

bathed, according to the usual routine. On the Monday he ate his full morning meal. He then reported sick, and was detained in hospital. He complained of fever, chill, and cough during the previous night; his temperature was 99.4°. He did not complain of any discomfort in the abdomen, nor did he admit any fall or blow. Careful inquiry failed to elicit any history of a fall or blow. On admission the spleen was enlarged. In the evening his temperature was 102°. He ate the greater part of his evening meal, and complained of nothing beyond the fever. About 10 p.m. he vomited twice or thrice. At midnight he became suddenly collapsed, and died at 1.20 a.m. on the Tuesday.

Post-mortem Examination.—The body was well nourished; rigor mortis was present; there were no marks of violence. The examination was held fifteen hours after death; the body was quite fresh, and showed no signs of commencing decay. The weather was cold and dry. All the tissues were anaemic to a degree. The abdominal cavity was full of clotted blood and clear serum. The spleen was enlarged to twice the normal size, and looked black. On its anterior surface was a tear about 2 in. long. On removing the spleen, the capsule was seen to be distended with firmly clotted blood. The spleen itself was anaemic, the colour was the "light red" of the paint-box, and the substance was almost diffuent—about the consistency of thick porridge. The other organs were normal.

What apparently negatives the possibility of a blow having been received before admission to hospital, and rupture of the spleen thereby, is the steady rise of temperature. Had the spleen been ruptured by a blow there would probably have been shock, and almost certainly no rise of temperature; the internal haemorrhage would have kept the temperature down.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ICHTHYOL IN ERYSIPELAS.

A MAN was admitted with a large suppurating wound on the inner side of the arm, with some redness and swelling around the wound. The temperature rose next day to 104° and then to 105°. The usual signs of erysipelas were present, the redness and swelling extending below the elbow. I ordered the arm to be painted every twelve hours with ichthyol and glycerine equal parts, and covered with oil-silk, and gave him a mixture containing large doses (2 drachms every four hours) of liq. hydrargyri perchloridi. In forty-eight hours the temperature was normal, and all the local symptoms of erysipelas had disappeared; the wound was then dressed with ordinary hypertonic saline solution.

In another case, of a man sent from the trenches with both arms covered with boils, local treatment by ichthyol and glycerine had equally good results.

HELEN SEXTON, M.B., Ch.B.

Médecin Chef, Hôpital Australien, Paris.

RELAPSING BERI-BERI.

THAT beri-beri is due to the deficiency or absence of substances called vitamins; that polished rice is one of the common food substances deficient in vitamins; and that beri-beri is found practically only in rice-eaters—these are the commonly accepted views about the etiology of this interesting ailment, and it may therefore be well to record any definite cases where the disease was clearly not due to rice eating or, indeed, to any obvious want of vitamin substances. The patient, aged about 28 years, was a soldier on sick leave. He contracted beri-beri in India. His was the regulation army diet—meat, vegetables, milk, bread, butter, tea, coffee. On a rare occasion he would take a bit of rice or sago pudding, but at no time of his life was he ever on an exclusive or continuous rice dietary. He had exhibited the usual symptoms—multiple peripheral neuritis, some paralysis and some anaesthesia, very considerable weakness, cardiac dilatation, and oedema of the legs. Under treatment for some months in bed he improved, but signs of cardiac dilatation with a definite bruit still remained. Oedema of the lower extremities was intermittent. He was liable to relapses of the condition whenever he fell into ill health from any cause. These were accompanied by hyperaesthesia of the muscles and of the nerve trunks. During the periods of remission no physical sign of the disease could be seen, except the evidence of cardiac dilatation.

The usual cardiac tonics, as iron and digitalis, appear useful for the heart trouble, but nothing seems to have any specific effect on the beri-beri.

J. C. McWALTER, M.D., D.P.H., R.A.M.C.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

THE LORD DERBY WAR HOSPITAL, WARRINGTON.

A CASE OF SUDDEN HEART FAILURE UNDER ANAESTHESIA:
DIRECT MASSAGE OF HEART: RECOVERY.

(By GERALD SICHEL, F.R.C.S., Captain R.A.M.C.)

PRIVATE —, aged 22, was admitted on September 29th, 1915, suffering from a severe gunshot wound of the left hand, received in France on September 26th. A rifle bullet had struck the middle finger, almost completely severing it; the wound was very septic.

He was treated with hypertonic saline baths, and syringing with hydrogen peroxide, and the wound cleaned up considerably. As it was considered necessary to amputate the finger he was, on October 4th, given a general anaesthetic—a mixture of chloroform (two parts) with ether (three parts), and alternately pure ether on an open gauze mask. He was taking the anaesthetic quite well, and was wheeled from the anaesthetizing room into the operation theatre.

He was lifted on to the operation table, when he suddenly became ghastly white, sweated profusely, and the pupils became widely dilated. Breathing continued slow and regular, but rather shallow. No pulse or cardiac impulse could be felt, or heart sounds heard. An incision a little to the left of the middle line was rapidly made into the upper part of the abdomen, and meanwhile hypodermic injections of strychnine and brandy were given, and a cloth wrung out of boiling water applied to the precordium.

The right hand was inserted into the abdomen, and a flabby mass, supposed to be the heart, seized through the diaphragm, and energetically and rhythmically squeezed. In a short time the flabby mass suddenly became hard—like a cricket ball—in the hand, and firm, regular, but slow contraction commenced. After a little these firm contractions became tremulous and threatened to cease, but on squeezing, again became firm and regular; this routine was carried out several times, and at last a regular heart-beat and regular pulse were established. The patient began to strain and vomit, so that there was some difficulty in sewing up the abdominal wound. In about twenty minutes he was taken back to the ward, where a rectal saline injection was administered.

In the evening he suffered from considerable pain in the abdomen and chest, which was allayed by a hypodermic injection of morphine. He made a good recovery, and as it was deemed unwise to give him a further anaesthetic the injured finger was eventually amputated by means of strangulation, with a piece of indiarubber tubing.

Remarks.

1. The man's general vitality was probably considerably lowered from septic absorption.
2. The movement of lifting him from the stretcher on to the table appears to have been the deciding factor in the cardiac failure.
3. The anaesthetic was chiefly ether, the amount of chloroform being very small.
4. The subsequent pain was probably due to bruising of the diaphragm, and perhaps the heart.
5. I think the hypodermic injections of strychnine were of use once the heart's action was re-established, although obviously they could have been of no good whilst the circulation was stagnant.

My thanks are due to Dr. Garner and Mr. Stone, R.A.M.C., for efficient help at the time of the emergency. Dr. Manson was responsible for the subsequent treatment of the patient.

5 in. in length. The os approaches and finally appears at the vaginal outlet; and, as it descends, the cervix pushes down the vaginal roof, and inverts it more or less from above downwards. The os externum in these cases is sometimes extremely small—the "pin-hole" os of the older writers. During labour the elongated cervix generally simply splits on one side or on both. Thus, from being a nullipara with a long cervix and a pin-hole os the patient becomes a parous woman with a long split cervix.

The diagnosis of this condition from prolapsus is easy, because in "long cervix," or "inversion of the vagina from above downwards," there is no cystocele. On telling the patient to bear down, the cervix emerges first from the vaginal outlet. In prolapsus uteri, when the patient bears down, the anterior vaginal wall appears first, being everted from below upwards, the bladder within it. Thus in prolapsus the cystocele appears first at the vulva and the cervix comes after it.

The treatment of the condition is to amputate the cervix so as to leave the uterus about 3 in. in length, and to repair the perineum if it has been stretched and thinned by prolonged pressure of the cervix and inverted vaginal walls. Ventrifaction is naturally quite ineffective for the treatment of "long cervix." Nor is it a good operation for cases of prolapsus. All varieties of genital prolapse are best treated by the vaginal and not by the abdominal route.—I am, etc.,

Manchester, Jan. 29th. W. E. FOTHERGILL.

ENGLISH PUBLIC HEALTH ADMINISTRATION.

SIR,—My attention has just been called to the extremely encouraging review of my book under the above title in your issue of January 1st. I am indeed proud to have obtained such eulogy, but I must enter a plea of "not guilty" to the charge of making such a "reactionary suggestion" as that involved in urging that the public health administration should be divided between two departments, that of the M.O.H. and that of the sanitary inspector. On p. 107 I wrote:

The M.O.H. (in the larger districts) may be expected to be a man of considerable attainments and experience, and as such will realize the desirability of centralizing control over a staff having graduated responsibility in its separate departments. It is the method followed in all great business and industrial concerns; a responsible chief having subordinate departmental heads with wide discretion and ample powers.

and on the following page (108) I distinctly proclaim the M.O.H. to be "the natural and logical head of the service," and go on to opine that

It may, therefore, be expected, despite contrary tendencies, that sooner or later ordinary business principles will prevail, and that the public health departments will be organized in a series of sub-departments each with a chief responsible to and controlled by the M.O.H.

In the last paragraph of the chapter I outline a classification of sub-departments "with chiefs under the control of the medical officer of health," which I put forward as "suggestive rather than dogmatic."

I think this is ample evidence in support of my plea, and I trust that you will allow me the space to clear myself of the charge of making what I agree with your reviewer would be a "reactionary suggestion."—I am, etc.,

Upton Park, E., Jan. 29th. B. G. BANNINGTON.

The Services.

EXCHANGES DESIRED.

CAPTAIN, R.A.M.C.(S.R.), Radiographer Casualty Clearing Station, is desirous of effecting an exchange to the base or to England. Address, No. 550, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Lieutenant, at present medical officer to a regiment in France desires to exchange with medical officer of a hospital, ambulance train or barge. Address No. 549, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.

THE American Association for Labour Legislation has initiated legislation to provide for the establishment in Massachusetts of a system of compulsory health insurance for all industrial workers earning 100 dollars (£20) a month or less. The insurance would cover any sickness, accident, or death not provided for under the head of workmen's compensation, and further benefits in the way of medical, surgical, and nursing attendance, medicines and surgical appliances, besides cash, maternity, and funeral allotments.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following degrees have been conferred:

B.M., B.Ch.—M. R. Lawrence, C. Dean, A. Traill, L. Gameson, A. G. East, G. T. Gimlette, L. M. P. Whitcombe.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

A SPECIAL introductory medical course in physics, chemistry, and biology for students desirous of beginning their medical studies will be held at University College, commencing on March 1st. Intending students should communicate forthwith with the Provost, University College, London (Gower Street, W.C.).

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., Ch.B.—Part I: Hilda M. Brown, S. Datta, Marjorie S. Neville, T. H. A. Penniger.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Part I, Chemistry; Part II, Physics: V. H. Barker, E. R. Boland, H. L. Bowen, E. Brazao, H. Dryerre, H. M. Gerson, W. Hardman, S. Hazeldene, J. W. Hulme, E. R. Jagger, A. A. Knapman, Margaret O. Meek, H. S. N. Menko, G. G. Newman, Madeline P. Parker, G. K. Reeves, B. R. Reynolds, H. N. Schapiro, G. F. Smith, W. Walsham, Octavia M. Wilberforce. Part III, Elementary Biology: V. H. Barker, J. B. Barnett, E. R. Boland, H. Brookman, H. S. Chadwick, S. H. Coplans, C. W. Empey, H. M. Gerson, Kate Glyn-Jones, J. B. Gregor, A. Hamid, E. Hardy, E. R. Jagger, M. A. R. Khalifa, A. A. Knapman, Margaret O. Meek, H. S. N. Menko, H. S. Morris, J. L. C. O'Flynn, E. A. I. Phillips, Betsy Porter, E. L. J. Reason, G. K. Reeves, I. Resnikoff, H. N. Schapiro. Part IV, Practical Pharmacy: R. Aspinall-Stivala, H. W. Barnes, E. G. P. Bousfield, C. V. Brambridge, J. C. Collins, W. H. Dye, G. A. L. Evans, A. A. Fitch, F. J. Harvey, B. Haskins, J. F. Haynes, K. Masson, G. E. Mullins, V. A. Newton, B. Sahai, R. Sinha, V. R. Smith, G. C. Williams.

* Passed in Part I only.

† Passed in Part II only.

SECOND COLLEGE.—Anatomy and Physiology: R. W. C. Ball, G. A. E. Barnes, A. Blackstock, E. J. S. Bonnett, M. V. Boucaud, C. R. Cade, J. D. M. Cardell, T. Carlyle, N. Cheua, W. B. Christopherson, W. A. Clements, C. E. Cobb, A. I. Cox, H. C. Cox, C. K. Cullen, T. Davies, C. J. G. de Silva, F. B. Dutton, T. G. Evans, D. C. Farquharson, S. Finkelstein, J. B. Flamer-Caldera, C. A. R. Goonewardene, A. G. Hewer, C. L. Hewer, R. Hilliard, M. Jackson, J. W. Jones, S. Kadinsky, A. W. Lewis, S. S. Lieberman, A. D. Lokarathan, H. O. Long, A. W. Lopes, E. K. Macdonald, T. C. McKenzie, G. Millar, D. Mintzman, W. D. Nicol, E. Nissim, A. A. Osman, W. G. Owen, E. J. Papenfus, W. A. E. Parkes, A. L. S. Payne, E. A. Pearson, R. J. Perkins, J. Peter, E. F. Rabey, E. D. T. Roberts, J. S. Rogers, S. N. Senitzky, A. G. M. Severn, B. B. Sharp, B. L. Slater, S. R. Tattersall, C. J. Thomas, N. B. Thomas, R. A. Walker, A. D. Wall, A. E. Ward, P. E. Williams, S. A. Withers, S. Wolf, S. C. Woodhouse, V. D. Wyborn, C. Young.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMMITTEE was held on January 27th, Dr. Frederick Taylor, the President, being in the chair.

Admission of Members.

The following gentlemen, having passed the requisite examination, were admitted Members of the College: Aldo Castellani, M.D. Florence, and John Lloyd Davies, M.D. Lond., L.R.C.P.

Licences.

Licences to practise physic were granted to eighty gentlemen who had passed the necessary examinations.

Diplomas in Public Health.

Conjointly with the Royal College of Surgeons of England, Diplomas in Public Health were granted to the following candidates: Ratonjee Dinshaw Dalal, L.M. and S. Bombay; Philip Hamill, M.D. Cantab.; William John Hart, M.B. Oxon.; Horace Richard Wilson, M.D., B.S. Lond.

Duties of Medical Practitioners in Cases of Criminal Abortion.

A supplementary report was received and adopted from the Censors Board upon the duties of medical practitioners in relation to cases of criminal abortion (see p. 206).

Lectures.

The President announced that he had appointed Sir Thomas Barlow, Bt., K.C.V.O., to be the Harveian Orator for 1916, and Dr. Hector W. G. Mackenzie to be the Bradshaw Lecturer. Also that the Council had nominated Dr. W. J. Howarth Medical Officer to the City of London, to the Milroy Lectureship for 1917. After some further formal business the President dissolved the committee.

Other Business.

On the recommendation of the Committee of Management, Sir Roger Manwood's Grammar School, Sandwich, and

Wellington College were recognized for instruction in chemistry and physics, and the Technical College, Swansea, in biology also. The committee also recommended that as the principle of recognizing the matriculation examination of a university without Latin had been adopted by the Royal Colleges in the case of the University of London in 1902, like recognition should be extended to the matriculation examinations of the universities of Manchester, Liverpool, Leeds, Sheffield, and Birmingham. Drs. F. J. Wethered, J. Calvert, J. Galloway, and C. Ogle were elected councillors, and Sir Francis Champneys re-elected the representative of the College on the Central Midwives Board. A resolution was adopted directing a letter of condolence to be addressed to Mrs. George Oliver on the death of her husband, who in 1904 founded and generously endowed the Oliver-Sharpey lecture.

Obituary.

JOHN WYLLIE, M.D., F.R.C.P.E., LL.D. EDIN.,

EMERITUS PROFESSOR OF MEDICINE AND CLINICAL MEDICINE IN
THE UNIVERSITY OF EDINBURGH.

By the death of John Wyllie, Emeritus Professor of Medicine and Clinical Medicine in the University of Edinburgh, which took place at his residence, 44, Charlotte Square, Edinburgh, early on the morning of January 25th, another notable figure has been removed from academic circles in the Scottish metropolis. In the Seventies of the past century there flourished a club known in Edinburgh as the "Round Table," a body remarkable for the high destiny of nearly all its members; the survivors of the nineteen or twenty members of these days now number only four or five, and they mourn the loss they have sustained in John Wyllie's decease. Edinburgh University drew largely upon the Round Table for its Professoriate, as the names of Sir Thomas Fraser, Crum Brown, William Rutherford, John Chiene, Alexander Dickson, and John Wyllie prove; and the extramural school had reason to be proud of many of the others, including Drs. Joseph Bell, Argyll Robertson, Angus Macdonald, Claud Muirhead, Charles E. Underhill, John Duncan, and Blair Cunynghame. Wyllie played his part nobly both in the extramural school and in the university, and did not fall behind any of his companions of the Table Round in the honour he brought to Alma Mater.

Born in Midlothian between Ratho and Gogar in 1844, sprung from a line of farmers, spending his early years at Bolton in East Lothian, educated at Edinburgh University in the early Sixties, and increasing his medical knowledge at Paris under Trousseau in 1866, Wyllie settled in Edinburgh in 1868. He had already made his mark with a gold medal for his M.D. thesis, with a double residentship (surgical and medical in the Edinburgh Royal Infirmary), with the senior presidentship of the Royal Medical Society (that sure index of the esteem and admiration of contemporaries in Edinburgh), and with two years as house-physician to the General Hospital, Birmingham; he had further fitted himself for the understanding of the view-point of the country practitioner by acting as a locumtenent once at least for Dr. Anderson of Selkirk. He was elected to the Fellowship of the Royal College of Physicians in 1870, and from that year he continued to teach until his retirement from the chair of medicine in the close of 1914. At first his subject was pathology (1870-78), then medicine (1878-82), then clinical medicine in the extramural wards of the Royal Infirmary (during his fifteen years' tenure of office there, 1882-97), then fevers at the Colinton City Hospital (1897-99), then clinical medicine in the university wards (in place of Professor Fraser, absent in India on the Plague Commission) in 1898-99; and, finally, on the death of Professor Sir Thomas Grainger Stewart, practice of physic in the university for fifteen years (1900-14).

But there was much more packed into these years than teaching, although it is perhaps as a teacher—a clear, concise, fully equipped, and stimulating teacher—that Professor Wyllie will be best remembered; and it was a fortunate thing that through his appointment as professor in the university he had again the wards of the Royal Infirmary thrown open to him for clinical teaching also. Yet there were important duties performed by Professor Wyllie outside of the hours devoted to teaching. Thus, for two years (1875-77) he acted as pathologist to the Royal Infirmary, and was succeeded in that office by the

late Professor D. J. Hamilton. For some six years he was a physician to the New Town Dispensary. For ten years (1878-88) he was honorary secretary to the Royal College of Physicians, and he discharged the duties of examiner in clinical medicine and in medicine for the university for a considerable number of years. Then there was the literary side of his achievement. Of the direction which this was to take an early indication was found in the subject he chose for his graduation thesis—namely, the physiology of the larynx—and he was never unfaithful to his first love. It is not surprising, therefore, to find him supplementing his winter series of lectures on practice of medicine by a summer course of instruction in laryngology and allied practical matters. Then, as time went on, he accumulated a vast amount of material bearing on the subject of the voice and its disorders and anomalies; and, finally, he began in 1891 to publish a long series of papers on the disorders of speech, a series which under that name appeared as a separate volume in 1894. These articles ran through three volumes of the *Edinburgh Medical Journal*, one being printed in almost every monthly part, and up to the very last one Dr. Wyllie retained the keen interest of his readers. It has sometimes been said that he was a man of one book; and whilst in a sense this is true (for his other contributions to medical literature had not the high note of distinction which his papers on the disorders of speech possessed), yet it must be added that it was a very great book, and left unsaid very little that was worth saying on the subject of the voice.

Professor Wyllie was emphatically a kindly man—kindly to his colleagues, to his students, to his patients, and to the younger doctors who used to consult him so often. The thoroughness he always exhibited with patients will be remembered; the notebook, the detailed questioning as to symptoms, the painstaking physical examination, the reasoned diagnosis and the sane prognosis, and the suggestive and rich therapeutics, were all of them incidents and features of consultations which were never without real and lasting benefit. The kindness was mixed with a trace of shyness and reserve, but when once this was broken down, as was always possible, by a well-chosen reference to his favourite study in medicine or to photography (his absorbing hobby) or to fishing (his loved recreation), no one spoke more brightly and attractively. He was perhaps at his best conversationally when he was led to describe his rambles through little known parts of Europe with his camera and his fishing-rod. Yet it was not given to all who knew him to know him intimately, and to his shyness must in all probability be ascribed the degree of surprise which some of the profession felt when his election to the chair of medicine in the university was announced. Professor Wyllie never married.

The funeral, from Charlotte Square, Edinburgh, to Bolton in East Lothian (where Wyllie spent his childhood), took place on January 28th, and was largely attended by representatives of the University, of the Royal Infirmary, of the Royal Colleges of Physicians and Surgeons, and by many personal friends.

Sir JAMES AFFLECK, an old friend, writes: The death of Professor Wyllie means to many, and especially to those of his friends who have gone through professional life with him, a great cutting off. Dr. Wyllie's was a life devoted throughout with singleness of purpose to the cultivation of the science and art of medicine, with the view of making his acquirements available to those brought under his influence. For it was largely upon his work as a teacher that Dr. Wyllie's reputation rested. Gifted with the power of lucid exposition, happy expression, and apt illustration, his teaching, alike in the lecture room and the hospital wards, was of the kind to impress in an especial manner junior students, and to lay a sound foundation upon which their subsequent knowledge might be built. A large part of his time and strength was devoted to clinical teaching in the wards. An earnest student and worker himself, he demanded a high standard of diligent effort from his pupils, and slackness or irregularity in attendance would not be tolerated. As an examiner he was eminently fair and kindly, yet none knew better than he how to detect the man who had "ground up" for the occasion, and to deal with him accordingly. Living through a period which embraced the views and methods

on March 26th, and destruction of Tamai, two clasps; Chitral, 1895, with the relief force, medal with clasp; and the Nile expedition of 1898, when he was mentioned in dispatches, *London Gazette*, December 9th, 1898, and received both the British and the Khedive's medals.

DR. JAMES CLARKE WHITE, one of the most distinguished physicians of Boston, who died on January 6th, was born at Belfast, Maine, in 1833. He was educated at Harvard. After graduating M.D. in 1856 he studied dermatology at Vienna, and on his return to America acquired a great reputation as a dermatologist. From 1863 to 1866 he was editor of the *Boston Medical and Surgical Journal*, to which he continued to contribute till within a few weeks of his death. He was a man of considerable literary gifts and of the highest integrity.

MRS. GRANT, who with her husband, the Rev. A. C. Grant, went down in the *Persia*, was a daughter of Ex-Lord Provost Maitland of Aberdeen. As Miss Christian Davidson Maitland she graduated B.Sc. at Aberdeen in 1908, afterwards proceeding to Edinburgh, where she took the degrees of M.B., Ch.B. in 1911. After serving for a time on the staff of the Aberdeen Hospital for Sick Children, she went to India in 1912 as a medical missionary of the United Free Church, and worked in Rajputana, where she rendered valuable service. There she met Mr. Grant, a missionary, to whom she was married in Aberdeen last November. The young couple were returning to their sphere of duty in India when they met their tragic fate.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Meslier, formerly a representative of the Seine department in the Chamber of Deputies, aged 47; Dr. A. Millard, physician to the Beaujon Hospital, and for many years one of the leading clinical teachers in Paris, aged 85; and Dr. Thomas Miller, lecturer on anatomy and diseases of children in Howard University, Washington, aged 58.

Public Health

AND

POOR LAW MEDICAL SERVICES.

SCOTTISH POOR LAW MEDICAL OFFICERS' ASSOCIATION.

THE annual meeting of the Scottish Poor Law Medical Officers' Association was held at St. Enoch's Hotel, Glasgow, on January 28th. The report for 1915 showed that during that year the number of vacant appointments was greater than usual owing to the fact that so many medical officers had accepted commissions in the Royal Army Medical Corps. Many of those vacancies had not been filled up owing to the scarcity of medical men eligible for civilian practice. It was pointed out that if many more medical officers were withdrawn from country districts a very serious question would arise as to how the medical necessities of the people were to be met. During the year serious friction took place between one parish council and its medical officer; ultimately the matter was settled by the resignation of the medical officer. In no case did the secretary require to warn applicants, as each one of the vacancies was quite legitimate. The Insurance Act appeared generally to have been of considerable benefit to the medical officers in outlying districts, particularly in the Highlands and Islands. The regulations of the Medical Service Board (Highlands and Islands), under which the medical officers would in future have to work, were issued in August last. A considerable amount of irritation was caused amongst some of the medical officers by certain of the regulations, which were considered to be too onerous, requiring a great deal of book-keeping, etc. The Board had tried to meet any reasonable objections, and it was hoped that the working of the regulations would not be so troublesome as some medical officers feared. The opinion was expressed that the Act must result in great benefit, not only to the general public, but also to the medical officers, in that portion of Scotland to which it applied. The death of Dr. Gilbert Campbell, who presided over the association for many years, was announced with deep regret. The financial statement presented by the treasurer, Dr. F. Stewart Campbell, 19, Westercraigs, Glasgow, showed a balance in hand. It was decided that this should be put into an Exchequer bond. The report was adopted. Dr. S. Prince Clark, Glasgow, was elected president.

Medical News.

PROFESSOR SHERRINGTON has been elected a foreign member of the Imperial Academy of Sciences, Petrograd.

AT the meeting of the Liverpool Institution on January 27th a resolution was adopted congratulating Captain Noel G. Chavasse, R.A.M.C.(T.), 10th (Scottish) Battalion, King's Liverpool Regiment, on having received the Military Cross.

ON January 8th Surgeon-General William C. Gorgas was presented with the gold medal of the Geographical Society of Chicago. After the presentation he delivered an address on sanitation in its relation to geography.

ALDERMAN W. E. ST. L. FINNY, M.D., M.Ch., J.P., of Kingston-upon-Thames, has been called to the Bar at the Inner Temple.

THE many friends and old pupils of Sir Thomas Fraser will have seen with regret the announcement of the death of his son, Mr. H. C. Fraser, B.Sc., who was acting as a civil engineer at the Rosyth naval base. Sir Thomas Fraser lost another son in the navy earlier in the war.

SOME idea of the decrease in the production of medical books caused by the war may be gathered from the annual report of the library committee of the New York Academy of Medicine issued on January 1st. It is there stated that whereas 704 French and German publications were received during 1913, the number in 1915 was only 435.

ACCORDING to a telegram from Berne in the *Morning Post*, an appeal, signed by 246 German and Austrian scientists, has been made to the public not to cease to subscribe to scientific periodicals. Such periodicals, the memorialists state, are indispensable to scientific progress. Medical periodicals from Germany and Austria appear to have ceased to reach this country.

THE museum of the Royal College of Surgeons of England has been closed since June last, the motive being the desire to safeguard the collection from destruction during air raids. All spirit preparations and some of the more valuable of the others are now stowed in the basement, but those who desire to study any particular specimen will be permitted to do so. The conservator, Dr. Keith, is still in attendance, and anatomical and other scientific work is carried on in the workrooms of the college.

THE National Food Reform Association (178, St. Stephen's House, Westminster) held 450 demonstration-lectures and meetings for practical instructions in housekeeping during 1915. It is now arranging for about twenty demonstrations a week, and the experience of last year leads to the confident anticipation that they will be well attended by women of all classes—wage-earners, mistresses of small households, and social workers—who are anxious for lessons in economy with increased efficiency. An appeal for funds to carry on the work, both by way of demonstrations and leaflets, is signed by, among others, Sir Lauder Brunton, Dr. Robert Hutchison, and Professor Sims Woodhead.

AT the monthly meeting of the Medical Sickness and Accident Society on January 21st it was reported that the sickness claims for December were up to the expectation, though for the whole year they were below, notwithstanding the large sum paid to members invalided home from active service. The proposals for increased sickness benefit from existing members continued to show good returns. The society still accepts officers of the R.A.M.C. for limited amounts in sickness benefit and life assurance without extra premium. It was resolved to form an investment reserve fund to meet the depreciation in stock values. Full particulars and forms of application can be obtained from the secretary, Medical Sickness and Accident Society, 300, High Holborn, London, W.C.

DR. SUZUKI, Fleet Surgeon in the Imperial Japanese Navy, after careful anatomical and microscopical researches, states (*Surgery, Gynaecology, and Obstetrics*, December, 1915) that the oxyuris may be harboured in the lumen and also in the mucosa and submucosa of the appendix without causing any symptoms or producing any noteworthy anatomical changes, but contends at the same time that there is a genuine appendicitis oxyurica. It is developed when the parasites have penetrated the wall of the appendix in large numbers, leaving a breach of tissue offering a portal of entry to the infecting agent. He met with one such case among 103 appendices removed by operation. In three other cases a non-inflammatory yet painful morbid condition of the appendix, accompanied by traumatic destruction of the tissue and evidence of haemorrhage, were observed.