

of rodent ulcers on the body differs from the distributions of herpes zoster and this one case of naevus. The distribution of rodent ulcers on the body and face resembles the areas occupied by leucoderma and scleroderma. In the early stages rodent ulcers on the trunk appear oblong, with their longitudinal axis in the direction of the segments, but the form is soon lost, and the eventual sites occupied are peripheral areas rather than those which are segmental. It must be borne in mind that cutaneous naevi may spread during life and they may atrophy, the recognition of which form data of importance in considering their relation to the nervous system.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### DOUBLE UTERUS AND DOUBLE VAGINA.

In June, 1904, I was consulted by a young woman, aged 25, who had been married seven weeks. She complained of very severe pain during coitus, and this instead of improving became gradually worse, and latterly had been accompanied by haemorrhage more or less profuse. She was a well-developed young woman, of an extremely dark type. The external genitals were well formed, and menstruation, which began at 13, was regular though painful. Since her marriage she had been costive. I found she had a double vagina with a thick fleshy septum between the two orifices, the right being more anterior and the edge of the septum raw, exquisitely sensitive, and bleeding freely when touched.

When slight tension was put on the perineum the vaginal orifices became quite parallel, the right being the less sensitive. The septum extended the whole length of the vagina; there was no visible perforation in it, and it seemed to be thicker above than below. A cervix and os uteri were found in each vagina. Two uterine sounds were passed, one into either uterus; they passed to a normal depth, and could not be made to touch each other internally. Examined per rectum, the right uterus seemed the larger and the adnexa on that side more easily palpable. Examined with a speculum, the os and cervix of the right uterus were, if anything, better developed than the left. She was ordered some vaginal pessaries containing cocaine to be used before coitus, and was next seen in July, 1905, when she came to tell me she thought she was pregnant. This was found to be the case. The left vagina was much more patent, and the septum was pushed over so as to completely occlude the right passage. Impregnation had apparently taken place on the left side, and she was about three months pregnant, the tumour being markedly left-sided. When eight months pregnant she was again seen; the tumour then occupied the normal central position.

She was confined in January, 1906. Presentation: occipito-posterior. Labour was naturally slow and tedious. During the progress of the head the septum was torn nearly its whole length, the external portion slipping like a band over the advancing head as it came through the vulvae. Labour was terminated by forceps, and there was pretty smart *post-partum* haemorrhage. She did not menstruate during pregnancy.

*Remarks.*—Her future fate is very uncertain. While the septum remained intact, and practically occluded the right vagina and uterus, there was little or no chance of superfetation. But in her present condition, with her cervix presenting into one common vagina, such a calamity comes within the range of possibility; unless the unimpregnated uterus and its appendages have undergone some form of atrophy, or in some other manner become a mere appendix to the active one.

Wigan.

JOHN BLAIR, M.D.

### EPIPHYSIECTOMY OF THE FIFTH METATARSAL BONE IN THE CURE OF CLUB-FOOT.

DISEASE or injury of an epiphysis of a bone may lead to arrest of its growth; and where there are two parallel long bones, as in the forearm, if one is damaged and its growth stopped while the other continues to grow, the result is that the hand is pushed to one side. This fact induced me to try what would be the effect of arresting the growth of the fifth metatarsal bone in talipes varus. Here, no

doubt, in many cases which have been neglected a great deal of deformity exists in the bones of the tarsus, long-neglected malposition of the foot interfering with their development. In the following case—one of talipes equinovarus in a child aged 4—treatment was begun early. By strapping and plaster-of-paris the foot could be almost straightened, but whenever the restraint was removed the forepart rotated and inverted to a considerable degree. Instead of doing a tarsectomy, for which the patient was sent into hospital, it occurred to me that a portion of the fifth metatarsal bone might be excised and the ends wired together. The result at first was excellent, but did not last, as the wire cut through the soft bone. It then occurred to me that if the proximal epiphysis were thoroughly removed and growth arrested the traction of the stunted bone would pull the foot out of its inverted position automatically.

This operation I subsequently performed on May 29th. An incision was made on the side of the foot and the epiphysis removed. The soft parts were approximated by strong silk sutures, and a back splint with foot pieces and side splints were applied. On June 21st, the child was sent home with measles, the limb being encased in plaster-of-paris. The inversion of the foot was considerably reduced.

Whether the arrest of one metatarsal bone will be sufficient it is impossible as yet to say, but there is no reason why the fourth should not be treated in a similar manner; then I have no doubt the foot ought to be pushed by the uninterrupted growth of the other three into its normal position. Possibly the operation would find its greatest utility in cases where the parents have not the tenacity of purpose necessary for prolonged treatment by splints.

PETER TYTLER, M.D.,

Hon. Surgeon, Ancoats Hospital, Manchester.

### TRICHOCEPHALUS AND APPENDICITIS.

I SEE in the BRITISH MEDICAL JOURNAL of August 4th, page 265, a case of appendicitis reported from abroad in which two specimens of *Trichocephalus dispar* were found in the mucous membrane of the appendix. On May 28th this year a potman, aged 23, was admitted to this hospital, under the care of Mr. D'Arcy Power, suffering from what appeared to be an ordinary attack of appendicitis of three days' duration. There was marked rigidity and tenderness in the region of the appendix, and the original attack of pain, he said, doubled him up. On June 28th Mr. D'Arcy Power operated and removed what was to all appearance a normal appendix. Upon splitting the organ open, however, after removal, a small worm was found inside, and was identified by Dr. Thursfield as *Trichocephalus dispar*.

R. FOSTER MOORE, M.R.C.S., L.R.C.P.

St. Bartholomew's Hospital, E.C.

### ACUTE COLITIS.

I HAVE recently had several cases of acute colitis following the ingestion of tinned or potted meat. In all there was severe pain along the course of the colon, with raised temperature, diarrhoea, and little or no vomiting. (1) The first case followed the consumption of some tinned meat, the patient having a temperature of over 106°. (2) In the second case, a young lady had suffered from constipation and colicky pains some days before eating tinned salmon; having done so, severe pains and fever (102°) set in, attended by the passage of copious motions, resembling red-currant jelly, and containing much blood and very offensive. The illness was very acute and lasted a week. (3) The third case followed the eating of potted salmon. In this the diarrhoea and tenesmus were most frequent and distressing; large flakes of mucus as well as extremely offensive jelly-like material were passed. In this case the treatment commenced with calomel, which was followed by salol and bismuth salicylate, and starch and opium enema and pil. plumbi & opio for the frequent diarrhoea. The severe haemorrhage in the second case was promptly arrested by calcium chloride and hamamelis. The food was chiefly peptonized milk. The jelly-like material in the third case showed plasma cells like those in the plate illustrating Dr. Saundby's recent paper, and there were abundant bacteria, which when stained superficially resembled the bacilli in his case; no cultivations were made.

Colwyn Bay.

W. BARKER RUSSELL, M.B.

Chief Surgeon to the army intended for Corsica, and was ordered to report at Toulon. There he first met Bonaparte, whom in 1797 he accompanied on his Italian campaign. Wherever Larrey went he noted everything that was to be seen in the way of disease, and he also lost no opportunity of teaching the younger medical officers anatomy and surgery. Larrey was with Napoleon in the Egyptian campaign, and was wounded at Acre. In that battle Bonaparte, seeing that the surgeon was dismounted, gave him his own horse, and ordered that the horses of the staff should be placed at the disposal of the Surgeon-General for the removal of the wounded. After the action Napoleon presented Larrey with a sword of honour in recognition of an amputation through the shoulder-joint performed in the very heat of the battle. The sword was engraved, by order of Napoleon after he became Emperor, with the words "Aboukir and Larrey." The distinguished soldier-surgeon wore it all the rest of his military life. When he was captured at Waterloo it was stolen from him by the Prussians. Larrey fell with his chief; but, though brilliant offers were made to him by the Emperor of Russia and Dom Pedro of Brazil, he refused to leave France. In 1826 he was restored to his post, which he continued to hold till his death in 1842. We get a portrait of Larrey from a letter written by Dr. J. Mason Warren, father of the present distinguished professor of surgery at Harvard, who was a student in Paris in 1832. Writing to his father, he says Larrey is "a short corpulent man with a very agreeable face. His hair, which is gray, falls in curls over the straight ornamental collar of his military coat that he wears during his visits." He adds that Larrey, "if he has anything he thinks his own, will not give it up for anybody." Larrey always spoke his mind freely to the Emperor, and was not afraid to brave his displeasure. How much Napoleon valued this quality is shown by the fact that after an altercation he gave Larrey his portrait set in diamonds, 6,000 fr. in money, and a pension of 3,000 fr. a year. Larrey was a masterful man, and on one occasion, finding that his wounded were starving, he "commandeered" a number of officers' horses, and had them shot to make soup. There was of course a great outcry, but the Emperor supported his surgeon in his high-handed action.

## MEDICAL NEWS

THE Ottery St. Mary Cottage Hospital receives £300 under the will of the late Mr. John Simons, of Sidmouth, £100 going also to the Devon and Exeter Hospital.

MR. F. H. M. PARKER, M.A. Oxon., Barrister-at-law, has been appointed Secretary to University College Hospital Medical School.

At the high court, or annual general meeting, on August 7th, of the Foresters, a well-known Friendly Society with numerous and widely-scattered branches, a proposal was made that provision or subvention of open-air sanatoriums for the treatment of tuberculosis should be included in the objects of the society. It was, however, rejected by a very large majority. In opposition to the proposal it was argued, on the one hand, that it was the duty of the State to provide all that was required for the subduing of tuberculosis, including better housing and more favourable conditions of labour, and, on the other, that sanatorium treatment was valueless, instances in support being narrated.

VACCINATION GRANT.—William Paulson, L.R.C.P. Lond., has received the extra vaccination grant (fourth time).

CENTRAL MIDWIVES BOARD.—At the examination held on August 1st the number of candidates who presented themselves was 245. Of these, 192 passed. The percentage of failures was thus 21.6.

MEDICAL MAGISTRATE.—Among the gentlemen recently placed by the Lord Chancellor on the Commission of the Peace for the Borough of Portsmouth is Dr. John Mulvany of Landport.

GERMAN ASSOCIATION OF SCIENTISTS AND PHYSICIANS.—The Association of German Scientists and Physicians will hold its seventy-eighth annual meeting at Stuttgart from September 16th to the 22nd. Among the addresses to be delivered are the following: Professor Garré of Breslau, "Transplantation in Surgery"; Dr. Speman, "Embryonal Transplantation"; Professor Korschelt of Marburg, "Re-

generation and Transplantation in the Animal Kingdom." The work of the meeting will be distributed among 31 sections. Of these 18 have to do with medicine, and the number of communications already promised in these groups is more than 350. In the Medical Section a report by Professors Starling of London and Krehl of Strassburg will be presented on Chemical Correlations in the Animal Organism.

A MEDICAL WARRIOR.—We learn from the *Natal Mercury* that Dr. S. G. Campbell, in his capacity of Major in the Durban Light Infantry, recently did excellent service in the field. He was in command of a convoy of wagons en route for Thring's Post. Five hundred rebels charged the advance guard, which gallantly repulsed them. They returned three times to the attack, but were beaten off each time with severe loss. Forty rebels were killed and two wounded. On the Colonist side there was only one casualty. The situation was made worse by the desertion of the wagon-drivers and the stampeding of the oxen. Major Campbell therefore went into laager with such wagons as he could get together, and brought his charge safely to its destination next morning. We congratulate Major Campbell, who is a Doctor of Medicine of the University of Edinburgh, on his efficiency as a commanding officer.

LARGE OVARIAN CYST.—We have received from Dr. W. A. Smith, of Springfield, Massachusetts, an account of a case of very large ovarian cyst, full details of which will be published in the *Transactions of the Massachusetts Medical Society*. The patient's abdomen had been increasing in girth for two or three years, during which time she had been under the treatment of electrical, Christian Science, and other quacks. The patient's height was 5 ft. 4 in.; her weight, 375 lb. Round the umbilicus she measured 204 cm. (about 6 ft. 8 in.), the distance from the ensiform cartilage to the pubes being 94 cm. (about 37 in.). The urine contained neither albumen nor sugar, the sp. gr. being 1015, and the pulse 120. As a preliminary, 14 gallons of fluid were removed very slowly through a trocar, laparotomy following in the morning. The cyst wall was found adherent over the whole of the abdominal wall, covering a space of about 3 square feet, reaching, and partly involving, the diaphragm. With the exception of a small portion underneath the liver the cyst was simple. The pedicle was very small, having a diameter of only about half an inch. The patient died some twenty-four hours after the removal of the tumour, from shock and exhaustion. The difference between her weight before and after operation was 192 lb., this representing the weight of the cyst and its contents.

ROYAL SANITARY INSTITUTE.—The forty-second course of lectures and demonstrations for sanitary officers will be held in September, October, and November. 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—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. 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. The lectures begin on September 10th and end on November 23rd. The lecturers are: Dr. J. Priestley, M.O.H. Lambeth; Dr. G. Newman, M.O.H. Finsbury; Mr. A. Wellesley Harris, M.O.H. Lewisham; Dr. E. J. Steegmann, M.O.H. Heston, Isleworth; Mr. W. C. Tyndale, M.Inst.C.E.; Dr. E. Petronell Manby, Medical Inspector, Local Government Board; Mr. A. Saxon Snell, F.R.I.B.A.; Mr. J. Wright Clarke; Mr. J. E. Worth, M.Inst.C.E.; Mr. Hunting, F.R.C.V.S.; and Mr. J. King, M.R.C.V.S. Further particulars can be obtained on application to Mr. E. White Wallis, Secretary of the Institute.

for having met. His wonderful knack of getting at the brightest side of life's troubles or difficulties was in itself an object lesson to them all. While in charge of Kingseat Asylum Dr. Angus's whole interest was centred in the success of the institution.

Dr. Angus, who was about 47 years of age, was born at Rhynie, and entered the University of Aberdeen as a medical student in 1883. After a distinguished career, he graduated Bachelor of Medicine and Master of Surgery in 1887. He was for a time Demonstrator of Anatomy. In 1888 he was appointed Junior Medical Assistant in the Royal Asylum, Aberdeen, becoming Senior Assistant in 1900. This post he held for nearly eight years. Afterwards he was appointed Medical Superintendent of the Aberdeen Royal Infirmary and Convalescent Hospital. He continued, however, to give much attention to lunacy administration; he visited many asylums abroad, in particular making himself acquainted with the working of the asylum at Altscherlitz in Germany. When the Kingseat Asylum was established some two years and a half ago, Dr. Angus was appointed its first superintendent; this post he held till his untimely death. He discharged the duties of his office with great ability and energy. He was not only a master of his speciality in its scientific aspects, but a first-rate administrator. Dr. Angus was the author of a number of contributions upon anatomical subjects to the proceedings of the Anatomical Society of Great Britain and Ireland, and of a monograph, entitled *Clinical Observations on Recently Introduced Hypnotics on those Mentally Afflicted*, to the Therapeutic Committee of the British Medical Association. He leaves a widow and two daughters to mourn his loss.

ROBERT CRAIK, M.D.,  
MONTREAL.

DR. ROBERT CRAIK, one of the Governors of McGill University, and formerly Dean of the Medical Faculty, died at the age of 77 at his home in Montreal on June 28th. He was born in Montreal in 1829, and graduated at McGill Medical School in 1854 with the highest honours of his year. He was then appointed House-Surgeon at the General Hospital, and later Demonstrator of Anatomy at the University. Subsequently he became Professor of Clinical Surgery, and then Professor of Chemistry. In 1881 he was elected Dean of the Faculty and Professor of Hygiene and Public Health. The wide extent of his accomplishments rendered Dr. Craik able to take up almost any Chair in the Faculty, and carry on the duties of Professor with thoroughness. His graduation thesis, which was written in 1854, marked him as a student of bold and original mind, for he at that time championed the theory that infectious diseases were each caused by a specific cell or germ, and pointed out that doubtless before long the search for such germs would be successful.

Dr. Craik will be missed by the Faculty of Medicine at McGill, for although compelled to resign his position as Dean by reason of ill-health and old age, he still continued to make his influence felt as a Governor of the University.

In 1895 his University conferred upon him the honorary degree of LL.D. He did not write much, his reputation being built on his teaching.

Dr. Craik married, in 1856, Alice, eldest daughter of the late Mr. Alexander Symmers, of Dublin, Solicitor in Chancery, who died without issue in 1874.

FRITZ SCHAUDINN, M.D.,  
HAMBURG.

FRITZ SCHAUDINN, whose death on June 22nd, was announced at the time in the *BRITISH MEDICAL JOURNAL*, was born at Roeseningken, in East Prussia. He distinguished himself both at school and at the university, and evinced at an early age a marked aptitude for natural sciences. In 1893 he began to make his mark by excellent biological observation, under the auspices of the Biological Institute, in connexion with the University of Berlin. His work on the *Foraminifera* was of an unusual type, and the dissertation which he published in this connexion excited considerable attention in the zoological world.

Turning his attention to the protozoa groups, he advanced our knowledge not a little. After having been

Assistant, he became Privat-docent in the spring of 1898. In the summer of the same year he went on an expedition with Roemer to the Arctic regions to study the Arctic fauna. He also was chosen for other investigations in connexion with biological problems. In 1904 he was elected on the staff of the German Health Department, and was made *Regierungsrath*. His important discovery of the *Spirochaeta pallida* in syphilis has caused his name to be known all over the world and has ensured for him a permanent place in the history of science. It would take too long to enumerate all his important works or even to describe in mere outline the direction of his researches. All students of zoology and protohistology know the invaluable nature of Schaudinn's work, especially with regard to the generation changes of various protozoa, including the *Coccidia*.

Schaudinn was a man of retiring, modest disposition; but beneath the quiet, unassuming exterior lay a sympathetic and noble spirit. The loss, not only to his friends and acquaintances but also to the scientific world, is irreparable. He appeared to be in good health when he attended the International Medical Congress at Lisbon. His death was due to an obscure pelvic suppuration. He had not completed his 35th year.

We regret to announce the death of Dr. EDWARD MACKEY, of Hove, Senior Physician to the Sussex County Hospital and Consulting Physician to the Royal Alexandra Hospital for Children at Brighton, who died recently in London after a short illness. Dr. Mackey, who was 65 years of age, was a son of the late Mr. Edward Walter Mackey, of Erdington. He studied medicine at Queen's College, Birmingham, and was admitted a Member of the Royal College of Surgeons of England in 1864, and a Licentiate of the Edinburgh College of Physicians in the following year. In 1867 he graduated M.B. at the University of London, where in 1874 he took the M.D. degree. In 1875 he became a Member of the London College of Physicians. Dr. Mackey was for some time Physician to the Queen's Hospital, Birmingham, and to the Birmingham and Midland Counties Hospital for Sick Children. He was also Professor of Materia Medica and Therapeutics in Queen's College, Birmingham. He was Vice-President of the Section of Pharmacology and Therapeutics at the annual meeting of the British Medical Association held at Brighton in 1886, and Honorary Secretary of the Food and Drugs Section of the Annual Museum. Among his contributions to medical literature were papers on skin diseases and on peripheral neuritis.

THE death is announced of Deputy Surgeon-General THEOBALD RINGER, M.D., retired Indian Medical Service, as having occurred on June 12th last. He joined the Bengal Medical Department as an Assistant Surgeon, April 17th, 1854, and retired with the rank of Deputy Surgeon-General in 1881.

PROFESSOR SALVATORE TOMASELLI, the Nestor of clinical teachers in Italy, died on August 1st. He received his medical education at Naples, and began to teach as a private lecturer on medical diagnosis at Catania in 1857. About 1860 he began to collect the observations which led him ultimately to the identification of the form of quinine-malarial intoxication which is now known by his name. After acting for a number of years as Professor of Medical Pathology, he was, in 1880, appointed Professor of Clinical Medicine in the University of Catania. His great popularity as a teacher was shown in 1902, when the completion of his forty-fifth year of teaching was celebrated with immense enthusiasm by his pupils and colleagues.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Alexander Bogdanoff, Professor of Pathology in the University of Odessa, aged 52; Dr. Juan Gonzalez, a well-known physician of Granada, aged 92; Dr. Felix Rymowicz, a leading ophthalmic surgeon of Warsaw, formerly Professor of Ophthalmology in the University of Kasan; and Dr. Filip Doszjanikoff, Emeritus Professor of Anatomy at St. Petersburg, aged 79.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

## SENTENCE ON AN ELECTRICAL QUACK.

ALBERT EDWARD RICHARD, an electrical quack, was convicted at the Stafford Assizes last week of obtaining money by false pretences. He had been in the habit of travelling round the country giving so-called entertainments under the name of "Professor" Richard, at which he exhibited various electrical apparatus and claimed to be able to cure many sorts of chronic nervous affections, such as paralysis and deafness; he supplied his victims with appliances, including an "electric chair," for which he obtained considerable sums of money. The defence took the form of evidence from patients, who said that they had received benefit from the prisoner's treatment.

The jury retired at half-past 4 o'clock, and returned in ten minutes with a verdict of guilty.

Detective Lewis was called into the box, and he was proceeding to read a brief history of the career of the prisoner, but he had not gone far before the Judge stopped him and said that that was not what he wanted to know. From the little that was read by Lewis, it appeared that prisoner was born in Alsace in 1847, that he carried on a rag-dealing business at Antwerp in 1869; that he was married at that place in 1870, and divorced the same year; that he had suffered three months' imprisonment for complicity in robbery; that in 1872 he received two years' imprisonment at Antwerp for swindling; that in 1873 he was expelled from Belgium by royal decree; that his name was subsequently removed from the register of population at Wavre for misconduct; that he was again permitted to live in Belgium, but in 1876 was again expelled for misconduct; that in 1879 he was conducting a glove store in Louisville, America, and became bankrupt; that he married again, and soon after the marriage ceremony made an assignment to his creditors, the assets being a greatly-depleted stock of gloves.

His Lordship, in sentencing the prisoner, said he had no doubt that it was a proper verdict. He regarded prisoner as a dangerous person, who obtained money from poor people which they could ill afford to spare. Prisoner had been doing this for a long time, and doing it successfully, and he had no doubt that his career before he came to England was a bad one. It was a perfectly proper prosecution, but he could not but say that he thought it might have been better managed. He had read certificates from medical men which had been handed to him, and he was satisfied that prisoner was not in good health, and that he was not in a condition to undergo hard labour. He hoped that by the exposure which had taken place an end would be put to prisoner's career in this country. A sentence of twelve months, without hard labour, was passed. The judge refused an application for the case to be referred to the Court for Crown Reserved, but he made an order for the expenses of the prisoner's witnesses to be paid out of the borough funds of the borough of Wolverhampton.

This result may be regarded as satisfactory, for it is difficult to obtain a conviction in cases of the kind.

## MEDICAL EMERGENCIES AND PUBLIC AUTHORITIES.

At an inquest held at Bideford, North Devon, on Monday respecting the death of a Torquay pedlar, Kate Daly, who died in a trap from apoplexy, evidence was given by Police-constable Townsend that Dr. Grose was first called to the case, but was unwell; Dr. Thompson refused to come, and then they got Dr. Pearson. Dr. Pearson explained that there was no means of paying a medical man called by the police under these circumstances, and a doctor was not bound to attend. A Juror: And it is open for a doctor to come or not? Dr. Pearson: Yes. He might come, get no fees, and be neglecting his own patients. Doctors, like other persons, desired fees for their services. The jury found death due to apoplexy, and added a strong expression of opinion "that the present system of non-payment for medical assistance in cases of accident when medical men are called by the police is very unsatisfactory, owing to there being no paid medical men."

## IMPRISONMENT OF A MIDWIFE.

At the Liverpool assizes on August 7th a registered midwife, aged 64, was charged with the manslaughter of a woman who died two days after the premature birth of twins. It was alleged that the midwife's treatment had been unskillful, that when attending she had been under the influence of drink, and that she gave up attending the patient earlier than should have been the case. In the event she was sentenced to three months' imprisonment in the second division, the judge stating that in passing a light sentence he was taking into consideration the prisoner's age, and the fact that she was a relic of an old system.

There were two curious incidents in the case: the prisoner, on examination by the judge, said that she knew what a clinical thermometer was, but it turned out she was thinking of a bottle of disinfectant. The other was that an objection was raised and sustained to a copy of the rules of the Central Midwives Board being tendered in evidence on the ground that, being printed neither by the Government printer nor under the superintendence or authority of His Majesty's Stationery Office, they did not meet the requirements of the

Documentary Evidence Act, as amended by the Royal Publications Act. Seeing the frequency with which these rules may have to be used in the prosecution of cases, the point raised seems worth attention.

## ADVERTISING FOR THE PURPOSE OF PROCURING PATIENTS.

J. S. DOCKRAY, M.D.—If the leaflet is used for the purpose of systematic canvassing and advertising for the purpose of procuring patients, it seems to bring the society using it under the terms of the resolution passed by the General Medical Council on June 6th, 1899. We would also direct attention to the annotation headed "Canvassing and Touting" published in this JOURNAL on July 28th, p. 215. In any case we should advise that the name of the medical officer should be removed, and that he should be careful that nothing that could be called systematic canvassing and advertising for the purpose of procuring patients takes place in the society so long as he remains its medical officer.

## SECRET COMMISSIONS.

SEVERAL correspondents have sent us a circular issued from the head offices of the Scottish Hagey Institute, dated from 107, West Regent Street, Glasgow, and signed by the Secretary, Thomas Lindsay. The circular states that the work of the institute is conducted under skilled medical supervision, but the name of the medical officer to the institute does not appear. The matter, however, to which we wish to draw attention is that on a separate slip of paper, but enclosed in the same envelope, is printed: "Commission of £3 3s. allowed to medical men introducing patients." An establishment which uses such means to obtain patients stands self-condemned. Unfortunately, the Prevention of Corruption Bill which was passed by the House of Lords has disappeared; we can only hope that the Government will find time to pass it during the Autumn Session.

ANXIOUS.—So far as we are aware no objection has been raised to the assurance department of the society mentioned by our correspondent.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF LONDON.

THE following candidates have been approved in the second part (Organic Chemistry) of the Preliminary Scientific Examination:

## PASS LIST.

J. W. Adams, F. C. Alton, F. J. Anderson, R. W. Annison, Kathleen J. Armstrong, E. A. Attenborough, R. P. Ballard, C. Banks, A. D. E. Bayliss, J. D. Benjafield, B. Bernstein, C. A. Birts, K. C. Bomford, K. J. C. Bradshaw, B. W. Brown, H. L. Burton, H. W. Catto, A. E. D. Clark, W. E. Crowther, H. H. Cuthbert, W. A. Daley, F. A. Dick, G. Dunderdale, W. H. Dupré, E. M. A. Duvivier, A. O. English, R. N. Farrer, Frances J. Freston, H. Gardiner, T. W. George, C. Gibson, M. D. D. Gilder, Katherine A. Gill, C. D'O. Grange, Alice M. L. Greaves, D. Green, H. J. Hacker, A. W. Havard, G. R. Hind, G. V. Hobbs, H. M. Hood-Barrs, E. L. Horsburgh, G. Jefferson, C. A. Joll, B. Sc., C. D. Kerr, N. C. Lake, P. S. B. Langton, M. McW. Lopez, Mary F. Lucas, K. D. Marriner, G. Matthews, G. Maxted, B. C. Maybury, M. Mayers, J. Menzies, A. L. Moreton, Hannah G. Morland, R. N. O. Moynan, G. T. Mullally, Stella Myers, G. E. E. Nicholls, W. M. Oakden, H. B. Parker, W. H. Parkinson, W. H. Parr, Mary M. Patterson, Cicely M. Peake, E. A. Penny, W. L. Pink, H. Platt, H. M. Rashbrook, Morna L. Rawlins, Maude M. Richards, E. H. Roberts, A. L. Robinson, C. J. Rogerson, R. A. Rowlands, Mary Schofield, C. E. Shattock, C. W. Shepherd, B. S. Simmonds, E. J. Storer, R. Stout, T. D. M. Stout, J. S. Strachan, N. Tattersall, J. B. Tackaberry, G. Taylor, L. H. Taylor, G. O. Teichmann, G. Y. Thomson, D. O. Twining, E. W. Twining, E. White, T. H. Whittington, W. W. Woods.

## UNIVERSITY OF LEEDS.

## CONFERMENT OF HONORARY DEGREES.

A CONGREGATION of the University was held on August 4th, when certain honorary degrees were conferred by the Vice-Chancellor, in the absence of the Chancellor, Lord Ripon. Some of these degrees were conferred in connexion with the York meeting of the British Association and some in connexion with the jubilee of the discovery of coal-tar colours.

The degree of Doctor of Science was conferred upon Professors E. Ray Lankester, Alfred Grandidier, Paul Felseneer, Heinrich Rubens, Sir W. H. Perkin, Dr. Heinrich Caro, Professors Albin Haller, C. Liebermann, Dr. C. A. Von Martius, Professor H. H. Turner, and Professor T. Clifford Allbutt.

The degree of LL.D. was conferred upon the Right Hon. Lord Wenlock and Sir Owen Roberts.

The degree of Litt.D. was conferred upon the Right Reverend the Lord Bishop of Ripon and Sir Charles Holroyd.

Professor Grünbaum, the Dean of the Faculty of Medicine, in presenting Professor Allbutt for the Degree of D.Sc., used the following words: Mr. Vice-Chancellor,—We take to-day the earliest opportunity afforded to us as a University of testifying that Professor Allbutt, already the recipient of many honorary degrees, is a prophet with honour in his own land,

and we rejoice to be numbering among our own graduates one whose departure from here was a loss equalled only by the gain to his mother University of Cambridge. Early in his career Dr. Allbutt became so active and so excellent a guide to his British professional brethren along some almost untrodden paths on the mountain of scientific medicine that several of these paths have now become familiar highways; but the guide, although no longer necessary, is not forgotten. To him chiefly is due both its convenient short form as well as the routine use of the clinical thermometer in England, and every layman knows its value. The invention of Helmholtz for illuminating the back of the eye might have long remained unused in this country but for the joint efforts of Dr. Allbutt and Dr. Hughlings Jackson to familiarize the profession with its utility in the diagnosis of many forms of disease and with the facility of its employment. Most truly does the King in *Hamlet* say:

Diseases desperate grown  
By desperate appliances are relieved,  
Or not at all.

It was Dr. Allbutt's scientific boldness which, forty years ago, caused the first planned tapping of the pericardium in this country to be carried out in the General Infirmary at Leeds with such brilliant success that the patient, otherwise doomed, is still alive. A celebrated teacher of medicine, Nothnagel, once said, "To be a good physician one must needs be a good man," and no one more worthy could I have the honour to present to you, Mr. Vice-Chancellor, than Thomas Clifford Allbutt, Regius Professor of Medicine in the University of Cambridge, for the degree of Doctor in Science, *honoris causa*.

#### UNIVERSITY OF ABERDEEN.

In the Aberdeen graduation list published in the *BRITISH MEDICAL JOURNAL* of August 4th, it should have been stated that Drs. W. A. Milligan, M. W. Renton, and W. C. Souter were all commended for the M.D. theses presented by them.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### ROYAL ARMY MEDICAL CORPS: CHANGES IN DESIGNATION.

AN Army Order recently issued announces that detachments of the Royal Army Medical Corps serving in the following commands abroad will in future be designated and numbered as now specified: Cape Colony Command, new designation No. 22 Company; Transvaal, No. 23 Company; Orange River Colony, No. 24 Company, including detachment in Natal; West Coast of Africa detachment, Bermuda, No. 25 Company; Ceylon, No. 26 Company; North China, detachment; South China, No. 27 Company; Gibraltar, No. 28 Company; Jamaica, No. 29 Company; Malta, No. 30 Company, including detachment at Crete; Mauritius, No. 31 Company; Straits Settlements, No. 32 Company; Egypt, No. 33 Company, including detachment at Cyprus.

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

ON Saturday the London Companies of the Royal Army Medical Corps (Volunteers) struck camp at Aldershot, and returned to town after a week under canvas. The weather during the week was very hot, but that did not prevent the work of the corps being carried out in a thoroughly efficient manner. The camp itself was pitched on Rushmoor Hill, and was composed of two Sections, A and B, of the new Field Ambulance. The corps itself was divided up so as to supply the *personnel* of the three Sections, A, B, and C, of the two Divisions, the Tent Division and the Bearer Division, into which the Field Ambulance is primarily divided. The Leicester and Lincoln Companies of the R.A.M.C. (Vols.) shared the camp with the London Companies, and altogether a most enjoyable and instructive week was spent. On one occasion the whole corps marched out early in the morning, and spent the day in close proximity to a supposed battlefield, pitching the Field Ambulance, and sending out stretcher squads under officers to bring in the wounded. Major Richardson's dogs (three collies), which have become quite a feature of the Field Ambulance, were present in camp, and accompanied the stretcher squads in their search for wounded, proving of very great assistance in finding the patients. The work throughout was carried out in a most thorough manner, every detail being gone into as in real warfare. On that occasion the Principal Medical Officer for the Aldershot Division, General Sir Thomas J. Gallwey, K.C.M.G., C.B., paid a surprise visit, and expressed himself in very flattering terms and as being extremely pleased at the way in which everything had been done. The officers present were: Colonel Valentine Matthews (Commanding Officer), Major Harper (Second in Command), Major Richardson, Captains Langford Lloyd (Adjutant), Miles, Waggett, Sharpe, Snape, Bennett (Quartermaster), Peake (in command of the Leicesters), Lieutenant Phillips, Lieutenants Purcell and Jones (Quartermasters), and Lieutenant McGregor (attached to the Leicesters). The head quarters of the Corps are at 51, Calthorpe Street, Gray's Inn Road, where recruits will be welcomed.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### POOR-LAW MEDICAL OFFICERS AND PAUPER HOSPITAL PATIENTS.

OMEGA writes: A practitioner is a district medical officer and also an honorary medical officer of the local hospital. Having received an order from the relieving officer to attend a man, he visits him, finds him to be suffering from a strangulated hernia and removes him to the hospital where he himself operates. As he is medical officer of the district he is entitled under his contract with the guardians to a certain extra fee, but as he is an honorary medical officer of the hospital, can he receive it? It is allowed that the district medical officer is the only man who can claim this fee from the guardians, and that the guardians cannot recognize any claim which the hospital authorities might urge. Further, it has been agreed by the Medical Board of the hospital that the district medical officer can legally claim the fee, that he is not obliged to hand it over to the hospital, but that he is entitled, if he does not appropriate it to his own use, to give it to any charity he may think fit. The question is, whether on account of his honorary position he is debarred from enforcing for his own benefit a contract entered into with a public body, such as the guardians of a parish, and whether to do so would deprive him of his title of "honorary." A further difficulty arises with regard to a case such as a broken leg, which may be treated outside the hospital for a time and subsequently in it, or vice versa; how much of the extra fee may he receive, and how is such portion, if any, to be calculated?

\* \* We cannot see that there can be any objection to the honorary medical officer of a hospital claiming and receiving any or all medical fees which he may be entitled to by statute law or Poor-law regulations, even if the patients for attendance on whom these fees become due are treated in a general or public hospital. It should, however, be borne in mind that for a Poor-law medical officer to become entitled to such fees from the guardians, the hospital where the patients are treated must be itself located within the district of the Poor-law medical officer who is responsible for the care and treatment of the patients in question, as no district medical officer has any claim on the guardians for medical attendance on patients not resident in his own special district. Moreover, as our correspondent tells us that neither the guardians of his union nor the managers of the hospital raise any objection to his receiving the fees about which he writes, we consider it would be unwise for either him or his colleagues not to claim them, and this without any reservation whatever, as their not doing so might intensify difficulties in other districts where Boards of Guardians pay reluctantly, and only after much pressure consent to pay claims under similar circumstances. The title of "honorary surgeon" could not be endangered by the acceptance of fees legally due when such fees are neither paid by the patients themselves nor are paid out of the funds of the institution in which the patients are treated.

COCAINE HABIT IN INDIA.—According to a Reuter message from Simla, Mr. E. N. Baker has introduced a Bill into the Council proposing the curtailment of the sale of cocaine in India, on the ground that the cocaine habit at present constitutes a serious danger to the country.

VARIOUS BEQUESTS.—The Scarborough Hospital and Dispensary receives £200 under the will of the late Mrs. Rachel Robinson Cross, of Scarborough, the Female and Sick Charity in the same town likewise receiving £150. Under the will of the late Mrs. Elizabeth Sarah Harris, of Brighton, the Croydon General Hospital received £125, and the Sussex County Hospital has a sixth share of the residue of her estate, which appears to be some £4,000 in value. Under the will of the late Mr. Robert William Robertson, of Glenshellish, Argyllshire, which has now been proved, the Glasgow Royal Infirmary, the Western Infirmary of Glasgow, the Victoria Infirmary of Glasgow, the Glasgow Asylum for the Blind, and the Glasgow Deaf and Dumb Asylum, each receives a sum of £500, a similar amount going to the Infirmary at Greenock. Under the will of the late Mr. Charles Thornton, of Mount Street, W., the London Hospital and the Victoria Hospital for Children each receives a sum of £1,000. A payment of £500 is also directed to be made to the After-care Society for the Benefit of Persons Discharged from the Asylums for the Insane.