against the salaries paid by the guardians. The Division had satisfied itself that these salaries were considerably less than those paid for similar work in many other unions. The guardians, after a long delay, during which the patients under their charge were attended as private patients by local doctors, succeeded in inducing the Local Government Board to sanction a plan for the redistribution of the appointments, at salaries which, though an improvement on the old scale, were yet considered by the Division to be below the standard set by other unions. The new proposals were vitiated also by the fact that the appointments were combined with those of the public vaccinators in a way which, while apparently raising the salary of the Poor Law medical officer, did so by lowering the real remuneration of the public vaccinator, a thoroughly bad system which has long been condemned by the Association, whose disapproval has been endorsed, in an academic way, by the Local Government Board and emphatically by the Royal Commission on the Poor Law. We regret to find, according to a report in the *Burnley Express* of May 31st, that three practitioners have been induced to make application for the fifteen appointments advertised. These gentlemen were appointed, and their applications led the guardians to express the hope, which we trust will be falsified, that other applications would follow. It is a matter of great difficulty to get any considerable number of the members of any calling to act together in a matter of this kind, but it was believed that the loyal way in which the local profession had stood by the former holders of the posts, and had declined to be cajoled into accepting the largely illusory improvements made by the guardians, would have received unanimous support when the crucial moment arrived.

The gentlemen who have been appointed no doubt thoroughly counted the cost before they applied for office, and came to the conclusion that the salary offered was, so far as they were concerned, adequate. As to that they are naturally the best judges. They are, of course, aware of the effect their action has produced, not only on the guardians who have accepted their services, but on their relations with their colleagues. In spite of this breach in the solidarity of the profession, we venture to express the hope that applications for the remaining twelve appointments will not be made. We do so not merely for the sake of again endorsing the spirited action taken by the Burnley Division, but because it has long been common knowledge that the remuneration offered for posts of this kind is in many cases far below what it should be, and such a depreciation of payment can only lead eventually to the lowering of the standard of service given, which is a bad thing for the profession and the public generally, and for the pauper patients in particular.

Medical News.

THE annual dinner of the Medico-Legal Society will be held at the Holborn Restaurant on Monday, June 23rd, at 7.30 p.m.

SIR DAVID GILL, for many years His Majesty's astronomer at the Cape of Good Hope, and President of the Research Defence Society, has been made a Commander of the Legion of Honour by the President of the French Republic.

THE University of Oxford has conferred the degree of D.Litt. honoris causa on Dr. John Wickham Legg. Dr. Legg, who was for some years assistant physician to St. Bartholomew's Hospital, is a recognized authority on liturgical literature.

THE Cavendish Lecture before the West London Medico-Chirurgical Society will be delivered by Sir Berkeley G. A. Moynihan, of Leeds, in the Town Hall, Kensington, on Friday, June 27th, at 8.15 p.m., the subject being the surgery of the large intestine.

AT the meeting of the Royal Society, on Thursday next, papers by Drs. Blacklock and Yorke on the trypanosomes causing dourine, and by J. G. and D. Thomson on the growth and sporulation of the benign and malignant tertian malarial parasites in the culture tube and in the human host will be read.

THE usual breakfast will be given by the National Temperance League at the annual meetings of the British Medical Association at Brighton. The President-elect, Dr. William Ainslie Hollis, M.A., F.R.C.P., has consented to preside, and Dr. Mary Scharlieb to speak after the breakfast, which will take place in the Banqueting Hall of the Royal Pavilion, on Thursday, July 24th.

MR. LITTLEWOOD, who, as already reported, has resigned his position as senior surgeon to the Leeds Infirmary to retire to the country, was recently entertained at a complimentary dinner by medical men in Yorkshire. The dinner took place at Leeds under the presidency of Mr. Pridgin Teale, and the toast of Mr. Littlewood's health was proposed by Dr. J. E. Eddison. The following evening Mr. Littlewood was entertained by the students of the medical school and presented with a silver cigar case.

WITH reference to a paragraph in the *JOURNAL* of May 17th, p. 1080, stating that a new medical building of the skyscraper order of architecture is in course of erection in New York, Dr. Charles Forsyth, of Hong Kong, writes that all the British doctors in Hong Kong have their consulting-rooms in the same building, which, though large, is not a skyscraper. The idea of a building let out to medical practitioners is, of course, not a new one. There are, we believe, several such buildings in the large cities in the United States, one or two of them at least having been erected fifteen or twenty years ago.

ON Wednesday, June 11th, the Anglo-German Exhibition will be opened at the Crystal Palace by the Lord Mayor of London. The exhibition, among a large variety of machinery, apparatus, industrial products, painting and sculpture, printing and so forth, includes sections of food supplies and education. There will also be a naval and military section. Every effort has been made to make the exhibition attractive as well as instructive by means of side shows and international athletic and gymnastic competitions. The exhibition is intended to increase the friendliness of the relations between this country and Germany.

A DINNER for past and present students of the Central London Ophthalmic Hospital was held on May 21st, at the Café Royal, London. Mr. Ernest Clarke, senior surgeon of the hospital, who presided, proposed the toast of "The Hospital and its Medical School," and spoke of its growth and success during the past few years, also of the fine new building which had lately been opened in Judd Street. Mr. Mayou (the Dean), in reply to the toast of "The Medical School," pointed out that its prosperity in the new quarters which afforded such excellent teaching facilities now seemed assured. The Chairman proposed the toast of "The Visitors," which was responded to by Mr. Sydney Stephenson and Mr. Leslie Paton, both of whom expressed their admiration of the new hospital.

THE *Daily Express*, which recently opened a subscription list for the purpose of providing the London hospitals with radium, received £10,375, and this sum has been distributed as follows: To the Middlesex Hospital, £1,100; to St. Bartholomew's, Charing Cross, the London, King's College, and St. George's Hospitals, £1,000 each; to the Westminster, the Metropolitan, the Seamen's, the West London, the Great Northern Hospitals, University College Hospital, and the Cancer Hospital, Fulham Road, £500

each; to the Prince of Wales Hospital, £275; and to the Chelsea Hospital for Women and to St. John's Hospital for Diseases of the Skin, £250 each. Some of the larger donors earmarked their contributions for certain institutions, and in respect of the rest our contemporary was guided in its allocation by a committee which, among other points, took into consideration the proportion of patients suitable for radium treatment which each institution was likely to have. It is calculated that for the lowest sum allocated—namely, £250—about 15 mg. are procurable, and that this is an amount with which a good deal of useful work can be done. In fulfilment of a promise made by Lord Glenconner (the Lord High Commissioner for Scotland) to Sir Joseph Fayrer (the superintendent of the Edinburgh Royal Infirmary), when he was paying his official visit to that institution last week (vide p. 1185), the High Commissioner has now intimated a donation of £1,000 to be employed in the purchase of radium to be used in the infirmary.

THE promoters of the National Health Exhibition, which was held at the Holland Park Skating Rink from May 16th to May 31st, have every reason to congratulate themselves upon the success of their attempt to interest the man in the street in the preservation of his own and his children's health. The exhibition, which was organized for the express purpose of instructing the lay public in the elements of domestic hygiene, was most attractively arranged; and even a cursory inspection of the exhibits could not fail to arouse the interest of the visitors in this important subject. Some extremely interesting exhibits were on view in the different sections, one of the most popular of which consisted of a number of incubators, each containing a living baby. Several stalls were given up to the display of dirt and germ destroying and labour-saving contrivances and unadulterated foodstuffs, whilst a series of pretty model rooms (including a charming nursery) gave a much-needed lesson in the art of furnishing a house according to the latest hygienic principles. Demonstrations in cooking were given daily at frequent intervals, and a variety of competitions were held in different subjects, for which gold, silver, and bronze medals and diplomas to the value of £100 were awarded.

AT the annual meeting of the Glasgow University Club, London, on May 30th, it was resolved to hold this meeting in future before the autumn dinner instead of before the spring dinner, thus enabling complete accounts for the expired club year to be furnished. The accounts presented included a donation of fifty guineas to the Glasgow University Athletic Club, but nevertheless showed a balance in hand of over £70. A donation of ten guineas to the Lister Memorial Fund was approved, the sum being earmarked for a memorial in Glasgow itself. Mr. W. Craig Henderson, M.A., D.Sc., having resigned office as one of the honorary secretaries of the club after seven years' service, was awarded a vote of thanks and elected a vice-president. As president Lord Rosebery was re-elected for a further year, and Drs. D. S. Roxburgh and Andrew Wiley were appointed honorary secretary and honorary treasurer respectively. At the dinner which followed the same evening the chair was taken by Mr. Birrell, who, in addition to many other things, is the present Lord Rector of the university. After speaking of the newer universities, he said that, after all, there must be some preference shown towards those which, like Glasgow, dated back to pre-Reformation times. It was a pleasure to think of their long centuries of use, and there was something fascinating in studying their history. The toast to the Chairman was proposed by Surgeon-General Babbie, V.C., C.B., and that to the guests acknowledged by Dr. George Ogilvie. The dinner was well attended, and in the course of the evening it was mentioned that the club now numbers 357 members.

THE members of the Aberdeen University Club, London, held their half-yearly dinner on May 21st. Dr. W. J. R. Simpson, Professor of Hygiene in King's College, London, was the chairman. Among those present were: Surgeon-General Sir James Porter, Sir Henry Craik, M.P.; Sir Robert Burnet, Sir James Mackenzie Davidson, Dr. James Taylor, Professor Ashley W. Mackintosh, Mr. James Cantlie; Sir William Ramsay, Dr. James Galloway, and Sir John Collie and Mr. W. Hall Barron (joint secretaries). The Chairman, in proposing "The University and the University Club," mentioned that he graduated thirty-seven years ago. The professors who impressed him most were Struthers, Pirie, and Brazier. He believed there never would have been a Sir Patrick Manson if it had not been for the zoology professor in Aberdeen. Sir Patrick Manson's monumental work on the development of filaria in the mosquito, and his deduction from this as to what occurred in the mosquito in malaria, had, with Sir Ronald

Ross's discovery of the correctness of his deduction, established a new era in tropical medicine and sanitation. Manson's work ranked with that of Pasteur and Koch. He went on to say that he had been in many lands, and everywhere he had found Aberdeen graduates in prominent positions, except in West Africa where Scotsmen were scarce, for the reason, he had heard, that the pay was not enough for an Aberdonian. He believed that was being altered now. Professor Mackintosh proposed "The Guests," and Sir William Ramsay responded. Mr. Cantlie, in proposing the toast of "The Chairman," said that as Manson was the father of tropical medicine, Professor Simpson was the father of tropical hygiene. Professor Simpson feelingly expressed his thanks.

THE Imperial Services Exhibition at Earl's Court, which was opened by the Duke of Connaught on Saturday, May 31st, affords a good opportunity for the general public to gain some insight into the different phases of life in the British Navy and Army, and incidentally proves with what care the health and well-being of the sailor and soldier are now guarded, both in peace and in war. A life-size model of the after-part of H.M.S. *Lion* enables the visitor to realize the surroundings in which the officers and crew of a modern battle cruiser live; the sick bay, with its spotless cots and big bath, presents a very attractive appearance. Close by is a miniature wireless telegraphy station, from which it is possible to transmit messages to the other side of the grounds, where an entrenched camp, blockhouse, and armoured train show how an invading army endeavours to protect itself from sudden onslaught and night attacks. In the Red Cross enclosure is a field hospital and a fully equipped hospital train, with medical officer, orderly, and nurses in attendance, whilst a number of Major Richardson's sentry and ambulance dogs are on view close at hand. A very large number of valuable curios, pictures, and trophies, including a collection of antique weapons from the Tower of London, are to be seen in the different buildings in the grounds; whilst, later on, it is hoped that the relics of the Scott expedition will be deposited for a time in the Prince's Hall. To the majority of visitors, however, the principal feature of the exhibition will be the magnificent spectacle of naval and aerial warfare in the Empress Hall, in which may be seen the bombardment of a town by a British fleet, every vessel of which is a replica of one of a battleship or cruiser now in commission. This interesting exhibition, which is one of the most attractive held at Earl's Court of recent years, has been organized and carried out by naval and military experts under the auspices of the Admiralty and the War Office, and the money taken at the gates is to be used entirely for the benefit of the sailors and soldiers of the United Kingdom.

THE annual meeting of the Asylum Workers' Association was held at the house of the Medical Society of London, W., on May 28th, under the presidency of Sir John Jardine, K.C.I.E., M.P. The annual report, presented by the Honorary Secretary (Dr. G. E. Shuttleworth), showed some falling off of ordinary membership for 1912, which was attributed to an active trade union propaganda in asylums, but the finances continued sound, and much useful work had been carried on by the Central Executive Committee for the benefit of asylum staffs throughout the United Kingdom. Sir John Jardine, in moving the adoption of the report, referred to the bill he had recently re-introduced for extending the benefits of the Asylum Officers' Superannuation Act of 1909 so as to allow female officers and nurses to retire on pension after twenty-five years' service, independent of age, and men in charge of patients after the same period, if 50 years of age. Some concessions were also asked with regard to giving asylum committees power to award gratuities to the dependants of those dying in active service, and to those incapacitated for further service, though short of the pension age, by illnesses (for example, colitis), as well as by injuries, clearly attributable to asylum duties. Provision was also made for reckoning for pension service in Scottish parochial asylums, and for a wider definition of "established officer or servant," with power of appeal to the Lunacy Commissioners in cases of dispute. Sir John Jardine trusted that, considering the arduous lives of workers amongst the insane, these moderate demands would not be opposed by a Liberal Government. The adoption of the report was seconded by Dr. Campbell (of Larbert Asylum), supported by Dr. Drapes (of the Ennis-corthy Asylum) and Dr. Stewart (late of Dunmurry), and unanimously agreed to. Sir John Jardine was reappointed President for the ensuing year, and the executive committee and officers were elected. A resolution in support of Sir John Jardine's Asylum Officers' Superannuation Amendment Bill was enthusiastically carried.