

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE MARKING OF THE SKIN WHEN LOCALIZING BULLETS AND SHELL FRAGMENTS.

To ensure that skin markings shall be really useful it is necessary to be able to reconstruct at any stage of the operation the imaginary vertical line on which the bullet lies. (The patient is assumed to be lying either prone or supine.) The point vertically below the foreign body is marked on the skin by a pneumatic device or otherwise. It presents no difficulties, as it will not be interfered with by the surgeon. The point directly above the bullet is indicated in the first place by a dot. Next, two long lines should be drawn on the skin at right angles to one another, intersecting at the original dot. The lines should be of such an extent that their extremities are beyond the zone of any operative disturbance. By laying a probe along each of these intersecting lines the position of the dot may be recovered at any time; and therefore, also, the line in which the bullet lies, as the underneath mark is intact.

As to the exact point at which the bullet lies on this vertical line, direct cross-markings are appreciated by

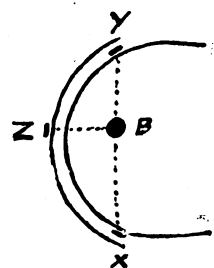


Fig. 1.—Diagrammatic cross section of bullet in neighbourhood of hip-joint.

most surgeons in addition to a statement in inches or centimetres. Where they cannot be directly obtained by turning the patient on his side, the radiographer should himself furnish them by calculation. If Fig. 1 represent a cross section of the pelvis, and *B* a bullet located on the vertical line, *x y*, 3 in. below the point *y*, the surgeon may prefer to go in from the side, rather than from above; therefore a lateral guide must be furnished. A line is drawn from *y* to *x* round the outside of the hip. The point, *z*, opposite the bullet, *B*, is found by measuring 3 inches down the side

by means of a T-square. A horizontal line is then drawn on the skin through *z* at right angles to the curved line, *y z x*, which completes the surface marking. If now the surgeon cuts in at *z*, in a direction at right angles to *x y*, he will strike the bullet when his incision comes under *y*. The actual distance, *z B*, may also be measured by a T-square and furnished as an additional aid.

The greatest possible care is necessary in making these measurements and markings, but with practice as much accuracy can be obtained as when the bullet can actually be viewed in two planes at right angles to one another.

A minor cause of trouble is the rubbing off of the marks themselves. The prevalent custom of painting the skin with iodine has rendered silver nitrate unsuitable. I find that ordinary ink, provided it is allowed to dry on to the skin, is perfectly satisfactory.

Skin marks are of the utmost value in practically every case of bullet extraction, but, even apart from the diagnosis of injury to bone, plates are in many instances also necessary. To be of service in localization, they should be so taken that they can be correlated with the skin markings (see author's paper, *BRITISH MEDICAL JOURNAL*, January 16th).

FRANCIS HERNAMAN-JOHNSON, M.D.,
Captain (temp.) R.A.M.C.; Senior Medical Officer to X-ray
and Electrical Department, Cambridge Hospital, Aldershot;
Consulting Radiologist to Military Hospitals in
Aldershot Command.

ACETANILIDE AS AN APPLICATION TO WOUNDS.

THE condition of the wounds of many of our soldiers returning from France induces me to bring to the notice of the profession a discovery which I made in 1891 and published in the *Lancet*. This was the valuable bactericidal properties of the chemical acetanilide. During the course of twenty-five years' fairly extensive surgical practice I have used this chemical as a dressing for wounds and no other, and since that time I have, remarkable as it may seem to say so, seen no pus in any wound that has come under my treatment.

The nature of wounds treated by me have been amputation of leg and arm, hands and feet crushed and mutilated by machinery and shipping accidents, and also wounds produced by surgical operation.

For many years it has been my practice, after trimming a wound into shape, to apply a plentiful supply of the drug as a dry powder and bind up the affected part with Gamgee tissue; the wound is then left for a week untouched, and at the end of the time it is found to have undergone a process of dry healing. I have modified my process now slightly by giving the wound a wash with hydrogen peroxide.

I will quote one case only, since the value of the remedy can be so readily tested.

On March 1st a seaman came to me having had his thumb crushed in a winch. The thumb had been torn off just above the joint, a portion of the fractured bone was protruding—this I cut off with bone forceps; there was enough flesh left to bring together and secure by stitches, which was done. Dry acetanilide powder was dusted over the wound and a pad of Gamgee tissue bound over it. The wound has been looked at and more powder put on three or four times since the accident, but not a particle of pus was found, and although the stitches (silk) were left in, the whole healed under a dry scab.

I think that if the wounds received by our men were simply covered with this powder and bandaged up they would travel back to England without the slightest inflammation or suppuration. I have treated a foot crushed by a coal wagon with quite a quantity of mud and dirt left on, yet it healed up by dry healing without suppuration after being dressed in this manner. At the London Hospital I saw everything done that could be done under the old Listerian treatment. At the Charité at Berlin I saw what could be done by aseptic treatment, but I have never seen wounds heal as they do under the method I suggest.

EDWARD F. GRÜN, M.R.C.S.
(Now Edward F. Greene, Lt. R.A.M.C.)

Southwick, Sussex.

A CASE OF ACONITE POISONING.

On March 7th, at 3.20 p.m., I saw Mr. D., aged 30 years. I was told that at 1 p.m. he had eaten a dinner consisting of beef, potatoes, cabbage, and horse-radish sauce. He partook rather freely of the sauce, and fifteen minutes after dinner experienced tingling all over his body, and also felt giddy and restless. He tried to "walk it off," but, as he was obviously getting worse, his friends sent for me. When I saw him, he complained of being very ill; his skin was cold and clammy, pupils equal and medium, heart beats 144 per minute and very irregular, pulse 70; he had not vomited.

From the history and symptoms I diagnosed aconite poisoning, and at 3.30 p.m. gave him $\frac{1}{100}$ grain of apomorphine. This produced vomiting in four and a half minutes, the vomited matter consisting of food and streaks of blood. I then injected digitalin and strychnine, of each $\frac{1}{100}$ grain, and gave him whisky and water to drink freely. At 3.40 p.m. the pulse could not be felt at the wrist. There was twitching of the left shoulder and facial muscles, respiration was very shallow and hardly perceptible. Shortly afterwards he felt more comfortable, and expressed a desire to go to sleep, and I left him at 4 p.m. I was called again at 4.40 p.m., when he was just recovering from a fit; the pupils were widely dilated, and the pulse 74. From this time he rapidly improved, and at 8.30 p.m. he was practically well.

The patient's mother, who had taken a very small quantity of the sauce the night before, spent a sleepless, restless night, and felt the same tingling all over the body.

It was found that the horse-radish was obtained from some friend's garden, which contained a large quantity of

"monk's-hood." The patient told me a few days later that he believed the proportion of aconite to horse-radish in the sauce was something like 4 to 1.

I give below the analysis made by Dr. Gough, of the Yorkshire Pathological Laboratory:

Extraction of the specimen by Stevenson's modification of Stas process yields a small amount of an *alkaloid* which gives the physiological test for *aconitine*.

In my opinion the sauce contains aconite.

W. GOUGH.

Parrow-in-Furness.

JOHN LIVINGSTON, F.R.C.S. Edin.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

BROMLEY COTTAGE HOSPITAL, KENT.

LARGE OMENTAL CYST IN CHILD OF 2 YEARS AND 10 MONTHS:
OPERATION: RECOVERY.

(Under the care of Dr. HERBERT J. ILOTT.)

A BOY, aged 2 years and 10 months, well grown but wasted and pallid, was admitted, supposed to be suffering from tuberculous peritonitis. The history given by his mother was that he was apparently healthy when born, was haunched, and had always been troubled with vomiting. The mother began to notice enlargement of the abdomen about twelve months before his admission. The swelling gradually increased, and the child was very fretful, especially at night. On examination, the abdomen was distended, dull all over, except at the upper part, and distinctly fluctuant; no enlarged glands were felt, and there were no signs of tubercle in lungs.

Operation.

On February 26th the abdomen was opened in the middle line below the umbilicus. There was no free fluid, but a large, thin-walled cyst came into view. Enlarging the incision upwards, the cyst was partly brought outside and opened; clear, straw-coloured fluid escaped. A further part of the cyst, which was seen to be multilocular, was then withdrawn, opened, and drained, and after this another large loculus similarly treated. In all, three pints of fluid were collected. It was then seen that the cyst had developed in the omentum. Several strands of vascular, healthy, omental tissue were next clamped and securely ligatured with silk, and the entire cyst removed. At this stage, the child being rather collapsed, the abdominal cavity was filled with warm saline solution, which improved his condition. The abdominal wound was closed with through-and-through silkworm gut sutures, supplemented by superficial sutures of the same material, for approximating their edges.

The child made a very good recovery. The wound united, and he left the hospital on March 20th. When seen on March 25th he had gained flesh, had a good colour and appetite, the wound was soundly healed, and the abdomen quite normal.

Omental cysts are quite rare; but some cases are recorded—one in the *BRITISH MEDICAL JOURNAL* for 1905, vol. ii, p. 1642, and others in the pages of the *Lancet* and *BRITISH MEDICAL JOURNAL*. Mr. D'Arcy Power tells me that in many cases they appear to be lymphatic in origin. It certainly seems to have been so in my case, as I saw no signs of tubercle on the peritoneum nor any enlarged glands, and the fluid from the cyst when examined by the Clinical Research Association was reported to show no evidence of tubercle bacilli in specially stained films from the centrifugized deposit. Further progress of the case and child's steadily improving condition are against a tuberculous origin.

LIEUTENANT-COLONEL WILLIAM ALEXANDER GIBB, M.D., R.A.M.C.(T.), recently appointed to the command of the East Anglian Casualty Clearing Station, who died at the 1st Southern General Hospital, Birmingham, on March 10th, left estate valued at £7,947.

Reports of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

At a meeting on April 23rd, Professor LINDSAY, President, in the chair, Dr. C. M. O'BRIEN showed a boy, aged 14, who had suffered from *Dermatitis herpetiformis* since he was three months old. Up to the time of vaccination he was in good health. He then developed a rash, which was still present. In its early stages the rash caused much itching, was multiform and well marked on the arms and legs. The condition never totally disappeared. Dr. WALTER G. SMITH suggested dermatitis multiformis as a better name for the condition. He looked upon treatment of these cases as of no avail. Dr. WALTER G. SMITH read a paper on *Urinary concretions* and their modes of genesis. Stress was laid upon conditions of altered or perverted metabolism in the etiology of calculus, and attention was called to our ignorance of the pathology of gout, and to the exaggerated statements as to the alleged pernicious effects of uric acid in the blood. The conditions relating to relative solubility were discussed, and it was insisted that the relations between colloids and crystalloids were of prime importance in the etiology of urinary concretions. Sir JOHN MOORE recalled his experience of forty years ago at the Meath Hospital, and said at that time the surgeons were almost constantly engaged in operations for the relief of stone in the bladder. He could not help thinking that the prevalence of stone had decreased in recent years. He had always connected the subsidence of ordinary calculus with the introduction of Vattray water. Professor METTAM said that recently he had been looking into the question of calculi, and was surprised to find that sometimes he could get calcium reactions from sections cut from the kidney. In the lower animals calculi of enormous size were met with, such as calculi developing in the pelvis of the kidney, and in some of these cases there was no clinical history. Extraordinary collections of calculi were also met with in the urethra. It had been observed that rams fed on mangels, which were very rich in sugar, frequently developed calculi. Dr. PARSONS asked if any explanation could be suggested for the frequent occurrence of calcium oxalate crystals in the urine of diabetics. Professor McWEENEY said that during the past twenty years he had examined from 50 to 60 ordinary calculi, and the majority of them were calcium oxalate. He was struck very strongly by the extremely dark colour which these oxalate of lime calculi occasionally presented. He suggested that this dark pigmentation seen in oxalate of calcium calculi might be correlated with the fact that their surfaces were so rough that they produced small haemorrhages. He had found by microscopic examination that in cases afterwards proved by operation or x-ray examination to be calculus, usually only a small quantity of pus and blood were present. He did not know that the presence of uric acid or oxalate of lime in urine was the slightest indication as to whether calculi existed. The President said that his experience in the North of Ireland was that calculus was rare, and he was disposed to the view that a decrease had come about in recent times. He suggested that the decrease might be accounted for by the extreme rarity of gout, which was much more common some years ago. Dr. WALTER SMITH, in reply, said he was sure that the dark colour of oxalate of calcium calculi was caused by haemorrhages which were originated by them. Professor LINDSAY read the notes of three cases of nervous disease: (1) *Landry's disease*. The patient was a woman, aged 36, unmarried. The family and the personal history were good. No causal factor could be assigned. She became ill suddenly in the night of October 2nd, 1913, with pains in the legs and back. Flaccid paralysis, with loss of the superficial and deep reflexes, rapidly developed, beginning in the feet and legs, and soon involving the respiratory muscles and the upper extremities. Deglutition was involved. Sensation was practically normal, the mind remained clear, the sphincters were only involved towards the close, and the temperature remained normal until a few hours before death, when it rose to 99.5°. Death took place on the tenth day. No autopsy could be obtained.

war, quite a number of students will have to seek other careers.

But if the services of the boys could be utilized now and as remuneration their fees paid during the next year, it would greatly help to swell the ranks of budding medicos.—I am, etc.,

May 25th.

HARD HIT.

WASTE AND OVER-EATING.

SIR,—If oleomargarine is to be used fairly universally, as is intended, then the problems connected with its use cannot merely, as Dr. E. Lloyd Owen asserts, "concern persons with normal digestions, and not the unfortunate minority of dyspeptics." Quite apart, however, from the physiological imperfections of and drawbacks to oleomargarine as a substitute for butter, the fact must not be overlooked that butter is a definite entity, and that in this country we have set up a definite standard of its purity. Who shall make bold to say what oleomargarine is? What it is to day it may not be to-morrow. In some countries oleomargarine is forbidden to be *artificially* coloured for the purpose of making it look like and be as tempting to the eye as butter. This difficulty has during the last year or two been overcome through the discovery that certain vegetable oils—like peanut oil, soy-bean oil, and mustard oil—carry naturally a large amount of yellow colouring matter, and the practice of utilizing these oils for the purpose of imparting *naturally* a yellow colour to oleomargarine is now being adopted. Whatever may be said to the contrary, the question of a deficiency of calcium in the organic form in our dietary is not mythical but real, and any foodstuff which, like margarine, removes from and deprives the body of organic lime, if not banned, should at least not be extolled by the medical profession.—I am, etc.,

London, W., May 15th.

JAMES OLIVER.

THE SURCHARGING OF PANEL PRACTITIONERS.

SIR,—I see a letter in your last edition from Dr. Bateman of the Medical Defence Union, stating that this body intends to challenge the right in the High Courts to surcharge practitioners who, in the opinion of their colleagues, represented by the Panel Committees, have prescribed extravagantly and improperly.

As a member of the Medical Defence Union I shall strongly oppose any of the funds of that body being used for such a purpose. If Dr. Bateman had had the opportunity, as I have had, of seeing the extraordinary concoctions ordered by certain panel practitioners, the total disregard as to the cost, even when a drug with a similar therapeutic action is much cheaper, and the preference shown by some to drugs that are unknown to the general run of practitioner and particulars of which are only to be found in advertisements, he would realize that it is absolutely necessary to have a check of some kind. In the insurance area of Buckinghamshire three-quarters of the doctors who prescribe are able to keep to the level of sevenpence per prescription, the other quarter are mostly at the eightpenny level and seldom above a shilling. Yet we know that in the London area the cost is much higher, and there is no doubt whatever in my mind that there are many men who are prescribing expensive medicines solely with a view of making the Act unworkable. If they succeed in doing so and have a State Medical Service they will only have themselves to thank for it.

It is sincerely to be hoped that an important body like the Medical Defence Union is not going to be captured by enemies of the Act.—I am, etc.,

Buckingham, May 24th.

ARTHUR E. LARKING, M.D.

Universities and Colleges.

UNIVERSITY OF LONDON.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

THE Queen has given £250 from the gift from the wives of Freemasons to help members of the professional classes who may be in difficulties owing to the war, to pay for the training and expenses of a student at the London (Royal Free Hospital) School of Medicine for Women for a five years' course. The scholarship will be awarded in July, 1915, to a student who intends to begin her course of study in the October following,

and will be of the value of £50 a year for five years subject to the student pursuing her course to the satisfaction of the Council. Candidates must have passed a preliminary examination recognized for the purpose of registration by the General Medical Council or the London Matriculation, or an examination which gives exemption from it. Forms of application and further particulars can be obtained from the Secretary of the School, 8, Hunter Street, Brunswick Square, London, W.C.

KING'S COLLEGE.

We are requested to state that, owing to Professor Brodie's services being required for military purposes, the course of advanced lectures in physiology arranged to be given at King's College on May 31st, June 2nd, 7th, and 9th will not be delivered.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following gentlemen have been admitted Fellows:

John Coffey, N. G. W. Davidson, A. Graham, C. R. Halloran, G. Laurence, J. C. Lorraine, V. L. Miller.

The bronze medal and microscope presented to the College by Colonel William Lorimer Bathgate in memory of his late father, William McPhune Bathgate, F.R.C.S.E., Lecturer on *Materia Medica* in the Extra-Academical School, has been awarded to Mr. J. H. Neill (Edinburgh).

ROYAL COLLEGE OF SURGEONS IN IRELAND.

A Question in Medical Ethics.

SOME time ago a practitioner, "Dr. A.," wrote to the council of the Royal College of Surgeons in Ireland to inquire what attitude he should adopt to a neighbouring doctor who had accepted the post of "medical adviser" under the National Health Commissioners. The following reply has been forwarded to "Dr. A.":

Royal College of Surgeons in Ireland, Dublin.

To "Dr. A.,"

Dear Sir,—The President and Council of the College, having carefully considered your letter dated March 18th, have directed me to say that your letter implies the following questions:

1. What is the opinion of the President and Council with reference to "Dr. B.'s" conduct in breaking his written promise not to enter into any arrangements with the Insurance Company or Approved Society under the National Insurance Act? To this the President and Council have no hesitation in replying that unless "Dr. B." can prove that he signed the undertaking under a misapprehension as to its scope and meaning, his violation of his written undertaking calls for the severest condemnation.

2. Are you to consider yourself justified or even compelled to boycott "Dr. B." as a punishment for the latter's violation of his signed undertaking? To this the President and Council would reply that whilst the legal status of a medical man confers on him certain privileges, it also places on him grave responsibilities of which he cannot divest himself. No medical man can be compelled to associate with a person of whose conduct he disapproves, but neither is a medical man at liberty to carry this freedom so far as at any time to endanger the well-being of any member of the community for whose protection he has been granted by Parliament the statutory privileges already referred to.

As to the threat conveyed to you of being boycotted by your professional brethren in your district, the President and Council desire me to point out that in this connexion they have no power to control either your action or that of your professional neighbours, but they are of opinion that the enforcement of such a threat would be an act of which the President and Council, mindful of their responsibility to the community, cannot express approval.

[The letter goes on to state that the President and Council are prepared to deal severely with any Fellow or Licentiate of the College who knowingly visits, examines, or otherwise interferes in a professional capacity with patients without the knowledge and consent of the medical attendant, should satisfactory evidence to this effect be forwarded to the Council. The letter concludes as follows:]

The President and Council, in conclusion, desire to express their sympathy with the efforts being made by various medical organizations to remove the injustices which the working of the Insurance Act has demonstrably inflicted on so many practitioners, and hope that in the near future such alterations in the working of the National Insurance Act may be made by the Legislature as will render it possible for the entire profession to co-operate in making the Act of benefit to the community.—I am, dear Sir, yours faithfully,

C. M. BENSON, F.R.C.S.I.,
Secretary to the Council.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—†C. D. Banes, †A. U. L. Bennett, †H. A. De Morgan, †C. S. Dodson, †J. C. Lee, †L. N. Lee, †H. B. Padwick, †M. C. Stark, †T. J. Thomas.
MEDICINE.—†W. Bailey-Thomson, †J. A. A. Boddy, †A. Butterfield, †W. Fox, †J. C. Lee, †W. F. Matthews, †S. Rawlinson, †A. H. Taymour.

FORENSIC MEDICINE.—L. M. Arnold, A. Z. Abushady, L. S. Goss, J. C. Lee, I. H. Lloyd, A. H. Taymour, T. J. Thomas.
MIDWIFERY.—L. M. Arnold, A. Butterfield, F. W. Chamberlain, K. M. Dyott, J. C. Lee.
* Section I. † Section II.

The diploma of the society was granted to Messrs. C. D. Banes, A. U. L. Bennett, C. S. Dodson, L. N. Lee, H. A. De Morgan, and H. B. Padwick.

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

Lieutenant D. Durward Brown, R.A.M.C.(T.F.), 2/19th Battalion, London Regiment, at present stationed at Coggeshall, Essex, for foreign service, desires to exchange. The duties are the usual battalion work, the pay 14s. a day and 4s. 9d. allowances, and the billets are good. He wishes to exchange to Harrogate, Yorkshire, or to a base hospital. His present address is Idono, Coggeshall.

INDIAN MEDICAL SERVICE.

THE Government of India have decided that the period for which an officer of the Indian Medical Service is retained on the active list, in consequence of the war, after his retirement ordinarily becomes due, will be allowed to count towards pension—that is, his pension will be calculated with reference to his total service at the time of his retirement.

Obituary.

RICHARD SEPHTON, M.R.C.S., L.R.C.P. EDIN.,
CULCHETH, LANCASHIRE.

DR. RICHARD SEPHTON, one of the oldest practitioners in Lancashire, passed away at his residence, Springfield, Culcheth, near Warrington, on May 18th. He had been in failing health since Christmas, but had attended to his professional duties until a month before his death, which was due to cystitis.

Dr. Sephton was born at Rightington on September 25th, 1834, and received his medical education at the Royal School of Medicine, Manchester. He had a very successful career as a student, and, along with the late Sir William Broadbent, took most of the prizes. He was a prizeman in anatomy, physiology, materia medica, medicine, and surgery.

He took the diploma of L.S.A. in 1857, that of M.R.C.S. in 1858, and that of L.R.C.P.E. in 1860.

After acting as assistant at Holmes Chapel, Cheshire, he went to Culcheth in 1857, where his success was rapid. His easy, frank, genial, hearty, and sympathetic nature soon endeared him to his patients, in whom he took the deepest and most sincere interest. He was generally known in the district as "the poor man's friend." For over fifty years he was Poor Law Medical Officer for the Culcheth District of the Leigh Union and Croft District of the Warrington Union, public vaccinator for the above District, and medical officer of health for the rural district of Warrington. He was a Fellow of the Incorporated Society of Medical Officers of Health and a member of the British Medical Association.

On starting practice he did his rounds on horseback, and

many of the older inhabitants of Culcheth will remember his short figure mounted on his grey mare "Polly." Later on he used a gig and brougham, and about ten years ago he reluctantly gave up his seven horses and took to motoring. He was extremely fond of horses, and had many exciting times with his racing stud at the local meetings. Always a great lover of nature, he took a great interest in gardening, and his roses were known for miles round. He was a Churchman and a Conservative.

He was twice married; his first wife was the daughter of the late Dr. Burrows of Liverpool and his second the daughter of Mr. Buckland of Windsor.

Among many expressions of regret his mortal remains were carried by the village choir from his residence to the family vault at Newchurch Parish Church on May 22nd, 1915.

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

MANY on both sides of the Atlantic will learn with profound regret of the death of Dr. PATRICK SANSFIELD DONNELLAN, formerly of Philadelphia. He was born at Limerick, and studied medicine at Trinity College and the Royal College of Surgeons in Ireland. He also worked at Edinburgh, Paris, and Frankfurt. He obtained the diploma of L.R.C.S.I. in 1883, and that of L.R.C.P.I. in 1887, shortly afterwards obtaining a post as surgeon on an eastern-going steamer. His professional ability and the conscientious way in which he discharged his duties, as well as his striking social qualities, were soon recognized, and he was promoted to be doctor of the celebrated *City of Rome*, then a record breaker in the Atlantic trade. On this vessel Dr. Donnellan was fortunate in making the acquaintance of a millionaire from Philadelphia, who induced him to settle in that city. He took the M.D. of the Philadelphia University in 1892, and soon acquired a lucrative practice. He was fortunate also in obtaining a valuable appointment as medical officer of a large American Insurance Company. He was by this time well and favourably known in Philadelphia, in which he was a prominent member of medical and other societies, and also of the University Club. During his holidays he frequently visited Europe, where he added to his medical knowledge, especially in the domain of diseases of the ear, nose, and throat, in which he eventually specialized. He was medical director and visiting physician of St. Mary's Hospital and otologist and laryngologist to St. Agnes's Hospital, Philadelphia. He was lecturer on clinical medicine in the Philadelphia Medico-Chirurgical College. He contributed a paper on the practical value of intratracheal medication to the *Therapeutic Gazette* (1902); one on medical allusions in Shakespeare's plays to *American Medicine* (1902), and one on acute suppurative mastoiditis complicating influenza to *Medicine* (1904). He married a daughter of Mr. and Mrs. Ryan, of Williamsport on the Hudson, the union proving a particularly happy one. In their beautiful home in Spruce Street, Dr. Donnellan and his wife delighted to welcome and entertain their many friends, especially those who chanced to visit them from the old country. The strain of a large practice and the enervating effects of the climate eventually began to affect Dr. Donnellan's health, and symptoms of a serious nervous disease slowly made their appearance. He sought and obtained the best advice in America, the Continent, and at home, with but only temporary benefit. Eventually he gave up his practice in Philadelphia and went to California, where he lived quietly for two years on the Pacific coast. Some three years ago he returned to the east, where his devoted wife contracted pneumonia and died. This was a great shock to him in his already weakened condition. His mother was still living in London, where three of his brothers are well-known medical practitioners. Deciding to spend his remaining days in England, he settled in Twyford Abbey, Willesden, where, gradually becoming more helpless and weaker, but perfectly resigned, he peacefully passed away on May 5th. He was a broad-minded cultured gentleman, a loving son and brother, and a devoted, helpful friend, without a trace of selfishness. His illness forced him in the prime of life to give up the work which he loved, and for the doing of which he had

taken infinite pains to qualify. Yet he never complained; throughout a long illness he comported himself with admirable Christian fortitude.

DR. JOHN GREASLEY, of Canterbury, who died on April 23rd in his 71st year, began his medical studies in 1868 as a pupil of the late Dr. Denne, then senior surgeon to the Kent and Canterbury Hospital. After working there for two years he entered the London Hospital in 1874, and became M.R.C.S. and L.S.A. in 1877. Three years later he was appointed honorary surgeon to the Kent and Canterbury Hospital, a position which he continued to hold till February 1913, his period of service having thus extended over nearly thirty-three years. The Board of Management recorded in their minutes an expression of the regret with which they accepted his resignation, and their warm appreciation of his services. In 1877 Dr. Greasley was appointed surgeon to the City of Canterbury Lodge, Manchester Unity of Oddfellows, with whom he was so popular that some four years ago he was presented with an address, together with a centenary jewel and an album of subscribers as a mark of esteem and of appreciation of his "thirty-four years of faithful service." Dr. Greasley, whose panel of patients (1,300) was the largest in the city, was also doctor to the old Canterbury Friendly Society, the Rechabites, Lion, and other societies. He took no part in the public affairs of the city until during the last two years of his life, when he occupied a position on the Canterbury Insurance Committee. His devotion to his work was such that for over twenty years he was hardly known to take a day's holiday. The large attendance at his funeral proved the general respect in which he was held.

MR. FREDERICK LAWRENCE, of Hammersmith, who died on May 1st, in his 85th year, was one of the oldest practising members of the medical profession. He was the son of the Rev. Robert Lawrence, for twenty-one years rector of Bleadon, near Weston-super-Mare, and was born at Kingston St. Michael, near Chippenham. He received his medical education at St. Bartholomew's Hospital, and became M.R.C.S. in 1857 and L.S.A. in 1859. He entered into partnership with Dr. Loadman, of Hammersmith, on the border of Chiswick, and for some time occupied a house in Chiswick Lane in which Alexander Pope the poet and his parents had at one time lived. Dr. Lawrence had a large practice, and was one of the best known men in the district. Although his health began to fail during the last eighteen months, he worked almost up to the day of his death, and attended his last case of midwifery this year. His energy was such that he continued active practice until he went into a nursing home two months ago for an operation, from which he made a good recovery; indeed, he insisted upon giving directions about his patients till within three or four days of his death, notwithstanding the impairment of his speech due to partial hemiplegia of which he had two attacks during the last month. Mr. Lawrence took an active part in public life. He was Chairman of the Conservative Association of Hammersmith, a member of the Board of Management of the West London Hospital, and a churchwarden; he was also associated with very many local charitable and other institutions. He was an original member and an ex-president of the West London Medico-Chirurgical Society, and one of the most regular attendants at its meetings. He was a member of the British Medical Association. Mr. Lawrence was initiated in Freemasonry in the Lodge of Harmony, and was a founder-member of several lodges and chapters. He was a Director of Ceremonies at the Grand Lodge of England for the year during which King Edward VII, when Prince of Wales, was installed Grand Master. He was fond of all kinds of sport and of riding and driving, was a good judge of a horse, and in his younger days enjoyed fishing, shooting, and hunting. Mr. Lawrence married Miss Matilda Clark, youngest daughter of the late Dr. Clark of Twickenham, by whom he had one child, a daughter. Both died some years ago.

DR. CHARLES GRINLING BUNN, who died at Laxfield, Suffolk, on March 30th, within a few days of completing his 60th year, received his medical education at Charing

Cross Hospital. He took the diplomas of L.S.A. in 1879, L.R.C.P. Edin. in 1880, and M.R.C.S. Eng. in 1882, and graduated M.D. St. Andrews in 1897. After serving the office of Resident Medical Officer at Charing Cross Hospital in 1879-80, he settled at Upper Norwood, where he quickly acquired an extensive general practice. He had a high ideal of professional duty, and this, combined with a sound knowledge of his work and a most kind and sympathetic nature, gained him the affection and confidence of his patients to an extraordinary degree. Failing health led him last summer to retire to the country, where it was hoped that rest and freedom from the exacting demands of a large practice would give him a new lease of life; but the end came suddenly after two days of illness. Dr. Bunn was a member of the British Medical Association. He was the author of reports of cases of profuse hæmoptysis and of cerebral hæmorrhage, published in the *Medical Times and Gazette* in 1880, and of other contributions to medical journals. He leaves a widow, one son, and two daughters.

DR. C. J. FAGAN, M.D. Dubl., L.M. Rot. Hosp., of Victoria B.C., died February 10th, in the fifty-eighth year of his age. Born in co. West Meath, he went to Canada about thirty years ago, and settled in British Columbia. He became medical superintendent of St. Mary's Hospital at New Westminster, and later Chief Health Officer for the province of British Columbia. His resignation, proffered in 1913, was received with regret, so much were his services appreciated. Dr. Fagan took a particular interest in the prevention of tuberculosis, pointing out the advantages of early treatment, and it was due largely to his untiring efforts that the antituberculosis movement was started in the west. As a result a provincial institution—the excellent Tranquille Sanatorium—was established at Kamloops.

DR. OTTO MARKUS, assistant in the medical clinic of the University of Würzburg, was killed by a shell in the battle of the Argonne. He was the author of valuable contributions to neurology and psychiatry, and leaves unfinished a work on the histology of the ganglion cells of the vegetative nervous system.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. M. Bernhardt, professor of neurology in the University of Berlin, aged 70; Dr. A. Birnbacher, professor of ophthalmology in the University of Graz; Dr. C. W. Chancellor, sometime professor of surgery and dean of the Medical School of Washington University, Baltimore, aged 84; Dr. S. C. Chew, professor of materia medica and afterwards of medical practice in the University of Maryland, of which he was dean for five years, aged 77; Dr. Colayevitch, formerly physician-in-ordinary to King Peter of Serbia; Dr. Combalat, professor in the Marseilles School of Medicine and surgeon to the hospitals; Dr. Erwin von Esmarch, son of the famous Friedrich von Esmarch, professor of hygiene and medical chemistry in the University of Goettingen, aged 69; Dr. Homer Gibney, professor of orthopaedic surgery in the New York Clinical School of Medicine, aged 55; Dr. José Pereira Guimarães, formerly professor in the University of Janeiro; Dr. Orris E. Herrick, formerly professor of gynaecology in the Cincinnati Medical College, and editor of the *Obstetric Gazette*, aged 66; Dr. Eduard Jacobi, professor of diseases of the skin and genito-urinary organs in the University of Freiburg, author of *Ikonographia Dermatologica* and other works, aged 57; Dr. Samuel W. Langmaid, of Boston, consulting laryngologist to the Massachusetts General Hospital, aged 77; Dr. D. Matto, professor of bacteriology in the University of Lima, and for many years editor of the *Cronica Medica* published in that city, a senator of Peru, and formerly a member of the Cabinet, aged 56; Dr. Onimus, author of well known books on medical electricity; Dr. Edward Sprague Peck, of New York, professor of ophthalmology and otology in the University of Vermont; Dr. J. D. Pinero, professor of anatomy in the University of Buenos Aires; Dr. Theodore Potter, professor of principles of medicine and clinical medicine in the University of Indiana, aged 53; Dr. J. H. Raymond, professor of hygiene in

the Long Island College Hospital, Brooklyn, New York, editor from 1888 to 1903 of the *Brooklyn Medical Journal*, and author of a textbook on physiology and of a *History of the Long Island College Hospital and its Graduates*, aged 69; Dr. Giuseppe Resinelli, director of the clinic of obstetrics and gynaecology at Florence; Dr. M. Roy, formerly deputy for the Charente Inférieure; Dr. J. J. Scannell, director of the bacteriological laboratory of the Boston Board of Health, aged 39; Dr. Jay W. Seaver, professor of hygiene in the University of Yale, aged 60; and Dr. O. K. Sprengel, surgeon-in-chief of the public hospital of Brunswick, and President of the German Surgical Association, aged 62.

Medical News.

THE Cavendish lecture before the West London Medical Chirurgical Society will be delivered by Professor Arthur Keith, F.R.S., at the West London Hospital on June 25th.

THE monument to Cesare Lombroso was to have been unveiled at Verona at the International Congress on Pellagra, which was fixed for October of the present year. As the congress has been postponed the ceremony will not take place till some later date.

A DISCUSSION on the co-ordination of military and civil sanitary services in war time will be opened at a meeting of the Royal Sanitary Institute at Bristol on Friday, June 11th, at 11 a.m., by Dr. D. S. Davies, M.O.H., and Mr. L. S. Mackenzie, City Engineer, Bristol.

THE Council-General of the Morbihan Department has voted £2,000 towards the installation of a sanatorium for tuberculous soldiers in a building belonging to the department. It has also voted £120 for the purchase of artificial limbs for use in the hospital dépôts of the department.

THE Swedish colony in Paris has established a hospital within the premises of the Swedish Church in the rue Guyot. It is under the auspices of the Princess de Foix, and is under the direction of Dr. Périer. Swedish massage is applied under the direction of Mons. and Madame Molandier, of the Institute of Medical Gymnastics, Stockholm.

DR. LANGLET, Mayor of Rheims, who has already been decorated by the President of the French Republic, has recently received the order of SS. Maurice and Lazarus from the King of Italy in recognition of the good treatment accorded by the municipality of Rheims to Italians who took refuge there from the Briey Basin in the Meurthe-et-Moselle Department.

A SHORT time ago Dr. A. E. Shipley, Master of Christ's College, Cambridge, contributed a description of the First Eastern General Hospital to *Country Life*. This hospital, as is well known, is an open-air hospital, the wards having only three sides. The proprietors of the paper now state that they are about to publish a small book by Dr. Shipley on the open-air treatment of the wounded, illustrated by photographs taken at the hospital at Cambridge, and containing contributions from Mr. Souttar and Professor Simpson.

IN THE JOURNAL of March 27th (p. 554) there appeared a report of the proceedings of the annual meeting of subscribers to the Cremation Society of England. We have now received the *Transactions* of the Society (No. XXVIII) in which full details as to its work during the year 1914 and information as to its constitution, officers, and so forth, are given. Any one interested in cremation will find all he wants to know in this publication, which can be obtained by application to the head quarters of the Society at 324, Regent Street, W.

THE Central Control Board (Liquor Traffic), appointed to deal with the drink problem in the munition, transport, and camp areas, under powers given by the Defence of the Realm (Amendment No. 3) Act, contains representatives of various interests. The Chairman is Lord D'Abernon, better known as Sir Edgar Vincent, Financial Adviser to the Egyptian Government, and afterwards Governor of the Imperial Ottoman Bank at Constantinople, and among the members are Sir George Newman, Principal Medical Officer to the Board of Education, and Major Waldorf Astor, M.P., well known for his interest in social questions.

THE Local Government Board has issued a circular letter, dated May 21st, to local authorities emphasizing the recommendation of a previous circular (March 11th) that all possible facilities should be given by local authorities to persons in their employment to join the army, and only men not eligible for the army and unsuited

for occupations of paramount importance during the war should be engaged as substitutes. The Board states that cases have been brought to its notice in which men eligible for the army or for special occupations have been selected to fill vacancies by local authorities when some other arrangements might have been made. The Board therefore advises local authorities to avoid making fresh appointments by rearrangement of duties among other officers, or by securing the services of a retired officer; when neither course is possible, then persons not eligible for the army or special occupations, and not possessing the standard of qualification required in the case of permanent appointments, should be temporarily engaged.

A SCHEME for antenatal hygiene formed the subject of a lecture by Dr. H. J. Cates at the Royal Society of Medicine on May 10th. He said that in order to ensure the best possible conditions for the expectant mother and her child it was necessary for each district to have a maternity centre, which would serve as a sort of clearing house to which prospective mothers could go for advice, medical examination, and assistance. It should, he thought, be under the direct supervision of the M.O.H. The staff should consist of a specialist and trained nurses, each possessing the certificate of the Central Midwives Board and a certificate in hygiene. Each nurse should be apportioned a district not containing more than 10,000 inhabitants, and her duties should include visits to the homes of the women to supervise the hygiene, and to advise and assist the women up to the time of confinement. The centre should have a supply of beds in different hospitals where patients suffering from complications could receive the necessary treatment; a milk dépôt for the babies and a food dépôt for the mothers; and an infant consultation, to which babies might be brought for advice and treatment all through infancy and childhood until they reached school age. To this should be attached an infant clinic, and a crèche for the supervision of babies whose parents were too careless or too much occupied to look after them themselves. In many districts a nursery school also would be of untold benefit in taking children under school age out of the unwholesome surroundings of their own homes for some hours at least every day. Lastly, some sort of laboratory accommodation was needed to which specimens might be sent for examination, and classes should be held where the mothers might learn to safeguard not only their own health but that of the coming generation.

THE annual general meeting of the Asylum Workers' Association, founded in 1895 to raise the status of asylum nurses and attendants and to promote their general welfare, was held at 11, Chandos Street, W., on May 19th, the President, Sir John Jardine, K.C.I.E., M.P., in the chair. On proposing the adoption of the annual report for 1914, he referred to the patriotic spirit shown by asylum workers. In some asylum staffs 50 per cent. of the male officers were serving in the army and navy, and the association had been engaged in guarding their interests during their absence as regards superannuation claims, etc. Legislation had necessarily been held up, but previous to the war an understanding had been arrived at with the Home Secretary as to the amending bill promoted by the association. If clauses proved to be needed to safeguard the interests of asylum workers on service, he would be pleased to add them to those already agreed upon. Sir James Crichton-Browne, in seconding, spoke of the heavy strain thrown upon the depleted asylum staffs in their care of the patients, whose number, so far from diminishing, seemed likely to increase in consequence of the war. He gave instances of delusions tinged, if not originated, by incidents of the conflict. He thought that asylum workers left behind to struggle with enhanced duties were entitled to liberal treatment as well as those who had gone to the front. The re-election of Sir John Jardine as President was proposed by the Rev. H. Kirkland-Whittaker, M.D., and seconded by Dr. W. A. Chapple, M.P., who spoke of Sir John's untiring work in Parliament for the association. The election of vice-presidents, Executive Committee, and executive officers was moved by Dr. Hyslop and seconded by Dr. Shuttleworth, the latter referring to the valuable services of Dr. James Nicoll as editor of *Asylum News*, and expressing his personal obligations to Dr. Farquharson Powell for taking over not only the editorship, but also the post of honorary secretary, from which the speaker had for some time desired to retire in favour of a younger man. In the course of the meeting two gold and two silver medals and eight bronze medals, awarded by the association for long and meritorious nursing service in asylums, were distributed by the President, one of the gold medallists having a record of forty-six years' continuous service in the same asylum.