MEMORANDA:
MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF POISONING BY PENNYROYAL: RECOVERY.

On August 5th, at 8.15 p.m., I was sent for to see a young married woman who had suddenly been taken ill. It appeared that, having gone a week beyond her time for menstruating, she had taken some "pennyroyal tea," an infusion she had made herself from threepennyworth of pennyroyal, with threepennyworth of rum added to it. This had had no effect on her in any way, so, on the evening I saw her she had taken threepennyworth of "essence of pennyroyal," procured at the nearest herbalist's, again adding threepennyworth of rum. This was taken at 7 o'clock, soon after eating a hearty tea. Ten minutes after swallowing this essence she began to feel strange, and started to go upstairs; feeling worse, however, she sat on the bottom step and began to retch; only about a teaspoonful of clear, watery fluid came up (saliva). She then became unconscious. When I saw her she was apparently unconscious, pale, cold, pulse 76 and small; conjunctival reflex present, pupils moderately dilated and equal, light reflex absent. With difficulty she could be roused now to a partially conscious state, her tongue was coated with white fur, her breath smelt strongly of pennyroyal and peppermint (evidently used to flavour the "essence"), she was very thirsty, the throat felt dry; there was no pain in the stomach; her chief symptom was a very marked feeling of numbness and tingling in her hands: this was not present in her feet. I induced free vomiting with mustard and hot water, the vomit was her tea, partially digested, with the same smell of pennyroyal and peppermint as was noticed in the breath, but much more strongly marked, scenting the whole room. She felt much better after being sick, but was still unable to stand or walk. She talked strangely and at random, but could be got to answer questions sensibly. She was put to bed, warm drinks and a little stimulant given, and external heat applied; in about four to five hours she fell into a quiet natural sleep. Next day when I called she was very much better and had got up; she still felt a little dizzy and light-headed, but the tingling and numbness had gone. A week later she had still not started to menstruate. I might mention that she is the very reverse of a nervous or neurotic subject.

I examined the essence of pennyroyal at the herbalist's; it was a clear liquid having the smell already noticed; the dose on the printed label on the bottle was given as ½ to 2 drachms; it was retailed at 6d. an ounce, so that she had taken half an ounce.

In the *British Pharmacopoeia* of a good many years ago, pennyroyal was, of course, official, the essence being made from the essential oil, strength 1 in 10, and probably most of the "essences" now sold are of this strength, though some are 1 in 20.

In view of the widespread habit, amongst women of the working classes, of taking preparations of pennyroyal, and their firm belief in the harmlessness of it, the case seemed to me worth recording, as serious illness was indubitably caused by it, even though recovery was never, perhaps, in doubt.

Bury. P. F. Braithwaite, M.B.Lond.

RUPTURE OF THE VAGINA IN LABOUR.

In the British Medical Journal for July 21st, Drs. Campbell and Lewis record two interesting cases of rupture of the vagina in labour, observed at Jammamalamadugu in South India. If the writers had enjoyed the facilities for reference which we have at home, they would have been able to find a fair amount of literature on this subject, which a similar case recently under observation has led me to investigate. My patient was a soldier's wife, aged 41, and she had borne six children previously, two being stillborn. Her seventh labour began on Friday, April 26th, 1906, in the afternoon. She was attended by a midwife. During the night and on Saturday morning the pains were described as being "fairly strong, but not out of the way." About 1 p.m. the pains ceased and she complained of pain in the left hypochondrium, but no marked change in the patient's condition was noticed. At 3.30 a medical man was summoned. He found the head on the perineum, and he easily extracted the child with axis-traction forceps. The placenta was delivered with little trouble, and there was very little haemorrhage. After delivery he noticed an abnormal mass in the vagina, which he recognized as omentum, and which he pushed up. I saw her at his request on the 30th, about forty-eight hours after delivery. She was a fairly well nourished woman. She looked ill, but not extremely so. She was suffering from symptoms of sepsis of moderate severity, but there were no indications of general peritonitis. The lochia were not excessive nor fetid. On vaginal examination I found a mass in the vagina consisting of tumefied omentum with a loop of bowel above. The hand, passed into the vagina, came upon the sacral promontory directly. There was a large transverse tear in the posterior vaginal fornix, the vagina being torn away from the posterior edge of the cervix. The sharp upper end of the vaginal wall was clearly felt. The posterior lip of the cervix was ragged. After pushing up the prolapsed omentum, I managed with some difficulty to suture the centre of the vaginal wall to the cervix. Then I introduced a gauze packing on either side of the wound. The child was a full term male. The condition of the patient grew worse and she died about twenty-four hours later.

I questioned the midwife carefully, but formed the opinion that no undue force had been employed by her, and that she was to be blamed only for not summoning assistance earlier.

There are on record about 100 cases of such rupture of the vaginal fornices in labour, and a large proportion of them have apparently been spontaneous. Hugenburger, who described this condition in 1875, gave it the name of "colpaporrhexis." A good paper will be found in the *Monats. f. Geb. u. Gyn.*, Bd. XIII, Hft. 4, by Dr. M. Kaufman of Lodz. In this he describes two cases observed by himself, both of which recovered. Additional references will be found in the *Encyclopaedia of Obstetrics and Gynaecology*, by Saenger and von Herff, art. "Kolpaporrhexis." The mortality of vaginal rupture has been estimated from 62.5 per cent. to 72.5 per cent., that of uterine rupture at 73.5 per cent. In vaginal rupture the bleeding is not usually serious, unless the broad ligament be torn. In uterine rupture the retraction of the uterus tends to close the tear and to prevent prolapse of the viscera, but the vaginal tear remains patent and the intestine can descend.

The causes of rupture of the vagina are practically the same as those of rupture of the uterus, but Freund, who has investigated the subject, holds that in rupture of the uterus there is usually a fixing of the lower uterine segment, as by the cervical wall being nipped between the presenting part and the bone, or by some rigidity or cicatricial condition of the parts, and he says that when the cervix is free to dilate it is the vagina that ruptures under the given conditions, and not the uterus.

As to treatment, it is probably best to suture and drain with gauze, except when the fetus has passed into the abdominal cavity, when abdominal section is the better plan.

J. B. Hellier, M.D.,
Obstetric Physician, Leeds Infirmary; Lecturer on Gynaecology, University of Leeds.

[Since the above was written Winckel has published the second part of the third volume of his *Handbuch der Geburtshülfe*, and this contains an exhaustive article on the subject by R. v. Braun Fernwald of Vienna, with some 115 references. The importance of pendulous abdomen and of previous artificial fixation of the uterus as causes of vaginal rupture are pointed out. A case is quoted from Baumbuch of a woman who in three successive pregnancies suffered from rupture of the vagina, with escape of the fetus into the abdomen. The fetus was extracted in each case per vaginam. The woman made a good recovery in each case.]

A CASE OF *POST-MORTEM* CAESAREAN SECTION.

The following is a short account of a *post-mortem* Caesarean section which I performed about the year 1887, when I was one of the residents at the Manchester Workhouse Infirmary at Crumpsall.

A middle-aged woman, multipara, was between six and seven months pregnant when admitted for chronic pulmonary and cardiac disease. Her condition varied from

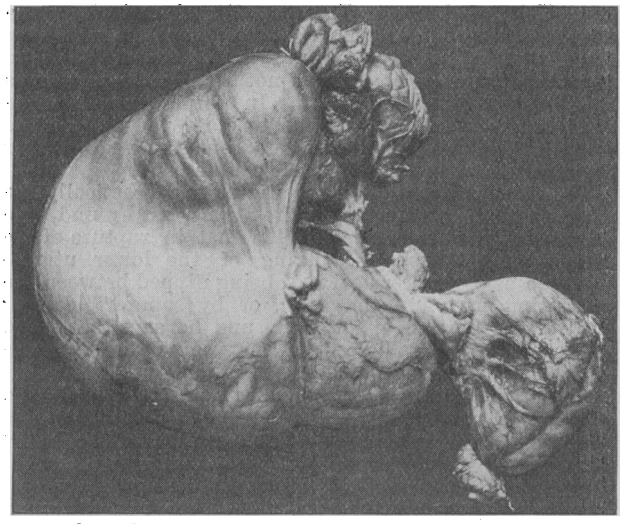
time to time, but it gradually grew worse, and she died near to the end of "term." When it was seen that the end was near, all preparations were made the night previously. Death took place at 8 a.m., and the operation at 8.8 a.m. The fetus on delivery did not breathe, but the heart was beating. Artificial respiration, etc., was commenced and continued for forty-five minutes, so long as cardiac sounds could be detected.

The result was negative. The abdominal parietes were very thin. The placenta was not wounded although its free anterior edge was close to the line of incision into the uterus. Examination of the uterus afterwards showed that the placental site, which was on the left side, reached from the fundus to the lower part of middle zone. The internal os was plugged with tenacious mucus; there was no shortening of cervix.

Preston. J. DUNCAN HOWE, M.R.C.S.

A CASE OF RECURRENT UNCONTROLLABLE VOMITING ENDING IN DEATH.

ON January 18th, 1906, I was summoned to a house in Kirkby to visit a little girl about 6 years of age; for two days she had been suffering from sickness which resisted treatment on the part of the mother. In March, 1905, I attended the same little girl for an attack of a similar nature, and, as it quickly yielded to the orthodox treatment adopted in such cases, I had no doubt that the present attack would soon be at an end. The mother, on my first introduction to the child, had informed me that in her earlier years and as a baby she had been liable to recurrent bouts of sickness at intervals of two or three months, which always yielded to treatment; "bilious attacks" she called them, which no doubt they were. On this occasion the sickness continued intermittently until April 29th, a space of fifteen weeks, when the child died from wasting and exhaustion—starvation. During this time everything medicinal and every treatment likely to



give a beneficial result was tried: bismuth, salicylate of soda, calomel in doses of a sixth of a grain, tincture of iodine with glycerine (prescribed by a consultant), etc.; also pot. bromide dissolved in nutrient enemata, on which solely dependence had to be placed, as it was found necessary after many trials to give the stomach absolute rest. The foods tried by the stomach consisted of: Benger's food, very weak meat juice (extracted from fresh beef each night and morning), with barley-water, whey, and other foods of an equally non-irritating character in the smallest quantities. I might add that three consultants (chosen by the parents) at different times saw the little one with me, but in no case did the line of treatment suggested avail anything. Iced fluids by the stomach were tried at the beginning, and later very hot water, but neither treatment had any permanent effect, though both served at the time to do some little good.

No constitutional disturbance in the form of increased temperature or quickened pulse was present at any time throughout the illness. There was no evidence in any shape or form which would lead me to suspect cerebral trouble, nor was there any severe pain or tenderness of a local character. Towards the end of the illness the little one undoubtedly suffered somewhat for about a week, but the pain was more that of exhaustion. I forgot to say that when all else failed, I washed the stomach out without any favourable result. *Post-mortem* evidence revealed the following condition of things, which I leave to Dr. D. Moore Alexander, who made the examination for me, to describe himself:

The body was extremely emaciated, and the adipose tissue had disappeared from the subcutaneous tissues, and the great omentum contained a remarkably small amount. Upon opening the abdomen, the stomach presented in the incision, and was greatly dilated, extending down below the level of the umbilicus to the intertubercular plane. On closer examination it was found that this dilatation extended to the right and involved the first, second, and the first division of the third portions of the duodenum. The gut in these regions was hugely dilated, and it was difficult to determine exactly where the pylorus ended and the duodenum began. The cause of this dilatation was found in a twist which had occurred at the junction of the two divisions of the third part of the duodenum, immediately beyond the spot where the gut is crossed by the mesenteric vessels, which can be seen in the photograph.

There were some old adhesions of great strength and toughness all around and the glands in the vicinity were enlarged; some of these were examined microscopically and showed inflammatory changes, but no signs of tubercle. The most interesting point of the condition is that as this part of the duodenum has a peritoneal covering only upon its anterior aspect and is firmly bound down to the posterior abdominal wall, the twist was very probably a congenital formation, a theory which is favoured by the clinical history of the case.

The photograph shows the duodenum with the head of the pancreas in its concavity and the superior mesenteric vessels proceeding down to cross the third part. The twist will be noticed to have occurred just beyond this point.

Maghull, near Liverpool. J. F. GORDON, M.D.

A CASE OF OVARIAN PREGNANCY.

AFTER reading the article on ovarian pregnancy in the BRITISH MEDICAL JOURNAL of September 8th, p. 568, I think the following case may be of interest.

A nullipara, aged 30, gave the following history. Menstruation had always been regular, the period occurring once a month, lasting seven days and being free from pain. The last period, however (which had ceased about two days before she sought advice), had continued for ten days, had been profuse and had been accompanied by the passage of shreds of membrane. During the whole of this period she had experienced pain in the lower half of the abdomen which had persisted and increased up to the time of seeing her. There was neither vomiting nor obstruction of the bowel. There was a history of occasional attacks of biliary colic accompanied by slight jaundice. On examination the abdomen was considerably distended but resonant all over. Pain and tenderness were present in the lower half of the abdomen. No localized mass could be felt through the parietes; a bimanual examination was not possible, but by internal examination the uterus was located in normal position and Douglas's pouch felt to be distended and somewhat resistant. There was no vaginal discharge then or subsequently; there were no mammary signs of pregnancy. The temperature was 101° and pulse 120. Possible causes of the condition, including extra-uterine gestation and perforation of a viscus, were discussed with Drs. Davis and Cardinall, who both concurred in the necessity for operation. With their kind assistance, therefore, the abdomen was opened a few hours after the patient was first seen.

Dark blood, to the approximate amount of 1½ pints, welled up immediately, and the pelvis was found full of recent clot. The source of bleeding was seen to be a ragged cavity in the left ovary. With this exception the pelvic organs were normal, and there were no adhesions anywhere. The left ovary and tube were removed, the parts cleansed, and the abdomen closed. The patient made a good recovery, but when convalescent developed acute trouble in her gall bladder, which required surgical treatment. She has now been in good health for some months.

The report of the Clinical Research Association was as follows:

"This ragged cavity is a gestation sac. The wall is formed of ovarian tissue lined with fibrin and blood clot,

in which are embedded several chorionic villi and masses of fetal epithelium. As the corresponding Fallopian tube is free of the gestation sac, it is very probable that the specimen represents an ovarian pregnancy. However, it is too much damaged for a positive opinion on this point."

From all the facts considered together, it seems reasonable to presume that this was a case of very early ovarian pregnancy.

Sidcup, Kent. R. R. Law, M.D.Cantab.

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

RADCLIFFE INFIRMARY, OXFORD.

A FATAL CASE OF PERITONITIS AND SEPTICAEMIA, PROBABLY PNEUMOCOCCIC IN ORIGIN.

(By H. C. Lecky, M.A., B.M., B.Ch.Oxon., late House-Physician.)

A. B., aged 27, was admitted on November 22nd, 1905, to the Radcliffe Infirmary, Oxford, under the care of Dr. Brooks. The patient complained of pains in the "stomach," which he had had for about four weeks and were now getting worse. He did not appear to be very ill, and could give a clear account of his illness. He stated he was a labourer in the fields, and had been quite well and in his usual good health up to October 22nd, 1905. He then caught cold and stayed in bed for two days. On the first day he had two severe attacks of shivering followed by sweating; on the second day he had one similar attack. There was no vomiting. At the same time he had some sharp pain in the right flank, which was severe enough to double him up. He went to his work daily for the next three weeks—that is, up to November 14th—but the whole time he had a bad cough, and the pain in the right side was almost continuous. It sometimes left off for an hour or so. Sometimes the pain was so severe that he had to stop work and lean over something to obtain relief. On November 14th he went to bed and remained in bed for the greater part of every day up to November 22nd, when he came into the infirmary. There was never any sickness. He had severe headaches from time to time, and there was a general aching in his limbs from November 14th onwards. He had four shivering attacks in the week before November 22nd. The bowels were open regularly every day, and nothing abnormal was noticed in the faeces. He had never been jaundiced, and the urine had never been coloured red. He had had no dyspnoea, and no severe pain on coughing or on taking a deep breath. The patient's past history was a good one, and threw no light on the present illness. The family history was not obtained.

State on Admission.—The patient was lying comfortably in bed, and was well nourished in appearance. The face and ears were hot, flushed, and slightly cyanosed, so much so as to immediately arrest one's attention. No rash on any part of the body. Tongue slightly furred. Temperature 101°; pulse 100, tension and volume normal; respirations 28, but in no way embarrassed; arteries a little thickened. No physical signs of disease were discovered in the chest, with the exception of a short systolic murmur, best heard over the inner end of the third left intercostal space. The lungs appeared quite normal. No signs of thickened pleura or fluid. The abdomen looked quite normal, and palpation was easy. There was some abnormal tenderness in both loins and in the right flank, but it was more especially marked in the right renal region. No tenderness at all in the right iliac region. No mass could be felt anywhere. The spleen and liver were not felt. No haemorrhages were seen in the skin. No typhoid spots. Knee-jerks brisk and equal. There was a slight cough. Urine showed a cloud of albumen, an excess of urates, no casts, and no pus cells.

Progress.—For the next six days the patient's general condition did not alter. The temperature chart was very irregular, varying between 100.5° and 103°, but on two occasions dropped to 98.4°. The pulse varied between 80 and 100. The respirations were always a little rapid, varying between 28 and 36. The patient sweated very profusely at night, but the skin was generally dry during the day. The extraordinary flushing and slight cyanosis of the face continued as a marked feature in the case. The stools were rather loose, contained mucus, were light yellow in colour, and certainly suggested typhoid; generally about two motions a day. He passed about 45 oz. of urine a day. He always slept well, and never had any headache. Mind always perfectly clear.

On November 28th, 1905, the abdomen was found to be slightly tender all over, but especially so below the costal margin in the left axillary line, where there was also some resistance. The spleen and kidneys were not felt. On November 30th a slight impairment of resonance at the right base was detected, with some increase of fremitus and vocal resonance. On other occasions some very slight signs were detected, which would probably never have been noticed if the diagnosis had been certain. On these slight lung signs, the increased rate of respiration, the flushing and cyanosis of the face, the pyrexia, and the absence of other symptoms, Mr. Gibson made a diagnosis of pneumococcic septicaemia. The blood showed a leucocytosis of 23,480 whites, 7,320,000 reds, 103 per cent. haemoglobin. The differential count showed 83 per cent. polymorphonuclear leucocytes. The Widal reaction was negative. The hands of the patient, and to a less extent the whole body, had a very peculiar musty smell. The tongue remained always slightly furred.

On December 4th the stools quite altered in character, and became more formed and darker yellow, almost brown in colour.

On December 7th a definite mass could be felt below the left costal margin between the mid-axillary and the nipple lines. It was very tender and did not move on respiration. There was no bulging or fullness in the left loin. In the next few days this rapidly increased in size, and on December 11th the mass was incised by Mr. Symonds, and a large quantity of very foul-smelling thin pus was evacuated. The mass was found to be retroperitoneal, and on account of its position, and the very foul smell, it was thought to be a perinephritic abscess, infected from the bowel.

The wound continued to discharge a large quantity of foul pus, which for the first few days had a distinctly faecal smell. The temperature varied between 101° and 98° up to December 26th. It then began to come down, and was normal from January 1st to the 7th. On January 8th it rose to 100°, and a fluctuating swelling appeared above and just outside the right sacro-iliac synchondrosis. This was incised, and a small amount of thin purulent fluid was evacuated. As this did not heal up the incision was enlarged, and a long sinus was found leading down to bare dead bone. Shortly after this he began to complain of a good deal of pain in the right leg, which he kept slightly flexed on the abdomen. His general condition became very much worse, with a rising temperature. There were no rigors. On January 30th a fluctuating swelling appeared in the right groin, which was opened above Poupart's ligament, and was found to have an extensive area in front of the iliacus muscle, and following its course down into the leg. A very large quantity of pus was removed.

The patient collapsed very shortly after this operation, and died on the same day.

Leave was not obtained for a complete *post-mortem* examination. The operation wounds were enlarged, and the abdomen and its contents were examined. The coils of small intestine over the lower half of the abdomen and the pelvic cavity were extensively matted together with old and recent adhesions. There was no free fluid. The most marked change was at the brim of the pelvis, where the descending colon was also involved in the matting together of the intestines. The coils of intestine in the upper half of the abdomen were quite free from any infection, and their surface was smooth and shiny. The alimentary canal—stomach, small and large intestine—was opened from end to end, and no evidence of ulceration was found anywhere. The appendix and caecum were healthy. In one or two places the wall of the intestine looked extremely thin, not unlike old healed typhoid ulcers. Microscopical examination, however, did not show any loss of substance or presence of fibrosis. The kidneys and spleen were rather large but otherwise

E. J. Fearnsides of Cambridge University; the *Science Scholarship* of £60 to F. Sanders and that of £35 to R. A. Rowlands. The *Epsom Scholarship*, valued at £120, was awarded on the nomination of the Head Master of Epsom College to R. K. Mallam.

St. Mary's Hospital.—The four open scholarships in *Natural Science* at the medical school of this hospital have been awarded as follows. The scholarships of the value of £145 and £78 15s. respectively have been divided equally between G. Roche Lynch, of St. Paul's School, and R. G. Sparkes, of Felsted School; the winners of the other two, each of the value of 50 guineas, are A. Murray Stuart, Cheltenham College, and P. Withers Green, Epsom College. Of the two *University Scholarships*, each of the value of 60 guineas, one has been awarded to W. D. Hopkins, B.A., Trinity Hall, Cambridge, and the other divided equally between F. G. Caley, B.A., Pembroke College, Cambridge, and G. H. Drew, B.A., Christ's College, Cambridge. The *Epsom College Scholarship*, of the value of £145, was awarded, on the nomination of the Head Master, to T. W. W. Powell.

UNITED KINGDOM POLICE SURGEONS' ASSOCIATION.

The annual meeting of this Association was held at the Medical Institute, Birmingham, on September 26th.

Report of Council.

The following report of Council was received and adopted:

Your Council has pleasure in presenting to the members of the United Kingdom Police Surgeons' Association the twelfth annual report. The subject of medical witnesses' fees has again been engaging the attention of the officers of your Association during the past year, and they have been working in cordial co-operation with the British Medical Association and the Subcommittee of the Medico-Political Committee, on which body several of them have seats.

It appears to your Council that the time has now come when the new Home Secretary might be asked to receive a deputation on the subject of the unsatisfactory working of the Order of his predecessor on medical witnesses' fees, which took effect from the end of December, 1903. During the two and a half years which have elapsed it has been found that while in some places the declared intention of the Order that there should be a considerable increase in the allowances to witnesses giving professional evidence has been carried out, in others the so-called discretion allowed to the Court, which is exercised usually by one of the clerks, leads to no increase at all, and in some cases even to a reduction. When medical witnesses have complained they have been told that the maximum fees allowed in the Home Secretary's Order were intended only for special cases, such as the President of the Royal College of Physicians or College of Surgeons being summoned to give evidence at the Sessions. On more than one occasion half a guinea only has been allowed for giving evidence at quarter sessions under the four hours clause of the new rules, so that the effect in those cases has been to level down the fees at assizes or quarter sessions to the police-court rate, instead of levelling the latter up to the assize or quarter sessions rate, in accordance with the recommendation of the Departmental Committee and the declared intention of the late Home Secretary that there should be a "considerable increase."

Your Council is of opinion that it should be represented to the Home Secretary that the "discretion" left to taxing officers or clerks has served in many cases to defeat the intention of the Order made by his predecessor in 1903, and that for this purpose he should be asked to receive a deputation at the beginning of the next Session of Parliament.

The Treasurer's accounts have been audited, and show a balance in favour of the Association of £44 16s. 9d.

Election of Officers.—The following were elected officers for 1906-7: *President*: J. F. Craig, M.A., M.B., Birmingham. *Vice-Presidents*: Sir H. D. Littlejohn, M.D., Edinburgh; H. W. Oulton, M.D., Dublin; F. W. Lowndes, M.R.C.S., Liverpool. *Treasurer:* H. Nelson Hardy, F.R.C.S.Edin., Southgate Villa, Finchley, London, N. *Honorary Secretaries:* W. H. Whitehouse, M.D., Keston House, Aston Road, Birmingham; W. Powell, M.R.C.S., Cheltenham. *Council:* Henry Barnes, M.D., Carlisle; J. Paul Bush, C.M.G., Bristol; J. M. Harper, M.R.C.S., Bath; W. J. Heslop, F.R.C.S.Edin., Manchester; T. F. Higgs, M.D., Dudley; E. K. Houchin, L.R.C.P., London; L. Maybury, M.D., Portsmouth; J. T. J. Morrison, F.R.C.S., Birmingham; H. W. Roberts, M.R.C.S., London; W. M. Roocroft, L.R.C.P., Wigan; C. Templeman, M.D., Dundee; T. Wallace, M.D., Cardiff.

THE PLAGUE.

Prevalence of the Disease.

India.

During the weeks ended August 18th, 25th, and September 1st and 8th the number of deaths from plague in India amounted to 1,451, 2,113, 2,522, and 3,134 respectively. The principal figures are: Bombay Presidency, 879, 1,288, 1,388, and 1,850; Bengal, 70, 97, 115, and 83; United Provinces, 109, 164, 49, and 163; Central Provinces, 99, 109, 190, and 362; Madras Presidency, 8, 100, 9 and 10; Burmah, 182, 132, 112, and 92; Central India, 0, 197, 303, and 362. Baluchistan and the Frontier Provinces remain free from the plague. The worst area in the Bombay Presidency was Poona City, with 439 seizures and 399 deaths. Bubonic plague in monkeys and cats is reported from two districts in the United Provinces. In the jungles a number of wild animals are reported to have died of the disease.

Australia.

Brisbane.—No plague reported between June 20th and August 25th. A few plague-infected rats continued to be found as late as August 20th.

South Africa.

No plague in man reported the weeks ending August 25th, September 1st and 8th, in any part of South Africa. With the exception of one plague-infected rat met with during the week ended September 1st at East London, none of the many rats and mice bacteriologically examined were found infected.

Mauritius.

During the weeks ended September 13th, 20th, and 27th, the fresh cases of plague numbered 11, 13, and 16, and the deaths from the disease 7, 7, and 10 respectively.

Hong Kong.

Clean bills of health were resumed for Hong Kong during the last week of August. Only one case of plague reported during the week ended August 26th; the case proved fatal.

MEDICAL NEWS.

London School of Tropical Medicine.—We learn that the entry for the coming session at the London School of Tropical Medicine is the largest so far recorded. The number of students is now 39, the number of nationalities represented is also greater than it has ever been, there being among the students medical graduates from France, Greece, Italy, Finland, the United States, Nicaragua, and Honduras.

On the invitation of the Committee of the David Lewis Epileptic Colony, the Medico-Psychological Association of Great Britain and Ireland (Northern and Midland Divisions) will hold its meeting on Thursday, October 11th, at the Colony, near Alderley Edge. Previous to the meeting the members will be entertained at luncheon by Mr. S. L. Helm, and it is proposed that in the evening they shall dine together in Manchester.

Medical Society of London.—The proceedings of the Medical Society of London for 1906-7 commence on Monday next, when there will be a general meeting at 8 p.m., followed by a ordinary meeting. At the latter the incoming president, Mr. C. A. Ballance, will deliver his presidential address, and a paper on Actinomycosis of the Appendix will be read by Mr. T. H. Kellock.

Guild of St. Luke.—At the medical service of the Guild of St. Luke, which, as already announced in the British Medical Journal, will be held at St. Paul's Cathedral on Wednesday, October 17th, at 7.30 p.m., the Rev. Canon Newbolt will preach. The choir will be provided by the London Gregorian Association.

Congress of Midwives.—A congress of midwives was recently held at Dusseldorf, at which 228 associations, with a collective membership of 11,301, were represented. The discussions were not confined to midwifery, but ranged over a wide field, comprising such matters as measures for the reduction of mortality at birth and the use of antiseptics.

Seamen's Hospital Society.—Dr. Fleming Mant Sandwith and Dr. C. W. Daniels have been appointed physicians to out-patients of the Seamen's Hospital Society, with duties at the Branch Hospital, to which is attached the London School of Tropical Medicine.

SCHOOL BOARD MEDICAL OFFICERS AND PRACTITIONERS.

CURIOSITY.—A. is attending a school teacher for injuries to her leg, which incapacitated her for work for about ten days. B., a School Board medical officer, telephoned to A.'s house that he is going to visit the patient in his official capacity. A., on his next visit, found that B. had called in his absence, unrolled some of the bandages, pulled and twisted the limb about, and then left the bandages partly adjusted, causing great discomfort to the patient. Was B. justified in so acting, or should he have asked A. to meet him?

*** B. was not justified in doing as he did. It was his duty to give the practitioner in charge of the case every opportunity of meeting him when he made his official visit. Only on A.'s refusal to meet him would he have been justified in taking the course he did.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

F. A. POTTS, B.A., of Trinity Hall, has been appointed Assistant to the Superintendent of the Museum of Zoology.

The Frank Smart Studentship in Botany has been awarded to D. Thoday, B.A., Scholar of Trinity College.

The Professorship of Botany is vacant by the death of the late Professor Marshall Ward. The election will take place on November 3rd.

Notice is given of the Mark Quested Exhibition. It is tenable by a graduate of one of the Universities of Oxford or Cambridge deserving pecuniary assistance, and is of the yearly value of £60. Each exhibition shall be awarded for a period of three years and the first appointment shall be a graduate of the University of Cambridge.

Dr. Roderick of Emmanuel College has been reappointed Demonstrator of Surgery.

J. J. Lister, M.A., St. John's College, has been reappointed Demonstrator of Comparative Anatomy.

An amended list of the First M.B., Part II, Elementary Biology has been issued containing in addition the name of R. E. Barnsley of Trinity College.

Dr. Humphry has been appointed Assessor to the Regius Professor of Physic for the ensuing year.

UNIVERSITY OF LONDON.

Opening of the University Library.

THE University Library, in which is included the Goldsmiths' Company's library of economic literature, will be opened by the Chancellor of the University on Friday afternoon, October 26th.

Advanced Lectures in Botany.

A course of six lectures on the physiology of movement in plants will be given by Mr. Francis Darwin, M.A., M.B., F.R.S., at the Chelsea Physic Garden on Fridays at 4.30 p.m., commencing on October 19th. There is no fee for the lectures. Cards of admission may be obtained on application to the Academic Registrar.

Lectures in Advanced Physiology.

A course of eight lectures on the Physical Chemistry of Colloids, with Special Reference to Immunity, will be given by Dr. J. A. Craw, in the Physiological Laboratory of the University, on Tuesdays at 5 p.m., commencing on October 16th. Dr. W. M. Baylis, F.R.S., will give a course of eight lectures on Fundamental Phenomena common to Animals and Plants, at University College on Wednesdays at 5 p.m.

A course of four lectures on Some Points in Relation to the Physiology of Muscle (Skeletal and Cardiac) will be given by Dr. F. S. Locke and Mr. O. Rosenheim, Ph.D., at King's College on Mondays, at 4.30 p.m.

Dr. A. E. Boycott will give a course of eight lectures at Guy's Hospital on the Physiology of the Blood, on Thursdays, at 4 p.m.

Inaugural Lecture by the Professor of Protozoology.

Professor E. A. Minchin will deliver his inaugural address at the University, on the Scope and Problems of Protozoology, on November 15th, at 5 p.m.

CONVOCATION.

At the meeting of Convocation to be held on Tuesday next, the 9th instant, at 5.30 p.m., at the University, the Deputy Chairman is to be elected, and Mrs. Sophia Bryant, D.Sc., has been nominated.

Election to the Senate.

Two members of the Senate will be chosen, one by the graduates in Arts, and one by the graduates in Medicine and in Surgery; for the latter appointment E. Graham Little, M.D., and Frederick Taylor, M.D., have been nominated.

The University Union.

The report of the Special Committee on the University Union will be presented, and its reception moved. The scheme adopted follows closely the lines of the unions at Oxford and Cambridge, in that the Union is a debating Union, established mainly for the benefit of the undergraduates of the University and managed by themselves. The Society, having received adequate promises of support, was instituted last July—its constitution having been already approved by Convocation—and the following officers were appointed for the first term namely: President (the Vice-Chancellor, Sir E. H. Busk), Vice-President (Dr. Mears), Secretary (Mr. B. Whitehead), Senior Treasurer (Dr. Russell Wells), Junior Treasurer (Dr. Maxwell). The Chancellor (Lord Rosebery) was unable to accept the post of President of the Union, as "in his opinion it would not be in accordance with the precedent set by the older universities were he to accept the position." Under these circumstances Sir E. H. Busk kindly undertook to fill the office of first President. Two meetings have been fixed for Friday, November 16th, and Friday, December 14th, at 8.30 p.m., in the Jehanghir Hall of the University.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

Third M.B.—Second Class Honours.—C. F. M. Saint,* Elizabeth Patteson,* D. Ranken,* K. B. Allan, H. R. Crisp, H. G. Davison, H. Ferens, C. W. Greene, I. Hodgkinson, F. W. Melvin, Charlotte Purnell, F. A. Robinson, E. D. Smith, B. Taylor, J. H. Tripe, L. L. Westrope, F. Whitby.

* Second Class Honours.

ROYAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION.—*H. L. Barniville, *R. H. Barter, T. Bresnau, D. Calwell, *W. K. Calwell, P. J. Campbell, *G. Cooper, J. Crowley, L. Doyle, M. J. Hackett, *M. J. Horgan, B.A., *Jane Law, H. H. C. Lynch, P. McCartan, D. I. MacClancy, S. McComb, S. A. McSwiney, E. Morison, D. V. Morris, Mary A. Murphy, W. O'Brien, F. Phelan, Annie M. Y. Picken, R. S. Ross, E. Walsh, P. W. White, *F. J. Wisely, *S. J. Yeates.

SECOND EXAMINATION (*Upper Pass*).—*A. V. Craig, *R. W. G. Hingston, *D. Horgan, J. C. Houston, *J. C. Johnson, E. G. Kennedy, *E. W. Kirwan, *P. J. Lydon, *J. M. M'Cloy, *P. J. Ryan, *W. W. D. Thomson, M. Twohig, *W. O. Wilson.

Pass.—J. Anderson, W. J. Ashby, W. Boyd, F. Bradley, P. J. Cullinane, M. G. Devine, W. Dickey, W. Doolin, W. P. Dunne, B.A., F. P. Ferran, B.A., W. A. Frost, J. J. Gilmore, W. E. Graham, W. Hamilton, J. A. Hanrahan, P. Hayes, J. F. Hill, S. P. Kerrigan, J. Keyms, B.A., B. C. Letts, D. Lynch, J. McCormick, S. K. McKee, W. Magner, T. P. Magnier, G. E. A. Mitchell, T. J. S. Moffett, D. F. Murnaghan, H. Newman, J. O'Flynn, J. J. O'Kelly, B.A., J. M. O'Reilly, W. Paul, D. A. Rice, T. Scanlan, W. Speedy, A. M. Thomson, E. Thorpe, J. A. L. Wilson, R. Young.

* May present themselves for further examination in honours in one or all subjects.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

REWARDS FOR DISTINGUISHED SERVICE.

THE grant to medical officers of rewards for distinguished and meritorious service is now restricted to officers on the retired list.

In consequence of the recent increase of pay of captains of the Royal Army Medical Corps and Indian Medical Service, the Government of India has decided that these officers should no longer be treated exceptionally in respect of the maximum rent recoverable from them when in occupation of Government quarters, and that they should pay the assessed rent of the building, subject to the maximum laid down for a captain.

ARMY MEDICAL ARRANGEMENTS.

THE Commander-in-Chief in India directs that the following rules as regards medical service in the Aden Brigade and Burmah Division are to come into force on October 1st, 1906:

Aden Brigade.—The Royal Army Medical Corps establishment for Aden, including the outpost of Dhthala in the hinterland, will, until further notice, consist of six officers, namely, one Lieutenant-Colonel, one Major, and four Captains. Of the two field officers, one will invariably be present for duty. These officers are in future to be taken from the Northern and Western Commands in equal proportions, and will be detailed by name from this division. Service in Aden will ordinarily be for one year, and the Royal Army Medical Corps Officers for that brigade will be selected from those about to enter on their fifth or last year of Indian service. Relief will as a rule be carried out twice during the trooping season, generally in November and March, according to transport movements.

Unattached officers of the Indian Medical Service, should there be any such, will be detailed from the Western Command and serve for one year.

Assistant surgeons and hospital assistants, not attached to regiments, will be drawn from the Northern and Western Commands, in equal proportions, and serve for two years.

Burmah Division.—The Royal Army Medical Corps establishment for Burmah will, until further notice, consist of eighteen executive officers—namely, two lieutenant-colonels, five majors, and eleven captains and lieutenants. These