MEMORANDA:

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

TEMPERATURES DURING THE PUERPERIUM.

THE following temperature observations on lying-in women, made in the course of private practice, may interest those who have taken part in the discussion recently on the conduct of midwifery.

In sixty consecutive cases where fairly rigid antiseptic cleanliness was observed, the average temperature in the left axilla for the days of attendance was found to be subnormal for each day of the puerperium. Eight cases showed a temperature of 100° or over at some or other time during the lying-in period; namely, one case on the same day as confinement with 100°; one case with 101°, 102.2°, 101.8°, 101°, 100° on the third, fourth, sixth, seventh, and tenth days; one case on the fourth day with 100°; one case on the eighth day with 101.2°; one case on the second day with 101.1°; one case on the third day with 103°; one case on the second, third, and fifth days with 101.4°, 101°, 101.2°; one case on same day as confinement with 100 2°.

Only two cases show a continuous temperature of 100° or over for more than one day. Of these, one was confined during acute pleurisy; labour seemed to reduce the temperature, which again rose. This case is seventh in the above eight.

The second case, also second in the above eight, had vaginitis, metritis, and sapraemia: a midwife delivered her in my absence. A large tear occurred in the perineum, and cervical rents were present. The child was conceived prior to marriage.

The highest temperature was 103°. In this tense breasts were the exciting cause, tinea of the breast being also present, infection being got from a child with tinea of the scalp.

In other nineteen cases, the axillary average daily temperatures were all subnormal (Kew certified thermometers being used), and a subnormal axillary temperature seems the criterion. Among these nineteen cases, four had average temperatures above the normal, namely, 98.71°, 99.12°, 100.86°; 99 2° for the axilla. The case with 100 86° had a history of discharge and irritation about the pudenda prior to labour; a midwife was nurse; and, on first examination, I was struck by the adhesions round a partly open os, the raggedness of it, and the feeling of great heat in the vagina; I thought that "fever" was present even then. Metritis and pelvic cellulitis set in, and antistreptococcic serum was used, favourably. The mouth temperature in this case rose to 104.6° on the fourth day, and convalescence was long.

The daily average mouth temperatures give 99.3° on the third day, 99 5° on the fourth day, and 99.5° on the sixth day. For other days of puerperium they range from 98 6° to subnormal. The 100 86° in axilla is represented by 101.5° for six days' average in the mouth. In any cases where a temperature above 100° has developed for length of time it seems to me the chief causes have been, besides chest troubles such as pleurisy and pneumonia:

1. Faulty cleanliness on the part of the nurse—for example, leaving patient for a day soaked in discharge.

2. External skin infection at the perineum, where the skin edge of a perineal rent has been infected.

3. Infection prior to the commencement of labour, where there is a history of pruritus, vaginitis, and leucorrhoea, perhaps gonorrhoea, and where adherent membranes, and early heavy downbearing cause small tears in the cervix in first stage of labour.

There seems little ground for a pretension that high temperatures are specially caused by instrumental delivery. The usual cases of high temperature I have seen have followed easy, almost normal, first labours. The more handling, the more severe the instrumental procedure, the better, almost, seems the puerperium. Out of the first 60 cases quoted, 12 had instrumental forceps delivery, 2 being with chloroform; nevertheless, only 2 showed a temperature of 100°, one on the eighth day, and one on the same day as confinement. In the 19 cases of subnormal temperature two had forceps delivery, while another was transverse, requiring turning, and delivery under chloroform with much manipulation. The averages of these 3 cases are 97.46° (transverse case), 97.73°, and 97 1° (forceps) in the axilla, while 99 12° and 100.86° were got as averages in 2 normal first cases, and 99.2° in a premature, normal, third confinement. The first two cases had different midwives as nurses.

The normal, very easy labour, from its rapidity, produces tears in the cervix and the external outlet that give infection areas. The difficult forceps or turning case seems not to have these. I do not douch after instrumental labour, and the results are better than with douching—why? Is it because vaginal germs are not swept up into rents and cracks unseen? It seems hard that the words "infection from without" should be tacked on only to the doctor and the nurse, when possibly the patient's own skin (perineal), or cervical and vaginal mucous membranes, or pudendal surfaces are at fault, and they alone.

Hockley, Birmingham. JOHN W. DUNCAN, M.A., M.B., Ch.B.

A CASE OF QUININE AMBLYOPIA.

ON March 7th Mr. C., aged 55, a ship's captain, was referred to me by Dr. Burnett, of Saltburn-by-the-Sea, on account of rapidly-failing sight. I found that vision of both eyes was reduced to $\frac{1}{15}$, he was unable to read or write, and there was distinct restriction of the fields of vision on the outer side.

On making an ophthalmoscopic examination I was at once struck by the small size of the retinal vessels, and on asking him if he had taken any drugs quite recently he stated that for three to four weeks he had taken 5 gr. of quinine daily, with the exception of one day on which he took 10 gr. The optic discs were rather paler than normal and their outline was somewhat hazy. As regards the use of alcohol he was very temperate, but up to quite recently he had been a heavy smoker, consuming 4 oz. to 6 oz. of tobacco a week. The tobacco may have been a predisposing cause, but there can be no doubt, judging by the ophthalmoscopic appearances, the restriction of the fields of vision and the rapid recovery he made, that quinine was the active cause, and we had to deal with an undoubted case of quinine blindness. As regards treatment, I advised the administration internally of nitroglycerine, no quinine, of course, to be taken, and the use of tobacco to be much reduced.

For the following notes of the case I am indebted to Dr. Burnett:

March 13th. The patient is taking nitroglycerine; thinks he sees better than he did a few days ago.

April 1st. The patient says "he is a good deal better"; he can read and write, doing so for a few minutes, then resting and going on again. The left field of vision is complete, the right still slightly restricted. The retinal vessels look larger than they did.

April 10th. He states he has been much better for the past week; he can read and write for half an hour at a time, and then can resume after a short rest; he reads a whole newspaper this way; he complained at this time of some staggering and giddiness, so the nitroglycerine was stopped and small doses of potassium iodide given.

Very shortly after this, feeling and seeing so well and equal to duty, he got appointed to a ship and went to sea.

Stockton-on-Tees. G. VICTOR MILLER, M.D.,
Ophthalmic Surgeon to the Middlesbro' and Stockton Hospitals, etc.

MEASLES.

IN the course of a severe epidemic of English measles under my charge at a boys' school here a form of the disease occurred which seems to me worth recording. All the boys in the school who had not had measles before—with the exception of one who is said to have had it in infancy—developed the disease in from ten to fourteen days of the starting of the first case. Ten days later this same boy, whose history is doubtful, became ill with headache, fever, and a sore throat. He was found to have an ulcerated spot on the left tonsil, with great enlargement of the glands at the angle of the jaw on the same side, and on examining his urine it was found to contain a large amount of blood with many epithelial and granular casts; he also had conjunctivitis and some post-nasal catarrh and bronchitis. The febrile symptoms continued for a fortnight, being those of a case of acute nephritis, yet the urine had not the usual characteristics of such cases. To begin with, the boy was passing from 30 oz. to 60 oz. a day; blood continued to be passed in large quantities and accounted almost solely for the amount of albumen present, and the specific gravity averaged 1010. However, casts, which were passed in large quantities during the first few days, soon became less numerous. Vomiting, headache, and a little oedema of the palate were present during the first few days, but except for these, which soon passed off, and somewhat

marked anaemia, no other symptoms occurred. Traces of blood, however, were to be found in the urine for several weeks longer, but by the end of eight weeks it was clear again of abnormal constituents and the boy well on the way to recovery. I am sorry to hear, however, that he has lately been passing some sugar, though without any other symptoms of diabetes.

I cannot but think that this is a case of measles in which the poison, for some reason—possibly because of a former attack—affected the kidneys instead of the skin, entering the system by way of the tonsil.

Dr. J. F. Goodhart, who kindly came down and saw the case, agrees with me in this, and I was interested to hear that he had seen two similar cases; however, they must be rare, and the reporting of this case may be of service to others.

Broadstairs. HUGH M. RAVEN, M.R.C.S., L.R.C.P.

HEALING OF WOUNDS WITHOUT SUPPURATION.

J. W., aged 66 years, was in the summer of 1903 driving a young horse, which ran away and threw him with great violence against a hoarding. His head struck a scaffold pole, and he fell upon the pavement. I saw him a few minutes after the accident, and had him carried into a house close at hand. Dr. Campbell, of Uley, was in the town at the time, and kindly offered assistance, which was as gladly accepted. On examination we found two long cuts in the scalp running from before backwards, one near the middle line, the other a little to the right, and underneath a fracture of the skull, also running from before backwards, just above the temporal ridge. The patient was unconscious at first, and later dazed and bewildered; after the confusion had passed no sign of compression appeared.

We dressed the wounds antiseptically, provision being made for drainage; they healed kindly, and at no time was there the smallest particle of pus to be seen. Distinct thickening formed over the seat of fracture. He made a good recovery, and has followed his work now for some months. This is a case which brings out the difference between what may be expected now as compared with thirty years ago, when I began practice. At that time the occurrence of suppuration after such an accident would have been inevitable.

Dursley. J. F. JOYNES, M.R.C.S., L.S.A.

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

GREAT NORTHERN CENTRAL HOSPITAL.

AN UNUSUAL CAUSE OF FATAL DYSPNOEA IN A CHILD.

(Reported by BRANSBY YULE, M.R.C.S.Eng., L.R.C.P.Lond., Senior House Physician.)

A CHILD aged 4 years was admitted on May 4th, suffering from dyspnoea. The patient had been previously in this hospital suffering from bronchopneumonia, and had been discharged on April 29th well. The child's mother stated that since it left the hospital it had been quite well until two days previously (that is, May 2nd) when difficulty in breathing commenced, and had since been getting worse.

Condition on Admission.—There was considerable dyspnoea and a good deal of retraction of the ribs. There was also some cyanosis of the lips. The mother gave a history of the child having had previous similar attacks during the last six months. Under these circumstances permission was obtained from the mother for tracheotomy to be done should it become necessary. The temperature was 101°, the pulse 160, the respirations 40. The chest was found to be resonant all over, but there were a few scattered sonorous rhonchi present; heart sounds were normal. The throat was slightly congested, the tonsils were quite clear. Laryngoscopic examination, subsequently made, revealed nothing abnormal.

Progress.—The child was put to bed and a steam kettle and tent were ordered. The patient's breathing rapidly became better, and during the next few days, except for occasional attacks of dyspnoea, the patient continued to improve. On May 10th (six days after admission) the temperature reached normal, and remained so (with the exception of two slight rises) to the end of the illness. On May 17th the child was so much better (he had been taking full diet for several days) that he was allowed to get up for a short time. He continued getting up part of each day until May 24th, on which day the breathing again became embarrassed, and without any obvious cause. Physical signs in chest had in a great measure improved, and nothing fresh was to be seen in the throat. The steam kettle and tent were again ordered, this time, however, with but slight improvement in the condition of the child. During the next five days the patient continued to have severe attacks of dyspnoea every day. The attacks sometimes only lasted a few minutes, at other times they would last over an hour. It was noticed that during sleep the child as a rule appeared to breathe quite easily; at times, however, there seemed to be some obstruction to respiration, and he would sometimes wake up suddenly and have a severe attack. It was noticed also that the dyspnoea was of the expiratory type, and there was very little stridor.

Intubation.—On May 29th the child (who was now taking his food badly, and was beginning to show signs of exhaustion) was breathing so badly that intubation was tried. This did not give any relief. Various other remedies were then tried, for example, vin. ipecac. as an emetic was administered; occasionally relief was obtained. Doses of pot. bromide (5 gr.) and chloral hydrate (1 gr.) were given regularly; no appreciable benefit ensued. Inhalations of oxygen were given, also inhalations of nitrate of potash and strammonium, with the same negative results. Hypodermic injections of morphine (2 min.) were tried, and these at first gave marked relief. As a rule, before relief was obtained, the child vomited. These injections, however, soon ceased to give any relief. On June 3rd (thirty days after admission) the child, who had been having slight attacks of dyspnoea all the morning, suddenly became very cyanotic. Immediate tracheotomy was performed (the instruments having been kept ready by the bedside), and the tracheal dilators were inserted, and afterwards the tracheotomy tube, but although the child struggled considerably, he did not breathe. Artificial respiration was performed, and oxygen was given through the tracheal wound, but without effect. This treatment was persevered in for about ten minutes, at the end of which time life was obviously extinct.

Post-mortem Examination.—At the necropsy it was found that the epiglottis, vocal cords, and upper parts of the trachea were healthy. At the lower end of the trachea, immediately above the bifurcation, a large caseous mass was found filling up the lumen of the trachea; on further examination it proved to be a broken-down gland, which had ulcerated through the anterior wall of the trachea.

This had, therefore, caused the attacks of dyspnoea, and later, the asphyxia. The lungs were oedematous, otherwise healthy. Other organs normal.

Remarks.—Cases of children suffering from tuberculous bronchopneumonia, complicated by enlarged bronchial glands, giving rise to dyspnoea from pressure, are common, but in this case the gland had ulcerated through the trachea, and the tuberculosis was limited to the gland, the lung not being invaded by any tuberculous deposit. There were no enlarged mesenteric glands. The case, although, perhaps, not unique, is probably of sufficient rarity to warrant record. My thanks are due to Dr. R. W. Burnet for permission to publish these notes.

ROYAL NAVAL HOSPITAL, PLYMOUTH.

AN UNUSUAL FRACTURE.

(Reported by W. EAMES, Fleet Surgeon R.N.)

[Published by permission of the Medical Director-General.]

ON September 18th, 1903, F. T., aged 33, stoker, was seen by me, complaining of a contusion of the left hip, caused by falling into a boat whilst embarking from the shore on the day previous. On examination there was found to be a movable mass prominent beneath the skin about 1 in. long by ¼ in. in breadth and thickness, with rounded cartilaginous edges, situated over the posterior portion of the left great trochanter, the posterior and external edge of which could not be defined as on the opposite side. The fragment was well defined by the radiograph. On interrogation, the patient stated that some three months previously he had fallen whilst descending an iron ladder in an engine-room, striking his left hip against the sharp-edged steps of the ladder, but took no subsequent notice of it. The case would appear to be one of chipping off of the postero-external border of the trochanter, which from the rounded edges of the fragment had occurred some time previously. It caused only slight pain but great inconvenience when lying on the left side. There was no diminished power in the muscular movements of the joint. Removal of the fragment was advised.

MEDICAL MAGISTRATE.—The Lord Chancellor has added to the Commissioners of the Peace for the Borough of South Shields the name of Mr. James Robertson Crease, F.R.C.P. and S. Edin.

BEQUESTS TO MEDICAL CHARITIES.—Mrs. Mary Charlotte Chapman, of Evelyn Mansions, Carlisle Place, S.W., who died on July 19th, bequeathed £500 to the Cancer Hospital at Fulham, and £500 to the Hospital for Sick and Incurable Children at Chelsea.

be received. Mr. Lyttelton replied that, whilst sympathizing with the object of the Council, he did not think that there would be any advantage in receiving a deputation until he was in possession of further information. The Committee accordingly drafted further information, in which it was stated, *inter alia*, that the meteorological phenomena which demanded careful study in the first instance were: The conditions of favourable and unfavourable seasons in India; the droughts of Australia and South Africa; and the conditions of favourable and unfavourable Nile floods. With those would be associated the relation of the weather of the Mediterranean to the Indian cold weather anomalies, and the relation of the South Indian anticyclone to the Antarctic ice. It was estimated that the annual cost of the work would be £2,000, rising in five years to £2,500. The estimate was based on the supposition that the Meteorological Committee would be willing to undertake the general control of the department as a branch of the Meteorological Office. The Government grant to the Meteorological Office at present stood at £15,300. This memorandum was sent under a covering letter to the Colonial Secretary.

APPOINTMENT OF ASSISTANT SECRETARY.

It was announced that Mr. A. Silva White had been unanimously appointed Assistant Secretary in the room of Dr. J. G. Garson, resigned.

BOOKS AND PUBLICATIONS.

It was also intimated that the books and other publications presented to or received in exchange by the Association, with the exception of the publications of the corresponding societies of the Association and the annual volumes of reports of the various associations for the advancement of science, had been transferred to the Library of University College, Gower Street, the Council of University College having undertaken to give the same facilities to members of the British Association for the use of University College Library as were granted under similar circumstances by the University of London.

MEDICAL NEWS.

THE Union of German-speaking Members of the Medical Profession who are total abstainers will hold its tenth annual meeting in Vienna on September 10th.

IT is stated that the Tunbridge Wells Corporation propose to make cerebro-spinal fever a notifiable disease in the borough for a period of twelve months.

THE out-patient department of the Westminster Hospital was closed at the beginning of this week for cleaning and repairs, and no patients will be received until September 14th.

THE American Association of Obstetricians and Gynaecologists will hold its eighteenth annual meeting in New York on September 19th, 20th, and 21st, under the presidency of Dr. Howard Williams Longyear, of Detroit.

SUTURE OF THE HEART.—According to *American Medicine*, a man who was recently stabbed in the heart is lying in a critical condition in the Bryn Mawr (Pennsylvania) Hospital. The blade of the knife, which was about ½ in. wide, perforated the left ventricle, but notwithstanding the gravity of the wound the injured man walked over 50 yards at his natural pace before he fell unconscious to the ground. After his admission to the hospital the surgeons drew the wound of the heart together with five stitches. His condition has remained good, although for a time it was feared he would die. Although the pulse has been very rapid his temperature has remained about normal, and unless some unforeseen complication sets in the surgeons believe that their patient will eventually recover.

HAY FEVER AND CHRISTIAN SCIENCE.—Dr. Guest, in a recent discussion before the Louisville Medical and Surgical Society, related the following case with the object of showing the part which psychology may play in the treatment of hay fever. He said: "I have a brother-in-law who suffers every summer with hay fever. He has a relative who believes in Christian Science. She told him that she felt positive that she could direct him to a woman, a Christian Scientist, who could cure him. He at first objected because he hated to go to a woman physician. He arranged, however, to communicate with her daily by letter. When his hay fever broke out he suffered with it all that day and night, and the next morning wrote her a note telling her to put him on treatment immediately. When he returned that night he felt improved, and slept better. He wrote his second note next morning, and was much encouraged. The third day he repeated his letter writing, and stated that the symptoms had almost ceased. The running from the nose had almost ceased, the discharges from the eyes had ceased, and he was guying me about being cured by a Christian Scientist when regular physicians could do nothing for it. The night of the third day, when he came home to supper, he found a note from the Christian Scientist stating that she had been in the country, and would put him under treatment the next day. Realizing that all his treatment had been only in his imagination, the symptoms reappeared with the same intensity as before. The day following he made arrangements to leave the city for the summer."

THE ANATOMICAL CONGRESS AND SERVETUS.—The International Congress of Anatomy which was held last week at Geneva paid a graceful compliment to the memory of Michael Servetus by placing a wreath at the foot of the monument erected to his memory at Champel. Another wreath was placed there by the British delegates. Servetus, who was burnt by Calvin for heresy in 1553, studied medicine at the University of Paris, and described the pulmonary circulation in his *Christianismi Restitutio*, which shared the fate of its author, and is now one of the rarest of books.

THE WAR AGAINST MOSQUITOS IN AMERICA.—Destruction of larvae by petrcleum and the weeding out of shrubbery in moist places where the insects breed at various summer resorts in the United States have made many places pleasant to live in where in former seasons patrons of hotels and residents of cottages were disturbed till they were made frantic by myriads of the pests. Reports from various places in New Jersey and Long Island are said to show that the war against the mosquito is likely to end in victory. Southampton and Babylon are freer than they have been for twenty years past. All small streams and creeks about Lawrence and Cedarhurst, and those about the Rockaway Hunt Club were thoroughly cleaned last spring, and the frequent use of oil, sprayed on mud flats at low water, has got rid of the pests. The reclamation of low lands in the immediate vicinity of Atlantic City and the filling in of old cisterns and stagnant pools have practically stopped the mosquito from breeding there.

ROYAL SANITARY INSTITUTE.—The fortieth course of lectures and demonstrations for sanitary officers, given under the auspices of the Sanitary Institute, will be begun at the Parkes Museum on September 19th, concluding on Thursday, November 30th. The course comprises the following lectures: Part I.—Four lectures on elementary physics and chemistry in relation to water, soil, air, and ventilation, and meteorology. Twenty-one lectures on public health statutes (orders, memoranda, and model by-laws of the Local Government Board and the by-laws in force in the Administrative County of London); the practical duties of a sanitary inspector, as for example, drawing up notices as to sanitary defects, drain-testing, disinfection, methods of inspection, note-taking, reporting, and elementary statistics; municipal hygiene or hygiene of communities, including prevention and abatement of nuisances, sanitary defects in and about buildings and their remedies, water supplies, sanitary appliances, drainage, refuse removal and disposal, offensive trades, disinfection. Building construction in its sanitary relations, local physical conditions; measurement and drawing plans to scale. Inspections and demonstrations are arranged in connexion with the lectures, and include visits to disinfecting stations, dairy premises, municipal dépôts, artisans' dwellings, offensive trades, waterworks, common lodging houses, sanitary works in progress, refuse and sewage disposal works, and other public and private works illustrative of sanitary practice and administration. In some of the visits the students are shown the routine of an inspector's office work and duties. Part II.—Seven lectures on meat and food inspection, including taking of samples of water, food, and drugs for analysis. Practical demonstrations of meat inspection are given. Among the lecturers are Dr. Joseph Priestley, Medical Officer of Health, Lambeth; Dr. G. Newman, Medical Officer of Health, Finsbury; Mr. Wellesley Harris, Medical Officer of Health, Lewisham, and Dr. Petronell Manby, Medical Inspector, Local Government Board.

Medicine both at Oxford and Cambridge, and in this capacity his tact and ability were especially conspicuous. He was one of those who understand that the function of an examiner is to find out how much a candidate really knows of his work rather than—as not infrequently happens—to discover how far he is ignorant on one or two subjects. His kind and considerate manner would at once put the candidate at his ease, and under Dr. Ogle's viva voce he was always at his best.

It was, however, within that inner circle of intimate friends that "John Ogle" was most appreciated. His never-failing courtesy, his generous disposition, and his kindness of heart all largely contributed to endear him to those who knew him best. They admired him for his uprightness and honesty, they respected him for his indefatigable industry and unselfishness, and they loved him for himself. Of few men could it be more truly said:

> The heights by great men reached and kept
> Were not attained by sudden flight,
> But they, while their companions slept,
> Were toiling upwards in the night.

Dr. Ewart writes: In the death of Dr. John William Ogle the Medical School of St. George's Hospital mourns the loss of one of its most distinguished ornaments. Although he had long been prevented by failing health from taking any active share in the affairs of the hospital and of the school, his name on the list of the consulting staff had continued to represent the best traditions of the past. His too early retirement from the scene of his labours, and his long survival in spite of sufferings borne with admirable fortitude, have afforded his contemporaries an ample opportunity for a deliberate appreciation of his active career. Whether from the great institution which he served so well, from the ranks of the profession which held him in such deserved esteem, or from the circles where he was known and beloved, there has been no dissentient voice. A verdict has been passed which can rarely be awarded to living man: *Nil nisi bonum*. He was pre-eminently good, and that excellence added lustre and grace to his many distinctions. Keen in observation, rapid in induction, he was at the same time a most painstaking worker. To this happy combination medical literature is indebted for a series of valuable contributions which doubtless would have grown to greater proportions had his working days been prolonged. But although he never published any large treatise, considerable work was compressed into a relatively short period, during which he was not so free from the claims of private practice as the majority of young physicians. The range of his writings was not limited to any department of medicine, but his chief contributions were made to the *Transactions* of the Pathological Society, of which he was for many years one of the most industrious members. Pathological anatomy was in those days a comparatively unworked field; and Dr Ogle used the opportunity which it afforded with singular diligence and conspicuous advantage. Some lesions were described by him which had not been previously noted; in particular his name will always be associated with the subject of the balled thrombi in the heart, the pathology of which he was among the first to elucidate. He also gave special attention to the degenerative changes in the nervous system; and he was the author of a monograph on *Puncturing the Abdomen for the Relief of Tympanites*.

The spirit of scrupulous care in which he approached any subject of study is beautifully illustrated in his most elaborate Harveian Oration, a monument of patient research in which his memory will survive with that of his great predecessor.

He was held in great esteem as a clinical teacher. Much of his popularity in this direction was due to his exquisitely kind regard and sympathy for the student. No trouble was ever too great for him that could help his pupils, and he was always ready to enter with them into a friendly discussion of debatable questions, or to point to a way out of their difficulties.

As a physician his success in private practice tells its own tale. His clinical work in the hospital reflected the sound practical views which he had inherited from great teachers, and which his own clinical instinct and resourcefulness enabled him to apply to increased advantage. His diagnosis was usually rapid and correct; and whenever the disease could be identified the best treatment was applied. Dr. Ogle was justly regarded as an excellent physician. His extreme kindness of disposition led him to treat his patients with exceptional gentleness, and he was worshipped by them.

Over and above his natural gifts and lovable qualities, the secret of his success and of the high estimation in which he was held by universal consent was his utter devotion and his faithful service to the interests committed to his care. He has left a great example never to be forgotten by those who were privileged to be closely associated with him, and a memory of unmingled sweetness to be honoured and cherished by many grateful friends.

THE LATE MR. CHRISTOPHER HEATH.

Dr. J. Walter Carr writes: As an old house-surgeon of Mr. Christopher Heath, I should be sorry for his death to pass without some further notice of his strong and characteristic personality, for the influence which he exercised over his students was enormous. Beneath a brusque manner he partly concealed a remarkable degree of genuine, unassuming kindness. Very many old University College men could tell of the time and trouble he ungrudgingly gave on their behalf, going out of his way to do a good turn to a man in difficulty or distress. The interest he took in the work of the Society for the Relief of the Widows and Orphans of Medical Men affords another example of this feature of his character. He was capable of dropping rather severely on the faults or failings of a house-surgeon or dresser, but took good care that no one else should do so. A clergyman once wrote a long letter to the Secretary of University College Hospital, making some trivial complaints that a servant of his in the hospital under Mr. Heath had been neglected by the house-surgeon. The Secretary handed the letter to Heath, who at once entered *con amore* into a vigorous and prolonged epistolatory warfare with the aggrieved cleric, and finally induced him to withdraw his charges. In the routine of teaching he might appear rough and even inclined to bully men—often greatly to their ultimate advantage—but as an examiner he was scrupulously fair and just, and most considerate to nervous candidates, far more so often than many apparently gentler examiners. As a teacher the writer always regarded him as wellnigh ideal; his teaching might not be very scientific or very profound, but it had the saving virtue of indelibly impressing itself on the memory, and after all, that is surely the most important point for students. Men never got sleepy when Heath was talking, but learned in a way they could never forget things which were useful to them not only for passing examinations, but afterwards in the rough and tumble of everyday practice. Moreover, he spared no trouble over his pupils; for some weeks before his "final" the writer remembers going with eight or nine others to Heath's house every morning, at 9 o'clock, for an hour's teaching, given absolutely voluntarily and unasked. At times he recommenced his hospital work two or three weeks before the end of the long vacation, merely for the sake of candidates for the final M.R.C.S. in October. He had no doubt the defects of his qualities and made enemies thereby, but he will long live in the memory of hundreds of his old pupils as the finest and most attractive teacher and the strongest and most impressive personality of his time at University College Hospital.

Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are Dr. Josef von Metnitz, Professor of Dental Surgery in the University of Vienna, and author of several treatises on dental subjects, aged 43; Dr. Schönberg, Professor of Midwifery, Gynaecology, and Diseases of Children in the University of Christiania: Dr. Chauffery van Ysselstein, sometime Professor in the University of Amsterdam, aged 86; Dr. Bernhard Honsell, Extraordinary Professor of Surgery in the University of Tubingen; Dr. Walther Flemming, Professor of Anatomy in the University of Kiel, aged 62; Dr. Andreas Witlacil, Chief Surgeon of Police in Vienna, and a prominent organizer of sanitary reform, aged 87; and Dr. Turigny, Member of the French Chamber of Deputies for La Nièvre.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

Amendment of Regulations in Medicine for Internal Students. Among the excerpts from the minutes of the Senate held on July 26th, published in the *London University Gazette*, is the following resolution:

That in the Regulations for Internal Students in the Faculty of Medicine (*Calendar for 1904-05*, II, 425); for the paragraph beginning with the words "The University also receives," and ending with the words "in each case prescribe," the following paragraph be substituted:

The Senate has power to grant exemptions from the courses of study

anterior to the Preliminary Scientific Examination and the Intermediate Examination in Medicine in the case of students who have pursued equivalent courses at any of the following institutions recognized by the Senate for this purpose with the approval of His Majesty in Council. Such students shall be permitted to proceed to the M.B., B.S. degrees as internal students, provided that they shall have completed a course of study in a school of the University extending over not less than three years, and passed the Intermediate and Final Examinations for the Bachelor's degrees and such other previous examinations, if any, as the Senate may in each case prescribe.

MILITARY COMMISSIONS NOMINATION BOARD.

Dr. Thomas Buzzard, M.D., F.R.C.P., has been elected Vice-Chairman of the Military Commissions Nomination Board.

VICTORIA UNIVERSITY OF MANCHESTER.

ERIC M. WILKINS, M.B., Cn.B., has been appointed to a Leech Fellowship in Medicine. This is a Fellowship given for the prosecution of original research in some department of medicine. The Council of the University, in memory of the devotion of Professor D. Leech to the interests of Owens College and the University, have named this Fellowship after one who unstintedly devoted his time, his talents, and part of his fortune to the University.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

Surgery.—†H. J. Aldhous, †C. W. S. Boggs, *†H. A. Browning, †G. M. Seagrove.

Medicine.—P. D. Addis, †C. W. S. Boggs, †J. H. Harrison, *F. J. F. Jones, E. B. Miles, *†W. G. O'Malley, †W. V. Pegler, *†N. A. Stutterheim, A. Whitby.

Forensic Medicine.—E. Moir, N. A. Stutterheim.

Midwifery.—E. Moir, A. F. Palmer, F. C. H. Powell.

The diploma of the Society was granted to the following candidates: H. J. Aldous, C. W. S. Boggs, H. A. Browning, E. B. Miles, and N. A. Stutterheim.

*Section I, †Section II.

MEDICO-LEGAL AND MEDICO-ETHICAL.

RESPONSIBILITY FOR CONSULTANT'S FEES.

J. H. C.—The state of things disclosed is not very satisfactory. If a consultant leaves his fees entirely to the general practitioner and does not know whether the latter has included his fees in his bills or not, or has received the money or not, and allows such transactions to drag on for "several years" without trying to put them straight, he deserves to lose his money. B. can compel A. to render an account of all moneys received on B.'s account, but if this shows that there is money due from A. to B., it is probable that payment can be enforced only by civil process.

THE EYESIGHT SPECIALIST AGAIN.

AN Irish correspondent sends us a circular and card issued by one John McGregor, dating from 15, Leinster Street, Dublin, who calls himself a sight testing specialist and an eyesight specialist. These circulars are sent to the heads of religious houses, and in his card he gives a list of convents and Catholic institutions which he claims as patronizing his services.

*** As there is no assumption of medical titles there is nothing illegal in the man's proceeding, but it is much to be regretted that the medical profession should have so much reason to complain of the support given to quackery by the clergy of all denominations.

SHARE OF PRACTICE AND SHARE OF EXPENSES.

LOQUITUR writes that he has purchased one-third share of a practice, and complains that the vendor insists that he shall pay half of the working expenses. Is this customary?

*** Certainly not. Our correspondent should pay only one-third share of such expenses. The usual custom is for all the ordinary working expenses to be paid out of the receipts, and then for the partners to divide the residue in proportion to their shares.

THE OBLIGATIONS OF A SUBSTITUTE.

V. V. V.—If a practitioner is called in to attend upon a patient during the absence of the regular medical attendant, he may, if the patient wishes, continue in attendance until the termination of the illness, but he should offer to retire when the latter returns and look upon himself as a substitute. He is entitled to be paid for his services, but must look to the patient for the fees. He should not try to take advantage of the opportunity to draw away the patient to himself. In the case stated Dr. —— should send in his account to the patient. Our correspondent should only charge for the work actually done by himself.

HOSPITAL AND DISPENSARY MANAGEMENT.

KESTEVEN COUNTY ASYLUM.

THE eighth annual report of this asylum shows that there were 309 patients in residence on January 1st, 1904, and that there remained 367 on December 31st, the total cases under care numbering 411 during the year. There were 102 admitted during the year, of whom 45 were received under contract from other asylums, only 45 belonging to Kesteven. A large proportion of these admissions were, Dr. J. A. Ewan, the Medical Superintendent, says, in a hopeless condition, only 10 being deemed curable. Their bodily condition was in 42 cases good, in 46 fair, and in 14 feeble and exhausted. They were classified as to the forms of mental disorder into: Mania of all kinds 47, melancholia of all kinds 14, dementia 23, general paralysis 3, acquired epilepsy 4, and there were 11 cases of congenital or infantile defect. Hereditary predisposition was traced in nearly 45 per cent. of the county cases, and was assigned as probable cause of the insanity in 20 of the total number. "Moral" causes were assigned in 11 more, intemperance in drink in 2, venereal disease in 3, previous attacks in 4, old age and the menopause in 3, other bodily diseases or disorders in 5, and in 44 no cause was ascertained. There were discharged as recovered during the year 22, giving a recovery-rate on admissions of 48.88 per cent.; as relieved 3, as not improved 3, and there were 16 deaths. This gives a very low death-rate on the average numbers resident of 4.73 per cent. The deaths were due in 4 cases to cerebrospinal diseases, in 6 cases to chest diseases, in 3 cases to nephritis, in 2 cases to cancer, and in 1 to old age. No death was due either to colitis or tuberculous disease. The general health appears to have been excellent, no serious casualties were recorded, and the asylum was maintained, the Commissioners say, in the best of order.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE NOTIFIABILITY OF HUMAN GLANDERS.

IN the Westminster Coroner's Court Mr. Troutbeck held an inquiry as to the death of Albert Allen, a horsekeeper, aged 45, who died of glanders in the Westminster Hospital on Friday, August 11th. According to a report published in the *Times* of August 16th, Herbert Allen said his brother was taken ill nine weeks before with what seemed to be a cold. It was not until five weeks later that he heard that the illness was glanders. William Cox, horse foreman to the Victoria Omnibus Company, Douglas Street, Westminster, said Allen was employed there. Until the recent outbreak they had not had a case of glanders for eight years. Four horses were now affected. Dr. Cope stated that he attended the deceased from June 13th for what appeared to be an ordinary cold, and there was very little change in the symptoms until July 12th, when some nodules came out on the right arm. Although the man's occupation suggested the possibility of glanders, he did not notify the public authorities, because he did not diagnose the disease. Two days later he sent the patient to the hospital. The Coroner said it was important to remember that there was now an almost certain means of ascertaining whether a horse was suffering from glanders, and for that reason even a suspected case should be reported to the London County Council. Mr. F. C. Mott, House-Surgeon at Westminster Hospital, stated that on the day after his admission—namely, July 14th—the patient's illness was known to be due to glanders, but the London County Council was not notified. Professor Hunting informed the Coroner that the Public Control Department heard nothing of the matter until after the man's death. In summing up, the Coroner said the case was one of considerable importance as affecting the public health, and the illness ought to have been reported, especially on July 15th, when it was definitely known to be glanders. He would go further, and say that even a suspicion should be communicated to the Council's officers. Dr. Cope believed there was no obligation to report human glanders. The Coroner said he was not speaking of legal compulsion, but he put it as a matter of prudence. The jury returned a verdict of death from death from glanders.

PUBLIC VACCINATORS AND THE PATIENTS OF OTHER PRACTITIONERS.

DR. E. R. FOTHERGILL (Southfields, S.W.) writes: Are you not incorrect in saying A. ought not to have called again when he postponed the vaccination for eczema? Contract (Clause 2) says he must; and what is more, he has to do this without a receipt of another visiting fee. As public vaccinator for two years, I did this; but guardians not being "knowing," I received a second 1s. fee.

*** The wording of Clause 2 in the schedule giving the form of vaccination contract, under the general orders issued under the Vaccination Acts 1867 to 1898, runs thus: "(2) In the case of every child resident in the district who has reached the age of four months, and as to whom he has received the requisite notice from the vaccination officer, he will visit the home of the child within two weeks after receipt of the notice and offer to vaccinate the child with glycerinated calf lymph, or such other lymph as may be issued by the Local Government Board, and if his offer is accepted, will thereupon (or after such postponement, if any, as may in his opinion be necessary) so vaccinate the child." The wording of this clause is far from clear in its definition of the duty of the public vaccinator after postponement of a case. That he is under obligation to vaccinate "if his offer is accepted" is obvious, but it would be straining the words of the schedule to maintain that the vaccinator is bound to repeat visits at the expiry of the certificate of postponement until the child is vaccinated, though we are aware that some public vaccinators do pursue this course. We are advised that public vaccinators would be fulfilling their contracts if, after postponement, they waited until the case was again placed in their hands by the vaccination officer or by the request of the parents. Of course, if the public vaccinator has made an arrangement at his first visit to call again at the expiry of the certificate he is at liberty to do so.

NOTIFICATION OF TWO DISEASES IN ONE PATIENT.

MEDICAL OFFICER OF HEALTH asks if when notifications of two infectious diseases occurring in the same patient and on the same date are sent, a double fee can be claimed.

*** The ordinary practice is, we believe, to furnish a notification certificate for each notifiable disease from which the patient is suffering, and the fee is paid for each certificate.