

not yet experimentally demonstrated, it may be inferred, almost as a corollary from the above, that poisons generated in the intestinal canal will also be rendered inert by bile. Traditional belief is clearly in favour of the view that certain forms of disordered health are produced by deterioration in the functions of the liver. Many of these disorders are now referred to auto-intoxication, and the advantage of cholagogue treatment thus finds an intelligible explanation.

While all the biles examined are antidotal against both toxins and venoms, it is shown that the bile produced by an animal in whose body venom is present is much more antidotal against venoms than against toxins. It is thus indicated that a special antidotal constituent, additional to the ordinary constituents, is present in the bile of an animal whose body contains a poison of the nature of the venoms or toxins. In all probability this constituent is antivenom or antivenene, which has been eliminated from the blood into the bile, and which in an infective disease would thus reinforce the antidotal qualities common to the normal bile of all animals. This, no doubt, is the explanation of the favourable results which have been obtained by Koch and others in the treatment of rinderpest with the bile of animals which have been infected with the micro-organisms, and consequently with the toxin, of that disease.

As in the case of *in vitro* and other experiments with antivenene and venom, the experiments with bile afford strong evidence in favour of the view, which in opposition to prevailing views I had ventured several years ago to suggest, that the antidotal or curative effects of antivenene and of disease antitoxins are of a chemical or physical, and not of a biological, nature.

REFERENCE.

¹ *Proc. Roy. Soc. of Edinburgh*, xxi, 1897, 457-565; *BRITISH MEDICAL JOURNAL*, September 4th, 1897, p. 595.

MEMORANDA:

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

INTESTINAL OBSTRUCTION DUE TO INDURATION OF THE GREAT OMENTUM.

A MAN, aged 66, came under observation in June, 1895, suffering from ulceration of the left leg. The lower half in nearly the whole circumference was a discharging ulcer with three sinuses leading to a thickened tibia. In addition to this lesion he had a scar on the forehead very suggestive of a healed gumma, with exfoliation of the outer table of the frontal bone. A nasal intonation of the voice was present without apparent cause in the soft palate or nose. In addition there was a marked condition of knock-knee on the left side, with considerable enlargement of the internal condyle of the femur. The case was regarded as one of tertiary syphilis. During the succeeding two years he had occasional attacks of vomiting, which easily yielded to treatment, and the condition of his leg improved but never entirely healed up till just previous to his last illness, when the ulcer was replaced by a firm white scar with cessation of discharge from the sinuses. For some months previous to his death he was subject to constipation.

On December 17th, 1897, he commenced to vomit, and had pain in the epigastric region. His bowels were relieved by an enema, and under treatment the stomach became less irritable, and some amount of nourishment was subsequently retained with occasional vomiting. The vomit was not faecal. Lying across the abdomen from right lower to left upper regions was an ill-defined fixed resistance, best felt on the left side just above the umbilicus, at which spot the fingers below and to the left could define an edge on a level with a transverse division of the rectus muscle giving the impression of a tumour, while at no other point could the limits of it be differentiated. There was no fluid in nor distension of the abdomen.

On December 25th, in spite of his illness, he obtained a small portion of currant cake which he retained. No change in condition occurred till ten days later when with renewed

vomiting the currants were returned undigested, the vomit having a faintly faecal odour. As there had been no relief from the bowels for seven days an enema was administered with practically no result. From this date everything taken by the mouth was immediately returned, and although fed by nutrient enemata his condition did not improve. On January 11th it was obvious that he had peritonitis, and death ensued on the following day.

A *post-mortem* examination revealed the presence of free non-faecal fluid in the peritoneal cavity with a few flakes of lymph here and there. The large intestine was empty, the small containing a little faecal matter. The ill-defined resistance proved to be the great omentum, very much indurated, surrounding the transverse colon. Contraction had occurred to such an extent that the lumen of the gut for a length of 6 inches or more would just admit a fine penholder. The stomach was closely attached to this, but there was no abnormality nor disease of it. The pylorus, pancreas, and liver appeared natural.

I am indebted to Dr. C. P. White, Pathologist to the General Hospital, Birmingham, for examining the specimen, and he reports, "Microscopical examination shows great increase of fibrous tissue which stains extremely badly, and here and there a few nodules of granulation tissue. The colon wall contains a large excess of fibrous tissue, and there is some hypertrophy of the muscular coat."

The absence of evidence of malignant disease after death, and the lesions present during life would suggest a syphilitic origin of the induration of the omentum.

Herne Bay.

T. ARMSTRONG BOWES, M.D.Cantab.

TETANUS NEONATORUM.

ON July 2nd Mrs. H., wife of an engine driver, was delivered of a healthy female child after a short and easy labour. I was not present at the birth, but saw the infant shortly after delivery. On the fourth day I was sent for to examine the baby, who was reported as being "strongly convulsed." The aspect of the child was very striking; marked risus sardonius, the lower jaw was protruded and tightly fixed so as to limit the introduction of even my little finger; the spasm of the body was opisthotonic, it extended to all the limbs, and was much aggravated by handling. I directed my attention to the umbilical wound, and found that the cord had separated, leaving an angry inflamed surface, but with no appearance of enlarged veins diverging as described by Gowers. The infant died from exhaustion twenty-four hours after my first visit in spite of the free use of sedatives such as chloral, belladonna, and bromide of potassium.

The most interesting point in the case was the fact that the umbilical stump had been dressed by the "wise woman" with a raisin, which I learnt is a usual vulgar application in this district. One would be tempted to attribute this untoward infection to the seemingly harmless dressing sanctioned by traditional custom, and an opinion that the germs were present in the dried fruit is strengthened when we recall the process used for drying grapes in Southern Italy, Sicily, and other vine-bearing countries. Tetanus is very frequent in Italy, the soil often laden with the bacilli; so the chain of evidence is complete enough to afford a warning.

We could hardly suggest the adoption of Baccelli's injections of carbolic acid for such tender patients, and the lean results of the serum cure do not warrant a general reliance in the antitoxin. One thing we can do, and that is see to the asepsis of the cord and its stump from the first day, and discountenance the fallacious teachings of legendary handy-woman-craft.

Maidstone.

A. DILLON CARBERRY.

A NOTE ON GLYCERINATED CALF LYMPH.

IN April of the present year I purchased glycerinated calf lymph in capillary tubes from four different sources, and tested them by a series of surface plate cultures with the following results:

Specimen 1.—From 12 to 20 colonies of staphylococcus, streptococcus, and bacilli (nature undetermined).

Specimen 2.—From 20 to 25 colonies of staphylococci, bacilli, and penicillium glaucum.

Specimen 3.—From 4 to 6 colonies of staphylococcus and yeast¹

Specimen 4.—Four colonies of staphylococcus and bacilli

Whilst the samples examined varied very widely as regards the number of colonies, it is noteworthy that pyogenic organisms were found in all, and that one contained streptococci.

Dr. Copeman has shown that if the lymph be taken and stored with due precaution the elimination of extraneous organisms occurs with marked regularity at the end of the fourth week, so that their presence in the specimens examined is either an indication that the lymph had not been stored for a sufficient length of time or that it had not been collected with sufficient care.

With a view to testing the effect of prolonged storage a second supply of lymph was secured, the dates on which they were taken were ascertained, and plate cultures were made.

Specimen 1, stored 199 days, developed 1 colony of micrococcus tetragenes only.

Specimen 2, stored 184 days, 2 colonies of bacilli, 1 of staphylococci.

Specimen 3, stored 144 days, 2 colonies of staphylococcus, 1 of micrococcus tetragenes.

Specimen 4, stored 74 days, 1 colony of bacilli and 2 of penicilium.

Although in no case was the lymph sterile, yet the effect of prolonged storage was materially to reduce the number of extraneous micro-organisms present. The efficiency of the lymph was in no way impaired, a child vaccinated from lymph No. 3 developing perfect vesicles around which little inflammatory areola developed.

To insure the greater purity of their lymph and increased safety in vaccination, medical practitioners should either store the material themselves for a period of one or two months, or should insist, when purchasing tubes, that the date on which the lymph was taken be stated. In addition, the supply should from time to time be submitted to bacteriological examination in order to test the efficacy of the precautions taken.

J. O. SYMES, M.D., D.P.H.Lond.,
Bacteriologist, Bristol Royal Infirmary.

EXOPHTHALMIC GOITRE WITH UNILATERAL EYE SYMPTOMS.

I WAS much interested in the account of the two cases described by Dr. James Hinshelwood in the BRITISH MEDICAL JOURNAL for June 25th, because a similar case was sent to me by Dr. Longbotham, of Middlesbrough, in November, 1897.

The patient was a young unmarried woman, and the symptoms were only of two or three weeks' duration. She had distinct exophthalmos of the right eye; Stellwag's and von Graefe's symptoms were present. The right lobe only of the thyroid gland was enlarged, and there was distinct tachycardia. The history seemed to indicate that mental anxiety may have been the cause, and the patient showed nervous excitability. I had no difficulty in giving a confident opinion that this was a case of exophthalmic goitre in the early stage.

Symptoms of exophthalmic goitre are believed to show a marked preference for the right side of the body, especially in the early stages of the disease. Fitzgerald, of Dublin, who has attempted to explain this preference, believes the tachycardia to be also a right-sided symptom, because the right vagus is probably more concerned with the inhibition of the heart than the left, and also because the heart "soon after its appearance in the embryo projects to the right side, where it comes into relationship with the corresponding vagus." These facts add to the interest of Dr. Hinshelwood's cases, as in both cases the eye symptoms were left-sided.

I have very recently seen the case I have quoted, and there is practically no change in the symptoms.

Stockton-on-Tees.

VICTOR MILLER.

VACCINATION IN TASMANIA.—A deputation, representing the medical societies of Hobart and Launceston, recently had an interview with the President of the Board of Health to ask him to introduce a Bill to carry out vaccination on the lines recommended by the Royal Commission for Vaccination in this country. It was urged that children should be vaccinated before the age of six months, that no postponement should be for longer than three months, that calf lymph should be preferred, that patients should have the right to employ their own medical men, and that a permissive clause should be retained. It was understood that the Bill would be redrafted and again submitted to the medical societies.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

ROYAL HANTS COUNTY HOSPITAL, WINCHESTER.

NOTES OF A CASE OF DIABETES INSIPIDUS TREATED WITH
AMYL HYDRATE AND PARALDEHYDE.

(By ERNEST F. CLOWES, L.R.C.P., M.R.C.S., House-
Physician.)

IN the *Year Book of Treatment* for 1898 is described a case of diabetes insipidus, which Brackman treated with amyl hydrate. Having a case of this kind in the hospital at the time I read of the above case, it was decided to try the effect of the drug on our patient.

E. A., a general servant, aged 20, was admitted on November 5th, 1897, passing large quantities of urine. She gave the following history. About two months previous to admission she noticed that she was passing much more urine than usual, and that she always seemed thirsty. She says that the thirst had gradually got more marked, and she often drank as much as one or two gallons of water in addition to the ordinary fluids, such as tea, during the twenty-four hours. At first she could do her work as usual, but for three weeks previous to admission she had often felt "giddy and weak." She had always been very nervous, but could not remember having received any shock or fright at the time she first noticed the great increase in the amount of urine passed. There was no history of any diabetes in her family.

She was a well-nourished girl, and was apparently quite healthy. The skin was rough and dry, but not exceedingly so. She complained of her mouth being always very dry. During the first twenty-four hours after admission she passed 196 ounces of urine—clear, of a light straw colour, and faintly acid. The specific gravity was 1002, and it contained a very slight trace of albumen.

From November 5th, 1897, to February 17th, 1898, the following drugs were tried in succession: zinci valerianas, belladonna, codeina, antipyrine, digitalis, ergot, ammon. fort., and also faradism was applied to the spine. All failed to produce any change, and, indeed, the amount of urine passed increased up to amounts varying from 260 ounces to 210 ounces in the twenty-four hours.

On February 17th, 1898, it was decided to try the effect of amyl hydrate; this was started by administering half-drachm doses at night, and then gradually increasing the amount. For the first twenty-four hours after giving the drug the patient passed 244 ounces, but on February 18th this amount fell to 218 ounces. From this date the quantity of urine gradually decreased until March 7th. On this date she passed the least amount since she had been under treatment, namely, 106 ounces. By this time the amyl hydrate had been increased up to 3 drachms nightly. The specific gravity of the urine on this date was 1010, higher than it had ever been before, but it still contained a slight trace of albumen. From this date, March 9th, in spite of the increased doses of amyl hydrate, the quantity of urine passed steadily rose to 120 to 140 ounces a day.

After taking the amyl hydrate for a fortnight, she often asked for the drug in the day time as well as at night, and was very restless and irritable, and it was clear she had developed a great craving for it. To obviate this, the patient was put on paraldehyde in place of amyl hydrate, and the obnoxious taste of this drug quickly cured the craving for the former drug, and, moreover, seemed to have the same effect on the amount of urine passed as the amyl hydrate had.

The thirst very greatly diminished during the administration of the amyl hydrate, and the patient was in no way inconvenienced by it except that she sometimes complained of a slight burning sensation in the throat. During her stay in the hospital she gained 10lbs. in weight. Before her discharge on March 26th she was carefully examined and was found quite healthy.

proceedings for the recovery of his salary, and it may be that he also has a remedy in damages for wrongful dismissal. We would recommend our correspondent, however, to act through a solicitor if he intends taking any legal action in the matter.

MIDWIFERY ENGAGEMENTS.

H. R. S. writes: "L," having spoken to "S," to attend her in her confinement, and hearing some two months before that he is attending "C," and family for scarlet fever, tells "S," that he cannot attend her. After several interviews with "L," and her relatives, "S," is abruptly told that "L," has made her own arrangements, though he had offered to get his partner to attend the scarlet fever cases or give a choice of three medical men to act for him. What compensation, if any, would it be advisable to ask?

. If sufficient notice was given of the cancelling of the engagement, we do not think that a court of law would give "S," any compensation, and would probably hold that two months was sufficient notice.

A QUESTION OF FEES.

MEMBER B. M. A.—It would seem that the agreement to attend the club members had a retrospective effect, and it is extremely doubtful therefore if our correspondent could successfully maintain a claim to be paid for the medical attendance on the two club members (who called him in prior to the agreement being signed) at any rate for any part of time covered by the agreement. The question involves points of some nicety, however, and it might be desirable for our correspondent to place the facts, together with the agreement, before his solicitor if the amount involved is at all considerable.

INQUESTS AFTER OPERATIONS.

INQUIRER asks: Under what circumstances do coroners hold inquests in cases of death arising after operations in hospitals and otherwise?

. In all cases of death arising from injury or violence of any kind it is the duty of a coroner to hold an inquest, whether any surgical operation has been performed or not. In cases in which operations have been performed, or those about to be performed, and death occurs whilst the patient is under the influence of an anæsthetic, an inquest is held. In other cases where death occurs during the course of an illness, when an operation is necessary as part of the treatment—as for cancer, tumours, etc.—and the patient dies at or soon after such operation, then, if all parties are agreed that the death arose from natural causes, a medical certificate is granted in the ordinary manner, and, unless some other reason exists for holding an inquiry, such a death would be registered in the usual way. The same rules would apply whether the death took place in any public or private institution or at the home of the patient. With regard to giving information to the coroner, it is usual for the medical attendant or some official of the hospital to communicate with the coroner or his officer, or direct the friends to do so, in all cases in which it is usual to hold inquests, and in such cases where the medical attendant may be in doubt as to giving the usual certificate of the cause of death a letter to the coroner stating the facts will settle the matter.

PURCHASE OF PRACTICE.

NORTHUMBRIAN.—From the statement submitted by our correspondent, it would appear that he purchased a medical practice and negotiated therefor with the gentleman who had been acting as *locum tenens* to the vendor, but nothing is stated as to the basis upon which the purchase money for the practice was arrived at, nor whether there was any negotiation with the vendor direct. Information on numerous points would be necessary before our correspondent could be advised as to whether he has any remedy. On the other point it does not appear that our correspondent introduced into his agreement with the vendor any proviso binding the *locum tenens* not to start practice in the locality.

MEDICAL CERTIFICATES UNDER THE WORKMEN'S COMPENSATION ACT.

J. A. G.—Under the Workmen's Compensation Act the employer can insist on the injured workman being examined by his own doctor. This does not necessarily oust the workman's own doctor from attendance on him, nor render valueless the certificate of the latter. In all cases where a claim is made against another for an injury, it is considered just that the person against whom the claim is made should have the right to send his own doctor to verify this injury.

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Part II. *Practical Pharmacy*.—S. A. Agar, London Hospital; A. G. H. Anthonisz, University College, London; A. J. Arch, Mason University College, Birmingham; H. Archer, Yorkshire College, Leeds; E. W. Aylen, London Hospital; W. A. Bailey, University College, Liverpool; C. R. H. Ball, St. Bartholomew's Hospital; E. J. B. Bartlett, King's College, London; R. L. Beane, St. Thomas's Hospital; J. H. Beasley, Mason University College, Birmingham; G. H. Bedford, Guy's Hospital; H. F. Bellamy, Birkbeck Institute and Charing Cross Hospital; H. S. Bennett, St. Thomas's Hospital; K. H. Bennett, University College, London; C. W. Bond, St. Mary's Hospital; R. E. Brayne, Guy's Hospital; R. H. Bridges, St. Thomas's Hospital; H. H. Burpitt, University College, Cardiff; H. C. Causton, University College, London; R. T. Collins, Guy's Hospital; A. T. Compton, St. Bartholomew's Hospital; R. H. Crompton, University College, Liverpool; J. A. Cronkshaw, Owens College, Manchester; W. E. L. Davies, St. Bartholomew's Hospital; E. D. Davis, University College, Cardiff; E. A. Donaldson-Sim, St. Bartholomew's Hospital; A. S. Downton, London Hospital; P. S. Drabble, Firth College, Sheffield; R. A. Eastmond, London Hospital; T. H. Edwards, St. Thomas's Hospital; G. J. Evans, St. Mary's Hospital; G. S. Ewen, St. Bartholomew's Hospital; A. E. Fiddian, University College, Cardiff; R. S. W. Fitz-Henry, Middlesex Hospital; T. H. Fowler, St. Bartholomew's Hospital; E. B. Garrard, Mason University College, Birmingham; O. B. Gauntlett, St. Thomas's Hospital; A. C. George, Owens College, Manchester; H. S. Greaves, St. Bartholomew's Hospital; H. R. Grellet, Guy's Hospital; P. B. Grenfell, St. Bartholomew's Hospital; W. H. Griffith, University College, Liverpool; E. R. Griffiths, Middlesex Hospital; J. W. Gromitt, Guy's Hospital; R. J. Harris, St. Thomas's Hospital; G. W. Harrison, St. Thomas's Hospital; A. E. U. Hawkes, University College, Liverpool; H. A. Higgins, Guy's Hospital; H. Hipwell, Middlesex Hospital; G. Hughes, St. Bartholomew's Hospital; E. O. Hughes, St. Bartholomew's Hospital; G. F. Humphreys, Guy's Hospital; F. W. Jackson, St. Bartholomew's Hospital; R. Jacques, University College, Liverpool; T. Jays, St. Thomas's Hospital; H. Jones, University College, Cardiff; R. L. Jones, Middlesex Hospital; W. W. C. Jones, Guy's Hospital; C. R. Keed, St. Bartholomew's Hospital; E. H. Kenderdine, Mason University College, Birmingham; W. A. D. King, Middlesex Hospital; W. R. Kirkness, King's College Hospital; S. W. A. Lambert, London Hospital; R. C. Lawry, Guy's Hospital; G. J. A. Leclézio, St. Bartholomew's Hospital; D. S. Lewis, University College, Cardiff; J. Lewis, University College, Cardiff; H. S. Libby, St. Thomas's Hospital; F. S. Lister, St. Bartholomew's Hospital; C. A. Lower, Guy's Hospital; E. J. A. Luxmoore, St. Mary's Hospital; W. McLroy, Guy's Hospital; H. A. Mason, Firth College, Sheffield; H. M. H. Melhuish, St. Bartholomew's Hospital; A. A. Miller, Guy's Hospital; H. Mills, St. Bartholomew's Hospital; T. W. Morcam, London Hospital; T. C. Neville, St. Bartholomew's Hospital; S. L. Pallant, Guy's Hospital; F. D. Parbury, St. Bartholomew's Hospital; W. Parsons, University College, London; J. D. Pearson, Guy's Hospital; H. G. Peel, Yorkshire College, Leeds; F. G. Pierce, Charing Cross Hospital; H. Pierpoint, University College, Liverpool; C. Price, University College, Cardiff, and St. Mary's Hospital; R. V. de A. Redwood, University College, Cardiff; C. M. Row, University College, London; D. S. Sandiland, St. Bartholomew's Hospital; T. Scatchard, Yorkshire College, Leeds; W. H. Scott, St. Bartholomew's Hospital; H. W. Sexton, St. Thomas's Hospital; E.

W. H. Shenton, Guy's Hospital; E. B. Smith, St. Bartholomew's Hospital; F. G. Snoad, Mason University College, Birmingham; W. Stansfield, Owens College, Manchester; W. Sykes, Owens College, Manchester; S. W. Tetley, Yorkshire College, Leeds; A. E. Thomas, St. Bartholomew's Hospital; R. J. P. Thomas, St. Bartholomew's Hospital; C. W. Turner, Durham University and Owens College, Manchester; H. Upcott, St. Thomas's Hospital; E. L. Ward, University College, Cardiff; R. N. Watson, Westminster Hospital; W. T. Webb, University College, Bristol; J. A. W. Webster, St. Mary's Hospital; H. V. Wenham, St. Bartholomew's Hospital; M. C. Wetherell, Guy's Hospital; C. C. K. White, St. Bartholomew's Hospital; T. R. Wilshaw, Mason University College, Birmingham; H. C. Winckworth, Guy's Hospital; G. D. Winston, St. Mary's Hospital; A. C. Young, St. Bartholomew's Hospital.

Part III. Elementary Biology.—C. F. M. Abbott-Brown, King's College, London; H. Archer, Yorkshire College, Leeds; L. D. Bailey, St. Paul's School, London; W. Bain, City of London College; J. H. Banks, St. George's Hospital; O. M. Bartlett, St. Mary's Hospital; L. B. Bigg, St. Bartholomew's Hospital; A. H. Bloxsome, St. Bartholomew's Hospital; L. T. Booth, University College, Liverpool; G. L. Buckeridge, Oxford University; A. Camacho, Charing Cross Hospital; T. Campbell, University College, Liverpool; C. F. Canton, Charing Cross Hospital; J. W. Caton, Guy's Hospital; C. H. R. Collart, Westminster Hospital; C. M. L. Cowper, Guy's Hospital; A. D. Crofts, Birkbeck Institute; F. W. Daniels, Birkbeck Institute; E. D. Davis, University College, Cardiff; P. T. Drabble, Firth College, Sheffield; N. E. Dunkerton, King's College, London; F. R. Edmonds, University College, London; W. H. Elwood, Queen's College, Belfast; G. J. Evans, St. Mary's Hospital; H. F. Everett, London Hospital; L. A. Fennell, Birkbeck Institute; B. M. Footner, King's College, London; W. H. Griffith, University College, Liverpool; C. J. H. Gunning, St. George's Hospital; W. L. Hawkins, King's College, London; G. A. Hayman, King's College, London; L. Hill, University College, Glasgow; H. M. Huggins, St. Bartholomew's Hospital; G. Hughes, St. Bartholomew's Hospital; M. O. Hunter, St. George's Hospital; W. Ibbotson, Firth College, Sheffield; J. A. Ireland, University College, Liverpool; E. N. Jupp, Guy's Hospital; E. H. Kenderdine, Mason University College, Birmingham; R. Lloyd, Firth College, Sheffield; A. B. Low, St. Mary's Hospital; F. W. McCoy, Yorkshire College, Leeds; F. J. Macphail, University College, Liverpool; J. F. McQueen, University College, Liverpool; P. J. Marcet, Westminster Hospital; W. C. Nimmo, Westminster Hospital; W. O. C. Niven, Birkbeck Institute; C. W. O'Brien, St. Bartholomew's Hospital; A. O'Neill, St. Bartholomew's Hospital; G. O. Parsons, St. Thomas's Hospital; B. Pick, St. George's Hospital; T. C. Power, London Hospital; H. E. Priestly, St. George's Hospital; B. B. Riviere, University College, Glasgow; F. B. Shettle, St. George's Hospital; A. H. Smith, Firth College, Sheffield; F. G. Snoad, Mason University College, Birmingham; A. J. L. Speechly, St. Bartholomew's Hospital; O. F. W. Steele, Mason University College, Birmingham; H. D. Stewart, University College, London; H. C. Sutton, Owens College, Manchester; J. H. K. Sykes, Yorkshire College, Leeds; M. B. Taylor, Guy's Hospital; J. L. O. Tilley, University College, Bristol; H. F. Vidal, King's College, London; J. M. Wall, St. Thomas's Hospital; H. W. Wallis, Guy's Hospital; A. L. Walters, St. Thomas's Hospital; S. H. R. Welch, Charing Cross Hospital; J. A. Williams, University College, London; J. Williams, Birkbeck Institute; R. C. Wilmot, St. Bartholomew's Hospital; R. M. Wingent, Guy's Hospital.

Passed under the Four Years Regulations:

Part I. Chemistry, including Chemical Physics.—J. Ewing, Yorkshire College, Leeds; P. S. Cooke, Charing Cross Hospital.

Part II. Materia Medica.—J. Ewing, Yorkshire College, Leeds; J. A. Rooth, St. George's Hospital; A. H. Safford, King's College, London; F. S. Topham, Yorkshire College, Leeds.

UNIVERSITY OF GLASGOW.

POST-GRADUATE CLASSES IN PATHOLOGY AND BACTERIOLOGY.—As in former vacations, Professor Coats and his assistants have arranged to conduct short practical laboratory classes in the above subjects at the Pathological Institute, Western Infirmary. Each class will meet for two hours daily (except Saturday) from September 13th to October 12th, and the necessary apparatus and materials are supplied. These classes are open to fifth year students as well as to Graduates.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, August, 1898.—The following candidates passed in:

Surgery.—H. A. Ahrens, King's College Hospital; M. E. Bennett (Section II), Royal Free Hospital; E. Fryer, Guy's Hospital; J. E. W. McFall (Section I and II), Liverpool; R. O. Jones, Guy's Hospital; E. Mac L. Judge, Guy's Hospital; O. T. A. Phillips, Cardiff and London Hospital.

Medicine.—F. Athill (Section II), Charing Cross Hospital; W. H. I. Bathurst (Section I), London Hospital; H. R. Cross, Leeds; J. J. Huey, Glasgow; J. Jones, Edinburgh; J. E. W. McFall (Sections I and II), Liverpool; R. G. W. Saint-Cedd, Guy's Hospital; W. J. Schuller (Section II), London Hospital; N. Walmisley, St. Bartholomew's Hospital; J. Welch, Dublin; R. Le G. Worsley (Section I), St. George's Hospital.

Forensic Medicine.—W. H. I. Bathurst, London Hospital; H. R. Cross, Leeds; H. Greenwood, London Hospital; J. J. Huey, Glasgow; J. E. W. McFall, Liverpool; R. G. W. Saint-Cedd, Guy's Hospital; D. C. M. Shaw, Manchester; N. Walmisley, St. Bartholomew's Hospital; J. Welch, Dublin; R. Le G. Worsley, St. George's Hospital.

Midwifery.—J. M. Anderson, Aberdeen; E. C. W. Beasley, St. Mary's Hospital; R. Brookes, Westminster Hospital; T. S. Elliott, London Hospital; D. Fletcher, St. Bartholomew's Hospital; H. Greenwood, London Hospital; J. E. Griffith, St. Bartholomew's Hospital; J. Welch, Dublin.

The diploma of the Society was granted to Messrs. H. A. Ahrens, F. Athill, E. Fryer, O. T. A. Phillips, and D. C. M. Shaw; and Miss M. E. Bennett.

OBITUARY.

WILLIAM PEPPER, M.D.,

One time Provost of the University of Pennsylvania.

THE death of Dr. Pepper, at the early age of 55, removes a striking figure, not from the professional stage alone, but from the wider platform of civic and national affairs. There were physicians in the United States his equal in clinical knowledge, there were teachers, as competent—though there were few who could hold an audience in an amphitheatre more closely—there were men who had contributed more to the advancement of medicine, but there was no one of this generation whose sphere of action has been so wide or so beneficent. To find a man of the same masterful character in the profession we must go back to his great predecessor in the Chair of Medicine in the University of Pennsylvania, Benjamin Rush.

Briefly given, the chief points in his career are as follows. He was born in 1843, the son of Dr. William Pepper, the Professor of Medicine in the University of Pennsylvania, and a distinguished clinical teacher. After graduating from the collegiate department he studied medicine, and took the M.D. degree in 1864. For several years he devoted himself with great energy to the study of morbid anatomy; and the *Transactions of the Philadelphia Pathological Society* and the museum catalogue of the Pennsylvania Hospital testify to the thoroughness of the foundation which he laid in his early years. After lecturing for some years in clinical medicine, he became Professor of this subject in the University. He occupied this chair until 1884, when he succeeded Dr. Stillé, as Professor of the Principles and Practice of Medicine, a position which he held at his death. Meanwhile he had thrown all his energies into the reorganisation of the Medical School and the removal of the University from the centre of the city to west Philadelphia. So strong was the impression of his executive abilities that in 1881 he was elected Provost of the University. During the thirteen years in which he filled this responsible position, the University made the most remarkable advances, and rose to a position of the first rank. The number of students more than doubled, the land owned increased from 13 to 52 acres, and an entirely new group of technical schools with their laboratories were created. In 1894, feeling that the executive work of the University would be safer in other hands, he retired, but not to rest. For the past four years he has laboured incessantly in the promotion of three large schemes—the Archaeological Department of the University, the Commercial Museums, and the Free Libraries of Philadelphia. Last year he presided at a great Commercial Congress, and impressed everyone with his strong grasp of economic problems.

With all these cares (which after all were not more than are borne by many men with great executive gifts), Dr. Pepper not only kept in close touch with the profession, but carried on an extensive consulting practice. There has not been in the past twenty years a single project of general professional interest in which his strong presence has not been felt. In the organisation of the Association of American Physicians, of the Triennial Congress of Physicians and Surgeons, and of the Pan-American Medical Congress (of which he was the President), he took a leading part. The profession of the United States has never had a more public-spirited member.

Dr. Pepper's literary work was continued uninterruptedly from the time of his early contributions to morbid anatomy from the Pennsylvania Hospital. The early volumes of the *Philadelphia Medical Times*, which he founded, are full of articles from his pen. To the *American Journal of the Medical Sciences* he contributed a long series of valuable clinical papers, among the earliest of which was pioneer papers in America on pernicious anæmia, on tuberculosis, on diseases of the heart and arteries, on appendicitis, in which his work was of particular value, and on diseases of the stomach and intestines, in which his communications have been of great value. He was associated with Dr. Meigs in the authorship of the work on *Diseases of Children*, which ran through many editions, and was deservedly popular on both sides of the Atlantic. He edited, in five volumes, the *American System of*

MEDICAL NEWS.

LORD SALISBURY, who has been staying at Contréxéville, has completed his course, and has gone with Lady Salisbury and other members of his family for an after-cure at Gérardmer and La Schlucht in the Vosges.

DR. DAVID MACKECHNIE, J.P., on leaving West Hartlepool lately to take up his residence at Burton-on-Trent, was presented with two illuminated addresses presented to him by the Foresters and Druids respectively.

DIPHTHERIA ANTITOXIN.—The medical report of the French army states that since the introduction of the serum treatment of diphtheria the mortality among cases of that disease had fallen from 11.3 per cent. to 6 per cent.

IN view of the risk of the importation of plague the Governor of the District of Kiaochow, Germany's new possession in China, has given orders that trading ships must be inspected by a naval surgeon before making any communication with the shore.

THE next examination for the certificate in nursing and attending on the insane granted by the Medico-Psychological Association of Great Britain and Ireland will be held on November 7th. Notices of intention to compete must be sent on or before October 10th to the Registrar, Dr. Spence, Burntwood Asylum, near Lichfield, who will forward a schedule to be filled up.

SMALL-POX at JOHANNESBURG.—A telegram to the *Times* from Johannesburg, dated August 29th, states that the rapid spread of small-pox in the town and suburbs is causing great anxiety. It is added that the town council is attempting to take the control from the Small-pox Committee.

PRESENTATION.—Dr. R. W. Roberts, of Cwmavon, Glamorganshire, was, on August 27th, presented with a public testimonial from the workmen of Cwmavon on the occasion of his marriage. He was given a dining-room clock with ornaments, a drawing-room clock with ornaments, three handsome etchings, and an ophthalmoscope. The gifts bore the following inscription: "Presented to Dr. R. W. Roberts, of Cwmavon, by the workmen on the occasion of his marriage, August, 1898."

MEDICAL VACANCIES.

The following vacancies are announced:

- ANGOR, CARNARVONSHIRE AND ANGLESEY INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by September 5th.
- BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments in the hospital. Applications to the Registrar and Secretary by September 12th.
- BATH: ROYAL UNITED HOSPITAL.—House-Surgeon. Appointment for one year. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by September 6th.
- BELGRAVE HOSPITAL FOR CHILDREN, 77 and 79, Gloucester Street, S.W.—House-Surgeon. Appointment for six months. Board and residence in the Hospital and an allowance of £5. Applications to the Honorary Secretary by September 17th.
- BETHELM HOSPITAL.—Two Resident House Physicians. Appointments for six months from November 1st. Apartments, complete board and washing provided. Applications, endorsed "House Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., before October 3rd.
- BETHNAL GREEN BOARD OF GUARDIANS.—Second Assistant Medical Officer for the Workhouse and Infirmary, Waterloo Road, Victoria Park, N.E. Appointment for six months and will probably be extended. Salary at the rate of £80 per annum, with rations, furnished apartments and washing. Applications, on forms provided, to the Clerk by September 5th.
- BIRKENHEAD BOROUGH HOSPITAL.—Junior House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Chairman of the Weekly Board by September 5th.
- 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 10th.
- BODMIN: CORNWALL COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary, £100 per annum, increasing to £120, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by September 20th.
- BRADFORD ROYAL INFIRMARY.—Honorary Physician. Applications to the Secretary by September 25th.
- CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.—Temporary Assistant Lecturer and Demonstrator in Physiology. Appointment for one year. Salary, £120. Applications to the Secretary by October 1st.
- DEVON COUNTY ASYLUM.—Medical Superintendent. Salary to commence, £800 per annum, with furnished residence, etc. Applications to Arthur E. Ward, Solicitor, 9, Bedford Circus, Exeter, by September 6th.
- DOVER HOSPITAL.—House-Surgeon; unmarried. Salary, £100 per annum, with board and lodging. Applications, on forms provided, to the Secretary, 13, Castle Street, Dover, by September 10th.
- EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Surgeon. Board, residence, etc., provided, and honorarium of £25. Applications to the Secretary by September 10th.
- EXETER CITY ASYLUM.—Assistant Medical Officer; unmarried. Salary, £120 per annum, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent, Digbya, Exeter, by September 13th.
- KENT COUNTY ASYLUM, Chatham, Canterbury.—Third Assistant Medical Officer. Salary, £120 per annum, with board, etc. Applications to the Medical Superintendent by September 8th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer for six months. Board, residence, and washing provided, and honorarium of five guineas. Applications to the Secretary by September 15th.

MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Honorary Surgeon.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician, House-Surgeon Assistant House-Physician, and Assistant House-Surgeon. Appointments for six months. Salaries for the two former at the rate of £40 per annum and the two latter at the rate of £20 per annum. Applications to the Secretary by September 12th.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-on-Trent.—House-Surgeon. Salary, £120 per annum, increasing by £10 a year at discretion of Committee, with furnished apartments, board, and washing. Applications to the Secretary by September 20th.

NORWICH: NORWOLK AND NORWICH HOSPITAL.—Assistant House-Surgeon. Appointment six months. Board, lodging, and washing provided. No salary. Applications to the Secretary by September 6th.

SHEFFIELD ROYAL HOSPITAL.—House-Physician. Board, lodging, and honorarium, 25 guineas. Applications to the Secretary, Honorary Medical Staff, by September 5th.

ST. ANDREWS UNIVERSITY.—Professor of Midwifery. Applications to the Secretary of the University Court by September 15th.

ST. MARY'S CHILDREN'S HOSPITAL, Plaistow, E.—Assistant Resident Medical Officer. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Also Ophthalmic Surgeon. Applications to the Secretary by September 27th.

TRIGNMOUTH HOSPITAL, South Devon.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Chairman of Committee by September 5th.

WESTERN GENERAL DISPENSARY, Marylebone Road.—House-Surgeon; unmarried. Salary, £80 per annum, with board and residence. Applications to the Secretary by September 6th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments tenable for six months. Applications to the Secretary Superintendent by September 21st.

MEDICAL APPOINTMENTS.

BARRINGTON, Fourness, M.B. Edin., F.R.C.S., appointed Honorary Surgeon to the Lewisham Hospital for Women and Children, Sydney.

BEAL, Dr. D., appointed Medical Officer of Health to the Mifford and Launditch Rural District Council.

COLLINS, William E., M.B. Lond., M.R.C.S. Eng., appointed Honorary Surgeon to the Wellington Hospital, New Zealand.

DAY, Dr. E., appointed Medical Officer for the Nettledale Districts of the Henley Union.

DUNCAN, D. William, appointed Medical Officer of Health to the Clay Cross Urban District Council.

EDLESTON, R. S. C., M.R.C.S., L.R.C.P. Lond., appointed Assistant Medical Officer to the Brentford Union Infirmary.

EDWARDS, Walter, M.A. M.C., appointed Surgeon to Out-patients on the Honorary Medical Staff of the Evelina Hospital for Sick Children.

JAMES, D. P., F.R.C.S. Eng., L.R.C.P. Lond., appointed Honorary Surgeon to the Wellington Hospital, New Zealand.

KITSON, Francis P., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of Health to the Beaminster Rural District Council.

LETHEBRIDGE, C. F., M.R.C.S. Eng., appointed Officer of Health for the North and West Divisions of Riponshire, Victoria, vice Dr. B. J. Adam, resigned.

MACKEENZIE, F. W., M.B., C.M. Edin., appointed Honorary Ophthalmic Surgeon to the Wellington Hospital, New Zealand.

MAKINS, G. H., F.R.C.S., appointed one of the Consulting-Surgeons on the Honorary Medical Staff of the Evelina Hospital for Sick Children.

MARTIN, A., M.D. Lond., M.R.C.S. Eng., appointed Honorary Surgeon to the Wellington Hospital, New Zealand.

MORGAN, Cosby W., M.D. Brux., appointed Government Medical Officer and Vaccinator for the District of Eden, New South Wales.

OLIVIER, W. J., M.R.C.S. Eng., appointed Health Officer for Lawlers, Western Australia.

POLLOCK, J. E. B., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of Health to the Tiverton Rural District Council.

POWELL, H. A., M.B. Adel., appointed Medical Officer at Kadina, South Australia, vice Dr. Robinson, resigned.

SMITH, Mr. Robert A., appointed Medical Officer for the Finchfield District of the Braintree Union, vice Dr. Hutchinson, resigned.

SNELL, E. Hugh, M.D., B.Sc. Lond., D.P.H. Camb., reappointed Medical Officer of Health to the City of London and Medical Superintendent to the City Hospital.

STREET, A. E., L.R.C.P. Lond., M.R.C.S., appointed Resident Medical Officer of the Dyffryn Aled Branch of the Cheadle Royal Lunatic Hospital.

TRAER, J., M.B. Vic. Univ., appointed Honorary Physician to the Wellington Hospital, New Zealand.

THOMAS, Julia, M.B. Syd., appointed Resident Surgeon to the Children's Hospital, Sydney.

TURBY, A. H., M.S., M.B., appointed Surgeon to In-patients on the Honorary Medical Staff of the Evelina Hospital for Sick Children.

WALTON, W. E., F.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Melton District of the Wollaton and Burslem Union.

WILSON, Dr. T., appointed Health Officer at Cuddingwarra, Western Australia.

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 insure insertion in the current issue.

BIRTHS.

BLOMFIELD.—On August 26th, at the Horseferry, Pontefract, the wife of George Willis Blomfield, M.R.C.S., L.R.C.P., of a daughter.

BLUMER.—On August 30th, at St. Mary's Grove, Stafford, the wife of F. Milnes Blumer, of a son.

GOSSE.—On August 25th, at Eccleshall, Staffs, the wife of Hope Wilkes Gosse, M.R.C.S. Eng., L.R.C.P. Edin., of a son.

MARRIAGES.

EDLESTEN—MUSKETT.—On August 10th, at the Parish Church, Corfe Mullen, Dorset, by the Rev. Eliott Drake Brascoe, M.A., assisted by the Rev. E. Plumtre, M.A., Rector of the parish, and the Rev. F. L. Schreiber, M.A., Ernest A. Edlesten, M.B., M.A. Oxon., M.R.C.S., L.R.C.P., of Brixton, S.W., eldest son of J. Malin Edlesten, Esq., of Grappenhall, Cheshire, to Catherine Helen, daughter of the late John Muscott, Esq., of Diss, Norfolk, and of Mrs. Moon, of Corfe Lodge, Wimborne, and granddaughter of the late John Gould, Esq., F.R.S.

POOLE—HARLAND.—On August 22nd, at Holy Trinity Church, Ryde, I.W., by the Vicar, Rev. W. M. Cameron, M.A., W. Evered Poole, Major, late 60th Royal Rifles, to Fanny Kate Elliott, younger daughter of Henry Harland, M.D., of Eastbridge, Ryde, I.W., formerly of Wadhurst and Tunbridge Wells.

SPIGEE—HUNTER.—On July 7th, at Marylebone Parish Church, by the Rev. F. Eliott, M.A., Vicar of St. Luke's, Queen's Crescent, assisted by the Rev. Alfred Pugh, Assistant Chaplain, to H.M. Prison, Holloway, Frederick Spigee, M.D., of Devonshire Street, Portland Place, eldest son of Frederick Spigee, M.R.C.S., of Carleton Road, Tufnell Park, to Florence Annie, third daughter of the late Richard Hunter of The Elms, Hilldrop Road, N.

