selves with varicose veins, or flat-feet, or hammer-toes, are rejected for military service, despite the fact that in civil life these things never caused them any disability. Yet such individuals, if desirous of shirking a long route march, have only to report sick and say their legs or feet ache, and no medical man can definitely deny the truth of their assertions. It is obvious, then, that a would-be shirker would only need to lose or break his glasses to obtain his desires. As, however, men wearing dentures are now admitted to the army, the objections made on this point are certainly weakened, for in the case of the soldier with glasses, other work could always be found for him, which is more than can be said for the man without his teeth.

A great, and at present the chief, objection to the proposal which the authorities maintain is the replacement of glasses on active service. This difficulty could be overcome by the establishment at the base of an optician, and very little could be urged against such a plan when one recollects the hosts of repair shops, mechanics, etc, in the rear of an army to keep in order such things as motors, aeroplanes, machine guns, etc. Then, again, the soldiers employed in such situations, to say nothing of men employed in clerical and medical departments, could surely be recruited from men who wear glasses. This sorting of men could scarcely form a rational objection, in that the entrance into various military departments is limited in so many cases to picked men. If only picked men can be taken in certain regiments, surely there can be no objection to taking men with slight visual defects into certain picked departments.

It is on this basis that the entrance of spectacled soldiers could be carried out. It is a common experience when acting as recruiting officer to meet with a would-be recruit anxious to enter the Life Guards or one of the cavalry regiments, and to find that his requirements in height and measurements debar him. Similarly it seems but logical to expect to meet men whose visual abilities only permit their entrance into certain branches of the service.

If some such procedure were adopted it would free a goodly number of men for service nearer the actual line of operations, and the nearer the base the others were employed the easier would be the replacement of broken glasses.

The question, then, of the admission of recruits with an optical visual error would be dependent upon two factors only: (1) The nature of the defect, (2) the type of recruit.

1. The nature of the defect would need consideration under the following heads:

(*a*) *The defect is of such a nature that without glasses the recruit is practically helpless.* Under this heading the great majority would be considered as unfit for military service, although some exception might be made in case of men recruited for home service entirely, where their training in civil life would warrant their employment as clerks in central head offices. The enlistment of such men could be made the subject of a special report and examination.

(*b*) *When the same condition exists, but affects one eye only, the other possessing fairly good uncorrected vision.* The chief point to consider in such cases would be the error in the better eye, and as the man would necessarily be almost entirely dependent on it, the error should, to admit him, be but a slight one.

(*c*) *When the defect is such that the glasses make fairly good sight in both eyes into absolutely normal vision with one or both.* Here the loss or breakage would form only a slight hindrance to his employment in any branch of the service behind the advanced lines, and might with the glasses enable him to use a rifle with deadly effect. If, moreover, he conforms to the requirements under the heading "Type of Recruit," there seems little objection to his employment, bar the question of replacement in case of breakage.

2. Under the heading "Type of Recruit" comes consideration of:

(*a*) *Previous experience in the use of glasses.* This factor necessarily must have a great influence in deciding the suitability or otherwise of a recruit. A man who has been accustomed from his youth up to wear glasses has not only obtained better visual acuity than one who takes to them later in life, but has learnt to treasure and take proper care of them, and is therefore less likely to break or lose them.

(*b*) *The particular branch of the service in which the recruit wishes to serve.* It is obviously useless to enlist a man with no knowledge of clerkship in the pay departments, or a "faint heart" into the Army Medical Corps, yet if of engineering taste a place might be found for him in base workshops or even in the Army Service Corps.

(*c*) *The general physique and intelligence of the recruit.* This factor would frequently turn the scale in his favour or otherwise. For example, a recruit, well educated and physically sound, but with a slight visual defect, if he had a good past employment record, would be an asset to the service far more than a large number of men with good eyesight as their chief recommendation.

The question is one which finally rests with the military authorities to settle definitely, but from the cursory outline given it is seen a great deal can be said as to the wisdom of giving the matter a practical trial.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANGIO-NEUROTIC OEDEMA.

I HAVE read with much interest Dr. Davis's account of a case of angio-neurotic oedema, in your issue of April 3rd, p. 594. I sent to the *Lancet*, on June 2nd, 1906, a description of a case occurring in my own practice, and in many respects our cases, as regards sequence of events, coincide closely. In one or more instances, however, our experiences appear to differ. I will refer briefly to his summary of the special features:

1. Rapid onset and subsidence. Experiences coincide.
2. Period of onset. Experiences coincide, probably due, as Dr. Hare points out, to the failure of the "decarbonizing functions."
3. Orderly progress of swellings. Our experiences again coincide.
4. The muscular weakness referred to was absent in my case.
5. My experience was that parts once attacked were by no means immune from future attack—quite the reverse. The eyelids were especially marked down for repeated attack, and, writing nine years since my letter in 1906, I may mention that the case referred to has repeatedly suffered from recurrences during this period, the recurrences affecting the right lower lid in over 90 per cent. of the visitations. My treatment was by strychnine and guaiacol; the latter drug was given upon the assumption that a gouty tendency existed. At any rate, this treatment appeared to suit the case. I am inclined to class this disease among the paroxysmal neuroses.

Combe Martin. CLAUDE A. P. TRUMAN.

I READ with considerable interest the contribution on two cases of angio-neurotic oedema by Dr. F. L. Davis, in the BRITISH MEDICAL JOURNAL of April 3rd, because the subject is very scurvily treated in textbooks, and even now it is not easy to formulate a description which would justify our regarding the affection as a morbid entity. On the whole it would seem to be merely a localized form of urticaria, varying greatly in severity and distribution as well as in respect of the concomitant constitutional manifestations. The following case belongs, I suppose, to this category, though I was long in doubt as to how to classify it.

A. G., aged 54, a robust, fairly temperate man, had been subject to attacks of urticaria for many years, contact with cold air or cold water sufficing to determine an outbreak forthwith. Ten or twelve years ago he had several attacks of rapid, extreme swelling of the external genitals, the scrotum attaining the size of "a small captive balloon," with no other symptom than a feeling of extreme tension, and subsiding in two or three hours. A trip into Germany four years ago and the consumption of no inconsiderable quantity of delicious German beer was followed by distressing itching of both feet and the toes, especially over the dorsum, which was much swollen, hot, and red. The swelling extended half-way up the legs, and the itching was at times intolerable. It was temporarily relieved by immersion in hot water, but did not finally subside until after several days' treatment with acetyl-salicylic acid

and an alkaline mixture containing gentian and cascara. The swelling was so marked that he was unable to put on his boots. There was also some impairment of sensation, for he felt as if walking on wadding. Since that time any dietetic indiscretion is apt to be followed by itchiness, redness, and heat of the feet, but as he has learned to be careful the matter does not go any further. He tells me that on one occasion, after a fish meal (fresh cod), his face suddenly swelled all over, almost occluding the orbits, this condition lasting for a day or two. These symptoms are not accompanied by any notable rise of temperature or indications of gastric disturbance, though their dependence on digestive aberrations seems to be unquestionable.

Only a month or two since I was asked to see a stout man, aged 50, a free liver, whose face was uniformly swollen so that he could hardly "see out of his eyes." There was no local pain beyond the sensation of tension, and he had no rise of temperature. The attack had come on suddenly, after drinking some new still fermenting cider. The swelling continued on and off for a week, and then disappeared. This patient had never suffered from urticaria, but he has a dilated stomach. Possibly this too is a case of Quincke's disease, but it seems to me very doubtful whether we are dealing with a "disease." I should be inclined to regard the swelling, etc., as manifestations of what the French call "herpetism."

Aix-les-Bains, Savoie. ALFRED S. GUBB, M.D.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

ASSAM BRANCH.

AT the annual meeting on January 10th, Dr. MCCOMBIE, President, who was in the chair, read notes on *Anthrax*. The paper dealt with two outbreaks, one of which occurred in 1901, the other in 1914, both on the same garden, and both associated with anthrax epidemics among the cattle. In 1901 the epidemic began in June and lasted till the end of August. In 1914 the epidemic lasted from September to December. The mortality in 1901 was 14.2 per cent., but in 1914 it was only 7.1 per cent. The fact was established that in most cases the causation was due either to cutting up or to eating cattle dead of the disease, the former giving rise to malignant pustule and the latter to internal anthrax, while some patients suffered from both. All the cases except one occurred in meat-eating castes. The only exception was the hospital cook, who had a malignant pustule, and who might have been accidentally infected from cases in the hospital. Only one female was affected; in her case the disease was internal. The explanation given is that the men do the cutting of the raw flesh, while the small boys help to carry home the spoils and the men likewise eat the lion's share of the meat. Malignant pustule formed 82 per cent. of the cases, intestinal forms, in some of which there was malignant pustule as well, making up the balance. The situation of the pustule was as follows: Out of 42 cases 21, or 50 per cent., were in the upper extremity (mostly on the forearm), of which 3, or 14 per cent., died; 9 on the lower limbs with no deaths; 6 on the head, neck, and face, with 1 death, or 16 per cent.; 5 on the body, with no deaths; 1 had two pustules on the buttock and arm. Of these 42 cases and 4 deaths, two died without treatment, giving 40 cases of malignant pustule under treatment, with 2 deaths. In internal cases recoveries had been reported with Sclavo's anti-anthrax serum. The author had tried carbolic acid internally in large doses with big doses of strychnine, but there was no visible effect. In cases of malignant pustule his practice was as follows: In mild cases without fever, or cases seen after the fever had subsided and obviously clearing up, almost any treatment suffices, touching with pure carbolic and antiseptic compresses, or a crucial incision, with the application of pure carbolic in the moderately severe cases. In bad cases with high fever and much inflammatory oedema the following method gave him excellent results, and no time should be lost in carrying it out. All around and underneath the pustule 50 per cent. carbolic acid was injected with a hypodermic needle at close intervals, the idea of the treatment being that the pustule was shut off from the circulation by a zone of carbolized slough, which seemed to prevent the infection becoming generalized. It was not very painful, and was available in any hospital, but it had the disadvantage of forming a big slough, which had to be separated off. This process took about a week or ten days, and the sore took about three weeks to heal. The author had not lost a case in which this had been done properly. In the management of an outbreak the cattle epidemic must be vigorously dealt with, inoculation being the chief measure. The bodies of animals which died of the disease should be burned in quicklime at least 6 ft. deep. All deaths among cattle should be reported at once, and steps should immediately be taken to prevent coolies getting the meat for consumption. In the discussion several members said they had seen cases with a double pustule. Major LEVENTON said that in his experience sloughing would occur with carbolic 1 in 20. No member had found the bacillus in the general circulation in cases of malignant pustule. Dr. WINCHESTER mentioned an outbreak in which 30 people had partaken of anthrax-infected meat and 15 only of these were infected. Dr. RUSSELL read a paper on the value of *Soya bean as an article of diet for coolies*.

STAFFORDSHIRE BRANCH.

AT a meeting on April 29th, Mr. W. F. CHOLMELEY, Vice-President, in the chair, Mr. DEANESLY exhibited the following cases, radiographs, and specimens: (1) *Fracture of neck of femur in a young man.* Seven weeks after a pit accident the patient was admitted with a malunited fracture accompanied by flexion and inversion of hip and three inches of shortening. The hip-joint was exposed by Murphy's oval flap, with section of the great trochanter and the fractured neck redivided with the chisel and then pinned in good position by a long knitting-needle driven through the centre of neck and head at the normal angle. Ten weeks after the operation the man walked with a very slight limp due to about three-quarters of an inch of shortening, and the movements of the hip-joint were perfect. (2) *Fracture of anatomical neck of humerus* in a boy, treated by permanent nailing after dividing the origin of the deltoid muscle, and turning it downwards. After completing the operation the muscle was sutured by catgut sutures passing through drill holes in the acromion. Radiographs showed perfect position, with the nail in place, and the functional result was perfect. (3) *Ununited fracture of tibia* treated by a 3-inch spindle-shaped intramedullary peg taken from the crest of the same tibia below the fracture. In the radiograph taken one month after the operation the peg was only just discernible, and the surrounding callus was already ossified. In two months union was complete. (4) *Ossifying sarcoma of tibia treated by resection and bone grafting.* The patient was a woman of 28, and enlargement of the upper part of the right tibia had been noticed six years, but lately it had grown rapidly. About 4½ in. of the whole shaft, including the upper extremity, up to the level of the tibio-fibular joint, was removed with the tumour, which was of peripheral origin and nearly 3 in. in its greatest diameter. It was apparently ossified everywhere, except on its growing surface, but through an accident was not preserved for microscopic examination. Four weeks later a piece of bone, 6 in. long, ½ in. wide, and ¼ in. thick, was taken from the crest of the remaining lower half of the tibia, and including a strip of periosteum. One end was driven firmly into the medullary cavity, the other placed in a chiselled socket in the centre of the remainder of the upper extremity of the tibia, and fixed firmly by a knitting-needle, transfixing the graft and the head of the fibula. Five months after the first operation the outlines of the tibia and of the graft are still quite sharp, and the surrounding callus is only faintly ossified, but consolidation is proceeding satisfactorily. Since the first operation the woman has been delivered of a healthy child. (5) *Excision of spleen for splenic anaemia* in a boy aged 4 years. Five months after the operation he had a bright rosy colour, and was in good health except that the belly was still somewhat enlarged. Before the operation the spleen came below the navel and the liver was also enlarged. The Wassermann reaction was negative, and arsenic

great risks, but not certain ruin—always excepting the £60! Multiply the £60 by 10 and that would about represent the average compensation the established practitioner could accept, and that would probably mean a loss of half his capital, plus all the anxiety as to how he is to get into the saddle again. In view of the enormous sums being spent, an extra million is not of vital importance, and it is of vital importance to get the army well cared for medically.

Of course I am speaking of compensation for the holders of established practices only. The holders of appointments —for example, Poor Law, Assistant M.O.H., etc.—gain rather than lose by taking up a commission at the present terms, and there is no difficulty about reinstatement on their return. By all means let the Government tap all other sources first, but when private practitioners are called on, as they must be, the authorities must be ready with something that we can listen to. The present state of affairs is, that a private practitioner, unless he wants to see himself in the gutter when the war is over, must nip his patriotic feelings in the bud. The shorter time we are away the less we should lose. Thus compensation for absence up to one year might be, say, 50 per cent. of the gross receipts of the previous year; if away over a year, it would not be worth while coming back, and the compensation would have to be higher. The present pay and £60 gratuity is not so bad for a youngster, and, in any case, he has to go or lose caste. But it is quite another story with older men. How can men with family duties, with various financial engagements, such as life insurance, mortgage charges on professional houses, and so on, throw up the lot for £60? It is not what we want to do, but what it is possible for us to do.

Naturally, it would entail a certain amount of trouble, and the substitution of elastic for red tape, and if the men can be got without it so much the better. If not, the sooner the question of reasonable compensation is tackled the sooner will the men in general practice—the bulk of the profession—get their chance of helping.—I am, etc.,

Finchley, May 17th. VINCENT MOXEY.

THE SUPPLY OF MEDICAL MEN.

SIR,—The solution of the problem of a sufficient supply of medical men at the present time for civil and military purposes is extremely simple, provided the principles of compulsion and compensation are made use of.

Compulsion is necessary in order to obtain an even distribution of medical men. The present method of obtaining medical men is unfair to the profession and not satisfactory to either civil or military patients.

All medical men should at once be compelled to notify themselves, their age, exact occupation, and income, as proved either by their books or by income tax returns. Those physically sound under the age of 50 should be compelled, as wanted, to give their services whenever, wherever, and in whatsoever capacity the military and naval authorities require. Those over 50 should, as wanted, be compelled to take the places of those called up for actual war service.

The under-50 men should be compensated by guaranteeing their earned incomes while away on duty, based on the average earned income of the three preceding years; they would then serve without pay other than their keep.

The over-50 men chosen to do the work of their younger *confrères* would be kept by the particular doctor whose work they were doing, but would be paid by public funds (*a*) if they were men in retirement, by a fee not exceeding 4 guineas a week; (*b*) if they were men partly in retirement, but who were earning a little (and there are numbers of such in our seaside resorts, as Bournemouth), their practice bringing in the small earned income, could be arranged to be worked locally on easy terms by brother practitioners, and compensation paid for any loss of earned income, then any further payment would be unnecessary.

Lastly, in the event of death, or disablement such as to prevent the carrying on after the war of the medical man's work, compensation should be paid at approximately one and a half year's purchase on the gross income of the practice, that is, the value of the practice in ordinary times.

Such a scheme as this would be less expensive than the present methods, and could easily be worked with a minimum of dislocation through the agency of the British Medical Association. Though every one must notify, as little redistribution would be carried out as would be required to obtain the necessary results—that is, the number of medical men required to be called up from time to time as the military exigencies require. By these means the medical profession would gain nothing extra; services would gladly be given without any other inducement than that by so doing these men were serving their country, while those at home saw to it that, as in other employments, their places were being "kept open," and their families provided for just as if they were still at home at work.—I am, etc.,

May 16th. M.D.

*** The Special Committee of Chairmen of Committees considered this letter at its meeting on May 19th, when it decided to adhere to the opinion expressed by it on May 7th—that compulsory medical service for the army could only be considered as part and parcel of universal compulsory service.

THE SURCHARGING OF PANEL PRACTITIONERS.

SIR,—In order to test the validity and legality of the regulations of the National Insurance Commissioners in the matter of surcharging panel practitioners for alleged extravagance, etc., in prescribing for insured persons, the Medical Defence Union has, on behalf of two of its members concerned, caused to be issued writs in the High Court. I need hardly point out to your readers in general and to those on the panel in particular, the importance of these actions, which I trust will be before H.M. Judges within a comparatively short time. The Medical Defence Union has already been successful in every action or appeal brought in respect of legal questions under the Act, and is engaged daily in working, *inter alia*, for the protection of those who have joined the panel willingly, or unwillingly.

Those who have not joined the Medical Defence Union should do so without delay, as this year will be critical in the history of panel practitioners, and they cannot afford to be without its protection.—I am, etc.,

A. G. BATEMAN,
General Secretary.

Medical Defence Union,
4, Trafalgar Square, W.C., May 15th.

Universities and Colleges.

UNIVERSITY OF BRISTOL.

Temporary Residential College.

THE University of Bristol, like most of the modern universities, has been anxiously concerned since its foundation with the question of residential accommodation for its students. Early in its history it received an important benefaction for the accommodation of women students in the shape of Clifton Hill House, to which the adjoining Callander House has since been added. During the last twelve months the Imperial Hotel and a large property on Richmond Hill, Clifton, have been purchased for conversion into halls of residence for men and women training students. The possibility of founding also a residential college near the university for men students generally has engaged the attention of an influential committee, and some progress has been made.

The university has taken two houses, Nos. 18 and 20, Belgrave Road, next to St. Mary's Church, Tyndall's Park, for the purpose of a temporary college. These houses are being renovated and decorated, and will be opened in good time for next term. When the arrangements are complete the temporary college will start with accommodation for 29 students—5 in single study bedrooms and 24 in double study bedrooms. It will include also a refectory, a common room, quarters for a warden, and housekeeper's and servants' rooms, as well as bath-rooms, offices, etc. There are good sized gardens at the back of the two houses, which may be converted into tennis courts. The new temporary college is situated in a good residential part of the city; it stands high, and is within a few minutes of the university buildings. It is expected that the alterations will be completed in a few weeks' time, when the building will be open for inspection by present and intending students and their parents.

The terms for board and residence have not yet been determined, but they will be similar to those charged in the residential colleges of other provincial universities.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on Thursday, May 13th, Dr. Frederick Taylor, the President, being in the chair.

Admission of Fellows.

The new Fellows, whose names were published in the JOURNAL on May 8th, p. 831, were duly admitted.

There being no further business, the President dissolved the Comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on May 13th.

Issue of Diplomas.

Diplomas of Membership were granted to 103 candidates found qualified at the recent examinations.

The Question of Reducing the Five-Year Period Required for the Conjoint Examinations.

The Council adopted the following resolution:

That it is not desirable that the two important requirements of the regulations – (1) a minimum curriculum of fifty-seven months and (2) a minimum period of clinical study during two winter and two summer sessions after passing in Anatomy and Physiology—should be relaxed at the present time.

They desire to point out, however, that under the regulations of the Board they have power to grant exceptions to the regulations, and that they have already exercised this power in cases where the two important principles above referred to have not been involved. They are prepared to antedate the commencement of the curriculum in cases where students have pursued medical or scientific study before passing the Preliminary Examination, or before entrance at a medical school, and they believe, from inquiries which have been made, that this procedure will enable certain students to enter for the Final Examination three months earlier than would otherwise have been possible, and yet with a full curriculum of fifty-seven months.

CONJOINT BOARD IN ENGLAND.

AT a meeting of the Comitia of the Royal College of Physicians on April 29th and of the Council of the Royal College of Surgeons on May 13th, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred on the following 103 candidates:

A. C. Ainsley, W. G E. Allen, D. W. J. Andrews, F. L. Apperly, J. H. Bayley, W. K. Bigger, Cyril Mary Brophy, J. K. J. Chambry, F. B. Chavasse, P Cheal, Ying-Jue Cieh, E. C. Cline, H. M. Collins, W. L. Cox, R. Curle, E. S. Cuthbert, E. I. Davies, J. K. Davies, W. A. Easton, C. H. Edwards, M Fahmy, N. Fahmy, I. Feldman, jun., I. Feldman, sen., F. J. Folinsbee, Annie M. C. Forster,* H. Gardiner-Hill, G. C. Gell, C. C. G. Gibson, B. H. Greensill, J. R. Griffith, H. S. Groves, W. T. Gwynne-Jones, G. Habgood, S. A. Hall, R. Hargreaves, C. E. Harrison, H. S. Hensman, R. C. Hewitt, W Hillbrook, R. A. Holmes, R. B. John, D. R. Jones, N. E. Kendall, J. S. Kennedy, H. J. McCurrich, A. J. V. McDonnell, A. McInnis, S. Mallinick, G. Mallya, A. H. Manfield; C. J. Marshall, R. P. S. Mason, B. Mitra, C. G. T. Mosse, N. F. Norman, D. C. Ogilvie, T. Owen, C. F. O Pandithesékere, O. Parry-Jones, E. C. Peers, W. S. J. Peiris, L. D. Phillips, H. D. Pickles, S. V. P. Pill, R. F Pinson, G. W. Pool, C. L. G. Powell, J. W. Rammell, D. O. Richards, A. E. Richmond, A. I. Rihan, G. W. R. Rudkin, B. Sampson, S. K Sanyal, C. H. Savory, E. H. S. Scarr, J. G. B. Smith, J. A B. Snell, T. H. Somervell, H. G. Sparrow, G. S. Stathers, R. G Sterling, D. P. Thomas, D. C. Thomas, R. C. Thomas, H. Q. F. Thompson, R. R. Thompson, J. R. Tibbles, E J. Tyrrell, J. E. A. Underwood, S. K. Vaidya, W. E. Wade, P. Wallice, K. J. F. Westman, E. S. White, Eva M. White,* H. A. B. Whitelocke, J. D. Wilkinson, C. M. Williams, G. R. C. Wilson, W. B. Wilson, G. W. Woodhouse.

* Under the Medical Act, 1876.

The Services.

TERRITORIAL FORCE.

EXCHANGES OF MEDICAL OFFICERS.

THE British Medical Association, being anxious to assist in facilitating exchanges between medical officers of the Territorial Force in accordance with the War Office letter of December 10th (BRITISH MEDICAL JOURNAL, February 27th, p. 402), is prepared to publish in the JOURNAL applications for exchange. In all cases officers desiring exchange should furnish information on the following points:

1. Rank and name .....
2. Regiment *or* medical unit .....
3. At present stationed at .....
4. For home or for foreign service .....
5. Amount and nature of work, special allowances drawn, and living conditions generally ....
6. Home address to which it is desired to exchange .....
7. Terms offered .....
8. Whether a junior medical officer with temporary commission would be accepted .....

Present address and date .....

Captain A. T. Griffiths, R.A.M.C.(T.), Medical Officer in charge of the 1/4 Battalion West Riding Regiment, British Expeditionary Force, France, is desirous of effecting an exchange to a clearing or base hospital.

MR. ABRAHAM LEACH, M.R.C.S., L.S.A., district medical officer to the Oldham Union and honorary consulting surgeon to the Oldham Infirmary, who died on December 12th, aged 75, left estate valued at £153,277 gross.

Obituary.

BERTRAM HERBERT LYNE STIVENS,

M.R.C.S.ENG. (1882), M.D.BRUX. (1884).

DR. BERTRAM HERBERT LYNE STIVENS passed away at his residence in Park Street, Grosvenor Square, London, on Sunday afternoon, May 9th, 1915. He was in his usual health up to Friday, April 30th, when a feverish attack, with sore throat, supervened. On May 3rd, feeling somewhat better, he came up from his country house—Garlogs, Hampshire—and attended to his professional duties on that and the following day. On Tuesday evening, May 4th, the throat inflammation recurred and became rapidly worse, and on the following Sunday Dr. Stivens died, a victim to that form of streptococcal pharyngitis, with oedematous laryngitis and pyaemic infection, which is always rapid and often fatal, particularly in a constitution such as his, which was not strong. In spite of his manly figure and fine presence Dr. Stivens had visibly failed since the death of his beloved little daughter two years ago.

Dr. Stivens was born at Birkdale in 1855. He spent his early life in Cheshire, and was educated at Bunbury Grammar School. Later, he studied abroad at Stuttgart and Heidelberg University. He then decided upon a medical career. Those who remember King's College Hospital in the early eighties, when the operating theatre used to be crowded with visitors from foreign countries, who came to see Lister at work, will hear with regret of the death of this well-known West End practitioner.

Dr. Stivens entered King's as a medical student in 1877, being some four or five years older than most of the men of his year, and this, in association with a confidence-inspiring manner, earned for him the affectionate name of "Pa Stiggins." He had a very successful career as a student, and crowned it by winning two of the much coveted residential posts. He first secured that of house accoucheur under the late Dr. W. S. Playfair, and followed this by being house-surgeon to Lister. These two posts, under such masters, were sufficient to lay the foundation of a talent for accurate and conscientious observation to which he owed his success in practice.

Although Dr. Stivens might well have aspired to consulting work, the opportunity of joining an old-established practice in the West End decided him to go direct from the wards to family practice in Kensington Gardens Square. Here his success, at a comparatively early age, was both rapid and easy. It was easy because to his knowledge and skill he was able to add the manner which is so large a factor of success in private practice. His manner was not a pose, but was the expression of a frank, sympathetic, genial, and hearty nature which took the deepest and most sincere interest in his patients and his friends. He later moved from Kensington Gardens Square to Park Street, Grosvenor Square, where his practice still further rapidly increased, and he had the honour of attending members of the Royal Family, whose confidence and esteem he very greatly treasured.

Dr. Stivens was an accomplished linguist, and his studies abroad stood him in good stead in medical practice. He included amongst his friends many of the most distinguished Continental physicians, and he often visited their clinics.

He was one of the first to introduce and practise in this country new methods of investigation and treatment which were being developed on the Continent.

Thus he appreciated the importance of the analytical investigations with regard to gastro-intestinal diseases, which were being introduced in France and Germany, and he was, perhaps, the first to carry out in this country these methods of investigation and to utilize them in guidance for appropriate medical treatment. He was familiar with the operation for removal of enlarged tonsils and adenoids in suitable cases long before it was generally practised in this country, and he was one of the first to introduce and perform this useful operation here in suitable cases. If he had aspired to it he might certainly have risen to more scientific eminence in his profession, since he had great gifts and especial knowledge and experience. He was content, however, with a less public and perhaps more satisfactory career, for it may be truly said of him that he loved to go about doing good. His friend and patient, Sir Rider Haggard, suggests for his epitaph the words "Our

beloved physician," and this expresses the regard which all his patients, without exception, felt towards him.

Circumstances made him early in life independent of his profession, but his love for the practice of his art induced him to continue it long after other men would have given it up, and even after he was attacked by his fatal illness.

He was a keen sportsman and fond of country life, and he was happy in his country home when the exigencies of his busy life permitted him to stay there.

Dr. Stivens married Belita Drabble, the daughter of the late Mr. George Drabble of Pembridge Square, W. He was a devoted husband and father, a most loyal and hospitable friend, and was simply beloved by his patients.

The sympathy of the medical profession and of a large circle of friends will go out to his widow and two daughters in their bereavement.

THE death of Professor THOINOT was announced in the JOURNAL of May 15th. We are now in a position to give some particulars of his professional career. Léon Thoinot, who took his doctor's degree at the Paris Faculty of Medicine in 1886, became physician to the hospitals in 1894 and *professeur agrégé* in the following year. He afterwards became full professor, succeeding Brouardel in the chair of legal medicine ten years ago. Professor Thoinot was not merely a medical jurist, but also a clinician and a hygienist of recognized authority. He was the author of numerous contributions to the treatises on medicine, known respectively by the names *Charcot-Bouchard-Brissaud* and *Gilbert-Thoinot*, and to the manual of Debove and Achard. He wrote on many subjects, notably on typhoid and typhus fever; a paper by him on the latter disease appeared in *Paris Médical* of April 17th of this year. He was also the author of a *Traité de Microbie*, and he was the editor of the *Annales d'Hygiène*. As a member of the Superior Council of Hygiene, inspector-general of the public health services of the Préfecture of Police, and a member of the Paris Council of Hygiene, he took a part in dealing with all questions of epidemiology and sanitation. He was a member of the Paris Academy of Medicine and an officer of the Legion of Honour.

THE death of Dr. I. W. POWELL, M.D., C.M.McGill Univ., of Victoria, British Columbia, occurred on February 25th. He was born in Simcoe, Ontario, in 1837. His ancestors emigrated from Wales to New York in 1640, and his grandfather was one of the devoted band of United Empire Loyalists who preferred to sacrifice material advantages rather than live under another flag. Dr. Powell went to Victoria and entered into practice after taking his degree in 1862, retiring in 1905. In 1865 he became a member of the Legislative Assembly, succeeded in establishing primary schools in the province, and was made the first president of the Board of Education. A strong advocate for confederation, he and another legislator, Mr. Amor de Cosmos, who supported him, were rewarded in 1871 by the news not only of confederation but of the building of a Canadian railway which connected the Atlantic with the Pacific. In 1872 Dr. Powell refused a senatorship which was offered to him, but became the first Indian Commissioner.

Medico-Legal.

A PANEL DOCTOR'S DRUGS.

At the Bow County Court, on May 12th, before his Honour Judge Smyly, K.C., Messrs. C. J. Hewlett and Son, Charlotte Street, E.C., wholesale druggists, sought to garnishee a sum of money due from the West Ham Insurance Committee to Dr. Jamieson, West Ham, they having obtained judgement against the doctor for £8 8s. 9d. for drugs supplied. Mr. A. A. Robinson, appearing for Messrs. Hewlett, said the committee had informed him that the medical fees due to doctors on the panel had not been ascertained yet, but plaintiffs claimed the right to garnishee the amount. Dr. Jamieson said he was a ruined man if the order was made, as he depended on the money to pay his current expenses. His was a poor district, in which he was attending the poor for nothing. His panel patients numbered 374 only. He would agree to pay the amount by 5s. a month. Mr. Robinson submitted that the doctor's kind-heartedness had nothing to do with them. They were entitled to payment, and panel doctors had been earning large sums of money. The doctor said it was not realized that their profession was hit harder than any other owing to the war. Judge Smyly made the order asked for.

Medical News.

THE library and offices of the Royal Society of Medicine will be closed for the Whitsuntide holidays from Saturday, May 22nd, to Tuesday, May 25th, both days inclusive.

LIEUTENANT-COLONEL HUGH JONES ROBERTS, M.D., F.R.C.S.E., T.D., of Penygroes, Carnarvonshire, has been appointed Deputy Lieutenant for the county of Carnarvon.

THE *Annales de Gynécologie*, after a temporary suspension due to the war, has now come to life again. We welcome the reappearance of this valuable periodical, which is published by G. Steinheil, 2, rue Casimir-Delavigne (6e).

THE anniversary of the birthday of Florence Nightingale was commemorated in London on May 12th. A number of beautiful wreaths, mostly sent by nurses and women's suffrage and other societies, were placed at the foot of the statue erected in memory of her not long ago in Waterloo Place, and every officer who passed saluted.

SOME weeks ago Sir Lomer Gouin, the Premier of Quebec, received a letter from the Serbian Royal Legation in London, stating the great need for physicians in Serbia and asking for names of Canadian doctors who would be prepared to serve in the hospitals of that country, and over thirty doctors have offered their services.

DR. J. JOHNSTON ABRAHAM, author of *The Surgeon's Log*, has written an account of his experiences entitled, *With the Red Cross in Serbia*, which will be published by Messrs. Chapman and Hall. Dr. Abraham went out in charge of one of the Red Cross units. At the end of his six months' service he returned to England to join the R.A.M.C.

DR. AND MRS. A. C. JORDAN will give a concert on Royal Oak Day, Saturday, May 29th, at 4.30 p.m., at 13, Upper Wimpole Street, in aid of the "Music in War Time" Fund. Tea at 4 p.m. Tickets 5s. each, including tea. Payments received in excess of the price of tickets will go to sufferers from the loss of the *Lusitania*. The artists include Madame Amina Goodwin, Miss Cecilia Gates, Miss Adelina Leon, and Mr. Edward Halland.

THE Argentine colony resident in Paris has decided to present to the French army medical service a fleet of automobile ambulances. Each unit will be composed of three large motor vans fitted up with surgical instruments, and apparatus for radiography and for the washing and sterilization of dressings. The sides of the vans are so arranged that they can be used to form the roof of an operating theatre. Each unit will be accompanied by several motor cars for the transport of wounded.

A NEW edition of the University College, London, *Pro Patria* is in course of preparation and will be issued shortly. Past and present students, or their relatives and friends on their behalf, are invited to send full particulars of the capacity in which they are serving the country at the present time. In the case of the army, rank and regiment should be given; in the case of the navy, rank and ship. These particulars should be addressed to the Publications Secretary, University College, London (Gower Street, W.C.).

A SCHEME has been arranged at Levenshulme, near Manchester, for carrying on by mutual assistance and co-operation medical work during the holidays. It includes four weeks' holiday, together or at intervals, and provides choice of doctor to patients, and the medical practitioners agree to pay each other 50 per cent. of their ordinary charges for insurance work at the rate of 7½d. a visit and 6d. a consultation, and £1 1s. net for each confinement attended. The practitioners pledge themselves not to attend another doctor's patients for twelve months subsequently. The dates and length of holidays will be a matter for arrangement between the medical men concerned. Each practitioner before going on holiday will refer his patients to the medical men who are agreeable to take up his work, and will advise his colleagues of the dates of leaving and returning. Before leaving he will provide a list of those to be visited, with any necessary information, and on his return he will receive a list of the patients requiring to be visited. A separate account will be kept of work done, visits and attendance, both private and insurance, and supplied to the practitioner on his return home. Every man on his return from holiday will price the details of the list of work done on his behalf by each colleague, and send a yearly statement at the end of September of the value of the work done by each of his colleagues and the cross-accounts settled. All matters of doubt or difficulty will be referred to the president and secretary, or any two members of the Levenshulme Medical Society.