

ignoring of the medical man in attendance makes such, one might say, probable. In my own experience within the last few months a case in point has occurred: Dr. Wynn Westcott asked me in September last to make a *post-mortem* examination on two children who had died after taking liqozone, a strong solution of sulphurous acid. On autopsy I could find no possible nor even probable cause for death, and had one not known that repeated doses of simple irritant poison may leave no traces in the alimentary canal beyond those attributable to mere *post-mortem* changes I should have been obliged to say that I could find nothing to account for death had I not had the invaluable, nay indispensable—if justice was to be done—support of the evidence of Dr. T. W. Morcom Harnels, who had attended the deceased children for some three or four days, with all the symptoms of irritant poisoning. It was on his evidence combined with mine that a correct verdict was given—namely, poisoning from the effects of taking liqozone in repeated doses.

It may be urged that the mere fact of no cause being found on autopsy *prima facie* sufficient to account for death, should make the pathologist suspect some insidious form of poison, but a reference to my analysis of cases will at once show that such a connexion is by no means necessary, and common experience leads in the same direction, especially, perhaps, in that terrible cause of infant mortality so-called overlaying. I believe that in the majority of such cases there are no pathological conditions found after death.

## MEMORANDA:

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

#### UNION OF SEVERED NOSE.

In September, 1904, a lady, aged 24, lost control of her bicycle, and was thrown through the plate-glass window of a shop. I saw her about twenty minutes afterwards, and found the end of her nose was missing, while her upper lip was so gashed that it was attached to the face by the internal mucous membrane only. Ten minutes later the tip of the nose was handed to me, having been found on the shop floor, and brought across the road to where the patient lay; it measured about three-quarters of an inch from side to side, half an inch vertically, and was under an eighth thick, but fortunately contained almost no cartilage. Being quite cold, it was placed in warm water for a few minutes, then washed in 1 in 40 lysol, and secured in position by four catgut stitches. The wound was then painted with tinct. benzoin. co., and a few shreds of cotton-wool, saturated with this fluid, applied. The same treatment was used for the lip. The patient was kept in bed for ten days, and allowed fluid nourishment only. Within twenty-four hours she could feel the point of a pencil when brought in contact with her nose, and acuteness of sensation gradually increased, until in about four days it was normal. The wound healed by first intention, and there was no discharge from it until a fortnight after, when the superficial layers of the skin sloughed off. Under a dressing of quarter strength boracic ointment the epidermis regenerated in a few weeks, and, excepting a little redness at the junction of tip with nose, and a slight nick in the right nostril, the organ looked normal. The lip healed by first intention. Now, several months after the injury, there is nothing abnormal to be seen, except a slight not readily observed deficiency at the margin of the nostril.

Shotley Bridge.

J. MURRAY RENTON, M.A., M.B. Edin.

#### THE ALBUMINURIA OF PREGNANCY.

MRS. C., aged 21, a primipara, expecting her confinement on April 1st, came to see me several times on account of repeated attacks of urticaria. She was very constipated, and the uterus was enormous. Twins were suspected.

On March 20th she had a good deal of oedema about the feet and ankles. Her urine proved to contain much albumen, and was passed in very small quantities and at long intervals. She was given a diuretic and carefully dieted. The following day she suddenly discovered she was unable to see with the right eye. Two days later, as she developed a marked internal strabismus of the same eye, the diuretic was made stronger, purgatives administered, and the patient kept in bed.

No improvement took place, and on March 26th the left eye

became similarly affected, though loss of vision was not complete.

On ophthalmoscopic examination an unusually pale condition of the fundus was found, but no evidence of haemorrhage or albuminuric retinitis. She was now passing more urine, with slightly less albumen, and the bowels were acting better. Labour commenced on March 27th.

In due course I ruptured the membranes, and after a gush of liquor amnii she called out in a joyful voice that she could see with her right eye. Shortly after she was delivered of twins, and, the second child being born, I noticed that the squint was much less marked, but she told me that she could see "two of me."

The rest of the labour, except for considerable haemorrhage, was uneventful. On its termination she could see with both eyes, but the left eye was still turned inwards a good deal. During the puerperium the oedema which, after she was kept in bed appeared in the lumbar region, rapidly disappeared.

The squint persisted until April 5th, when it too vanished, and vision became normal. The urine was collected carefully as soon as possible, and the albumen found to be lessened in quantity. She was given an iron tonic, and by April 14th there was no longer any trace of it, while her face, which had been red and puffy, had resumed its normal appearance. She has since remained in good health. The two babies were healthy and well developed. It seems remarkable that she should have escaped eclampsia.

London, N.W.

JOHN SPURWAY, M.B., C.M. Edin.

#### SUDDEN DEATH AND THE THYMUS GLAND.

THE following case recently occurred in my practice: An urgent message was sent me from a house a few doors away. I got there in three minutes, but found the patient—child—dead. A first glance at it showed it to be an extremely well-developed infant, about 8 months old. On each cheek was a dusky patch; the lips were slightly blue, but the finger nails of a natural colour, and there were no other signs of asphyxia. I immediately commenced artificial respiration, and persisted in it for twenty minutes, but without success. The mother, it appeared, had fed the baby from the breast, and had then put it to bed, apparently in perfect health. About a quarter of an hour afterwards she went to look at it and picked it up dead. Close questioning disclosed nothing pointing to any previous disease. The child was always thought to be extremely healthy; it invariably, however, turned on its face to sleep, and had a habit of throwing its head back in its mother's arms. An examination was made by myself, with the kind help of Dr. H. Roger Smith, the usual family doctor. The brain and all the organs were found to be healthy, with the exception of the thymus gland. This occupied the entire region from the thyroid to the diaphragm, or, by the rib marking, to the upper border of the seventh rib. On removing it from the trachea, it was found to consist of three lobes; it measured 4 in. in length, 2½ in. across, and ¾ in. thick, and weighed 2 oz. The trachea was full of half-digested milk. The enlarged thymus may perhaps explain why the child used to assume the attitudes which have been described. They were probably those in which the pressure on the thymus was least felt. In Osler's *Medicine*, under "Diseases of the Thymus Gland," it is stated that enlargement of the gland is a recognized cause of sudden death in infants, owing either to its direct pressure on the trachea or to its pressure on the pneumogastric causing spasm of the glottis. In this case, however, there was no flattening of the trachea or evidence of pressure *post mortem*. There appear to be no symptoms by which the condition can be diagnosed with any assurance during life.

Hampstead.

EDWARD JESSOP.

#### A NEW TREATMENT FOR "HOUSEMAID'S KNEE."

A FEW days before the case of accidental rupture of a housemaid's knee seen by Dr. Pogson I had a similar one in a much older patient.

Mrs. J., aged 68, was under my care for osteo-arthritic pain of the left knee from June 13th to July 11th, 1905, by which time it had quite subsided. On July 24th she came to show me a typical medium-sized, painless enlargement of the left bursa patellae which had arisen during the preceding fortnight. I told her to give up kneeling, and the following day went away for a holiday.

I next saw her on August 16th, and she told me that the swelling had remained stationary till about August 12th, when she accidentally fell on the stairs and heard it go pop.

She said there was no appreciable pain at the time and none at all since. The knee was certainly free from any swelling or tenderness.

London, S.E.

FREDERICK A. FIELD, M.D. Lond.

## REPORTS

ON

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

#### SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

##### A CASE OF SARCOMA OF THE CORPORA CAVERNOSA PENIS.

(Reported by H. W. WEBBER, M.S., Assistant Surgeon to the hospital.)

J. B., aged 51, labourer, was admitted to the hospital on May 30th for swelling and hardness of the penis. The following notes were taken:

*Personal History.*—He had been a healthy man all his life, except that thirty years previously he had a small hard sore on the penis near the meatus; this became hard and appeared about six weeks after exposure to infection; there were no secondary symptoms nor any local disease otherwise. His wife had nine children and three miscarriages; all the children were healthy.

*History of Present Illness.*—He was well until twelve months ago; then began to experience pain  $1\frac{1}{2}$  in. from the meatus, at first on sexual congress, then when from any cause the penis became erect, and finally on passage of urine. Pain came on and still comes after the passage of fluid, not during. Of late (the last week or two) there has been great and increasing difficulty in passing water. Now urine only passes drop by drop. About six months ago a small lump was felt at the site of the first pain ( $1\frac{1}{2}$  in. from the meatus) along the urethra. This increased steadily in size and involved the whole substance of the penis. A few weeks ago a catheter was passed by a medical man; bleeding resulted and continued three days; a considerable amount in all was lost. This is the only bleeding that has occurred. There has been of late (for ten days) slight purulent discharge. Thus up to the present the local symptoms have been: (1) General enlargement of penis; (2) pain and difficulty in micturition, with increased pain after the act; (3) some slight purulent discharge; (4) a history of considerable hæmorrhage; (5) general discomfort in the organ, and dislike to move it.

*Present Condition.*—The patient's general health is not good; he feels miserable, and has a bad appetite. He has lost flesh, especially of late. The whole penis is enlarged; the scar of an old chancre is easily visible just to the left of the meatus. The glans is hard, as though infiltrated with a growth; especially is this marked along the urethra. The next small section of the organ appears almost normal, and then one passes on to an enlarged part, which is hard and bossy. Both corpora cavernosa and the corpus spongiosum are involved at this point. This hard and bossy condition extends, gradually becoming less, almost to the pubic attachment of the organ. Behind this the infiltration is more obviously confined to the urethra and surrounding tissues of the corpus spongiosum, extending well into the bulb and seemingly terminating at the triangular ligament. The consistence of the infiltrated parts above described is of stony hardness. There is some slight purulent discharge from the meatus. The whole organ is tender, and the patient does not like to have it moved. The glands in both groins are enlarged, especially the oblique set on the right. They are very hard, and suggest malignant disease. An examination of the urethral discharge was made by Dr. Pethybridge, Pathologist to the Hospital, and he reported "no gonococci either in film or obtained by culture. Staphylococci and putrefactive organisms present."

*Treatment and Progress.*—Potassium iodide, 15 gr., with liq. hydrarg. perchlor. 1 drachm, were given three times a day, and this was increased on June 3rd to 22 gr. and  $1\frac{1}{2}$  drachms respectively. At the same time a small piece of ung. hydrarg. was rubbed in locally twice a day.

*Operation.*—On June 8th suprapubic cystotomy was performed. Previous to this an attempt was made to pass a catheter. A stony resistance was encountered just anterior to the level of the scrotum. Some bleeding resulted, but soon stopped. The bladder was found considerably distended, the urine was sweet, the bladder wall and urethral orifice normal. The bladder was drained by a rubber tube, the bladder wall being sewn round it.

The result of this operation was to establish a satisfactory suprapubic drainage of the bladder, but increasing growth of the penis, with pain, necessitated further measures. On June 20th the penis was amputated close to the triangular ligament, the bulb being removed separately from the main mass, only the attachments of the crura to the ischial rami were left. A section through healthy tissue, well beyond the growth, was obtained. Both testicles were also removed; the inguinal glands were not attacked.

*Result.*—The wound healed well, and the enlarged glands gradually subsided until, in the first week in August, they were of normal size. About a week after the operation considerable oedema of the left lower

extremity supervened, with pain requiring nepenthe in 10 minim doses for its relief. The swelling and pain, however, gradually disappeared, and by the second week in August the left lower extremity was of normal size and quite comfortable. Patient was discharged on August 24th, 1905, wearing a suprapubic rubber drain and urine bottle.

*Pathological Report* (by Dr. Pethybridge).—The greater part of the corpora cavernosa is replaced by a firm, whitish mass, which has also invaded the corpus spongiosum and glans penis. The posterior fourth of the corpora cavernosa is not invaded by the growth, and a well-marked line of demarcation exists. Microscopically the section shows a fibrous tissue network with wide irregular spaces filled with large round and oval cells.

*Remarks.*—I am indebted to Mr. Whipple, under whose care the case was, for permission to publish these notes, which were taken by the house-surgeon, Mr. A. G. Pitts. Primary sarcoma of the penis is a rare disease, and few cases of it have been recorded. According to Erichsen<sup>1</sup> it is "very rare; it appears to commence in the cavernous tissue." "A few cases of primary sarcoma of the penis, originating in the erectile structures, have been recorded" (Morris).<sup>2</sup> Mr. Battle<sup>3</sup> showed, at the Pathological Society (March 17th, 1885), a specimen from a patient 60 years of age, the clinical symptoms being gradual enlargement of the penis and hæmorrhage. Microscopically the section showed "cells of various kinds, of which the majority were round cells; in places there was a tendency to alveolar grouping." At the same Society Mr. Hurry Fenwick<sup>4</sup> showed on November 19th, 1889, a specimen removed by Mr. Waren Tay from the left crus penis of a man aged 36. The disease was of three and a half years' duration, the symptoms being those of slowly increasing growth, with slight pain and no involvement of the urethra. Microscopically it was a mixed spindle-celled and round-celled sarcoma. The specimen from the case has been presented to the Pathological Museum of Guy's Hospital.

*Note, November 27th, 1905.*—I visited this patient at his home to-day, and I found him anaemic and weak, and confined to bed. There is a granulating surface as large as a florin projecting from the suprapubic wound, which is raised and bleeds on touching. No doubt this is of sarcomatous nature. The anterior half of the perineum is filled with firm, hard growth, which is adherent to bone, and tending to fungate. The inguinal glands on both sides are moderately enlarged, and the lower extremities oedematous.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Sir R. DOUGLAS POWELL, Bart., K.C.V.O., M.D., F.R.C.P.,  
President, in the Chair.

Tuesday, December 12th, 1905.

#### DISCUSSION ON THE TUBERCULIN TREATMENT OF TUBERCULOSIS.

MR. J. PARDOE, in resuming this discussion, contributed a paper on the treatment of tuberculosis of the urinary system by new tuberculin (TR). The disappointing results of the treatment of urinary, and especially vesical, tuberculosis by operation and bladder washes had led him to try tuberculin injections. The elimination of unsuitable from suitable cases for such treatment was of the first importance; the criterion was whether under the local reaction induced any obstruction to the urinary channels was likely, and a careful cystoscopic examination to decide this point was necessary, the reagent not being employed unless there were clear ureteric orifices and a clear discharge on at least one side. Details of the method of employment were given in regard to precautions as to sterility of the agent, size and frequency of dose, and length of time during which it should be used. Results in 21 cases were described; of these, 5 were apparently cured; 4 showed marked improvement, 6 showed no improvement, and 6 died. The conclusion drawn was that, as regards these 21 cases, the results gained were at least as good as those by any other method, and that for vesical tuberculosis it seemed the best remedy at disposal.

The PRESIDENT, after giving a summary of the papers, said that the point, in the cases occurring in his experience, that seemed of primary importance was that the disease should be fairly localized and quiescent. It suggested that in the "stormy" cases sanatorium treatment should precede the

<sup>1</sup> *Surgery*, tenth edition, vol. ii, p. 1225.

<sup>2</sup> Morris, *Treves's System of Surgery*, vol. ii, p. 1015.

<sup>3</sup> *Lancet*, March 21st, 1885.

<sup>4</sup> *Lancet*, November 23rd, 1889.

## THE PLAGUE.

### PREVALENCE OF THE DISEASE.

#### INDIA.

DURING the weeks ended November 4th, 11th, and 18th the deaths from plague in India numbered 3,090, 2,765, and 2,826 respectively. The principal figures during the period were: Bombay Presidency, 1,789 deaths; Bengal, 207; North-West Provinces and Oudh, 166; the Punjab, 40; Rajputana, 15; Kashmir, 7; Madras Presidency, 67; Central India, 96; Hyderabad State, 42; Mysore, 120.

During the weeks ended November 11th and 18th almost half of the deaths from plague in India occurred in the Bombay Presidency.

#### SOUTH AFRICA.

During the weeks ended November 4th, 11th, and 18th only 1 case of plague was met with—namely, a coloured female—on November 18th, at Port Elizabeth.

Plague seems to have died out amongst rodents, no rat or mouse being found infected by plague at any town in South Africa.

#### AUSTRALIA.

*Queensland.*—No cases of plague were under treatment in any part of the State of Queensland during the last week of October. The last case of plague died at Townsville on October 21st. Unless another case of plague should occur in the State or a plague-infected rodent be found, no further bulletins will be issued.

#### MAURITIUS.

During the weeks ended November 23rd, 30th, and December 7th the fresh cases of plague in Mauritius numbered 8, 9, and 3; the deaths from the disease amounted to 6, 6, and 1.

## MEDICAL NEWS.

THE next Congress of Electro-biology and Medical Radiology will be held at Milan from September 5th to 9th, 1906.

It has been decided that the third meeting of the Congress on Pellagra shall take place at Milan on September 26th, 27th, and 28th, 1906.

DR. W. M. ROBERTSHAW of Stocksbridge has been elected without opposition to represent the Wadsley Bridge Division on the County Council of the West Riding of Yorkshire.

DR. WILLIAM STIRLING, Fullerian Professor of Physiology, will deliver a course of six lectures on Food and Nutrition at the Royal Institution, Albemarle Street, at 5 p.m., on Tuesdays in February and March.

THE *matinée* at the Shaftesbury Theatre in aid of the rebuilding fund of St. Bartholomew's Hospital last Monday was somewhat marred by the fog, but nevertheless resulted, it is understood, in the substantial profit of £500.

A LARGE new hotel, called the Grand Hotel St. Moritz, has been opened this month at St. Moritz-Dorf in the Engadine. Ample provision is made for the winter sports to which visitors to Switzerland have become accustomed. The hotel will also be open in the summer.

THE new buildings of University College Hospital, London, have been completed, and eighty-six additional beds were taken into use in September. The cost of the rebuilding was defrayed by the late Sir J. Blundell Maple, but the Committee appeals for more annual subscriptions to meet the increased expenditure due to the larger number of beds now in use.

ACCORDING to the *Times*, Mr. Roosevelt has appointed a Commission of three surgeons-general, representing the army, navy, and marine hospital service, to inquire into the conditions prevailing in Government offices and workshops, and to recommend measures for the prevention of tuberculosis therein.

THE Richard Middlemore post-graduate lecture will be delivered at the Birmingham and Midland Eye Hospital by Mr. H. Eales, Senior Surgeon to the hospital, on Tuesday next, December 19th. The subject of the lecture will be Some Affections of the Eye and its Surroundings caused by Nasal Disease. All qualified members of the medical profession are invited to attend.

FLEET SURGEON BASSETT CHARLES EDWARD FITZGERALD GUNN, R.N. (retired), died at Chatham on November 20th, aged 46. He entered the Royal Navy as Surgeon, February

28th, 1883; became Staff Surgeon, February 20th, 1895; and Fleet Surgeon, February 26th, 1903. He retired from the service June 29th, 1903.

THE reports put in at the forty-third annual meeting of the Surgical Aid Society last Wednesday showed a substantial growth in the annual income. The total receipts for the year were £20,787, or more than £2,000 greater than in 1904. There had been a slight reduction in the expenses of management, which during the year equalled only 16.2 per cent. of the total expenditure. The 35,083 surgical appliances which had been supplied included over 1,000 sets of artificial teeth.

WE have received a copy of the *Melbourne Argus* tables of the Australasian mails for 1906. It forms a small pocket volume, and contains complete official British and foreign mail services to and from Australia and New Zealand, rates of passage, postal and cable charges, with an excellent Orient-Pacific line coloured track chart of the world, showing distances from port to port, and differences in time. Copies may be obtained gratis at the London offices of the *Argus*, 80, Fleet Street, or by enclosing a penny stamp to cover postage.

BRQUESTS TO MEDICAL CHARITIES.—Miss Catherine Severne of Brighton, who died on November 1st, left £200 to the National Hospital for Paralysed and Epileptic, Queen Square, Bloomsbury.

LAMBETH GUARDIANS AND LADY DOCTORS.—At a meeting of the Lambeth Board of Guardians held on November 29th, it was decided that no lady doctors should be eligible for posts in connexion with the new scheme of nursing the poor in their own homes.

INTERNATIONAL CONGRESS ON HYDROLOGY.—The next International Congress of Hydrology, Climatology, Geology, and Physical Therapeutics will be held at Algiers, October 5th to 10th, 1906.

KUSSMAUL PRIZE.—Professor Czerny, of Heidelberg, has founded a gold medal in memory of his father-in-law, the famous clinician Kussmaul, who died in 1903. The medal, together with a prize of £50, will be awarded every three years for the best German research on therapeutics.

A HYGIENIC EXPOSITION AT LYONS.—In connexion with the meeting of the French Association for the Advancement of Science to be held at Lyons in August, 1906, Professor Courmont, President of the Section of Hygiene, intends to organize in the name of the city of Lyons all methods, apparatus, and materials used in town sanitation.

NEW ISOLATION HOSPITAL AT ROTHERHAM.—The new Rotherham Isolation Hospital, the foundation stone of which was laid some fifteen months ago, was opened with due ceremony on December 7th. The total expenditure upon the undertaking, including land, building, and furniture, has only a little exceeded £19,000, and for this sum 33 beds for male patients and 33 beds for female patients have been provided. The buildings consist of an administrative and six other blocks, including the laundry, disinfectant, and discharge lodge, and the observation ward. The special characteristic of the hospital as a whole is that separate provision has been made for acute and mild cases of scarlet fever. This rapid conversion into practice of the very modern conception that the aggregation of severe and mild cases of scarlet fever is dangerous is a very welcome feature of the plan, and specially creditable to those, including Dr. Alfred Robinson, the Medical Officer of Health for the district, who have been responsible for the erection of the new buildings. The distribution of beds is of some interest; 18 beds are assigned to severe scarlet-fever cases, 16 to those of milder type, 14 each to diphtheria and typhoid, and 4 beds in two separate wards to observation cases. The buildings lie on elevated ground, about 1½ miles from the centre of the town, and have 5½ acres of ground devoted to them; the different blocks are, therefore, well separated. All the wards face south-east, and each is provided with a glass-covered verandah for the use of convalescent patients; each block, moreover, forms a complete and independent unit by itself, being provided with its own kitchen, bathrooms, and stores. The ventilation is natural fireplace ventilation, supplemented by outlet shafts in the ceilings, and grids under each bed. The scarlet-fever patients have an allowance of 2,106 cubic feet of air space, and 156 superficial feet floor space, while the diphtheria block is provided with a small operating theatre.

by his name. In the affairs of the McGill Medical Faculty, and of the Royal Victoria Hospital, he took a deep interest. He was a clear and attractive teacher, quick to grasp the essential features of a case, and fully alive to the needs of the medical student. One of the last conversations the writer had with him was on the question of improving the clinical opportunities of the students, whose work he contended was encroached upon very much by the modern pupil nurses.

He had enjoyed remarkable health until a year before his death, when he began to have dyspepsia. In the autumn anaemia came on, with all the features of the pernicious type. He is survived by his wife, a son, and three daughters.

JAMES LYNASS, M.B.R.U.I.,  
Belfast.

THE news of the sudden and unexpected death of Dr. James Lynass on December 5th was a shock to his many friends in North Ireland.

Some two years ago Dr. Lynass suffered from a prolonged and serious attack of peripheral neuritis, probably following influenza, and, at a later stage, complicated with deep jaundice. Eventually, however, after nearly a year's inability, he recovered completely and engaged in his professional duties with all his accustomed interest, zeal, and conscientiousness; latterly every one had rejoiced to see him looking so well. On the night of December 4th he complained suddenly of headache, and in a few minutes it was noticed that he was unable to move his right hand or to speak distinctly, and in a few more he became unconscious, and never rallied, death ensuing in six hours from what was evidently a haemorrhage into the base of the brain.

Dr. Lynass was educated at Queen's College, Belfast, and received the M.B. of the Royal University in 1892. He became Resident Medical Officer in the Belfast Union Infirmary in 1893, and in 1899 was appointed Visiting Medical Officer. In 1904 he was asked to act as Medical Officer to the Doherty Children's Convalescent Home. He was building up a large and valuable practice, and had done some excellent surgical work at the infirmary, where he had charge of the surgical cases. The careful and conscientious discharge of his duties and his invariable kindness were much valued by the Board of Guardians, by whom highly appreciative references were made at their meeting on December 5th.

Much sorrow is felt amongst the profession at such a promising career being cut short at so early an age, and deep sympathy is felt with his widow and the members of his family.

CAPTAIN JAMES WADDELL, R.A.M.C.

It is with much regret that the unexpected death of Captain James Waddell has just been received in Belfast. Dr. Waddell was the son of a Presbyterian missionary in Tokio; he was educated in Belfast, and entered Queen's College. He obtained the M.B. of the Royal University in 1899. He was appointed Medical Officer of the Banbridge Infirmary, but volunteered for the South African war in 1900 as civil surgeon. He served two years at the front, receiving a medal and two clasps, and was offered a commission in the Royal Army Medical Corps, which he accepted. He was, however, laid up for two years, and it was only in last July that he was pronounced fit for service, and was ordered to South Africa. His death at Middelberg has terminated a most promising career. Dr. Waddell came of a fighting and enterprising stock which during the last two centuries has distinguished itself on many occasions in the service of the country; it also included the well-known name of Captain Mayne Reid. Captain Waddell married only last July; much sincere sympathy is felt with his young widow and with other near relatives.

J. F. STEWART, M.B. EDIN., C.M.,  
Nigeria.

A LETTER was received on November 29th by Dr. John Stewart, Belfast, Medical Officer to His Majesty's Prison, from the Colonial Office, intimating the death of his eldest son in Southern Nigeria. Dr. J. F. Stewart had studied in Belfast and Edinburgh, and, after a successful undergraduate course, he obtained the degree of M.B. Edin. in 1898, and subsequently the C.M. of the same University. He volunteered for and served in the South African war, and on its termination

was offered and accepted the post of Colonial Surgeon, West Africa.

In 1903 he obtained the certificate of Tropical Medicine in London and the D.P.H. of the Dublin College of Physicians. In 1904 he was elected a Fellow of the Royal Geographical Society. He wrote home for the last time on November 4th, in excellent health and spirits, saying he was sailing for Old Calabar. The letter received from the Colonial Office intimated that a telegram had been received from the Acting High Commissioner of Southern Nigeria, which stated that Dr. Stewart had apparently lost his way, was fired on, and had taken refuge in a native compound, but was cut down. The greatest regret is felt at so promising a career being cut short in such a tragic manner, and deep sympathy is felt with the family in their distress and grief.

It is announced that Surgeon-General Dr. VON LEUTHOLD died of influenza on December 4th in his 73rd year. He served in the war against France in 1870-71, and in 1874 was appointed Professor in the Kaiser Wilhelm's Academy of Medicine. He held the post of a Physician-in-Ordinary during the last three years of the reign of the Emperor William I., and was confirmed in his appointment by the present Emperor. At the time of his death he was Surgeon-General-in-Chief of the Prussian army. He did good service in the field of military hygiene.

THE death is announced of Dr. JAMES RANKIN of Kilmarnock at the ripe age of 75. He received his education at Glasgow University and Anderson's College, and became L.F.P.S. and L.M. Glasg. as far back as 1857. Dr. Rankin carried on a large practice at Kilmarnock for a great many years, and was highly esteemed throughout the district, being a man of singularly genial temperament and manners. Among his contemporaries and the younger members of the medical profession he enjoyed considerable popularity, and was at one time President of the Ayrshire Medical Society and Club. In his practice he included a good deal of colliery work, and he was also medical referee to several assurance societies. In the work of the British Medical Association, of which he was an old member, he took a great interest, and frequently attended its meetings. To the BRITISH MEDICAL JOURNAL he contributed several papers dealing with cases which he met in practice; one was a paper illustrative of the dangers of untrained midwifery work, and another an account of the successful amputation of the knee in a patient aged 72 suffering from senile gangrene. In spite of his advanced age, Dr. Rankin's activities, both mental and physical, were preserved till quite recently; and, but for the shock he sustained by the loss of his wife late last summer, it seems likely that he might have continued in good health for several years. Three of Dr. Rankin's children survive him—two sons and one daughter.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Felix Fraenkel, Surgeon to the Nuremberg Hospital and author of numerous writings on the radical operation for hernia, gastro-enterostomy in non-malignant stenosis of the pylorus, etc.; Professor Alexander Tarenezhki, head of the St. Petersburg Military Medical Academy and author of a number of papers on normal and comparative anthropology, etc., aged 60; Dr. Johann Setschnow, Emeritus Professor of Physiology in the University of Moscow, aged 76; and Dr. Leopold Brühl, for many years a member of the German Imperial Health Bureau and author of numerous medico-statistical publications, aged 69; Surgeon-General Julius Port, of the Bavarian army, author of numerous writings on military hygiene and the equipment of field hospitals, aged 71; Dr. Eduard Korczynski, the well-known clinician of Cracow, aged 61; Dr. Pierre Roz, Chef de Clinique in the Department of Mental Diseases in the University of Paris, and author in collaboration with M. Launois of an important work entitled *Biological Studies of Giants*, for which in the same year the Academy of Medicine awarded the Herpin prize, the Academy of Science the Monthyon Prize, and the Anthropological Society the Broca Prize; Dr. Julio Magranez, Professor of Clinical Medicine in the University of Valencia; Dr. Ludwig Herz von Hertenried, a well-known ophthalmic surgeon of Vienna, and a former assistant of von Arlt and von Stellwag; and Dr. Baraban, Professor of Pathological Anatomy in the University of Nancy, and Deputy Mayor of that city, aged 55.

## HOSPITAL AND DISPENSARY MANAGEMENT.

## THE EXETER DISPENSARY.

A DIFFICULTY has suddenly arisen at the Exeter Dispensary, an institution which has existed for over eighty years, and has led to the members of the honorary medical staff tendering their resignation. About a month ago a member of the committee of management brought forward a proposal for the appointment of a paid medical officer to be in daily attendance so as, "on the one hand, to relieve the honorary medical officers of some part of their onerous duties, and, on the other, to secure speedy attention to the patients." In support of the proposed change, the statements were made to the effect that patients were often kept waiting a long time in an ill-ventilated room, and that they were hurriedly treated. As to the alleged insanitary state of the waiting-room, that is of course a condition which it is obviously the duty of the committee of management to remedy, but the medical officers take strong exception to the action of the committee in referring what they consider to be a charge of unpunctuality and neglect of duty to a subcommittee without giving them an opportunity of answering the accusation.

The charges were supported in the Subcommittee by statistics showing a want of acquaintance with the conditions under which medical work has to be carried on, and the implication of neglect was, it was felt, made in language of an offensive character.

The Subcommittee resolved to recommend improvement in the waiting-room accommodation, but adjourned the further consideration of the subject until the opinion of the medical staff had been obtained upon two questions: (1) Whether it would be practicable or advisable to appoint two or three additional honorary medical officers; (2) whether two or three evenings a week could be appointed for the attendance of male patients. The honorary medical staff, however, felt that it would be impossible to continue its connexion with the dispensary in view of the fact that the Subcommittee had not exonerated it from the inconsiderate charges made by one member. The following letter was accordingly signed by all the medical officers of the institution, with the exception of Dr. Augustus Drake, consulting physician, who, we observe, no longer resides in Exeter:

We, the undersigned medical officers of the Exeter Dispensary, extremely regret that the proposed appointment of a paid medical officer was referred by the Committee to a Subcommittee without previously inviting the opinion of their medical officers. We resent most strongly the offensive manner in which this question has been brought forward and discussed. We have no intention of discussing the value of our services to the institution, and feel that the only course left to us is to tender our resignations as medical officers to the institution, to take effect on Thursday, December 21st, 1905.

We are glad to learn that at a meeting of the Governors, held on December 13th, the following resolution was adopted:

That the Governors of the Exeter Dispensary regret the attacks that have been made upon the medical officers by certain members of the Committee, and desire to express their appreciation of the zeal and ability with which the medical officers have discharged their duties and their entire confidence in them; and being of opinion that the appointment of a paid medical officer is unnecessary and inexpedient, trusts that the medical officers will withdraw their resignations.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

THE following additional examiners have been appointed:  
Third M.B.—Part I: Professor Bradbury, Professor Woodhead.  
Part II: Dr. J. M. Clarke, Mr. G. H. Makins, C.B., and W. D. Harmer, M.C.  
The Medical School Building Syndicate has been authorized to spend £570 on cases for the Humphry Museum.  
The following degrees were conferred on December 5th:  
M.D.—A. I. Bimey, King's; C. H. Miller, Trin.; W. R. Grove, Sid. Suss.  
M.B.—S. H. Daukes, Gonv. and Cal.

## UNIVERSITY OF LONDON.

## MEETING OF THE SENATE.

A MEETING of the Senate was held on November 22nd.

## University Extension Examiners.

The name of Professor Charles S. Sherrington, F.R.S., was approved for inclusion in the panel of examiners.

## King's College.

A course of lectures upon modern research in the psychology of memory, accompanied by an exhibition of apparatus, will be given by

Dr. C. S. Myers, Lecturer on Experimental Psychology at King's College during the Lent term on Fridays, commencing January 12th at 6 p.m. The course, which is recognized by the University as a B.Sc. Honours Course, is free to teachers and to internal students of the University.

## University of London Lodge of Freemasons.

On November 9th, Dr. Amand Routh was installed as Grand Master in succession to Mr. Benjamin Whitehead.

## Lectures for Teachers in London Elementary and Secondary Schools.

A course of lectures on physiological hygiene with special reference to school hygiene will be given at the Bedford College for Women by Dr. J. S. Edkins, commencing on Saturday, January 20th, at 10 a.m. The lectures will be open without fee to all teachers in London elementary and secondary schools. Application forms to attend lectures can be obtained from the Executive Officer, L.C.C. Education Department, Victoria Embankment, W.C., and must be returned by December 16th.

## UNIVERSITY COLLEGE.

The Council has conferred on Dr. G. A. Buckmaster the title of Assistant Professor of Physiology.

The Christmas vacation of the Medical Faculty begins on December 21st and terminates on January 4th, 1906.

## UNIVERSITY COLLEGE, BRISTOL.

## Medical Faculty.

THE anatomical department has been greatly improved. The dissecting room has been enlarged, lighted from the top, and refloored with "cubolith." New dissecting tables—copies of those in use in the University of Leeds—have been provided. The electric light has been installed in it. A new block, providing a well-lit and spacious private laboratory for the professor, a room for demonstrations, and excellent injecting and storage rooms, has been built; this, too, is lit throughout by electric light.

## Bacteriology.

A new building has been erected for the teaching of bacteriology, and is rapidly approaching completion.

## Appointments.

The following appointments have been made: J. Michell Clarke, M.A., M.D. Cantab. F.R.C.P.Lond., to be Chairman of the Medical Faculty, and Professor of Medicine, vice Dr. E. Markham Skerritt, resigned; Edward Fawcett, M.B., C.M. Edin., to be Dean of the Medical Faculty, vice Dr. E. Markham Skerritt, resigned; P. Watson Williams, M.D. Lond., to be lecturer in diseases of the nose and throat.

## CONJOINT BOARD IN IRELAND.

THE following candidates have been approved for the Diploma in Public Health:

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

## TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examination indicated:

Final Examination in Midwifery.—S. G. S. Haughton, T. H. Peyton, J. C. P. Beatty, B. G. Brooke, M. D. Ferguson, P. B. Egan, R. A. Connell, J. D. Sands, F. R. Coppinger, D. M. Corbett, H. J. Knox, J. M. Harold, E. D. Atwell, W. I. Thompson, H. J. Wright, C. H. M'Comas, G. S. Walton.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

## ROYAL ARMY MEDICAL CORPS (VOLUNTEERS) LONDON COMPANIES.

ON Saturday last the annual competition, limited to London companies, for the challenge shield was held at head quarters, 51, Calthorpe street, Gray's Inn Road. The members of the winning company (No. 4) were congratulated by the Examiner, Captain McPherson, on the smart manner in which they carried out their drill. After the competition the officers entertained their friends at mess, the sergeants' mess being also held in another part of the building.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

## ATTENDANCE AT ISOLATION HOSPITAL.

M. H. asks what would be a reasonable charge for medical attendance on scarlet fever patients (number ranging between two and six) at an isolation hospital opened during an epidemic by the rural district council. The hospital was open for eighteen weeks, the number of patients altogether being 21. The nursing arrangements were carried out by the parents of the children, the parents being also resident at the hospital, a nurse not being allowed. He had sole charge of everything, the medical officer of health visiting about two or three times during the eighteen weeks.

\*.\* Assuming that the hospital is not more than a mile or a mile and a half from M. H.'s house, a fair charge would be 10s. 6d. for each visit.