

mouth, curving upwards in front of the ear and behind it to the mastoid process. There was some oedema of the cheek above the hard area.

An examination of the pus showed a growth of *Staphylococcus aureus* only. It also contained blood and granular matter. An autogenous vaccine was prepared and a course of injections was given, beginning on June 20th, rising gradually to a dose of 1,200 millions, but with practically no effect. There was considerable difficulty in feeding the patient for the eight months during which the jaws were closed, since there were hardly any gaps in the teeth; he had to be content with thick soups, grated kidney, farinaceous food, and milk. During November and December slight pain from a dental nerve or the ear was complained of; it was relieved by gelsemium and phenacetin.

Towards the beginning of 1913 the indurated and thickened area began to grow smaller, the secondary oedema diminished, and the sinuses were less active. The general health improved, and after the middle of February the mouth at times opened for half an inch, but fresh nodes appeared from time to time and discharged, causing the jaws to close for a while. It may be noticed that there was no pyrexia throughout and little or no odour from the pus.

By August nearly all the thickening deformity and scars had passed away and the skin was of nearly normal appearance, except for a very small patch of induration about the ramus of the lower jaw, and occasionally a trifling discharge from one or two minute sinuses. The mouth could generally be opened for an inch or more, and the patient gained weight and appeared in vigorous health. By November there were few traces of the phlegmon left. It had lasted about nineteen months, had caused practically no pain or constitutional disturbance, and, except for the absence of definite glandular enlargement, closely resembled some forms of malignant growth.

LITERATURE.

Reclus, Des phlegmons ligneux, *Gaz. d. Hôp.*, No. 88, 1893, p. 833.
Leonard Freeman, *Keen's System of Surgery*, vol. i, p. 262. (C. A. Powers *Journ. Amer. Med. Assoc.*, lvii, July 29th, 1911) gives a bibliography of the earlier cases.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

ANAPHYLAXIS.

IN the *JOURNAL* of November 22nd, 1913, Dr. E. W. Goodall says that he is not sure that any article of diet except mussels, crabs, strawberries, or raspberries is capable of producing anaphylaxis. Recently I had a case remarkably like anaphylaxis produced by dried milk in the form of powder. The patient, a widow aged 76, had never been able to take cow's milk in any form without feeling ill, and in her early days had been brought up on goat's milk, which suited her quite well. I suggested she might try milk in the form of a dry powder. About 9 p.m. she took two tablespoonfuls in a glass of water. In a few seconds she had intense flushing of the face and a most severe headache, and also strong colicky pains in the stomach; at the same time breathing became difficult, and she felt very ill. The gastric pains lasted three hours, the headache one hour severely, but less intense all night. At 11 a.m. next day patches of congestion were still visible on the face. Surely this was a case of anaphylaxis; the symptoms came on too rapidly for the powder to have acted as an irritant poison, besides which there was no vomiting and no diarrhoea.

London, N.

R. BROADBENT, M.D.

AN UNUSUAL CONDITION OF THE APPENDICES
EPIPLOICAE OF THE PELVIC COLON.

A WOMAN aged 68 was admitted to the Royal Infirmary, Derby, with symptoms of intestinal obstruction. She had been treated for an attack of gall-stone colic and obstructive jaundice by Dr. Moon, who suggested that the intestinal obstruction was due to a gall stone impacted in the ileo-caecal valve.

An exploratory laparotomy proved this diagnosis to be entirely correct, a large single unfaceted gall stone being found in the ileum just above the ileo-caecal valve. It was evident that the stone had travelled down to the valve, but was unable to pass through on account of its

size. It was interesting to note that the stone evidently moved backwards and forwards in the ileum for a distance of about 4 in. from the valve. The stone was removed by a linear incision, and the intestine closed.

Whilst exploring the rest of the abdomen for any more possible gall stones, I found two hard nodules in the pelvic colon. This was brought to the surface for examination, when it was seen that the two nodules were attached to the side of the pelvic colon away from its mesentery in line with the appendices epiploicae, which were particularly well marked. The nodules were very hard, were beneath the serous coat, and blackish in colour. The exposed portion of the bowel was carefully packed off from the rest of the abdomen by means of sterile gauze, and the peritoneum over the nodule incised. A hard faecal concretion of the size of a large pea was obtained, but no communication with the bowel could be made out. The incision was, however, carefully sutured. The other nodule proved to be exactly similar.

I have not come across the same condition before, nor have I seen any description of such a formation. My explanation of the presence of these nodules is as follows: Appendices epiploicae are practically small subserous lipomata, and it is conceivable that in an atonic intestine a small hernial protrusion of the mucous membrane lining the intestine might project between the fibres of the muscular coat. Faecal matter could find its way into such a hernial protrusion, and becoming desiccated would form a concretion. Owing to the peristaltic movements of the intestine and the presence of the concretion, the narrow neck of the hernial protrusion might tend to become a pedicle, and ultimately get completely shut off from the lumen of the intestine.

The patient made an uninterrupted recovery. She volunteers the statement that before operation she had been unable to lie on her left side for some years, owing to pain in the left iliac fossa, but that now she could do so without discomfort. It is possible that the traction of the nodules may have had something to do with this symptom.

FRANCIS L. A. GREAVES, F.R.C.S.,
Surgeon to the Derbyshire Royal Infirmary.

SURGICAL EMPHYSEMA FOLLOWING OPERATION
IN THE TRENDLENBURG POSITION.

Mrs. X. was admitted to the Florence Nightingale Hospital suffering from chronic inflammation of the right ovary and tube. She was operated upon, and the ovary, tube, and appendix were removed, as well as two small subserous myomata of the uterus.

The operation was performed in the usual Trendelenburg position, the wound being sutured before the table was lowered. After the operation she suffered from rather severe post-anaesthetic vomiting, but made a good recovery. On the sixth day after the operation the patient called attention to a movable swelling in the right thigh, which was found to be due to surgical emphysema, following the course of the femoral vessels and reaching down to the middle of the thigh. On removing the dressings on the eighth day in order to take out the stitches it was evident that there was emphysema all over the abdomen. The condition cleared up in about a week.

What had apparently happened was that air had been left inside the peritoneal cavity, and, the peritoneum not being sufficiently closely sutured, had escaped during the vomiting efforts into the cellular spaces deep to the transversalis fascia, and thence had forced its way down into the thigh through the femoral sheath. The condition is not unimportant, as it might have led to strangulated hernia or other mischief.

The lesson to be learnt is that in operations in the Trendelenburg position the table should be lowered before the peritoneum is sewn up, so that air may be displaced out of the peritoneal cavity and the omentum may be rearranged in its proper position, precautions which I think are usually neglected. Correspondingly, at the commencement of the operation, it is of advantage to have the patient in the Trendelenburg position before the abdomen is opened, as otherwise air gets access to the subdiaphragmatic region and the intestines do not retract properly into the upper abdomen. This precaution is, however, more generally adopted.

KENNETH A. LEES, M.B., B.C. Cantab.,
F.R.C.S. Eng.
London, W.

metre, then the number of 0's in the dose represents the number on the bottle to be used, and the succeeding numeral or numerals the quantity to be taken from it. For example:

.0004 c.cm. T.R. = .4 c.cm. (4 divisions of syringe) of T.R. III.
.015 c.cm. T.R. = .15 c.cm. (1½ divisions of syringe) of T.R. I.

—I am, etc.,

Pontefract, Dec. 21st, 1913.

DUDLEY MACKENZIE.

Public Health.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

City of Sheffield.—The estimated population of the city of Sheffield at the middle of 1912 was 466,408. The birth-rate for 1912 was 27.7 per 1,000 and the death-rate from all causes 14.3 per 1,000. The infant mortality-rate was 106 per 1,000 births. The medical officer of health, Dr. Harold Scurfield, states that the scheme for dealing with tuberculosis in Sheffield is developing satisfactorily. There are available at the two corporation hospitals 150 beds for cases of tuberculosis of the lungs, and a residential school for 40 tuberculous children will soon be in use. At the corporation dispensary tuberculin is being extensively used. For a hopeful case the ordinary procedure is for the patient to have about six weeks' indoor treatment at one of the hospitals, during which time tuberculin is probably begun. After discharge from the hospital attendance is continued at the dispensary for nine or twelve months while the course of tuberculin is completed. Dr. Scurfield states that so far as can at present be judged the results obtained by a short period of sanatorium treatment, followed by a prolonged out-patient course of tuberculin, are better than those formerly obtained by a prolonged course of sanatorium treatment alone. The veterinary surgeons employed by the corporation found during the year eighteen cows with tuberculous udders in the Sheffield cowsheds. An unusual case of adulteration was dealt with satisfactorily. A man was found to be selling to small shopkeepers pepper which he had previously mixed with ground rice. He was prosecuted for obtaining money by false pretences, and sentenced to four months' imprisonment with hard labour.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Degrees.

THE following degrees have been conferred:

D.M.—H. G. Butterfield, A. F. S. Sladden, L. J. Burra, E. P. Poulton, M. B. Baines, A. J. Jex-Blake.
B.M., B.Ch.—G. T. Hebert, J. A. G. Sparrow, A. H. Southam, R. O. Ward, J. F. Venables.

Examinations.

The following candidates have been approved at the examinations indicated:

FIRST M.B.—*Organic Chemistry*: I. H. Beattie, A. J. I. Donald, R. H. Freeman, C. K. J. Hamilton, J. T. S. Hoey, A. H. Macfarlane, R. L. H. Nunn, T. Patterson, G. H. F. Power, G. H. Rosedale, A. L. B. Stevens. *Human Anatomy and Human Physiology*: C. J. A. Buckell, J. C. Dixey, J. W. Horan, H. S. Jeffries, J. C. Paterson, C. H. Terry.

SECOND M.B.—*Materia Medica and Pharmacology*: H. E. Bamber, B. A. Bull, J. J. Conybeare, K. M. Dyott, A. G. East, V. T. Ellwood, F. C. Gladstone, O. H. Gotch, T. E. Micklem, T. S. Nelson, H. M. Oddy, O. G. Parry-Jones, O. B. Pratt, A. B. Thompson, S. W. F. Underhill, H. St. H. Vertue. *Pathology*: W. T. Collier, C. Dean, J. A. G. Sparrow, C. W. Wheeler-Bennett. *Forensic Medicine and Public Health*: A. C. Ballance, J. D. Batt, E. W. Carrington, C. Dean, A. W. Dennis, R. S. A. Heathcote, G. T. Hebert, A. B. Thompson, J. F. Venables, W. W. Waller, R. O. Ward. *Medicine, Surgery, and Midwifery*: A. C. Ballance, E. W. Carrington, R. S. A. Heathcote, G. T. Hebert, E. W. N. Hobhouse, A. H. Southam, J. A. G. Sparrow, W. W. Waller, C. W. Wheeler-Bennett.

D.P.H.—*Part I*: E. G. Brander, C. H. Browning, N. A. Coward, W. Gilmour, C. B. Gratte, F. R. M. Heggs, H. L. Hopkins, F. T. H. Lea, T. J. Mackie, A. B. Mitchell, J. Powell, E. L. N. Rhodes, H. W. White, J. H. Wood. *Part II*: C. H. Browning, R. H. Deans, E. T. H. Lea, T. J. Mackie, H. K. Ward.

UNIVERSITY OF EDINBURGH.

The Winter Graduation Ceremony.

As Sir William Turner pointed out in his address to the graduates in medicine on December 17th, 1913, the winter graduation ceremony has for some years been assuming larger proportions, and is now a regular part of the academic work of the University of Edinburgh. On the present occasion the graduates numbered 109, there being 18 Doctors of Medicine, 87 Bachelors of Medicine and Surgery, 1 Doctor of Science, and 3 Bachelors of Science. The list included graduates of both sexes, and there were representatives not only from the British Isles and from other parts of the empire (notably India, Africa, Australia, and the West Indies), but also from the Continent of Europe.

The medical degrees granted were as follows:

M.D.—N. H. Bolton, C. J. G. Bourhill, G. L. Brunton, G. C. Burgess, A. C. Court, G. F. Fismar, J. Hewat, J. P. Litt, W. Macdonald, N. D. Mackay, J. S. Manson, E. A. Milner, A. E. Moore, T. P. Noble, A. Z. Phillips, J. Robinson, W. S. Thomson, H. B. Watson.

* Highly commended for thesis. † Commended for thesis.

M.B. Ch.B.—E. Allan, G. A. M. Anderson, S. Arnott, Vera N. Boline, G. A. Borthwick, H. Boyle, W. T. Brown, J. W. K. Bruce, J. V. Buchanan, J. R. Bulman, W. S. H. Campbell, J. W. Cannon, P. A. B. Clark, J. B. Cook, G. Cromie, J. B. Cunningham, May F. W. Davidson, W. Duguid, W. B. H. Dundee, B. V. Dunn, J. M. Elliot, A. Eprile, D. Gilmour, C. Gordon, G. R. Grant, D. A. R. Haddon, Julia V. Henslow, H. C. Hinwood, J. H. G. Hunter, R. C. Irvine, Jamal-ud-din (India), F. N. Johns, R. W. R. Jones, Margretta J. Keers, D. Kerr, J. L. C. Lagois, W. A. Lethem, E. Llewellyn, J. M'alg, J. N. M'Intosh, Bessie R. Mackenzie, H. A. Macmillan, Rosanna E. Macmillan, G. M'Neil, D. M'Vicker, J. T. H. Madill, A. C. Mann, J. R. Menzies, Samarandra Lal Mitra, Sarat C. Mitra, J. B. Milton, H. M. Moir, S. R. Moll, A. J. M'C. Morrison, A. E. Murel, B. P. B. Naidu, R. H. H. Newton, K. P. Panikkar, A. E. S. P. Pattison, Margrethe Pflim, E. G. C. Price, J. K. Reid, M. J. Da Rocha, J. A. N. Scott, E. A. Seagar, J. Sircar, J. H. Smith, V. R. Smith, R. A. Stark, R. J. Tait, J. S. Tomb, J. Z. Truter, Mary B. Walker, J. H. Ward, J. H. D. Watson, W. N. Watson, W. G. Wyllie.

B.Sc. IN PUBLIC HEALTH.—W. Campbell, A. M. V. Hesterlow.
DIP. TROP. MED. AND HYG.—A. M. V. Hesterlow.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia was held on Monday, December 22nd, 1913, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

Communications.

The following communications were received: (1) From the Secretary of the Royal College of Surgeons of England dated respectively November 13th and December 15th, reporting proceedings of the Council of that College on those days. (2) From the Secretary of the Royal Sanitary Institute, dated November 25th, inviting the College to appoint delegates to their congress, which is to be held in Blackpool in July next. It was resolved that it should be left to the President to appoint delegates at a later date. (3) From the Chairman of the Royal Commission on Venereal Diseases, dated December, 1913, asking suggestions as to suitable witnesses to be called, especially respecting the more indirect effects of syphilis in producing organic disease, and upon the subject of remedial measures. The President was requested to nominate Fellows as witnesses. (4) From Mr. A. M. Burke, dated December 6th, asking permission to photograph the portrait of Sir Thomas Mollington. The request was granted.

Reports.

A report was received from the representative of the College upon the General Medical Council (Dr. Norman Moore).

A report was received and adopted from the Committee of Management, dated December 16th, 1913, stating that it had considered a recommendation of the Examiners for the Diploma in the Diseases and Hygiene of the Tropics, that the examination be divided into two parts, and as the committee was of the opinion that it was desirable to adopt this proposal, it recommended that the following new clauses be substituted for Clauses I to III of the existing regulations, namely:

I. The examinations will be held in the months of April and July.

II. The examination will consist of two parts.

Part I will comprise—(a) written questions, (b) oral questions, and (c) practical laboratory work in the following subjects: Pathology and haematology, bacteriology, general parasitology, and protozoology.

Part II will comprise—(a) written questions, (b) oral questions, and (c) clinical and laboratory work in tropical diseases and hygiene. This will include helminthology, protozoology, zoology and entomology in their relations to clinical medicine.

III. The fee for admission to Part I is £5 5s., and the fee for admission to Part II is £4 4s.

IV. Candidates may enter for Parts I and II separately or together, but they will not be allowed to proceed to Part II until they have passed Part I.

The committee also recommend that the following institutions should be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics, namely: St. Chad's College, Denstone; Bournemouth Municipal College; Bournemouth School. Both recommendations were adopted.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following candidates have been admitted to the Fellowship:

J. B. Banister, E. E. Brown, N. H. Bye, H. P. Costobadie, F. J. Coutts, A. Dickson, C. C. Elliott, J. C. B. Grant, N. W. Mackworth, C. T. Moller, S. Mort, F. C. Pridham, A. H. Seelenmeyer, R. E. Smith, J. Tennant, H. W. Webb.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—J. Cusack, L. Finnegan, P. J. Flood, W. F. Moorhead, W. H. Pierce, W. H. Sexton.

SECOND COLLEGE.—D. Boland, D. L. Crowe, E. M. T. Crymble, T. Curran, R. D'Alton, Miss E. M. Lloyd-Dodd, E. C. H. Ewart, D. C. Kelleher, D. L. Kelly, J. R. Little, E. T. McElligott, M. E. Murphy, P. O'Connell, I. I. Sharpe, G. C. L. Woodroffe, J. Young.

THIRD COLLEGE.—R. M. Alcorn, S. Brown, S. J. M. Cairns, W. J. Dunlop, J. C. Ferguson, C. E. H. Gater, J. J. Gray, D. Kelly, J. Magner, W. G. D. McCall, F. R. H. Mollan, P. J. Murphy, J. A. Musgrave, J. O'Brien, P. J. D. O'Malley, Miss M. F. R. Welby, H. J. Villiers.

FINAL.—R. J. Aherne, W. K. Carow, J. Crowley, J. P. Fitzpatrick, J. J. Keams, P. Loy, B. Malaher, S. D. G. McEntire, D. Murphy, J. V. Ryan, P. Rowan, J. Sandys, C. R. Wallace, R. A. Wright, D.P.H.—H. H. Scott, G. E. Beggs, Jennette C. Hargrave, C. C. Iles.

* Passed with Honours.

LONDON SCHOOL OF TROPICAL MEDICINE.

The following candidates were approved at the examination held at the end of the forty-third session:

*†W. H. Kauntze, *†A. R. Paterson, *†M. F. Reaney, D. T. Mitchell, †B. F. Steel, †A. S. Burgess, †D. L. Graham, J. R. Ridlon, †R. Drummond, †T. P. Fraser, E. H. Griffin, R. G. Perkins, †C. R. Bakhle, H. W. Furnival, J. K. A. Hofmeyr, †P. A. Clearkin, †E. J. H. Garstin, A. I. Jackson, K. Ghosh, †L. R. Sharples, Miss J. Crozier, C. R. Avari, I. G. Fink, W. E. Masters, †R. G. Ball, Miss M. I. Balfour, J. R. Dodd, †G. V. Fiddian, C. S. Harwood, S. Shephard, B. Sefton, D. S. Bryan-Brown, I. M. Bisvas, C. B. Mack, †J. Atkinson, E. B. Pearson.

* Passed with distinction. † Colonial Service.
† Indian Medical Service.

Medico-Legal.

INTERPRETATION OF AN AGREEMENT.

Eastes v. Russ.

At page 1252 of the JOURNAL of June 7th, 1913, an account was published of an action in which Dr. G. L. Eastes charged Dr. Charles Russ with a breach of an agreement under which he had formerly assisted Dr. Eastes in the conduct of his clinical research laboratory. No formal contract of service had been signed by the parties, but a statement of the conditions of his employment had been handed to the defendant by the plaintiff, and it was agreed by both parties that the rights of either should be judged by its contents. One of the conditions was that the defendant should not take part in the conduct of any other clinical research laboratory within ten miles of the plaintiff's laboratory. The clause formulating this stipulation did not state whether it related merely to the term of the defendant's employment by the plaintiff or to his whole life, and mainly on the ground that all the other conditions obviously related solely to the former period, Mr. Justice Sargant, who tried the case, ruled that this particular condition could not be held to debar the defendant permanently from practising his speciality within the prescribed area. Hence he gave judgement for the defendant with costs. On December 19th the same case was considered by the Court of Appeal, the judgement of the lower court being upheld by a majority. Two of the judges took the view that though the intention of the agreement was that the restriction should be for life, the appeal should be dismissed because the interests of the public had to be considered in such cases, and it was neither necessary nor reasonable to exclude all competition on the part of the respondent. The third judge held that the life-long duration of the restraint was not unnecessarily great in the circumstances, nor the area of restriction unreasonably wide.

Obituary.

JOHN HENRY BROWN, M.D.,
SHEFFIELD.

We regret to announce the death of Dr. John Henry Brown of Sheffield, which took place on December 12th, after a long illness at the comparatively early age of 54 years. A native of Whitby, he received his medical education at the University of Edinburgh, of which he was a graduate. After holding resident hospital appointments in the Manchester Royal Infirmary and elsewhere, he commenced practice in Sheffield. From the first he made his mark, and for many years he conducted one of the largest practices in the city. While a good all-round man, he took special interest in gynaecology, and was a frequent visitor at the meetings of the Gynaecological Society. When the British Medical Association met in Sheffield in 1908 he was elected a vice-president of the Section of Gynaecology.

He was much beloved by his patients, who recognized under an exterior which at times could be stern enough, a generous and sympathetic nature, a clever doctor, and a loyal friend.

Possessed of extraordinary energy he did everything that he undertook with all his might. This strenuousness he

maintained even in his games and holidays, and it is too probable that the high pressure at which he constantly worked brought on arterial sclerosis, which was the cause of his death. For many years he hunted regularly with the Fitzwilliam hounds, commencing his professional rounds at a very early hour in the morning in order that he might snatch half a day for his favourite sport.

He married Miss Allott of Barnsley, who, with two sons and a daughter, survive him. We join with a large circle of his friends, among whom are many fellow practitioners, in offering our sympathy to his bereaved family.

J. G. DURRAN, M.B., C.M. ABERD.,

LEIGHTON BUZZARD.

THE sudden death of Dr. John George Durran, of Leighton Buzzard, at the early age of 55, came as a shock to his friends, and removes from the medical profession of the locality one whom it could ill afford to lose. He was taken ill on December 4th, 1913, with influenza, and died of heart failure on December 8th.

He was born at Bower, Caithness, and was the son of the Free Church minister of the parish. He was educated at the Glasgow High School and at Aberdeen University, where he took the degrees of M.B., C.M. He practised for some years at Kirriemuir, Forfarshire, and married in 1898 the daughter of the Town Clerk. He leaves a widow and a family of six children, the eldest being only 14 years old. He went to Leighton Buzzard eleven years ago, and was in partnership with the late Dr. Stedman, and recently with his son, Dr. Percy Stedman.

He was a man of deep religious convictions, and was appointed a lay reader by the Bishop of Oxford some time ago. He was also a member of the Church of England Missionary Society.

His connexion with the British Medical Association began about six years ago, when he took an active part in the formation of the Bucks Division. He represented the Division on the Branch Council of the South Midland Branch for some time. On the introduction of the Insurance Act he at once came to the front as a strong opponent, and he was proposed by the Division as a member of the Central Council of the Association, and elected in 1912. He attended all the numerous meetings of the Division during that eventful year and impressed the members by his eloquence and earnestness. He acted as Representative for the Division at the meeting in December, 1912, and in support of Dr. Todd's amendment made a powerful speech, which was listened to by the meeting without interruption. He had the foresight to see that resistance was impossible all over the country, and that it was best to allow each locality to act as it wished. He foresaw what would occur, and that there would be large numbers who would join the panels in spite of the majority voting against it.

For some years past Dr. ORPHOOT has not been the familiar figure on the streets of the New Town of Edinburgh that he was in the 'seventies and 'eighties of the last century, for he had retired from practice as a dentist and had gone to reside at Greenhythe, North Berwick. It was there that he died on December 17th, 1913, and his funeral, to the North Berwick cemetery, took place on Saturday, the 20th. He was in his eighty seventh year, and is survived by a widow and a family. He and his brother (Sheriff Orphoot) were the sons of Mr. John Orphoot, a printer in Edinburgh. He received his education partly at Carentan in France and partly at Edinburgh, and he graduated M.D. in the University of Edinburgh in 1852. He had a large and good class practice as a surgeon-dentist, his house being not far from the west end of George Street, in the days when that street was a favourite residential centre for both doctors and dentists. His memories went back to the time of the death of William IV, an event which he used to tell he heard shouted across the water from a passing ship as he was travelling by sea to London.

DR. KENNETH McADAM, of Oamaru, New Zealand, died on October 29th at the early age of 43. He was born in Glasgow, and as a child left his native land with his parents, who settled in Dunedin. There he spent his youth.

Having completed his education at the Otago High School, he passed the matriculation examination of the University of New Zealand, and entered Otago University as a student of medicine in 1888. He passed through the five years' curriculum with distinction, and graduated M.B., C.M. in 1893. After graduation he was appointed junior house-surgeon to Dunedin Hospital. He held that post for one year, when he became senior house-surgeon; that appointment he also held for a year. Leaving Dunedin Hospital Dr. McAdam paid a visit to London, where he worked for more than a year at St. Bartholomew's Hospital. During that period he obtained the diplomas of M.R.C.S. and L.R.C.P. On his return to New Zealand he settled in private practice in Oamaru. Among other appointments he was surgeon to Oamaru Hospital. He was known not only as a medical man, but as an earnest public worker. He was a Borough Councillor for eight years, and was Mayor of Oamaru for two years in succession. Besides municipal affairs, he interested himself in ambulance work, volunteering, and other public services. Nearly three years ago it became clear that his health was failing, and although he manfully continued his work to the last, he was well aware that his time was short. He was buried in the Oamaru Cemetery on October 31st; his funeral was attended by a large number of people. Dr. McAdam leaves a widow and three daughters.

COLONEL J. H. NEWMAN, who recently died at his residence, Coolatta, Killinardrish, County Cork, was a distinguished officer of the Indian Medical Service. He studied medicine in the Queen's College, Cork, and took the degrees in medicine and surgery of the Queen's University in 1865. In 1867 he entered the Indian Medical Service, and took part in the Abyssinian campaign of 1868; in 1878 he went through the Afghan war. He received the medals for both these campaigns. The greater part of his service was passed in Rajputana. He was civil surgeon of Ajmere from 1879 to 1892, and occasionally filled temporary posts in higher offices elsewhere. In 1895 he became principal medical officer, and in this year was appointed inspector-general of hospitals in Bengal, and also administrative medical officer and sanitary commissioner for the Central Provinces. Before his retirement in 1900 he held the same position in the Punjab. Colonel Newman had a wide reputation in his profession and was beloved by his patients, who had absolute confidence in him. With many accomplishments, a keen all-round sportsman, a reliable friend in difficulty or emergency, "Jack" Newman was popular and beloved wherever he went.

BRIGADE SURGEON EDWARD FOOTNER, Army Medical Department (retired), died by drowning at Southchurch on December 12th, his body being found on the beach there the following day. He was educated at St. Thomas's Hospital, took the diplomas of M.R.C.S. and L.S.A. in 1858, and entered the A.M.D. as assistant surgeon on April 1st, 1861. He became surgeon, when the rank of assistant surgeon was abolished, on March 1st, 1873, and Surgeon-Major a month later, on completion of twelve years' service, retiring with a step of honorary rank on October 27th, 1882. He took the degree of M.B. at Aberdeen in 1872, and those of M.D. and C.M. in 1884, after retiring from the service. He served in the Afghan war of 1878-80, took part in the march from Kandahar to Kabul under Sir Donald Stewart, and was present in the actions at Ahmad Khel and Arzu, receiving the Afghan medal with a clasp.

Medical News.

A LEAGUE for the suppression of venereal diseases has been formed at Moscow.

THE late Dr. John Thomas Hartill, for many years medical officer of health for Lillenhall, left estate of the gross value of £14,052, of which £6,651 is net personalty.

THE second portion of the course of lectures at the London Hospital Medical College, on neuroses and psychoses of children, by Dr. Francis Warner, will com-

mence on Monday, January 12th, at 4 15 p.m., and will be continued on following Mondays at the same hour.

DR. J. JOHNSTON of Bolton has been made an Honorary Associate of the Order of St. John of Jerusalem in England in recognition of twenty-five years' service in the ambulance and other voluntary causes for the alleviation of pain and suffering. The appointment has been approved by the King.

THE Council of the County Borough of St. Helens has recently established a completely equipped school clinic for the treatment of ear, throat, and eye defects, and minor ailments. An x-ray apparatus has also been provided for the treatment of ringworm and the diagnosis of pulmonary tuberculosis. In the same building, but completely separated from the school clinic, is a tuberculosis dispensary, provided with consulting, waiting, and dressing rooms, and a small laboratory for the examination of specimens. A sanatorium to provide accommodation for about sixty cases of phthisis will be opened in the course of a few weeks.

M. CAZENEUVE, representative of the Rhône Department in the French Senate, has brought in a bill providing for the adoption of measures directed to the prevention of abortion and the suppression of the anticonceptional propaganda. Private lying-in homes are to be organized and the conditions of their authorization and supervision are laid down. Instigation to the production of abortion and the publication of books or other writings the purpose of which is to incite to preventive practices are severely penalized. The bill, says M. Cazeneuve, is intended to remedy a grave evil from which France, attacked in its very sources of life by failure of natality, is suffering. Foreign nations have passed severe measures against a propaganda which, under the mask of science, strikes at the constitution of the family, and France, he holds, can not maintain an attitude of indifference in regard to the criminal practices which tend to become general, especially in large towns.

CAESAREAN section is becoming generalized with remarkable rapidity, and since the copious tables of cases in the United Kingdom alone were issued by Dr. Amand Routh only two years ago, many more instances of repeated operations on the same subject have been reported. It is natural that sterilization should be thought advisable by both operator and patient. Ligation of the Fallopian tubes has been tried but in some instances has failed, and in consequence more radical measures have been adopted. Resection of the middle of the Fallopian tubes is insufficient, and several instances of pregnancy after this have been known. The permeability of the canal of the proximal stump is recovered, and its free end becomes a true ostium. Hence Braux buries the ostia of the tubes under the peritoneum, Buhl pulls them into the vagina and fixes the infundibula there, Menge cuts off the ostia and turns the ends of the tubes into the inguinal canals, and Frankel amputates the tubes entire, with a wedge-shaped piece of the cornua of the uterus. Dr. Plancheu of Lyons (*Bulletin de la Soc. d'Obstét. et de Gynéc. de Paris*, 1913, p. 479), after enumerating these methods, concludes that only the more complex and extensive operations can ensure the object in view. He records a most instructive instance of failure in his own practice. In January, 1911, he performed a third Caesarean section on a woman the subject of extreme pelvic contraction. He tied each Fallopian tube with a stout silk ligature but did not resect any portion of them. In August, 1912, Professor Delore operated on the patient for incisional hernia, removing at the same time one ovary with its tube. Dr. Delore searched for the two ligatures but could find no trace of them. The tube was completely divided at the seat of ligation, and the stumps formed hernial projections under the peritoneum—that is, under the mesosalpinx reflected over the upper border of the tube. A fine probe passed through the ostium reached the seat of section but could not be passed through it, and in the cicatricial tissue developed on the peritoneum and the stump of the proximal end of the tube no trace of any aperture could be detected. Thus simple ligation of the Fallopian tube may cause complete division, and the tube may fail to recover its permeability. Such was the case with one of the tubes in this instance, and Dr. Delore declared that the tube he did not remove presented the same appearances, having parted into two pieces at the point of section. Then followed a remarkable after-history. Two months after Dr. Delore's operation for the incisional hernia the patient became pregnant once more! The proximal end of the stump must have become patent.