

Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

ENDOTHELIOMA OF THE JEJUNUM.

ON reading the interesting case of "perforation of a growth of the small intestine," reported by Mr. J. Phillips, of Bradford, in the JOURNAL of January 17th, p. 142, I was reminded of a somewhat similar case, the brief notes of which I append.

On March 29th, 1912, I was called into the country to see a gentleman, aged 56, who twelve hours previously had been seized with sudden acute pain in the abdomen, followed by collapse and vomiting. He had definite signs of diffuse peritonitis, and a diagnosis of acute fulminating appendicitis was made. I brought him back in my car at once to a nursing home, and operated immediately. On opening the abdomen, extensive peritonitis with free turbid fluid was found; the appendix, at once sought for, was obviously not the cause; on further search, a growth was found in the small bowel, about the size of a pigeon's egg; its end was gangrenous, and had perforated. A wide, rapid resection with end-to-end anastomosis was done, the fluid mopped out, and the abdomen closed, the wound in the abdominal wall being drained. Rapid convalescence followed. The report on the growth from the Clinical Research Association was:

The wall of this intestine is infiltrated and destroyed by a malignant growth having the structure of a sarcoma. It is composed of spindle cells arranged in interlacing bundles with a scanty stroma containing thin-walled vessels.

A prolonged course of injections with Coley's fluid followed. On October 10th, 1912, I was again called out to see him, with a forty-eight hours' history of pain in the abdomen and vomiting, the latter now having a slightly faecal odour. He was once again taken back in the car to the home, and the abdomen opened, when the obstruction was found to be due to a coil of small gut strangulated by a band of omentum, which was adherent to the bowel close to the site of anastomosis. In the mesentery of the small intestine two hard calcareous glands about the size of small walnuts were present, and I thought that possibly the Coley's fluid had helped to cause this change in glands that were malignant although they might have been old tuberculous ones.

Rapid recovery followed, and the patient is at the present moment apparently in perfect health.

Leicester.

F. BOLTON CARTER, M.S., F.R.C.S.

A CASE OF CEREBRAL EMBOLISM.

The patient, a woman aged 43, had at the age of 16 years an attack of rheumatic fever, which left mitral stenosis and regurgitation. During the past ten years I have attended her on several occasions for bronchitic attacks. Some six weeks ago I was called to see her on account of dyspnoea and cough and oedema of the legs. Rest in bed, low diet, and a digitalis mixture soon caused these symptoms to disappear.

About a fortnight ago she contracted a chill and remained in bed for three days. Her cough and dyspnoea returned, and on January 31st, at 9.30 p.m., I was called to see her. She was semi-conscious and with a very feeble pulse, and the legs were oedematous. She was put to bed. She became unconscious with great suddenness, and this was accompanied by all the signs of shock. She had left-sided paralysis and remained unconscious for twenty-eight hours, and then died.

The interesting points in connexion with this case are:

1. That we are apt to forget that mitral stenosis is frequently associated with cerebral embolism.

2. That right-sided hemiplegia is most frequent in cerebral embolism on account of obvious anatomical reasons.

3. The chill, so called, was doubtless an attack of influenza (which was prevalent at the time), as it was accompanied by fever, cephalalgia, and aching in the limbs, with pains in the neck and sore throat. Doubtless the influenzal toxin, acting upon a weakened cardiac musculature, caused stasis, with the formation of a clot and the subsequent liberation of an embolus.

Bedford.

S. J. ROSS.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

ROYAL VICTORIA HOSPITAL, BELFAST.

A CASE OF PSEUDO-CHYLOUS ASCITES.*

(By WILLIAM CALWELL, M.D., Physician to the Royal Victoria Hospital.)

A MAN, E. O'N., aged 28, a carter, was admitted on May 5th, 1913, under Sir William Whitla; he shortly afterwards came under my care owing to Sir William's absence. Nothing is known of the family history; the mother, one brother, and two sisters are dead, but the causes are unknown. He had enjoyed good health, but had been rather a heavy smoker and drinker.

About Christmas, 1912, he commenced to vomit about an hour after food; about February, 1913, he noticed a swelling in the abdomen. It grew larger and became painful, and in May he noticed his left leg and both feet swollen. On admission nothing abnormal was found in the circulatory, respiratory, or nervous systems. The abdomen measured 33½ in., and gave evidence of free fluid in the peritoneal cavity; no free hydrochloric acid was found in some vomit; a quantitative von Pirquet and a Moro's test both proved negative. On July 5th the abdomen measured 36½ in., and the next day I drew off 3 pints of a white milky fluid, specific gravity 1010; it was unchanged on shaking with ether, or with liquor potassae and ether, leaving a slight stain on blotting paper. Under the microscope a large number of round cells were seen, varying in size from that of the red blood corpuscles to one three times its size; these granular cells cleared with a little acetic acid leaving a nucleus visible; no cream layer formed on standing, and no change was found after prolonged centrifugalization; a specimen was sent to Professor Milroy, of the Queen's University, Belfast. When the patient left hospital on July 24th the abdominal circumference was 36 in., and there was little change in his general condition; he has not since been seen or heard of.

The literature of chylous and pseudo-chylous ascites is now extensive; one of the earliest recognized instances of the former was a male patient under Sir William Whitla, published in the JOURNAL of 1884. The fluid was carefully examined during life, and the specimen dissected after death by the late Professor Redfern. There was tuberculous ulceration of the receptaculum chyli, with escape of the chyle into the peritoneal cavity; the fluid was practically chyle. The chief characteristics of chylous ascites are: It accumulates rapidly; it is yellowish-white in colour; there is a creamy layer on both standing and centrifugalizing; under the microscope there are fine fat globules; the specific gravity generally exceeds 1012; the total solids are greater than 4 per cent.; the fat content is high; cholesteroline is invariably found, and lecithin occurs only in traces.

In pseudo-chylous we do not find any injury to the lymphatic system; there is no constant connexion or relation with other diseases; the fluid collects more slowly after tapping; it is a pure milky white; its opacity varies at successive tapplings; it is odourless; a cream does not form on standing; centrifugalizing has no effect; the specific gravity is less than 1012; solid contents rarely exceed 2 per cent.; the fat content is low; the most characteristic lipine substance is lecithin, and the opalescence is due to a combination of lecithin with globulin; the fluid resists putrefaction; the prognosis is grave; 70 per cent. of the cases that have been followed up have died. An exhaustive paper, with a full description of the physical and chemical examination of four cases by Mackenzie-Wallis and Schölberg and another by Marrack are to be found in the *Quarterly Journal of Medicine*. Most of the details of the above description are taken from this paper and from Professor Milroy's analysis. Cases have also from time to time been reported in the various medical journals and before the Royal Society of Medicine.

* Read at a meeting of the Ulster Branch of the British Medical Association.

at the Medico-Legal Society nor in Dr. Armstrong-Jones's paper which initiated the debate, was there any mention" of a clause drafted and accepted by Lord Halsbury for the treatment of early or incipient insanity. The gist of this letter was to claim priority of action in this matter for another society, which, as I stated, was a point not in debate, as I had made this clear in my paper, fully reported in the *Lancet*, January 17th, 1914, and which Dr. Newington acknowledged he had failed to read. In his letter¹ he evidently resents my pointing this out, but a fair-minded commentator is expected to be familiar with the text of his argument or cease to be considered a reliable critic. I cannot be held responsible if Dr. Newington, for "physical reasons" or any other, falls into inaccuracies of statement, because he does not choose to undertake "the duty of examining exhaustively" the material of his criticism. He complains rightly in his letter to you (February 14th, p. 402) of the legal and legislative caution which seems to have delayed action in this respect, but suggests there is no need to talk further on the matter, and during the last eight years he has certainly acted consistently with this view, for I am not aware of any record of his having considered the subject in any capacity or in any form since 1905.

I do not understand that part of Dr. Newington's letter in which he apparently claims to be a Hannibal who had cleared the ground for legal action in this matter. Even his warmest admirers would be unwilling to agree entirely to the distinction implied by this comparison, although analogy would go some distance in support of it. He, like Hannibal, had a full exchequer, and possibly ample followers. The parallel may yet be extended when it is remembered that the efforts of both ended in defeat—certainly not discreditable, but decisive.

As I stated on the occasion of the discussion and since, the time is now ripe for further action and fresh effort, the munificence of Dr. Henry Maudsley having once more brought forward this urgent need for a change in the law to treat incipient insanity on more humane as well as on more rational lines.

A committee of the Medico-Legal Society has met, and among its members are Lord Russell (the Chairman), and Sir William J. Collins, whose support accomplished practical legislation in a direction in which the efforts of Dr. Newington also failed. Now, however, an opportunity is being afforded once more to the British Medical Association and to the Medico-Psychological Association to help in this important matter; and it is hoped the modern Hannibal may also accept the aid of Hasdrubal (in the shape of this Committee), but with more hope of ultimate success than distinguished his memorable prototype.—I am, etc.,

Claybury, Feb. 14th.

ROBERT ARMSTRONG-JONES.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—F. W. W. Griffin, J. P. Hill.
M.C.—S. H. Ronquette.
M.B., B.C.—H. A. Douglas, W. B. Gourlay, W. D. Ross, J. W. Tonks.
B.C.—J. P. Hill, R. W. Ironside.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on January 28th.

Recognition of Teachers.

The following have been recognized as teachers of the University in the subjects and at the institutions indicated:

Guy's Hospital Medical School.—Mr. Harold Chapple (Midwifery and Diseases of Women), Dr. Alfred J. Clark (Pharmacology), Mr. Robert Davies-Colley (Surgery), Mr. Charles H. Fagge (Anatomy), Mr. George H. Hunt (Medicine), Mr. Patrick P. Laidlaw (Experimental Pathology), Mr. Thomas B. Layton (Laryngology), Dr. Gilbert W. de P. Nicholson (Pathology—Morbidity Histology), Mr. Robert D. Rowlands (Anatomy).

St. George's Hospital Medical School.—Mr. George F. D. Smith (Midwifery).

London School of Medicine for Women.—Mr. James Berry (Surgery).

Bucknill Fund at University College.

The University College Committee reported that a further sum of £95 14s. 10d. had been received from the residue of the estate of the late Sir John Charles Bucknill, who bequeathed one-third of his residuary estate to University College for the purpose of founding a medical scholarship.

Study of Anthropology.

The Vice-Chancellor stated that he had accepted an invitation to be present, in his official capacity, at a conference summoned at the Drapers' Hall for February 19th on the initiative of the Joint Committee of the British Association for the Advancement of Science, and of the Royal Anthropological Institute of Great Britain and Ireland, for the further promotion and extension of the study of anthropology in the universities of Great Britain.

Appointment of Representatives.

Dr. W. F. Corfield, B.S., was appointed a governor of the Colchester Royal Grammar School, and Professor H. R. Kenwood the representative of the university (also in respect of University College), at the twenty-ninth congress of the Royal Sanitary Institute at Blackpool in July next.

Board of Intermediate Medical Studies.

Dr. A. J. Clark (Guy's Hospital Medical School) has been added to the Board of Intermediate Medical Studies.

Committee of Medical Members of the Senate.

Dr. Frederick Taylor, F.R.C.P., has been elected Chairman of the Committee of Medical Members of the Senate for the remainder of the year 1913-14.

Semon Lecture in Laryngology.

Professor Gustav Killian (Berlin) will deliver the Semon Lecture for 1914 at the Royal Society of Medicine, Wimpole Street, W., on Thursday, May 28th, at 5 p.m.

Advanced Lectures in Medicine.

The lecture on the action of radium upon animal cells, by Dr. H. Beekton, at the Middlesex Hospital, will be given on March 6th, at 5 p.m., and not March 4th, as previously announced.

Medals for the M.D. Examination.

University medals in connexion with the M.D. examination for internal and external students, December, 1913, have been awarded as follows: Branch I (Medicine), to Mr. Geoffrey Hadfield, B.S., of St. Bartholomew's Hospital; Branch IV (Midwifery and Diseases of Women), to Mr. Arthur A. Straton, B.S., of St. Mary's Hospital; Branch VI (Tropical Medicine), to Captain Robert Kelsall, B.S., of the Victoria University of Manchester and London School of Tropical Medicine.

Gilchrist Studentship for Women.

The Senate will proceed shortly to an appointment to the Gilchrist Studentship for Women of £100 tenable for one year by a graduate of the university who is prepared to take a course of study in an approved institution in preparation for some profession. Candidates must have graduated in honours in the University of London, and must be of not more than three years' standing from their first graduation. Applications must be received by the Principal not later than February 28th.

Medical Entrance Scholarships and Exhibitions, 1914.

A combined examination for medical entrance scholarships and exhibitions tenable in the faculties of medical sciences of University College and King's College, and in the medical schools of Westminster Hospital, London School of Medicine for Women, University College Hospital, and King's College Hospital, will be held in London by the London Inter-Collegiate Scholarships' Board in July, 1914. Copies of the regulations governing the scholarships and exhibitions may be obtained on application to the Secretary of the Inter-Collegiate Scholarships' Board, University College, Gower Street, W.C., or from the Secretaries or Deans of the respective colleges or medical schools concerned.

UNIVERSITY OF LIVERPOOL.

Appointments.

THE following appointments are announced: Dr. Warrington Yorke to the Walter Myers Chair of Parasitology; Dr. W. Permewan to be Lecturer in Laryngology, vice Dr. Middlemass Hunt.

SCOTTISH STUDENTS' REPRESENTATIVE COUNCILS.

THE annual conference of the students' representative councils of the Scottish universities was held this year in Glasgow. Professor Ferguson, in the absence of Principal Sir Donald MacAlister, welcomed the delegates, and expressed the hope that the debates would result in securing something which would be of advantage both to the students and the universities as a whole. He hoped that effect would be given to the motion that there should be lectureships on the history of medicine in each of the universities. Nothing would be more conducive to the interests of medical science and progress than such lectureships. Scotland was greatly behind in that respect compared with other places. He did not advocate these lectureships as part of the medical curriculum, as the curriculum was already too heavy. The motion was adopted by the conference. A motion "that the authorities be petitioned to make the

¹ BRITISH MEDICAL JOURNAL, February 14th.

preliminary examination in Medicine uniform with the preliminary examination for Arts and Science degrees" was also carried. Among other resolutions which were adopted were the following:

That the conference, in view of the fact that previous motions unanimously passed by the whole Scottish student body have been totally disregarded by the various University Courts and Senatus when sent to them for their consideration, should lay the matter before the members of Parliament for the Scottish universities, so that they may take what steps they think fit to remedy this state of matters.

That the conference deprecate the excessive part played by the University Courts in rectorial elections and in the conduct of the rectorial addresses.

That the conference approve of the general wearing of academic dress by the students of the universities of Scotland, and of the compulsory wearing of such dress on all official occasions, and crave the Senatus of each university so to ordain.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary council was held on February 12th, Sir Rickman J. Godlee, President, in the chair.

Honorary Fellow.

Professor V. A. Oppel, Professor of Surgery at the Imperial Academy of Medicine at St. Petersburg, was introduced, and signed the roll of Honorary Fellows and was presented with the Diploma of Honorary Fellowship.

Issue of Diplomas.

Diplomas of membership were granted to ninety-seven candidates found qualified at the recent examinations, and Diplomas in Public Health were granted, with the Royal College of Physicians, to twenty-three candidates found qualified.

Bradshaw Lecturer.

The President reported that he had chosen Sir Frederic Eve as Bradshaw Lecturer for the ensuing collegiate year.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

On February 2nd the following registered medical practitioners, having passed the necessary examination, were duly admitted Licentiates in Midwifery of the College:

Narayan Vinayek Ajinkya, C. L. A. de Silva, Sarat Chandra Mitra, W. S. Rörich.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the President and Council of the Royal College of Surgeons held on February 5th, Sir Lambert H. Ormsby, Past President of the College, was elected the representative of the College on the General Council of Medical Education and Registration of the United Kingdom.

Annual Dinner.

The annual Charter Day dinner of the Royal College of Surgeons in Ireland took place in the College Hall on February 11th. The President of the College (Dr. R. D. Purefoy) occupied the chair. The Lord-Lieutenant sat on the President's right hand, and the Master of the Rolls on his left. In proposing the health of the Lord-Lieutenant, the President referred to the work done by the Countess of Aberdeen in alleviating the conditions of the poor and sick of this country. Dr. F. Conway Dwyer, Vice-President, proposed the toast of "The Guests," which was responded to by the Master of the Rolls and the Rev. Dr. Mahaffy. Sir Charles Cameron proposed the toast of the "Sister College," the Royal College of Physicians. On behalf of the Council of the College, His Excellency the Lord-Lieutenant presented to the President a solid silver salver in recognition of his services to the College during the past two years. A diamond and pearl pendant was also presented to the President's sister, Miss Purefoy. During the course of the evening songs were contributed by Messrs. Charles Kelly, Melford D'Alton, J. R. Morgan, and John Horan.

CONJOINT BOARD IN ENGLAND.

At a meeting of comitia of the Royal College of Physicians on January 29th, and of the Council of the Royal College of Surgeons on February 12th, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred by each College on the following ninety-seven candidates who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Examining Board:

A. D. Anderson, E. B. Argles, H. A. Ash, G. Aspinall-Stivala, C. H. B. Avarne, E. R. Bailey (L.D.S.Eng.), A. C. Ballance, Framroz Dossabhoy Bana (M.B., B.S.Bombay), F. M. Barnes, W. C. P. Barrett, M. H. Barton, F. P. Bennett, A. H. F. Bizarro (M.D.Lisbon), P. R. Boswell, A. Bouchage (M.D.Paris), F. C. S. Broome, D. A. Carmichael (M.D.Kingston), Hari Chand (L.M. and S.Punjab), Seemampillai Francis Chellappah (L.M. and S.Ceylon), Trimbak Lakshman Chiplonkar, E. L. Christoffels, W. H. Cornelius (L.D.S.Eng.), F. H. L. Cunningham, J. C. Davies, L. R. Gothin de Glanville, R. M. de Mowbray, C. K. G. Dick, Kashinath Jaideo Dikshit (L.M. and S.Bombay), R. H. Dix, P. Dvorkovitz, G. D. East, Mohammed El Bakry, R. Errington, Alma Percy Ford, A. N. Garrod, N. Gray, F. H. Guppy, H. Gwynne-Jones, W. R. H. Heddy, D. A. Henderson (M.B.Toronto), C. L. Herklots, E. S. W. Hirsch, G. A. Hodgson, T. J. H. Hoskin, Nilkanth Shriram Jatar, D. W. Jones, G. L. Jones, T. A. Jones, Mahomed Moose Khan, J. G. L'Etang, G. H. S. Letchworth, R. J. McN. Love, N. P. L. Lumb, R. G. Lyster, K. H.

McMillan, D. G. McRae, J. E. Margnat (M.D.Paris), F. D. Marsh, E. H. Marshall, W. H. Marshall, J. H. Mather, R. K. Merson, G. C. Metcalfe, L. E. Napier, H. G. Oliver, W. J. Paramore, C. F. Pedley, R. A. Preston, J. L. Preston, G. B. Pritchard (L.D.S.Eng.), W. R. Pryn, H. J. Rawson, S. A. Riddett (L.D.S.Eng.), G. D. Robertson, P. H. C. C. Schmidt (M.D.Freiburg), A. G. Shera, C. Sherris, R. Silcock, F. G. A. Smyth, T. R. Snelling, A. H. Southam, M. T. W. Steedman, C. K. Sylvester, J. B. Thackeray, Mom Chow Thavara, F. Tooth, H. Topham, T. R. Trounce (L.D.S.Eng.), D. S. Twigg, Jagannath Balkrishna Vaidya (L.M. and S. Bombay), R. E. S. Waddington, G. H. D. Webb, F. E. Weerasooria (L.M. and S.Ceylon), J. R. White (M.B., B.S.New Zealand), S. B. White, L. C. Wilkinson, and J. F. W. Wyer.

Diplomas in Public Health.

Diplomas in Public Health were also conferred upon the following (in conjunction with the Royal College of Surgeons):

C. N. Atlee, W. J. E. Bell (Captain, R.A.M.C.), Rose Lilian Humphrey Davy, C. L. Dunn (Captain, I.M.S.), Irene Davy Eaton, Maud Tresillian Fere, A. B. Fry (Major, I.M.S.), C. J. Galbraith, Maharaj Krishna Kapur (L.M. and S. Punjab), Nariman Bejanji Kolsavala (L.M. and S. Bombay), N. Low (Captain, R.A.M.C.), D. McIntyre, Marjorie Eva Middleton, A. H. Moore, C. C. Morrell, W. W. Pratt, Keshava Narayana Rau (M.B., C.M., Madras), R. O. Sibley, C. L. Sutherland, J. M. Todesco, F. E. Wilson (Captain, I.M.S.), J. H. Wood, and Jamsetji Hormusji Writer (L.M. and S. Bombay).

The Services.

THE REWARD OF RESEARCH IN INDIA.

SIR RONALD ROSS has sent us a copy of correspondence which he had two years ago with the India Office, and asks us to publish it, as it shows the position adopted by British Governments towards medical investigations—a point to which he drew attention in the article published in the JOURNAL of February 7th. Although his Indian investigations of 1891-99 did not at first form any part of his official duties, and though they cost him money, time, and loss of advancement, it would appear that the India Office does not feel itself in any way to be indebted to him for the work. This is the more remarkable since the disease which he successfully investigated causes, by official estimates, more than a million deaths a year in India in ordinary years, and much more than that in epidemic years. From that time to this, he tells us, he has received no thanks from the Indian Government for his work. It might be interesting to compare the facts given in his letter printed below with the handsome list of salaries displayed in *Whitaker's Almanack* as being given to able officials, who, however, have worked in fields which are probably of less advantage to the Indian public. Obviously the more difficult investigations are scarcely likely to be undertaken unless there is some prospect of professional reward for them when successful; and it would be interesting to ask what British Colonial Governments do to encourage such labours. We have recently published other letters regarding the Indian Medical Service. We recognize that some great improvements have been made in that service, but certainly think that research in it would be more stimulated if highly successful efforts in this direction were to receive proper recognition. The correspondence is as follows:

[Copy.]

To the Under Secretary of State,
India Office, Whitehall, London. March 7th, 1912.

Sir,—I joined the Indian Medical Service in 1881 and retired from it in 1899 as major, with the first pension of about £292 a year. It has been recently suggested to me that I have grounds for petitioning for one of the higher-scale pensions which are sometimes given to officers of the Indian Medical Service, and I now have the honour to write to ask whether such an application would be in order.

I may mention that during my eighteen years' service in India I was engaged from about 1891 to 1899 in very laborious studies on the mode of infection in malaria; that these studies were at first carried out during my own leisure, and always occasioned me very considerable expense, partly in consequence of the frequent changes of station involved and partly because I was obliged to decline accepting a civil post which had been kindly offered to me. Towards the end of the service the researches were successful and showed that malaria is carried by mosquitos. Since then I have been engaged at this university as professor of tropical medicine, and during this period have taught a considerable number of officers of the Indian Medical Service, and have continued researches and writings on the subject of tropical diseases, which I believe have been and will be of benefit to India. I do not know whether such matters can be taken into consideration, but beg leave to lay them before you.

Sir William Lever, Bart., Chairman of this School of Tropical Medicine, authorizes me to say that he will support this application if referred to.—I have the honour to be, Sir, your most obedient Servant

(Signed) R. Ross.

one of those personalities the profession can ill afford to lose. Krönig, in his address to his students, spoke of him as a friend, a hero, and the chosen leader of the coming generation in gynaecology; and because of the spirit of internationalism that has so pervaded all the medicine and surgery of this age, we venture to think that our sympathy and sorrow for the loss of so brilliant a gynaecologist will be accepted by his friends in all parts of Europe.

OTTAVIO MORISANI, M.D., SENATOR OF ITALY,

PROFESSOR OF OBSTETRICS AND GYNAECOLOGY, UNIVERSITY OF NAPLES.

PROFESSOR OTTAVIO MORISANI, who died at Naples on January 24th, was one of the most distinguished obstetricians in Europe. Born at Formicola, in the province of Caserta, in 1835, he studied medicine at Naples and took his doctor's degree at the university of that city in 1855, when he was barely 20 years of age. His first inclination was towards surgery. In 1860 he was appointed surgeon-extraordinary to the Hospital of the Incurabili, and he translated Nélaton's *Pathologie Chirurgicale* and Malgaigne's *Médecine Opératoire*. From 1864 onwards, however, he devoted himself wholly to midwifery and diseases of women. In 1867 he qualified as a lecturer in the University of Naples, and in 1874 he was appointed professor of clinical obstetrics. Soon afterwards he became director of the Clinical Institute of Obstetrics and Gynaecology at Naples. He was the author of three books, which have gone through several editions and become classics in the literature of the speciality. These are *Obstetrics in Synoptical Tables*, which was published in 1865; a *Manual of Obstetrical Operations*, which appeared in 1878, and a *Manual of Obstetrics*, which was issued in 1883. He was also the author of several other writings. He gained a worldwide reputation, and enjoyed the confidence of the King and Queen of Italy; he officiated at the birth of the Princess Jolanda and the Crown Prince Umberto. Many distinctions, Italian and foreign, were conferred on him. For a great number of years he was vice-president of the Società Italiana di Ostetricia e Ginecologia. He was the founder and editor of the *Archivio di Ostetricia e Ginecologia*, a periodical which has a great reputation among specialists. In 1907 he was disabled by an attack of hemiplegia, and retired with the title of Emeritus Professor.

Professor Morisani was a teacher of the first order, and a number of students who are now prominent as obstetricians and gynaecologists were his pupils. At the International Obstetrical Congress held in Rome in 1894 Professor Leopold hailed him as the most brilliant light of European obstetrics. In 1890 he was made a Senator of Italy. In 1895 he was elected a corresponding member and in 1909 an Associate of the Paris Academy of Medicine. At a meeting of that body on February 3rd the President, M. Ch. Perier, said that Professor Pinard had supplied him with the following appreciation of Morisani's work:

These works were the obstetrical gospel of many generations. Morisani was famous as an obstetrician all the world over, but the finest gem in his crown is the tenacious and indefatigable struggle he made for the revival of Sigault's operation—symphysiotomy.

His active propaganda, the President added, helped to free obstetricians from a scientific opprobrium—embryotomy of the living child or feticide. It was said of Morisani that his intelligence and his heart were as big as his body was little.

MANY medical friends and former fellow-students will learn with much regret of the death of Dr. ARTHUR REGINALD HARDY, of Buxton, on February 2nd. He was the son of the late Rev. Isaac J. Hardy, of Buxton, and early showed a desire to enter the medical profession. In 1902 he began his studies at the Owens College Medical School. During his student days he developed pulmonary tuberculosis, which severely handicapped his academic career, in spite of the eager determination he showed that his illness should not interfere with what he regarded as his chosen life's work. He obtained the diploma of L.S.A. in 1908, and subsequently settled down to the double task of maintaining his health and establishing a practice in Buxton. Until just over a year ago, when his health

became more seriously impaired, he had made excellent progress in building up a practice, and was gaining name and fame for himself in the special branch of medical science connected with the treatment of rheumatism, rheumatoid arthritis, gout, etc., by the Buxton thermal waters, and in the newer methods of applying medical electricity for the alleviation of these diseases. Dr. Hardy was of a most sincere and kindly disposition, and an admirable friend. He had a wonderful enthusiasm for his work, which often impelled him to draw too largely on his strength, and showed itself in a remarkable way, even when fighting a losing battle with an insidious disease. Possessed of a keen and logical mind, Dr. Hardy had increased his natural gifts by very wide and varied reading, and it is deeply to be regretted that a cruel fate should have prevented the perfecting of those intellectual abilities by years of experience, and that a life so full of promise should thus have been brought to an untimely close.

LIEUTENANT-COLONEL ROBERT DOVETON HODSON, of Trowbridge, Wilts, and of the R.A.M.C. (retired), died at Bournemouth on January 30th, aged 59. He was born on December 14th, 1854, educated at Guy's and St. Mary's Hospitals, took the diplomas of M.R.C.S. and the L.R.C.P. Edin. in 1876, and entered the Army Medical Department, as it was then called, on August 5th, 1877. He became Surgeon-Major on August 5th, 1889, and Lieutenant-Colonel on August 5th, 1897, retiring on attaining the age of 55 on December 14th, 1909. He served in the Afghan war of 1878-80, took part in the occupation of Kandahar, and received the Afghan medal; also in South Africa in 1899-1900, where he served in the operations in Cape Colony, and received the Queen's medal with two clasps.

CAPTAIN PERCY FARRANT, of the Royal Army Medical Corps, died at Sierra Leone on February 10th, aged 32. He took the diplomas of M.R.C.S. and L.R.C.P. in 1905, and entered the Royal Army Medical Corps, from which he was seconded to serve as house-surgeon to the Westminster Hospital. He served in Jamaica for three years; a full year's service in Sierra Leone would have ended on February 27th.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. John G. Cecil, till recently professor of the principles of medicine and clinical medicine in the University of Louisville, aged 58; Dr. Giuseppe Cesari, professor of materia medica in the University of Modena; Dr. Alexander O. Erskine, emeritus professor of obstetrics and paediatrics in the Memphis Hospital Medical College, and sometime Dean of the College, aged 81; Professor Heinrich Grabower, of Berlin, well known by his researches on the innervation of the larynx and on ozaena, aged 64; Dr. A. Laguesse, formerly professor of natural history in the Medical School of Dijon, aged 85; Dr. Lefèvre, representative of the Seine Department in the French Senate, aged 80; Mrs. E. Musson, professor of otology in the Woman's Medical College of Pennsylvania at Philadelphia; Professor Neufeld, assistant director of the Royal Nutrition and Food Stuff Research Institute of Würzburg, aged 48; Dr. Openchovsky, professor of clinical therapeutics in the Medical Faculty of Charkow; Dr. Emil Pernitza, formerly physician to St. Joseph's Hospital for Children, Vienna; Dr. Charles Phelps, for forty years a member of the staff of Bellevue Hospital, New York, and author of a textbook entitled *Injuries to the Brain* and of other works on surgical subjects, aged 79; and Dr. Volmer, for many years medical director of the Catholic Hospital of St. Hedwig, Berlin, aged 81.

THE Board of Agriculture's second interim report of the Departmental Committee on Swine Fever states that inoculation with serum alone is of no practical value, and that all known methods of vaccination or simultaneous inoculation with serum and virus exposes the animal to risk and renders it infective to others. Further experiments are necessary in the hope of finding an effective form of vaccination.

Medico-Legal.

THE BRITISH MEDICAL ASSOCIATION: ALTERATION OF MEMORANDUM AND ARTICLES.

ON Tuesday, February 17th, Mr. Justice Warrington heard a petition which was presented pursuant to the Companies' Consolidation Act, 1908, to alter the terms of the Association's Memorandum of Association.

Mr. Colquhoun Dill (instructed by Messrs. Hempsons) supported the application, which was not opposed.

His Lordship made an order confirming the alterations proposed at the extraordinary meeting of December 5th, 1913, and subsequently confirmed at a meeting on December 30th, 1913, as published in the SUPPLEMENT of January 3rd, 1914, p. 3.

PUNISHING INFIRMARY CHILDREN.

ON February 11th the Lord Chief Justice, sitting with a special jury, heard a case in which Dr. William John Charles Keats, medical superintendent of the Camberwell Infirmary, sought to recover damages for libel from Mr. J. C. Connolly, editor of the *Dulwich Post*. Mr. McCall, K.C., and Mr. Neilson (on behalf of the London and Counties Medical Protection Society) appeared for the plaintiff. The defendant appeared in person.

The plaintiff's case was that when a guardians' election was pending in March, 1913, the defendant, who was a very prominent local politician, published a report of a meeting of the guardians at which a report made by the plaintiff had been considered. This report related to certain grave cases of insubordination in the wards as a result of which the plaintiff had been compelled to administer corporal punishment to certain boys. In dealing with it on March 22nd, 1913, the defendant headed his column: "Dr. Keats' Cat of Five Tails. Flogging Children in the Infirmary." On May 3rd another article appeared, headed "Guardians and Flogging. Dr. Keats' Invisible Whip." This purported to be a report of a guardians' meeting, but plaintiff complained that the defendant had selected from a long discussion what answered his purpose.

The defendant, who had pleaded fair comment, said in the course of the case that he had no feeling against the plaintiff.

The jury returned a verdict for the plaintiff and awarded £100 damages.

Judgement was entered accordingly with costs.

* * In a somewhat similar action brought by the same plaintiff against the *London Budget*, the plaintiff was awarded £100 damages (see BRITISH MEDICAL JOURNAL, January 31st, 1914, p. 279).

Medical News.

PROFESSOR POZZI, the well-known gynaecologist of the Hospital Broca, Paris, has been made a Grand Officer of the Legion of Honour.

THE annual dinner of the Association of Public Vaccinators of England and Wales will be held at the Royal York Hotel, Brighton, on March 14th.

A COURSE of lectures on syphilology is being given at the London Hospital. The course commenced on February 3rd and will terminate on March 27th.

AN association for the prevention of the abuse of opium has been formed in Java. The American and Chinese Consuls have been elected honorary members.

THE British Commercial Gas Association informs us that a gas-heated refuse destructor for the incineration of household refuse can now be obtained in this country.

SIR SHIRLEY F. MURPHY, M.D., has been appointed Deputy Chairman of the Trade Board established by the Board of Trade for those branches of trades specified in the Trade Boards (Shirtmaking) Order, 1913.

MR. HERBERT TILLEY, surgeon, Ear and Throat Department, University College Hospital, has been elected a corresponding member of the Laryngological Society of Berlin.

THE State Medical Service Association proposes to hold a public meeting in Essex Hall, Essex Street, Strand, on or about March 25th to discuss the responsibilities of the State for the national health.

THE *Imperator* of the Hamburg-Amerika Line, the largest liner afloat (52,171 tons), will leave Southampton on April 3rd, and is due to arrive in New York on April 9th.

To members of the International Congress of Surgery, which is to be opened in New York on April 13th, a special concession of 25 per cent. will be allowed. They will be able to return by vessels of this line sailing from New York on April 15th, 23rd, 30th, and May 2nd and 9th.

DR. J. IRELAND BOWES, who recently resigned the office of medical superintendent of the Wilts County Asylum, which he had held for between thirty and forty years, has been presented by the officers and staff with a pair of five-branch candelabra in silver. He was also the recipient of a silver-mounted walking-stick and silver-mounted briar pipe from the male and female patients respectively.

THE first (American) National Conference on Race Betterment, which was held at Battle Creek, Michigan, January 8th to 12th, was attended by some 400 men and women. The programme included discussions on race degeneration and the advocacy of various reforms; among these were the frequent medical examination of people supposed to be healthy, sound habits of living, and open-air schools and playgrounds.

THE next award of the scholarship founded in honour of Mr. James Smith Turner to help students who have financial difficulty in completing the dental curriculum will be made after an examination to be held during April, 1914. Candidates can obtain printed forms of application from the Secretary, British Dental Association, 19, Hanover Square, London, W.; the forms must be returned duly filled up by March 15th.

THE Massachusetts State Board of Charity has had plans and specifications prepared for a new leper infirmary to be built on Penikese Island at an estimated cost of £5,000. Two sections of the infirmary will be set apart for the scientific study of the disease; one of these will be equipped with the x-ray and other modern apparatus. There will be accommodation for bedridden patients suffering from pneumonia and consumption, affections which follow close on the latent period of leprosy.

THE American Association of Medical Jurisprudence, which has recently been incorporated under the laws of the State of New York, has for its object the investigation, study, and advancement of the science of medical jurisprudence. The membership, which is limited to 200, is composed of medical practitioners and lawyers from all parts of the United States. Dr. Reynold Webb Wilcox is the president. The new association will hold its first meeting on the first Saturday in May.

DR. MARTIN F. SLOAN, Assistant in Medicine at the Johns Hopkins Medical School, has been engaged for three months to introduce the treatment of pulmonary tuberculosis by induced pneumothorax at the United States Public Health Service Sanatorium, Fort Stanton, New Mexico. That institution is said to offer a good field for the employment of induced pneumothorax because of the large number of advanced cases and the opportunity the Government affords to retain under treatment patients who are disabled for a long time. Of the 200 patients, all adult males, who are now in the sanatorium, 30 have been selected as suitable cases for the treatment.

SINCE Routh's statistics of Caesarean section were published at the St. Petersburg meeting of the International Obstetrical Congress in 1910 the operation has become even more generalized than was at that time foreseen. French obstetricians admit that some of their own teachers underrate its difficulties, yet both in France and other Continental countries it is increasing in favour and in the excellence of the results. The evidence of Dr. Asa Davis of New York (*Amer. Journ. Obstet.*, December, 1912, p. 1017), who makes a short median incision above the umbilicus, shows that Caesarean section has become almost popular across the Atlantic. "Once start a series of these operations," he writes, "and the history of the snowball which increases with every turn is repeated. These patients see the result of the operation, and they come for subsequent delivery by this method. They know of friends who have had difficult labours, perhaps repeated stillbirths due to contracted pelvis, and they send them to be delivered by Caesarean section. Formerly it was necessary to persuade these women to allow this form of delivery even under conditions which presented no other way to secure a living child. To-day they accept our decision to deliver the child through the abdomen as readily as they do a forceps operation." Dr. Davis's related experiences fully support his assertion.