

When first seen by me, on August 9th, 1913, the condition of the skin closely corresponded with Malcolm Morris's description. All four limbs were thickly covered with intensely irritable, hard, dusky red papules. There was free desquamation. On the abdomen and back there were also groups of papules, the skin being thickened, and discoloured with deep sepia-brown pigmentation. In places the pigment had been absorbed, leaving white atrophic-looking areas with abrupt margin. The mouth was still affected with small aphthous spots.

She was admitted to hospital on August 13th, and kept entirely in bed. Liq. arsenicalis mvi was given thrice a day, but no improvement followed, perhaps because the arsenic was not sufficiently pushed. The temperature at first was 99.2°, and gradually increased to 101° on August 28th. On September 16th it became normal, but rose again after this. On August 31st she was given 5jss doses of liq. hydrarg. perchlor. with potassium iodide gr. v. The limbs of one side were wrapped in an ointment of zinc, mercuric nitrate, and coal tar, and those of the other in an ointment of mercury perchloride, carbolic acid, and zinc.

On September 25th the patient complained of increased irritability of the feet, and on their dorsal surfaces a few discrete and scattered bullae, the size of a haricot bean, were noticed. She thought they were caused by rubbing the feet one on the other. The bullae rapidly covered the whole surface of both feet, reaching a little way above the ankle, and became confluent, so that the whole epidermis of both feet appeared undermined with fluid. The dose of iodide was small, but it was omitted on account of the occasional occurrence of vesicular eruptions under its use. The liq. hydrarg. was increased to 3ij doses. While the feet were at their worst the rash on the rest of the body gradually disappeared, and along with it the itching, leaving the skin smooth but discoloured (brownish-red).

The feet remained sore and painful some weeks. They became covered with thick crusts, from under which turbid serum exuded. They were treated with the first of the above-mentioned ointments and zinc-boric dusting-powder. During this phase of the illness the temperature rose again to 100°, and on October 11th and 15th there were sharp, sudden rises to 103.6° and 103° respectively, indicating absorption from the raw surfaces. There was no ulceration of the dermis. On October 12th quinine was given in place of the mercury.

The crusts on the feet gradually dried and separated, leaving a smooth reddish surface of new epidermis. The patient was allowed to get up on November 9th, on account of her urgent wish to go home, although the feet were not considered soundly healed. She left hospital on November 15th with the result "cured" on her bed-paper. Unfortunately, I heard from her doctor in the country a few months later that the rash had reappeared, an occurrence quite in harmony with the known tendency of the disease to relapse.

It might be argued that in this case the disease was syphilitic because improvement occurred under the use of mercury, but this treatment has also been used successfully for lichen planus by recognized authorities on that disease—for example, Unna, quoted by Morris. The rash in this case was so persistent that we discussed the advisability of injecting salvarsan as a more efficient method of giving arsenic. This treatment is also suggested by Polland,<sup>4</sup> but his cases responded fairly well to arsenic internally. My case resembles Polland's in the fact that the bullous lesions mainly occurred on the lower part of the legs.

## REFERENCES.

<sup>1</sup> *Diseases of the Skin*, 1899 edition, p. 170. <sup>2</sup> *Ibid.* <sup>3</sup> Allbutt's *System*, vol. ix, p. 416. <sup>4</sup> *BRITISH MEDICAL JOURNAL*, Epitome, May 9th, 1914.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## THE TRANSFER OF THE INTRACELLULAR PARASITES OF RABBIT SYPHILIS TO MONKEYS.

In a letter published in the *BRITISH MEDICAL JOURNAL* of February 7th last, p. 341, a natural disease called "rabbit syphilis" was described with the finding of a spirochaete in the lesions which resembles *Spirochaeta pallida*; and intracellular parasites were also described in this rabbit syphilis resembling those found in human syphilis.

The transfer of the rabbit intracellular parasites to monkeys has now been accomplished. In January last Dr. Penfold, of the Lister Institute, inoculated two Rhesus monkeys with an extract of the spleen of a naturally infected syphilitic rabbit. At first penile vaccination was performed, but this failed to infect. Then inoculation into the testicle was tried. No visible local lesions occurred, but in April both monkeys began to lose their

hair. On May 18th one monkey sickened as of a septicaemia, and died. *Post mortem*, no local lesions could be discovered, but the heart's blood was found to be teeming with intracellular parasites, some showing the developmental spirochaete forms as well as the free amoeboid bodies similar to those already pictured in the *BRITISH MEDICAL JOURNAL* of December 14th, 1912, as occurring in human syphilis.

No free spirochaetes were seen in the blood, but the intracellular and extracellular developmental forms were very numerous; and their cycle of development appeared to be the same as that first found in *Lymphocytozoon cobayae*, the similar intracellular parasite of guinea-pigs which develops into spirochaetes.<sup>1</sup>

The transfer of these parasites to monkeys would appear to fill the last gap in the train of evidence in favour of their being the causative agent of rabbit syphilis, and seems to show conclusively that these intracellular parasites are developmental forms of the spirochaetes; for by it Koch's postulates are fulfilled, and proof is thus gained that intracellular parasites which develop into spirochaetes are the cause of this disease, which resembles both clinically and pathologically human syphilis.

E. HALFORD ROSS.

The John Howard McFadden Researches.

Lister Institute, Chelsea, June 5th.

## HYDATID DISEASE OF THE LUNG SPONTANEOUSLY CURED.

Cases of spontaneous cure of hydatid disease of the lung are sufficiently rare to merit record. The following case first came under my observation in June, 1913. The patient was a married woman aged 26. She had never lived abroad, and until the onset of her illness had enjoyed good health. Her first symptom was a sudden attack of haemoptysis which was not profuse. Cough and some pain in the chest persisted for a week, and then passed off. She had no further symptoms for a month, when she again coughed up blood and with it a quantity of membrane. When examined a few hours afterwards she looked somewhat anaemic but otherwise normal; there was slight dyspnoea, but no fever. Examination of the chest revealed a small area of dullness in the first left intercostal space close to the sternum; it extended to the left for 2 in. There was a dilated vein running up to this region from the left breast. There were no râles, but the breath sounds over the dull area were high pitched and bronchial in character, and pectoriloquy was well marked.

The expectoration contained no tubercle bacilli, but the membrane showed a characteristic laminated structure, and there were numerous hooklets. A differential count of the leucocytes showed 5 per cent. of eosinophiles.

After bringing up the membrane all symptoms rapidly subsided, and in a few days she was apparently well.

I saw her again nearly a year after the first onset of symptoms, and she was perfectly well; the dullness and bronchial breath sounds were no longer present, and there were no abnormal signs in any part of the chest. A skiagram of the whole chest showed nothing abnormal. Examination of the liver and other organs revealed nothing.

It is clear that the condition was a small cyst which ruptured into the left bronchus and was expelled. The symptoms at the time of rupture were extremely mild, there was no suppuration, and down to the present time there has been no evidence of recurrence.

A. G. YATES, M.A., M.D., M.R.C.P.,

Physician to the Royal Infirmary, Sheffield.

## A CASE OF CONSERVATIVE OPERATION FOR CEREBRAL ABSCESS OF OTITIC ORIGIN.

A CHILD, aged 6, was admitted to hospital with a history of otorrhoea of indefinite duration. The mastoid region bulged; temperature and pulse were subnormal; the rectus externus oculi was paralysed on the affected side, and, on lumbar puncture, the cerebro-spinal fluid, although quite clear, came out under considerable pressure.

Destruction of the contents of the middle ear was found to be much less advanced than was to be expected from the history. The perforation was limited to the postero-

<sup>1</sup> *Proc. Roy. Soc., B*, vol. lxxxv, p. 67.

inferior quadrant of the membrane; and malleus, incus, and attic appeared normal. From this it was inferred that the intracranial suppuration, which the clinical findings strongly suggested, had originated in the antral walls rather than the tegmen tympani.

On removing the outer antral wall, pus flowed freely from a fistula over the sigmoid sinus. The bony wall of this was removed over its whole extent; the bone was also chiselled away over  $\frac{1}{2}$  in. of the horizontal part of the lateral sinus; as the sinus appeared to be healthy it was not touched, but in view of the coma on admission, and especially of the internal strabismus, a further collection of pus was suspected in the temporo-sphenoidal lobe. The tegmen antri was therefore removed, and another smaller collection of pus evacuated from a point, upwards and forwards, 1 in. deep in the temporo-sphenoidal lobe.

Recovery was uninterrupted; two weeks later the child heard a whisper at 3 ft., and conversational voice at 8 ft. Two weeks after this these distances had increased to 5 and 15 ft. respectively. The squint disappeared, and the otorrhoea is steadily diminishing.

This case is of interest in that orthodox modern aural surgery indicates a complete radical mastoid operation as a usual preliminary to exploring for pus in the temporo-sphenoidal lobe. In the grave existing circumstances, the posterior osseous meatal wall and the ossicles have usually to be sacrificed to obtain a good exposure; it is not often safe to assume that there is no caries or fistula of the tympanic roof or labyrinth; therefore a Stacke operation is done. And, in event of recovery, hearing is of secondary importance. But in this case the whole of the antral walls, except a small part of the inner wall, were removed as part of a simple Schwartze operation; the bridge and middle ear were not touched, and the exposure was evidently adequate for draining extradural pus posteriorly, and a cerebral abscess in front. Moreover, from the hearing tests one month after operation, it is fair to assume that the hearing will be better than if the radical procedure had been adopted.

London, W.

HAROLD L. WHALE, M.D., F.R.C.S.

## Reports

ON

### MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

#### TIVERTON HOSPITAL.

##### FEMORAL HERNIA IN A BOY.

(By M. ALLEN, L.R.C.P. and S. Edin.)

As cases of femoral hernia in boys before puberty are extremely rare, notes of the following case may be of interest:

H. H., a boy aged 12, was seen in the out-patient department. According to the mother's statement, a swelling about the size of an egg had appeared in the right groin about a year previously. It remained the same size, neither increasing nor decreasing, and giving the boy no pain or discomfort. The patient was admitted and an operation performed. After dissecting through a mass of fat a sac was found, which on being opened contained a mass of omentum. This was ligatured and cut off, a radical cure being performed in the usual way.

At its meeting on June 2nd Sir William Osler was elected a foreign associate by the Académie de Médecine of Paris.

THE Emperor William Society has founded an institute of industrial physiology which will be a part of the Physiological Institute of Berlin. The new institute will conduct researches on the effects of physical and intellectual work in man and study the relations of such work to age, sex, race, and so forth. Researches will also be made on the influence of external conditions such as climate, temperature, ventilation, dwelling and food, on such work. Special investigations will be made as to the diet of the working classes in relation to their particular kind of work.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### DORSET AND WEST HANTS BRANCH.

At a meeting of the Branch in Dorchester on May 20th, Dr. H. H. DU BOULAY, President, in the chair, the proceedings included the reading and discussion of papers and demonstration of a series of pathological specimens.

*Papers.*—The PRESIDENT having read a paper on ophthalmic cases as seen in general practice, Mr. W. BURROUGH COSENS dealt with the treatment of gall stones. When these were giving rise to marked or persistent trouble and surgical interference was indicated he usually advocated cholecystectomy as the operation of selection. When the gall bladder contained a large number of small stones a similar condition was often present in the hepatic and common ducts, and if overlooked and the smallest stone left behind, the ligature on the cystic duct was liable to give way later. For this reason he kept a drainage tube in the peritoneal sulcus covering the cystic duct often for ten days. Cases submitting themselves for operation rarely had a healthy bladder, and he treated them on the same surgical principles as he did a diseased appendix. The formation of gall stones commenced, he believed, at a much earlier period of life than the usual age at operation suggested, and they were in some cases the cause of the indigestion so common in young adults. In illustration and support of his views he recorded seven cases, six of them having been subjected to operation by him within the previous two months. All the patients were married women or widows. (1) A., aged 50; ten years' history of biliary colic; cholecystectomy; one stone size of large walnut; drainage four days; well in three weeks. (2) B., aged 45; acute abdomen; diagnosis appendicitis; biliary colic four years ago; operation, general condition of fat necrosis; no gall stone; bulbous appendix removed; good recovery. (3) C., aged 42; tumour in right hypochondrium; cholecystectomy, bladder adherent to caecum; fifty stones; drainage fourteen days; patient convalescing. (4) D., aged 65; pain over right lobe of liver two years; cholecystectomy; 200 stones; small stones felt in hepatic duct; drainage; condition of patient required hasty completion of operation; on twelfth day slight rigor, free discharge of bile, and four small calculi; discharge ceased in three days; recovery. (5) E., aged 65; cholecystectomy three days after ovariectomy; seventy stones and muco-purulent material; drainage ten days; patient convalescing. (6) F., aged 45; acute abdomen; cholecystectomy, perforating ulcer in fundus of bladder, large quantity of brown fluid in abdominal cavity; eighty stones in bladder; drainage seven days; doing well. (7) G., aged 52; large number of octagonal stones passed per rectum during twenty years; operation declined. In the discussion which followed, Mr. UNWIN, Mr. RAMSAY, and Mr. BELBEN advocated cholecystotomy as generally the most suitable operation. In reply Mr. COSENS said he doubted if in the majority of cases the gall bladder resumed its normal function after cholecystotomy. The ease with which small nodules of growth might be overlooked was also a point in favour of the radical operation. The American surgeons like the Mayos, and in this country Bland-Sutton, more frequently removed the gall bladder than drained it.

*Exhibits.*—Drs. MACDONALD and PERDRAU demonstrated the following specimens and also histological sections of many of them: (1) Brain showing sclerosis of whole convolutions, and kidneys showing miliary gummata, from a congenital epileptic. (2) Brain showing old softening of right island of Reil, from an epileptic. (3) Brain showing congenital hydrocephalus and numerous small haemorrhages, from a patient aged 31. (4) Heart with large aneurysm of left ventricle. (5) Thyroid and skin from a case of chronic Graves's disease associated with scleroderma; sections were shown to demonstrate lesions of the corpora dentata of cerebellum. (6) A cholecystocele with calculus in cystic duct. (7) Sphenoid bone completely infiltrated by a carcinoma of the right antrum. (8) Abdominal aorta showing most extensive arterio-sclerosis, the thoracic

*Captains*.—A. C. Anderson, C. H. Barber, D. P. Goll, A. F. Hamilton, L. Hirsch, J. L. Lunham, A. C. Munro, R. D. MacGregor, J. O'Leary, M. F. Reany, H. Ross, T. C. Rutherford, W. D. H. Stevenson, M. F. White.

An examination for not less than thirteen commissions in the Indian Medical Service will be held in London on July 27th and the five following days. Forms of application can be obtained from the Military Secretary, India Office, S.W.

#### TERRITORIAL FORCE.

THE King has conferred the Territorial Decoration upon Major Lewis T. F. Bryett, First London (City of London) Sanitary Company; Lieutenant-Colonel Alexander B. Lyon, M.B., First City of London Clearing Hospital; Major Andrew R. Wilson, M.B., attached to the Fourth Battalion, the Cheshire Regiment; and Major William Doig, M.D., and Captain William T. Barrie, M.B., attached to the Fourth (The Border) Battalion, the King's Own Scottish Borderers.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

*Lectures in connexion with the Diploma in Psychological Medicine.*

DURING the Michaelmas term Dr. Myers will give a course of lectures in the psychological laboratory on general and experimental psychology, considered especially in relation to medicine. These lectures are intended for medical students and for candidates for Part I of the diploma in psychological medicine. They will be given on Mondays, Wednesdays, and Fridays at 9 a.m., beginning on Friday, October 16th. In connexion with them a practical class will be held at times to be arranged. Those who wish to attend this course are particularly requested to inform Dr. Myers of their intention before August 1st.

Instruction in the physiology of the central nervous system, suitable for the above-named candidates, is provided in the course of lectures given by Dr. Anderson in the physiological laboratory on Tuesdays, Thursdays, and Saturdays at 9 a.m. (beginning on Thursday, October 15th), with practical work on Mondays, Wednesdays, and Fridays at 10 a.m.

The following degrees have been conferred:

D.Sc.—W. M. Fletcher, H. C. Haslam.  
M.D.—F. O. Arnold, A. H. Gosse, F. C. Trapnell, E. G. Wheat.  
M.B.—C. W. Archer, H. I. S. Shields, G. Sparrow, M. H. Watney.  
B.C.—G. Sparrow, M. H. Watney.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on May 20th under the presidency of the Vice-Chancellor, Dr. W. P. Herringham.

#### *Emeritus Professors at University College.*

The title of Emeritus Professor of Clinical Surgery at University College was conferred upon Sir Rickman J. Godlee, Bart., K.C.V.O., LL.D., P.R.C.S., and Mr. Bilton Pollard, M.B., B.S., F.R.C.S.

#### *Presentation Day.*

The presentation of graduates to the Vice-Chancellor took place on May 13th. On this occasion the Principal read a report on the year 1913-14, from which it appeared that the total admissions to the University had fallen from 4,047 in 1912-13 to 3,852 in 1913-14. The total number of candidates for all examinations had declined from 12,455 to 11,920. This decline in the number of examinees was most marked in the case of matriculation; it was found entirely among the entries from the provinces, those from London having increased, and was probably to be attributed to the growing success of the younger universities.

After the presentation Sir Philip Magnus, M.P. for the University, delivered a short address, in the course of which he referred to the effect of the Royal Commission appointed in 1909 in checking the development of the University, and preventing it from appealing for funds for the endowment of professorships and the enlargement and better equipment of laboratories, and generally for developing the real work of a great university. He found that while most of the bodies concerned had spoken most favourably of the Commissioners' report in general terms, all appeared to object to certain recommendations affecting themselves. Thus he found that the Faculty of Medicine in its report of March last dissented very strongly from some of the recommendations, and said with regard to the method of teaching adopted in the medical schools of London that "It is the subject of envy on the Continent and in America, and the proposal to override this system by another, of which the superiority is not proved, is one that the Faculty of Medicine cannot accept." Having regard to these opposing currents of thought, he expressed the opinion that during the lifetime of the present Parliament there was very little chance of any bill for the reform of the University of London being placed on the statute book. If, therefore, the labours of the Commission and the Departmental Committee

were not to be lost, it was desirable that the University should itself effect such changes in its constitution and government as might be found expedient. To this end he suggested that a committee of the Senate should be appointed to consider the recommendations of the Commission with a view to deciding which of them could be adopted, with or without legislation, to widen the avenues of approach from the secondary schools to the colleges of the University, to create greater facilities for research and the advancement of learning, and to secure that the examinations for the degrees remain open to students, wherever and however they might have studied, without distinction of class, or sex, or creed.

#### *Physiological Laboratory.*

The report of the Physiological Laboratory Committee for the year 1913 stated that during the year, in addition to the customary meetings of the physiological and other societies, the Physiology Section of the International Medical Congress had its head quarters in the laboratory. Demonstrations were given by Professor Waller of his electrocardiographic installation, and of his chloroform balance for human and animal anaesthesia. The report contained references to the various courses of lectures given and researches carried out during the year.

#### *Brown Animal Sanatory Institution.*

The annual report of the superintendent of the Brown Animal Sanatory Institution showed that during the year the total number of examinations of animals made was 7,036, and the total number of animals brought to the institution was 6,022, of which 565 were in-patients at the hospital. The animals under treatment included 3,956 dogs, 1,355 cats, and 535 horses, the commonest diseases being distemper, mange, and scabies in dogs, and lameness in horses. Of the 565 in-patients 520 were cured or relieved, 17 died, and 28 were destroyed as incurable. It was estimated that 400 animals were sent away to veterinary surgeons, treatment being refused on the grounds that the owners could afford to pay the proper fees.

The five lectures required under the will of the late Mr. Brown were delivered in the theatre of the Royal College of Surgeons during December by the superintendent, Mr. F. W. Twort, the subjects elected being "The cultivation of animal and vegetable micro-organisms." The report contained a list of investigations which had been carried out by different workers.

#### *Professoriate Committee.*

The Vice-Chancellor (Dr. W. P. Herringham) has been elected Chairman of the Professoriate Committee for the remainder of the year 1913-14.

#### *Appointment of Representatives.*

Professor R. T. Hewlett and Professor W. J. R. Simpson, C.M.G., have been appointed the representatives of the University at the sixth annual conference of the National Association for the Prevention of Consumption at Leeds in July next. In addition to Sir William Collins, the Right Hon. Lord Reay will represent the University at the 300th anniversary of the foundation of the University of Groningen in June.

Dr. Herbert G. G. Cook has been reappointed to be the Chancellor's representative on the Court of Governors of the University College of South Wales and Monmouthshire.

#### *Advanced Lectures in Physiology.*

A lecture on the cortex cerebri was given in the Physiological Laboratory of the University by Dr. Eugene Dupuy (Paris) on June 8th.

A lecture on some problems in cardiac physiology will be given by Mr. A. F. Stanley Kent (Henry Overton Wills Professor of Physiology in the University of Bristol) in the Physiological Laboratory on Thursday, June 18th, at 5 p.m. The lecture, to which admission is free without ticket, is addressed to advanced students of the University and others interested in the subject.

The course of lectures by Professor Brodie on the gaseous exchanges of the body will be delivered at King's College on June 8th, 11th, 15th, and 18th, at 4.30 p.m., instead of on the dates previously announced.

### UNIVERSITY COLLEGE, LONDON.

MR. A. G. R. FOULERTON, late Director of the Bacteriological and Clinical Pathology Laboratories at the Middlesex Hospital, has been appointed to a lectureship in the Public Health Department of University College, University of London.

### UNIVERSITY OF GLASGOW.

#### *Commemoration Day.*

TUESDAY, June 23rd, will be observed in the University of Glasgow as Commemoration Day. A meeting will be held in the Bute Hall at 10.30 a.m., when, after Divine Service, an oration will be delivered by Sir Hector C. Cameron, M.D., on "Lord Lister." After this the honorary degrees will be conferred. A dinner will take place in the evening in the university building at which the honorary graduates will be entertained as guests. The dinner is open to graduates and friends of the university, including ladies. Applications for tickets must be addressed to the Secretary of the University Court, and seats will be balloted for. Tickets will be issued to applicants in the order of application.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND. ELECTION TO THE COUNCIL.

No fewer than fourteen candidates have declared their intention to present themselves for election on Thursday, July 2nd, and there will be five vacancies.

Mr. Ballance, M.V.O. (Fellow, 1882), of St. Thomas's Hospital, will seek re-election; he was elected in 1910 as a substitute for Mr. G. A. Wright. The remaining candidates, in order of seniority as Fellows, are: Mr. Stanley Boyd (Fellow, 1881), of Charing Cross Hospital; Mr. J. B. Lawford (Fellow, 1885), Ophthalmic Surgeon to St. Thomas's Hospital; Mr. William Thorburn (Fellow, 1886), Senior Surgeon, Manchester Royal Infirmary; Mr. T. H. Openshaw (Fellow, 1886), London Hospital; Mr. Walter Spencer (Fellow, 1887), Westminster Hospital; Mr. Raymond Johnson (Fellow, 1888), University College Hospital; Mr. F. F. Burghard (Fellow, 1889), King's College Hospital; Mr. T. H. Kellock (Fellow, 1891), Middlesex Hospital; Mr. W. McAdam Eccles (Fellow, 1892), St. Bartholomew's Hospital; Mr. P. M. Yearsley (Fellow, 1893), Royal Ear Hospital; Mr. C. Ryall (Fellow, 1896), Cancer Hospital; Mr. H. S. Pendlebury (Fellow, 1897), St. George's Hospital; and Mr. F. J. Steward (Fellow, 1898), Guy's Hospital.

The candidature of most of the surgeons above named is already known to the Fellows. Only one—Mr. Thorburn—represents a provincial school, whilst three are specialists. At present no specialist holds a seat on the Council.

## Medico-Legal.

### MINERS' NYSTAGMUS AND VOMITING.

AN important case under the Workmen's Compensation Act was heard by His Honour Judge Ruegg, K.C., at the Hanley (Staffordshire) County Court on May 21st. It was a claim by the dependants of one Cannon against the Shelton Iron, Steel, and Coal Company, Ltd., for compensation in respect of his death, which it was alleged was caused by miners' nystagmus, a disease scheduled under Section 8 of the Act.

It appeared that in August, 1913, deceased was certified by the certifying surgeon for the district to be disabled by miners' nystagmus, and compensation at the rate of 18s. 2d. a week was paid up to the time of the death on February 16th, 1914. According to the evidence of the widow, deceased had taken little exercise since his disablement, and had frequently complained of giddiness and pains in the head. On the day preceding his death he had taken no food except a basin of broth at supper-time; he lay in bed till midday on February 16th, and about 4.45 p.m. went into the yard to the watercloset. On his return to the house about ten minutes afterwards he complained of pains in the head, sat down in a chair, and then rolled on to the sofa. He tried to vomit, and appeared to become very ill. Dr. Read was sent for, but the man died as the doctor arrived at about 5.30 p.m.

Counsel for the claimants said that his case was that the attempted vomiting was a symptom of nystagmus, and that this acting on a weak heart caused the death.

The medical evidence of Dr. Thomas and Dr. R. Moody was to the effect that death was caused by the attempt to vomit being too great a strain upon the heart muscles, which *post-mortem* examination showed to be flabby. It was admitted that the man had commencing pneumonia, and that the necropsy revealed old pleuritic adhesions. They did not think the pneumonia had advanced sufficiently to render the heart muscles flabby, and contended that these muscles had become weak through want of exercise owing to nystagmus, that the attempt to vomit was a symptom of nystagmus, and in this way they connected the death with the industrial disease from which the man was suffering. Dr. Moody stated that though somewhat rare, attempted vomiting was a symptom of miners' nystagmus, and he mentioned that two such cases had come under his own observation.

Two coal-miners suffering from miners' nystagmus were called for the applicant, and stated that since the onset of the disease they had constantly attempted to vomit in the mornings.

Dr. R. H. Read and Dr. T. L. Llewellyn, for the respondents, said that the *post-mortem* examination showed that the general body muscles were practically normal, indicating that the heart muscles had not failed on account of lack of exercise, as they would be the last muscles to be affected from this cause. They considered that the heart had been affected by the old pleurisy. Pneumonia even in its earliest stages would affect the heart, and in the present case there would be a greater strain on the heart as the man was not lying up. They were also of the opinion that the attempt to vomit was induced by failure of the heart and had nothing to do with the nystagmus. Dr. Llewellyn said that in over 1,000 cases of miners' nystagmus which he had examined and noted there had never been any complaint of nausea or a desire to vomit, and in his opinion these were not symptoms of nystagmus.

In giving judgement His Honour said that the claim made was an attempt to put a new liability upon employers. Miners' nystagmus had never been suggested or assumed to be a disease having a fatal termination. This man was suffering from nystagmus, and he died of heart failure, and an attempt had been made to connect the death with the nystagmus. It was said in the first place that the man had an enfeebled heart, and that seemed to be shown by the *post-mortem* examination, while the muscles of the body were fairly well developed. He was asked to say that, as the man did not go out very much, the

whole of the muscles of the body got into a flabby condition. Assuming he was satisfied on that point, he should have the very gravest doubt as to whether the employer was responsible. In the case of a man who, having met with an illness which did not necessarily keep him indoors, chose to confine himself to the house, and in that way get the muscles of the body into an unhealthy and flabby condition, to hold that the employer was liable in such circumstances would be imposing a liability upon the employer which should not be put upon him. He did not think the heart muscles were flabby by disuse, because all the doctors agreed that the last muscles to show symptoms of flabbiness, if caused by want of exercise, would be the heart muscles. He was not satisfied that the condition of the heart was attributable in any way to the nystagmus. It was said that what really killed Cannon was the strain caused by attempting to vomit or retch. He was not satisfied that that was so. But supposing the retching was the last strain, what was that retching caused by? He was far from satisfied it was caused by nystagmus. It was not a common symptom of nystagmus. The utmost the evidence went to was that it was a possible symptom. This man had suffered for six months, and this unusual symptom, if it was a symptom, had not manifested itself, and there was no evidence he had had an attack of retching until a few hours before his death. It was admitted that then he had contracted another disease—namely, pneumonia. His Honour was satisfied the condition of the heart was not due to nystagmus. He was asked to say that that unusual manifestation was caused by a disease the man had suffered from for six months, and had never manifested itself in that way before, and that it had nothing whatever to do with what the doctors attributed to pneumonia. He could only say that the case was not proved, and there must be an award for the respondents.

## Obituary.

DR. RICHARD BURNS MACPHERSON, of Cambuslang, Lanarkshire, died on June 2nd, after a prolonged illness. He was a distinguished student of Glasgow University, and was the first Rainy bursar and Arnott scholar in 1875-6. He graduated M.B., C.M. with honours, taking the Brunton Memorial Medal as the most distinguished graduate of the year. He took the degree of M.D. in 1885. He served with the Turkish army through the Russo-Turkish war of 1877-8, and received the thanks of the Turkish Government and the Imperial Order of the Medjidieh. He was in practice in Cambuslang for thirty-five years, and was medical officer of health and parochial medical officer for the parish. He is survived by a widow and grown-up family.

DR. RICHARD ISTANCE, a well-known and much-respected practitioner, passed away on May 22nd, after a short illness, at his residence, Pontynister, Monmouthshire. Dr. Istance was one of the oldest practitioners in the county, and had been continuously in active practice in the neighbourhood since 1859, when he took the diploma of M.R.C.S.Eng. He became L.S.A. in 1864. For many years he was medical officer and public vaccinator for Risca District of Newport Union; certifying factory surgeon, medical officer of health, Risca U.D.C.; and medical officer, P.O. He also enjoyed a large private practice for many years, but latterly he had relinquished much of his former work. He was fellow-student at University College Hospital, where he was educated, with the late Dr. Druslyn Griffiths, of Swansea, and Dr. Frederick Roberts, the three coming from the same town, Carmarthen. Dr. Istance was much beloved and greatly respected by all who knew him, and the large public funeral at Risca Cemetery bore testimony to this.

In the obituary notice of Brigade Surgeon William John Busteed published in the JOURNAL of June 6th, p. 1272, it was inadvertently stated that he was born in 1833; he was born in 1836, and his age was thus 78 when he died. It ought also to have been stated that he held the degree of M.D.

THE third annual congress of the Association of Italian Hygienists will be held at Naples in October. Among the subjects proposed for discussion are the social factors in the genesis of tuberculosis; town sewerage, with special reference to the South of Italy; and Italian emigration from the hygienic point of view.

## Medical News.

THE annual conversazione for ladies at the Royal Society will be held on Tuesday evening next.

AMONG the Vice-Presidents nominated by the President of the Royal Institution (the Duke of Northumberland) are Dr. Donald Hood and Sir James Crichton-Browne, treasurer.

At the Royal Anthropological Institute (50, Great Russell Street, W.C.) on Tuesday next, at 8.15, Professors C. G. Seligmann and F. G. Parsons will give an epidiaseope demonstration of the Cheddar man—a skeleton of the late palaeolithic age.

PAST and present members of the West African Medical Staff are to meet at dinner at the Grand Hotel, Charing Cross, next Monday, June 15th. Further information can be obtained from Dr. J. P. Fagan, late P.M.O., Northern Nigeria, 27, Scarsdale Villas, Kensington, W.

DR. W. DYNE STEEL, V.D., of Abergavenny, who has recently retired with the rank of Colonel from the command of the Third Battalion of the Monmouthshire Regiment (Territorial Force), has been appointed Deputy Lieutenant for the county of Monmouth.

THE Sydney Ringer Memorial Lecture at University College Hospital Medical School will be delivered on Monday next at 5 p.m. by Dr. T. R. Elliott, F.R.S., assistant physician to the hospital; the subject is the adrenal glands. The lecture is open to all fully qualified practitioners and to medical students.

THE Central Committee for the State Registration of Nurses has arranged a reunion at the Connaught Rooms, Great Queen Street, London, W.C., on Friday, June 26th. A reception will be held at 8 p.m., and at 8.30 Lord Amptill, Chairman of the Central Committee, will give an address; subsequently there will be a dance.

A DINNER of the Brussels Medical Graduates' Association will be held, under the presidency of Dr. Howard Humphris, at the Garden Club, Anglo-American Exhibition, Great White City, Shepherd's Bush, on Wednesday, June 17th, at 7.30. All graduates of the University of Brussels will be welcome, and members are invited to bring ladies. Tickets, price 7s. 6d. (not including wines), may be obtained from the honorary secretary, Dr. Arthur Haydon, 29, Broadhurst Gardens, Hampstead, N.W.

THE Irish Medical Schools' and Graduates' Association has just spent a week-end at Harrogate. They were received by the Mayor of Harrogate and the Medical Society at the Royal Baths. A dinner was held in the evening at the Majestic Hotel, where the party stayed; Dr. Macnaughton Jones was in the chair, in the unavoidable absence of the president, Sir Richard Havelock Charles, G.C.V.O. The honorary secretary (Dr. Shepherd Boyd) and Dr. W. J. Corbett (honorary secretary, London) are to be congratulated on the success of the meeting.

THE dinner of the Royal Sanitary Institute brought together a large gathering of distinguished architects, engineers, and medical men interested in the well-being of the institute, and many references were made to the valuable work that it has done and is still doing in assisting the progress of legislation concerning public health, housing, sanitation, and the general welfare of the people. One of the speakers, Professor Griffiths, F.R.S., Principal of the University College of South Wales, after dwelling on the educational effect of the institute's work, stated that the projected new school of medicine in Wales was to include a large school of preventive medicine. The chair was taken by Lord Plymouth, president of the institute, and the medical men present included the Presidents of the Royal College of Physicians and the Royal College of Surgeons, the medical officer to the Local Government Board (Dr. Newsholme), and Sir Shirley Murphy, late medical officer of health to the administrative county of London.

THE June afternoon meeting of the Eugenics Education Society was held at the Grafton Galleries, Grafton Street, on June 4th, when Dr. C. W. Saleeby read a paper on "The National Birth-Rate Commission," which he said had been sitting for more than six months, and had examined many witnesses, though much work remained to be done. One striking feature of the evidence was the large proportion of opinion to fact. The Fabian Society, however, had obtained some valuable particulars which, so far as they went, seemed to prove that the present fall in the birth-rate was due to voluntary sterility. There was no evidence of a failure in fertility such as many had expected; nor was there any evidence that what was known as racial decay had followed the voluntary limitation of families. The term "birth-rate" really stood for

the survival rate from an unknown number of conceptions. Ante-natal malnutrition and bad heredity were responsible for an immense destruction of life before birth, but a large proportion of what eugenicists erroneously called bad heredity was really ante-natal infection through syphilis. Eugenics would have to adjust itself to these facts, or cease to be eugenics according to Galton. To obtain a key to the conception-rate it would be necessary to make the notification of stillbirths compulsory all over the country. It was high time also that steps were taken to prevent the sale of lead under the name of diachylon, which was never used medicinally or for any other purpose than that of procuring abortion. Finally, the management of maternity benefits, which was now in the hands of officials whose outlook was bounded by the narrow interests of their own societies, should be entrusted to public health officials, who would be capable of appreciating the importance of maternal and infantile, that is to say racial, health.

At the annual meeting of the delegates of the Hearts of Oak Benefit Society in London on June 2nd, the president stated that the adult membership had risen from 304,599 when the Insurance Act was passed to 612,936 on March 31st last. The number who had become members of the society for private or independent benefits was 161,270, and those insured for State purposes only was 170,158. On the other hand, it had been anticipated that 75 per cent. of the original membership would take advantage of Section 72 of the Insurance Act, and so release reserves estimated at £1,250,000. As a matter of fact, however, only 32 per cent. had merged their State membership with their original contributions, and the amount of reserves released for additional benefits would be comparatively small, and would probably be exhausted by the liability of the society in the payment of the first three days of sick pay, and its liability for the first six months of the Insurance Act before the sick benefit became payable. The president saw no warrant for the alarmist rumours which had given rise to the setting up by the Commissioners of the Committee of Inquiry into sickness experience of approved societies, the Hearts of Oak had refused to give evidence, and his own opinion was that the real pressure would only be felt when disablement benefit began to operate.

At the Conference of the International Abolitionist Federation, to be held at Portsmouth from June 15th to 18th, constructive policy will be discussed under two heads: (1) The progressive reduction of public immorality and (2) the progressive reduction of venereal disease. The occasion is notable as almost the first attempt in this country to correlate these two problems and to discuss both in an assembly composed of administrators, medical men, and social reformers. The Bishop of Winchester will preside at the meeting of welcome. On June 16th M. Yves Guyot, former French Minister of Commerce, will deliver an address on the history and objects of the federation. In the afternoon the responsibility of law-makers will be discussed. Mr. Bronson Reynolds, Chairman of Committee of the American Federation of Social Hygiene, will read a paper on legislation in the United States; and M. de Meuron, Chairman of the Administrative Committee of the Abolitionist Federation, Geneva, will present a communication on the action of the law on morality. The responsibility of local authorities will be dealt with in papers on the duties and responsibilities of local authorities by Councillor W. C. Dawson, J.P., Chairman of the Education Committee, Hull; and on local policy in Germany (including some account of women police) by Frau K. Scheven, of Dresden, President of the German Branch of the federation. On Wednesday the conference will have before it the question of the progressive reduction on venereal disease. In the morning the responsibility of the State will be dealt with by Dr. Santoliquido, former Director-General of Health for Italy, in a paper on the action of public authorities in the prevention of venereal disease; and Dr. Svend Lomholt (Copenhagen) will contribute a paper on the Danish system by free treatment, notification, etc. A communication on combating venereal disease in the British army, compiled by Dr. E. F. Skinner from papers by Lieutenant-Colonel Gibbard and Major Harrison, will be presented. Dr. E. Rist of Paris, Dr. C. W. Saleeby, Dr. Douglas White, Dr. Helen Wilson, and Dr. A. Nash will take part in the discussion. On Thursday evening there will be a special meeting to discuss some causes of prostitution. The discussion will be opened by Sir Victor Horsley. For tickets and all information relative to the conference, application should be made to the Secretary of the British Branch, Miss F. M. McNeill, M.A., 19, Tothill Street, London, S.W.; or to the Local Secretary, Miss K. Bone, 12, Western Parade, Southsea.