

during prolonged sneezing, although it reduces the infection considerably. There was, however, no growth on a plate exposed to one sneeze through such a mask, and as no one would continue to sneeze, even through a mask, directly over a wound, the mask of eight layers is efficient for practical purposes.

In these experiments the mask has been subjected to far more severe tests than would occur in surgical practice. Such a mask is therefore efficient, and is useful to the surgeon, for with it he can speak, and should his throat tickle or be uncomfortable, he can clear his throat and even cough without fear of infecting the wound.

Objection is sometimes taken to masks by surgeons who wear spectacles; that described does not cause much trouble due to condensation on the spectacles, and is more comfortable and efficient than one suspended on spectacle frames; also it is not uncomfortably hot.

It is hoped that a mask has been shown to be not only necessary but also efficient, and to be a safeguard to the patient during a surgical operation, especially in the case of a surgeon who unfortunately may have a carious tooth or slight nasal or pharyngeal catarrh.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HEPATO-PULMONARY ABSCESS TREATED BY EMETINE.

J. D'C., aged about 35, working as a storekeeper in one of the engineering firms in Bombay, came complaining of cough and bloody expectoration of three years' duration. He gave a strong history of alcohol. There was no history of dysentery for the last twenty years. Neither could he think of any previous attack, although he could not affirm this with confidence. His family history was good as far as could be elicited. He was pale, wasted, faintly icteric; the conjunctivae were anaemic; pigmentation was present in patches here and there, and especially on the forehead. The fingers were markedly clubbed. The chest was flattened antero-posteriorly, scapulae prominent, shoulders raised, neck long, and head slightly bent backwards. There was a perceptible dorsal scoliosis with the concavity on the right side, and the ribs were crowded together, particularly the lower on the right side. Expectoration was easy. Respirations 30, pulse 85.

The right base was consolidated, and no signs of a cavity could be detected; the uppermost lobe showed bronchitic signs. The left lung was normal. Under the microscope I found the sputum crowded with living and dead amoebae, with much debris. A few liver cells were present and a fair number of pus cells.

Among the living amoebae were some vacuolated, actively motile, containing red cells and cocci—in short, presenting the characters of the *Amoeba histolytica*. Search for tubercle bacilli proved negative.

The liver could not be felt below the costal margin, except in its normal situation. Pain could be elicited in the liver region on depressing the interspaces. The bowels were costive. Urine showed neither albumin nor sugar, but there was an excess of indican.

The history was that the illness had begun three years earlier with stabbing pain on the right side, high fever, and cough, accompanied later by blood-tinged expectoration. Subsequently he used to cough out pure blood, the quantity of which increased. The sputum finally changed to a brownish tinge. The fever, at one time high, assumed the hectic type with abundant night sweats; he lost flesh steadily.

I put the patient at once on emetine, giving an injection of 1 grain daily. I gave also some Dover's powder, with the double object of allaying the cough and supplying some more of the specific medication.

Within three days the sputum became muco-purulent. Within a week the cough dwindled to vanishing point, the patient having gained in flesh as far as could be seen with the eye. Later the physical signs cleared gradually, and little, if at all, could be heard of the original condition three weeks after I commenced the treatment. When I last saw him he had none of the wasted appearance, the anxious look, and sunken eyes. He looked a different man.

My attention was directed to the liver by the nature of the sputum, the "bloody" condition of it for three years without his being proportionately worse, the involvement of the right lung alone in spite of three years' duration of the disease, and the comparative comfort of the patient as regards the cough, etc. An interesting feature is the amazingly rapid recovery. The presence of the *Amoeba histolytica* in the sputum without any previous history of dysentery is a notable feature, and makes one inclined to agree with the view of Strong and Musgrave, who regard the amoeba of dysentery as the same as the *Amoeba coli*, but in a pathogenic phase. Rogers has demonstrated a latent amoebic infection with ulceration of the large gut and no symptoms of dysentery. Whether this may be taken as an intermediate step is open to question. It is not to be forgotten that the patient was an alcoholic, and the congested condition of the liver may prepare the way for mischief.

Mazagon, Bombay. A. J. NORONHA, L.M. and S.Bombay.

MOLES AND MULTIPLE PREGNANCIES.

I ATTENDED Mrs. A., aged 25, in her third confinement in June, 1912, a patient whom I had attended a year previously, when she gave birth to a premature stillborn child. In this third confinement a seven months stillborn child, with macerated skin was born by breech presentation. The placenta came away quickly, and was evidently syphilitic. I examined it with the greatest care, and was satisfied that all had come away. The patient did well for two days, but on the third day passed a large piece or clot. I did not see this, but on the fourth day she passed other pieces which I saw, and the native midwife extracted another piece from the uterus. The temperature and pulse were rising, but there was practically no abdominal pain, the uterus seemed to be contracting well, and the discharge was only very slightly offensive. I found the uterus larger than was apparent from the abdomen, as it was retroverted, but I did not find any more pieces adherent to its wall. I gave an intrauterine douche; shortly afterwards the temperature rose to 105° with a rigor. I then gave puerperal serum 10 c.cm., and the temperature came down at once, and only once afterwards rose to 100°; by the seventh day it was normal. The uterus contracted well and expelled slight shreds, and nothing more came away with a second intrauterine douche. The patient made a good recovery.

The pieces expelled if put together would have been the size of the palm of a hand, and some of them looked like placental tissue, others were more membranous. As the pieces came away in such amount, and I had not been able to find any sign of bits being torn off the placenta, I came to the conclusion that this was probably a case of multiple pregnancy, and that a mole was expelled after the confinement.

That diagnosis was suggested to me by a case I had seen the previous year. The patient was a woman who, when seven months pregnant, I had treated for indigestion; shortly afterwards she gave birth to stillborn twins. I did not see her at the time, but the case was reported to me by a native midwife. Three weeks after the confinement I was sent for hastily, the patient being said to be in *extremis* from sudden haemorrhage, occurring after she had resumed her ordinary household work. I found the os open about two fingerbreadths, and what seemed to be an ovum presented. This I extracted after giving chloroform. It was an ovum about 1½ in. long, and firmly attached to the fundus, and I could feel the old placental site on the anterior wall. The specimen was examined at the Parel Institute, Bombay, and was reported as a carneous mole.

In this second case the ovum came away whole, but if such a mole had been incompletely expelled it might have led to serious complications, and I think this may have been what occurred in the first case.

E. GERTRUDE STUART, M.B.Lond.

Zenana Mission Hospital, Quetta, India.

A PSYCHOPATHIC ward for the examination and treatment of cases in which insanity is suspected is to be added to the Philadelphia General Hospital. If after thirty days' observation the patient is pronounced to be insane he will be transferred to the State Hospital at Norristown. It is intended to provide accommodation for 140 persons.

ADMINISTRATION OF UROTROPIN IN CARBONIC ACID WATER.

SIR,—In the EPITOME of the BRITISH MEDICAL JOURNAL of May 2nd, Sachs (No. 250, "Urotropin in Dermatology") is reported to have said that urotropin should never be given in soda water, but in plain water.

I am at a loss to account for this advice, for it has been my experience in the administration during the last year, in which I have given some 5,000 grains of the drug for a variety of infections in skin cases, pneumonia, acute infections of the respiratory tract, such as acute bronchitis, laryngitis, rhinitis, etc., and in infections of the genito-urinary tract, etc., that the drug is more easily dissolved (in tablet form), and that patients take it without any knowledge of its presence, in some good carbonated water such as Apollinaris or Perrier, and not only is it more agreeable to take in this way, but in my experience the activity of the drug has been increased and the large quantity of the diluent seems to help very greatly in flushing out the kidneys.

I can see no good reason, from a chemical standpoint, why the drug should not be given in this way, and I have written to the manufacturers of the urotropin that I have employed (Messrs. Burroughs, Wellcome and Co.) asking if they know of any reason why the drug should not be dissolved in a carbonated water. They replied that there was no good reason, but that there might be a difference in the meaning of the word "soda water" as employed on the Continent and its English use.

In my experience I have seen no bad results attend the use of the drug even in doses considerably above that advised; but I have seen some very remarkable and beneficial results apparently follow the use of this drug, and I believe that the severity of several cases of pneumonia under my care has been greatly ameliorated.

In such common complaints as "colds" and the infection following the breathing of street dust in windy weather, I have found most striking results follow the administration of 20 grains of urotropin dissolved in a large bottle of a natural carbonated mineral water, repeated three times a day if necessary.—I am, etc.,

Toronto, Canada,

GORDON G. COPELAND, B.A., M.B.

LUTEIN IN THE CEREBRO-SPINAL FLUID.

SIR,—In the interesting description of the case of intra-medullary tumour of the spinal cord by Dr. Michell Clarke and Mr. Lansdown in the JOURNAL of May 9th the authors state that in their experience the yellowish pigment, lutein, is only found in the cerebro-spinal fluid in cases of spinal cord tumour. A few weeks ago I had the opportunity of observing a typical case of acute meningitis, in the course of which this pigment appeared in the cerebro-spinal fluid. At first the fluid was slightly turbid, and contained very large numbers of polymorphs. About 20 c.cm. of spinal fluid were removed every day, under which treatment the patient made steady progress. On the tenth day the fluid was found to be of a bright yellow colour, and remained so for four or five days. It contained no red blood corpuscles. No clinical symptoms accompanied this sudden change in the spinal fluid. The patient made a complete recovery.—I am, etc.,

WILLIAM BOYD.

Pathological and Bacteriological Department,
General Hospital, Wolverhampton, May 13th.

"ENCYCLOPAEDIA MEDICA."

SIR,—Mr. C. E. Green, in answer to my letter which appeared in your issue of May 9th, writes to say that "if I had communicated with him direct he could easily have satisfied me on this point"—that is, the correction of articles by the original writers. I desire to say that some years ago, when Mr. Green advertised the appearance of what I understood was a new edition of the *Encyclopaedia*, I wrote to him direct, and asked how my articles came to be published without due correction. I quote from memory, but I am as certain as it is possible to be of anything that his answer was that it was impossible to arrange that all contributors should correct their articles, and that my article was being, or had been, corrected by Dr. J. W. Ballantyne. I have never seen the corrected edition, but I have a

distinct recollection of having seen reviews of it in medical journals.

It was because of this incident that I wrote to you the other day.—I am, etc.,

Dublin, May 16th.

HENRY JELLETT.

Universities and Colleges.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on Thursday, May 14th, Sir Thomas Barlow, Bart., K.C.V.O., the President, being in the chair.

Admission of Fellows.

The following members who had been elected to the Fellowship at the last meeting were admitted Fellows:

Cuthbert Henry Jones Lockyer, M.D.Lond. (London); William Mitchell Stevens, M.D.Lond. (Cardiff); Arthur Stanley Barnes, M.D.Lond. (Birmingham); James George Taylor, M.D.Camb. (Chester); Dudley William Carmalt-Jones, M.D.Oxon. (London); Samuel Alexander Kinnier Wilson, M.D.Edin. (London); Hector Charles Cameron, M.D.Camb. (London); John Foster Gaskell, M.B.Camb. (Cambridge); Gordon Morgan Holmes, M.D.Dub. (London); Frederick Gowland Hopkins, M.B.Lond. (Cambridge); Sir Alfred Henry Keogh, M.D., R.U.I. (London); Sir William Boag Leishman, M.B.Glasg., F.R.S., Royal Army Medical College (elected under By-law LXXI (b)).

Diplomas in Tropical Medicine.

Diplomas in Tropical Medicine and Hygiene were granted in conjunction with the Royal College of Surgeons of England to the following candidates:

Vivian St. John Croley, L.R.C.P. and S.Edin., L.F.P. and S.Glasg. (Edinburgh and London School of Tropical Medicine); Gordon Gray Jolly, (Captain I.M.S.), M.B., Ch.B.Edin. (Edinburgh and London School of Tropical Medicine); Maharaj Krishna Kapur, L.M. and S.Punjab (Lahore Medical College); Andrew Murphy (Major I.M.S.), M.B., Ch.B., R.U.I. (Cork and London School of Tropical Medicine).

Gift to the College.

A sketch of the late Sir Samuel Wilks was presented to the College by Dr. F.J.D. Drewitt. The thanks of the College were returned to the donor.

Opium Convention.

A communication from the Interdepartmental Committee which is considering legislation consequent on the provisions of the International Opium Convention (1912) asking the opinion of the College concerning certain limitations to the sale of opium, morphine, heroine, cocaine, etc., was referred to the Censors Board.

Anatomical Nomenclature.

On the motion of Dr. Norman Moore, seconded by Dr. Frederick Taylor, it was resolved that a committee should be formed to report upon the alterations proposed to be made in anatomical nomenclature, the nomination of the members of the committee being left to the President.

Research in Mental Disease.

The following report from the committee appointed to consider a letter from the Board of Control concerning grants to aid scientific research in the subject of mental disease was adopted as follows:

The committee is of opinion that these grants should be paid to a few thoroughly trained observers, and that these persons and the nature of their investigations should be selected and approved by a small competent advisory committee appointed by the Board of Control.

The committee is strongly of opinion that no grant should be allocated to municipal bodies or county councils for the purpose of subsidising or of maintaining pathological laboratories, or of paying assistants to do routine work.

The committee recommends that the grants should be devoted to the study of such fundamental problems concerning insanity and mental deficiency as require scientific investigation from the clinical, pathological, biological, and sociological aspects.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on May 14th, Sir Rickman J. Godlee, President, in the chair.

Grant of Diplomas.

Diplomas of Membership were granted to 104 candidates found qualified at the recent examinations; and diplomas of the licence in Dental Surgery to 41 candidates. Diplomas in Tropical Medicine and Hygiene were granted jointly with the Royal College of Physicians to 4 candidates (see report of meeting of Royal College of Physicians above).

Examinations in Dental Surgery.

A report from the examiners in Dental Surgery was received and the following resolutions were adopted:

1. That the First Professional Examination be held three times a year, commencing in the third or fourth week of January, April, and September.

2. That the Second Professional Examination be held three times a year—in February, towards the end of May or early in June, and in November.
3. That the word "three" be substituted for "six" in Clause 6, Section III, of the Regulations relating to the Licence in Dental Surgery.

Court of Examiners.

Mr. C. A. Ballance was re-elected a member of the Court of Examiners.

Fellowship.

Surgeon-General May, C.B., R.N., was admitted a Fellow of the College.

Donations.

The Council accepted with thanks a pencil sketch of Thomas Wormald, President of the College in 1865, presented by his sister, Mrs. Leighton, together with a plate of drawings by Sir Charles Bell from a very early case in which vaccination was performed.

Resignation from the Council.

The resignation of Mr. R. Clement Lucas from the Council was accepted with regret. The vacancy will be filled up at the annual meeting of Fellows in July.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following candidates have been admitted to the Fellowship:

R. N. Bhatia, S. G. Billington, O. H. Blacklay, E. H. Cameron, H. G. Chouler, W. A. Dunn, G. K. Gifford, D. P. Hanington, Ah Chit Jap, I. Macdonald, W. MacLaren, F. W. Melvin, R. C. J. Meyer, W. C. B. Meyer, T. W. Myles, W. H. Robbins, T. R. Sandeman, W. B. Sommers, A. L. Weakley.

Prizes.

The Bathgate Medal and Prize in *Materia Medica* has been awarded to Mr. Lewis Windermere Nott; and the Ivison Macadam Memorial Prize in Chemistry to Mr. Andrew Inglis Meek.

CONJOINT BOARD OF ENGLAND.

At a meeting of Comitia of the Royal College of Physicians on April 30th, and of the Council of the Royal College of Surgeons on May 14th, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred by each College on the following 106 candidates:

F. D. Annesley, D. C. G. Ballingall, Irene Bastow, S. S. Beare, H. A. Bell, Sadashiv V. Bhat, H. C. Billings, S. G. Billington, A. R. Bourgault-Ducondray, E. C. Bradford, J. E. K. Brown, W. Burt, G. M. Campbell, S. Caplan, F. L. Cassidy, A. Chance, H. G. Chaplin, F. H. Cleveland, G. Cock, G. R. E. Colquhoun, E. W. Connolly, G. M. Cowper, T. H. Cresswell, C. Dean, A. W. Dennis, Ismail F. Diay, Mary A. Doherty, E. Donaldson, R. Ellis, G. C. Fairchild, S. A. Forbes, Sourendra M. Ghosh, F. B. Gillespy, C. L. Gimblett, C. H. M. Gimlette, S. S. Greaves, J. H. Hadaway, Moustafa Hammouda, Mohammed Z. Hanafy, T. W. Hancock, A. G. P. Hardwick, A. D. Haydon, J. Higgins, N. Hodgson, J. D. Jones, J. H. Jordan, Mildred A. Jukes, Rustam M. Kharegat, H. D. Lane, F. W. Lawson, D. L. Lewis, H. A. Lucas, C. V. N. Lyne, A. G. Maitland-Jones, E. G. Martin, O. D. B. Mawson, Tottakat K. Menon, V. M. Métiévier, H. F. Mullian, F. A. M. Nelson, H. Parker, G. R. Pennant, Mahanarakeley G. Perera, F. S. L. Piggott, A. F. Potter, Edna M. Powell, Ibrahim I. A. Rahman, J. B. Randall, P. J. F. L. Rathier du Verge, J. R. Rees, G. B. Richardson, J. W. Richardson, C. A. Robinson, A. N. Rushworth, Ahmed Sabri, A. E. Sanderson, P. Savage, C. J. Scholtz, A. Seddon, G. P. Selby, B. Zainulabedin Shah, Mohammad Sharaf, J. E. Sharp, H. Sharpe, L. W. Shelley, G. H. Smith, L. M. Smith, T. V. Somerville, E. B. Sunderland, W. E. Taylor, T. H. Thomas, A. W. Uloth, Sadanala B. Venugopal, V. C. W. Vickers, R. A. R. Wallace, F. C. Watson, G. W. Watson, L. G. White, H. P. Whitworth, H. L. Widdowson, S. M. Wilcox, S. A. Wilkinson, R. Williams, A. Wills, A. G. Winter, K. J. Yeo.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examination indicated:

DIPLOMA IN PUBLIC HEALTH.—D. Duff, J. S. Evers, M. J. Mulligan, J. C. O'Farrell, M. P. L. O'Neill, K. B. Dastur-Rabadina, W. N. Rishworth.

The Services.

THE INDIAN MEDICAL SERVICE.

SIR MALCOLM MORRIS, who recently spent some months in India as a member of the Royal Commission on Venereal Diseases, published in the *Times* on May 15th a striking article founded on his own observations, in which he discussed the critical stage which has now been reached in the history of the Indian Medical Service, and made an appeal for further endowments and support for what he truly described as "an imperial asset." He mentioned many of the most important researches carried out by officers of the Indian Medical Service. He is, indeed, fully justified in speaking strongly of the value of their work in this direction, which has steadily grown in volume since the pioneer investigations made over forty years ago by Assistant Surgeon (now Colonel) D. D. Cunningham, I.M.S., in conjunction with the late Surgeon-Major Timothy Lewis, of the Army Medical Department,

then also a young assistant surgeon. In the early Seventies these two officers alone were employed by Government upon research work, while much about the same time the late Brigade Surgeon Henry Vandyke Carter was carrying out his investigations into the causation of mycetoma, leprosy, elephantiasis, and relapsing fever, during the scanty leisure available to an officer performing the important duties of professor both of anatomy and physiology in the Grant Medical College, Bombay. Carter, on his retirement, gave Rs. 10,000 to that college towards the endowment of a separate Chair of Physiology. Sir Malcolm Morris recalls how in 1896 Leonard Rogers was told off to investigate the epidemic of kala-azar, and how two years later a similar arrangement was made in favour of Ronald Ross. He refers to the investigation of undulant fever and snake poison by Lamb and to the work of Glen Liston in the identification of mosquitos and the demonstration of the part played by the rat-flea in plague. In 1899 came the appointment of Rogers to be whole-time professor of pathology at Calcutta, and during the next few years more Indian Medical Service officers were told off for special research duties, thus preparing the formation in 1906 of a separate bacteriological department. At that time the Indian Plague Commission was already at work, and in 1911 the Indian Research Fund was started. The establishment of two schools of tropical medicine in India, one in Calcutta and the other in Bombay, has been sanctioned. The Bombay school is a development of the Parel Laboratory, and at Parel, where a new hospital is to be built, there is ample space for expansion. (There seems to be some hitch about the Calcutta School, the Government apparently not being prepared to find a sufficient number of whole-time lecturers and workers to staff a school worthy of this vast subject.) But undoubtedly the Government of India is awakening to a recognition of its duties with respect to the encouragement of research. The medical schools now have professors of pathology who, like their colleagues in Europe and America, are engaged in research as well as in teaching; though the primary duty of the staffs of the Pasteur institutes is the treatment of those bitten by rabid animals, much research work is done also, and most of the officers of the bacteriological department are employed on research work only, and give their whole time thereto. Altogether, we believe between twenty and thirty officers are now employed in research or special inquiries into the etiology of disease.

Sir Malcolm Morris concludes his article by an appeal for increased facilities and opportunities for research, which is the necessary condition of further advance in the prevention of disease: "It is much to be desired," he writes, "that many may be found to embrace the opportunity that now presents itself of sustaining the hands of men who have devoted themselves to the work of the Indian Medical Service, undeterred by trying climatic conditions or by the knowledge that neither in emoluments nor in fame can it promise them the rewards that are to be won at home."

Lord Sydenham, who was Governor of Bombay from 1907 to 1913, in a letter published in the same newspaper on the following day, endorsed Sir Malcolm Morris's opinion and appeal, saying that "research work of a high order—work which is already bearing rich fruit, and will in the future go far to mitigate the scourges which afflict the Indian people—is being steadily carried on." He recalls how, over six years ago, in addressing the students at Grant College, Bombay, he had said that there could be no better country for the study of tropical diseases than India, and no better place in India than Bombay. Wealthy Indians, he reminds us, have contributed most generously to objects of this kind. It would, he says, be a graceful act if rich friends of humanity at home would help Bombay, for no better outlet for beneficence could be found "in the interests of the Indian people and of the progress of medical science." He recalls how at Ahmedabad in February, 1912, he had said that it was to the trained brains of the Indian medical profession that we must mainly look for the necessary work, and concludes his letter by the following sentence: "The Indian Medical Service has made a fine beginning, and has laid down the best lines of progress. It richly deserves the high praise which Sir Malcolm Morris bestows, and I earnestly hope that the clouds which darken its horizon will be dispelled now that public attention has been drawn by a great authority to the splendid work it is doing."

In a subsequent issue of the same paper Sir Ronald Ross took up the thesis which he stated in the *BRITISH MEDICAL JOURNAL* of February 21st, p. 456. The complaint that the rewards of scientific discovery are few and inadequate is true not of India alone, but of this country also. The pioneer paves the way, fortunate if he does not leave his

Some research work on inflammatory changes in the kidney submitted for his M.D. degree was awarded a gold medal, and was admitted by pathologists to be a most important contribution to the subject. When he decided to leave pathology for general practice his friends could not but regret the loss to science of one who was so eminently fitted for a high professional position. Still, his early work in pathology was no doubt one of the reasons for his striking success as a clinician. Some seven years ago he started practice in Wood Green, and rapidly built up a large general practice. He had all the qualifications which make for success, for in addition to his high professional attainments, his unselfish devotion to duty and his kindness of character endeared him to his patients, while his presence in itself inspired confidence in all.

His death was unexpected. Early this year he developed tuberculosis of the cervical glands, and underwent an operation; unfortunately, pulmonary tuberculosis supervened, and he died suddenly with, apparently, cerebral complications.

THE LATE DR. MUMBY.—At the meeting of the Council of the Southern Branch of the British Medical Association, on May 13th, the following resolution was, on the motion of the President, adopted in silence, the members standing, and directed to be forwarded to Mrs. Mumby and family; "The members of the Council of the Southern Branch of the British Medical Association beg to express their deepest sympathy with Mrs. B. H. Mumby and her family on the untimely death of the late Dr. Mumby, who was so well known and so highly respected by every member of the Branch."

It is only a few months since Dr. PETER BAILLIE went out as a medical missionary under the United Free Church of Scotland to take up his work at Jalna, in the Hyderabad State, and just on the eve of the opening of the General Assembly of that Church comes the sad news of his death. He was only 26 years of age, and after being educated at George Watson's College, Edinburgh, he proceeded to the university of that city, where after a distinguished career he graduated M.B., Ch.B. in 1912. From the short telegram received announcing his death it appears he and his friend, Professor James H. Diack, M.A., B.Sc. Aberd., who was recently appointed also by the United Free Church to the Wilson College, Bombay, were both drowned whilst bathing at Mahabaleshwan, in Western India, on May 16th. Dr. Baillie's parents reside in Edinburgh.

By the death of Dr. JOHN RENWICK GILL, on April 28th, the town of Langholm and surrounding district have suffered a grievous loss. For thirty-four years Dr. Gill gave himself unsparingly for the benefit of the community in which he lived, and while he gained the love and confidence of the many he had the respect of all. Discreet, tactful, and conscientious, full of sympathy and patience, he gave of his best to rich and poor alike, and the latter will miss him for many kindnesses considerably and unobtrusively rendered. To know Gill was to like him, and his quiet courteous manner, leavened with a considerable fund of dry humour, had a charm all its own. Widely read, he might have shone in other fields, but his retiring disposition made him more a man of deeds than words. His work was his hobby, and he never allowed personal considerations to interfere with his duty of ministering to the sick. He practically died in harness. He was accorded a public funeral, and was laid to rest amid the regret of a community who cannot yet fully realize the magnitude of their loss. Dr. Gill, who was born at Leadhills, on the borders of Dumfriesshire and Lanarkshire, received his medical education at Edinburgh. He took the diplomas of L.R.C.P. and S. Edin. in 1877, and the degrees of M.B., C.M. Edin. in 1879. Before settling in Langholm in 1880 he acted as assistant in Longtown and Kelso. He was parochial medical officer of Langholm and Westerkirk, visiting physician to the Eskdale Infectious Diseases Hospital, and the Hope Hospital, Langholm, and certifying factory surgeon. He was a member of the British Medical Association.

DR. JOHN MCGIBBON, whose death occurred on May 12th at Crieff, where he was born in 1829, and whose burial in his native town took place on May 15th, was one of the best known of the Edinburgh doctors for nearly half a century. He had been living in retirement at Crieff for some years, but to many of his former patients and friends in the profession it seems but as yesterday since he was going out and in among them from his home in Queen Street. He was at the time of his death one of the oldest Fellows of the Royal College of Surgeons of Edinburgh. In his early professional life he was intimately associated with the Sideys, Dr. Charles and Dr. James; but his friendship and intimacy with Dr. Thomas Keith was, perhaps, the most outstanding experience in his medical career. For a period of some ten years he assisted Dr. Keith at his abdominal operations, then the talk of the whole medical world, acting sometimes with Dr. James Sidey, and at other times as principal assistant. He was keenly interested in the Volunteer movement, and held the appointment of surgeon to the 4th V.B. Royal Scots, from which he retired with the rank of Lieutenant-Colonel about 1895. He was in his 86th year; he was predeceased by his wife some years ago. He leaves, to represent him in the medical profession, his son, Dr. John McGibbon, of Edinburgh, and his nephew, Dr. John McGibbon, of Liverpool.

COLONEL WILLIAM ALFRED CORKERY, Bombay Medical Service (retired), died at Eastbourne on May 10th. He was born at Bombay on June 7th, 1855, the son of Conductor Martin Corkery, of the Ordnance Department. After taking the diplomas of L.R.C.S. Edin., and L.F.P.S. Glas. in 1881, he entered the Indian Medical Service as surgeon on April 2nd, 1881. He became Surgeon-Major on April 2nd, 1893, and Lieutenant-Colonel on April 2nd, 1901, was placed on the selected list from July 14th, 1906, and promoted to Colonel on January 1st, 1909. After serving as Principal Medical Officer of the Karachi Brigade, and of the Lahore Division successively, he took leave at the end of 1911, and retired from August 26th, 1912. He served in Burma during the campaigns in that newly annexed province from 1885 to 1887, and received the medal with a clasp.

Medical News.

It is proposed to commemorate the jubilee of Dr. Metchnikoff by presenting to him at the Pasteur Institute in Paris next New Year's Day a volume of essays by eminent men of science.

THE GRESHAM Professor of Physic, Dr. F. M. Sandwith, will give four lectures on the history of nursing at Gresham College, Basinghall Street, E.C., on June 2nd, 3rd, 4th, and 5th, at 6 p.m. on each day.

SIR JOHN COLLIE has been adopted by the Devonport Liberal Association to contest the constituency as the second Liberal candidate with Mr. Samuel Lithgow at the next general election.

SIR FREDERICK BANBURY, Bart., M.P., will preside at the annual festival dinner in aid of the funds of the Metropolitan Hospital, to be held on July 3rd at the Whitehall Rooms, Hotel Métropole.

DR. T. GERALD GARRY of Cairo has been appointed consulting English physician to the Pöstyén Thermal Springs and Mud Baths, and by permission of the Hungarian Government will practise there during the summer months.

THE BOLINGBROKE Lecture of the South-West London Medical Society will be delivered at the Bolingbroke Hospital on Wednesday, June 10th, at 9 p.m., by Dr. W. Hale White. He is taking as his subject "Prognosis." All medical men are welcome.

SIR WILLIAM COLLINS, K.C.V.O., M.D., will act as chairman of a committee appointed by the President of the Board of Trade to inquire into the working of the Railway Employment (Prevention of Accidents) Act, 1900, and to report what amendments, if any, are necessary.

AN association of specialists has been formed at Lyons for the study of questions affecting their interests which local medical syndicates do not, it is considered, take sufficiently into account. The president is Dr. Tellier. The association includes representatives of dermatology, electrotherapy and radiotherapy, kinesitherapy, ophthalmology, oto-rhino-laryngology, stomatology, and urology.

EMERITUS PROFESSOR JOHN CLELAND, M.D., F.R.S., will take the chair at the dinner of the Glasgow University Club, London, which will be held at the Trocadero Restaurant on Wednesday, May 27th. Further information can be obtained from Dr. Alexander Macphail, 2, Harley Place, London, W.

THE Lettsomian lectures on dysentery will be delivered before the Medical Society of London by Dr. F. M. Sandwith on Tuesday, June 9th, Thursday, June 11th, and Thursday, June 18th, at 9 p.m. on each evening. The first lecture will deal with the history of the disease, the second with amoebic dysentery, and the third with bacillary dysentery. The second and third lectures will be illustrated by pictures and pathological specimens mostly borrowed from the London School of Tropical Medicine.

SIR THOMAS OLIVER will begin a course of six lectures on industrial hygiene at the Royal Institute of Public Health, Russell Square, London, W.C., on Wednesday, May 27th. The first lecture will deal with factory legislation; the second, on May 28th, with injurious occupations; the third, on June 10th, with coal mining; the fourth, on June 11th, with gold mining and diseases of the lungs; the fifth, on July 8th, with ankylostomiasis, and the sixth, on July 9th, with lucifer match making and the silvering of mirrors. The lectures will be delivered on each day at 4 p.m.

DR. W. PERCY BLUMER, of Sunderland, who has resigned the appointment of honorary surgeon at the Sunderland Royal Infirmary, has been presented with two framed photographs of himself (one to remain in one of the rooms of the institution) and a cheque with which to purchase a chair, of his own selection, in recognition of his valuable services to the infirmary, and to mark his departure from Sunderland to take up a practice in London. The Mayor (Alderman Richardson) presided, and Mr. J. F. Burnicle made the presentation. Dr. Blumer was appointed junior house-surgeon in 1877, and a year later he was made senior. In 1893 he was appointed honorary surgeon, and he has remained in that position for twenty years.

THE remarkably successful results of antityphoid vaccination in the United States army during the year 1911 are reported by Major F. F. Russell, of the Medical Corps, in an article which appears in the *Journal of the American Medical Association* of May 2nd. Tables are given which show that the number of cases in the United States proper has fallen from 3.53 per 1,000 six years ago to 0.03 in 1913; the death-rate has fallen from 0.28 in 1909 to 0. One case occurred among 31,038 men serving abroad, and only three altogether in the whole army. No harmful effects whatever have been observed. A decrease in the tuberculosis ratio has also occurred since the use of antityphoid vaccination.

ON Thursday, June 25th, Sir H. Morris, Bart., will preside at a dinner given to Mr. William Lang, on his retirement after 33 years of active duty on the honorary staff of the Middlesex Hospital. The dinner will be held at Pagani's Restaurant, Great Portland Street, W., and Mr. Lang will be entertained by his former house-surgeons, clinical assistants, and colleagues on the honorary staff, to whom a circular has been sent. At the same time, any old Middlesex student who would wish to be present and to do honour to Mr. Lang on this occasion will be heartily welcome, and is requested to communicate with Mr. Arnold Lawson, 12, Harley Street, who will be pleased to answer any inquiries.

THE annual oration of the Medical Society of London was delivered by Mr. Robert Jones on Monday evening; it dealt with the surgical aspects of poliomyelitis, and at its conclusion a vote of thanks, moved by Mr. C. A. Ballance, and seconded by Mr. A. H. Tubby, was carried by acclamation. We hope to publish the oration in full next week. On the same evening the Fothergillian medal of the society was presented to Professor J. G. Adami, of Montreal, by Sir David Ferrier. In making the presentation he related the history of the medal, and paid a high tribute to the services which Professor Adami had rendered to medicine in the domain of pathology. Professor Adami, in reply, thanked the president and the fellows of the society for the great honour they had done him, and through him the profession in the Dominion of Canada. Subsequently the customary annual conversazione was held. A very large number of fellows and guests were present.

NOTWITHSTANDING repeated efforts on the part of the local cremation society and the promised support of the Government, New South Wales is still without a crematorium, and, according to the *Australasian Medical Gazette*, is likely to remain so for a long time to come. At a recent meeting of protest the secretary read a statement to the effect that the sum of £5,000 had been placed on the esti-

mates for the purpose in August, 1912, but after the return from Europe of Mr. McGowen, then Premier, that sum had been taken off. The matter was again brought before the House in August, 1913, when a petition, to which 14,000 signatures were attached, was presented. The request for the erection of a crematorium in the neighbourhood of Sydney was supported, but the society was informed that the Cabinet had decided that "no further amount should be placed on the Estimates." It was proposed that a private crematorium should be erected, and the motion was carried.

WE learn from the *Medical Record* that by an agreement between the Cornell Medical College and General Memorial Hospital, New York, made possible by the generosity of several philanthropists, there will shortly be established in New York a hospital for the treatment of cases of cancer, which will be the largest of its kind in the world. The General Memorial Hospital buildings will be used, and ninety beds will thus at once be provided. The laboratories will be fitted with the latest appliances, such as x-ray apparatus, and large amounts of radium will be available by the generosity of Dr. James Douglas, who has made over to the hospital his half interest in the radium output of the mines in Colorado owned by him and Dr. Howard A. Kelly. The hospital will be under the direction of Dr. William M. Polk, Dean of Medical College Faculty, and Dr. James Ewing, Professor of Pathology.

A MEETING in aid of the Victoria Home for Invalid Children at Margate was held at Bridgewater House on May 19th. The Duchess of Newcastle, who presided, said that the home was founded some twenty years ago by Queen Mary, with accommodation for 52 cases. In 1913 there had been 160 applications, and during the present year there had already been no fewer than 85 requests for admission. The Earl of Erroll said that as Vice-Chairman of the East London Hospital for Children he had had experience of the benefits derived by the children of the poor from such institutions as the Victoria Home. The children brought to the East London Hospital were often suffering more from want of nourishment than from specific organic disease, and what they most needed when they left the hospital was plenty of fresh air, wholesome food, and careful nursing, all of which they received at Margate. The home received assistance from the King Edward Fund, which was evidence that it had proved itself worthy of public support. Other speakers included Lord Greville, the Bishop of Zanzibar, and Lady Tree, and the meeting concluded with a vote of thanks, proposed by Sir George Arthur.

AN antisyphilitic dispensary, called after Professor Ehrlich, was opened at Liège in June, 1912, by private initiative, largely helped by public funds. Besides the treatment of poor patients suffering from venereal disease, it is especially intended for prophylactic purposes and the watching of cases. Attached to the dispensary is a department of bacteriological diagnosis served by the provincial institute of bacteriology, and a clinical department. The dispensary is open four times a week, at hours convenient for the poorer classes, and from June 6th, 1912, to December 31st, 1913, 933 persons applied for treatment, most of whom brought a letter of introduction from a private practitioner. Of that number 411 were treated by the new sterilizing agents, 1,500 injections having been administered. The organization is completed by a service of visitors, whose business it is to follow up patients who do not return for treatment; in this way the dispensary is kept in touch with patients. The president is M. Kleyer, burgomaster of Liège; Dr. Gravis, the rector of the university, is vice-president. Professor Troisfontaines and several other physicians and deputies are members of the committee. A full account of the dispensary and its working is given by Dr. E. Malvoz in the *Revue d'hygiène* of April 20th.

THE reports submitted at the annual meeting of the Governors and General Council of King Edward's Hospital Fund for London on April 30th showed that the receipts during the year 1913 were £187,704, the amount distributed being the same as in the previous year—namely, £157,500. The latest statistical report on the expenditure of London hospitals showed that the cost of working them had increased by some £22,000, but, in so far as this increase was due to rise in prices and the continued introduction of more costly methods of diagnosis and treatment, it did not nullify the efforts towards economy which had previously resulted in savings estimated at £47,000 a year. Two of the five throat, ear, and nose hospitals—namely, the Hospital for Diseases of the Throat, and the London Throat Hospital—had agreed to amalgamate, the site of the joint building being that already occupied by the former institution in Golden Square and an adjoining plot

of land. Consequently the Distribution Committee recommend that a payment of £10,000 out of the sums set aside in previous years with a view to assisting any scheme of amalgamation on which the throat hospitals might agree should now be made, and an annual maintenance grant of £900 be promised for five years, subject to the usual annual inspection. It appears that the investments of the fund now exceed in amount £2,000,000, despite the fact that since its foundation it has distributed over a million and three-quarters. The average cost of administration has been £1 6s. 3d. per cent. of the amounts annually collected.

THE International Congress of Neurology, Psychiatry, and Psychology will be held at Bern in September (7th to 12th). The official languages are French, English, Italian, and German. The subjects to be discussed in the section of neurology are regeneration in the nervous system; reflex paths in the medulla and bulb; development and growth of the brain; tabes and general paralysis since the discovery of the spirochaete (to be introduced by Professor Ehrlich); Ehrlich's salts in the nervous and mental disturbances caused by syphilis; aphasia and agnosia; organization and tract of channels of hearing; pathology of the vestibular apparatus; internal secretions and the nervous system; radiculitis; multiplicity of forms of disseminated sclerosis; the problem of the membrane in neurology. In the section of psychiatry the following questions will be discussed: Periodicity in psychopathology; classification in psycho-pathology; the present state of the question of dementia praecox; pathogeny and treatment of the phobias; the part played by emotion in the genesis of psychopathies; somatic phenomena in psychic states; pathogeny and termination of psychoses caused by fear; senile mental disorders; the part played by defensive ferments in pathology. In the section of psychology the following subjects will be discussed: Psychological heredity (to be introduced by Dr. Mott); the education of juvenile delinquents; psychology in the school; the biological bases of psychology; tests of intelligence; unconsciousness, consciousness, and attention; psychology of dreams. All communications relative to the Congress should be addressed to the general secretary, M. L. Schnyder, 31, rue Monbijou, Bern.

PROFESSOR F. F. ROGET, who occupies the Chair of English Literature in the University of Geneva and is the first foreigner to lecture under the auspices of the Chadwick Trust, delivered the first of a course of three Chadwick lectures on "Altitude and Health" at the Royal Society of Medicine on May 6th. He dealt with the subject from the standpoint of persons dwelling at high altitudes, and said that cold might be regarded as a sanitary agent provided it was accompanied by light and sunshine. This dry invigorating cold was the ideal preventive of tuberculosis, and it had been proved that cases of tuberculosis were not endemic above the fog area in Switzerland, as they were in the moist tablelands below. Phthisis was more frequent in the North of France, where the climate was damp and foggy, than in the drier, warmer atmosphere of the South. On the other hand, there was a distinct tendency towards overcrowding for the sake of warmth in subtemperate zones, which destroyed much of the good effect which would otherwise be produced by the high altitude and the keen pure air. It was temperature rather than barometric pressure which determined the absence of tuberculosis, but increased altitude brought about health-giving modifications in the blood. The exact altitude suitable for each individual, however, was a matter of individual temperament. Professor Roget described the life of the pastoral community of Avers and that of the monks at the Hospice of St. Bernard, the former being the village that lay highest in Europe, and the latter a sedentary community of men living at the still higher altitude of 2,432 metres for purposes totally unconnected alike with the need of earning a livelihood and the pursuit of health. It appeared, said Professor Roget, that those who came to these places suffering from anaemia and nerves did rather better than those who came with strong constitutions, the sedentary life appearing to affect the latter adversely. Statistics, however, showed that the expectation of life was no lower in the case of those living at these high altitudes than in the case of those living at a more ordinary height. M. Carlin, the Swiss Minister, who, at the conclusion of the lecture, thanked Sir William Collins (who was in the chair) and the trustees for having given Switzerland the distinction of furnishing the first international lecturer, said that, seeing that a Swiss had been selected for the work, it was natural that it should be one who came from Geneva, for the relations between Geneva and Great Britain had long been cordial.

Letters, Notes, and Answers.

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.

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.

YOUNG PRACTITIONER would be grateful for suggestions for the treatment of a severe case of pemphigus, especially affecting the mouth and tongue, and occasionally the eye, in a woman aged 30, who has been suffering for three years. She is otherwise quite healthy.

G. S. C. wishes to hear of a home, situated near the London and South-Western Railway main line, where a widow aged over 70 could be received and cared for during the remainder of her life. The left arm and leg are partially paralysed, and she suffers from angina pectoris. A few shillings weekly could be paid.

MOTORING AND NERVOUS DISEASE.

MOTORIST, having read that motoring is a cause of paralysis agitans and other diseases of the nervous system, wishes to know if this statement expresses the experiences of the profession.

ANSWERS.

ENGLISH-ITALIAN MEDICAL TERMS.

SIR FREDERICK TREVES writes: In answer to the inquiry of "An Expatriated Member" there is not, to my knowledge, any manual of medical conversation in Italian and English. Many phrase books deal with such conversation, but in so very scanty a manner as to be of little value. The best of these books is Nutt's *English-Italian Conversation Dictionary*, where, under the heading "doctor," a list of diseases and a series of useful phrases will be found. There is no English-Italian dictionary of medical terms. Melzi's *Nuovo Dizionario Inglese-Italiano*, published in 1912, gives as many medical terms as will be found in any work of its kind. One of the Hoepli manuals, *Il Medico pratico*, by Muzio, will be found useful to any one who knows a little Italian and who wishes to acquire a knowledge of medical terms. The Italian-English edition of Edoardo Webber's *Dizionario Tecnico* does not include medical terms.

LETTERS, NOTES, ETC.

LARGE CHILDREN.

MR. G. MARSHALL (Markethill, co. Armagh) writes: I attended Mrs. A. in her fourth pregnancy. She gave birth to a son weighing 14 lb. 12 oz., folded in a bath towel. Mother and child are doing well. The labour was natural except for a little difficulty in extracting the shoulders, which were very large. Her previous baby weighed 14 lb., and was a girl.

IODINE IN LUPUS.

DR. S. K. CHAUDHURI (Lovett Hospital, Ramnagar, Benares State) writes: I notice that there is an interesting method in the JOURNAL of March 21st of treating ringworm described by Dr. Foley. It will be worth while trying his method in a case of lupus vulgaris and watching the result of the experiment. The effect of iodine on lupus is borne out in the short note of Captain Kennedy in the JOURNAL of March 23rd, to quote only a recent observation; besides, the use of iodine paste and iodoform (Whitla's *Dictionary of Treatment*, fifth edition, p. 582) has been recommended and made with more or less success. The action of ethyl iodide formed by chemical reaction with ethyl chloride on the skin, unbroken or raw, is likely to be stronger and quicker than mere applications of tincture of iodine.

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