

always a difficult drug to dose in experimental investigations with animals, and one that has to be continuously watched.

Tetanus produced by strychnine yields immediately, both in frogs and warm-blooded animals, by injection with septentrional. If the poisoning by strychnine is very strong, the injection must be repeated at intervals in order to obtain a continuous effect. Septentrionalin ought to be tried also in cramp diseases, such as wound tetanus.

Abnormal *post-mortem* appearances are reduced to subpleural ecchymoses and engorgement of the blood vessels in the abdominal organs.

The toxic dose required for curarisation is pro kilogramme of body weight:

For frogs	...	...	0.000174 to 0.0005 grammes.
" dogs	...	...	0.0070 "
" cats	...	...	0.0100 "
" rabbits	...	...	0.003000 to 0.0050 "
" fowls	...	...	0.0090 "

Of the basic decomposition products of septentrionalin obtained by heating with caustic soda, the alkaloid soluble in ether retains the poisonous effect of the mother substance qualitatively unchanged, quantitatively diminished; whereas the alkaloid, which dissolves in ether with difficulty, forms a tetanising poison which has about the same effect as cynktonin.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

#### THE ETIOLOGY OF APPENDICITIS.

DR. ARMSTRONG ATKINSON'S note on the question of heredity in this disease induces me to put on record the following family history. The family in question I have known for about five years, and have treated the diseases mentioned, with the exception of two attacks of rheumatic fever in the son. There is no unusual incidence of rheumatism till the present generation. The house they inhabit is used extensively for laundry purposes, and is damp and sour-smelling, though the illnesses of the sons took place when they were away from home.

The family consists of father, mother, six sons, and two daughters. On the mother's side one brother had rheumatic fever; on the father's side there is no account of rheumatism. During the five years I have known her the mother has had four definite attacks of pharyngo-tonsillitis and one of rheumatic fever. The latter was obstinate and severe, and confined to joints. In the same period the father had a pharyngo-tonsillitis during one of his wife's attacks.

The eldest son has had rheumatic fever four times, two of the attacks being in the period of five years, with pleurisy, endocarditis, and pericarditis, leaving him a very damaged heart.

The second son has had a prolonged attack of appendicitis, and the third a shorter attack. To these I shall allude again.

The fourth, a small boy, had some endocardial signs, of which I have no note, but which were sufficiently marked to induce me to stop his attending school.

One of the daughters, at that time about 18 years of age, had a severe attack of pleurisy, followed by painful swelling of each leg in succession, recalling the condition of phlegmasia dolens. The rest of the family are said to be healthy.

Of the attacks of appendicitis, to which I specially wish to call attention, the first was very severe and prolonged. The distension of the abdomen was enormous, the pain great, though held in check by laudanum, to which the youth, alone in lodgings, helped himself freely, and in spite of the opium there were attacks of diarrhoea calling for treatment by astringents. At times it seemed as if he had no chance of recovery, and death threatened from peritonitis. He recovered, however, perfectly, and is at the present time following his occupation. The second brother some time after this had an attack of the same disease, beginning quite typically, but learning from the previous case the possibility of the rheumatic nature of the disease, I treated him with salicylate

of sodium, and in a week or ten days' time he was about again.

These two cases, occurring in a family with numerous manifestations of rheumatism, are strongly confirmative of the rheumatic or catarrhal nature of many cases of appendicitis; but the differential diagnosis of such from the forms due to ulceration and perforation or sloughing of the appendix seems a matter of considerable difficulty.

Sevenoaks.

JAMES E. BLOMFIELD, M.B.Oxon.

#### COAL-GAS POISONING; LENGTHENED COMA; RECOVERY.

SOME time back I was called at 5.45 A.M. to see a man reported to be dying of coal-gas poisoning. At 6 A.M. I found him perfectly insensible. The pulse was irregular, and when I could count it, it averaged 120 a minute. The respiration was sighing and stopped at intervals; the mouth was firmly closed with froth on the lips; the pupils varied; generally they were contracted, but answered to the stimulus of a bright light.

Putting the patient in a thorough current of fresh air, I applied friction to the extremities, and for a few minutes used artificial respiration. As soon as he seemed breathing fairly well I left him, having drawn off about a pint of high coloured urine. All that day he continued absolutely insensible to any stimulation I tried, and there was no change except that about 2 P.M. grinding of the teeth and twitching of the arms and legs began. He passed urine and twice vomited about half a pint of what seemed to be mucus, with a little bile on the second occasion. He continued quite unconscious till 4.30 A.M. next day, when he seemed to wake up, spoke a few words, and took some brandy and milk. There was nothing further of interest in his convalescence, and he went back to his native place in Bulgaria about a week after the accident.

The cause of the accident was a tap that turned right round instead of half a revolution; so, though he turned out the light he allowed the gas to again flow from the pipes. He went to bed at 8.30 P.M., and was found at 5.30 A.M. next morning, so that the exact duration of time he was insensible is unknown. As far as I can learn the longest recorded period of unconsciousness is 40 hours. The patient was probably under the influence of the gas about 28 to 32 hours. Being a mountaineer he was in splendid health, which may have been the main factor in this recovery.

St. John's Park, N.

J. AGAR MATSON.

#### STRANGULATED HERNIA IN AN INFANT: HERNIOTOMY; RECOVERY.

I WAS called to see a male infant twin, aged 16 days, at 6.30 P.M. on May 14th, 1895. He had been quite well until that morning, when he was very fretful. The mother noticed a swelling in the right groin. I found a complete irreducible inguinal hernia on the right side. Neither faeces nor wind had been passed since morning. During the course of the next morning vomiting became stercoraceous. I decided that the only thing to be done was to try taxis under chloroform, and this failing, to perform herniotomy. Taxis failed; I then operated. Making the usual transverse incision, I came upon the sac almost at once. The latter—which was the tunica vaginalis—was thickened, and on opening it about half an ounce of thickish red fluid escaped. I found that the gut was very tightly constricted by the outer pillar of the inner ring. It was with the greatest possible difficulty I was able to introduce the hernia knife beneath the constriction, but eventually succeeded. The bowel had a suspicious look, but was returned. During the operation I had some difficulty owing to hæmorrhage. After the operation there was great shock, and the child became almost moribund on the table. Breathing at one time ceased, and I had to use artificial respiration for twenty minutes. After a time it rallied, but for the next fourteen hours remained in a very collapsed state. Towards the following morning favourable symptoms began to show, and the child rallied well during the succeeding day. At about 5 P.M. on that day the bowels were slightly moved; it passed a good night, and next morning the bowels were well moved. Since then everything has gone on well, and the child is quite well now.

REMARKS.—That the rupture was present at birth but that it went unnoticed until it became strangulated I have very little doubt. It is a remarkable case owing to the tender age of the little patient, and it was with a good deal of misgiving that I proceeded to operate. It is also remarkable from the rapid manner in which the case developed. Stercoraceous vomiting setting in very early, and the gut had a suspicious look although constricted for so short a time. The latter shows all the more the danger of delay in operating, even if it be only for a few hours. Had the little patient been a year or two old I would have operated when I saw it first if taxis had failed.

Newcastle, Jamaica.

F. J. LAMBKIN,  
Surgeon-Major A.M.S.

## FRACTURE OF A FALSE RIB.

On the evening of June 23rd I was called to see a man, aged 36, who had been assaulted, receiving a kick in the left loin; he complained of pain and a crackling sensation locally when he moved about or coughed. I found no bruising, but on placing my fingers over the middle of the eleventh rib on the left side I made out slight emphysema, and on pressure distinct crepitus, pressure to any extent causing him great pain. I then strapped him firmly and put on a good calico bandage. The next day he said he had no pain except on pressure and on turning over in bed; he had no cough, and nothing abnormal was found in the urine. During the progress of his recovery he complained of pain only on the major movements.

The interest attaching to this case is that a sharp kick caused a fracture of a floating rib—the eleventh—without any seeming injury to the tenth; that there was slight penetration of the pleura, as shown by the emphysema; and, lastly, that the kidney on the side injured was in no way affected so far as could be ascertained by inquiry into its action and by examination of the urine, which is remarkable considering the great force of the kick.

Bootle.

W. N. CLEMMY, M.R.C.S.

## HYPERPYREXIA IN PNEUMONIA.

In connection with the case of hyperpyrexia reported in the BRITISH MEDICAL JOURNAL, July 6th, the following may prove of interest. It is remarkable that, although the case seems to have been one of acute lobar pneumonia, influenza was epidemic at the time, and a certain proportion of cases of the latter were complicated by pneumonia.

S. T., a strong and robust male aged 25, an ironworker, had been in the army, but suffered from no illness during his service. His foreign service was limited to Gibraltar. On the morning of February 20th he woke in a severe rigor, which was followed by pain in the side, rusty sputum, and profuse perspiration for two days.

When I first saw him at 11 P.M. on February 23rd he had been violent but was getting quieter. The pulse (150°) was of extremely low tension, and respiration was about 36. Both were very irregular, the skin pungent, the pupils contracted, and the face livid. The temperature in the groin was 108.8°. There was well-marked consolidation of the lungs at the left base. Fortunately there was plenty of ice, and after giving 10 minims of liquor strychninæ subcutaneously, the trunk and limbs were rubbed continuously with lumps of ice for 45 minutes, when the temperature in the groin was 106.5°. The application was continued for another 20 minutes, when the temperature in the rectum had fallen to 102.4°. Ice was then discontinued, and 5 ounces of brandy were given as soon as the patient was able to swallow. In a short time the temperature in the rectum had fallen to 99.2°.

The patient was quite rational at 2 A.M., and the pulse was steady and full (108).

		Temperature.	
February 24th, 10 A.M.	...	...	100°
" " 8 P.M.	...	...	101.8°
February 25th, 10 A.M.	...	...	100.2°
" " 8 P.M.	...	...	105.4°

This was reduced by ice to 99.2°. The whole of the left side was now dull, and there was cedema at the right base.

On the morning of February 26th the temperature was 103.6°. Death took place at 2.30 P.M. without any further rise. He had been delirious since midday on February 25th.

Coseley.

W. M. CLENDINEN, M.R.C.S., L.R.C.P.

## LATENT ULCER OF THE STOMACH IN RELATION TO GENERAL PERITONITIS.

In the principal textbooks of medicine, so far as I can find, no reference is made to the probability of acute general peritonitis, other than that due to perforation, occurring as a complication of ulcer of the stomach. The following case will, I think, lend support to the view that such an origin of acute or subacute peritonitis, even in connection with latent ulcer, may not be uncommon.

The "margin of safety" becomes indeed small when the peritoneal floor of the ulcer is the only barrier separating the patient from a sudden death, and yet too often quite unconsciously this is the frail security which she carries with her to the tennis field or golf links. With such a recognised cause of peritonitis, the number of cases of this disease having their direct origin from so called "cold," becomes still more limited.

The probable cause of peritonitis occurring in a patient who has been, or is already, suffering from typical symptoms of gastric ulcer is apparent enough, and it was after seeing such a case that I was called to a girl, aged 17, very tall, of slight build, and rather anæmic. With the exception of trivial attacks of indigestion, she had suffered from no distinct ailment during the three years I had attended her. The present illness began with general abdominal tenderness and pains, the temperature was 101.2°, the pulse quick; she experienced a feeling of nausea and slight chilliness. The attack of peritonitis was attributed to a chill caught whilst sitting on the rocks the preceding day, and was treated in the ordinary way. Careful examination, however, of the area of tenderness from day to day elicited the fact that this gradually diminished from below upwards until it was limited to a spot about half the size of half-a-crown situated over the anterior surface of the stomach, and nearer its cardiac end, a situation where, as recently pointed out by Mr. Barling, perforation more commonly occurs, partly because from mobility this surface of the stomach rarely becomes adherent, and partly because the symptoms of ulcer are in this position less marked, and occasionally even quite wanting. This tender spot was well defined for about a month, and had become so gradually localised that it certainly seemed likely to be the centre from which the peritoneal inflammation originally radiated. Struck with the similarity of symptoms between cases of apparent and latent ulceration when regarded as the probable cause of peritonitis, I advised complete abstinence from all exercise involving sudden changes of position for six months, with great care in diet, and for a time a powder of subnitrite of bismuth. The tenderness had then entirely disappeared as well as the slight indigestion. I trust I may thus have prevented one sad catastrophe in addition to learning the lesson of the need for making a careful examination of the epigastrium, not only in cases recovering from peritonitis, but also in those of apparently trifling indigestion when this is continuous or recurrent.

Tenby.

ERNEST KNOWLING, M.B.Cantab.

## RUPTURE OF THE BLADDER.

W. H., aged 18, was brought into Euroa at 9 P.M. on December 29th, 1894, having travelled a distance of eighteen miles over a rough bush road. He was quite conscious, and stated that at 3 P.M. that day he was riding a race with another boy, when his horse stumbled and fell with him. He got up to catch his horse, but fell down within a couple of yards, feeling "as if his stomach had fallen over his left leg." His shirt was saturated with blood and urine, the bleeding having been encouraged by a woman into whose house he had been carried applying hot fomentations to the abdomen.

When I saw him he was suffering from slight shock, the pulse was feeble, and the temperature half a degree below the normal. There was great suggestion of blood into the left groin and iliac fossa, extending down the inner side of the thigh with a distinct bulging in the left ilio-inguinal region. There was blood also in the right groin, but not reaching down the right thigh. There was no apparent extravasation of blood into the scrotum or perineum. On proceeding to pass a catheter I found the meatus represented by a groove with an orifice only at the posterior extremity of the groove, with a calibre the size of the body of an ordinary pin.

A No. 1 catheter was passed into the bladder with much difficulty, and what appeared to be pure arterial blood was discharged.

The injury was evidently an extraperitoneal rupture of the bladder. In this diagnosis Dr. Güntz coincided when he saw the boy with me at 11 p.m. Owing to want of assistance, we thought it advisable to delay operation till the morning, and administered ergot. The next morning the boy's condition was splendid; he had completely recovered from shock, but had a slightly subnormal temperature. On opening the space along the pubes, I found the peritoneum pushed up almost to the umbilicus, and was met by a gush of mixed venous blood and urine.

There was a large rent in the anterior wall of the bladder an inch and a-half long, the lower extremity of which reached almost into the neck. This was the source of the large amount of venous hæmorrhage which distinguished the case, the rent having completely torn across the prostatic plexus. The last few sutures were extremely difficult to deal with at the base of the cavity, and occupied half the time of the operation. While still under chloroform the boy had a convulsion, which lasted about two minutes, but rallied splendidly on being put to bed. His temperature rose in the evening to 100.5° F., and towards midnight he became slightly delirious, but was easily roused to complete consciousness. He had a uræmic convulsion at 4 a.m. the next morning, and another at 8 a.m., in which he died.

An hour after the operation he passed a clear stream of urine into the bed, and again just before death he voided a large quantity of clear urine a foot into the air as I was about to pass a catheter. The mistake made in this case was undoubtedly the deferring of the operation until the morning of the day after the injury, as the cause of death was suppression of urine. That this suppression was not permanent was conclusively shown by the re-establishment of secretion before death, in fact immediately after operation, and the poisoning was therefore due to the earlier absorption of urinary solids. The seat of the injury was, I think, an unusual one, which is my reason for reporting the case.

GEORGE FOX, M.R.C.S.E.,

Euroa, Victoria. Late Resident Surgeon to the Sydney Hospital.

## REPORTS

ON

### MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

#### NEWCASTLE-UPON-TYNE ROYAL INFIRMARY.

##### CASE OF OXALIC ACID POISONING.

[Under the care of Dr. OLIVER.]

ALTHOUGH oxalic acid poisoning is said to be more frequent in England than in any other country in Europe, it is not of common occurrence in the North of England. W.M., aged 34, was admitted at midnight on January 3rd, alleged to have taken oxalic acid in tea at 9.30 p.m. He was pale and sallow, and only able to walk with assistance. He smelt strongly of alcohol, was quite rational, but somewhat excited and talkative. His pupils were dilated. The pulse (80 per minute) presented nothing abnormal. His breathing was hurried, and was interrupted now and again by a peculiar spasmodic inspiration. There was great pain and tenderness on pressure over the epigastrium. The tongue was white and dry. The temperature was 99°. About an hour after his admission the house-physician, Dr. Watson Ogden found him suffering from twitchings of the lower extremities. The knees would be suddenly jerked up, whilst the spasmodic respiratory movements already alluded to had become more frequent and troublesome. He vomited a small quantity of frothy, yellow liquid.

When seen by Dr. Oliver next morning the patient had not slept well, and he looked ill. The pupils were unequal, the left being smaller than the right, although both were dilated and did not respond well to light. The tongue was

dry and white; the pulse 72, small and compressible. Vomiting had ceased. The heart and lungs were healthy. The abdomen was distended and tympanitic. As he lay rolled on his side in bed he was observed to be the subject of peculiar "startings," accompanied by snorting expirations evidently due to sudden contractions of the diaphragm. These snortings, as well as the tremors, could be induced by pressing the epigastrium. There was less complaint of pain over the stomach than on the previous night, but the pain still radiated over the upper part of the abdomen and down the sides. Firm pressure upon the trachea, œsophagus, and along the course of the vagi in the neck was extremely painful. His respirations were 22 a minute. Any attempt to raise himself in bed was followed by considerable tremor of the muscles generally. The knee-jerk was exaggerated on both sides, and amounted almost to clonus. The plantar reflex was also exaggerated. Simple irritation of the skin in front of the leg was sufficient to bring on the general tremor accompanied by sudden deep and irregular inspirations. The urine, sp. gr. 1002, contained neither sugar nor albumen. While lying undisturbed in bed his breathing was perfectly quiet and rhythmic for a time, and then, without any apparent cause, there occurred a sudden, deep, and prolonged inspiration, which was noisy compared to expiration. The blood on microscopical examination presented nothing abnormal. The urine was not examined for oxalate of lime crystals. In a few days the patient was quite well. The urine for the short period he was under observation contained only about one-half the normal amount of urea. On the third day after his admission the temperature reached 100.8°, but with that exception remained normal. He was treated by large doses of bismuth.

One of the principal points of interest in the case was the general tremor accompanied by noisy inspirations, at other times expirations.

#### BETHLEM ROYAL HOSPITAL, LONDON.

##### CASE OF CAMPHOR POISONING.

(By MAURICE CRAIG, Assistant Medical Officer.)

THE number of recorded cases of camphor poisoning in adults is very few, and in many of these camphor liniment has been taken. The following, which is one of eating pure camphor, may be of interest. The case is that of a gentleman, J. A., who was in Bethlem Hospital suffering from hypochondriasis. In the same ward was a general paralytic, who had obtained some camphor from his friends. This he gave to J. A., who, from no suicidal intention, but believing that it might do him good, ate about 3 drachms. The patient thus described his feelings during the next three-quarters of an hour:

"About half an hour after swallowing the camphor I was seized with giddiness and nausea. On rising from the chair on which I was sitting I staggered a good deal and expected to fall every moment. I went to the lavatory with a strong inclination to vomit, but was unable to bring anything up. I took a little water, which relieved me at the time, and then lay down on the couch with a drowsy singing in my ears. I was quite free from pain. When the dinner bell rang at 1 p.m. (three-quarters of an hour after taking the camphor) I got up feeling very queer, but nausea and giddiness had gone. I had an extraordinary sensation as though I must be taken from my feet and carried through the air. I sat down and began my dinner; then quite suddenly a blank ensued, and I have not the faintest recollection of what happened until I found myself lying on the bed with two attendants watching me. Then ensued horrible agony, restless irritation, with fever and chills strangely combined. My feet and legs were like ice, whilst my head throbbed and burned. The doctor had a hot bottle put to my feet, and I swallowed some brandy and milk. This soon brought relief, and I felt a strong inclination to sleep, but could not. At night I had a succession of strange dreams and fancies [he does not usually have visions or visual hallucinations], but no pain. On waking up in the morning I felt no pain, but from time to time I had singing in my ears."

I saw the patient within two minutes of the "fit" commencing. Convulsions (which had been general) had just

juice, made their appearance. In 1857 he published a short paper on the action of carbonic oxide on blood, and this proved the prelude to a number of others of far-reaching importance relating to the same fluid, and particularly to its pigment. The outcome of these investigations was a complete knowledge, not only of the chemical and physical characters of hæmoglobin, but an accurate conception of the uses of this pigment as an oxygen carrier. Since then the subjects that Hoppe-Seyler worked at have included all the branches of medical chemistry: bile, pus, urine, lecithin, nuclein, the proteids—which he was the first to arrange in an orderly manner—fermentation, polarisation of light, and vegetable physiology are a few only of the many subjects he attacked.

Among his pupils it will be sufficient to mention the names of Liebreich, Salkowski, Miescher, Thierfelder, Gäthgens, Baumann, Herter, Jüdel, Zaleski, Diakonow, Plósz, and Sutoli to show how widespread his influence was, not only in Germany but in other countries as well.

A captious critic might complain that sometimes his work was too chemical, and bore but little upon medicine. If this was the case in some instances, it must always be remembered that Hoppe-Seyler's principal work had most important practical bearings. The process of oxidation in the body was a subject that possessed a special attraction for him, and among his most recently published papers will be found one on the mode of respiration in deep-sea fishes, and several (with Araki) on the disordered metabolism that follows a deficiency in oxygen supply.

Hoppe-Seyler's exhaustive treatise on *Physiological Chemistry* was completed in 1881, but a second edition has never appeared. His *Practical Handbook* has, however, reached its sixth edition, and many of the methods there described are those which we owe to the distinguished author himself. In 1871 he collected together the works by his pupils and himself which had been carried out in his Tübingen laboratory, and published them under the title of *Medicisch-chemische Untersuchungen*. In 1877 he started his now well-known journal, *Der Zeitschrift für physiologische Chemie*, and at the time of his death this had reached its twentieth volume.

A mere enumeration like the foregoing hardly does justice to the many-sided activities of the man whose loss we have to deplore, but may serve to indicate that he was *facile princeps* in the special branch of science to which he devoted a long and busy life.

By the death of Mr. FRANK MARSH WRIGHT, on August 23rd, the medical profession has lost a valuable member. Having arranged to go with some friends for a day's outing, and in ignorance that the train agreed upon started four minutes earlier than formerly, he reached Bottesford Station just in time to see the train steaming away. Seeing his friends in the last compartment of one of the carriages, he attempted to get in and grasped at the carriage railing: but missing it, fell in between two carriages, and was so terribly injured that he died within a few minutes. Mr. Wright, who was a native of Bottesford, received his early education at Derby School, and subsequently began the study of medicine as a pupil at the Nottingham General Hospital. Thence he passed, in 1881, to St. Bartholomew's Hospital, where he pursued his studies with credit and distinction. He was Foster prizeman in anatomy in 1883, and Prosector of Anatomy to the Royal College of Surgeons in 1883-84. He obtained the L.S.A. in 1884, and in the following year became a Member of the Royal College of Surgeons. Having fully equipped himself for the work of a general practitioner, he returned home to Bottesford, and joined his father, Mr. James Wright, who had carried on a very extensive country practice there for many years.

MR. JAMES CARTER, F.R.C.S., F.G.S., who recently passed away at the age of 81, was for the greater part of his life in practice at Cambridge. He studied at Guy's and St. Thomas's, passed the "Hall" in 1835, and the "College" in 1836, becoming a Fellow of the latter in 1876. He devoted his spare time to the study of geology, and especially palæontology. He contributed a large number of papers to the *Geological Magazine* and the *Quarterly Journal of the Geological*

*Society*. The *Athenæum* speaks of him as follows: "Mr. Carter was recognised as an authority on the fossil decapod crustacea, and for several years past had been engaged in collecting materials for a monograph on that group. It is believed that a considerable part of the manuscript which he has left is in a sufficiently complete state for publication. Until a few months ago Mr. Carter was always extremely active and bright, so that, in spite of his advanced years, the news of his death will come as a shock to many of his friends. For several years he served on the Councils of the Geological and the Palæontographical Societies, and of the latter he was also a local secretary. Mr. Carter presented his geological collection, consisting mainly of local fossils, to the Woodwardian Museum a few years since."

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are: Dr. Louis Deschamps, a member of the Paris Municipal Council and a former President of the Council General of the Seine Department; Dr. Charles Gros, a leading practitioner of Boulogne, aged 89; Dr. L. Galassi, Professor of Medical Pathology in the University of Rome; Dr. Friedrich Miescher, some time Professor of Physiological Chemistry; Dr. von Sury, Professor of Forensic Medicine in the University of Basel; and Dr. Jakob Baumann, one of the oldest practitioners of Berlin, aged 81.

## MEDICO-PARLIAMENTARY.

### HOUSE OF COMMONS.

*Diphtheria in Aldershot Camp*.—Mr. PIERPOINT asked the Under-Secretary of State for War how many cases of diphtheritic sore throat had been admitted to hospital in the camps at Aldershot during the last six months. — Mr. BRODRICK, in reply, said that during the last six months there had been admitted to the hospitals at Aldershot 137 cases of diphtheria and 525 cases of sore throat. In the latter the returns did not differentiate septic sore throat. In the diphtheria cases the type had been that known as "benign," and they had already yielded to the antitoxin treatment. Only one death had resulted from this complaint. Although full investigation had been made, in none of the cases could the origin of the disease be definitely traced. Some medical officers, however, were inclined to ascribe its prevalence and that of septic sore throat to the recent necessary opening up of the old drains for the purpose of reconstruction. The question was engaging most careful attention.

## UNIVERSITIES AND COLLEGES.

### APOTHECARIES' HALL OF IRELAND.

PRELIMINARY EXAMINATION IN ARTS.—The following candidates passed this Examination on September 6th and 7th, 1895, and received Certificates of Proficiency in General Education:

*Second Class*.—F. G. Cross, O. B. Gauntlett, F. S. S. George, C. I. Graham, G. W. Greene, J. W. Harrison, M. Muirhead, D. S. Sandilands, F. W. Smith.

The following passed in one or more subjects:

N. Hodgetts, Algebra and Geometry; E. C. Jellicoe, Latin; A. E. Muscott, Algebra; T. Richards, Algebra; S. Rogers, Algebra; R. Tilbury, Geometry.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,321 births and 4,042 deaths were registered during the week ending Saturday, August 31st. The annual rate of mortality in these towns, which had been 19.1 and 19.9 per 1,000 in the two preceding weeks, was again 19.9. The rates in the several towns ranged from 14.2 in Bristol, 15.0 in Halifax, and 15.9 in London and in West Ham to 31.3 in Hull, 34.1 in Bolton, and 35.6 in Burnley. In the thirty-two provincial towns the mean death-rate was 22.8 per 1,000, and exceeded by 6.9 the rate recorded in London, which was 15.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 5.3 per 1,000; in London the rate was equal to 3.3 per 1,000, while it averaged 6.7 in the thirty-two provincial towns, and was highest in Sunderland, Bolton, and Burnley. Measles caused a death-rate of 1.3 in West Ham, and 4.1 in Blackburn; whooping-cough of 1.4 in Bradford; and diarrhoea of 8.6 in Blackburn, 9.2 in Norwich, 11.7 in Sunderland, 13.0 in Hull, 13.5 in Bolton, and 13.6 in Burnley. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 56 deaths from diphtheria in the thirty-three towns included 40 in London, 4 in Birmingham, and 3 in

## MEDICAL NEWS.

ILLINOIS is about to try the experiment of an industrial colony for epileptics on the plan of the Craig Colony of New York.

**VACCINATION GRANT.**—Dr. Clement Pound, Public Vaccinator of the Odiham (Hants) District of the Hartley Wintney Union, has received the Government grant for efficient vaccination.

A medical society has been founded at Bahia under the title of *Sociedade de Medicina e Cirurgia da Bahia*. The President is Dr. Pacheco Mendes, Professor of Clinical Surgery in the University of Bahia.

**PROFESSOR SCHEDE**, Director of the Surgical Department of the Hamburg General Hospital, has been appointed to the chair of Surgery in the University of Bonn, in succession to Professor Trendelenburg.

A SELECT Committee to inquire into the question of food products adulteration has recently issued its report. The Committee state that they have taken further evidence, but have not had sufficient time to conclude their investigation. They therefore recommend that a Committee on the same subject should be appointed in the next Parliament.

**MEDICAL PRACTICE IN THE UNITED STATES.**—A Bill for the regulation of medical practice in Kansas has been thrown out by the enlightened Legislature of that highly civilised State. A "Populist" is reported to have opposed it in the following terms: "We Western people can't support your play at doctors. We've got a lot of old women who are better than any of them." Some of these intelligent females would seem to have got into the Legislature.

WE regret to record that Mr. Frank Henry Hodges (M.R.C.S.Eng., 1869, F.R.C.S.Edin., 1877), a well-known ophthalmic surgeon of Leicester, committed suicide on Saturday, September 7th. For some time he had been suffering from nervous depression consequent on sunstroke and overwork. Mr. Hodges had but recently returned from a holiday. Some medical friends spent the evening of September 6th in his company, but on the following morning he was found by a servant hanging on the staircase of his residence quite dead.

**AMERICAN DERMATOLOGICAL ASSOCIATION.**—The nineteenth annual meeting of the American Dermatological Association will be held at Montreal on September 17th and two following days, under the presidency of Dr. S. Sherwell, of Brooklyn. There will be a discussion on the Value and Limits of Usefulness of Electrolysis in Dermatology. Among the communications promised are the Infected Scratch and its Relations to Impetigo and Ecthyma, by Dr. H. G. Klotz; a Contribution to the Study of Mycetoma, by Dr. J. N. Hyde; the Prevalence of Germ Dermatoses, by Dr. J. O. White; Symbiosis of Cutaneous Eruptions, by Dr. J. Zeisler; and Sleep in its Relation to Diseases of the Skin, by Dr. L. D. Bulkley.

**THE HUMANITARIAN LEAGUE.**—From the fourth annual report of the Humanitarian League, we gather that the printing of publications, etc., has cost £111 16s. 2d., while the sale of publications has brought in the curiously small amount of £24 0s. 5d. It must be obvious to everyone that a body which can only induce the public to invest this trivial sum in its publications can in no way be looked upon as representative of the sentiment of humaneness or kindness to others, whether animals or men, which is expressed by its title, and we cannot but recognise that by the position of antagonism to all scientific progress which it has taken up, the league has definitely alienated the sympathy of those well-wishers of both animals and men who are to be numbered by the million in these islands alone.

**REGISTRATION OF CHIROPODISTS.**—All sorts and conditions of men, and women, are following Lord Beaconsfield's advice, "Register, Register!" though in a somewhat different sense. It was to be expected that the corncutters would not care to be left behind in the general movement for registration, and we therefore learn without surprise that the chiropodists of New York have organised themselves into a society under

the law of the State. A recent enactment of the New York Legislature gives the society power to appoint a Board of Examiners, to consist of three members. This Board will grant licences of competence in the chiropodic art. The fee for a certificate is fixed at 15 dollars (£3), and the holder will be entitled to have his name placed on the register of legally qualified chiropodists. We shall probably soon hear of the hairdressers and shampooers insisting on being registered.

**QUACKERY IN BAVARIA.**—Official statistics which have recently been published show that the total number of persons practising the healing art without a legal qualification in Bavaria at the end of 1894 was 1,168 as against 1,152 in the previous year. Of the number 866 were men and 302 were women. With the exception of 17 Austrians, 2 Americans, 1 Italian, and 1 Swiss, the whole of this noble army of quacks was a home product. As regards the special form of quackery, the statistics show some curious features. Thus 12 philanthropists devote themselves to freeing their fellow creatures from tapeworms, 12 practise "electrohomoeopathy"—whatever that may be—while 84 are set down as apostles of homoeopathy pure and simple; 129 offer to sufferers—for a consideration—"secret remedies and sympathy," and 3 deal in uroscopy.

**PSYCHOLOGICAL MEDICINE.**—In the article on the teaching of psychological medicine at the London Hospital, which appeared in the Students' Number of the BRITISH MEDICAL JOURNAL (September 7th), it should have been stated that Dr. Fielding Blandford delivers lectures on that subject at St. George's Hospital. St. George's is, we believe, the first of the metropolitan schools in which lectures on psychological medicine were ever delivered. In connection with this subject, it may be mentioned that, in addition to the institution named at p. 607 of the BRITISH MEDICAL JOURNAL of September 7th, the demonstrations on lunacy given by Dr. Will at the Bethnal House Asylum, London, and by Dr. W. Julius Mickle at Grove Hall Asylum, London, are recognised by the Conjoint Examining Board for England.

**ARISTOCRATIC DOCTORS.**—According to the *Gaulois*, Count de Goyan, a prominent Royalist, and formerly a member of the Chamber of Deputies, has taken the degree of Doctor of Medicine at the Paris Faculty, with the object of giving himself up to the treatment of the sick poor. In this, Count de Goyan has followed the example of the Duc de Rivoli (also a former Deputy), Count de Sinéty (a member of the Jockey Club), and M. Rembielinski (well known in Paris Society). All these gentlemen began the study of medicine after the age of 30, and went through the prescribed course, passing their examinations and taking their degree in the ordinary way. Baron Henri de Rothschild, who is also preparing for the medical profession, entered himself as a student when very young. He has a pronounced taste for surgery, and his present intention is said to be to found a surgical hospital at his own expense.

**SOUTH AFRICAN MEDICAL CONGRESS.**—The third South African Medical Congress was held at Durban from July 12th to 19th. The Congress was formally welcomed by His Excellency Sir Walter Hely-Hutchison, the Mayor, and Town Council. An Address in Medicine was delivered by Dr. W. T. F. Davies, Johannesburg; one on Surgery by Dr. A. McKenzie, Durban; one on Gynaecology by Dr. E. Sinclair Stevenson, Capetown; one on Ophthalmology by Dr. Daumas, Maritzburg; and one on Public Health by Dr. A. J. Gregory, Capetown. Among the papers on the programme were the following: Medical Journalism in South Africa, by Dr. G. G. Eyre, Claremont; The Climate of Harrismith and its Place in the Treatment of Tuberculosis, by Dr. Wilson, Harrismith; Evolution of Antitoxin Treatment with especial reference to Diphtheria, by Dr. Walter H. Haw, Rustenburg; Cases illustrating the Surgical Treatment of Middle Ear Disease, with Dissections showing the steps of the operation, by Dr. William Rogers, Johannesburg; Postnasal Growths, by Dr. G. E. Neale, Johannesburg; Puerperal Septicæmia, by Dr. H. A. Dumat, Durban; Notes on Two Cases of Uterine Myomata, by Dr. Sinclair Thompson, Verulam; and Two Cases of Malingerer in Eye Disease, by Dr. S. G. Campbell, Durban. Entertainments were given by the Mayor and other prominent residents, and the Congress was altogether a great success.



## MEDICAL VACANCIES.

The following vacancies are announced :

- BELGRAVE HOSPITAL FOR CHILDREN**, 77 and 79, Gloucester Street, S.W.—House-Surgeon. Board, fuel, and lights provided. Applications, endorsed "House-Surgeon," to the Honorary Secretary at the Hospital by September 28th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL**.—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by September 30th.
- CARMARTHENSHIRE INFIRMARY**.—Resident Medical Officer, unmarried. Salary, £100, with board, lodging, and washing. Knowledge of Welsh desirable. Applications to B. Spivey, Secretary, Barns Row, Carmarthen, by September 24th.
- CARNARVON JOINT SANITARY DISTRICT**.—Medical Officer of Health, must be between 25 and 40 years of age, doubly qualified. Must devote his whole time to the duties, and have a knowledge of the Welsh language. Appointment for five years. Salary, £894 per annum, inclusive of all expenses, except those incurred for such books, stationery, and apparatus required in the performance of the duties. Applications, endorsed "Application for Office of M. O. Health," to J. H. Thomas, Clerk, to the Joint Committee, 14, Market Street, Carnarvon, by October 16th.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY**, Chesterfield. Resident House-Surgeon, tenable for two years. Salary, £100 per annum, with board, apartments, and laundries. Applications and testimonials to the Secretary before September 19th.
- CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY**.—Junior House-Surgeon, registered and unmarried. Honorarium, £40 per annum, with board, lodging, and washing. Applications, with not more than three recent testimonials to the Honorary Secretary, Clayton Hospital, Wakefield, by September 26th.
- COUNTY OF BRECON**.—County Analyst. Retaining fee, £10 10s., and a fee of 10s. 6d. for the analysis of every sample. Applications to H. Edgar Thomas, Clerk to the County Council, County Hall, Brecon, by October 2nd.
- DURHAM COUNTY ASYLUM**.—Junior Medical Officer. Salary, £100 per annum, with board and lodging. Applications, with not more than three recent testimonials, to the Superintendent, Durham County Asylum, Winterton, Ferryhill, by September 28th.
- ESSEX AND COLCHESTER HOSPITAL**.—House-Surgeon, doubly qualified. Salary, £80 per annum, with board and lodging in the hospital. Applications to the Committee by October 18th.
- GENERAL HOSPITAL, Birmingham**.—Two Assistant House-Surgeons, must possess a surgical qualification. Appointment for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House-Governor, by September 28th.
- GLASGOW MATERNITY HOSPITAL**.—Obstetric Physician and Assistant Obstetric Physician. Applications to Arthur Forbes, Secretary, 148, Buchanan Street, Glasgow, by November 8th.
- JAFFRAY SUBURBAN BRANCH OF THE GENERAL HOSPITAL**, Gravely Hill, near Birmingham. Resident Medical Surgical Officer, doubly qualified. Salary, £150 per annum, with board, residence, and washing. Applications to Howard J. Collins, House-Governor, General Hospital, Birmingham, by September 28th.
- LONDON HOSPITAL**, Whitechapel, E.—Medical Electrician, must be qualified and registered under the Medical Act. Applications to G. Q. Roberts, House-Governor, by October 19th.
- PARISH OF DURNESSE, Sutherlandshire**.—Medical Officer. Guaranteed salary, £150 per annum, with practice, free house, and garden. Applications to Robert Sutherland, Inspector of Poor, Durness, by October 19th.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL**, Marylebone Road, N.W. Resident Medical Officer. Appointment for four months. Salary at the rate of £80 per annum, with board and residence. Applications to the Secretary by September 23rd.
- ROTHERHAM HOSPITAL AND DISPENSARY**.—Assistant House-Surgeon. Doubly qualified, and registered. No salary, board, lodging, and washing. Applications and testimonials to the House-Surgeon by October 1st.
- ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE**.—Assistant Demonstrator of Chemistry. Applications to Thomas W. Shore, Warden, before September 21st.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL**, Plymouth. House-Surgeon. Salary, £100, with board and residence. Applications to J. Walter Wilson, Honorary Secretary, by September 17th.
- SUSSEX COUNTY HOSPITAL**, Brighton. Assistant House-Surgeon, doubly qualified, unmarried, and when elected under 30 years of age. Salary not exceeding £30 per annum, with board, washing, and residence in the hospital. Applications to the Secretary by October 2nd.
- WEST LONDON HOSPITAL**, Hammersmith Road, W.—House-Surgeon. Appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by September 25th.

## MEDICAL APPOINTMENTS.

- ALDEN**, Sidney J., M.B., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Third District of the Bridport Union.
- CLENDINNEN**, W. M., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer of Health to the Coseley District Council, *vice* J. G. Clendinnen, L.R.C.S.I., deceased.
- CRAWFORD**, Alexander D., M.B., C.M.Glasg., appointed Medical Officer for the Marston Green Cottage House of the Parish of Birmingham, *vice* Dr. H. W. Thomas.

- DAY**, Edward Irving, L.R.C.P., appointed Medical Officer and Public Vaccinator for the 4th District, Risbridge Union, *vice* M. J. Doidge, M.R.C.S., resigned.
- DICKSON**, Emily Winifred, M.B., B.Ch., appointed Assistant to the Master of the Coombe Lying-in Hospital, Dublin.
- ETCHES**, C. A., L.R.C.P. Edin., L.R.C.S. Edin., appointed Medical Officer for the Helperby District of the Easingwold Union.
- FREEMAN**, Dr. J. P. W., appointed Medical Officer for the 5th District of the Andover Union.
- HALL**, Gilbert C., L.S.A., M.R.C.S.Eng., appointed Medical Officer for the Ambersley District of the Droitwich Union.
- HALL**, Sidney H., M.B., C.M. Edin., appointed Medical Officer of the Fuse-hill and Harbary Hill Workhouses of the Carlisle Union, *vice* C. S. Hall, M.R.C.S.Eng.
- HARVEY**, E. J., L.R.C.P.I., L.R.C.S.I., appointed Assistant Surgeon to the Richmond Hospital, Dublin.
- HEAD**, John H., B.A., M.D., B.Ch., B.A.O. Dubl., appointed House-Surgeon to the Morpeth Dispensary.
- HILL**, G., L.R.C.P. Edin., L.R.C.S. Edin., appointed Medical Officer of Health to the Holme Cultram Urban District Council.
- JAGO**, E. O., M.R.C.S.Eng., L.S.A. Lond., appointed Medical Officer of Health to the Iream Urban District Council.
- JENKINS**, T. J. P., M.R.C.S.Eng., L.R.C.P. Lond., appointed Medical Officer for the South-Eastern District of the Freebridge Lynn Union.
- JOHNSTON**, G. Jameson, M.A., M.B., B.Ch., B.A.O., appointed Assistant Surgeon to Richmond Hospital, Dublin.
- LAWS**, W. G., F.R.C.S.Eng., appointed Honorary Surgeon to the Nottingham and Midland Eye Infirmary, *vice* Dr. E. Beckett Truman, resigned.
- MACDONALD**, John A., M.B., C.M. Glasg., appointed Medical Officer for the Denton District of the Grantham Out-relief Union.
- OSBORN**, Ernest C., L.R.C.P. Lond., appointed Assistant Medical Officer to the Kensington Workhouse and Infirmary, *vice* B. Cooper, M.R.C.S., L.R.C.P., resigned.
- SAIT**, A. H. D., L.R.C.P. Edin., L.R.C.S. Edin., appointed Medical Officer for the Sturry District of the Bear Union.
- SAUNDERS**, A. L., M.R.C.S.Eng., L.R.C.P. Lond., appointed Medical Officer of the Workhouse and the Eastern District of the Freebridge Lynn Union.
- SHAW**, Harold, B.A., M.B. Camb., D.P.H., appointed Medical Superintendent of the County Asylum of the Isle of Wight.
- STEVENS**, R. C. J., M.R.C.S.Eng., L.R.C.P. Lond., appointed Assistant House-Surgeon to the Devon and Exeter Hospital, *vice* H. H. Lloyd Patch, resigned.
- STYLE**, F. W., M.R.C.S.Eng., L.R.C.P. Lond., appointed Medical Officer for the South Brent District of the Totnes Union.
- TAYLOR**, Dr. J., appointed Medical Officer of Health to the Chester-le-Street Rural District Council.
- THOMAS**, Thomas W., L.S.A. Lond., M.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for the Caerphilly Urban District of the Pontypridd Union, *vice* Dr. Llewellyn, deceased.
- THURISON**, Dr., appointed District Medical Officer to the St. George's Union, *vice* Dr. Heany, resigned.

## DIARY FOR NEXT WEEK.

## TUESDAY.

THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2 P.M., Lecture at 4.

## BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.*

## MARRIAGES.

- GALLETLY-MITCHELL**.—At Summertown Congregational Church, Oxford, on September 4th, by the Rev. Dr. Adamson, Edinburgh, assisted by the Rev. B. M. Eason, B.A., William Gloag Galletly, M.B., C.M., F.R.S.G.S., Northwold, Norfolk, to Mary Kate Mitchell, second daughter of the late Rev. Robert Mitchell, Greenock.
- MOORHOUSE-HOWAT**.—At Cuildorag, Onich, on September 6th, by the Rev. John Chalmers, M.A., Stirling, assisted by the Rev. John McCaskill, Onich, and the Rev. Arthur Moorhouse, B.D., Forest Hill, London, brother of the bridegroom, J. Ernest Moorhouse, M.D., M.A., B.Sc., Stirling, to Jane Hyslop, second daughter of William Howat.
- FLOWMAN-HILL**.—On September 10th, at All Saints, Langport, by the Rev. J. Stubbs, assisted by the Rev. Edwin Lance, vicar, Tom Alexander Barrett Flowman, of Eagle House, Clapham Common, youngest son of the late Thomas Flowman, of North Curry, to Elizabeth Scott Gould (Lilly), youngest daughter of the late W. J. Hill, of Langport, Somerset.

## DEATHS.

- GROSVENOR**.—On September 9th, 1895, Greville Place, Maida Vale, N.W., Elizabeth, the beloved wife of William Grosvenor, L.R.C.P., late of Hanley, Staffordshire, and second daughter of the late Daniel Wilshaw, of Talk-o'-th'-Hill, Staffordshire, aged 60 years.
- ROBERTSON**.—On September 7th James D. Robertson, of the Friarage, Fenrith, aged 54.
- RUXTON**.—At 10, Albert Terrace, Blackpool, on August 23rd, Evelyn Douglas, only and much-loved child of John Ruxton, M.D., late 17th Regiment, and A.M.D.