Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

EPIDURAL INJECTIONS.

IN a paper in the *British Journal of Children's Diseases*, 1905, I described the results obtained in a long series of cases of enuresis, either diurnal or nocturnal, or both, and in patients at all ages. The little operation has been adversely criticized, most frequently, I believe, on account of the often considerable difficulty in making the injections. The membrane covering in the hiatus between the last sacral spinal prominence and its two last lateral posterior tubercles above, and the coccyx below, is in a considerable percentage of cases little more than a chink, but in only one case have I ever eventually failed to find it. If the needle as it perforates the skin, subcutaneous tissue, and membrane be held and pushed in a too horizontal or upward position, it misses the opening and simply lies in the subcutaneous tissues over the posterior surface of the bone. The fluid is then expressed with difficulty, and shows itself as a lump after the fashion of an ordinary hypodermic injection. Such an injection is useless. The needle should at first be held in a nearly vertical position, and pushed on in this position until the resistance of the membrane is overcome; the handle of the syringe should then be depressed, and the needle sent along in an upward direction. It passes upwards to the hilt with the greatest ease. If the needle should, however, touch bone it means that the handle has not been sufficiently depressed, and has impinged upon the posterior surface of the prominent part of the body of the third sacral vertebra. The needle must be withdrawn for from one-half to one inch, and its position corrected.

The best method of finding the opening in the sacral canal is to run the index finger down the spinal tubercles until it drops into a depression; the posterior lateral tubercles are then felt immediately bounding the opening on either side. The centre of a line drawn between the two lateral tubercles is the exact anatomical point for insertion. If the needle be inserted a little lower than this it does not much matter, but insertion above the transverse line will probably at once cause difficulties.

The dural cone, the termination of the dural tube, corresponds to the level of the second sacral vertebra. The space in the sacral canal below the cone is filled with loose cellular tissue, vessels, etc., which same loose tissue extends from the sacrum right up between the dura and the bones of the vertebrae as far as the occiput. It is also important to remember that the space below the cone contains the spreading out of the terminals of the cord—the cauda equina.

After having given the injection I order the foot of the bed to be raised about 12 inches, and the patient is allowed to remain quiet for fully an hour. Highly sensitive cases are kept in bed for twenty-four hours. In my experience, in children under 7 or 8 years of age it is frequently impossible to carry out the manipulations without the administration of an anaesthetic. Simple saline solution carefully sterilized is used for the injection, and 5 c.cm. is sufficient for the first dose. Three to four doses at about weekly intervals are usually required, and the amount is gradually increased to 10 c.cm., 15 c.cm., or 20 to 30 c.cm. Occasionally as many as six or seven injections are given. The skin is sterilized with iodine, and the needle, syringe, etc., are carefully boiled. Once I broke a needle during an involuntary struggle, but it was easily extracted. I believe this accident is very rare. As far as I know, there are no contraindications to the operation.

Two other points about the manipulation are that the sacrum must be bulged out to the uttermost by placing the patient on the side with the thighs fully flexed upon the abdomen and the head curled down into the chest. The second point is that the cleft of the buttocks does not correspond to the line of the hiatus. The opening is 2 or 3 mm. above the cleft.

I have not had much experience in treating other forms of nervous disease by this method, but I am sure that, at all events for the treatment of enuresis, as soon as the necessary manipulative skill has been obtained, it is far and away the quickest method of curing this pitiable complaint. My experience now extends over many years and in dealing with several scores of cases.

As to the *rationale* of the method we can form our own conclusions. There is the epidural pressure effect upon the cerebro-spinal fluid, the possible direct pressure effects upon the filaments of the cauda equina, and the reflex tonic effects upon the lumbar centre. Cases have been recorded where the effect of the injection has been to produce an actual retention of urine, necessitating the use of the catheter.

W. T. FREEMAN, M.D.,
Physician, Royal Berks Hospital.

ACUTE LYMPHATIC LEUKAEMIA.

ON March 24th an anaemic man, aged 32, sent for me, as he had pain and a swelling about the second molar in the lower jaw, apparently an abscess at its root. I had seen him at my own house about ten days earlier. He then complained of night sweats and a slight cough, slight breathlessness, and feeling out of sorts for some two months or so. He had the idea that he might be phthisical, but I could find no sign of trouble in his lungs; he was, however, very anaemic, and I prescribed iron and arsenic, and told him to come again in a week's time.

On March 24th the temperature was 102°, and there was a considerable swelling, apparently periostitis, round the tooth, and a curious black sloughing condition of the gum on the inner side of the jaw. He informed me that he had used iodine and permanganate, which, I thought, might account for the peculiar colour, which resembled cancrum oris, but without the characteristic fetor. The tooth was removed on my advice, and energetic use of hydrogen peroxide begun.

Next day little or no improvement had taken place, and some slight bleeding and great pain still persisted.

On March 26th the temperature reached 104°, but then gradually fell, and was normal on March 29th, but there was no improvement in the local condition; on March 30th the temperature was 100°.

Enlargement of the spleen and ulceration (sloughing) of gums in two other places were discovered. Pain, sweating at nights, and increasing weakness were noticed. The anaemia was considerable, and numerous petechiae were present on the hard and soft palate and on the abdomen and limbs. He slept little, but took food well, and had no haemorrhage of any kind externally. The temperature remained high and irregular, the pulse was 130. The urine contained a trace of albumin, but no sugar.

On April 4th I examined his blood and found 2 million red cells only, with 35 per cent. haemoglobin. The white cells were 88,000, but practically all were lymphocytes. After prolonged search only two polymorphonuclear cells, a few large mononuclears, and one or two doubtful eosinophiles were found. Nucleated reds or poikilocytosis were not noticed.

Some slight enlargement of the lymphatic glands, which were very slightly tender, was observed, together with the enlargement of the spleen mentioned above. During the next three days the breathing become much more rapid, and there was considerable precordial pain. Evidence of pleurisy was found in the region of the heart and axilla, and some rusty sputum began to make its appearance; 25 c.cm. of antistreptococcus serum given on April 5th had little or no apparent effect, and the patient died rather suddenly on April 7th of exhaustion, the respirations having previously reached 50.

The case is of interest from the absence of haemorrhage from the gums, stomach, bladder, or other organs, and the limited sloughing of the gums was the only striking sign, with the exception of the anaemia and fever. An attempt was made after death to obtain a culture from the blood, drawn with aseptic precautions from the veins, but it proved sterile.

Blackheath, S.E. R. E. SCHOLEFIELD, M.A., M.B.Oxon.

THE professional association of French medical journalists held its statutory general meeting on May 2nd, under the presidency of Professor Doumer of Lille. The meeting passed a resolution, proposed by the general secretary, that a circular should be sent to the political press of the provinces and to foreign scientific journals, informing them that they could find among the members of the association competent correspondents who could, if it were desired, keep them in touch with the medical movement in France.

these cases should be sent out only on receipt of a requisition from the medical officer.

Further, the master in cases of urgency, where the medical officer is unable to examine an inmate immediately on his admission, may direct that he or she be placed in a ward appropriate for the case. This is a dangerous responsibility for a lay officer to exercise. It would be better to have the receiving ward so arranged that the inmate could be properly supervised and isolated until examined by the medical officer.

The Council is also of opinion that the omission from the Order of two reforms, which might have been introduced, is greatly to be regretted, especially in view of certain abuses in the past. All drugs and appliances for the sick poor should be provided by the guardians, yet in this latest Order the guardians are still permitted to contract with their medical officers to supply them. Again, a male guardian should not have the right to inspect the female wards, or the quarters of the female staff, unless accompanied by a female guardian or superintendent nurse. It is a matter of regret that the opportunity was not taken to re-enact the old Order, rescinded some years ago, making it compulsory upon the clerk to the guardians to forward the half-yearly reports of the medical officer on the state of the workhouse to the Local Government Board. Difficulties, too, are likely to arise on account of the compulsion put upon all officers to produce books, documents, or accounts whenever required by the clerk. The medical officer often has in his possession documents of a private character concerning inmates which the ordinary rules of professional ethics forbid him to divulge except upon the request of the board of guardians or one of the statutory committees.

No doubt much of the criticism of the Council has special reference to institutions with resident medical officers. In the numerous instances where, owing to circumstances, the workhouse medical officer is not resident, some of the criticism might require modification.

The Council has also considered the Poor Law Institutions (Nursing) Order, 1913. There is little to be said adverse to the provisions therein laid down. It is of opinion they will lead to improvement in the nursing arrangements of some Poor Law institutions.

Obituary.

HARRY CHESTNUT, L.R.C.P. AND S.EDIN., L.F.P.S.GLAS.,

TRALEE.

THE tragic death of Dr. Harry Chestnut, of Tralee, has aroused feelings of deep regret and sympathy not only in Kerry, but throughout the province of Munster. He had been attending several members of a family suffering from septic sore throats, apparently due to the existence of defective drains in their house. The mother of the family was one of those affected, and had a high temperature. He received an urgent message to attend her, and, on his arrival, he found that she was bleeding profusely as a result of an incomplete abortion. Knowing that she was suffering from her throat, and having received no intimation of the abortion, he was quite unprepared with gloves, and at once proceeded to evacuate the uterus with his bare hand, in the hope of saving her life. In doing so he himself got a septic infection of the left forefinger. Realizing the serious nature of his condition, he consulted one of his colleagues in Tralee, and soon after journeyed to Cork, where he entered the South Infirmary. Here he was attended with all possible care and skill by Drs. T. Gelston Atkins, O'Sullivan, and Horace Townsend, assisted by the resident staff, but, in spite of their efforts, the infection became general. For three weeks he made a gallant fight against the ravages of the *Streptococcus erysipelatosus*. In spite of all that could be done, the disease continued its gradual advance, and he died on May 21st, in the 45th year of his age.

Dr. Chestnut was a native of Tralee, being the fourth son of the Rev. William Chestnut, minister of the Tralee Presbyterian Congregation. He studied in Cork, Galway, and Edinburgh, and qualified in 1891. Settling down to practice in his native town, he soon earned the confidence and esteem of the entire community. He was most conscientious in the discharge of his duties, and spared no pains to keep himself abreast of the times in his professional work. As a result, his services were sought far and wide over Kerry, and in the adjacent counties of Cork and Limerick. While for many years he led a very busy life, he never allowed anything to interfere with his attendance on the poor and needy. The poorest inhabitants of Tralee were as certain of his help as the richest, and many a story is to-day being told through Kerry of his kindness, his self-sacrifice, and his generosity.

The funeral took place on May 23rd. It was the largest ever seen in the district. Thousands of all creeds and classes joined in the procession. He was borne to his last resting-place by numerous relays of men, whom he had at some time helped or befriended, and who eagerly sought the honour of being allowed to bear him to the tomb.

Dr. Chestnut was unmarried. He had been a devoted son to the aged mother who died only a few years ago, and a loving brother to his sisters. His life was one of self-sacrifice. The great concourse of mourners at his funeral, and their expressions of grief, proved how well the community realized that he had been "faithful unto death."

JAMES SMITH, M.D.EDIN.,

EDINBURGH.

DR. JAMES SMITH, who died at his house in Brunton Place, Abbeyhill, Edinburgh, on May 29th, had been in poor health for some months; asthma, which had for long troubled him not a little, was attended by pulmonary complications which proved fatal, although about a fortnight before his death he was able to see patients in his consulting-room. James Smith was a native of Edinburgh, and studied at the university there, taking the degrees of M.B. and C.M. in 1888, and that of M.D. in 1894. He was for several years a member of the Edinburgh School Board, as well as a J.P. for the City of Edinburgh. He also held a number of appointments, being honorary physician to the Muriceston Farm Home for Boys, and formerly surgeon to the High Constables of Edinburgh. He was a Fellow of the Edinburgh Obstetrical Society. Dr. Smith's mind had a strong philosophical and literary bent, and what he had to say on subjects in which medicine and psychology came into touch was always worth listening to. He took up a strong attitude of opposition to the National Insurance Act in the form in which it left the Legislature, and he was consistent in his opposition, adhering with firmness to his principles throughout. He leaves a widow, two daughters, and four sons, the eldest of whom is a medical student in his fourth year at the university. The funeral to Piershill Cemetery took place on May 1st, and was attended by a large number of Dr. Smith's professional friends as well as by many others, to whom his ready help and constant attention had endeared him.

BRIGADE SURGEON WILLIAM JOHN BUSTEED, Madras Medical Service (retired), died at Upper Norwood on April 27th. He was born on January 13th, 1833, took the diploma of L.R.C.S.Edin. in 1857, and entered the Indian Medical Service as assistant surgeon on July 23rd, 1858, becoming surgeon on July 23rd, 1870, surgeon-major on July 1st, 1873, and retiring with a step of honorary rank on November 9th, 1882. His first service was in Pegu, but after two years there he had to take sick leave. In 1863 he was appointed civil surgeon of Mangalore, and in 1864 was transferred to Chingleput. On May 6th, 1867, he was posted as medical officer of the 25th Madras Infantry, and afterwards served successively with the 29th, the 28th, the 1st, and the 13th Madras Infantry regiments. The Army List assigns him no war service.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Giovanni Antonelli, one of the deans of the medical faculty of Naples, and director of the Institute of Human Anatomy, aged 80; Dr. Domenico Biondi, professor of surgery in the University of Siena, and director of the surgical clinic; Dr. Decloux, physician to the Paris hospitals, and a valued contributor to the new edition of Cornil and Ranvier's well-known work, aged 44; Dr. F. Delius, for many years director of the German Hospital at Buenos Aires, aged 50; Dr. Stanislas Iroba, physician to the General Hospital, Cracow, and lecturer in the university, of glanders contracted from a patient under his care; Dr. Charles Pickering Putnam, for some years lecturer on pediatrics at Harvard, and in 1893 president of the American Pediatric Society, a leader in charitable and social work in Boston for more than a generation, aged 69; Surgeon-General Augustin Weisbach, of Graz, a distinguished anthropologist and author of numerous writings on the skull, aged 77; and Dr. O. J.

Wideman, lecturer on neurology in the University of Stockholm, and well known by his researches on poliomyelitis.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

THIRD M.B. (*Both Groups*).—*H. J. Hoyte, *F. Margherita Mackenzie, *J. B. Randall, F. C. Alton, T. I. Bennett, G. A. Bird, J. Bostock, M. J. Cronin, H. W. Davies, R. Ellis, H. W. Evans, E. A. M. J. Goldie, F. A. Grange, P. S. B. Langton, O. C. Link, R. J. McN. Love, W. E. Milligan, C. L. Pattison, R. A. Preston, M. Radford, C. G. Richardson, A. M. M. Roberts, Helen L. Robertson, W. H. P. Saunders, C. J. H. Sharp, G. W. Shore, W. Simpson, J. S. Sloper, S. Smith, H. J. D. Smythe, W. E. Tanner, V. D. C. Wakeford, A. H. White, A. Wills, O. R. L. Wilson, C. Witts, B. Woodhouse.

THIRD M.B. (*Group I*).—B. W. Armstrong, W. C. P. Barrett, R. M. Beath, A. D. d'Avray, Una Griffin, Mary E. Harding, Mildred A. Jukes, J. G. Owen, C. Sherris, G. A. Walker, T. B. Welch. (*Group II*).—W. R. Blore, W. Burt, N. StJ. G. D. Buxton, J. A. W. Ebden, G. D. Eccles, T. P. Lewis, T. B. Paul, Edna M. Powell, A. L. H. Rackham, P. Smith, T. R. Snelling, Grace Stapleton, J. A. Tsoi-A-Sue, E. H. Walker, A. G. Winter.

* Honours.

Medico-Legal.

FLIES AND INTENSIVE CULTURE.

THE case Bland *v.* Yates in the Chancery Division last week raised the question of an occupier's remedy for the annoyance of a large number of flies stated to have been bred in manure heaps formed by a gardener in the process of intensive culture. The defence was that proper and legitimate use of the land was being made for the purpose of market-gardening. The evidence given by experts and others was not concordant as to the number or the variety of the flies which reached the plaintiffs' house.

Mr. Justice Warrington gave judgement for the plaintiffs without calling upon counsel appearing for them. He said, according to the report in the *Times*, that in the course of his business the defendant used large quantities of manure, and in laying out his French garden he had chosen as the place for stacking manure a point which was immediately adjoining the plaintiffs' garden. The plaintiffs claimed that they suffered great inconvenience from what amounted at law to a nuisance both from smell and from the flies which in the ordinary course of nature bred in heaps of manure. The question which he had to answer was whether the defendant by his operations seriously interfered with the comfort physically of the plaintiffs and their family in the occupation of their house according to notions prevalent among reasonable English men and women. For the purpose of answering that question he was not to look at the operations in the abstract and by themselves, but in connexion with all the circumstances of the locality, and in particular with reference to the nature of the trades usually carried on there before the beginning of the defendant's operations. But if after taking those circumstances into consideration he found a serious and not merely a slight additional interference with the plaintiffs' comfort, then it was the duty of the court to interfere.

Intensive cultivation of plants required the use of large quantities of manure. The manure used by the defendant was long straw horse manure. The defendant collected the manure on the ground, and at the end of December or the beginning of January he prepared his beds. The defendant chose for the place for stacking manure a place immediately adjoining the plaintiffs' garden; he chose that for his own convenience, and apparently because the land on the other side was more suitable for cultivation. The plaintiffs went into semi-occupation of the Clock House in September, 1910, and his lordship found as a fact that during such occupation they suffered to an unusual and abnormal extent from flies both in the house and in the garden. In the spring of 1911 the plaintiffs put wire blinds to each of the windows which they were in the habit of opening, and his lordship could not imagine why they should so inconvenience themselves and put themselves to such expense unless what they experienced in the previous September was sufficiently serious to cause interference with comfort.

The plaintiffs said that during the warm period of the years 1911, 1912, 1913 they had suffered serious inconvenience from the abnormal number of flies in their garden, and also, when the wind was in a certain quarter, from the smell arising from the manure heap. His lordship found as a fact that the plaintiffs had suffered serious inconvenience and interference with their comfort as occupiers of the house and garden according to notions prevalent among reasonable English men and women. Was that caused by the operation of the defendant, and, if so, did it amount to a nuisance at law, taking into account the usage of the neighbourhood? It did not want much to convince one that a smell might come from a manure heap. Then with regard to the flies: the house-fly and the lesser house-fly bred for preference in horse manure. If one found a large collection remaining during the whole of the summer months of the favourite nesting places of the fly within a short distance of the plaintiffs' building, and the plaintiffs found an abnormal number of flies, what conclusion could one arrive at except that the breeding place had had its natural result, and provided the flies? His lordship found that the flies came from the heap of manure which the defendant collected during the summer months.

Then with regard to the surrounding circumstances and the occupations of the district, could he come to the conclusion that there was a nuisance? The district was one of market gardens, and persons who lived in such districts must expect to have to put up with the attributes of such businesses. But what the defendant seemed to be doing was very much more than what one was obliged to expect would be done by market gardeners. What the defendant did required for that district an unusual and excessive collection of manure. That was enough, and he must find that the inconvenience was caused by the defendant's operations. His lordship felt very reluctant to have to interfere with what was a profitable and good industry, but he must grant an injunction restraining the defendant from depositing, stacking, and handling manure on his land so as to be a nuisance to the plaintiffs. The defendant must pay the costs of the action.

MURDER AND THE PLEA OF INSANITY.

THE appeal of A. O. Coelho against conviction, at the Liverpool Assizes before Mr. Justice Bray, for the murder of his wife was heard in the Court of Criminal Appeal on May 11th before the Lord Chief Justice and Justices Coleridge and Sankey. The appellant was convicted of the murder of his wife on a British ship, and the defence was that he was insane at the time. It was contended by counsel for the appellant (Mr. Rigby Swift, K.C.) that the unqualified verdict of guilty found at the Liverpool Assizes could not be sustained having regard to the evidence, and that there had been misdirection by the judge. The judge had left it to the jury to say whether the appellant through disease of the mind was not conscious of the nature and quality of his act, or, if he were, whether he was conscious of the difference between right and wrong, but he did not explain this as it was suggested in Macnaghten's case that the judge should explain it. It was contended that the question ought to have been left whether he knew at the time that it was wrong to kill his wife.

The Lord Chief Justice, in giving judgement, said that the court by no means intended to lay down that it would not interfere with such a verdict as was found in this case, and substitute for it a special verdict under the Trials of Lunatics Act, 1883, but upon an examination of the evidence it could not come to that conclusion, as a court of law dealing with the verdict upon what they thought was a proper direction, that the verdict was wrong. The only alternative to quashing the conviction of murder would be to substitute a special verdict, with the consequence that the appellant would be detained during His Majesty's pleasure. The facts were ample to prove that murder was committed. The direction to the jury was correct in substance; it was told that a man must be presumed to be sane and possessed of sufficient reason to be conscious of his crime unless he established the contrary, and proved that he was suffering from such a disease of the mind as to be unconscious of the nature and quality of his act, or, if conscious, not to be conscious of the difference between right and wrong. The effect of the evidence for the defence was that the appellant had suffered from syphilis, loss of memory, persistent insomnia, and want of concentration, which could be summed up by saying that he was suffering from syphilitic neurasthenia. There was evidence that after the crime he was under the delusion that his wife had tried to poison him, that he was not fully conscious of the difference between right and wrong, and had delusions which interfered with his mental activity. The court had come to the conclusion that the appeal could not succeed, but only with hesitation as it was a difficult case, and it was to be borne in mind that there were powers vested in the Home Secretary not available to the court.

Since this decision was given the Home Secretary has announced that the death sentence on Coelho has been commuted to penal servitude for life.

Medical News.

SIR BERTRAND DAWSON, K.C.V.O., Physician Extraordinary to His Majesty, has been appointed Physician-in-Ordinary in the room of the late Sir Francis Laking, and Dr. Frederick Stanley Hewitt has been appointed Surgeon Apothecary to H.M. Household, vice Sir Francis Laking.

SIR GEORGE REID, the High Commissioner in London for the Commonwealth of Australia, will distribute the prizes to the successful students at Guy's Hospital Medical School on Thursday, July 9th.

ON May 24th the foundation stone of the new scientific university of Genoa was laid in the presence of the King and Queen of Italy and the Dukes of the Abruzzi and of Genoa, and of a large attendance among whom were Ministers of State and representatives of the Senate and

the Chamber of Deputies. Speeches were delivered by the Syndic of Genoa, Professor Maragliano, Rector of the University, and others. The clinical institutes are to be built on an area of 20,000 square metres; there will be eight separate buildings united by a magnificent portico. It is estimated that the new university will cost about £360,000.

A VERY successful congress, attended by over 800 members, met on the French Riviera during the last days of April. Its object was mainly to promote an interchange of views between pure scientists and medical men on the action of solar rays at various altitudes on disease, an idea already carried out in electro-therapeutics with excellent results. Under the patronage of the Prince of Monaco, the presidents elected were Professor d'Arsonval and Professor Albert Robin, both of Paris. The papers read dealt with: (1) The means of measuring and controlling solar radiations and their biological effect at sea level and at higher altitudes; (2) the effect of treatment by exposure to the sun's rays on surgical and medical diseases respectively. The congress met at Cannes, which proved a good centre from which to visit the numerous establishments for heliotherapy scattered between Hyères and Mentone. Other excursions made it evident that within a radius of twenty miles the Riviera had a series of climates rising from sea level to 9,000 feet—from sea-bathing in winter to the snowline and winter sports. The next meeting is to be held in Italy in 1916 under the presidency of Professor Maragliano.

ON March 31st Sir Rickman Godlee and Mr. Bilton Pollard, who have recently retired from the active staff of University College Hospital, were entertained at a farewell dinner by their colleagues. Twenty-five were present, and the chair was occupied by Professor Thane. Sir John Rose Bradford and Dr. Herbert Spencer proposed the toasts of the evening, and presented each of the distinguished guests with a salver on which were inscribed the autographs of the staff. On May 14th, Sir Rickman Godlee and Mr. Bilton Pollard were entertained at dinner at Oddenino's by their former house surgeons. Dr. Scharlieb, C.M.G., was in the chair, and some forty were present. Among them were Dr. Batty Shaw, Dr. Charles Bolton, Mr. F. J. Cleminson, Dr. E. Mapother, Mr. H. T. Mant, Dr. E. M. Cowell, Mr. T. C. Graves, Dr. H. E. Dyson, Mr. Julian Taylor, Dr. D. M. Hughes, Messrs. E. K., L. A., and P. S. Martin, and Mr. R. Lister Horton. Mr. Philip Heath proposed the health of Sir Rickman Godlee, and Dr. Otto May that of Mr. Pollard. The toasts were suitably acknowledged, both speakers expressing the pleasure they had found in their work at the hospital and their regret at the severance of old ties. Dr. Scharlieb presented Sir Rickman Godlee with a pair of silver fruit stands, and Mr. Pollard with a silver rose-bowl. In each case the gifts bore suitable inscriptions.

WE regret to say that Mr. William Pearson, the accomplished Prosector of the Museum of the Royal College of Surgeons of England, has been compelled, on account of ill health, to resign his appointment which he has held for fifty-eight years. Born in 1840, he first obtained a situation in the Museum—where his father and grandfather had been employed before him—at Michaelmas, 1856, when Sir Richard Owen had just resigned the Curatorship. He worked under four succeeding curators—Mr. Quekett, Sir William Flower, K.C.B., Professor C. Stewart, and Dr. Arthur Keith—and ever to their entire satisfaction. His name is written in the splendid series of dissections of human anatomy and the numerous preparations illustrating the anatomy and physiology of man and animals which adorn the Museum of the College. From his sixteenth year till a few weeks ago he continued unceasingly his work as a practical anatomist. His portrait, painted by Mr. Onslow Ford, R.A., was exhibited a few years since in the Royal Academy, and is preserved in the College. The services rendered to the museum of the College by the Pearson family date back to the time when Edward Pearson was engaged as museum porter by Mr. Clift, the first conservator in 1804. He died in 1857 after fifty-three years' service, aged 80. His son, Thomas Pearson, was engaged as assistant in the museum in 1837, and was pensioned in 1880 after forty-three years' service, he dying in 1882. Mr. William Pearson (Thomas Pearson's son) was engaged, as above explained, in the autumn of 1856. For nearly nine years the grandfather, father, and son worked together in the active service of the museum. As Mr. William Pearson resigned in May, 1914, the Pearsons have ably served the College for 110 years. Those old enough to remember the College forty years since may still distinguish from this veteran family a Jonathan Pearson, an able dissector, but no relative. Almost at the same time the articulator to the museum—a man of consummate skill in his art, just as Mr. W. Pearson remains one amongst the ablest dissectors living—bore the name of James Flower, though no relation of the conservator, Sir William Flower, K.C.B. The museum has been well served by intelligent hands, as well as by learned heads, and among the former the palm may, we think, be awarded to the hands of Mr. William Pearson.

AT the recent elections in France there were 170 members of the medical profession in a total of 2,902 candidates; 43 doctors were elected to the Chamber of Deputies. The new members are: Drs. Navarre, Paris, 13th arrondissement; Poirier de Narçay, Paris, 14th arrondissement; Vaillant, Paris, 20th arrondissement; Doizy, Mézières—Ardennes; Sireyjol, Nontron—Dordogne; Delorn Sorbé, Pau; Pacaud, Sables-d'Olonne—Vendée; Boussenot, La Réunion; Peyroux, Rouen; Vidalin, Tulle—Corrèze; Mourier, Alais—Gard; Pezet, Montpellier; Merlin, Roanne—Loire; Legros, Blois; Delpierre, Clermont—Oise; Augagneur, Lyons; Schmidt, Saint-Dié—Vosges; Defos, Moulins—Allier; Baudon, La Palisse—Allier; Favre, Saintes—Charente Inférieure; Queille, Ussel—Corrèze; Lancien, Chateaulin—Finistère; Dumont, Issoudun—Indre; Thiéry, Commercy—Meuse; Defontaine, Avesnes—Nord; Sibuet, Albertville—Savoie; Pottevin, Castelsarrazin—Tarn et Garonne; Thivrier, Montluçon—Allier; Jean Durand, Castelnaudary—Aude; Lachaud, Brive—Corrèze; Baudet, Dinan—Côtes du Nord; Clément Clament, Bergerac—Dordogne; Cazauvieilh, Bordeaux; Chapuis, Lons-le-Saulnier—Jura; Gilbert Laurent, Roanne, —Loire; Pécharde, Epernay—Marne; Delelis-Fanien, Béthune—Pas-de-Calais; Victor Morel, Montreuil-sur-Mer—Pas-de-Calais; Dubief and Symian, Macon—Saone-et-Loire; Lorimy, Coulommiers—Seine-et-Marne; Ganault, Laon; Amand Périer, Fontenay-le-Comte—Vendée; Théveny, Arcis-sur-Aube; Even, Lannion—Côtes-du-Nord; Guiraud, Lavaur—Tarn; Paulin Dupuy, Moissac—Tarn et Garonne; Chassaing, Ambert—Puy-de-Dôme; and Constans, Montauban—Tarn et Garonne.

MR. PINCHING AND DR. FIRTH, who retired recently from the active staff of the Gravesend Hospital—Mr. Pinching after thirty-six years and Dr. Firth after thirty-one years' service — have been appointed consulting surgeons, and at the May meeting of the committee of management were presented by the President, Vice-Presidents, committee of management, and medical staff of the hospital with silver inkstands bearing suitable inscriptions. The President, the Earl of Darnley, who made the presentation, said that he thought the paragraph of thanks contained in the yearly reports of hospitals did not sufficiently acknowledge the work gratuitously done by the honorary staff. The public did not realize the skill and attention so generously given to the suffering poor. In another capacity he had heard hard things said about doctors in connexion with their work among the poorer classes, but it was his firm belief that no class of the community gave so much voluntary help in their private practice and by their services to hospitals. The presentation was intended as a recognition of the inestimable gratuitous services rendered to the hospital by Mr. Pinching and Dr. Firth. The committee of management appreciated most highly their valuable help in matters of administration, and it was intended to commemorate their services to the hospital by calling two of the wards after their names. Dr. Firth, in acknowledging the presentation, expressed his regret that Mr. Pinching was unavoidably absent, and his thankfulness that time had dealt leniently with them, so that both he and his colleague retained energies and spirit unimpaired. At the same time they recognized that the rule with regard to a retiring age made some time ago was a wise one. He referred to the numerous changes and great developments the hospital had undergone, and said that Gravesend owed thanks not only to the medical staff but also to the Committee of Management, because by its wide views and skilful management it had kept the hospital up to date and abreast with modern science. Portraits of both Mr. Pinching and Dr. Firth have been hung in the board-room.

FRANCES BRADLEY gives in the *Journal of the American Medical Association* of January 24th an account of the work of the Federal Children's Bureau, which she described at the recent Conservation Exposition at Knoxville, Tennessee. As a part of the Child Welfare Exhibit a children's health conference was held with the object of determining the methods likely to favour the development

of the rising hope of the nation into healthy citizens. All parents were invited to bring their children, but no prizes were given, the natural incentive of parenthood and desire of the welfare of the child being relied on. The results justified the method. The examinations were open to all classes and conditions and to all ages under fifteen. Husbands were as much interested as wives, and the parents were shown how they succeeded or failed to do their best for their offspring. Faulty nutrition was shown to be the cause of most of the ills of the children brought in, and an expert gave practical demonstrations on the care and preparation of milk, the feeding of infants and school children, and the wholesome preparation of the foods commonly used. The bottle-fed baby was found to be a city product, but the breast-fed country child also gets a taste of everything the mother eats "to keep it from having colic." The conference seemed to establish certain facts, which are given in conclusion, as follows: "(1) The medical profession is alive and quite able to care for the children of the country without resorting to hysterical or spectacular methods. (2) It does not need the financial backing of advertising concerns to point the way to its duty; this work may be kept free of commercial entanglement, and on the usual high plane of professional activities. (3) The medical profession stands ready to give of its knowledge and efforts to the uplifting of mankind, and the little child shall not call in vain." The hope is expressed that the work of raising the standard of public health may be left in the hands of the Government and of the medical profession to work together in this most important phase of conservation.

EVEN when the greatest care is taken about dressings and sutures, the abdominal wound made for the removal of tumours and other morbid structures may yield after the removal of the sutures, the intestines escaping. Experience has shown that the mortality after this alarming post-operative complication is remarkably small, especially if the bowel be carefully washed with sterilized saline solution, yet there is often considerable soiling of the extruded parts, and also marked shock. Hence Morestin, Souligoux, Témoin, and Rouville have advocated direct application of ether. Delmas recently had an unpleasant experience (*Bull. de la Soc. d'Obstét. et de Gyn. de Paris*, 1914, p. 237). He removed diseased appendages, which were very adherent, and inserted a rubber drainage tube in the lower angle of the wound, withdrawing it on the fourth day. On the eighth, as the sutures were being removed, the patient coughed, the wound yielded up to the umbilicus, and a great mass of intestine protruded. Under an anaesthetic it was reduced, but it had come in contact with foul linen. Delmas packed a compress into the peritoneal cavity and poured into it quite a litre and a half of ether. Suitable treatment for the profound shock proved effectual, but the patient's husband a few hours afterwards insisted on taking his wife away to die at home. However, as Dr. Delmas observes, this worthy man informed him three months later that his wife had completely recovered. She could eat and sleep well, but the dressings remained. Her family doctor did not like to touch them, and had simply let ether soak into it from time to time. Delmas found that the parietal wound had closed almost completely, dense cicatricial tissue having developed. There remained at the lower angle a gap which barely admitted the little finger. With considerable difficulty the packing was extracted entire, and the wound closed. Delmas considers that this packing process, with free application of ether, is safer than deliberate suturing of the ruptured wound when shock is marked and the protruded organs badly soiled. This remarkable after-history, he said, showed what the peritoneum would tolerate; of course, had the patient been allowed to remain in hospital, the sutures would have been reapplied within a few days.

THE seminomata form a very interesting group of tumours of the testis and ovary which is hardly known by that name outside France; they have usually been mistaken for round-celled sarcomas; they have sometimes been described as epitheliomata, and Masson showed specimens of as many as five ovarian and two testicular seminomas at a meeting of the Anatomical Society of Paris in 1912. He finds that ovarian seminomas have a structure absolutely identical with that of the testis, and that they cannot be distinguished histologically from testicular seminomas. The ovarian seminomas form massive tumours, of yellowish-white or rose-white colour, and more or less hard according to the abundance of their connective tissue stroma. The nuclei of their cells are rounded or oval, clear, and contain one or two large acidophile nucleoli. The cytoplasm is clear, and is formed by a stroma of extreme delicacy, soaked with glycogen; its fixation is very difficult, so that often it appears to be non-existent in pieces fixed in simple formol. An excellent example of an ovarian seminoma in a girl, aged 14 years, was reported to the same society a month later by Desmarest and Masson. An abdominal tumour had existed for six months and had grown very greatly for a few weeks. An enormous, uniformly hard, but painless tumour filled the abdomen. Median laparotomy was performed, but she died from shock forty-eight hours later. Bonnel reported to the same society in 1912 a case of seminoma in which the element of trauma appeared to be definitely connected with its evolution. He has described (December, 1913) in the *Bulletin* of the same society the case of a testicular seminoma in a man of 32, a case of "seminiferous epithelioma (seminoma)." At the age of 17 the man was successfully operated on for ectopic testis; the organ remained small and atrophic, but at the age of about 30 the testis increased gradually in size, and at the end of two years attained the weight of 265 grams. Castration was performed; the tumour on longitudinal section showed a homogeneous structure, but there were numerous necrobiotic islets the size of a pea. It showed microscopically large polyhedral cells, resembling spermatogonia, with a large round nucleus, nucleoli, and karyokinetic figures. The cytoplasm was relatively scanty, fragile, and often absent, in spite of immediate fixation in Bouin's fluid. Nowhere were there any normal seminiferous tubules present, but the excretory ducts of the epididymis with their cylindrical ciliated cells could be distinguished.

THE health officer, Dr. Stanley, in submitting his annual report on the health of Shanghai for 1912, states that the year was not a healthy one. There was a considerable increase in the incidence of acute diarrhoea, typhoid, and scarlet fever. But the augmented death-rate was, in the case of the foreign population, due to some extent to increased mortality among children from general causes, such as bronchitis, the incidence being chiefly among Japanese. Choleraic diarrhoea affected the community seriously; not only were the number of cases, both among foreign and Chinese, exceptionally high, but the port was declared infected with cholera by the Japanese authorities. The death-rate among the foreign population was 21 per 1,000, and among the native 19.3 per 1,000. There were 20 cases of small-pox among the foreign population, with 3 deaths, and among the Chinese there were 124 deaths. Vaccination is done free for all Chinese and indigent foreigners applying at the district health offices; 6,108 vaccinations were performed during the year. There were 35 deaths from tuberculosis among the foreign and 1,096 among the native population; this high death-rate from this disease is attributed to overcrowding, against which there is at present no legislation. Since plague-infected rats were found in the colony in 1908 a complete plague survey has been maintained. During 1912, of 14,988 found dead and brought to the laboratory for examination, 95 were plague-infected, compared with 138 during the previous year. During the year nearly 150,000 rats were trapped and burnt. There were 18 human cases of plague during the year. The incidence of beri-beri has diminished. No fewer than 23,322 specimens sent for pathological diagnosis were examined at the public health laboratory during the year, and numerous samples of milk, water, foods, and liquors were examined also. Glycerinated calf lymph had been widely distributed in the Far East; 10,993 tubes were sent out from the laboratory during the year—the equivalent of 54,965 persons protected against small-pox. Plague, typhoid, and other bacterial vaccines also were sent out from the laboratory. The municipal hospital system has been concentrated in the vicinity of the isolation hospital and nursing home so as to facilitate supervision by the health officer in charge, and to co-ordinate this part of the work of the health department; 1,249 cases were treated in the isolation hospital with 115 deaths. A large number of cases were treated in the police hospital, sanatorium, and gaol hospital. A large sanitary staff is employed, and pays special attention to the disposal of house refuse, mosquito reduction, and the screening against house-flies. As the preventable diseases specially prevalent in Shanghai are mostly caused by infected food, food inspection has been considered of paramount importance. The foreign food supply is under complete sanitary supervision, and this is gradually being applied to the Chinese, premises being licensed as soon as the necessary conditions have been met.