

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANTIMONY IN PNEUMONIA.

FROM time to time I have read with much interest the different suggestions made in the BRITISH MEDICAL JOURNAL as to the treatment of pneumonia. May I commend to the trial of your readers the use of antimonial wine in doses of 2½ minims? I have used it now for some years in these cases, and found almost invariably that the crisis has come at the end of the fourth day. Recently, having found the benefit of aconite in 2-minim doses in cutting short colds which are creeping on to the lung, I have used it for the first forty-eight hours in pneumonia, after that going on to the antimonial wine, with the result that the temperature has tended to drop before the fourth day. The only cases that have been somewhat disappointing are those in which the pneumonia has been a complication of influenza. In those the crisis has come at the end of the fourth day, but it has not warded off the other lung taking on inflammatory action. Ringer, in his valuable work, alludes to the use of each of these drugs.

Tiverton.

C. E. LIESCHING.

NASAL DISEASE AS A CAUSE OF SPINAL SCLEROSIS.

A WOMAN, aged 27, first seen in January, 1911, complained of loss of power in feet and legs and occasional loss of control of bladder and rectum. She walked by the help of one or two sticks, with unsteady gait, dragging one leg, and inclined to trip and fall. The patellar reflexes were much exaggerated, ankle clonus was present, and the Babinski sign was extensor. Sensation to pain was much diminished in all parts of the body below the second dorsal vertebra. There appeared to be some transverse myelitis at this spot. The case was afterwards diagnosed as lateral sclerosis by a specialist of experience, and a very bad prognosis given.

The history of the case is as follows: As a child she was very healthy, but when at a boarding school she had an attack of influenza followed by trouble in the nose. She entirely lost the sense of smell, and was supplied with extra pocket-handkerchiefs, because of the abundant discharge. Some treatment was adopted, but it was not followed up. The trouble in the legs became very manifest when she was 21 years of age.

When seen in 1911 the nose contained a hard leathery crust, curved upon itself, and when this was removed the mucous membrane underneath was found to be ulcerated. It appeared not unlikely that this condition of chronic atrophic rhinitis was the cause of all her symptoms, and the treatment was therefore directed to the nose. Under the persistent use of douche and spray the nasal condition cleared, and this was accompanied by improved health, greater control over the sphincters, and improved walking. She had also a course of electrical treatment for the spine.

This is now three years ago. The nose still receives regular attention, but nothing is being done for the spine. The sphincters give no trouble. The walking is still improving, and she is able to perform all her ordinary duties without difficulty. To all appearance the cause has been found and kept under control, and the disease checked.

Other cases have been seen in which oral sepsis appeared to be the cause, for the treatment of this condition has been followed by improvement in the spinal symptoms.

Nottingham.

Jos. S. BOLTON, M.D.

POSTERIOR GASTRO-JEJUNOSTOMY WITH ENTERO-ANASTOMOSIS.

As duodenal ulcer and pyloric obstruction is a common illness nowadays, and as the usual "no loop" operation is so generally done—very often with ultimate results that are not pleasant for the patient—I venture to put forth a plea for the short loop double operation in every case with entero-anastomosis.

I have done this operation—posterior gastro-jejuno-

stomosis—at the same time, in all my cases (26) during the last 2½ years, and find that the patients do not return with "miserable" sensations; in fact, they all have kept quite well. It seems to me that by making an entero-anastomosis as a matter of course, Nature's plan is imitated, as the bile and pancreatic fluid join the food stream two inches below the stomach opening. The after-treatment is simplified, there is rarely any vomiting at all, and the patient need not sit up in bed the first week; he can lie in a comfortable recumbent position, thereby avoiding undue strain on the abdominal sutures. The double operation should not take longer than one hour twenty minutes, allowing a few minutes for putting on a fresh pair of gloves.

I have never had a case of peptic ulcer resulting.

G. GORE GILLON, F.R.C.S. Ed.,

Honorary Surgeon, Auckland Hospital, N.Z.

THE ETIOLOGY OF BERI-BERI.

IN the BRITISH MEDICAL JOURNAL of October 25th, 1913, Messrs. H. Fraser and A. T. Stanton wrote on the etiology of the genuine beri-beri found in the East, and they quite properly pointed out that forms of the polyneuritis found in many other parts of the world may not be identical with this disease. I may mention a few points in connexion with the disease which I have always regarded as beri-beri in Southern Nigeria. I found it occurring most often among the Kroo boy artisans who came down to us by steamer and worked in gangs, and I must confess that their diet was to a large extent polished rice. The symptoms which they exhibited were always those of typical polyneuritis, generally of a dry, non-oedematous form. The disease occurred sporadically and never in epidemics, and there was never more than one, or at most two, boys suffering from it at the same time in the same gang. They had a pseudo-ataxic gait, and I generally recognized a case of what I called "beri-beri" some distance away when I saw him coming out from the Kroo house by his peculiar way of walking. This disease was more or less constant, and I generally saw a good number of cases of it every year. Several of them died in hospital, where they received every care and nourishment; the majority, however, recovered on being invalided to their own country.

Every gang of Kroo boys had its cook, all the boys pooled their rations, and the cook exchanged a certain amount of the rice and biscuit daily for fresh food; the various articles he thus obtained (fish, palm oil, vegetables, etc.) he cooked together in a kind of general stew, and all the boys sat round and fed together. When the boys arrived at the beginning of the year they generally had a half-starved appearance, but when they had been down with us for a few months they got both fat and strong, and yet among every two or three gangs of these swarthy, robust artisans a case of this peculiar polyneuritis was found.

Among the Europeans, in respect of whom the rice theory (or fact) can be excluded, I noticed a fair number of cases of polyneuritis. Symptoms always set in gradually with a sensation of walking on something soft and a loss of sensation, particularly in the lower extremities; there was pain on squeezing the calves of the legs, followed by loss of tendon reflexes, and afterwards all the typical symptoms of a multiple neuritis set in with, as a rule, a certain amount of oedema. I always, when possible, sent such cases home as soon as diagnosed. The only one who died was a patient who refused to go; he succumbed to heart failure with cyanosis rather suddenly in the manner so graphically described by Manson. The previous day he had been working as usual in his office. It is possible that none of these cases may have been true beri-beri as found in the East; if not, then there must be some other form of polyneuritis occurring endemically in certain tropical countries which has not been hitherto described.

In conclusion, I would wish to ask Dr. Casey what diet the Boer prisoners received in St. Helena during the South African war; it would be interesting to know also what were the rations of the inmates of the Richmond Lunatic Asylum when the so-called epidemic of beri-beri occurred in that institution about twenty years ago.

Gallegos, Argentine.

E. G. FENTON.

FEBRILE INTESTINAL SCHISTOSOMIASIS AND ITS OCCASIONAL RESEMBLANCE TO FEBRILE APPENDICITIS.

It is interesting to note how the same problems in tropical medicine crop up in different parts of the world, and often about the same time. As an example, I may quote a recent experience in Caracas. Shortly after my arrival here, I was speaking to Dr. R. Gonzalez-Rincones, so well known on account of his work on the medical entomology of Venezuela. We were talking about parasitic diseases, and he was telling me that only the intestinal form of schistosomiasis occurs in Venezuela. In this connexion he drew my attention to Captain R. G. Archibald's valuable paper entitled "Intestinal Schistosomiasis in the Sudan," which appeared in your issue of February 7th. He said he was very glad to see this paper, as the febrile condition which it describes is found in cases of the disease in Venezuela. On several occasions it has led to a faulty diagnosis of appendicitis, and useless operations have in consequence been performed on cases which were afterwards proved to be suffering from schistosomum infection. It seems advisable to draw attention to this danger, while it is probable that vaccine treatment on the lines suggested by Captain Archibald will prove as beneficial here as it has done in Khartoum.

ANDREW BALFOUR, C.M.G., M.D.,
Director-in-Chief, Wellcome Bureau
of Scientific Research.

Caracas, Venezuela.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

LONDON JEWS' SOCIETY'S HOSPITAL, JERUSALEM.

CHRONIC INTUSSUSCEPTION OF THE APPENDIX.

(By C. H. CORBETT, M.B., Ch.B. Edin.)

ON November 5th, 1913, a patient, S. J., aged 4, was admitted giving a history of periodical abdominal pain. The duration of the condition had been two months. There had been no history of constipation, diarrhoea, vomiting or fever. On being put under observation, it was found that the periods of excruciating pain lasted several minutes, with intervals of ten to fifteen minutes.

The persistent position of the patient was a dorsal one, with legs and thighs well flexed. The temperature was subnormal, the organic functions were normal, and there was no sign of a serious abdominal condition. Five days after admission the abdomen was resistant on the right side, in the hypochondriac, lumbar iliac and outer halves of the hypogastric, umbilical, and epigastric areas. Three days later—eight days after admission—peristalsis was observed immediately below the gall bladder region and on deep palpation immediately below the infracostal line in the same vertical plane as the peristalsis and gall bladder a seemingly elastic tumour of the size of an apple was felt. The same day an exploratory incision was made through the right rectus sheath, a small tumour was detected lying on the posterior abdominal wall just below the lower end of the right kidney.

On further examination outside the abdominal cavity, this tumour, the size of a large walnut, was found to lie within the lumen of the ileum and could be propelled into the caecum. The appendix was not present, the site of its origin from the bowel being replaced by a band of adhesion which at first suggested an undeveloped appendix. There was no other sign of inflammation but this band. On opening the ileum a conical tumour the size of a date was revealed. The apex of the cone admitted a probe for about three-quarters of an inch. The adhesion on the outside bowel wall was removed; the tip of the appendix thus revealed was seized; the adhesions between the peritoneal covering of the appendix and those of the ileum and caecum were removed and the intussuscepted appendix reduced and amputated. The intestinal and abdominal walls were now sutured. The patient made an uninterrupted recovery.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BOMBAY BRANCH.

At a clinical meeting, held in the hall of the Jamsetjee Jijibhoy Hospital, Byculla, on March 19th, Lieutenant-Colonel ASHTON STREET, I.M.S., in the chair, the following were among the exhibits:—Lieutenant-Colonel ASHTON STREET: (a) A Hindu lad, aged 10 years, with well-marked elephantiasis of the leg; it had commenced when the patient was 3 years old; (b) a specimen of ossifying sarcoma of the lower jaw; it had been removed, together with part of the jaw, from a man who had previously been operated on at various hospitals for cystic swelling of the jaw; (c) a leg and foot showing well-marked elephantiasis; it was removed from a patient who in Calcutta had had the deep fascia of the limb dissected out for his trouble as a treatment of the condition. The trouble had, however, recurred, and consequently the limb was amputated at the patient's request. Major T. S. NOVIS, I.M.S.: (a) A series of specimens, including an inverted Meckel's diverticulum which had caused intussusception, and various skiagrams of fractures which the exhibitor had treated by wiring or screwing the broken ends; (b) two patients who had undergone treatment of this order some time previously, and in both the anatomical and functional results were excellent. Also shown were a series of cases of fracture still under corresponding treatment in the wards of the hospital, the screws or wiring and the deposition of callus being demonstrated by means of the x-ray screen. Dr. F. S. MASTER: A patient, with a specific history, who had been treated in the out-patient department of the Jamsetjee Jijibhoy Hospital for over a year; he had several ulcers, which had been treated by scraping and other means, and some scars typical of syphilis; he had undergone mercurial treatment, and was now an in-patient, receiving salvarsan treatment. Major R. MARKHAM CARTER, I.M.S.: A series of pathological specimens from the Grant College Pathological Laboratory. Major E. F. GORDON TUCKER, I.M.S.: Some cases of locomotor ataxy. Major L. C. EVANS, I.M.S.: A specimen of ovarian pregnancy. The meeting, which was the largest clinical gathering ever held by any medical society in Bombay, concluded with a vote of thanks to its organizer, Dr. D. R. Bardi, the Honorary Secretary of the Branch.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF OBSTETRICS AND GYNAECOLOGY.

Ante-natal Pathology.

At a meeting on April 2nd, Dr. W. S. A. GRIFFITH in the chair, a discussion on the need of research in ante-natal pathology was opened by Dr. AMAND ROUTH, whose paper in full will be found at p. 902 of this issue.

Dr. J. W. BALLANTYNE (Edinburgh), in the course of a contribution read in his absence, said that the problems to be studied included the physiology and pathology of pregnancy as it was seen in the pre-maternity wards of any hospital, the physiology and pathology of the offspring in the germinal, embryonic, and fetal stages of its existence, and the physiology and pathology of the decidua. Without a serious study of ante-natal pathology there could be no marked improvement in race health, and race health was the watchword of the present day; eugenics was attempting to solve it, but eugenics without obstetrics and ante-natal pathology and hygiene would have but small success.

Dr. F. W. MOTT dealt with a number of facts bearing on ante-natal pathology which he had noted during the course of an investigation of the family history of cases of juvenile paralysis carried on by him for many years. His remarks, which were supported by diagrams and charts, included the history of

per annum as one does as an asylum medical officer.—
I am, etc.,
April 21st.

Ex-RESIDENT.

THE FALLING BIRTH-RATE.

SIR,—With all due respect to Dr. Binnie Dunlop, I beg to be allowed to state that had I been aware that he was a protagonist of neo-Malthusianism I should not have entered into this controversy. He has formed opinions which evidently cannot be shaken by any fact or argument I am likely to advance, and I am quite content to let him have the last word.—I am, etc.,

Earlswood Common, April 20th.

HENRY SEWILL.

PORTRAITS OF BURNS.

THE correspondence under this heading originated by Professor Keith's anthropological study of some portraits of Shakespeare and Burns (February 28th, p. 461), has diverged from what may be considered the scientific questions involved into a debate concerned with biographical and artistic details. Its continuance on these lines in our columns would be out of place, but it may interest many to read the following extracts from a letter which Mr. Barrington Nash, whose reputation as an authority on art is high, has addressed to us:—

When I asked Professor Keith some few months since kindly to accept the custody of the cranial cast of the poet Burns for the museum of the Royal College of Surgeons of England, I little thought I was again opening the floodgates of contention and controversy of a now long past era.

This particular cast is a very precious relic, having formerly belonged to Thomas Carlyle. There were four originally taken from the mould under the direction of Dr. Blacklock, of Dumfries, of which this is probably one, and the only old cast of the poet's cranium I have ever seen. That lent to the Burns Exhibition in 1896 was a very poor substitute for the original, so I lent this one to the executive.

My attention has lately been directed to the correspondence on the portrait of the poet Burns appearing in your JOURNAL over the signature of Dr. John W. Findlay. The cranial cast exhibits many highly marked features or peculiarities, and the larger portrait discloses these in absolute agreement.

Dr. Findlay's first argument is that most Scotsmen who have studied the question believe that there never was a portrait of Burns by Raeburn. This opinion does not accord with my experience, which extends over twenty-six years. Hundreds of distinguished Scotsmen have personally expressed the opinion to me that as Raeburn and Burns were together in Edinburgh for a considerable time, and as Raeburn was painting the portraits of those during the period whom the poet frequently met, it seems most probable that the result would be a great desire on the part of the painter to perpetuate the features of the poet. That there is no documentary evidence as yet revealed to prove that the poet did sit for his portrait to the painter does not negative this. Finality is hard to reach in this matter in the absence of all Raeburn's papers.

With regard to Dr. Findlay's second argument respecting the best known portrait, all must acknowledge that the first impressions of the appearance and personality of Burns were received through the numerous reproductions of the portrait painted by Alexander Nasmyth. Alexander Nasmyth was a very worthy and estimable man, but by profession and inclination a landscape painter. I have seen most of Nasmyth's portraits, but his best work in this respect justifies the protests made to Creech by Nasmyth that his powers as a portrait painter were not equal to the task of painting Burns.

Dr. Findlay objects to the statement that the poet had an aquiline nose. In the galleries and rooms of the Institute, Burns Exhibition, 1896, were assembled all the procurable portraits of the poet's relatives, amongst others, that of his mother, Agnes Brown or Burns, his brother William, his sisters Isabella and Annabella, his sons Robert, William Nicol, and James Glencairn; all of these have unquestionably long aquiline noses. The poet's lineage is long and honourable; it goes back to the days of Bruce, as the researches of the late Dr. Chas. Rogers have established. A great friend of mine, whose grandfather knew Burns well, has often heard her grandfather speak of the poet's father, William Burns or Burnes, and that his position then as a small farmer ill-suited his manner and bearing, which was that of a gentleman of very refined appearance. He said he was very like the Duke of Wellington as he knew him in later years, and that he had a long "eagle" nose. Because the hair in the Nasmyth is shown as smooth and orderly, Dr. Findlay concludes the poet arranged it so. If Dr. Findlay will read up the descriptions of Burns's personal appearance when he visited Edinburgh, he will find all agree in stating that the poet's hair was dark and heavy, with a tendency to wave, and that he wore it spread across his forehead, as depicted in both of the Raeburns.

The cranial cast exhibits a great and marked prominence of the eyebrow ridges, also of the frontal sinus. The Nasmyth is negative on these points; the Raeburns indicate these peculiarities. The eye as depicted by Nasmyth is spherical, and I say prominent and most certainly not deep set. Beugo, when

engraving the portrait for the first Edinburgh edition, had sittings with the poet—a very unusual circumstance. The conclusion is that Beugo did not like the portrait as a likeness, and had sittings to improve it. In the space allowed him on the small copper-plate the engraver has altered the eyes from spherical to ovoid, and deepened their setting. He has also tried to express the dark swarthy look of the poet lacking in the Nasmyth. Dr. Findlay thinks that the thin firm lips and shut mouth of the Nasmyth are as they should be; but the poet's brother, Gilbert, in a letter to George Thomson of Edinburgh respecting the Nasmyth portrait, states that "his brother Robert's lip showed a separation outwards when not speaking, and that to make the poet mim-mou'd would not do."

That these portraits are portraits painted from the living life I am absolutely certain. My reason for accrediting them to the brush of the great master of Scottish portraiture is the analogy of technique with his portraits of this period—for example, that at Arniston of the Lord President Dundas, painted in 1787. He died December 13th, 1787.

I have no axe to grind and no big drum to beat. Research is very expensive work. I intend putting the gist of the matter into booklet form after reading the letters in their original text and not from quotations. But letters or no letters, the pictures are in evidence—the best proof of what transpired. I leave the matter at that issue for the time.

Medical News.

LIEUTENANT-GENERAL SIR JAMES GRIERSON, K.C.B., C.V.O., C.M.G., will distribute the prizes at the Royal Army Medical College, Grosvenor Road, S.W., on Friday, May 1st, at 4 p.m.

THE first festival dinner of the Lord Mayor Treloar's Cripples' Hospital and College, Alton, will be held in the Merchant Taylors Hall, London, E.C., on Wednesday, May 13th.

THE staff of the Post-graduate College, West London Hospital, have issued invitations to a conversazione, to be held at the hospital on the evening of Wednesday, May 20th.

THE Hunterian Society's Medal, offered annually for the best essay by a general practitioner, has been awarded to Dr. Basil T. Parsons-Smith, who took for his subject, "The Intermittent Pulse."

A SUMMER post-graduate course of lecture demonstrations will be held at the London Homoeopathic Hospital, Great Ormond Street, Bloomsbury, W.C., on Fridays in May and June, at 5 p.m., commencing May 1st.

At a meeting of the Royal Sanitary Institute, at 5 p.m., on Wednesday next, at 90, Buckingham Palace Road, Dr. E. F. Bashford, Director of the Laboratory of the Imperial Cancer Research Fund, will give a lecture on the bearing of comparative and experimental investigations on the association of cancer with chronic irritation.

THE Italian Parliamentary Committee has unanimously adopted a report by Professor Casciani on the means of developing the thermal stations of Italy. Among these are the institution of special courses and of travelling professorships that will enable lecturers to go about to different universities carrying on a scientific propaganda.

THE Rev. Walter John Barton has been appointed to the Head Mastership of Epsom College, which will become vacant at the end of the summer term, owing to the resignation of the Rev. T. N. H. Smith-Pearse, who has held the office for twenty-five years. At Oxford Mr. Barton took a First Class both in Moderations and in Literae Humaniores, and for the past seven years he has been an assistant master at Winchester College, his old school.

The new quarters of the Tuberculin Dispensary League at 1, Manor Street, Chelsea, will be opened by H.R.H. Princess Christian at noon, on May 9th. The premises, we are informed, have been given by the Charity Commissioners, and are vested in the Earl of Mayo, the Earl of Denbigh, and Mr. J. S. Dugdale, K.C., as trustees. It is intended to give a series of lectures and demonstrations on tuberculosis, and the first of these, on laryngeal tuberculosis, will be delivered by Dr. Camac Wilkinson, on Tuesday, May 12th, at 4 p.m.

THE Rockefeller Institute for Medical Research, New York, has received from Mr. John D. Rockefeller an additional endowment of £200,000 to be devoted to the organization of a department for the study of diseases of animals. The expectation is expressed by the trustees of the institute that the new department, by making possible a thorough study of this branch of pathology by trained experts, will prove a great boon to raisers of cattle, hogs, sheep, and other animals by showing breeders how to check or stamp out many diseases which affect these animals.

THE International Society for the Study of Sex Questions will hold its first congress this year at Berlin on October 31st, November 1st and 2nd. The president is Professor Julius Wolff of Berlin. The work of the congress will be distributed among four sections: Biologico-medical, sociological, legal (including criminal anthropology and psychology), and philosophico-psychologico-paedagogic. The official languages will be German, English, and French. Communications relative to the congress should be addressed to Dr. Max Marcuse, Lutzowstrasse 85, Berlin, W. 35.

A COMMITTEE of the Society of Medical Officers of Health is now considering the best means of organizing the members of the Society who are connected with the School Medical Service. The Committee includes, among others, Drs. Robert Hughes, S. B. Walsh, and Arnly Ashkenny, as representatives of school medical officers and assistant school medical officers who are not also medical officers of health. A meeting of members of the School Medical Service in London and the home counties is to be held at the House of the Society of Medical Officers of Health, 1, Upper Montague Street, W.C.; on Saturday, May 2nd, at 2 p.m., for the purpose of considering matters connected with the present and future welfare of the School Medical Service. Those who are unable to be present at the meeting are asked to send any suggestions to Dr. S. B. Walsh, The Hampden Club, Phoenix Street, N.W.

THE Brotherhood Movement intends to make a great campaign in November of this year, designed to reach every man in England. As a preliminary it has issued a handbook, particularly addressed to its supporters, on the objects and methods of the movement. The mission seems to be conceived in the right spirit, for its organizers appear to be willing and eager to acknowledge the good service to humanity of the different classes they desire to approach, to hold out the hand of fellowship to them, and to endeavour to assist them in their work. An attempt is to be made to get into touch with all classes—business men, journalists, doctors, lawyers, teachers, and, more difficult still, the nomad classes—gipsies, canal boatmen, and navvies. In the handbook there are special sections on the methods to be used to reach each class. The past services of members of the medical profession as speakers at Brotherhood meetings are dwelt on. The schemes for social study and service are well devised; many of them are closely connected with the health of the people. In the fight against venereal diseases the active co-operation of such a movement as this, with a membership of more than half a million men, should be of the greatest service.

A BILL has been introduced in the United States House of Representatives making it unlawful to manufacture, dispense, sell, or distribute in the District of Columbia or in interstate commerce any tablet containing mercuric chloride (corrosive sublimate) in larger amount than $\frac{1}{4}$ grain in each tablet, or any other poisonous tablet intended for external use, unless such tablet is made in the form or shape of a coffin, each bearing the word "poison" and a skull and crossbones design, and the bottle or other container bearing a red label stating the composition of the tablet and the word "poison" and a skull and crossbones design. It is understood, says the *New York Medical Journal*, that application has been made for a patent on this particular design and that this patent will be assigned, if granted, to the American Pharmaceutical Association, which in turn will permit the privilege of using it to any manufacturer. It is said that the application was made with a view to preventing any one manufacturer from attempting to monopolize the design. The bill further prohibits the introduction from abroad or from one State into another of poisonous tablets for external use, save under similar restrictions.

THE report of the Charity Commissioners for the year 1913 indicates that the aggregate income from all the securities held by the official trustees of charitable funds had amounted to over £934,533. During the same year new endowments of various charities amounted to £890,127; of this sum £307,693 was in respect of trusts established for medical charities. In addition, various wills had contained charitable bequests, unaccompanied by stipulations that the amounts involved should be regarded as trust estates, to the amount of £1,924,085, over one-third of this sum—namely, £775,393—being left to medical charities. The commissioners also state that early in the year it came to their notice that a trust established in the year 1834, for the benefit of women suffering from cancer, had somehow or other ceased to be administered since the year 1865. By a will proved in the first year mentioned a

Mrs. Elizabeth Skirrow directed that the income derivable from her residuary estate should be employed for the purpose of making weekly allowances of 5s. each to widows aged 60 and afflicted with cancer, and some five years later the Court of Chancery sanctioned a scheme devised for giving effect to this will. At that time the trust fund consisted of £1,700, but after 1865 no distribution of the income was made, and the amount available was about £4,000. Consequently a petition was being made to the Court of Chancery to allow the sum to be used for the benefit of women suffering from the disease.

THE seventh annual Nursing and Midwifery Conference will be held in the Westminster Yeomanry Hall (Elverton Street, S.W., adjoining the Horticultural Hall) on April 28th, 29th, 30th, and May 1st. The communications are arranged under different heads as follows:—*Political*: The State registration of nurses, by Sir Victor Horsley; the proposed L.C.C. registration of nursing homes, by Miss L. M. Stower; co-operation and affiliation in the training of nurses, by Miss Edmondson. *Patriotic*: The work of St. John Ambulance Brigade, by Lady Perrott; the work of the Red Cross Society, by Mr. James Cantlie; V.A.D. work—criticisms and suggestions from the trained nurses' point of view, by Miss Hilda Stewart. *Midwifery*: The eugenic consideration of venereal diseases, by Dr. Burnett Ham; the infant's first week of life, by Mrs. Lucy Naish; the development of infant consultations, by Miss J. Halford; the moral influence of the midwife, by Mrs. Barker; inspection from the midwife's point of view, by Miss Hall; conditions of nursing, by Miss Amy Hughes; one day's rest in seven, by Mr. Charles H. Ward; living out, by Miss Lucy Ashby; the need for organization, by Miss Atkey; vocation *versus* profession, by Miss E. Margaret Fox; how to avoid operative midwifery, by Dr. Annie McCall; the effect of the Insurance Act on lying-in hospitals, by Mrs. Granville; the teaching of midwifery by lantern slides, by Dr. J. S. Fairbairn; how to use material for teaching for the district, by Mrs. Macdonald; the humours of midwifery, by Miss Margaret French. *Tuberculosis*: Prevention and management of tuberculosis in early life, by Dr. T. N. Kelynnack; the rôle of the nurse in the tuberculosis campaign, by Miss Rundle; the care and control of the tuberculous patient, by Dr. H. Hyslop Thomson. *Mental and Nerve Work*: The progress of mental nursing, by Dr. Armstrong-Jones; the nurse and the care of nervous patients, by Dr. E. L. Ash; the Mental Deficiency Act, by Dr. Langdon-Down. *Fever, etc.*: Asepsis in fever nursing, by Dr. A. Knyvett Gordon. *Miscellaneous*: Nursing in a factory, by Miss Lois Style. There will be a reception by the committee at the rooms of the Royal Society of Medicine (1, Wimpole Street, W.), and Sir George Savage will deliver an address.

At the meeting of the International Dermatological Congress held in Rome in 1912 it was proposed by Sir Malcolm Morris and Dr. Thibierge of Paris that a new association should be formed. Accordingly, at the International Medical Congress held in London in August, 1913, an International Dermatological Congress was formally constituted. The object of the association, which has its head quarters at Brussels, is the furtherance of the advance of dermatology and syphilography by investigation, discussion, and mutual counsel. A permanent committee, including a representative of each of the principal countries of the world, was appointed. Of this committee Sir Malcolm Morris was elected President and Dr. Dubois-Havenith of Brussels Secretary-General. The other members are: Drs. Gaucher (France), Lesser (Germany), Bertarelli (Italy), Finger (Austria), Nékam (Hungary), Ehlers (Denmark, Norway, and Sweden), von Petersen (Russia), Jadassohn (Switzerland), Azna (Spain), and Fordyce (United States). Each country elects its own committee, and this committee chooses one of its members as delegate to the International Committee. The association will meet in congress every three years. The objects of the Congress are stated to be: (1) To hear and discuss reports, of which the subjects and the reporters are chosen by the International Committee; (2) to hear and discuss communications on other subjects which have been suggested to the International Committee, provided that they have been announced to the secretary-general at least three months before the opening of the Congress and have been accepted by the International Committee; (3) to hear and discuss communications upon any question or questions inserted in the agenda of the Congress by the International Committee in order to elicit the views of the members of the association; (4) to transact the business of the association as defined in the regulations of Congress. Cases and anatomical preparations will be exhibited at the congresses. The official languages of the Congress are English, French, German, and Italian.

educational attainments. After taking his degree in Arts he studied medicine in the University of Edinburgh, and graduated in the summer of 1891. He spent a year as resident physician in the Edinburgh Royal Infirmary, and then was clinical assistant in the ophthalmic wards under Mr. George Berry, where he displayed those fine practical qualities which enabled him to give the excellent service he did in the mission field. The influence of his uncle, the late Rev. Dr. J. Hood Wilson, and his own natural leanings, determined him to become a medical missionary; and after gaining a sound equipment of clinical knowledge, he was appointed to Tiberias Hospital under Dr. Torrance. Soon he was transferred to the charge of the hospital at Safed, where he worked for many years. During his career as a medical missionary he suffered much from malaria, had typhoid, and sustained a compound fracture of the leg as the result of a kick from a horse; yet, in spite of all, he laboured on with never so much as a complaint at his manifold physical handicaps. Eight years ago he went to Tangier in charge of the hospital of the North African Mission there, and speedily gained the entire confidence of the native and European population.

Wilson was a man of fine character—noble, loyal, and unselfish; and he will long be had in affectionate remembrance for his frank honesty, brightness, and singleness of heart and purpose. He is survived by a widow and daughter, to both of whom much sympathy is extended in this their hour of sadness and loss.

The funeral of Dr. HUGH DEWAR, of Portobello, Edinburgh, whose death in a nursing home under pathetic and tragic circumstances a few days ago caused widespread sympathy, took place from his house in Portobello to Whitburn, Lanarkshire, on Saturday, April 18th. The service in the house was conducted by the Rev. G. T. Jamieson, Portobello (quoad sacra) Parish Church. There were many wreaths, and a large sympathetic crowd watched the departure of the motor-hearse bearing the coffin. The deceased graduated as M.B., C.M. at Edinburgh University in 1896, had a large practice in Portobello, and was much esteemed by the profession and his fellow townsmen. He was unmarried, and much sympathy is felt for his sisters in their bereavement. On February 4th he had attended a primipara, who died a few hours afterwards. Dr. Dewar himself at once reported the death to the authorities, and had he survived to appear in the High Court at the end of this month, expert evidence would have been given as to the nature of the complication, which was, we understand, of a very unusual character.

We regret to record the death on Easter Sunday of Dr. FREDERICK PRYCE JONES, of Newtown, Montgomeryshire. It was due to an attack of pneumonia of only a few days' duration, and brought to an untimely close a career of much utility. Dr. F. P. Jones had only just entered early middle life, and his professional talents and personal characteristics had won him the esteem of the whole neighbourhood and the affection of very many people. A Newtown man by birth, he received his general education at the Merchant Venturers' School, Bristol, pursuing his professional education in London. As a student of the medical school of Charing Cross Hospital he evinced both ability and industry, and was awarded among other honours the Pereira prize and the silver medal for toxicology and forensic medicine. Becoming M.R.C.S., L.R.C.P. in 1896, he remained on at Charing Cross Hospital for some time, working as assistant in the electro-therapeutic department; he then worked for eighteen months at the General and Eye Hospital at Swansea, filling in turn the offices of house-physician and house-surgeon. Finally, Dr. Jones completed his preparation for practice by acting as an assistant to a medical man in Yorkshire. Some fourteen years ago he returned to Newtown, and little by little built up an excellent practice. At the time of his death he was a senior member of the active staff of the Montgomeryshire Infirmary and deputy coroner for Montgomeryshire. He also held office as public vaccinator, and was for some time in charge of the school medical service in the rural districts of the county. He brought to his work not only

knowledge and skill, but conscientiousness and a capacity for feeling real sympathy with his patients. He took much interest in the Red Cross movement, and those whom he trained for first aid examinations habitually afforded good evidence of his powers as a teacher. He was not a member of any local authority, but took a keen interest in the public and social life of the town. A well read man himself, he frequently took part in debates arranged by various local societies, and only a short time ago delivered an interesting lecture on books worth reading. Dr. Jones was never married, but is survived by several brothers and sisters, to whom, as to many unrelated friends, he was very dear.

LIEUTENANT-COLONEL EDALJI PALANJI FRENCHMAN, Madras Medical Service (retired), died at Bombay on March 19th. By race a Parsi, he was born on November 21st, 1855; educated at the Grant Medical College, Bombay; took the L.M.S.Bombay, the L.R.C.S.E. and the L.F.P.S.G. in 1878; and entered the Indian Medical Service as surgeon on March 31st, 1879. He became surgeon-major on March 31st, 1891; lieutenant-colonel on March 31st, 1899; was placed on the selected list on April 7th, 1907; and retired on April 1st, 1910. He received the C.I.E. among the Durbar honours on December 12th, 1911. The Army List assigns him no war service. In May, 1881, he was posted to civil employment in Burma, and spent the rest of his service—nearly thirty years—in that province, where he was for many years civil surgeon of Bassein district. In April, 1902, he was appointed Inspector-General of Prisons in Burma, and in 1909 officiated for six months as Inspector-General of Hospitals in that province. He was the first Indian member of the Indian Medical Service to hold an important administrative post like that of Inspector-General of Gaols; the first to act as Inspector-General of Civil Hospitals; and the first, and so far the only one, to earn a decoration.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on March 25th under the presidency of the Vice-Chancellor, Dr. Herringham.

Recognition of Teachers.

Dr. Arthur Cyril Hudson has been recognized as a teacher of the University in Ophthalmology at the Royal London Ophthalmic Hospital.

National Dental College.

The National Dental Hospital and College was admitted as a school of the University in the Faculty of Medicine (in dentistry only) until September 30th, 1916.

M.D. Examination in State Medicine.

It was resolved:

That the Regulations for the M.D. Examination in State Medicine be amended by the insertion of the words "not less than" before the words "two days" in the paragraph beginning "A practical examination extending over two days."

Appointment of External Examiner.

Professor Peter Thompson, M.D., has been appointed an External Examiner in Embryology for 1914-15.

Semon Lecture in Laryngology.

Professor Gustav Killian (Berlin), who will deliver the Semon Lecture at the house of the Royal Society of Medicine, 1, Wimpole Street, W., on Thursday, May 28th, at 5 p.m., has selected for his subject, "Suspension Laryngoscopy and its Practical Use." Sir Felix Semon will preside at the lecture, admission to which is free by ticket obtainable from the Academic Registrar of the University.

Lectures in Advanced Medical Subjects.

The following lectures in advanced medical subjects will be delivered during the third terms at the medical schools indicated:

St. Thomas's Hospital Medical School.—Three lectures on carbohydrate metabolism in health and diabetes, by Dr. Hugh MacLean, at 5 p.m. on Tuesdays, May 5th, 12th, and 19th.

University College Medical School.—One lecture on recent observations upon ulcer of the stomach, by Dr. Charles Bolton, at 5 p.m., on Friday, May 22nd.

Lectures in the Physiological Laboratory.

A course of eight lectures on the rate of the blood flow in man in health and disease will be given in the physiological

laboratory of the University by Dr. G. N. Stewart, Professor of Experimental Medicine, Western Reserve University, Cleveland, U.S.A., at 5 p.m. on Tuesdays, May 5th, 12th, 19th, 26th, and June 2nd, 9th, 16th, and 23rd.

Advanced Lectures in Physiology.

The following advanced lectures in physiology will be delivered during the third term:

University College.—Eight lectures on oxidation in the tissues, by C. Lovatt Evans, D.Sc., at 4 p.m. on Fridays, May 8th, 15th, 22nd, 29th, June 5th, 12th, 19th, and 25th (attendance at this course is recognized in connexion with the B.Sc. (Honours) Degree in Physiology).

Guy's Hospital: Physiological Laboratory.—Four lectures on the regulation of the composition and volume of the blood by Dr. J. S. Haldane, F.R.S., at 4 p.m. on Thursdays, May 7th, 14th, 21st, and 28th.

King's College: Physiological Laboratory.—Four lectures on the gaseous exchanges of the body, by Dr. T. G. Brodie, F.R.S., Professor of Physiology in the University of Toronto, at 4.30 p.m. on June 8th, 10th, 15th, and 17th.

The lectures will be illustrated by experiments.

University Studentship in Physiology.

A university studentship in physiology of the value of £50 for one year will be awarded to a student qualified to undertake research in physiology, and will be tenable in a physiological laboratory of the university or of a school of the university. Applications must be received by the Principal by May 31st.

Rogers Prize.

The Rogers Prize of £100 will be awarded for an essay or dissertation on the nature of pyrexia and its relation to micro-organisms. The prize is open to all persons whose names appear on the *Medical Register* of the United Kingdom. The detailed regulations for the prize can be obtained on application to the Principal. Essays or dissertations should be received by the Vice-Chancellor at the University by 4 p.m. on April 30th.

Presentation Day.

The presentation of graduates will take place at the University at 3 p.m. on Wednesday, May 13th. A service for members will be held in Westminster Abbey at 6 p.m., when the sermon will be preached by the Bishop of London. Applications for tickets for the service, which should be accompanied by a stamped addressed envelope, must be secured from Mr. J. D. Whyte, 88, Gower Street, W.C., on or before May 8th.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

BIOLOGY.—A. S. Newton.

CHEMISTRY.—A. S. Newton.

MATERIA MEDICA AND PHARMACY.—G. H. C. Harding, A. E. Pollitt, F. Simpson, F. Smith.

ANATOMY.—E. V. Briscoe, D. V. Halstead, P. Hughes, T. F. Reason, R. D. M. Tims, C. G. G. Winter.

PHYSIOLOGY.—E. V. Briscoe, D. V. Halstead, D. E. Hearn, P. Hughes, H. D. L. Jones, W. J. Walters, C. G. G. Winter.

The Services.

ROYAL ARMY MEDICAL CORPS.

THE King has granted permission to Captain Colin Cassidy, M.B., R.A.M.C., and Captain William E. Marshall, M.B., R.A.M.C., to wear the decoration of the Fourth Class of the Imperial Ottoman Order of the Mejidieh conferred upon them by the Khedive of Egypt in recognition of valuable services rendered.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL WORK.

DR. W. HOLDER, in resigning, after over forty-two years' service, from the position of Medical Officer to No. 7 District of the Sculcoates (Hull) Board of Guardians, at the end of the ensuing June quarter, stated in his letter of resignation: "The duties of the Poor Law district medical officer, unremunerative and nationally unappreciated as they are, are perhaps the most practically charitable and difficult of all medical work, calling for continual self-denial and resource under the difficulties of treating every form of disease without consultants or adequate nursing in most unhygienic surroundings. Yet I leave the duties with personal regret, for I recall with pleasure the many expressions of confidence and gratitude from many of the poor whom I have served."

The resignation was accepted with regret. The Board have under their consideration the question of the appointment of a full-time resident medical officer.

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 alone 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.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atologu, Westrand, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, Westrand, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, 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. CANTAB. would be glad to have particulars as to the inoculation of an ascitic patient with his own ascitic fluid.

H. W. asks for information as to results of injections of ferric citrate for chlorosis.

ANSWERS.

BLACK MILK.

W. J. R. writes: Black discharges from urethra, ear, and umbilicus have from time to time been found to be due to infection by a mould, the *Aspergillus niger*, the spores of which are highly pigmented, and by their presence give a black appearance to the discharge.

The condition is more apt to be met with in tropical countries, where moulds are ubiquitous during the rainy season, but the occurrence of such conditions has been noticed in temperate climates also. It is probable that black secretion from the breasts is due to duct infection by this mould, and the taking of a film would clinch the matter. The organism, if present, would probably develop readily on one of Sabouraud's culture media, and might even be induced to grow in a little sterile milk in a stoppered tube. Treatment will probably prove unsatisfactory, as the mammary ducts are not suitable for antiseptic irrigation. As potassium iodide has proved so useful in cases of sporothrix infection, it might be worth while giving it a trial, but if the mould has not penetrated the epithelial lining of the ducts, the drug will be unable to act upon it.

The more or less constant "muscular rheumatism" that "J. D. M.'s" patient complains of is conceivably a toxic phenomenon due to this infection.

LETTERS, NOTES, ETC.

"SIR" JOHN RANBY.

MAJOR H. A. L. HOWELL, R.A.M.C., writes: May I thank you for the notices you have taken of my historical articles in the *Journal of the Royal Army Medical Corps*? In your notice in the issue of April 4th there are, however, two errors. On page 774, second column, Sir John Ranby should read Mr. John Ranby. Ranby was never knighted. The mistake is mine and occurred in copying my original manuscript. In the next sentence "Sir John was also" should read "Sir John Pringle was also." It was Pringle, not Ranby, who sat in a carriage during the battle of Dettingen.

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