

Dr. Wilder, of Chicago, that an announcement should be made through the Council on Health and Public Instruction of the American Medical Association. There is one thing that all medical men can do, and that is, to warn people widely and continuously of the dangers of cutting into golf balls. If more cases are reported—and we believe that not a few have really occurred—of serious damage to eyesight from this cause, it will be a question whether more vigorous action should not be taken by the profession.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANTISEPTIC PASTES.

THE fact that Sir W. Watson Cheyne, in his Hunterian Oration, advocated the treatment of wounds in war by means of antiseptic pastes of lanoline and white wax, induces me to mention that in 1898, when on an ethnographical expedition in New Guinea, I devised a somewhat similar method based upon the same idea.

The treatment was confined practically to suppurating lesions, including granulomata which had broken down, and some of which were complicated with sinuses leading to the subjacent bone.

My attempts were made with vaseline containing creosote (20 minims to the ounce) and mercury nitrate. But as this mixture became inconveniently fluid after its application, I afterwards added cocoa butter, so as to produce a stiffer composition.

This was applied to the lesions (1) without any special preparation of their surfaces, and (2) after the latter had been cleaned up with an aqueous antiseptic solution. The results, however, were disappointing.

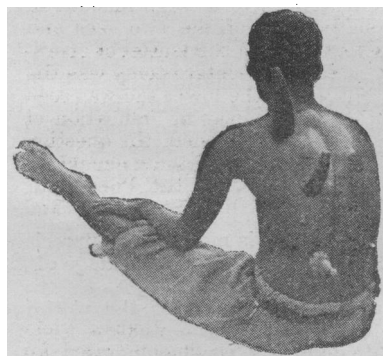
Even when a cavity was completely filled with the preparation suppuration proceeded in its deeper parts; and except for minor superficial lesions the treatment was, in fact, deleterious rather than otherwise. My experience was that such materials, when applied to a surface already infected, acted as an impermeable barrier to the escape of fluid, and so led to an aggravation of the condition. I had no experience with recently inflicted wounds, which, for obvious reasons, offer a much more promising field.

C. G. SELIGMAN, M.D.Lond.,

Professor of Ethnology in the University of London.

CUPPING AMONGST THE NATIVES OF NORTHERN NIGERIA.

THE accompanying photograph shows a native being cupped at Abinsi, Northern Provinces of Nigeria. The



native barber makes six small incisions, places the horn over them, sucks the air out, and dabs a piece of wet clay on the end. In the picture three lumps can be seen where the cups have been removed after bleeding. I have often seen carriers on the march have painful swellings in the muscles of the

back or legs cupped, and go on again with a 60 lb. load for many miles quite free from pain.

LESLIE DOUDNEY, M.R.C.S., L.R.C.P.Lond.

Offa, Northern Nigeria.

PROFESSOR S. KITASATO, organizer of the Imperial Japanese Institute for the Study of Infectious Diseases, of which he has been the head since 1892, has resigned that post and organized a new institute of his own. All his former associates and colleagues, including Dr. K. Shiga, discoverer of the bacillus of dysentery, and Dr. S. Hata, whose name is associated with that of Professor Ehrlich in the invention of salvarsan, have joined the new institute.

Reports of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

At a meeting on Friday, January 29th, the President, Dr. F. CONWAY DWYER, in the chair, Mr. M. R. J. HAYES exhibited a case of *Recurrent cancer of the cervical glands treated by radium* in a man aged 45. The tongue had been partially removed two and a half years previously. X-ray treatment did not seem satisfactory. Radium emanation needles were inserted about the middle of December, when the patient had a swelling on the side of the neck about the size of a goose's egg. The growth was soft about the centre, and appeared to be breaking down. Three needles were inserted from above downwards and three from below upwards. They were left in for twenty-four hours, when they were reinserted at right angles to the former positions. They were again inserted in a position which might have escaped radiation in the previous two insertions. There was no general reaction, but there was a slight local reaction. The man was again seen after Christmas, when the tumour was only half its original size. Another insertion was made on January 13th, but could only be tolerated for a few hours. The condition had shown vast improvement. The primary growth was in the tongue, and the submaxillary gland was at no time involved. The size of the swelling now to be seen was only one-third of the original. Mr. R. C. B. MAUNSELL showed a case of *Cancer of the tongue treated by radium emanations* in a man, aged 61, apparently inoperable. The patient first noticed a lump under the tongue to the left of the fraenum in April, 1913; it ulcerated rapidly and spread. When first seen the man looked cachectic. He suffered considerable pain, and glands were to be felt underneath the jaw on the left side, but none on the right. A piece of the growth removed was reported to be a rapidly-growing carcinoma. The patient was given a mouth wash. Radium was inserted on December 2nd. By the time the insertion was made the radium was reduced to 23 millicuries divided into six needles. The only reaction noticed was a rise in temperature to 100° F., but no increase of pulse. Within a few hours of the insertion the pain was relieved. The needles were left in for twenty-three and a half hours, and next day they were inserted into the submaxillary gland, and the following day the whole lot were reinserted in the mouth. On December 24th the cancerous ulcer was completely covered with epithelium. The teeth were then extracted, and again 24 millicuries of radium were inserted, and after this the patient went home for three weeks. On his return he was in good spirits and greatly improved in general health, but glands were to be felt in the right side of the neck. Since then the neck had been radiated as a prophylactic. When the whole area had healed over a piece of the former cancerous growth taken for examination was found to be covered over with practically normal epithelium, underneath which was a fibrous tissue, and in one part of the section a mass of carcinomatous cells was seen, but there was no mitosis. There were a few giant cells. The point of interest was that although clinically the ulcer had healed over with epithelium there were still carcinomatous cells. Mr. Maunsell showed also a patient suffering from *Primary carcinoma of the neck* under radium treatment. The lump, which was large, had been radiated twice, and was said to have reduced considerably in size. The interesting point in this case was that the patient had a reaction each time, whereas the other patient shown had not. The treatment in this case was being continued. Subcutaneous thickening was noticeable when the needles were removed, but this thickening afterwards disappeared. The paper by Mr. WALTER C. STEVENSON on the *Theory and technique of radium therapy*, of which a report with illustrations is published at p. 498, led to a discussion, in the course of which several speakers related cases treated in the manner described. Professor McWEENEY, who had examined specimens of the growths from Mr. Stevenson's cases, said that four or five of them were typical squamous epitheliomata, and others were squamous sarcoma. There could be no doubt as to their malignancy; he considered that they would have killed the patients speedily. He

must be carefully chosen, if we are to avoid failure. Fruitless vain punctures are disappointing for the patient. In this connexion I think one cannot over-emphasize the importance of a preliminary radiograph. When the radiograph shows a very contracted lung, with marked displacement of the heart and mediastinal structures, laterally towards the diseased side, we know there must be strong adhesions. I think it is waste of time to attempt to induce pneumothorax in such cases. Either we shall fail entirely, or if we do succeed in introducing a little gas, the pneumothorax will be too partial to be effective. In other advanced cases, which appear suitable for the treatment, a good radiograph and careful physical examination should make it impossible to puncture through such grossly diseased areas that adhesions are certain to be encountered. Granted, therefore, that we choose an apparently free locality for the site of puncture, if the manometer does not work as soon as the parietal pleura is pierced, we are, in spite of our precautions, over adhesions, and probably in the lung itself. It is our duty to make a fresh puncture and not introduce gas "on spec," so to speak.

I am not sure whether the needle suggested by Dr. Lister is identical with the one I use. I am uncertain, from descriptions I have seen, whether his is sharp or blunt.—I am, etc.,

HUGH H. CARLETON, M.D. Oxon.,

Davos Platz, Jan. 22nd.

MEDICAL CERTIFICATION IN IRELAND.

SIR,—Let me cordially endorse your observations re medical certification in Ireland. It is a scandal and a fraud on the poor. The fault is clearly with the Insurance Commission, who seem to think that the best plan for working the Act is to spit in the face of the medical profession.

Owing to the imbecile action of the Commissioners in refusing to pay fees to ordinary practitioners for certificates for cases of tuberculosis, the operation of sanatorium benefit is a ghastly failure. I can claim to speak with some authority on the working of the Act since I have been chairman of the Dublin Insurance Committee since the Act came into operation, and hence hear most of the complaints about the operation of the Act in this city.—am, etc.,

Dublin, March 8th.

J. C. McWALTER, M.D., LL.D.

CAT-LIKE PUPILS IN MAN.

SIR,—The author of the note on the above must have momentarily let his fancy stray to other eyes when he wrote the last sentence, for the keratometer surely does not show that cats' eyes—or any other eyes, for the matter of that—are not astigmatic. It merely shows the presence or absence of corneal astigmatism, and does not take into account any lenticular astigmatism.

To settle the question about the stenopæic pupil in cats the following experiment is necessary: The corneal curvature should be examined with a keratometer and then a careful retinoscopy done under an efficient cycloplegic.—I am, etc.,

Upham, Southampton, March 6th.

JAMES C. HOYLE, M.D.

COLOUR VISION THEORIES.

SIR,—In my last letter I gave the trichromatic theory. It is curious how many persons seem quite unable to understand this theory. This is due to the confusion of red light, or sensation arising from red light, or light in which red predominates, with the fundamental red sensation process, and to the use of impure colours (pigments) instead of pure spectral light. Every explanation, therefore, in which red light, or sensation caused by red light, or light in which red predominates, can be substituted for red must be excluded, and does not support the theory. Mr. Percival's ingenious explanation comes under this category. He should read the papers by Bidwell, in the *Proceedings of the Royal Society*, on the Benham top. Those physicists who state that the trichromatic theory is not a theory but a fact simply do not understand the theory. Bidwell was not one of those, and he states that there is no direct evidence of the primary assumption of the theory. He also shows and states that the phenomena of intermittent light cannot be explained on this theory.

He shows that the red lines on the top do not appear when the light illuminating the top does not contain a red constituent. On the theory a simple yellow and a mixture of red and green light matching it are physiologically identical, but when the top is illuminated by the yellow formed by the mixed lights the red lines appear, but not with the simple yellow. On the trichromatic theory the sensation excited by spectral yellow contains a much larger percentage of the red sensation process than white light. Therefore the red lines should be more marked when spectral yellow light is used than with white light. If Mr. Percival will read Bidwell's papers and interpret the facts in the light of my explanation, he will find that they agree with the explanation as minutely as the facts of colour-blindness do.—I am, etc.,

London, N.W., March 13th.

F. W. EDRIDGE-GREEN.

SIR,—I have read with great interest the correspondence that has taken place in your columns on the work of Dr. Edridge-Green and on colour vision theories in general, and having had occasion, in preparing my *Psychology*, to pass certain of these theories in review, I beg to offer a few remarks.

Let me say a word of cordial agreement with those who have suggested that some signal honour should be conferred on Dr. Edridge-Green in recognition of his researches. His work is not only original in its conception, but in regard to the ingenuity shown in his experiments and the mental energy manifested in a long series of papers showing new findings year by year, it is evident that all this proceeds from a love of science for its own sake, and a devotion to its service. Dr. Edridge-Green is that rare and valuable being—a truly scientific character.

The Young-Helmholtz theory is excellent as an invention, but it fails at the essential point, namely, that of demonstrating the sets of three nerve fibrillae which vibrate respectively to the impulses of the fundamental waves. That Young's hypothesis was not convincing is shown by the fact that Hering, playing on the same set of notions, found it necessary to invent another arrangement; but there, too, we look in vain for demonstration. This criticism applies also to the theories of von Kries, of J. Bernstein, and others. In comparison with these Dr. Edridge-Green gives us something tangible.

Moreover, the constant reference to this theory by Dr. Edridge-Green has suggested to him the discovery of new facts, and experiment or histological research has in every instance verified his anticipations. Evidently the theory brings us face to face with serious considerations and highly interesting results.

The discoveries of Dr. Edridge-Green have enabled us to lift a corner of the veil. It behoves his opponents to produce greater illumination and to attack him with more serious and cogent arguments than they have yet displayed.—I am, etc.,

House of Commons, March 9th.

ARTHUR LYNCH.

Universities and Colleges.

UNIVERSITY OF OXFORD.

MR. HORACE M. VERNON, D.M., Fellow of Magdalen College, has been appointed University Lecturer in Chemical Physiology for four years from January 1st, 1915; and Mr. John W. Jenkinson, M.A., D.Sc., Exeter College, as University Lecturer in Comparative and Experimental Embryology for five years from October 10th, 1915.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on February 24th.

Conferment of Status of Appointed Teacher.

The status and designation of appointed teacher were conferred upon the following, who received University titles:

King's College: W. Brown, Reader in Psychology; F. S. Locke, Reader in Physiology; O. Rosenheim, Reader in Biochemistry; W. J. R. Simpson, Professor of Hygiene and Public Health.
Westminster Hospital Medical School: R. G. Hebb, Reader in Morbid Anatomy.
London Hospital Medical College: H. M. Turnbull, Reader in Morbid Anatomy.
Middlesex Hospital Medical School: J. Cameron, Reader in Anatomy.
Charing Cross Hospital Medical School: W. Hunter, Reader in Pathology.

St. Mary's Hospital Medical School: J. E. S. Frazer, Professor of Anatomy; H. E. Roaf, Reader in Physiology.
London School of Tropical Medicine: R. T. Leiper, Reader in Helminthology.

Lister Institute: M. Greenwood, Reader in Medical Statistics; J. H. Smith, Reader in Bacteriology.

Professor Halliburton's Gift.

Professor Halliburton's gift to the Department of Pharmacology at King's College of a large Zeiss microscope, which he had purchased from the effects of the late Mr. Myers Ward, was accepted with thanks.

Appointment of Representatives.

Dr. Frederick Taylor was reappointed a member of the General Medical Council and Dr. E. G. Perodeau was elected a governor, in respect of the University College, of Hampton Grammar School.

Regulations for M.B. Examination.

The regulations for the M.B., B.S. examination for internal and external students have been amended by the insertion of the following:

At the M.B., B.S. examinations to be held in May and October, 1915, students will be permitted to base their replies either on the old or the new edition of the *Pharmacopoeia*, provided that they shall be required to state on which edition such replies are based. For examinations in and after May, 1916, replies must be based on the new edition of the *Pharmacopoeia*.

UNIVERSITY OF BRISTOL.

The following candidates have been approved at the examination indicated:

SECOND M.B., CH.B.—J. D'Arcy Champney, Evelyn Bessie Salter.

VICTORIA UNIVERSITY, MANCHESTER.

Professorship of Pathology.

DR. HENRY ROY DEAN, Professor of Pathology in the University of Sheffield since October, 1912, has been appointed Professor of Pathology and Pathological Anatomy in the University of Manchester.

UNIVERSITY OF GLASGOW.

THE annual statistical report of the University shows that the total number of matriculated students for the year 1913-14 was 2,916, of whom 821 were in the medical faculty. Among the bequests received was that of Dr. G. P. Tennent, of Glasgow, amounting to £25,000, to be applied for the benefit of the faculty of medicine in such manner as his trustees might determine. The university library had received £5,000 from the Carnegie Trust, and over 2,300 volumes, besides numerous pamphlets, had been added during the year.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held on Thursday, March 4th, when Sir Thomas Barlow, Bt., K.C.V.O., the President, was in the chair.

A communication was received from the Secretary of the Charity Commission, dated February 19th, 1915, enclosing a scheme for the administration of the charity to be called "The British Hospital for Mothers and Babies, to the Managing Committee of which the College consented to send a representative. It was resolved that it should be left to the President to nominate a representative. A discussion then took place, which was declared to be *secreta collegii*. The President then dissolved the comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on March 11th, when Sir W. Watson Cheyne, Bt., President, was in the chair.

Diplomas were granted to twenty candidates found qualified for the Licence in Dental Surgery.

University College, Cork, was added to the list of dental hospitals and schools recognized by the College.

Mr. C. H. Golding-Bird was re-elected the College Representative on the Central Midwives Board for the ensuing year, and the thanks of the Council were given to him for his past services.

Sir Henry Morris was re-elected Representative of the College in the General Medical Council.

The diploma of Fellow has been conferred upon Mr. Shamrao Ramrao Moolgavkar, L.R.C.P., M.R.C.S.

The Services.

ARMY MEDICAL OFFICERS AND THE G.C.B.

SURGEON-GENERAL writes: It was recently stated in the House of Lords that the Government had under consideration the granting of the G.C.B. to officers of the Royal Marines. It is suggested that they might at the same time consider why officers of the Army Medical Department are precluded from receiving the same honour. Now is the time for the British Medical Association to take action in the matter.

Obituary.

SIR GEORGE TURNER, M.D., D.P.H.CANTAB.,

LATE M.O.H., TRANSVAAL.

WE regret to have to record the death, on March 13th, of Sir George Turner, formerly medical officer of health for the Transvaal, in his 70th year. He was educated at the medical schools of Guy's Hospital and Montpellier, and took the diplomas of L.R.C.P. and M.R.C.S. in 1872, and D.P.H. in 1875; in 1886 he graduated M.B. Cambridge.

In 1895 he entered the Civil Service of Cape Colony as medical officer of health. He was then nearly 50 years of age, but in the period that followed, until his retirement twelve years later, he rendered very great services to South Africa and to the world at large. An outbreak of rinderpest occurred in Cape Colony in 1896. The late Professor Koch was then studying the disease, and had devised a system of inoculation, but had to leave South Africa before his work was complete; for the last three weeks of his stay Dr. Turner was with him. Six months later Dr. Turner had prepared a curative and preventive serum, but the immunity it produced lasted only for three weeks. He accordingly continued his researches, and had for his assistant Wilhelm Kolle; within six months a system of simultaneous inoculation of virus and serum was devised, which produced the most excellent results. The report on this subject was signed by him and Dr. Kolle, and the method is now commonly spoken of as the Kolle-Turner method, whereas it ought certainly to be known as the Turner-Kolle, or the Turner method. The inoculations then made amounted to an experiment on an unusually large scale, and the results were ascertained in the case of 14,000 animals, though a much larger number were treated. The epizootic was arrested, and within a year the disease was stamped out. The Government of Cape Colony then closed Dr. Turner's station, but as the prophylactic there produced was urgently required in Rhodesia and Egypt, Mr. Cecil Rhodes defrayed the cost of carrying it on for another four months; then the work finally ceased. Dr. Turner afterwards took a holiday in England, and on his return to Cape Colony the then Minister of Agriculture expressed his intention of proposing a vote of thanks in the Cape Parliament and of moving for a grant of money, in recognition of Dr. Turner's great services, which had resulted in the saving of millions of money in South Africa alone; but the Ministry fell, and nothing was done. When the war in South Africa broke out Dr. Turner volunteered, and later, when the prevalence of typhoid fever had become very severe, Lord Roberts asked for his services in dealing with the epidemic in the army and in the concentration camps; subsequently, Lord Roberts bore testimony to the value of Dr. Turner's work. In 1901 rinderpest broke out again, and Lord Kitchener asked for Dr. Turner's help. A station was started at Pretoria, and in twelve months rinderpest had once more been stamped out. On this occasion, also, the prophylactic was supplied to Egypt and Natal.

There was at that time at Pretoria a leper asylum containing about fifty Dutch and forty native patients. Dr. Turner worked there for seven years, the first three purely as a labour of love. He saw the lepers each morning and evening, and gave up the whole of Saturday and Sunday to them. Here he conducted many *post-mortem* examinations, and arrived at certain conclusions, the most important of which were that leprosy was not hereditary, but spread solely by contagion immediate or mediate, that it was communicable from the sick to the healthy, but not nearly so easily as tuberculosis, and that it was not such a danger to the public health as syphilis. While admitting that difficulties might be encountered in making a diagnosis even when the disease had been in existence for some time, he urged that it should be made notifiable, and expressed the opinion that lepers "should cheerfully submit to any and every precaution likely to prevent others from suffering in the same way as they themselves are suffering." During his connexion with the leper hospital he himself contracted this terrible disease. In 1908 he resigned his appointments in South Africa, and afterwards went to live in retirement in Devonshire. He suffered from the nervous type of the disease, which

rank of surgeon lieutenant-colonel, and the right to wear the uniform. The decoration of V.D. was conferred on him. During the whole of his practice in Turriff he was joint medical officer to the old Parochial Board, and afterwards to the Parish Council; he held also the position of medical officer of health to the burgh, and was on the staff of the Fever Hospital. He was probably the oldest practitioner in the county on the insurance panel. He worked with untiring devotion among the aged poor, and his loss will be mourned by a wide circle of friends both at home and abroad, for his practice extended over three generations. He was a great reader and kept himself well abreast of the advance of medical science. He married the eldest daughter of the late Provost Hutcheon, vice-convenor of the county of Aberdeen, and in two years they would have celebrated their golden wedding. He is also survived by a daughter and a son who is now serving in Kitchener's Army as a member of the R.A.M.C.

THE death is announced, at the age of 67, from pneumonia, of Mr. ROBERT MACKERCHAR, who graduated M.B., C.M. Edin., in 1870. After serving for some time as assistant surgeon to Leith Hospital he settled in Dalbeattie, where he had resided ever since. He was parochial medical officer of Buittle and Kirkgunzeon. He was a member of the first School Board of Urr in 1873, and continued a member of the Board till 1882. He was at one time a lieutenant in the Dalbeattie Rifle Volunteers.

DR. T. J. CROWLEY, Medical Officer of the Clonmoyle dispensary district, Coachford, co. Cork, died suddenly on March 7th. He had for some time been suffering from an affection of the heart, owing to which he had decided to retire at an early date from his official position, as well as his private practice. As a medical student he had a distinguished career in the Queen's College, Cork, where he was a medical scholar and prizeman. He took the M.D. and M.Ch. of the Queen's University in 1872. Dr. Crowley's death recalls a tragic occurrence, resulting in a famous trial—the Cross murder case at Coachford, co. Cork. Dr. Cross was a retired army surgeon, who within a few weeks of the untimely death of his wife married a lady who was in his employment as governess; the circumstances led to inquiries, which resulted in his arrest. He was convicted of the murder of his first wife by arsenic and executed. Dr. Crowley and Professor C. Y. Pearson, F.R.C.S., University College, Cork, were the chief witnesses against Dr. Cross, and it was almost entirely on their medical evidence that he was found guilty.

LIEUTENANT-COLONEL MALCOLM ALBERT KER, Bengal Medical Service, died in a nursing home in London on February 24th. He was born on December 26th, 1862, the son of Mr. R. D. Ker, of Edinburgh. He was educated at the university of that city, where he took the degrees of M.B. and C.M. in 1884, and entered the I.M.S. as surgeon on March 31st, 1887. He became major on March 31st, 1899, lieutenant-colonel on March 31st, 1907, and was placed on the "selected list" for promotion on June 30th, 1913. He had spent his whole service in military employment, his last appointment being that of medical officer of the 2nd Battalion 5th Gurkhas. He had a long list of war service, all on the North-West Frontier of India, where he had served in six campaigns: the Hazara expeditions of 1889 and 1891, medal with two clasps; the second Miranzai expedition of 1891, clasp; Waziristan, 1894-5, clasp; Tirah, 1897-98, medal with two clasps; and Waziristan, 1901-2, when he was mentioned in dispatches, in G.G.O. No 611 of 1902, and received a clasp. He was granted six months' sick leave last January.

LIEUTENANT-COLONEL JOSEPH ROSAMOND ADIE, Bengal Medical Service (retired), died at Ambala on January 24th. He was born on March 22nd, 1859, educated at University College, London, and took the M.R.C.S. and the M.B. Lond. in 1884. In 1906 he took the Diploma in Tropical Medicine of the Liverpool School. Entering the I.M.S. as surgeon on October 1st, 1885, he became surgeon-major on October 1st, 1897, lieutenant-colonel on October

1st, 1905, and was placed on the "selected list" for promotion on May 17th, 1910. He was granted two years' sick leave in May, 1912, and retired on March 22nd, 1914, receiving an "extra compensation pension." He served in the Burma campaign of 1885-87, and received the medal with a clasp. Most of his service was spent in civil employ, at first in Bengal, afterwards in the Punjab, where he was for long civil surgeon of Firuzpur. He had the reputation of being one of the most able research workers in India, especially on malaria, but worked chiefly for his own satisfaction, and published very little.

MAJOR CHARLES ELPHINSTONE FLEMING, R.A.M.C., died at his parents' residence in Glasgow, on March 2nd, of disease contracted on service. He was born on November 6th, 1874, and educated at Glasgow, where he took the degrees of M.B. and C.M. in 1897. After filling the posts of outdoor assistant-surgeon, house surgeon, and house-physician at the Victoria Infirmary, Glasgow, and resident physician of the Glasgow Maternity Hospital, he went out to South Africa as a civil medical officer with the Natal field force. There he served in the Transvaal, and received the Queen's medal with four clasps and the King's medal with two clasps. He was appointed Lieutenant in the R.A.M.C. from January 14th, 1900, became Captain on November 14th, 1903, and Major on May 14th, 1912.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Dudley Peter Allen, for many years professor of principles of surgery in the medical department of Western Reserve University, Cleveland, and later emeritus professor, aged 62; Dr. Joseph Eve Allen, professor of obstetrics in the Medical College of Georgia, Augusta, of which he was also dean, aged 57; Dr. James Morrison Bodine, for forty-five years professor of anatomy in the University of Louisville, of which he was dean from 1867 to 1907, and afterwards president, aged 83; Dr. C. F. Brackett, professor of chemistry in the Medical School of Maine, Brunswick, from 1864 to 1873, and afterwards of physics at Princeton University till 1908, aged 81; Dr. Samuel Augustus Fisk, professor of practice of medicine in the University of Denver from 1884 to 1899, aged 59; Dr. Gilbert, of Moulins, corresponding member of the Paris Academy of Medicine, author of numerous writings on chemistry, physics, botany, pharmacy, medical hydrology, and hygiene; Dr. Lothar von Frankl Ritter von Hochwart, professor of neuropathology in the University of Vienna; Dr. Magen, editor of the *Aerztlicher Vereinblatt*, a journal which has done much for the economic betterment of the medical profession in Germany; and Dr. Arturo Marcacci, professor of human physiology in the University of Pavia, and author of numerous valuable memoirs.

Medico-Legal.

ACTION FOR ALLEGED NEGLIGENCE (CONSUMPTION).

AN action of an unusual nature was heard before Mr. Justice Low and a special jury, in the King's Bench Division, on March 9th. Messrs. Hooper, Struve, and Co., chemists and mineral water manufacturers, of Pall Mall East, were sued by a clerk who had been in their employment from November, 1906, to October, 1910, to recover damages for personal injuries received by him owing to the alleged negligence of the defendants. According to the report in the *Times*, the negligence alleged was that the plaintiff had been employed with two other persons in the room of the late secretary to the company who was suffering from consumption, and that he had thereby contracted phthisis, with the result that since May, 1911, he had been incapable of doing any work. The medical evidence was to the effect that the secretary died of laryngeal phthisis. Colonel Probyn, managing director, said he did not know that the secretary was suffering from phthisis while in the employment of the company. Dr. F. J. Allan, M.O.H. Westminster, said that the room in which the plaintiff was employed was exceptionally well ventilated, and afforded ample accommodation for four persons. The jury found a verdict for the defendants, and the judge said that so far as he could see—and he believed the jury agreed with him—there was not the slightest justification for the very serious allegations made against Colonel Probyn.

Medical News.

DR. A. C. MILLER, Fort William, has been appointed Honorary Sheriff-Substitute for the Sheriffdom of Inverness, Elgin, and Nairn.

BOOKS, periodicals, and communications intended for the *Canadian Medical Association Journal* should, in future, be addressed to Mrs. Hamblen, 85, Sherbrooke Street W., Montreal.

THE thirty-second annual meeting of the Medical Sick-ness Annuity and Life Assurance Society will be held at the offices of the Society, 300, High Holborn, W.C., on Tuesday, March 30th, at 4.30 p.m.

ACCORDING to the *Medical Record*, the transfusion of blood as a therapeutic measure is becoming so frequent in the hospitals of New York as well as in private practice that a demand for healthy donors has arisen. It is said that several students have lately received from £5 to £10 for eight ounces of blood.

HOSPITALS in the County of London, or within nine miles of Charing Cross, desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1915 must make application before March 31st to the Honorary Secretaries, 7, Walbrook, E.C. Applications will also be considered from convalescent homes and sanatoriums for consumption taking patients from London.

THE new law regulating the sale of alcohol came into force in Italy on January 22nd. It provides that spirituous liquors shall not be sold except by vendors specially licensed by the prefect. The sale of such liquors on days of public rejoicing and during political and administrative elections is strictly forbidden. No such liquors must be supplied to minors under the age of 16—this prohibition includes wine and beer, except with meals—to notorious drunkards, and to weakly and mentally deficient persons. The sale, manufacture, and importation of absinthe are absolutely forbidden.

THE report on the Nurses' Co-operation for the year 1914 congratulated the members on the acquisition of the lease of a commodious and suitable house at 22, Langham Street, Portland Place, W. The principle on which the co-operation is conducted is that the nurses receive the whole of their earnings, subject to a deduction for the expenses of the central office, and the maintenance of the policy by which the nurses are insured under the Workmen's Insurance Act. There are also policies of insurance against accident, and against sickness and disease, under which on payment of a small annual contribution, supplemented from the funds of the co-operation, each nurse becomes entitled to a weekly allowance whilst temporarily incapacitated through sickness or disease. There are 469 fully trained nurses on the general staff, 31 asylum-trained nurses for mental patients, and 12 nurses, eligible for election, working on probation for six months. The total number of cases nursed in 1914 was 6,364, and the financial statement shows that the gross receipts from patients amounted to over £50,000, of which over £47,000 had been paid to the nurses. The deduction for expenses is—for nurses who joined before 1908, 5 per cent.; and for those who joined later, 7½ per cent. We believe this institution to be thoroughly well conducted, and that the nurses belonging to it can in every way be entirely relied upon.

LAST week Mr. Adolphe Smith, who served with the French ambulances in 1870, gave a lecture on war and the wounded, at the Royal Society of Arts, under the auspices of the Chadwick Trust and the League of Mercy. The Entente Powers, he said, had learnt from the experience of 1870. Then Germany had routed the partisans of the French Empire at Sedan, and had starved Paris into surrender; to-day it was confronted by the united French nation. How severe the privations of Paris in 1870 were was shown by the fact that the deaths rose from 900 to 6,000 a week. That was due to want of proper food, and showed what London might be enduring had the British fleet failed to safeguard its supplies. He illustrated by lantern slides the development of the scientific treatment of the sick and wounded; in spite of the greater risks and difficulties due to more extensive battlefields, there was to-day a much smaller mortality from wounds and a wonderful immunity from infectious diseases. The great need at the present moment was promptitude in removing the wounded. Many lives would be saved, especially in the case of abdominal wounds, if immediate operations could be performed close to the battlefield. Still greater efforts to care for the sick and wounded would soon be wanted, and he noted that cholera prevailed in the Austrian army and that

there was typhoid fever among the Belgian troops. The former disease often travelled on the heels of the latter, so that every nerve must be strained to ensure perfect sanitation.

THE annual meeting of The Mental After-care Association, the chief objects of which are "to facilitate the readmission into social life of poor persons discharged from institutions for the insane," was held at Bethlem Royal Hospital on March 2nd. Dr. Henry Rayner, who presided, said that he was glad to be able to report steady, if slow, progress in the benevolent work of the association. Its title had been changed to that of "The Mental After-care Association," to distinguish it from other "after-care" societies for school children and others. The finances were in sound condition, though there had been some falling off in subscriptions and a total absence of legacies during the past year. There was, however, a considerable reserve fund, which might have to be drawn on for the establishment of cottage homes for convalescent patients, the number of whom was on the increase owing to the association having recently undertaken the care of those leaving asylums on probation, as well as of those discharged recovered. The annual report of the council was read by Miss Vickers, the assistant secretary, in the regrettable absence, through illness, of the secretary, Mr. Thornhill Roxby. In it particulars were given of numerous cases benefited by the society's operations: 373 applications had been considered by the council, and, in addition, about 200 old cases had been dealt with by the officials. The aid given in finding suitable occupations for recovered patients, to prevent relapse by the avoidance of mental strain, involved a large amount of personal care and tactful individual attention. Between five and six thousand cases had been dealt with since the appointment of the present secretary in 1886. The adoption of the report was moved by Dr. Needham, Commissioner of the Board of Control, seconded by Dr. Percy Smith, supported by Miss Helen Webb and Sir George Savage (Treasurer), and unanimously carried. The re-election of council and officers was proposed by Dr. F. R. P. Taylor (East Sussex Asylum), and seconded by the Hon. John Mansfield. The proceedings closed with various votes of thanks, in proposing which speeches were made by Messrs. Stanley Keith, Gabain, and Drs. Maurice Craig and W. H. B. Stoddart.

IN the first of a series of lectures on the development of children, delivered at a meeting held under the auspices of the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, at the Royal Society of Medicine, Wimpole Street, Dr. David Forsyth said that a child very soon after birth began to experience various sensations, derived in the first place from hunger and pain, and to a less extent from light and sound. It began to develop control over its muscles during the third or fourth month, the most important acquisition being the power of balancing the head on the shoulders; the absence of this power at this stage was one of the earliest signs of mental deficiency. At this period, also, it began to take an interest in bright shining objects, had learnt to co-ordinate eyes and arms, and usually began to recognize familiar objects and persons. During the next three months the most important development was the first dawning of a consciousness of self, which usually appeared about the sixth month or even later. The power of balancing the head was supplemented by that of balancing the body in a sitting position, and primitive attempts at grasping were made. Somewhere about the eighth month it began to develop the static sense, and during the ninth and tenth months the earliest attempts of imitative action appeared. A little later the normal child began to stand and to speak, though his understanding of words was usually greatly in advance of his ability to pronounce them; early in the second year he acquired the power of locomotion. The tendency to touch and handle all objects should be encouraged as a means of educating the child in the knowledge of his own powers and their limitations. In his second lecture he said that in very young infants the emotions and desires were almost entirely animal, and were necessarily of the simplest nature. A little later pleasure was derived from the stimulation of the skin over any portion of the body. The child tended to rehearse the pleasure derived from these feelings, and in so doing elaborated certain fancies, usually of a crudely sensual or animal nature. This period was succeeded by another, during which the child experienced shame and disgust at his former fancies and pleasures leading to a mental conflict, in the course of which the seeds of later neurotic trouble were often sown. It was at this period that children required above all the most sympathetic and careful handling.