# MEMORANDA:

## MEDICAL, SURGICAL, OBSTETRICAL.

### MUSCLE PLASMA: ITS OPSONIC POWER AND FUNCTION IN PHAGOCYTOSIS.

Of the opsonic power of the blood plasma we have heard much; of that of the tissue fluids nothing has been mentioned. Inasmuch as the class of case, such as lupus, sycosis, and acne, which benefits most by vaccine treatment, is that in which the infecting organism probably never comes into direct contact with the blood plasma, but only with the tissue fluids, it seemed desirable to estimate the opsonic index of the muscle plasma.

Opportunities of collecting human material being slight, rabbits were employed for the purpose, the procedure being that used in every physiological laboratory for obtaining muscle plasma. A quite unexpected difficulty was early encountered to which reference will be made later.

The action of opsonins being upon the bacilli and not upon the leucocytes, there is no objection to the employment of the white blood cells of man in estimating the opsonic index of rabbit's blood serum or muscle plasma, and these accordingly were employed. The method was that devised by Dr. Wright.

Making due allowance for the fact that admixture of the normal saline, used for washing out the blood from the animal's vessels, with the muscle plasma is unavoidable, and that the values obtained for the opsonic index are therefore below the true ones, it is evident from the following figures that muscle plasma has at least as high, and probably higher, an opsonic index than the blood plasma.

Numerous observations I have made upon the human subject show a well-marked diurnal rise and fall in the opsonic index, this being highest in the evening and lowest in the early morning. A relation thus to bodily activity is quite possible, and the muscles may well be a source of opsonins.

*Experiment I. Rabbit 1.*

| | | |
|---|---|---|
| A. Human blood cells ... | 3 vols. | Count: 62 in 50 polymorphonuclear leucocytes. |
| Tubercle bacilli ... | 2 vols. | |
| Muscle plasma ... | 2 vols. | |
| B. Human blood cells ... | 3 vols. | Count: 62 in 50 leucocytes. |
| Tubercle bacilli ... | 2 vols. | |
| Rabbit's blood serum | 2 vols. | |

*Experiment II. Rabbit 2.*

It was obvious from the amount of plasma obtained that in this case a greater admixture with the normal saline had occurred than in the former.

| | | |
|---|---|---|
| A. Human blood cells ... | 3 vols. | Count: 60 in 50 leucocytes. |
| Tubercle bacilli ... | 2 vols. | |
| Muscle plasma ... | 2 vols. | |
| B. Human blood cells ... | 3 vols. | Count: 97 in 50 leucocytes. |
| Tubercle bacilli ... | 2 vols. | |
| Blood serum ... ... | 2 vols. | |

*Experiment III. Rabbit 2.*

(Organism employed, the bacillus of Friedländer.)

With muscle plasma count = 83 in 100 leucocytes.
With blood serum count = 110 in 100 leucocytes.

The difficulty encountered in using rabbit's blood cells was that very few if any polymorphonuclear cells with bacilli inside were usually to be seen; such as were seen were in a very damaged condition, and the contained bacilli were undergoing solution, whereas the non-phagocytic white cells seemed perfectly healthy. Examination of specimens prepared after varying periods of incubation seemed to confirm this observation, and it would appear that tissue plasma has a definite lytic action upon leucocytes which have taken up organisms, whereas it is without effect upon the normal white cells.

Examination of two slides thus prepared gave the following results:

| | |
|---|---|
| 18 good cells contained ... ... | 0 bacilli. |
| 5 fairly good cells contained ... | 4 bacilli. |
| 13 cells obviously being destroyed ... | 75 bacilli. |
| 14 wrecked cells ... ... ... ... | 32 bacilli. |

(Often hard to tell whether the contained body was a bacillus or not.)

The slow breaking down of large numbers of leucocytes and their contained organisms would probably result in the formation at some period of powerful toxins, and it is possible that the rôle of this constituent of muscle plasma is to carry the process rapidly past this period of danger.

Assuming these observations to be correct, considerable light is shed upon various problems, as, for example, why invasion of the blood stream by organisms is so dangerous, for blood plasma is without this lytic substance; the advantage of treatment of certain infections by passive congestion on the one hand or by massage on the other is obvious; by the former the tissue plasma of the part is increased, for the return lymphatic flow is obstructed; by the latter old used-up plasma is removed and new plasma brought to the part.

Before, however, considering this lytic action of muscle plasma as an established fact, it is obviously necessary to extend the observations, especially by employing human muscle plasma, and I should be very grateful for any assistance in obtaining a limb immediately after amputation.

R. W. Allen, M.B., B.S.,
Gull Student of Pathology, Guy's Hospital.

### FISSURE ABDOMINALIS AND DOUBLE GENITALIA.

Mrs. L., aged 29, one healthy child alive, was attended by me in April, 1903, for her second confinement. The premature rupture of the membranes was followed by a tedious labour ending in inertia uteri, which necessitated delivery by forceps. The liquor amnii was of a peculiar tenacious consistence, dirty dark colour, staining deeply as it escaped with each pain. The mother made an uninterrupted recovery. The child was an eight months fetus and lived for some hours after its birth. The whole of the abdominal wall was absent from about an inch below the point of the sternum to within an inch of the pubic bone, with the exception of a small irregular flap of skin which contained the umbilical cord. The viscera protruded freely through this opening. There was no great omentum. The external genitalia were duplicated and separated from one another by a clearly-defined central space of skin (raphe). The urogenital and anal orifices on both sides were extremely rudimentary and suggested early intrauterine arrested development. There were present two shallow sinuses, with raised labia majora in each and two anal depressions below the perineum on either side. The organs on the left of the raphe were rather more developed than those on the right. With the exception of these abnormalities the child was in every other respect well formed, and cried lustily at birth.

In the *Journal of Anatomy and Physiology* (1881) is an article by Alban Doran on a case of abdominal fissure. In this, although the genital organs were not duplicated, the interest lies in the fact that defect in the abdominal wall was accompanied by defect in the genito-urinary organs. The dissected specimen is in the Museum of the Royal College of Surgeons.

Hewetson's case of Fetus showing a rare Maldevelopment of Cloaca, in the *Journal of Obstetrics and Gynaecology* (1904), is somewhat similar; defect in the abdominal wall was associated with remarkable abnormalities in the genital tract. A vigorous, full-time child was born with only a single perineal depression and an entire absence of urethral, vaginal, or anal orifice, yet on dissection a complete double uterus and vagina were present.

There are a few examples recorded of double genitalia, well developed but unaccompanied with abdominal fissure. One such specimen, presented by John Gay in 1887, is in the Royal College of Surgeons Museum. This is a female, at full term, with an acephalous parasite below the umbilicus. There are two perfect external genitals, and each is connected with a vagina and uterus, having one Fallopian tube and ovary. There are two urinary bladders, each with only one kidney. A single rectum lies between the two vaginae. In Ahlfeld's Atlas, *Die Missbildungen des Menschen*, there is only one example recorded—that of Katherine Kaufmann. In this case there was no abnormality in the abdominal wall. She possessed two well-marked sets of external genitals, with labia majora and minora, clitoris, hymen, vagina, urethra, and anus, on each side of the raphe. She lived for two years, and on *post-mortem* examination the pelvis was found divided by

a sagittal fold of peritoneum; in each half was a bladder, a unicorn uterus with corresponding tube and ovary. There were two colons attached to a caecum, and the spinal column was double below the third lumbar vertebra. So rare is this case that the American authors, Hirst and Piersol, have reproduced it as the only example of the kind in their Atlas on *Human Monsters*.

Ealing, W. EDWIN CHILL, M.D., C.M.EDIN.

### SCLEROMA NEONATORUM IN TWINS.

A MULTIPARA was delivered about 4 a.m. on May 17th, 1906, of twins, a boy and a girl (separate placentae); both were apparently quite strong and healthy, and cried lustily after division of the cords, but were small, the mother not having expected to be confined till a month later. The parents were quite healthy, also their near relations, and their other child, a boy aged 5 years, is, and always has been, strong.

The mother states that she menstruated regularly every month after giving up nursing this boy, till she became pregnant; she did not go out to work, only performing her house duties, and was able to have good, nourishing food the whole time she was carrying the children; she has had no miscarriages.

On May 19th I was called in to see the little girl, and found the feet were very much swollen, hard and waxy in appearance, pitting very little on deep pressure; the child was very somnolent and refused the breast; temperature 97°, pulse 90. Later on in the day I found the swelling had spread up the legs and thighs to the middle of the abdomen, and by the next morning it involved the head and upper extremities. On this day I found the same condition commencing in the feet of the other child; as in the little girl, it gradually spread, the child being similarly drowsy. The girl died in the evening of that day and the boy three days later.

BERTRAM ADDENBROOKE, M.D., B.S.Durh.

Kidderminster.

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

### MUNICIPAL HOSPITAL, KURNOOL.

#### EXTRAUTERINE FETATION.

(By Captain D. G. RAI, I.M.S., District Medical and Sanitary Officer.)

AN extremely interesting case of extrauterine fetation, with a rather rare termination, was admitted into the Municipal Hospital, Kurnool, on February 26th this year. The notes taken on admission are as follows:

The patient, a woman about 40 years old, is of ordinary build, anaemic, and very thin. Had one child fourteen years ago, the labour being natural. Her second pregnancy occurred four years after the first, and, according to her statement, pregnancy went on to full term, when the labour pains came on and continued for a day or two. No child was expelled, but a bloody discharge began from the uterus and continued for two months. After this period the abdominal tumour was very much reduced in size. From that time onwards, she says, she menstruated regularly, and never felt any inconvenience or discomfort, more than a slight pain in the region of the tumour, till four months ago, when she began to feel that something was always obstructing the passage of the urethra and causing intense pain and discomfort. Urine began to dribble away, and small pieces of bone were very often discharged with the urine. It is for this distressing symptom that the patient has sought admission into the hospital.

Examination of the abdomen reveals a tumour about the size of a cocoanut situated immediately above the pubes. On percussion the tumour is dull, and on palpation a crackling sensation is imparted to the hand. The tumour is not very mobile.

Bimanual examination shows that the cervix is very hard, and os uteri does not admit an ordinary uterine sound, and appears to be completely stenosed. The uterus is behind the tumour. Per rectum the fundus of the uterus feels normal and empty; no crackling sensation is felt by the fingers from the uterus.

On dilating the urethra and examining the bladder with the finger the bladder wall is found to be thickened, and the bladder very much contracted; it is proved to communicate with a sac through a firm ring-like opening of the size of a sovereign. This sac contains a large number of fetal bones which can be felt distinctly with the finger through the opening. Urine is dribbling and is extremely foul, and has the colour of pus. The patient is pale and wasted, her tongue is dirty, and temperature 100.5°. Pulse 88, very feeble; respirations 22.

*Treatment.*—The patient was placed on good nourishing diet, with quinine internally; boric, iodine, and Condy's lotions were used to irrigate the sac and bladder. The patient was placed under chloroform five times, with an interval of six days between the sittings, and sixty-eight bones were removed, including long, flat, and irregular bones. It was not considered safe to keep her under chloroform for more than a few minutes each time. During each interval between the sittings her condition very much improved, and since the last sitting she has felt so well that she insists on going to her home. The only instruments employed were the polypus forceps and Lister's sinus forceps. I intend crushing the remaining bones in the sac to facilitate their removal with the sinus forceps if she returns to the hospital.

Owing to the septic condition of the bladder and free communication between the bladder and the sac, the abdominal section was not considered advisable or necessary.

# REVIEWS.

### TEST MEALS AND THE CLINICAL EXAMINATION OF THE FAECES.

THE main principle of Professor SCHMIDT'S original and instructive work on the examination of the function of the intestine by means of the test diet[1] is that, in order to make the examination of real utility, we must have as our starting point a uniform composition of the faeces, or what he calls a normal faeces, which can only be obtained by putting the patient upon a test diet of known composition. The diet he proposes consists of five meals daily, containing milk, zwieback, oatmeal gruel made from oatmeal, butter, milk, water, and an egg; chopped beef lightly broiled, and 250 grams of potato broth made with mashed potatoes, milk, and butter; this contains about 102 grams of albumen, 111 grams of fat, and 191 grams of carbohydrates, or a total of 2,234 calories. The diet is given for three days, sometimes longer, at any rate, until a stool is obtained, and it is only occasionally that he finds it necessary, in order to mark off the "normal excrement" from the excrement of the former diet, to administer at the beginning and end of the test diet a wafer containing 5 gr. of powdered carmine, which gives a distinguishing colour to the corresponding part of the faeces. He describes at length the examination of the faeces so obtained, and we may briefly draw attention to its chief points.

The macroscopic examination is the most important part of the whole procedure, and for this purpose the excrement is first stirred up thoroughly with a wooden spatula, and a small amount, about the size of a walnut, ground up in a glass mortar as fine as possible, with the addition of distilled water until it is of a fluid constituency. It is then spread over a flat plate or a large glass vessel in a thin layer, so that all the elements may be recognizable in it with the naked eye. In normal digestion there ought to appear only a few brown points, composed of the remains of the oatmeal gruel; their nature will be explained by microscopical examination. Under abnormal conditions we may see mucus in larger or smaller flakes, pus, blood, parasites, stones and other foreign bodies, remains of connective tissue and tendons from the chopped meat, remains of muscular tissue and of potatoes and large crystals of triple phosphate. Much connective tissue points to a derangement of the gastric digestion, while the muscle remains point to disturb-

[1] *Die Funktionsprüfung des Darmes Mittels der Probekost.* Von Professor Dr. Adolf Schmidt. Wiesbaden: Verlag von J. F. Bergmann. 1904.

and break close by him. He could discover nothing to account for these orgies among vessels which had till then borne an unblemished character. With characteristic *naïveté*, however, he tells us that the wife of the owner of the house went away from home about that time. During her absence the crockery gave up their riotous living, but when she came back things were soon as bad as before. Then a man-servant was sent away, and again peace reigned in the house, "leaving it to be supposed, since no other hypothesis is probable, that he was the medium through which the phenomena were rendered possible." In May, 1903, Lombroso was asked to investigate another mysterious affair in the family of a printer named Mignotti, also in Turin. When one of his children, a little boy, went to bed at night loud knockings were heard on the wall next to which he lay. A careful examination was made by Lombroso with the help of another doctor and the police. It was found that as soon as the boy went to sleep the knocking became "very vague and indistinct." In this case even Lombroso was convinced that the boy was the "immediate cause," though beyond a high fever, when the manifestations were most frequent, he was in other respects a normal child. He pathetically confesses his inability to explain these marvels. As in each case, however, his own statements clearly point to a human agency, most people will probably be of opinion that he has himself, though all unconsciously, furnished sufficient explanation.

# THE PLAGUE.

## Prevalence of the Disease.

### India.

During the weeks ended July 14th and 21st, the deaths from plague in India numbered 326 and 896 respectively. The principal returns are: Bombay Presidency, 168 and 200 deaths; Bengal, 27 and 14; United Provinces, 9 and 14; Punjab, 100 and 38; Mysore State, 16 and 45. In Burmah during the two weeks in question 480 persons died of plague. In the Central Provinces and Central India no deaths from plague were reported during the period in question.

In the city of Bombay, during the weeks ended July 26th and August 2nd, 39 and 38 persons were attacked by plague, of whom 39 and 32 died.

The Plague Research Laboratory, Parel, Bombay, has, in accordance with the orders of the Government of India, been designated the "Bombay Bacteriological Laboratory," and the officer in charge will be known as "Director, Bombay Bacteriological Laboratory."

### Australia.

*Brisbane.*—During the weeks ended June 23rd, 30th, and July 7th, one case of plague was reported on June 20th. The patient, a Chinese cook, died on the 21st.

*Rockhampton.*—No cases of plague reported during the weeks in question.

The last plague-infected rat was found in Brisbane on June 25th and at Rockhampton on May 13th.

### South Africa.

No case of plague reported during the weeks ended July 14th, 21st, and 28th. At East London and at King Williamstown rats and mice have been found to be plague infected. At Port Elizabeth a mouse was found to be plague-infected on July 19th.

### Mauritius.

During the weeks ended July 26th, August 1st, there was 1 case of plague, with 1 death. During the weeks ended August 8th and 15th fresh cases 1 and 3; the deaths from the disease being 1 and 2 respectively.

### Hong Kong.

During the weeks ended July 28th, August 4th and 11th, the fresh cases of plague numbered 5, 5, and 2; the deaths from the disease were 6, 4, and 2 respectively.

### Persia.

Dr. Schneider, President of the Conseil Sanitaire of Persia, has issued a special note on the progress of the plague. It is stated that, on the whole, the situation in Sistan has considerably improved, the number of cases having much diminished. The epidemic now exists only in various villages in the region situated to the south-west of Nosretabad, and sanitary measures have everywhere been feasible, except in two villages where the inhabitants have threatened the medical officers, and riots have occurred. Cordons have been established round each infected village, but these have not prevented the spread of the malady, which was later brought to Djerguel in the Khorassan by shepherds flying from the infection and passing along the frontier of Afghanistan by desert routes not under observation. The disease, however, has apparently now stopped in this town, but Dr. Schneider points out with regard to this and the Sistan outbreak that the present diminution in the number of cases may merely own a seasonal cause, and it is more than probable that, on the return of the cold weather, the malady may once more resume its epidemic character.

# MEDICAL NEWS.

The late Professor Tarnowski, the distinguished Russian dermatologist, has bequeathed his estate for the establishment of a sanatorium for sick medical practitioners.

The fourth Portuguese Congress for the Prevention of Tuberculosis will be held at Oporto from April 4th to 9th, 1907.

Under the will of the late Lord Masham, the Children's Hospital and the Royal Infirmary, both of Bradford, receive sums of £2,000 and £1,000 respectively.

Among the public buildings destroyed by the recent earthquake at Valparaiso are stated to be three hospitals belonging to the British, the American, and the German communities.

The Latin-American Medical Congress will be held at Monte Video, Uruguay, in January, 1907. In connexion with the Congress there will be an exhibition of surgical instruments, chemical and pharmaceutical preparations, etc.

The health commissioner of New York, Dr. Thomas Darlington, has organized a series of shows, to be held in parks and public recreation places, in which the ravages of tuberculosis and the methods of combating it will be interspersed with the ordinary stereopticon views. The shows will be under the direction of Dr. John S. Billings, jun., and Dr. B. H. Walters.

Medical Magistrate.—Francis B. Rutter, M.D., Dewes House, Mere, Wilts, has been appointed to the Commission of the Peace for the County of Wilts.

University of Tokyo.—The number of students on the books of the Imperial University of Tokyo in the academic year 1905-6 was 4,517. Of these 641 belonged to the Faculty of Medicine.

A Medical Prison Governor.—Dr. Pollitz, Physician to the Lunatic Department of the public prison in Münster, Prussia, has been appointed Governor of the prison. This is said to be the first appointment of the kind in Germany.

Medical Inspection of Schools in Austria.—The Austrian Ministry of Education has issued an order establishing a service of medical inspectors for elementary schools. They are to look after the health of the children, and note their development. The remuneration is at the rate of 40 crowns (£1 13s. 4d.) a year for each class.

Twelve Merit Grants for Vaccination.—Dr. John Hutchinson, formerly of Claybrook, and public vaccinator of the No. 2 District of Lutterworth Union, has obtained the merit grant. This makes the twelfth time in succession the grant has been awarded him. During the twenty-five years he held the post his work was inspected twelve times, and on each occasion the merit grant was awarded him. When leaving Claybrook Dr. Hutchinson's old patients made him a presentation consisting of a beautiful tea and coffee service of solid silver.

The Nightingale Fund.—From the report for the year 1905 it may be concluded that all goes well with the Nightingale Fund. A considerable balance was carried forward to the year 1906 after paying the expenses of the training school at St. Thomas's Hospital and making a grant to the Metropolitan Nursing Association for the training of nurses for district nursing work, and allowing for the accounts outstanding but not received. The report contains a list of a large number of appointments obtained by nurses trained by the Fund, and shows that there remained in the Home at the end of the year 51 nurses still undergoing training. We notice that altogether there were 135 nurses on the books of the school at one time or another during the year; 39 were discharged as unsuitable for a nursing career, or left from other causes; 15 left during their first six weeks. The percentage on the total number admitted may seem large, but this is as it should be, for if a woman is deemed unsuited by the authorities for a nursing career, the sooner she is told so the better. If women found to be unsuitable were turned away from all training schools with equal promptitude the general efficiency of nurses as a body would certainly be increased.

paragraph indicated. The patient was not disturbed in any way, raised no objection—in fact, rather joked about the performance, which altogether took perhaps a couple of minutes. The record was reassuring—130 mm.

I had hardly left the house before I was hurriedly summoned back to find her alarmingly ill. She was collapsed, almost pulseless, blue, cold, and shivering. The temperature was normal, as it has practically been all along. Ether subcutaneously, hot bottles, and oxygen—not that I attach much importance to the latter—soon mended matters and restored the *status quo ante*, save that the respirations for a time ran up to 50 instead of 35 to 40 as previously. The patient is not at all neurotic or liable to functional attacks, and nothing of the kind has occurred, except perhaps on the first day of the illness.

Some time ago Sir James Barr pointed out in the British Medical Journal that all patients do not regard the performance with equanimity, and I have found, in the consulting room, that some are a little upset by it, and I do not now use it if any signs of nervousness are shown. I have never before, however, seen anything serious, yet my case looked very like cause and effect. It may have been coincidence, but, whether or not, my patient's condition has decidedly put me off the Riva-Rocci in just those cases where information is most needed.

A point against the occurrence being due to mere nervousness is that the patient takes no notice of the oxygen paraphernalia, in spite of the fact that the usual stopcock, so difficult to regulate without sundry hissings and noises, is in use.

It is quite possible that under certain conditions the disturbance of the circulation in an extremity may react badly on the patient. But I fail to see how a stoppage of a few seconds could do so. Perhaps some of your readers can enlighten me on the point.—I am, etc.,

Finchley, N., July 22nd. Vincent Moxey.

### TRANSPOSITION OF VISCERA.

Sir,—With regard to the frequency of this condition, it may be of some interest to state that in notes of rather more than 10,000 examinations for life insurance I find two typical cases of transposition of viscera recorded. The applicants were young men of average physique, apparently enjoying good health, and were accepted for insurance. One of them had been told as a child that his heart was misplaced, the other was entirely ignorant of any abnormality. It would be interesting to know if the duration of life is likely to be in any way affected in such cases, but I am unaware of any statistics bearing on this point.—I am, etc.,

London, Aug. 10th. W. E. Risdon, M.D.Lond.

### THE VESICAL SPHINCTER.

Sir,—In his interesting article upon this subject Mr. Leedham-Green might have added corroborative evidence to his views upon the function of the internal sphincter by citing the condition found during suprapubic cystotomy or digital exploration of the female bladder.

The strength of the ring of muscle surrounding the internal meatus is at once apparent when the attempt is made to insert the finger through it.

To dilate this orifice requires considerable force, and it is almost inconceivable how it could be "taken up" into the bladder when that organ becomes distended.—I am, etc.,

Glasgow, Aug. 11th. Alex. MacLennan.

## UNIVERSITIES AND COLLEGES.

### SOCIETY OF APOTHECARIES OF LONDON.

At a meeting of the Court of Assistants held at the Society's Hall, Blackfriars, on Tuesday, August 14th, E. Parker Young, M.R.C.S., L.S.A., was chosen as Master, and George Wilks, M.B., M.R.C.S., L.S.A., and F. Gordon Brown, M.R.C.S., L.S.A., Surgeon to the City of London Police, were elected respectively as Senior and Junior Wardens for the ensuing year. The customary votes of thanks were given to the outgoing Master, Surgeon-General J. H. Jeffcoat, and the Wardens.

The Court unanimously resolved that the Freedom of the Society should be conferred upon Alderman T. B. Crosby.

## OBITUARY.

### OSCAR THOMAS WOODS, M.D.(Dub.)

MEDICAL SUPERINTENDENT, CORK DISTRICT ASYLUM.

The death of Dr. Oscar T. Woods, Medical Superintendent of the Cork District Asylum, has caused widespread regret amongst a large circle of friends, not only in the City and County of Cork, but also in Kerry, where for fourteen years he was Medical Superintendent of the Killarney Asylum. Born in Birr, King's County, fifty-eight years ago, Dr. Woods from his early years displayed an ability which gave indication of a future brilliant career. He was educated at Trinity College, Dublin, where he took the degree of B.A. in 1868, and that of M.B. in 1869; in the same year he became Licentiate of the Royal College of Surgeons, Ireland, while six years later he took the degree of M.D. at Dublin University. He began his career in asylum work by accepting an appointment as medical officer to the Warwickshire Asylum. There he served for three years with the most marked success and won for himself high encomiums. He was then appointed to the responsible position of Medical Superintendent of the Kerry County Asylum at Killarney. For eleven years he served there, when a similar position became vacant in the Cork District Asylum and he came forward as a candidate, but was defeated by Dr. Thompson Dwyer, who held the post for three years only, when he died. Dr. Woods was again candidate, this time with success, and for the past seventeen years he has filled the position with credit to himself and to the committees of management. Recognized throughout Ireland as a very able officer, Dr. Woods discharged his arduous duties with the highest possible skill and painstaking devotion and care. From year to year, both at Killarney and Cork Asylum, he made many improvements in dealing with acute insanity in asylums, and as his experience increased, these became more elaborate, and many of them will prove a lasting gain and benefit. In 1901–2 he was elected President of the Psychological Association of Great Britain and Ireland, a very high distinction, and on the same occasion he read a long paper dealing with the criminal responsibility of the insane, which was strikingly original and thoughtful. It was during Dr. Woods's superintendence that the annexe at Youghal was built for chronic mental patients, and much physical and mental energy were expended in making this building the success it is.

At the meeting of the Cork Corporation reference was made to Dr. Woods's worth. The Lord Mayor proposed that a vote of sincere condolence should be forwarded from the Corporation of the City of Cork, remarking at the same time that the late Dr. Woods was not only a splendid doctor, but a splendid medical superintendent. The motion was carried in silence, and the Town Clerk was ordered to forward an expression of the Council's sympathy and regret to Mrs. Woods and family in their sad bereavement. The remains were taken to Birr for interment in the family burial ground. Dr. Woods leaves a widow, two sons, and four daughters. His eldest daughter died about two months ago, and her father's devoted attendance on her when his own health was failing seemed to hasten on his fatal illness.

On Saturday, August 11th, at a largely-attended meeting of the Cork medical profession, it was proposed by Professor Ashley Cummins and seconded by Dr. T. Gelston Atkins, in most feeling terms, that a vote of condolence expressive of the sincere regret felt by the colleagues of the late Dr. Woods at his early demise should be conveyed to Mrs. Woods and family. The motion was passed silently by the members present.

### JAMES ALTHAM, M.B., C.M.Edin.,

PENRITH.

By the death of Dr. James Altham of Penrith on August 13th the profession in the North of England has lost a widely-known and highly-respected member. Born fifty years ago, he studied at Edinburgh University, graduating M.B., C.M. in 1880. He then went to act as Assistant to Lord Lister at King's College Hospital; and to this association, of which he was naturally proud, he no doubt owed much of the ability he afterwards displayed as an operating surgeon. Later he studied surgery in Paris, and on returning to England became House-Surgeon to

the Royal Surrey County Hospital. Subsequently he practised in the South of Scotland, and finally settled in his native town of Penrith, where he built up an extensive general practice. His knowledge of surgery brought him considerable consulting work from neighbouring practitioners. He was Lecturer and Examiner for the St. John Ambulance Association, and made contributions on surgical subjects to medical literature. As Secretary of the Border Counties Branch, 1889-95, and President, 1896, he did much in the interests of the Association. In 1897 he was joined in partnership by Dr. D. C. Edington. As Chairman of the Local Entertainment Subcommittee and as a member of the Executive Committee he took an active part in the arrangements for the annual meeting of the Association at Carlisle in 1896.

The son of Quaker parents, Dr. Altham maintained the traditions of his family in political and social affairs. He was a strong Liberal and threw himself with vigour into political work. The present dominant position of the Liberal party in Cumberland and Westmorland owed much to his strenuous advocacy. It is well known that on two occasions he was pressed to allow himself to be nominated as the Liberal candidate for Mid-Cumberland, but his attachment to his professional work prevented him from accepting nomination. It is worth recording that it was to a great extent owing to his influence that the Speaker was not opposed at the late general election. Dr. Altham was keenly interested in social matters, and was for some years a member of the Penrith School Board and of the Penrith Urban District Council. As a total abstainer he was a friend and ardent admirer of the late Sir Wilfrid Lawson, and frequently wrote and lectured on the evils attending the use of alcohol. As a speaker, his straightforward manner and his quiet humour made him very popular, and always obtained for him an attentive hearing. On all subjects in which he was interested he spoke strongly, and he worked hard for what he thought to be right. He was held in very high regard even by those who were strongly opposed to his views, and he was trusted and esteemed by his professional colleagues. The purity of his motives and the consistent nature of his life accounted for this. An earnest student of the Bible, he nevertheless made no parade of his religion, yet those intimate with him know that the keynote of all his work was his simple though intense Christian faith. It is by this standard, and by this alone, that he himself would have wished his life and actions to be judged.

His funeral took place at the burying ground of the Society of Friends at Penrith, and the large and representative attendance at the impressive though simple ceremony was a proof of the affection and regard in which he was held. The sincere sympathy of many, both within and without the medical profession, will be extended to his widow and three daughters.

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Mr. John Thomas Jones died at his residence, Bronygraig, Corris, on July 25th, in his 69th year. A native of Carnarvonshire, he received his professional education at Anderson's College, Glasgow, and the University of Aberdeen, qualifying as M.R.C.S. and L.S.A. in 1863. He subsequently commenced practice at Dowlais, but thirty-three years ago he settled at Corris, where he held the appointments of Surgeon to the Corris Slate Quarries and Medical Officer to the Talyllyn District of the Dolgelly Union. Mr. Jones was noted for his kind-heartedness and generosity to the poor and his *bonhomie*. No charitable object ever came to his notice without receiving his ready help. He was a Churchman and a Conservative, and took great interest in political and social questions, but always preferred, wisely, not to take active part in such matters. He was a thorough Welshman, and loved the Welsh language and literature, and was especially conversant with Welsh poetry. The late Professor Alfred Hughes, Professor of Anatomy at King's College, London, and founder of the Welsh Hospital in South Africa, commenced his professional career as a pupil with Mr. Jones, and they formed a life-long friendship. Mr. Jones was a regular attendant at the meetings of the North Wales Branch, and in the year 1900 he was offered the presidency of the Branch; but, being of a somewhat retiring disposition, he declined the office, which he would have undoubtedly filled with honour to himself and the Branch. Mr. Jones was a widower, and leaves one son to mourn his loss. The funeral took place on Saturday, July 28th, when the remains were interred at the Corris Churchyard.

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We regret to record the death of Mr. William Thomas, which took place suddenly on August 8th at his residence, Rhianva, Nevin, in his 45th year. The son of the late Captain Evan Thomas, of Nevin, he received his medical education at the London Hospital, taking the M.R.C.S. and L.R.C.P. in 1892. Returning to his native home, he commenced practice, which he carried on with much success up to the time of his death. Being of a genial and kind-hearted disposition, he was well liked by all who knew him. He held the appointment of Surgeon to the Gwylwyr and Nevin Bay Quarries, and Public Vaccinator to the Pwllheli Union. In addition to his professional work, Mr. Thomas took a keen interest in public affairs. A staunch Liberal, he rendered great services to Liberalism in South Carnarvonshire. He was the Chairman of the Nevin Parish Council, and was one of the prime movers in connexion with the new waterworks recently opened. He also took special interest in educational matters, and at the time of his death was the Chairman of the Pwllheli District Education Committee. Mr. Thomas was unmarried, but leaves a large circle of relatives and friends to mourn his loss. The funeral, which was a public one, took place at Nevin on Saturday, August 11th.

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Deputy Surgeon-General Henry Fowle Smith, M.D., died at Graitney Hall on August 5th, aged 82. He joined the Army Medical Department as Assistant Surgeon, March 23rd, 1847; was made Surgeon, January 12th, 1855; and Surgeon-Major, March 23rd, 1847. He retired from the service with the honorary rank of Deputy Surgeon-General, October 17th, 1888. Throughout the Crimean campaign in 1854-5 he was attached to head quarters, not being absent a single day from duty; he had medical charge of the staff belonging to the Adjutant-General and Quarter-master-General's departments, and was subsequently on the personal staff of Sir James Simpson and Sir William Codrington; he was present at Bulganac, Alma, Balaclava, Inkerman, and the siege and fall of Sebastopol; he had received the medal with four clasps, the 5th Class of the Order of the Medjidie, and the Turkish medal.

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Colonel Henry Walker Butler Boyd, F.R.C.S.I., Indian Medical Service, died at Bombay, suddenly, on July 16th, at the age of 55. He entered the Bombay Medical Department as Assistant Surgeon, March 11th, 1876, and became Brigade-Surgeon-Lieutenant-Colonel, March 31st, 1896. He has no war record in the Army Lists.

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Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are Dr. F. Roser, of Branau, Bohemia, formerly a member of the Austrian Chamber of Deputies, aged 87; Dr. Ots y Esquerdo, of Madrid, a well-known specialist in mental diseases; Dr. W. P. Brandegee, a well-known laryngologist and aurist of New York, aged 42; and Dr. A. Hutchins, for many years physician to the Brooklyn Hospital, New York, aged 71.

# ROYAL NAVY AND ARMY MEDICAL SERVICES.

## NATIVE MILITARY HOSPITALS IN INDIA.

Fed Up writes: The following appears among recent India Army Orders:

313. *Medical Administration (Native Army).* India Army Orders Nos. 231 and 388 of 1903 are cancelled, and the following substituted:

With a view to increased economy and efficiency, His Excellency the Commander-in-Chief is pleased to direct the following modifications in the medical administrations of hospitals:

1. All medical officers, hospital assistants, ward orderlies, and hospital followers will continue regimental as at present; and officers commanding units will continue in every respect to exercise absolutely the same disciplinary control as they now do; and all regimental customs as regards hospitals will continue as heretofore.

2. The senior Indian Medical Service officer of each