

This is an interesting fact, and shows clearly that to support the uterus by a suspending or fixation operation is merely to deal with a result of the stasis, and can only in these cases afford partial relief.

This position of retroversion is frequently associated with a chronic backache, the uterus falling backwards, the venous return along the vessels in the base of the broad ligaments is partially obstructed, and this leads to a continual congestion of that organ, with the result that a bulky uterus is produced and a condition of endometritis is brought about.

Retroflexion of the uterus is closely connected with this problem, and the constant straining during defaecation in a constipated individual whose involuntary muscle shares in the general degeneration of the entire voluntary and involuntary muscular systems must result in a bending back of the uterus. This is accompanied by an obstructive type of dysmenorrhoea. The condition is usually regarded as of congenital origin, but I am convinced that a large number of cases are not congenital, but are produced in the manner described. I was asked once to see a young woman who showed very marked symptoms of intestinal stasis. She was extremely constipated, and an unaided action of the bowels was always associated with marked straining and frequently with distressing pain. On this occasion she had collapsed with sudden pain during defaecation. On examination an almost complete obstruction was offered, on the introduction of a finger into the rectum, by a very tender lump that was quite fixed in the pelvis. Under anaesthesia the lump was found to be a bulky and sharply retroflexed and retroverted uterus which when replaced showed no other abnormality. The history of this patient exhibited dysmenorrhoea of the obstructive type, which was becoming increasingly severe and incapacitating.

The degenerative changes that affect the body tissues do not spare the uterus. I have already mentioned several instances in which the various tissues are replaced by fibrous tissue as a result of absorption from the intestine secondary to stasis. A ready example is the degeneration of the heart muscle that Mackenzie has shown to be primarily due to intestinal stasis. In the uterus this replacement of the tissues by fibrous tissue gives rise to a definite variety of fibrotic uterus. This is one of the most distressing uterine conditions, as it occurs only too frequently in youngish women in whom all less active means fail completely to control the haemorrhage, and in the end hysterectomy has to be performed. In the cases of this kind in which I have recently been compelled to perform a hysterectomy I have observed that there has been no ileal kink, but a marked stasis of the simple type, a distended flabby caecum occupying the true pelvis with coils of the ileum and a large part of the transverse colon in a similarly unsatisfactory state. I do not, of course, wish to include in this particular group those cases which are clearly the result of an infection of the uterine cavity that has spread to and involved the deeper planes of that organ. On the other hand, we know that the general resistance to organisms is very definitely lowered in cases of stasis, and we see how intimately associated is the condition of intestinal stasis with the production of a fibrotic uterus.

It has only been possible for me to outline briefly some of the effects of intestinal stasis. If the interpretation of the fundamental facts on which this superstructure is raised be true, and I submit to you that the evidence is overwhelmingly in its favour, then we have indeed been pointed to the greatest truth of modern times. The opinion on this subject of those members of our profession whose attention has been attracted to it has undergone a very rapid change. Nothing can better illustrate this than the Address in Surgery delivered before the Annual Meeting of the British Medical Association at Brighton by Sir Berkeley Moynihan. This surgeon, whose experience and world-wide reputation compel us to admit the weight and importance of any of his observations, now refers to Lane's disease as a clinical entity. It is a subject whose importance is vast, and as we ponder over it, its limits extend and carry us a long step backwards as we probe into the ultimate cause of things. It seems to me that many of those who are engaged in the branch of surgery that particularly interests me localize their view-point as they localize their surgical procedures, and

are all too ready to exclude from their observations primary causes of pelvic conditions that are to be found in the intestines, which they exclude from the field of operation.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF BRONCHIAL ASTHMA ASSOCIATED WITH PREGNANCY TREATED BY HYPNOTISM.

A YOUNG married woman, aged 25, had suffered from recurrent attacks of typical bronchial asthma for two years, latterly as often as once a week. The usual remedies had been employed, but without permanent improvement. The attacks were excited by the most trivial circumstances, especially by windy or foggy weather, and household occupations such as "washing" and "dusting" were impossible. Even between the attacks there was constant dyspnoea, and the patient was never able to lie down flat at night. In addition she suffered from various nervous phobias, such as fear of being left alone, fear of going out alone or going upstairs in the dark. She was first seen by me some six months ago during an attack of bronchial asthma associated with the usual distressing symptoms. She was at that time six months pregnant, was very ill and anaemic, and suffering from chronic laryngitis. The attack was relieved by the usual remedies, and passed off after a few days. I then decided to try suggestive treatment. She proved readily susceptible to hypnosis at the first sitting. At the second sitting, two days later, there was complete muscular relaxation and amnesia during the "sleep." Positive suggestions that the attacks would be less violent and less frequent, and would finally cease altogether were given from the first. Some explanation was given of the processes involved, and the complete cessation of the attacks was emphasized more and more as the treatment progressed. At first sittings were given every two days, and later once a week. She has been entirely free from asthma since the first interview, and has remained so up to the present time. She can perform her household duties and go out in all weathers. She is able, moreover, to lie flat at night, and the dyspnoea has entirely disappeared. The confinement occurred at term, and passed off without incident.

Whatever views may be held as to the precise etiology of bronchial asthma there appears to be a consensus of opinion as to its neurotic basis, and it would seem, therefore, to be an affection in which suggestive therapy would be helpful. The rationale of the hypnotic method can be stated only in the most general terms. Whereas the medicinal and prophylactic treatment usually resolves itself into diminishing the sensitiveness of the bronchial mucosa and avoidance or removal of all known exciting causes, the treatment by hypnosis simply presupposes a psycho-motor mechanism and utilizes it in securing a specific effect. Admittedly empirical in its application it would appear to be justified of its results. A remarkable feature in the present case was the complete cessation of the asthma after the first sitting and the continued immunity even during pregnancy and the stress of parturition. It may be mentioned that she dreaded the advent of her confinement, and in view of her history and debilitated condition I hardly expected her to get through the ordeal without a relapse. With a view to diminishing the risk of this as far as possible suggestions were repeatedly given during the course of treatment that she would have no fear whatever of the approaching event, but would feel a perfect confidence when the time came.

Another point I should like to emphasize was the extraordinary susceptibility of the patient to hypnotic influence. . . . The mere suggestion that after all her case might prove amenable to treatment had an astonishingly tonic effect. She had no hesitation about the treatment, but simply placed herself in my hands to do as I wished, and I am convinced that this complete passivity was the main factor in her recovery.

J. E. MIDDLEMISS,
(Late) Assistant Medical Officer, Gartloch
Mental Hospital, N.B.

Leeds.

GLANDULAR FEVER.

GLANDULAR fever, as described in the JOURNAL of January 10th, p. 84, is by no means a rare disease. It is probable that most of the cases which occur pass unrecognized or are diagnosed as tonsillitis or tuberculosis.

I have had recently in a small area an epidemic of 30 cases in which the clinical features were unmistakable. The patients were all under 12 years old, and exhibited, with varying degrees of intensity, the same symptoms. These were: Enlarged glands in the neck, always at the angle of the jaw, and often in addition along the anterior and posterior borders of the sterno-mastoid. They were firm, slightly tender, and in some cases as large as an average-sized Tangerine orange; pyrexia ranging from 101° to 104°, usually lasting two or three days; and practically normal fauces. In a few cases the throat was slightly congested, but in none were there any signs of tonsillitis. The disease is apparently highly contagious, and in my series no child escaped who was brought into contact with an active case.

I had no opportunity of ascertaining the duration of the period of incubation or infectivity. Although the fever subsides in two or three days, the glands remain more or less enlarged for as many weeks. I have not met with a case in which the liver or spleen was enlarged, but one patient of the series developed haemorrhagic nephritis. It is possible that many of the cases of acute nephritis which occur in children, apart from those due to exposure or scarlet fever, are sequels to unrecognized attacks of glandular fever. Some of the cases had a systolic murmur, but I am convinced that this was only the murmur so often heard in children who are feverish.

A bacteriological examination of the throat in all cases might throw some light on the nature of the infection. In the only two I was able to examine I found merely the *Staphylococcus pyogenes aureus* and *albus* and a few streptococci.

My cases were treated with a calomel purge and small doses of sodium salicylate, followed by iron when the fever had subsided. They all made a good recovery.

Wanstead Park, Essex.

A. CAMPBELL STARK.

THE TECHNIQUE OF ARTIFICIAL PNEUMOTHORAX.

IN Dr. Egbert Morland's note, published in the JOURNAL of December 13th, 1913, he refers to the frequency with which pleural effusion occurs as a sequela of induced pneumothorax. Of 6 cases treated by this method at the Fazakerley Sanatorium, Liverpool, early in the past year, 5 now present evidence of considerable exudation. A larger number of patients similarly treated in the latter half of last year are as yet without marked effusion.

These facts support the view attributed by Dr. Morland to Professor Saugman, that effusion not uncommonly sets in more than six months after the commencement of treatment. The presence of fluid is probably a conservative and not undesirable factor, but its late onset in treatment by induced pneumothorax is somewhat odd. It would be interesting to know whether the phenomenon is of sufficient frequency in the experience of others to justify our regarding it as a probable late sequela in all cases.

Fazakerley Sanatorium, Liverpool.

C. RUNDLE.

A CASE OF CLEIDO-CRANIAL DYSOSTOSIS.

THIS condition, in which there is defective ossification of certain of the membranous bones, is rare, and another instance is worth adding to the small number on record.

The patient, a female infant, is now a fortnight old. It weighed at birth 7½ lb., and has since been losing weight steadily, being now just over 6 lb. The child seems of normal intelligence, and is the first of healthy parents; they know of no other case in either of their families.

The child's head seems large, the parietal eminences being particularly prominent. In front there is a wide gap between the frontal bones, as there is also in the position of the coronal suture; the posterior fontanelle extends almost over the back of the head, the ossification of the occipital bone being especially incomplete. The clavicles in this case seem normal, instead of being rudimentary or absent, as is usual. There is no other abnormality.

Swansea.

ALBAN EVANS, M.R.C.S., L.R.C.P.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

AT a meeting on January 12th, Sir DAVID FERRIER, President, in the chair, Dr. W. D'ESTE EMERY, in a paper on the *Pathology of syphilis*, said that he regarded the remarkable clinical history of the disease as being due to the reactions of the tissues of varying degrees of sensitiveness to the spirochaetes or their toxins. At first the patient was relatively immune, and it was only when the tissues in the neighbourhood had become sensitive that they reacted and a chancre was formed. The highest degree of sensitiveness appeared at the commencement of the secondary period, when the lesions were mainly of an acute inflammatory nature, and fell off gradually during the whole course of the disease, the gumma marking the reaction of but slightly sensitive tissues. With regard to the Wassermann reaction, it was not a reaction of immunity but of cell degeneration, and its strength in any given patient afforded a rough guide as to the extent of the disease; in all cases it indicated the necessity for continuing treatment. In regard to treatment he attributed to the iodides an action like that of an antitoxin, but no spirillicide powers. As for parasyphilis, this seemed to him essentially similar to gumma formation, except that the spirochaetes were situated in the nerve substance proper. Unlike McIntosh and Fildes, he thought that the lesions were due to the access of the organisms to tissues which were already sensitive, and not to the subsequent sensitization of tissue containing them. It was, however, quite possible that there were strains of spirochaetes having a special affinity for the central nervous system. In regard to curability, he protested against the pessimistic views on tertiary syphilis held by some at the present time. Long-standing cases certainly did not react readily to treatment because spirochaetes had become resistant to mercury, arsenic, and probably also to syphilitic antibodies. In parasyphilis he had obtained some good results from the method of spinal injection of the blood after an injection of neo-salvarsan introduced by Swift and Ellis. In certain closely-defined circumstances the continued absence of a Wassermann reaction, especially after a provocative injection of neo-salvarsan, might be taken as indicating an almost certain cure. Mr. J. E. R. McDONAGH held that the syphilitic lesions were due to the activity of the spore in completing its life-cycle. Early nerve lesions were vascular, and gave rise to hemiplegia in the brain and myelitis in the cord. The late lesions were due to direct extension of the organisms to the nerve substance, and thus caused general paralysis in the case of the brain, and tabes in that of the cord. Salvarsan attacked the spirochaete directly, owing to the free OH groups which the organism presented, but the other phases were destroyed indirectly. Salvarsan acted as an accelerator of the enzyme action by which the serum and plasma cells attacked the leucocytozoon, and this zymotic action was probably that of an oxydase. Mr. PAUL FILDERS spoke of the curability of early syphilis and the incurability of late syphilis. This was due to the fact that early syphilis was a septicaemic condition, whilst in late syphilis no spirochaetes were found in the blood stream. Since the action of salvarsan was very transient, and it soon disappeared from the blood, it had little opportunity of destroying spirochaetes distant from the blood vessels. The incurability of late syphilis was due to anatomical, not pathological, causes. Mesaortitis syphilitica was by far the commonest late lesion of syphilis in the *post-mortem* room, and as the greater part of the aortic wall was non-vascular, this condition remained unaffected by salvarsan. The brain constituted another area into which salvarsan could not penetrate, and hence spirochaetes situated here would survive in spite of treatment, as in dementia syphilitica. Dr. J. MCINTOSH said that even after a maximum dose of neo-salvarsan little or no arsenic was present in the blood after an interval of twelve hours, and in therapeutic amount it persisted in the blood for three or four hours only. This fact and the peculiar anatomical construction of the brain and its membranes, particularly of their capillaries, explained, in his opinion, the failure of arsenic to reach the brain.

before, and was unaware that it was not customary to chain patients up. From the attitude of two of the patients and something she saw on their wrists she concluded they were chained to the form on which they were sitting. There were about a dozen patients in the ward as well as a number of nurses and children; she was only in the ward a minute or two, and, when one of the patients whom she believed she had previously seen chained tried to enter the dormitory to which the witness was taken, she supposed that the old woman had been unchained.

In the course of his charge to the jury the judge said that, as the writer of the letter was admittedly wrong in her conclusions about the children, the only points that the jury need consider were whether it was true that the patients were chained up, and if this reflected on Dr. Montgomery. It was not claimed that the latter had been materially injured by the publication of the letter, so if the jury concluded that the letter was libellous it need not award a larger amount by way of damages than would suffice to evince its opinion that the charges were quite unfounded. After a brief consideration the jury returned a verdict to the effect that it was untrue that the chains were ever used at the asylum, that the statements made did reflect upon Dr. Montgomery, and that the newspaper company should pay him a sum of £250 by way of damages.

CONVICTION OF A MIDWIFE.

At the Central Criminal Court on January 15th, Elizabeth Kennedy, aged 55, a nurse, and Minnie Short, aged 34, a cook, were charged with conspiring to use means unknown to procure the miscarriage of two young women. The prisoners pleaded not guilty, and the judge advised the jury to confine their attention to the count in one case. The jury found the prisoners guilty in that case; it was stated that Kennedy carried on a legitimate business as a midwife and was kind to poor people, and that Short also bore a good character. Kennedy was sentenced to fifteen months' imprisonment, and Short to six months' imprisonment. Kennedy had been indicted on the previous day for the murder of a married woman alleged to have died from the effects of an illegal operation; but the judge stopped the case at the close of the prosecuting counsel's opening statement, and the jury found the prisoner not guilty.

OPERATIONS IN HOSPITALS.

At the Stroud County Court, on January 20th, a local medical practitioner sued a dentist assistant for £17 for an operation performed on his wife in a local general hospital. Payment, according to the report in the *Daily Telegraph*, was resisted on the ground that hospitals maintained by voluntary subscriptions gave free treatment. The defendant said that he earned two guineas weekly. The county court judge decided that the defendant must pay the amount claimed, and observed that public hospitals were founded to give free treatment to the extremely poor, but not to those earning two guineas weekly.

Public Health

AND

POOR LAW MEDICAL SERVICES.

VITAL STATISTICS IN ENGLAND AND WALES (1913).
WE are indebted to the Registrar-General for the following statement showing the birth-rates and death-rates and the rate of infantile mortality in England and Wales, and in certain parts of the country during the year 1913.

ENGLAND AND WALES.

Birth-rate, Death-rate, and Infantile Mortality during the Year 1913 (Provisional Figures).

	Annual Rate per 1,000 Living.			Deaths under One Year to 1,000 Births.
	Births.	Deaths.		
		Crude.	Standardized.	
England and Wales...	23.9	13.7	13.4	103
96 great towns, including London	25.1	14.3	14.7	116
145 smaller towns ...	23.9	12.8	13.0	112
England and Wales, less the 241 towns	22.2	13.1	12.1	96
London	24.8	14.2	14.2	104

* The standardized death-rates (formerly called corrected death-rates) are the rates which would have been recorded had the sex and age constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901. A description of the method of standardizing these death-rates is to be found in the Registrar-General's Annual Report for 1911, p. xxix.

BAKEHOUSES AND THE FACTORY AND WORKSHOPS ACT.

F. SOUTH WALES.—The Editors of *Lunley's Public Health*, in a note to Section 102 of the Factory and Workshops Act, 1901, say that it is very questionable whether a medical officer of health can be authorized to conduct proceedings under Section 120 of that Act.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

DIP. TROP. MED. AND HYGIENE.—C. R. Bakhlé, Major I.M.S.; H. Crossle, Captain I.M.S.; R. Drummond, D. L. Graham, Captain I.M.S.; E. H. Griffin

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

FIRST PROFESSIONAL.—A. L. Abel, C. H. Atkinson, A. R. H. S. Azzam, G. A. E. Barnes, P. S. Bayley, K. C. Beatty, C. C. Bennett, E. J. Bilcliffe, A. O. Bolton, J. W. Brash, I. Braun, Margaret H. Bridge, H. Carpenter, J. E. Carpenter, H. S. Carter, B. R. Chandhuri, C. S. Cloake, H. C. Cox, H. Das, O. G. Davies, A. H. Douthwaite, D. A. Dyer, H. E. K. Eccles, G. E. Edwards, R. W. L. Edginton, W. Edinow, S. Farquharson, V. F. Farr, W. A. Flynn, Beatrice Ford, J. S. Franklin, T. C. W. Geijer, J. C. Gie, L. C. Goumet Dorothy W. Gowers, A. S. Green, R. B. Green, L. Handy, W. A. Hawes, O. H. Haynes, C. E. E. Herington, C. P. Hines, N. R. H. Holmes, O. H. Hyman, C. V. Isard, D. C. James, T. Johnston, M. B. Jones, G. E. Jukes, N. Kamchorn, N. E. F. Kemm, Margaret H. Kingsford, D. M. Lala, D. A. C. Layman, G. E. Macalevey, J. G. McCann, Kathleen McC. McKeown, G. G. Michell, F. C. Miller, Annie S. Mules, Edith M. Newman, H. W. L. Nichols, D. R. Owen, S. L. S. Pearson, B. W. Phillips, Ruth W. Plimsoll, M. C. Polhill, Jean S. Pope, A. Rathouse, G. H. Roberts, J. S. L. Roberts, J. F. Ryan, S. Sacks, E. J. Samuel, T. A. S. Samuel, C. K. Seales, H. Schaal, Charlotte A. Shields, K. L. Singer, W. H. Stevenson, V. R. Stewart, N. Sydn, R. Theron, J. A. Van Heerden, Kathleen S. Vine, E. B. Woolf.

† Awarded a mark of distinction in Inorganic Chemistry.

‡ Awarded a mark of distinction in Physics.

§ Awarded a mark of distinction in Biology.

Obituary.

JOSEPH GEORGE HARSANT, M.D.LOND., M.R.C.P.,

PHYSICIAN TO THE ROYAL VICTORIA AND WEST HANTS HOSPITAL;
AND TO THE ROYAL NATIONAL SANATORIUM FOR CONSUMPTION, BOURNEMOUTH.

WE regret to record the death, which took place at Bournemouth on January 9th, of Dr. Harsant, at the age of 52. He was thus struck down in the prime of life, and in the middle of an active and successful career.

Educated at Epsom College, his thoughts were no doubt early turned towards medicine. He became a student at Guy's, and graduated M.B., B.S.Lond. in 1885, and M.D. in 1887. He took the diploma of M.R.C.P. in 1905.

After holding the posts of house-surgeon at Guy's and resident medical officer at the City of London Hospital for Diseases of the Chest, he acted for some time as medical officer in the service of the P. and O. Company, finally settling in practice in Bournemouth in 1892. It was not long before he began to build up a practice, which ultimately became extensive, and his success was all the more marked that he did not pass through the stage of general practice on which, as a rule, a position in the provinces is founded. His patients were very devoted to him, and many of them used to speak of him as their "friend and medical adviser."

During his college life and for a short time after settling in Bournemouth Dr. Harsant was a well-known athlete. He played cricket, football, tennis, golf, croquet, and excelled in all, but the claims of an absorbing practice caused an abandonment of all these except golf and croquet, to which he remained devoted, so far as brief leisure time gave him opportunity. He was also musical, and possessed a fine baritone voice, which during his younger days was readily at the service of any charitable or other deserving object.

Not long after settling in Bournemouth, Dr. Harsant was appointed on the staff of what was then the Royal Victoria Hospital, passing to full physician in 1906. He was also appointed one of the physicians to the Royal National Sanatorium for Consumption in 1908. His previous experience as resident medical officer of the City of London Hospital for Diseases of the Chest had

admirably fitted him for this post. Both positions he filled with much acceptance, and he proved himself to be a colleague with whom it was a pleasure to work. Though of a gentle, retiring, and reticent disposition, he had much force of will, and a quiet power of determination. His amiability was most marked; he was never heard to say an unkind word of any one, and he had not an enemy in the world.

Some three years ago Dr. Harsant underwent a severe operation—removal of the right kidney—and although he seemed for a time to have recovered well, symptoms of mischief in the left organ showed themselves, as well as trouble elsewhere. He, however, bravely struggled on till October of last year, when advancing weakness prevented further work. He knew what was coming; but his courage never failed him, and there was never one word of repining or rebellion during all his last illness. A clerical friend who saw him often during those last months wrote: "He bade farewell to life as a brave man and a Christian ought. I always felt the better for seeing him."

He was laid to rest at Bournemouth, amidst marked expressions of regret and of esteem from his professional colleagues and from friends and old patients. The number and the beauty of the floral wreaths which were sent were a striking testimony to the regard in which he had been held and the sorrow felt at his death.

HENRY ALBERT REEVES, M.R.C.S., F.R.C.S.ED.,

FORMERLY SURGEON TO THE ROYAL ORTHOPAEDIC HOSPITAL.

THE death of Mr. Reeves, at the age of more than 70 years, removes from the scene one of the older generation of orthopaedic surgeons who took a considerable part in emancipating the speciality from the purely subcutaneous traditions of the pre-Listerian era.

He was born in Calcutta, the son of a mechanical naval architect, and went to school at St. Albans. He received his medical education at the Middlesex Hospital, and became M.R.C.S.Eng. in 1865, and a Fellow of the Edinburgh College of Surgeons in 1871. At the Middlesex he held the post of Demonstrator of Anatomy, but was subsequently appointed to a similar post at the London Hospital, where he became assistant surgeon in 1869, and afterwards surgeon to out-patients. For some reason—certainly not lack of ability—Mr. Reeves did not take the Fellowship of the English College, and consequently was passed over in elections to the full staff with charge of beds. He became a member of the surgical staff of the East London Hospital for Children, Shadwell, in 1870, and continued to work there until 1885. In 1877 he was appointed surgeon to the Royal Orthopaedic Hospital, and his work there, despite his various other surgical activities, constitutes his best title to remembrance. Although never an aseptic or even strictly antiseptic surgeon, his operations on deformities of the skeleton were largely successful, and he was in some sense a pioneer in osteotomy, especially for knock-knee. In 1885 he published a record of 493 osteotomies without a death, and he stated that he only used Listerian precautions in six or seven cases.

Besides the appointments already mentioned, Mr. Reeves at one time or another held the post of surgeon to the Hospital for Women, to which at the time of his death he was consulting surgeon; to the Central London Ophthalmic Hospital, and to the Westminster General Dispensary, and he had been Lecturer on Anatomy at the School of Medicine for Women.

In 1870 he served with the ambulance of the British National Society for Aid to the Sick and Wounded during the Franco-German war.

Of tall stature and genial manner, he was at one time very well known at the medical societies in London and in surgical circles generally, and he was probably the last practising hospital surgeon who habitually took snuff.

Besides papers in the medical journals and *Transactions* of societies, his works were *Bodily Deformities*, published in 1885 in Lewis's Practical Series; and *Human Morphology: A Treatise on Practical and Applied Anatomy*.

Mr. Reeves married the lady well known to readers of fiction as Helen Mathers.

He resigned his appointment at the London Hospital in 1892, and after his retirement from the staff of the Royal Orthopaedic Hospital, shortly before its amalgamation with

the National Orthopaedic, he gradually retired from practice, and was seldom seen in professional circles.

MANY of those members of our profession who entered on their medical studies at Edinburgh University in 1894 will doubtless remember their Armenian fellow student, YERVANT ALEXANDER DJEDJIZIAN. His death from pneumonia, after only three days' illness, took place on December 14th in his native town of Adabazar, in Asia Minor. Somewhat older than the majority of the men in his year, he soon showed that previous years spent as a schoolmaster and as the editor of a weekly Armenian newspaper had been an excellent training to him, and enabled his mind to receive, sift, and remember the multitudinous facts and theories presented to him during the course of his medical studies. Of a quiet and retiring disposition, he never took a place in the social side of student life; and although he was not one of the brilliant men in his year, yet he was always among the first few in the various "class examinations." He graduated in 1899, and acted as an assistant for a few months in a general practice in Gateshead. Here he developed signs of phthisis, and, after a short holiday in Edinburgh to recuperate, he returned to his native town. His health remained indifferent for a time, but he gradually threw his old weakness off and entered more and more into the busy life of general practice. His quiet and unassuming demeanour, together with his straightforwardness, his earnest endeavour ever to give of his best, soon gathered round him a very large circle of friends. He was a man who practised not for his own gain, but solely for the sake of doing good to others. His strong Christian character and his unceasing efforts to help the poor and afflicted were recognized by everybody, and made him a great force for good in the town. The burial service in the Armenian church on December 16th was attended by 700 people, who came, in spite of the pouring rain, to show their grief at the loss of a counsellor, friend, and trusted physician.

Medical News.

MR. A. H. TUBBY has been elected a Corresponding Member of the Société Française de Chirurgie.

THE RIGHT HON. THE LORD MAYOR OF LONDON has consented to act as Chairman of the General Committee promoting the Health Week which will be held from November 15th to 21st.

THE staff of the Cancer Hospital, Fulham Road, has in view the delivery of a course of post-graduate lectures on the subject of the diagnosis and treatment of cancer. Numbering eight, the lectures will be given in the museum of the hospital at 5 p.m. on Wednesday of each week from February 4th to April 1st.

THE Pharmaceutical Society of Great Britain has arranged for a course of four lectures on applications of electricity in medical practice in so far as pharmacists may reasonably be expected to be familiar with them, to be given at the house of the society, Bloomsbury Square, by Mr. R. S. Wright, A.M.I.E.E. The first lecture will be delivered on Tuesday, January 27th, at 8 p.m., and subsequent lectures at intervals of a fortnight. The lectures will deal with the medical application of low-tension and high-tension electrical currents, and with x-ray work.

DR. H. H. MILLS, one of the honorary secretaries for the complimentary dinner to be given to Dr. Addison, M.P., asks us to state that the names of Mr. Walter Jessop, Dr. Leonard Hill, F.R.S., and Dr. Lauriston Shaw were inadvertently omitted from the first list of the committee. Dr. Mills asks those who desire to attend the dinner, which will take place at the Trocadero Restaurant on Tuesday, February 3rd, to make early application to him at 21, St. Mary Abbot's Terrace, W., for tickets, price 7s. 6d. without wine.

THE council of the Eugenics Education Society has decided that the work of Sir Francis Galton shall be commemorated on the anniversary of his birth (February 16th) in each year by a Galton lecture and dinner. The first celebration will take place on Monday, February 16th next, when a dinner will be held at 7 p.m. at the Hotel Cecil, and Sir Francis Darwin, F.R.S., will deliver the lecture at 8.30 p.m. Particulars can be obtained from the Honorary Secretary of the Galton Celebration Committee, Eugenics Education Society, Kingsway House, Kingsway, W.C.

AT a private meeting of a number of governors of St. George's Hospital on January 20th, under the chairmanship

of Mr. Stuart de la Rue, a deputation was appointed to confer with the house committee with a view to securing an amicable settlement of the present difficulty before the meeting of the court on February 12th, and especially as to the immediate appointment of a medical superintendent and the reinstatement of three members of the house committee not re-elected at the last midsummer court, and the addition of new members to the committee. It was also resolved to give notice of a motion for the election at the court on February 12th of a committee of five or seven governors to consider the laws of St George's Hospital, and to report to a special court as early as possible whether any alterations should be made therein.

The annual lectures at the Royal College of Surgeons of England will commence on Monday, February 2nd, when Mr. Hastings Gilford (Reading) will give the first of two lectures on infantilism. Mr. E. Hey Groves (Bristol) will lecture on the experimental production and treatment of fractures in lower animals, on February 6th; Mr. A. Rendle Short (Bristol) on changes in the blood in the causation of surgical shock, on February 9th, and Mr. H. Beckwith Whitehouse (Birmingham) on the pathology and causation of idiopathic uterine haemorrhage, on February 13th. On February 16th, Professor Arthur Keith, conservator of the museum, will give the first of six lectures on the evolution, anatomy, and diseases of the anthropoid apes. On March 2nd, Dr. David Waterston (London) will give a lecture on some recent researches in human development; on March 4th and 6th, Dr. F. Wood Jones (London) will lecture on the morphology of the external genitalia; and on March 9th Mr. C. Mansell Moullin (London) will describe further observations upon the biology and classification of tumours.

At a meeting of the School Medical Service Group of the Society of Medical Officers of Health, in London, on January 3rd, a discussion took place on security of tenure in relation to increase in salary. Strong disapproval was expressed of the action of those local authorities who refused to reappoint medical officers after a limited number of years, and it was resolved to ask the Council of the Society of Medical Officers of Health and the British Medical Association to take steps to include whole-time school and assistant school medical officers and medical officers whose duties include school work in the provisions of the bill to secure superannuation and security of tenure. A meeting of the officers in the school medical service in the northern counties was held at Newcastle-on-Tyne on January 3rd, when it was determined to approach the Board of Education to point out that in order to attract and keep efficient officers in the school medical service it was essential that the question of salaries should be reconsidered. A meeting, to which all medical officers in the north-western district of England, whose duties include medical inspection of schools, are invited, is being held this day, Saturday, at Milton Hall, Deansgate, Manchester, and a meeting of the midland medical officers will be held on January 31st at 3 p.m., at the Medical Institute, Edmund Street, Birmingham.

A PATHOLOGICAL laboratory has been added to the Wolverhampton and Staffordshire General Hospital at a cost with equipment of £1,400, and will be in charge of Dr. William Boyd, pathologist to the hospital. It is intended that the laboratory shall be available not only for the hospital, but also for the assistance of medical practitioners and surgeons in the neighbourhood, and that it shall also give assistance to veterinary practitioners. The laboratory was opened on January 12th by Sir Clifford Allbutt, who said that clinical laboratories, such as that erected in Wolverhampton, would do a great deal not only for practice in hospitals, but for all medical practice in the districts in which they were established. Pathology, he said, might be described as a part of physiology—the seamy side of physiology. Physiology was studied in laboratories apart from hospitals and for its own sake; pathology, in what might be called its abstract side, was also studied in university laboratories, for, being as it were an outbud of physiology, it ought to have laboratories of its own. But much valuable work would not be done if those who were engaged in research never came into direct contact with a particular disease. In the academic laboratory large abstract investigations were undertaken, but the clinical laboratory was placed in immediate contact with the wards. It was a recognition of the necessity for this close contact which had led to the establishment of clinical laboratories in connexion with hospitals. There must be close co-operation between the staff of the hospital and of the laboratory, for from such co-operation great things were already coming, and much greater things would come in the future.

Letters, Notes, and Answers.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

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TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2670, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

M.B. asks for advice in the treatment of a patient whose leg was amputated above the knee some years ago. He suffers from severe, constant, and increasing pain and cramp in the non-existent phantom leg. There is no tenderness of the stump. He walks well with an artificial limb, and is very active both in mind and body.

ANSWERS.

MR. PAUL BERNARD ROTH, F.R.C.S. (London), writes in reply to "J. S. R.": (a) In so far as it is possible to give advice without a full examination, the best mechanical apparatus for such a case consists of a calliper knee walking splint (Thomas) for each leg. (b) There is, he thinks, no "good class school that would take in such a case for education and also give the necessary medical treatment." Plenty of good class schools will take the boy for educational purposes, but the medical treatment will have to be obtained elsewhere.

NEW ARSENICAL COMPOUNDS IN SYPHILIS.

ANTISYPHILITIC (South Africa) writes for further information concerning "galy" and "ludyl," two new arsenical preparations made by Mouneyrat, the French chemist, a short account of which was given in the EPITOME of this JOURNAL, November 22nd, 1913. He asks (1) whether these preparations when given by intramuscular injection are free from the danger of local abscess and sloughing, and (2) whether they are suitable for use in a large and poor practice. In answer it may be said that, according to the published accounts, "galy" and "ludyl" are free from the danger of abscess and sloughing. As regards their suitability for general use in a poor general practice this is quite another matter. It must be remembered that all these new arsenical preparations are on trial, and that it has not yet been proved that any of them will cure syphilis, not even salvarsan. In fact, it will take many years to prove this. Again, they are all expensive, most of them of unstable composition, and they all require expert administration. "Antisyphilitic" might be well advised to keep to mercury and iodides.

LETTERS, NOTES, ETC.

SIR J. HUTCHINSON ON NATURAL HISTORY.

N. E. D. writes: The reference which Mr. James Turle desires is as follows: 1843, Yarrell, *British Birds* (1856), I, 518 (Yellow Hammer). "I have ventured to restore to this bird what I believe to have been its first English name, Yellow Ammer. The word Ammer is a well-known German term for Bunting."

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