

Not being able to obtain Witte peptone, that of Armour was used. Other kinds may be as efficacious, but it is necessary to remember that the various brands of peptone on the market may differ considerably in composition and thus affect the results. To begin with, $\frac{3}{4}$ gram of peptone dissolved in about 5 c.cm. distilled water at blood heat is injected at an interval of three or four days during the first week. The next week two injections, each of $\frac{3}{4}$ gram, are similarly given, and in the third week two injections of 1 gram in 7 to 10 c.cm. water. In certain cases this may be sufficient; severer cases may require 1 gram weekly or bi-weekly for three weeks more. No apparent constitutional reaction follows, and, properly carried out, there should be little or no local reaction.

In the limited number of cases tried the results have surpassed expectation. In several cases of moderate asthma the symptoms have become perfectly quiescent, while others have greatly benefited. In one case three months have elapsed without any recurrence. Sometimes the effect is very rapid, the patient experiencing relief after one injection. Where attacks of great severity occurred every two or three months, a few weeks' treatment beforehand has caused the attack to abort. I hope to submit further details in a future communication.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, 1908, vol. ii. ² Journ. Amer. Med. Assoc., vol. liii, 1909, p. 453. ³ Journ. Pharm. and Exp. Therap., vol. iv, 1912, p. 167. ⁴ Wien. klin. Woch., No. 11.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE CAUSE OF DEATH IN ACUTE
PNEUMONIA.

WHAT is the cause of death in acute pneumonia? This is a question I have often asked, and the usual reply is—"toxaemia" (that is, the effects of toxaemia).

I have often wondered why all symptoms suddenly disappear, respirations, pulse, and temperature become normal, whilst for a time the physical signs continue more or less the same. On asking why the symptoms disappear the reply is that the "toxaemia" is overcome.

The fact that the consolidation is still present after all symptoms have disappeared, and the sudden appearance of symptoms before the physical signs, seems to show clearly that the rapidity of respiration, etc., is not due to the local condition. The increased action of the heart in the early stage must be due, like the respiratory change, to stimulation of the nerve centres controlling these organs.

The question, How are these centres "stimulated"? suggests itself, and the answer again is, through "toxaemia"; then to narrow the subject further one asks, through what channel? The answer does not appear so easy, for the channel of the "toxaemia," general or local, must be discovered, since upon that answer, it seems to me, treatment greatly depends.

Are all these symptoms which suddenly disappear, leaving the local physical signs still present, due to a sudden neutralizing of the pneumococcus toxins (this seems improbable), or are they due to something else, and if so, what? Is it cessation of absorption due to sudden decrease of intraspinal pressure?

In the old books on the treatment of pneumonia bleeding was often advocated, to be frequently repeated, with the result that the patient often died. May not the underlying motive for the bleeding, however, have been to reduce pressure with the object of preventing exudation? And though the means of attaining the object aimed at appear to have been ineffective, the amelioration of symptoms which followed for a time was probably due to a temporary diminution of absorption of toxins, possibly through diminished intraspinal pressure.

Physicians of the last generation were certainly, as observers of clinical symptoms, equal to the present ones, allowing for the absence of to-day's scientific knowledge; and though they were often wrong, there was generally a substratum of truth to their procedures, and bleeding in acute pneumonia may be an illustration of a practical truth.

If the symptoms are due to a poisoning of the nerve centre, it may be assumed, reasoning by analogy as in the case of spinal meningitis, that the toxin is absorbed from the spinal canal, probably under pressure, as in that disease. If it is absorbed from the spinal canal under pressure, then decrease of pressure would lead to decrease of absorption and gradual or more or less sudden disappearance of the symptoms.

If decrease of pressure leads to such a desirable result, why not adopt the method of tapping the theca as in the treatment of spinal meningitis, and by so doing follow a rational method of treatment? It could do no harm. No surgeon would rely upon using autogenous vaccine made from the organisms of a septic abscess without draining the abscess and so preventing fresh supplies reaching the economy. Clearly the indication is to prevent absorption as far as possible, and nature will do the rest.

If the poison is, as I am inclined to think, absorbed by the nerve centres under pressure, thus producing the symptoms, then draining these centres through the spinal canal seems to me rational treatment; more especially because it is known that intraspinal pressure is frequently, if not always, increased in acute pneumonia, and because meningitis is, I believe, found in a very large percentage of fatal cases.

H. V. DREW, F.R.C.S.,

Tidworth Military Hospital.

Captain R.A.M.C.

ATROPINE IN EYE WORK.

THE case reported below illustrates one of the many bad tricks atropine is apt to play in eye work. No one will condemn this very valuable drug on account of its tricks, but we must bear them in mind when using it. Perhaps more mischief arises from its use in unsuspected high tension than from anything else. Again, all are familiar with its habit of causing irritation of the conjunctiva with oedema (usually in unhealthy eyes, as witness its association with sympathetic ophthalmia). Further, not long ago I ordered the ointment of atropine sulphate (B.P.) for insertion into the conjunctival sac of a child aged about 6 years, preparatory to estimation of the error of refraction. Within two hours of the first application and early in the day, the child fell into a deep, almost comatose, sleep, lasting nearly twenty-four hours. Again, there are cases of prolonged paralysis of accommodation after atropine, and at least one instance of lasting paralysis has been brought to my notice. In cataract extractions the mere use of one drop of liquor atropinae sulphatis will sometimes evoke an attack of temporary maniacal insanity.

The special case I wish to record, however, is that of an alarming change in cardiac and respiratory action which came over the patient twelve hours after such a drop had been used after extraction.

The patient was aged 71 years, and very nervous. About twelve hours after the operation, having felt sick and faint for some time, she complained of difficulty in swallowing, and became dyspnoeic. She was very pallid and cold. The front of the neck was swollen and puffy, especially on the side of the eye operated on. The other pupil was wide and reacted feebly. The pulse was 90, scarcely perceptible, and a little irregular. The breathing was of the Cheyne-Stokes type with short rest intervals. The patient was collapsed and gave every appearance of dying. Speech was feeble and indistinct, and swallowing almost impossible. Strychnine was administered hypodermically, gr. $\frac{1}{10}$, together with the usual remedies for collapse. Fortunately within an hour the breathing improved with the pulse, and the patient gradually recovered. Morphine, whether rightly or wrongly, was not given on account of the respiratory condition.

HORATIO MATTHEWS, M.D.,

Honorary Ophthalmic Surgeon to the Eastbourne Eye Infirmary.

AFTER-HISTORY OF THREE CASES OF
INTESTINAL OBSTRUCTION.

CASE I was a woman of 40, who refused operation till late, with gangrenous intussusception and polypus. Resection performed and lateral anastomosis with third size Murphy's button, owing to contracted state of distal gut. This woman died five years later at an asylum, of meningitis. A *post-mortem* examination was unfortunately refused. During the five years she had no signs or symptoms of stricture.

Case II was a woman of 38, who also refused operation till late, with gangrenous femoral hernia. Resection was performed and end-to-end union with third size of Murphy's button; no larger size could be used. Up to the present date this case shows no sign of stricture.

Case III was a woman of 76, with strangulated femoral hernia. At operation a knuckle of gut was found, black, shiny, and filled out; it was freed and returned just short of the abdomen; it perforated on the fifth day, the fistula remaining open for three weeks and causing much excoriation and discomfort. The woman has had no trouble since and is now 81 years old.

Authorities have established that stitching should be done whenever possible, and in skilled hands it is reasonably rapid. In Cases I and II resection was done rapidly, and was thought to be the only chance of recovery. The Murphy's button gave no trouble, immediate or remote.

R. V. DE ACTON REDWOOD, M.R.C.S.

Rhymney Cottage Hospital.

Reviews.

THE STUDY OF SOCIAL PHENOMENA.

DR. JAMESON B. HURRY has followed up the line of thought he opened in his well-known work on *Vicious Circles in Disease* by a book on *Vicious Circles in Sociology*.¹ His hope is to be of assistance to reformers "by emphasizing the importance of analysing social problems into their constituent factors, and thus facilitating the discovery of the *locus minoris resistentiae*." At this point above all remedial measures can be applied with prospects of breaking up the morbid sequence, so that "the hound which had turned to hunt its own tail will once more follow the scent." Thus the vicious circle of poverty, impaired health, low wages, may in some cases be straightened out by a timely holiday; that of crime, loss of situation, indigence, by provision of suitable employment, and so forth. The visualization of the morbid process as well as of the suggested method of cure is facilitated by explanatory diagrams, and the little book seems more worthy of study than many much longer and more pretentious volumes.

A book which may be mentioned along with this, though it was published some time ago, is Professor BOWLEY's work on the *Nature and Purpose of the Measurement of Social Phenomena*,² founded on a course of lectures given in the Faculty of Economics at London University in 1914. Its appeal to the general public is likely to be limited, but it deserves the careful attention of social workers and investigators. In the whole sphere of science there is probably no subject so rife with ambiguities of definition and other pitfalls for the unwary as modern statistical sociology. Regarding society as an organic whole, the statistician endeavours to give a quantitative description of all its parts, in the first place as a contribution to pure science, and secondly, with a view to the modification of unsatisfactory conditions in conformity with some social ideal. "On the one side, measurement should result in accurate and comprehensible description that makes possible the visualization of complex phenomena; on the other, it is necessary to the practical reformer that he may know the magnitude of the problem before him." The scope of the book can best be briefly indicated by the following list of main headings: The nation or society; relation of persons to areas; classification, industrial, by degree of dependence, by social position; classification by order, by incomes, individual family, nature of family income; production and consumption; the standard of living, conventional, minimum, the poverty line. Having analysed the available methods of classifying the individuals and families of a society as previously defined, the author shows how families typical of classes or occupying a numerically defined position in the economic scale are to be identified. In his last chapter he deals with economic

progress, of which he considers there is no better test than that which shows what proportion of a nation are in poverty.

PHYSIOLOGY.

MEDICAL students engaged in the study of physiology are particularly well supplied with textbooks at the present time. No better or more interesting introduction to the whole subject than the *Principles of General Physiology* by Professor Bayliss can be imagined—a book combining depth of knowledge with wideness of vision in an unusual degree. In the same way Professor Starling's *Principles of Human Physiology* offers its readers a thoroughly clear and sound account of the subject written by one who has a first-hand knowledge of many branches of the science. Both these are books that will take the medical student as far as he may hope to go in the acquisition of his knowledge of physiology, and further than most examiners are likely to wish to take him.

We have before us a third excellent volume, the second edition of the *Essentials of Physiology*,³ by Professor BAINBRIDGE and Dr. MENZIES, that sets out in a much smaller compass the main facts required by candidates for examinations in the subject. The book contains fifteen chapters, and by strict attention to business the authors have succeeded in covering the whole ground in a satisfactory manner. The text is clearly written, and its comprehension is aided by a large number of well chosen pictures and diagrams. It would perhaps be better if the magnifications at which some of the reproductions of microscopic pictures have been made were inserted, and in the descriptions of Figs. 10 and 11 the word "electromagnets" should read "poles of the electro-magnet"; on page 30, line 2, the word "magnet" should read "pole." The book is well got up and printed, and may be recommended to medical students as a sound and trustworthy short textbook of physiology.

NOTES ON BOOKS.

A MOST sumptuous book on surgical bandaging is that published by Dr. WHITING of Philadelphia.⁴ It is the outcome of a class held by the author in the University of Philadelphia, and has the consequent advantage of being thoroughly practical. It is intended for beginners, and accordingly the author has attempted to follow the course of each bandage in detail, so that the student, when studying the turns in the absence of a teacher, may not make false ones which must be corrected later. The book is full of excellent reproductions of photographs taken from life. The author had the edges of his bandages blackened so that the lines of the turns show up perfectly in the half-tone reproductions. The success of the method is undoubted, and far more effective than the usual diagrams. On one point the reader must be wary: the author states that the art of bandaging has deteriorated from the too prevalent use of the gauze roller, and strongly recommends that muslin be used by all beginners. Muslin in England is a very flimsy tissue, and it is evident from the illustrations that some stout material is intended; we understand that what the Americans designate as "unbleached calico" is known in this country as "unbleached calico."

A Textbook of Histology,⁵ by Mr. H. E. JORDAN, of the University of Virginia, and Dr. J. S. FERGUSON, of Cornell University, is a sound and conservative exposition of the subject that contains all the medical student needs to know about it. Some of the illustrations are excellent; others, however, including most of the photomicrographs, leave much to be desired, a fault for which neither the paper nor the printer can be blamed.

*How to take Care of Your Teeth*⁶ is a short and well written little book specially addressed to soldiers and

¹ *Vicious Circles in Sociology and Their Treatment*. By J. B. Hurry, M.A., M.D. Cantab. London: J. and A. Churchill. 1915. (Demy 8vo, pp. 34; 2 plates. 2s. net.)

² *The Nature and Purpose of the Measurement of Social Phenomena*. By A. L. Bowley, Sc.D. London: P. S. King and Sons. 1915. (Cr. 8vo, pp. 249. 3s. 6d. net.)

³ *Essentials of Physiology*. By F. A. Bainbridge, M.A., M.D. Cantab., D.Sc. Lond., F.R.C.P., and J. Ackworth Menzies, M.A. Dunelm., M.D. Edin. Second edition. London: Longmans, Green and Co. 1916. (Demy 8vo, pp. 486; 173 figures. 12s. 6d. net.)

⁴ *Bandaging*. By A. D. Whiting, M.D. Philadelphia and London: W. B. Saunders Co. 1916. (Post 8vo, pp. 151. 6s. net.)

⁵ *A Textbook of Histology*. By Harvey Ernest Jordan, A.M., Ph.D., and Jeremiah S. Ferguson, M.Sc., M.D. London and New York: D. Appleton and Co. 1916. (Demy 8vo, pp. 837; 594 illustrations in text and 4 plates. 15s. net.)

⁶ *How to take Care of Your Teeth*. With a chapter on the Care of the Feet. Specially written for soldiers and sailors by H. E. Sykes-Brown; foreword by J. Sim Wallace, D.Sc., M.D., L.D.S. Soldiers' Handbook Series. London: Forster Groom and Co., Ltd. (Cr. 16mo, pp. 73. 1s. net.)

chloride, strong enough for bactericidal action, but not strong enough to cause much irritation.

As regards the efficacy of these prophylactic measures (a better term would perhaps be "abortive") it is a mistake to place too much reliance on them in actual practice, at any rate in the case of syphilis, for the point of inoculation is not known as it is in experimental inoculation. It is obvious that mercurial ointment applied to the penis will not prevent the development of a chancre of the lip. However, as the great majority of chancres occur on the penis, such measures are certainly worth trying.

Some correspondents appear to have an exaggerated idea of the value of these preventive measures, Mr. Hugh Elliot, for example, referring to them as "the means of preventing and abolishing syphilis."² Metchnikoff's ointment was introduced more than ten years ago, yet the pale spirochaete still pursues its evil course. It is well that the public should understand that, although the incidence of syphilis may be appreciably diminished by the widespread use of these local applications, it is Utopian to imagine that they will abolish syphilis from the face of the earth.—I am, etc.,

C. F. MARSHALL.

Military Hospital, Prees Heath, April 17th.

CHILD MORTALITY.

SIR,—At no time in the history of the British empire has the value of infant life as an asset of the State risen to the height that it is now doing, chiefly on account of the ravages of this dastardly war, mendaciously and stealthily provoked, but partly also on account of our steadily and regretfully declining birth-rate, a declension which has been in evidence for nearly a quarter of a century, and which is quite independent of our war conditions.

It is, of course, not feasible for the State to cause an increase in infant life, but it nevertheless can do much, and it is its bounden duty to do everything possible to preserve infant life with which it is presented.

In the JOURNAL of April 21st, in your leading article dealing with the recent report on child mortality emanating from the Local Government Board, you make pointed reference to the high hopes entertained by that Board of effecting a speedy and mighty reduction in our present lamentable infant mortality. Those hopes are expressed in the following terms: "In every area a very high proportion of the total present mortality could be obviated, and it is well within the range of administrative action to reduce the child mortality within the next few years to one half of its present amount." All who scan carefully the recent circulars and memoranda issued by the Local Government Board to local authorities on the question of child welfare must be extremely sceptical of the great results which are likely to be attained through the "administrative action" therein portrayed, and will readily subscribe to your statement that "there is, we fear, hardly a remote probability that anything like this saving of 70,000 children a year will be effected within the next few years." In the closing sentence of your article you very pithily remark, "even the measures that are now advocated and supported by grants are in many respects little more than tinkering with the problem," and this undoubtedly is the true position of affairs.—I am, etc.,

London, W., April 23rd. JAMES OLIVER, M.D., F.R.S.Edin.

GLYCERINE IN DISPENSING.

SIR,—When a chemist is asked to dispense a prescription containing an ingredient which he has not and cannot obtain, his duty, far from not being clear, is clearness itself, and no amount of economic conditions obscures it. He should inform the patient or the prescriber, or both, that the prescription cannot be dispensed for the reason stated; of course, in the case of an error in the prescription, the prescriber only should be informed.

In view of the fact that recently an insurance committee seriously made the preposterous suggestion that chemists should be instructed to omit glycerine and its preparations from prescriptions containing them, it may be well to point out that the chemist would be liable to an action at law for so tampering with a prescription, and a defence based on the committee's "instruction" would no more avail than

a defence of pocket-picking or assault on the same ground.

Doctors are aware of the shortage of glycerine, and that it has practically no medicinal value, so that if they are so foolish and inconsiderate as to go on prescribing it, the way to bring them to reason will be the returning of the prescription, when the delay and the extra trouble of again seeing the patient and altering the prescription will probably be effectual. As a matter of fact there is very little glycerine or its preparations being prescribed at present, as an examination of the panel prescriptions sent in demonstrates.

In any case it cannot be too widely known that no one but the prescriber can authorize a dispenser to alter a prescription, and if without such authority a dispenser interferes with the formula he may find himself in a very unpleasant predicament. He certainly will if I am the prescriber.—I am, etc.,

London, S.E., April 29th.

C. H. PRING.

** With regard to the use of glycerine substitutes, Messrs. Squire and Sons, Ltd., inform us that they have recently examined two glycerine substitutes now on the market. One consisted of a solution of glucose about the same specific gravity as simple syrup, and the other of mucilage of tragacanth preserved with chloroform water. Glycerine is used in prescriptions (apart from its sweetening effect) partly to give viscosity, so that the solution shall cling to the mucous surfaces, and in lotions to prevent them drying too quickly. Either of the substitutes examined would give viscosity and would also retard evaporation, but the final effect on the skin would be very different. Glycerine is also used as a solvent and as a preservative, and for both these purposes could only be replaced by alcohol. Glycerine has also an osmotic effect as in cataplasma kaolini (U.S.P.), and cannot in this respect be replaced by any known substitute.

THE OLDEST AGE OF PARTURITION.

SIR,—The following case may be of interest to your readers. M. H., born March 10th, 1846, in the parish of B., and certified by Mr. Thomas Roberts, superintendent registrar, for the purpose of old age pension, which certificate I saw to-day, has had nine children; four are living; the youngest was born October 19th, 1895. He is in good health, and 5 ft. 11½ in. in height, but failed to pass into the army. The mother of M. H. died at the age of 98. M. H. is hale and hearty. Her husband died about twelve years ago of pneumonia; he had small-pox in his younger days. He was of moderate build and size.

M. H. was therefore 49 years and 7 months old when her youngest child was born. She ceased to menstruate at the age of 54.—I am, etc.,

Penygroes, N. Wales, April 3rd.

R. OWEN,
District Medical Officer.

Universities and Colleges.

UNIVERSITY OF GLASGOW.

THE Arnott prize of £25 in physiological physics has been awarded to Mr. John Kirk, M.A., B.Sc., and the Bellahouston gold medal for eminent merit in the thesis for M.D. to Dr. Thomas Walmsley. The George Roger Muirhead prize of £2 5s. for chemistry has been won by Messrs. J. Shulman and J. Wilson, who were equal; Mr. W. Napier has been awarded the special prize in laryngology and rhinology.

UNIVERSITY OF EDINBURGH.

THE Business Committee presented a report to the meeting of the General Council of the University of Edinburgh on May 2nd, recommending draft ordinances for the foundation of chairs of French and of Medical Chemistry. The institution of the latter chair is welcomed as a most important step towards strengthening the faculties both of medicine and science. It is recommended that the endowment of the chair should be £15,500 and the salary of the professor not less than £1,000 a year. The adoption of a draft ordinance instituting a degree in commerce was also recommended.

Interim reports were presented on the general question of the development of the university after the war. The foundation of a central research fund, to be drawn upon to aid individual researches, was advised. It would be necessary to secure co-operation between manufacturers and the universities, and a beginning, it was suggested, might be made by the university offering to attempt the solution of problems presented to it by manufacturers under conditions of confidential treatment and

² BRITISH MEDICAL JOURNAL, February 24th.

remuneration, details of which could only be determined by the circumstances of each particular case.

A subcommittee advised that the University Court should be asked to call a conference of the Royal Colleges of Physicians and Surgeons, the School of Medicine (extra-mural) of the Royal Colleges, and the Edinburgh Dental School dependent upon it, to consider the future position of the schools and their relation to the university.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.
An ordinary comitia was held at the Royal College of Physicians of London on April 26th, the President, Dr. Frederick Taylor, being in the chair.

Licentiate.

Licences to practise physic were granted to 101 candidates who had passed the required examination.

Election of Fellows.

The following gentlemen nominated by the Council were elected to the Fellowship of the College: Dr. Robert Henry Cole, Dr. David Nunes Nabarro, Dr. Henry Willoughby Gardner, Dr. John Telfer Calvert, Dr. Reginald Henry Miller, Dr. Carey Franklin Coombs, Dr. Percy Whittington Saunders, Dr. Wm. Errington Hume, Dr. Henry MacCormac, Dr. Charles Joseph Singer, Dr. Edward Palmer Pouton.

Proposed Suspension of Systematic Lectures.

The following communication from the Committee of Reference was referred to the Committee of Management for consideration and report: "That in consequence of (1) the depletion of the staffs of the hospitals and medical schools; (2) the reduction in the number of students; (3) the amount of time necessarily devoted by students in their fourth and fifth years to practical clinical work owing to the shortage of resident medical officers—the Royal Colleges of Physicians and Surgeons be requested to consider the desirability of suspending, during the period of the war, the regulations that students should attend systematic courses of lectures."

Proposed Inter-Ally Conference on Spas.

It was resolved to inform the Local Government Board that the College considers that it is advisable that His Majesty's Government should send a delegate to the proposed conference after the war, for the improvement of spas, etc., in the Entente countries, should such conference be held, and that the College would be glad, if it were desired in the future, to advise as to the selection of such a delegate.

Recognition of Schools.

On the recommendation of the Committee of Management the following institutions, already recognized for instruction in Chemistry and Physics, were recognized also for instruction in Biology: Cranleigh School; the Intermediate School, Pontypriid.

CONJOINT BOARD IN SCOTLAND.

The following candidates have passed the final examination: Mary G. Jones, R. Anstin, S. S. Barton, R. L. Bellamy, A. B. MacDougall, A. B. Black, W. Brown, N. S. Bruce, L. W. Hughes, E. G. Jones, R. G. Battersby, J. J. Mulvey, Don Adrian Jayasinghe, R. N. Barton.

Obituary.

**SIR MARC ARMAND RUFFER, C.M.G., M.A.,
M.D. OXON.,**

PRESIDENT OF THE SANITARY, MARITIME, AND QUARANTINE COUNCIL
OF EGYPT.

WE regret to record the death of Sir Armand Ruffer, the distinguished President of the Egyptian Sanitary and Quarantine Council, and one of the principal authorities on all matters relating to public health in Egypt. Marc Armand Ruffer was born in Paris in 1859, the son of Baron Alphonse Jacques de Ruffer. He was educated at Brasenose College, Oxford, where he graduated B.A. in 1883, and at University College, London. He took the degrees of M.B., Ch.B. in 1887 and proceeded to the M.D. two years later. From this time onwards he devoted a considerable share of his energies to research in bacteriology and pathology, and was a frequent contributor to these columns, scarcely a volume appearing without some record of original work from his pen.

For a time he was director of the British Institute of Preventive Medicine, which was then struggling for existence, and there is no doubt that his scientific habit of mind, wide reading, technical skill, and strong personal character, did much to lay well and truly the foundations of the Lister Institute of to-day. At that time he was well known in medical London and exercised a great influence over the men of his own generation. He was not a man of many words, but when his burly form rose and his voice, with its characteristic burr, was heard, men listened, for they knew that he would have something to say which would be based on personal experience and

knowledge of what had been done in other countries. He seemed to have a great future before him as an exponent of bacteriology and pathology in this country when, much to the surprise of the majority of his friends, he accepted in 1896 the post of professor of bacteriology in the Cairo Medical School. In 1901 he became president of the Sanitary, Maritime and Quarantine Council of Egypt, which has its head quarters at Alexandria. That post he retained until his death, discharging its duties with wisdom and success. When he first took office, and for many years afterwards, Egypt was annually threatened by epidemics of cholera, introduced by the returning pilgrims, and the prevention of the disease was the greatest problem he had to solve. It was only solved by constant vigilance, by thorough organization, and by the exercise of arts of diplomacy which those who knew Ruffer in his early days hardly supposed him to possess.

While doing this important administrative work he continued his laboratory investigations and also undertook various public duties; thus he was a member of the Indian Plague Commission, Egyptian delegate to the sanitary conferences of 1903 and 1911 in Paris, and of 1907 in Rome, and the representative of Egypt at the International Bureau of Hygiene in Paris. Other activities of a very busy life included the presidency of the Alexandria municipal delegation, and for a while the post of Commissioner to the British Red Cross Society and Order of St. John. His services to science, and to Egypt, were publicly recognized on many occasions. His foreign honours included the Grand Cross of the Medjidieh; Grand Officer of the Osmanieh; Commander of the Order of Saviour of Greece; Commander of the Order of St. Anne of Russia; the Cross of Italy; and Officer of the Legion of Honour. The C.M.G. was conferred upon him in 1905, and a knighthood in 1916. The *Times* correspondent at Cairo states that his death occurred on the way back from Salonika where he had been engaged in the reorganization of the sanitary service of the provisional government of Greece. During recent years he took an increasing interest in archaeological matters, and published a number of papers upon subjects connected with the anthropology of ancient Egypt.

HENRY HETLEY, M.D. LOND., J.P.,

UPPER NORWOOD.

WE regret to record the death on April 13th of Dr. Henry Hetley of Upper Norwood. He was born in 1851 and educated at King's College, London, and Guy's Hospital. He had a brilliant student career. He held the resident appointments at Guy's Hospital of house-physician, house-surgeon, and resident obstetric officer, after which he was house-surgeon at Leicester Infirmary and medical officer to St. Luke's and the London Fever Hospitals. In 1878 he became partner to his uncle, the late Dr. Frederic Hetley, J.P., D.L., whom later he succeeded. During his forty years of medical practice in the neighbourhood, Hetley, by his strong personality and force of character, became the recognized leader of the medical profession in the district round about the Crystal Palace. In addition to building up a great general practice, he also acted as surgeon to the Norwood Cottage Hospital for thirty-five years, keeping abreast of the developments of surgery during that period.

In the medical activities of the district he always played a prominent part. He was the leading spirit in the Sydenham District Medical Society, in which he held office first as secretary and later as treasurer for a period of thirty-four years, and to his firmness and kindly wisdom the society largely owes its traditions, which have made it both successful and powerful. For many years also Hetley did good and useful work for the British Medical Association, holding the positions of chairman of the old Norwood Division and also of president of the South-Eastern Branch. His presidential address at the annual meeting of the latter upon some of the amenities of general practice will long be remembered by those present for its pungent wit and genial sarcasm.

The Surrey Benevolent Society is also greatly indebted to Hetley for his valuable services as treasurer for some years past. But his abundant energies were not exhausted by his medical work, public and private. His shrewd knowledge of men and kindly sympathy soon gave him a leading position on the Croydon Bench. Moreover, on the outbreak of war he threw himself with all his old energy into every useful movement organized in Croydon or

Upper Norwood, and when the Croydon War Hospital was opened he was appointed senior physician at the Davidson Road Division. Such additional strenuous work was too much for him; early in the year he had a severe attack of influenza and bronchitis, and later when a dangerous internal malady was discovered he failed to recover from the necessary radical operation. His loss is deeply felt not only by his immediate circle of friends but also by the poor of the neighbourhood, to whom he freely gave his services at all times.

THE death of Dr. L. K. H. HACKMAN, of Portsmouth, announced in the JOURNAL of April 7th, was due, we have since learnt, to epidemic cerebro-spinal meningitis, no doubt contracted in the discharge of his duties as a civil medical practitioner attending military patients at the Reception Hospital and elsewhere. Dr. Leon, of Portsmouth, died nearly a year ago of the same disease, contracted apparently in the same way. Dr. Hackman became honorary secretary of the Portsmouth Division on the death of Dr. Mumby, but before that he had been for many years a constant attendant at meetings, and an active participant in every measure calculated to benefit the profession. This was especially illustrated by his work in connexion with the Insurance Act, which gave such satisfaction to his medical brethren that they raised a testimonial and presented him with a flower bowl and a cheque. On more than one occasion he represented the Division on the Representative Body; he also served on the Panel Committee and the Medical Service Subcommittee, and was the secretary of the local Medical War Committee. He served also on the Branch Council both as one of the Portsmouth elected representatives and as an *ex officio* member, by virtue of his holding the office of honorary secretary of the Division; Dr. Bodington, now president of the Branch, writes: "He always impressed me with his special knowledge of official affairs; he will be a great loss to the British Medical Association, apart from the personal loss to his many friends." He had the happiest of home lives; he had thirteen children, of whom ten reached adolescence; nine of them were boys, and six joined the army when war broke out. One was reported missing after Neuve Chapelle and was never again heard of; but his father bore this great sorrow with characteristic courage, and worked even more devotedly than ever. The funeral took place on March 26th, when over fifty medical men of the town and district, military and civil, were present. Dr. Ward Cousins, the senior member of the profession in the district, was prevented from attending by slight indisposition. The funeral was also attended by representatives of the St. John Ambulance, of the Philharmonic Society, of the Parish Church, and of the Ruridecanal Society, with all of which Dr. Hackman was connected.

DR. CHARLES S. BRADDOCK, who died at Haddonfield, New Jersey, on March 25th, at the age of 53, was born in 1863 and took his degree at the Jefferson Medical College in 1896. He served in a cruiser in the Spanish-American war, and afterwards practised for some years in his native place. In 1901 he was appointed chief medical inspector of the Royal Siamese Government and fought indefatigably for the sanitary betterment of that kingdom. One of his last acts in Siam was to draw up the code of health laws now in force there.

The Services.

INDIAN MEDICAL SERVICE.

THE Secretary of State for India again gives notice that applications for appointment by nomination to the Indian Medical Service should be addressed to the Military Department, India Office, Whitehall, S.W.1. Applicants must be over 21 and under 32 years of age; the appointments are made on the recommendation of a Selection Committee.

EXCHANGE.

Temporary Captain R.A.M.C., age 27, desires to exchange with Temporary Surgeon, R.N.—Address No. 1450, BRITISH MEDICAL JOURNAL Office, 429, Strand.

Medical News.

A STATUE of Berthelot, the great organic chemist and the founder of thermo-chemistry, will be unveiled this month in the gardens of the Collège de France. He did much of his work in the laboratories of the college.

THE Sydney Ringer biennial memorial lecture will be delivered on Friday, May 25th, in the lecture theatre of University College Hospital Medical School at 4 p.m., by Professor A. R. Cushny. The subject is digitalis and auricular fibrillation.

A QUARTERLY meeting of the Medico-Psychological Association of Great Britain and Ireland will be held on Tuesday, May 15th, at 11, Chandos Street, Cavendish Square, at 3 p.m., when Dr. R. H. Steen will read a paper on hallucinations in the sane.

THE Home Secretary has extended the permission to persons bona fide engaged in the practice of dentistry, but not registered, to purchase preparations containing not more than 1 per cent. of cocaine for use as local anaesthetics in dental work until July 31st next.

A REUTER telegram from Petrograd states that a conference of delegates of medical officers of the army and navy has adopted a resolution in favour of the immediate mobilization of doctors of both sexes to meet the needs of the army and the country.

THE Army Council has notified its intention to take possession of all stocks of quinine, phenacetin, and formaldehyde. The order will not apply to firms holding stocks of less than 100 oz. of quinine sulphate, or 25 oz. of quinine bisulphate, quinine hydrochloride, or quinine bi-hydrochloride, or 7 lb. of phenacetin, or 10 gallons of formaldehyde solution 40 per cent. Pending receipt of instructions firms may deal with the quantities of their stocks mentioned above.

A RECEPTION by the President and Council of the West London Medico-Chirurgical Society will be held at the West London Hospital, on Wednesday, May 23rd, at 8.30 p.m. A musical entertainment will be provided, and the West London Medal will be presented to Fleet Surgeon Francis Bolster, M.D., and Major Harold Edgar Priestly, R.A.M.C., for exceptional heroism in the discharge of medical duties. Applications for tickets, price 5s. each, should be addressed to Dr. Reginald Morton, 66, Harley Street, W. The whole of the proceeds will be given to the Officers' Families Fund, to be specially devoted to the families of officers of the Royal Army Medical Corps.

THE President of the Board of Agriculture has appointed a committee to consider the question of the production and distribution of milk, with Major Waldorf Astor, M.P., as chairman. Among the members are Major Gerald R. Leighton, M.D., Inspector of Abattoirs and Dairies to the Scottish Local Government Board, and Mr. A. W. J. McFadden, C.B., M.B., Chief Inspector of Foods to the Local Government Board of England and Wales. Communications may be addressed to the Secretary of the Committee, Mr. J. Mackintosh, at the Food Production Department, Board of Agriculture, 72, Victoria Street, S.W.1.

THE Triennial Prize of the Royal College of Surgeons of England, consisting of the John Hunter medal in gold to the value of fifty guineas, or, at the option of the author, a medal executed in bronze, with an honorarium of £50, will next be awarded for the best essay on "The development of the hip-joint and the knee joint of man." Essays must be received at the college not later than Tuesday, December 31st, 1918. The subject of the Jacksonian prize for this year, essays in competition for which must be received on December 31st, 1917, is "The causation, diagnosis and treatment of traumatic aneurysm, including arterio-venous aneurysm." As already announced, the subject of the prize for 1918 is "Injuries and diseases of the pancreas and their surgical treatment."

AN inter-Allies conference for the study of the industrial re-education of disabled soldiers will be held from May 8th to the 12th, 1917, in Paris at the Grand Palais. The programme includes discussions on physical re-education, industrial re-educational establishments, and labour bureaux; the social and economic interests of disabled soldiers; and the care of the blind and deaf, and sufferers from grave central nervous lesions. The opening session will be presided over by the President of the French Republic. The presidents of the Franco-Belgian Committee of Organization are Baron de Broqueville, Belgian Minister for War, M. Léon Bourgeois, M. Justin Godart, and M. Roden. An Anglo-Belgian Committee for re-education has been formed, with offices at 6, Burlington Gardens, London, W.