A. M. Elliott[12] that inguinal buboes are most frequent in males, and axillary in females.

When one remembers how minute is the nymph of *H. aegyptium*, one is not surprised that its attack has escaped observation. With regard to the female tick, she is hardly likely to remain any length of time on a human host, for the latter would soon remove any source of irritation, although this would not be done until inoculation had been effected. Consequently she would not be allowed to remain until through distension she had attained dimensions which could not fail to attract attention.

Wheat cargoes, especially when they contain a certain amount of soil among the grain, are liable to contain the young of ticks, which, maturing in the warmth of the hold, may find their way to other animals, and thus cause cases of plague among rats and men. The same may, of course, happen to any cargo to which ticks may have gained access before loading.

With regard to the other factor—a cattle disease—it has already been suggested on page 624 of the BRITISH MEDICAL JOURNAL that we must look to one of the cattle diseases present in India as the source of plague. Ghotwa was noted as present in that country, and of the pasteurelloses this is the one which from its distribution and from the morphology of its bacillus appears to bear the closest relation to plague. It is known generally as barbone, and is the same as buffelseuche in Hungary and khoun-naq in Egypt.[13]

In addition to the above countries, barbone has up to the present been reported as established in Spain and Portugal, Sardinia, Italy, and Tonkin. It remains to be seen whether the epizootics among cattle, which have been noted as occurring during plague epidemics at other places, such as Hong Kong, Manchuria, etc., are also barbone. If this prove to be the case, it will be found that the human plague bacillus is a cultural modification of the barbone bacillus, and both perhaps ultimately cultural modifications of a bacterium ovoïde existing under certain conditions of soil.[14] It is possible that the modification may require the passage of the bacillus through the body of the tick. That some such process is required is shown by the difficulty of maintaining the virulence of cultures of the bacteria of haemorrhagic septicaemias, as pointed out by Dr. Yersin,[15] the virulence being reduced by repeated passages through the bodies of experimental animals, as stated by Drs. Kister and P. Schmidt.[16] The latter writers recognize the biological affinity between the plague bacillus and the bacteria of haemorrhagic septicaemias.

There is no exception in the domain of bacteria to the universal law that species adapt themselves to their surroundings. The more complex the organism the longer the time required for adaptation. Conversely, in simpler life forms time may be measured by the duration of life of the individual, and the period required for modification be infinitesimal when measured by the human standard. So that the production of specific changes in an allied group of bacteria may, without damage to established convictions, be conceived to occur during the period of growth of a colony in a medium other than that to which the parent stock had been accustomed. Thus a bacterium ovoïde in the soil may become a barbone bacillus in the tissues of a buffalo, and the same bacillus (perhaps only after it has passed through the buffalo) may become a plague bacillus in man, or a rat-plague bacillus in the rat. The conception of such a change is facilitated when the possibility of its being carried out through the medium of the tissues of a tick is realized. This change will, however, only become an accepted fact when its actual occurrence in Nature has been demonstrated.

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[1] Yersin, Sur la Peste bubonique, *Ann. de l'Inst. Pasteur*, xi, 81. [2] Yersin, Note sur les epizo-oties des bovins en Indo-Chine, *Annales d'Hygiène et de Médecine Coloniales*, tome vi, 1903, p. 467. [3] Zabolotny, *Ann. de l'Inst. Pasteur*, tome xiii, p. 833. [4] Heilprin. *Distribution of Animals*, p. 359. [5] Clemow, *Journal of Tropical Medicine*, February, 1900, p. 174. [6] La Peste Bubonique, Étude de l'épidémie d'Oporto en 1899, *Ann. de l'Inst. Pasteur*, tome xiii, p. 883. [7] Reports of Members of the Plague Research Committee, Bombay, 1896-7, p 46. [8] Neumann, *Parasites and Parasitic Diseases of Domesticated Animals*, Edited by Fleming, 1892, p. 97. [9] Ibid., p. 102. [10] Theiler, A., Transvaal Department of Agriculture, Annual Report, 1903-4. p. 137. [11] Neumann, ibid., p. 97. [12] Some Notes on Plague, *Lancet*, June 10th, 1905, p. 1564. [13] See Nocard and Leclainche, *Les Maladies Microbiennes des Animaux*, 3rd Edition, tome i, p. 83. [14] Nocard and Leclainche, op. cit., pp. 1, et seq. [15] Yersin, *Ann. d'Hygiène et de Médecine Coloniales*, tome vi, p. 469. [16] Zur Diagnose der Rattenpest, *Centralbl. f. Bakt.*, Bd. xxxvi, No. 3, S. 456.

OFFICIAL information has been received of the death in Southern Nigeria of Dr. J. F. Stewart. The deceased had only recently returned to the Colony from a visit to his friends in Belfast. He is supposed to have lost his way in the bush and to have been murdered by fanatical natives.

MEMORANDA:

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

ACUTE OEDEMA OF LIDS AND CONJUNCTIVAE.

THE following case seems worthy of record. I was called on June 28th at 7 p.m. to see a gentleman, aged 28. He had been suffering from hay fever. At 6 45 he had dropped into each eye one drop of pollantin (the new serum for hay fever). In less than two minutes his eyelids commenced to swell, and in ten minutes the swelling was so intense that he had great difficulty in opening them. I found the eyelids enormously swollen, red, and erysipelatous-looking. The conjunctiva was jelly-like and protruding, the iris appearing sunk in and partly covered by it. There was no tenderness over the eyeballs, redness of the conjunctivae or herpetic eruption, and except for the conditions noticed the patient seemed perfectly well. I ascertained that the patient had had three similar attacks before. Two of these attacks occurred in early life from no known cause, the third after bathing the face and eyes with cold water. On each occasion the swelling had appeared in a few minutes and had disappeared again in a few hours.

Cold fomentations were applied, and a solution of cocaine instilled into each eye, and, as I expected, by the next morning the jelly-like effusion had disappeared, leaving a somewhat highly injected conjunctiva. The swelling in the lids had diminished, and twelve hours later were less swollen. The patient's condition had become normal. Shortly after this eye condition the patient complained of tenderness over the testicle, and I discovered enlargements of the veins there. In twelve hours this also disappeared.

The urine contained albumen. It had been examined before and found normal. Thorough examination of the patient's actual condition and late history threw no light on the symptoms mentioned, and showed him to be apparently perfectly healthy.

It is conceivable that the dropsical swelling of the eyelids and conjunctivae, enlargement of the veins beneath the testicle, and albumen in the urine were all dependent on the same cause, giving rise to disturbance of the circulation at these parts. If such were the case one would have expected other symptoms of toxic infection, which were entirely absent in this case. And if there was a tendency to increased coagulability of the blood, it is difficult to understand why the attack was so sudden and what was the cause. That there was a cessation for the time being in the circulatory stream or lymph flow through the lids and conjunctivae there is no doubt; but how this occurred and what was the chief factor in its production are the interesting points in the case. (Pollantin may have done it in this instance, but what did it before?) On one occasion after the marked swelling of the lids, the patient tells me that on the subsidence of the oedema a discoloration remained for a time, at first brownish, and ultimately passing through the phases of green and yellow before finally becoming absorbed. The eyesight remained perfect during the attack.

I can find no record of any similar case, nor can I find any satisfactory description of the mechanism that governs the flow of blood and lymph through the conjunctiva and its neighbouring parts to account for the peculiar condition met with in this case.

J. SOUTTAR MCKENDRICK, M.D., F.F.P.S.G., F.R.S.E.,
Assistant to Professor of Medicine, Glasgow University.

CONDITION OF THE SKIN IN PNEUMONIA.

IN October, 1904, I was called to a young woman, aged 24 years, whom I know to suffer from chronic endocarditis. A week previously she went to a dance, and had not been well since, and during the night before my visit had suffered from "stitch" in the left side. She was thirsty, her tongue clean and moist, temperature 102.7°, pulse 108. Her throat was not sore, but the glands along the anterior border of the left trapezius were enlarged. A little sodium salicylate was given, and next day the pulse was softer, 90 per minute, respirations 24, temperature 99.5°. She slept well and felt better, but subsequent developments led to a consultation being held. Pneumonia of lobar variety (right apical) was diagnosed, and the friends assured that if she lived ten days she would recover. Instead, she slowly worsened for ten weeks, during which time crepitations came and went at all parts of the lung, and finally she died. One of the points I

noted during the first days of illness was that the patient's skin remained moist.

This fact troubled me at the time of the consultation, and since then I have come to the conclusion that in lobar pneumonia the skin is dry, whilst in the lobular variety it is moist—at least, in the folds of the axilla and groin. In other words, I believe that the drier the skin the more likely is the temperature to end by crisis. This observation was of service in the following case:

Geo. H. B., aged 10 years, suffered from measles in February, 1904, followed by bronchopneumonia. On July 15th, 1905, he complained of being cold, vomited, was costive, and when seen on the 16th his temperature was 104°, respirations 48, pulse 112. All over the back, inspiration ended in a high-pitched note, there were no crepitations or dullness, and the skin was hot and dry. From this latter sign I assured the friends that his illness would end suddenly between the 19th and 22nd, and this proved to be the case.

In the interval the physical signs indicated bronchitis as well as pneumonia, and but for the state of the skin one would have put down the latter as of the lobular type and expected it to end by lysis. Instead it ended by crisis, and so confirmed the prognosis I made on the strength of the dryness of the skin.

Blackburn. ARTHUR H. GREGSON, M.B.

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

ILFRACOMBE ISOLATION HOSPITAL.
CASES OF SCARLET FEVER RELAPSE.

(Reported by E. J. SLADE-KING, M.D., D.P.H., Medical Officer of Health.)

THE following cases of relapse in scarlet fever appear worth recording. During the eighteen years that I have been in charge of this hospital I have never met others similar to them. Though the cases are but briefly reported here, the patients were under my daily observation and accurate records were compiled.

CASE I.

History.—Willie M., aged 5 years, was admitted on December 22nd, suffering from scarlet fever. On the eighth day the rash had disappeared, on the ninth desquamation, which was free and typical, commenced on the child's neck and chest, extending over his body and limbs. On the twenty-eighth day he was convalescent, but was detained in hospital so that the peeling of his hands and feet might be completed.

Relapse.—On the following or twenty-ninth day his temperature rose slightly and his pulse quickened. On the thirty-first day his temperature stood at 103° and his pulse was 138. This rise of temperature was accompanied by the appearance of a scarlet fever rash which was of a most vivid red, brighter than most of the other cases in hospital had exhibited. It commenced on the chest and extended in the usual manner to trunk and thighs, and had entirely faded away by the thirty-sixth day after the commencement of his original illness. His throat and fauces were at the same time swollen, red and painful, and he had a copious discharge from his nostrils. On the forty-first day temperature was normal, but the child was in a condition of great exhaustion and could be fed only with difficulty.

Result.—Finally the patient was discharged well on the eighty-fourth day. The progress of the desquamation was not interfered with by the relapse, but the separation of large flakes of skin from the feet rendered them very much more irritable and tender than is usual in less protracted cases.

CASE II.

Elsie C., aged 4 years, was admitted on May 3rd, suffering from scarlet fever. The primary course of the fever was regular, and the desquamation typical, but I had noted it as "excessive."

Relapse.—On the thirty-third day of her stay in hospital she was convalescent; on the thirty-fourth day her temperature and pulse both went up; on the thirty-ninth day her temperature stood at 103° and pulse at 144. Her throat was red and painful from the morning of the thirty-seventh day; and by night-time she was covered with a bright scarlet fever rash, and all her conditions were those of acute scarlet fever.

Result.—On the same day a copious nasal discharge was set up which cleared itself in twelve days. She again became slowly convalescent. Desquamation was neither hastened nor retarded and she was discharged well on the sixty-fourth day from the date of the initial attack.

REMARKS.—In both these patients relapse took place during convalescence from an attack of well-marked scarlet fever, and was concurrent with a copious nasal discharge and with throat trouble. Reinfection by a freshly admitted patient ill with scarlet fever, caused by a different organism is in these instances possible, but cases of relapse have been recorded in private houses where direct fresh infection has not been possible, though medical attendants or nurses may have imported fresh germs. The circumstances of the cases noted in this communication seem to indicate some direct relation between the profuse discharge from the nostrils and the relapse and suggest self-infection from germs of scarlet fever which were dormant in the soft tissues of the throat and nose of the children and became potent at an unusually late stage of the fever.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

NORTH OF ENGLAND BRANCH.—At the autumn meeting, held on October 13th at Durham County Hospital, Dr. G. C. H. FULTON, President, in the chair, Dr. T. BEATTIE read a paper entitled Pleurisy: a Symptom, in which he laid emphasis on the importance of bearing in mind the frequency with which pleurisy was associated with some general or remote disease, or with underlying disease of the lung. He agreed with Dr. Charles that there was no tendency for pleuritic fluid to become purulent, except in cases of mixed infection.—Mr. RUTHERFORD MORISON read a paper on the functions of the omentum, illustrated with slides; it will be published.—Mr. W. G. RICHARDSON forwarded a paper entitled A Note on an Unusual Cause of Sciatica, which was read. He referred to a case the notes of which were published in the *Northumberland and Durham Medical Journal* in the year 1898, and supplemented this reference by notes on another case seen this year. In both cases the symptoms were the same, being those of intractable sciatica. The patients were both clerks, and were accustomed to sit in the familiar position assumed by clerks who use high office stools. After a careful examination Mr. Richardson discovered that the position of greatest ease in these cases was when pressure was removed from the bursa over the small trochanter of the femur and the tendon of the psoas muscle relaxed. The speedy recovery, after long illness, made in both cases when measures were taken to remove the pressure from the small trochanter, confirmed Mr. Richardson in his opinion that irritation from pressure was the cause of the condition.—In the unavoidable absence of the staff of the hospital, Dr. RUFFMANN demonstrated several specimens exhibited.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—At the autumn Divisional meeting, held at Portsmouth on November 15th, Dr. R. EMMETT, Chairman, presiding, Dr. L. MAYBURY read a paper on transient aphasia in a patient aged 80, without paralysis or paresis of any kind; also a paper on vaginal cysts and their treatment.—Dr. BANKART, M.V.O., showed a case of bilateral paralysis of the extensors of the fingers without wrist-drop; it was considered to be an early stage of lead poisoning.—Dr. BLACKMAN exhibited a case of partial paralysis of the abductors of the larynx, due to pressure from secondary deposits following scirrhus of the breast.—Mr. CHILDE showed a case of excision of the tonsil with parts of the upper and lower jaw and tongue for epithelioma; also a case of excision of the stomach and transverse colon for malignant disease.—Dr. L. MAYBURY showed a case of retinitis pigmentosa; heredity and consanguinity were present as causes, and the disease could be traced back in the family for 175 years. He also showed a case of complete atrophy of the testicle following the operation for varicocele eight years previously. It was the unanimous opinion of members present that the operation was unnecessary in by far the majority of cases.—Mr. RUNDLE and Mr. RIDOUT showed a case of septic arthritis of the knee following injury, in which continuous irrigation had resulted in cure with perfect movement.—Mr. MONTAGUE WAY showed a case in which he had removed by suprapubic cystotomy a stone weighing 6 oz.; also a case of thyroidectomy by transverse incision. On all of these cases considerable discussion by the various members took place.

county since 1891 in respect of sewage purification. Abstracts of the local medical officers' reports for the urban (29) and rural (16) districts are appended to the county report.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship, 1906.

AN examination for a Fellowship of the annual value of £200, and tenable for three years, will be held in February, 1906, commencing on Tuesday, February 27th.

Candidates must have passed all the examinations required by the University for the degrees of B.A. and B.M. They must also have been placed in the First Class in one of the Public Examinations of the University, or have obtained some University prize or scholarship.

Names should be sent in to the Regius Professor of Medicine on or before Saturday, February 10th. Further particulars are to be found in the *University Gazette* of November 21st.

UNIVERSITY OF CAMBRIDGE.

MR. C. T. R. WILSON, M.A., of Sidney College, has been reappointed Lecturer in Experimental Physics.

The following degree was conferred on November 23rd:

B.C.—C. E. A. Armitage, Emm.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated:

M.B., B.S.—G. C. Adeney, H. Ainscow, F. B. Ambler, A. W. Baker, F. Barker, W. H. Barnett, J. A. Berlyn, V. H. Blake, W. B. Clark, M. Culpin, D. Davies, H. De Vine, D. E. Finlay, A. R. Finn, T. E. Francis, Florence E. Gubb, Dorothy C. Hare, E. M. Harrison, W. D. Hartley, H. G. M. Henry, C. H. M. Hughes, H. Isaacs, A. G. Jones, Charlotte A. King, S. M. Lawrence, B. R. Lloyd, E. C. Lowe, H. S. Matson, W. O. Meek, E. F. Milton, J. H. Nixon, J. M. O'Meara, W. J. H. Pinniger, T. P. Puddicombe, R. L. Ridge, C. C. Rushton, P. H. Seal, D. L. Sewell, F. A. Sharpe, E. B. Smith, M. W. S. Smith, Olive B. Smith, G. A. Soltau, A. A. Sutcliff, C. E. Tongye, B.A., H. A. Watney, Edith W. T. Watts, W. Welchman, T. F. Wilson.

Group I only.—H. H. Bashford, J. F. Blackett, Margaret L. A. Bolleau, J. B. Dawson, E. V. Dunkley, J. Ferguson, F. W. Riggs, J. H. Horton, W. A. McEnery, A. H. Parkinson, B.Sc., T. C. Pocock, J. E. Robinson, Bessie W. Symington, J. B. V. Watts.

Group II only.—T. H. Barton, A. Beely, F. C. H. Bennett, R. J. Bentley, A. C. Bryson, T. C. Clare, E. T. H. Davies, C. N. Davis, J. E. Dunbar, H. R. Evans, C. Fletcher, G. Hamilton, T. M. Hardy, V. Hetherington, H. S. Hollis, H. S. Knight, Eleanor Lowry, A. T. Marshall, W. C. Pickering, A. Randle, P. M. Roberts, Sophia Seekings, S. H. Sweet, T. Turner, H. F. Warner, R. J. Waugh, G. P. Young.

B.S (for students who graduated in Medicine on or before May, 1904).—Ruth L. Bensusan, A. J. Blaxland, A. C. Haslam, M.D., M. G. Louisson, E. E. Maples, C. D. Pye-Smith.

HONOURS.

The following candidates were awarded honours:

M.B., B.S. Examination.—R. W. Allen (*a*), Guy's Hospital; R. H. Miller (*a*), St. Mary's Hospital; P. S. Mills (*d*), Guy's Hospital; R. Milne (*a*), London Hospital; A. B. O'Brien (*d, e*), Guy's Hospital; J. B. Rous (*a*), St. Mary's Hospital; D. P. Sutherland (*a, b, e. University Medal*), Victoria University; A. D. White (*d*), St. Bartholomew's Hospital; S. R. Wilson (*d*), Victoria University.

(*a*) Distinguished in medicine.
(*b*) Distinguished in pathology.
(*c*) Distinguished in forensic medicine and hygiene.
(*d*) Distinguished in surgery.
(*e*) Distinguished in midwifery and diseases of women.

B.S. Examination.—Mr. A. M. Fitzmaurice-Kelly (University medal), St. Mary's Hospital; H. C. C. Mann, Guy's Hospital.

VICTORIA UNIVERSITY, MANCHESTER.

Pilkington Cancer Research Endowment.

Applications for appointment under this endowment will be received by Professor G. A. Wright at the University up to Wednesday, December 13th.

CONJOINT BOARD IN IRELAND.

THE following candidates have been successful at the Examination for the Diploma in Public Health:

H. W. Bailie, Alice M. Barry, W. Cremin, R. V. Khedkar, W. F. B. Loughnan, C. J. O'L. Maguire, F. J. Moore, J. J. O'Sullivan.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL ARMY MEDICAL CORPS.

MEDICAL UNITS FOR FIELD ARMY ORGANIZATION.

THE War Office has drawn up a new distribution of medical units for field army organization, in place of the allotment of bearer companies and field hospitals given in the Field Army Tables (Provisional) of last March. The 1st, 2nd, and 3rd Cavalry Brigades, the 1st to the 5th Infantry Divisions, and the Corps Troops, Army Corps are provided for under the new arrangement; but for the 4th Cavalry Brigade and the 6th, 7th, 8th, and 9th Infantry Divisions it is stated "No unit available."

SOUTH WALES BORDER VOLUNTEERS INFANTRY BRIGADE.

UPON the recommendation of Major-General Sir F. Howard, K.C.B., C.M.G., Acting General Officer Commanding in Chief Welsh and Midland Command, the Secretary of State for War has granted an extension of service under Volunteer Regulations to Brigade-Surgeon Colonel P. E. Hill, V.D., 1st V.B. South Wales Borderers, Senior Medical Officer South Wales Border Volunteer Infantry Brigade.

MEDICAL NEWS.

THE net profit of the American Bazaar held at Stratford last week in aid of the West Ham Hospital is stated to be about £3,500.

DR. J. W. FARNDALE, a former student of the London School of Tropical Medicine, has been appointed District Surgeon of Mwomboshi, North-East Rhodesia, by the British South Africa Company.

THE seventh annual dinner of the Medical Graduates' College and Polyclinic will be held at the Trocadero Restaurant at 7.30 on Friday next, December 8th, under the chairmanship of Mr. A. W. Mayo Robson.

MR. JOSEPH KELLETT SMITH, of West Kirby, Consulting Surgeon of the Stanley Hospital, Liverpool, who died on October 29th, left property valued at £68,200. To the Stanley Hospital he bequeathed £1,000 for the endowment of a cot in the Kellett Smith Ward.

THE next course of vacation lectures given by the Association of Privatdocenten in Berlin will commence on March 11th, 1906, and terminate on March 28th. Further particulars can be obtained on application to Herr Melzer, Ziegelstrasse 10/11, (Langenbeck-Haus) Berlin.

THE Cancer Charity of the Middlesex Hospital has received a grant from the Mercers' Company of £250. Of this sum £50 is to be awarded to one of the workers in the Cancer Research Laboratories and styled "the Mercers' Prize," and the rest used for the general purposes of the Cancer Research Fund.

THE Matron of the Queen's Jubilee Hospital asks us to state that she, together with the sister and staff nurse, have resigned from the nursing staff of the institution, and will sever their connexion with the hospital forthwith. Mr. Sydney Stephenson, M.B., C.M., F.R.C.S.Edin., has been appointed honorary ophthalmic surgeon, Mr. Douglas W. Sibbald, M.B., Ch.B.Edin., resident house-surgeon, and Mr. Archibald Craig Amy, M.B., Ch.B.Glasg., resident house-physician to the hospital.

AMONG the Russian students of both sexes working in the medical and other Faculties of the University and in the art schools of Paris, much distress is stated to have been caused by the recent occurrences in Russia. The great majority of the students live on remittances from home, and these they have not received, in some cases owing merely to the breakdown of postal arrangements, and in others because those who used to send them have been ruined.

A COMMITTEE of the Incorporated Medical Practitioners' Association has been formed for the purpose of presenting Mr. George Brown, Direct Representative on the General Medical Council, with some token of their regard on his retiring from office as Senior Editor of their official journal, the *General Practitioner*. Mr. George Brown has given the best part of forty years in working for the interests of general practitioners, to improve their medical, social, and political status. He has done good work in improving club practice, and also on the nurses and midwives questions. In the General Medical Council, those men who secured his return know how well he has represented their views, and spoken on the subject of increased representation for the rank and file of the profession, where they are so inadequately represented. It is possible that there are many practitioners who are not members of the Incorporated Medical Practitioners' Association who would like to join in this tribute to the qualities and sterling worth of Mr. George Brown, who has spared neither time nor money in looking after the interests of his brother practitioners without thought of fee or reward. Any gentlemen who would like to testify their gratitude and respect for him may do so by sending their subscriptions to J. Pollock Simpson, M.D., Secretary and Treasurer of the fund, No. 8, Upper Montagu Street, Montagu Square, W., who will acknowledge all sums received. Cheques should be crossed "George Brown Testimonial Fund."